Australian Government

TAKING PREVENTATIVE ACTION

A RESPONSE TO AUSTRALIA: THE HEALTHIEST COUNTRY BY 2020

THE REPORT OF THE NATIONAL PREVENTATIVE HEALTH TASKFORCE

Taking Preventative Action – A Response to Australia: The Healthiest Country by 2020 – The Report of the National Preventative Health Taskforce

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INVESTING TODAY TO BENEFIT OUR FUTURE HEALTH

INTRODUCTION FROM THE MINISTER

The saying is true – prevention is better than cure. But for all the strengths of our health system Australia has historically not invested enough effort and funding in preventing chronic and life-threatening diseases.

With an ageing population and increasing rates of chronic disease, increasing our action in preventative health has never been more important.

The Government commissioned the National Preventative Health Taskforce to provide bold recommendations on what action can be taken – starting with the priority areas of alcohol, tobacco and obesity.

In its work, the Taskforce undertook 40 consultations and were provided with 397 submissions. Once the report was released, the Prime Minister, Ministers and I conducted over 100 consultations about this report and the work of the National Health and Hospitals Reform Commission.

The Government is now embarking on a bold strategy for preventative health action, including:

- the world's toughest regime on cutting smoking rates;
- establishing a national agency to guide investments in prevention;
- tackling binge drinking through a $103.5 million strategy;
- reducing the impact of diabetes through a $449.2 million reform;
- providing approximately $300 million for social marketing campaigns tackling tobacco, alcohol, obesity and illicit drugs;

- helping Australians to participate more in sport and active recreation through a boost to sports funding; and
- delivering the most ambitious study of Australia's health ever conducted.

In addition to the Government's investments, there's a need for action in every community and every family.

The Taskforce's proposals represent not only a call to action for our Government, but for states and territories, communities, workplaces, families and individuals.

Many of the recommendations of the Taskforce we are now implementing, many we will continue to consider. Others will need to be taken up across states and territories and the community.

This critical first step in reshaping our health system will not be the last. Preventative health is now here to stay at the heart of our health reform agenda.

Nicola Roxon
May 2010

CONTENTS

PREVENTATIVE HEALTH TASKFORCE

1

Since 2007, the Commonwealth has made preventative health a key element of its reform agenda. In April 2008, the Minister for Health and Ageing, the Hon Nicola Roxon MP, announced the National Preventative Health Taskforce to develop strategies to tackle the health challenges caused by tobacco, alcohol and obesity.

The Taskforce comprised:

- Professor Rob Moodie (Chair), Chair of Global Health, Nossal Institute for Global Health, The University of Melbourne;
- Professor Mike Daube (Deputy Chair), Professor of Health Policy, Curtin University of Technology;
- Professor Paul Zimmet, Director Emeritus and Director of International Research, Baker IDI Heart and Diabetes Institute;
- Ms Kate Carnell, Chief Executive Officer, Australian Food and Grocery Council (from July 2008);
- Dr Lyn Roberts, Chief Executive Officer, National Heart Foundation of Australia;
- Dr Shaun Larkin, Hospitals' Contribution Fund;
- Professor Leonie Segal, Foundation Chair in Health Economics, University of South Australia;
- Dr Christine Connors, Northern Territory Department of Health & Community Services (Australian Health Ministers' Conference (AHMC) nominee); and
- Dr Linda Selvey, Queensland Health (AHMC nominee, until August 2009).

The Taskforce's membership included extensive experience in preventative health and a comprehensive understanding of the intersection between population health, primary care and areas outside the health portfolio.

Three expert working groups covering the areas of alcohol, tobacco, and obesity were also established to support the Taskforce in developing strategies and preventative health programs. These working groups were chaired by Professor Rob Moodie, Professor Mike Daube and Dr Lyn Roberts respectively. Each working group also co-opted experts to assist in providing advice to the Taskforce.

EXPERT AND COMMUNITY INPUT TO THE REPORT

In October 2008, the Taskforce released a discussion paper, *Australia: the healthiest country by 2020* and three associated technical papers on obesity, tobacco and alcohol.

These documents formed the basis for conducting consultations and calling for public submissions. The Taskforce publicly invited submissions in response to its discussion paper and received 397 such submissions.

The Taskforce held 40 consultations with almost 1,000 stakeholders in capital cities and select regional centres between October 2008 and February 2009. This included ten thematic round tables bringing together experts and industry representatives to discuss major determinants of smoking, obesity and excessive alcohol consumption. Participants included a mix of people representing industry, public health, professional groups, consumer groups, government, and other non-government organisations. In particular, the thematic roundtables 'Reshaping the Culture of Drinking', 'The Built Environment', 'Recreation, Fitness and Weight Loss', 'Healthy Workplaces', 'Medicines and Prevention', 'Private Health Insurance and Prevention', and 'Reshaping Demand and Supply in Food' provided dedicated opportunities for consultation with the relevant industries.

The Department of Health and Ageing, on behalf of the Taskforce, also commissioned a range of research and writing on the following issues to assist with the drafting of their report:

- international chronic disease prevention programs and strategies;
- prevention of alcohol misuse and related harm;
- tobacco control in Australia;
- health equity in Australia: social determinants of obesity, alcohol and tobacco;
- approaches to reducing alcohol, tobacco and obesity in Indigenous communities;
- prevention in primary health;
- inappropriate food marketing;
- obesogenic environments: building a culture of active, connected communities;
- impact of target reductions for risky/high risk drinking on national morbidity and mortality;
- benefits from intervention scenarios on overweight and obesity;
- predicted impact of proposed tobacco control strategies;
- building infrastructure that supports and sustains action; and
- maternal and child health.

THE TASKFORCE'S REPORT

Following this review and consultation process, the Taskforce released its final report in September 2009, which it titled *Australia: the Healthiest Country by 2020*. The Taskforce put forward 136 recommendations and 35 areas for action, tackling obesity, tobacco and alcohol as key drivers of chronic disease, and the resultant health system and social costs. The report comprises five documents, *Australia: the Healthiest Country by 2020*:

- National Preventative Health Strategy – Overview;
- National Preventative Health Strategy – the roadmap for action;

- Technical Report 1 – Obesity in Australia: a need for urgent action;
- Technical Report 2 – Tobacco control in Australia: making smoking history; and
- Technical Report 3 – Preventing alcohol-related harm in Australia: a window of opportunity.

The report targets obesity, tobacco and the excessive consumption of alcohol as the key modifiable risk factors driving around 30 per cent of the burden of disease in Australia. The report seeks, by 2020, to:

- halt and reverse the rise in overweight and obesity;
- reduce the prevalence of daily smoking from 16.6 per cent to 10 per cent or less;
- reduce the proportion of Australians who drink at levels which place them at short term harm from 20 per cent to 14 per cent and the proportion at longer term harm from 10 per cent to 7 per cent; and
- contribute to the 'Close the Gap' targets for Indigenous Australians.

The Taskforce also identified seven strategic directions underpinning the effective implementation of the report:

1. shared responsibility – partnerships at all levels of government, industry, business, unions, the non-government sector, research institutions and communities;
2. act early and throughout life – working with individuals, families and communities;
3. engage communities – act and engage people where they live, work and play;
4. influence markets and develop connected and coherent policies – for example the use of fiscal strategies to complement other arms of action;
5. reduce inequity – by targeting disadvantage;
6. Indigenous Australians – contribute to 'Close the Gap;' and
7. refocus primary health care towards prevention.

The recommendations made by the Taskforce arise from these strategic directions, which provide the foundations for the range of proposals put forward in the areas of enabling infrastructure, obesity, tobacco and alcohol. Consistent with this approach, the report recommends actions supporting behavioural change through a number of mechanisms.

Focusing on the individual, the Taskforce proposes actions encouraging individuals to adopt healthy lifestyles. These include supporting individuals in the social contexts of their everyday lives (schools, communities, workplaces), using social support networks to encourage the adoption of healthy lifestyles, complemented with social marketing campaigns raising awareness of the risks of chronic disease and associated risk factors.

The report also looks at those influences beyond the individual but which shape, at the population level, the behaviours of individuals. For obesity and alcohol, the Taskforce assumes that individuals exercise responsibility for healthy choices in markets

and environments supportive of such choices, and suggests the close engagement of industry and other stakeholders in reshaping the markets that influence risk behaviours. In obesity, it proposes that peak leadership groups would drive reform in the food sector and the built environment respectively. It also proposes reviews of economic impediments to, and enablers of, markets responding to shifting patterns of consumption; and a responsive approach to regulation which encourages industry to meet social objectives without Government taking recourse to regulation – the latter to be exercised only where self-regulation or co-regulation fails to deliver specified outcomes.

The Taskforce also recommended further national partnership payments in preventative health, directed at leveraging effective outcomes from state and territory governments in areas in which they are responsible such as liquor licensing and effective reform of the built environment for active living. It also sets out a clear approach of 'learning by doing,' supported by close monitoring and evaluation, where the international evidence is still maturing around interventions – especially in combating obesity. In the case of tobacco, the report recommends significantly increasing tobacco excise and an escalating regulatory pressure on the manufacture, packaging, marketing and use of tobacco.

In looking at the capacity of the system to shape the agenda, the Taskforce proposes national infrastructure to guide the preventative health effort and to enable monitoring and evaluation – to track progress and disseminate lessons.

Overall, the report has a strong focus on reducing socioeconomic and geographic health inequalities, in addition to addressing Indigenous health disadvantage. In this, the Taskforce notes the potential for alignment with the Government's social inclusion agenda and also seeks the better integration of prevention with primary care.

PHASED APPROACH TO IMPLEMENTATION OF RECOMMENDATIONS

The report proposes a phased approach to the implementation of recommended action. The first phase of four years sets in place the urgent priority actions. The second phase builds on these actions, learning from new research and the experiences of program implementation and trials carried out in the first phase. The third phase ensures long-term sustained action, again based on lessons from the first two phases. This phased approach recognises that it is not possible, or appropriate, to initiate all actions which could lead to preventative health gains in the short-term. The report also puts forward a number of recommendations relating to the infrastructure required to develop policies and programs which would support all phases of implementation. This includes the establishment of the Australian National Preventive Health Agency, social marketing, building the evidence (eg research), and monitoring and evaluating progress (eg surveillance and data).

PREVENTATIVE HEALTH ACTION – OVERVIEW

THE COMMONWEALTH GOVERNMENT'S RESPONSE

The Commonwealth Government is committed to refocusing the health system towards prevention. For too long the system has focused on treating people after they become unwell, and this has resulted in vast social and economic costs associated with chronic disease. Since taking office in 2007, the Government has undertaken major reforms in the health system and in preventative health that will improve the health of Australians and reduce the pressure on the health system.

The Commonwealth Government's approach to prevention is consistent with the strategic directions put forward by the Taskforce and reflects historical public health experience – that is, effective preventative health approaches are generally characterised by the use of multiple strategies, the utilisation of different settings, and the targeting of action to the diverse needs of individuals. For example, Australia's success in reducing smoking prevalence has been characterised by a mix of health promotion (including effective engagement of individuals and communities), regulatory and fiscal initiatives. Not only have these efforts proven to be effective in reducing daily smoking rates (eg smoking prevalence for Australians aged 14 years and over decreased from 30.5 per cent in 1998 to 16.6 per cent in 2007), they have become world's best practice.

This comprehensive approach is reflected in other Commonwealth Government policies. The National Strategy for Young Australians, launched in April 2010, outlines the Commonwealth Government's vision and goals for young people and sets improving health and wellbeing as a priority area. The National Male Health Policy launched on 6 May 2010, and the forthcoming National Women's Health Policy, also seek to reduce risk factors by addressing the social determinants of health.

The Commonwealth Government established the Taskforce to provide advice on interventions that would address the escalating burden of chronic disease. The Taskforce provided interim advice to the Government in 2008 to support policy development during the reform of the Commonwealth's financial relations with the states and territories which resulted in the Intergovernmental Agreement on Federal

Financial Relations and associated National Agreements and National Partnership Agreements. The Taskforce also foreshadowed its policy directions and objectives in its October 2008 Discussion Paper, also titled *Australia: the Healthiest Country by 2020*.

Recognising the need to act early, and in light of previous underinvestment in prevention, the Government used this advice in developing the National Partnership Agreement on Preventive Health, to which it allocated $872.1 million in November 2008. The Partnership represents the largest single investment in health promotion in Australia's history, providing for the first time significant investment in programs to tackle the rising burden of obesity and its associated risk factors. The National Partnership funds a comprehensive range of initiatives, including interventions supporting people to adopt healthier lifestyles and public awareness campaigns of the risks of chronic disease.

Importantly, the National Partnership established the national level infrastructure required to guide the response to the emerging preventative health challenges. These included the independent Australian National Preventive Health Agency, as well as mechanisms for measuring progress including surveillance and research. These National Partnership initiatives were recommended in the Taskforce's interim advice.

The final report of the Taskforce was released in September 2009. Two other major health reports were also released in mid 2009, the:

- National Health and Hospitals Reform Commission's final report, released in July 2009, which recommended a re-design of the health system to create a more agile, responsive and self-improving system; and
- draft National Primary Health Care Strategy, released in August 2009, which argued that a strong and efficient primary health care system is critical to the future success and sustainability of the health system.

The Government used the recommendations made in these reports as the basis for 103 consultations held around the country with doctors, nurses, allied health professionals and users of the health system – the general public. A recurring theme from these consultations was that the health system needs to be more responsive to the needs of individuals and of local communities. This process enabled the Government to develop a comprehensive and wide-ranging policy, culminating in the most significant reform to Australia's health and hospitals system since the introduction of Medicare, and one of the largest reforms to service delivery in the history of the Federation.

The reform, institutionalised through the National Health and Hospitals Network Agreement, was agreed at the 20 April 2010 Council of Australian Governments' meeting.[1] Not only does the Agreement provide improved structures for the funding

1 The Government is continuing negotiations with Western Australia to seek their agreement to these reforms, to ensure people in Western Australia receive the full benefits the National Health and Hospitals Network will deliver.

and management of hospitals, it establishes the infrastructure required to reinvigorate preventative health efforts at the local level. The new Medicare Locals will tailor programs and activities to meet the needs of their local communities as well as monitor outcomes more effectively.

The dual approach established by the Government through the Australian National Preventive Health Agency and Medicare Locals – bridging national with local – provides the infrastructure required to address preventative health efforts now and into the future.

ADDRESSING THE RECOMMENDATIONS

In their final report, the Taskforce put forward 35 key action areas and 136 sub-recommendations. Many of these recommendations are the responsibility of the Commonwealth Government. Others fall to state and territory governments, local governments, businesses and industries, and to individuals. Most are staged, and have been put forward for implementation over the coming decade.

The Commonwealth Government supports or has taken action in 28 key action areas, with 63 sub-recommendations addressed. An additional five sub-recommendations are also being addressed, using approaches that are slightly different from the Taskforce's proposals. A further 49 are under consideration by the Commonwealth Government.

This is the first step in responding to the Taskforce's final report, and further action will be taken in coming years. In taking action in the future, the Government will monitor existing approaches, await the results of reviews that are already in process, and consult with relevant state and territory governments, local government organisations, industry and peak organisations, and the community. 15 of the sub-recommendations are the responsibility of state and territory governments, and will be referred to them for action. Four others are not consistent with Government policy.

CRITICAL INFRASTRUCTURE

The Government's comprehensive approach for preventative health, including establishing the necessary infrastructure to guide prevention initiatives, brings together the range of players that can make healthy choices the easy choices. The lack of national and local infrastructure working cohesively on preventative health has hindered effective action on key chronic diseases and their associated risk factors.

The Australian National Preventive Health Agency, funded at $133.2 million over four years, will be first national agency dedicated to preventative health. Coordinating national efforts on the lifestyle risks of chronic disease, the Agency will work across jurisdictions and portfolios to drive the changes required to turn the tide on the escalating burden from these conditions. The Agency will bring together the best expertise in the country and play a role in gathering, analysing and disseminating

the available evidence and evidence-based programs. Having received wide-reaching support from state and territory governments, public health organisations, advocates and academics, the Agency will harness the efforts of these groups in shaping preventative health efforts nationally. Pending successful passage of the legislation through Parliament in the Winter 2010 sittings, we expect the Agency to be operational in mid to late 2010.

The Government recognises the important role that primary health care plays in preventative health and has taken steps to embed preventative health within the primary care setting. The National Primary Health Care Strategy, released in May 2010, identifies increasing the focus on prevention as one of the key priority areas. Under the National Health and Hospitals Network[2] the Commonwealth Government will take full funding and policy responsibility for general practice and primary health care services. This includes services currently provided by states and territories, including community health centre primary health care services, primary mental health care services which target mild to moderate mental illness, immunisation and cancer screening programs.

The Government will establish a network of new Medicare Locals across Australia. One of the functions of Medicare Locals will be to deliver health promotion and preventative health programs targeted to risk factors in their local communities. These organisations will be supported in this role by the Australian National Preventive Health Agency, which will provide national standards and guidelines to support the roll-out of effective and appropriate programs.

The Government is supporting primary care to deliver better preventative health outcomes by:

- providing an additional $449.2 million to fund better coordinated care for individuals with diabetes, to improve management of their condition and make sure they stay healthy and out of hospital;
- investing $632 million in the health workforce – which will bring on-line 1,375 more general practitioners or GPs in training by 2013, 975 places each year for junior doctors to experience a career in general practice during their postgraduate training period, and 680 more specialist doctors within a decade; and
- making available additional funding of $390.3 million over four years to boost support for nurse positions in general practice – this initiative will support nurses to undertake a broad range of prevention activities, such as health assessments, health promotion and advice, educating patients on lifestyle issues, and managing recall and reminder systems.

2 With the exception of Western Australia, which has yet to enter the Agreement.

The work of the Agency and Medicare Locals will be supported by significant investment in research and evaluation made by the Commonwealth Government. This work will be coordinated through the National Health and Medical Research Council (NHMRC), in collaboration with the Australian National Preventive Health Agency. Further, the new Australian Health Survey (funded at $54 million) will provide key information on the prevalence of chronic diseases and their lifestyle related risk factors to support the work of the Agency and Medicare Locals. Further details of this new survey are provided in response to the relevant Taskforce report recommendations below.

The Commonwealth Government has also committed to funding a new National Longitudinal Study on Male Health, for which $6.9 million over four years was announced on 6 May 2010. These surveillance activities will be supported by new funding ($1.8 million) provided for the review of the *Nutrient Reference Values for Australia and New Zealand* and the Australian Dietary Guidelines, which will provide updated information to guide nutrition and population level healthy eating advice. Further, the Government has committed $1.5 million in funding for the development of Australia's first population level obesity guidelines and for the review of clinical guidelines supporting health professionals managing people with obesity.

The Commonwealth, states and territories, through the National Healthcare Agreement agreed by COAG in 2008, have also agreed to report annually on the prevalence of key chronic conditions (eg diabetes), their lifestyle risk factors (eg the prevalence of obesity and smoking) and their effective treatment (eg proportion of diabetics with a GP annual cycle of care). In addition to this, states and territories have agreed to report on progress in reducing the prevalence of unhealthy weight, smoking, physical inactivity and poor nutrition through the National Partnership Agreement on Preventive Health. These mechanisms provide the Commonwealth with an ability to continue to monitor progress and assess performance in this important area.

Recognising the important role that industry can play in promoting and supporting healthy lifestyles, the Commonwealth Government is working in partnership with industry to drive preventative health outcomes. The Food and Health Dialogue is one example of effective collaboration with industry and peak organisations. Comprising key representatives from public health associations, and peak and industry groups, the Food and Health Dialogue is working towards improving poor diets and promoting healthy food choices, through food reformulation, portion size control and consumer awareness activities. The Dialogue announced Australia's first food reformulation target in March 2010, aiming to reduce salt levels in bread and cereals. The Government will also partner with peak employer and employee groups in developing the Healthy Workplace Charter, providing a national framework for best-practice interventions.

The independent Council of Australian Governments' Review of Food Labelling, chaired by Dr Neil Blewett AC and due to report to COAG in early 2011, will also identify

further opportunities for governments to consider. Established by the Australian and New Zealand Food Regulation Ministerial Council and COAG, the Review is considering a broad range of food labelling law and policy issues including policy drivers, the role of government, approaches to achieve compliance and enforcement, and evaluation of preventative health policy proposals including front of pack labelling.

WORLD'S STRONGEST TOBACCO CRACKDOWN

The Taskforce's report sets a target of reducing the prevalence of daily smoking among adult Australians (aged 18 and over) from 17.4 per cent in 2007 to 10 per cent or lower by 2020. It recommends a series of actions across 11 key action areas for achieving this target.

The Commonwealth Government, with state and territory governments at COAG, has committed in the 2008 National Health Care Agreement to 'By 2018, reduce the national smoking rate to 10 per cent of the population and halve the Indigenous smoking rate'. The Government is now delivering on at least eight of the 11 tobacco key action areas of the report and continuing to encourage states and territories to deliver on their responsibilities.

As a key part of its crackdown on tobacco, from 30 April 2010, the Government raised the tobacco excise by 25 per cent. This will increase the price of a pack of 30 cigarettes by about $2.16 and will push the total price of an average pack of 30 cigarettes above $15. This measure alone is expected to reduce the consumption of tobacco by about six per cent, and the number of smokers by two to three per cent or around 87,000 Australians. The $5 billion in extra revenue generated by this increase will be used wholly to invest in better health and better hospitals for all Australians.

In a world first, the Government will remove one of the last remaining vehicles for the advertising of tobacco by developing legislation to mandate plain packaging for tobacco products from 1 January 2012 with full implementation by 1 July 2012. Alongside its legislation to introduce plain packaging of tobacco products, the Commonwealth Government will be updating the graphic health warnings on cigarette packaging and considering improvements to the availability of ingredients and emissions data, following reviews of these elements in 2010. The Government will also legislate to restrict Australian internet advertising of tobacco products, bringing the internet into line with restrictions on advertising in other media.

The Government has committed over $85 million for tobacco social marketing campaigns – on the one hand a national campaign for Australian smokers more broadly and on the other hand targeted activities for groups experiencing particularly high prevalence rates. First, $61 million has been made available over four years from 2009–10 under the COAG National Partnership Agreement on Preventive Health to conduct a national anti-smoking social marketing campaign. The first advertisements of the new campaign will air by the end of 2010. Second, the Government is committing

$27.8 million over four years for anti-smoking social marketing targeting high-need and hard-to-reach groups, including: pregnant women and their partners; people from culturally and linguistically diverse backgrounds; people living in socially and economically disadvantaged neighbourhoods; people with mental illness; and prisoners.

The Government is also making record investments to try to turn around the high prevalence of smoking among Indigenous Australians. The $14.5 million Indigenous Tobacco Control Initiative is piloting innovative projects in some 18 communities in a mix of metropolitan, regional and remote areas of Australia. The lessons from these projects will be applied to the Government's other commitment of the $100 million Tackling Smoking measure under the COAG Closing the Gap in Indigenous Health National Partnership.

The Government has engaged Mr Tom Calma, a respected Indigenous leader, as National Coordinator for implementation of the COAG Tackling Smoking measure, which will see a network of Regional Tobacco Coordinators and Tobacco Action Workers rolled out across 56 regions nationally over three years from 2010–11. These workers, employed through Aboriginal community controlled health organisations where there is capacity, will work with local communities to develop culturally relevant anti-smoking campaigns and support smoking cessation efforts.

The Government already provides over $60 million per annum in PBS subsidies for quit smoking aids and to make free nicotine replacement therapy available to Indigenous Australians. In addition, the Government is supporting research to improve smoking cessation support for pregnant women and people with mental illness.

The Government is conscious of the need to combat illicit trade in tobacco products. In addition to continuing enforcement efforts by the Australian Taxation Office and the Australian Customs and Border Protection Service, the Commonwealth Government is participating in international negotiations to conclude a Protocol to Eliminate the Illicit Trade in Tobacco Products under the WHO Framework Convention on Tobacco Control.

ADDRESSING ALCOHOL MISUSE, ESPECIALLY BINGE DRINKING

The Government signalled its strong commitment to changing the culture of binge drinking in Australia, particularly among young people, when in March 2008 the Prime Minister announced $53.5 million over four years for the first stage of the National Binge Drinking Strategy. This included $20 million for hard-hitting social marketing campaigns highlighting the dangers of binge drinking; $14.4 million to harness the energy and initiative of community and sporting organisations to tackle the problem; and $19.1 million for early intervention pilot programs to confront young people with the consequences of excessive drinking.

The Government took further action in April 2008 to tackle the causes of binge drinking when it closed the tax loophole on ready-to-drink beverages or 'alcopops'. The high sugar levels in alcopops mask their alcohol content and make them particularly appealing for young people, especially females. Since the closure of the tax loophole, in a typical week Australians are consuming approximately 3.45 million less standard drinks of all spirit-based products compared to before the tax increase. Revenue raised through the introduction of the alcopops tax has enabled the funding of the $872.1 million COAG National Partnership Agreement on Preventive Health.

In 2009, the NHMRC released updated 'Australian Guidelines to Reduce Health Risks from Drinking Alcohol' based on the latest clinical and scientific evidence. The Government is broadly distributing educational materials about the updated guidelines, with a particular focus on pregnant and breastfeeding women, young people and parents, and continues to make available promotional resources on the standard drinks concept. The Government is investing a further $100,000 over two years to make the educational materials available in community languages for people from culturally and linguistically diverse backgrounds.

The Government is providing $50 million over four years through the 2010–11 Budget to extend the National Binge Drinking Strategy. This includes the establishment of a $25 million community sponsorship fund as an alternative to alcohol sponsorship for community sporting and cultural organisations. Community level initiatives to tackle binge drinking will be further supported with funding of $20 million over four years. The Government is also providing $5 million over four years to enhance alcohol helplines and for the possible extension of the National Binge Drinking Strategy social marketing campaign.

Further action on alcohol will be informed by the Australian National Preventive Health Agency, evaluations of the National Binge Drinking Strategy measures, the results of the new Australian Health Survey and other existing data collection instruments.

TACKLING OBESITY

The burden associated with the cluster of associated risk factors (obesity and overweight, physical inactivity and poor diet) is projected to drive significant health and social costs into the future. The Commonwealth Government has made available $872.1 million through the COAG approved National Partnership Agreement on Preventive Health to address these risk factors. In order to drive innovation and ensure outcomes, 50 per cent of funds available to the states and territories for programs through the National Partnership (some $307 million) will be paid once they have demonstrated achievement against ambitious weight, physical activity, fruit and vegetables, and smoking targets.

In taking a comprehensive approach to lifestyle related risk factors, the Agreement funds a range of activities promoting healthy lifestyles. To tackle the growing rates of obesity and overweight in children, the Government has invested in programs encouraging healthy eating and physical activity. Through the Healthy Children Initiative, the Commonwealth Government will make $325.5 million available for states and territories to implement health promotion programs and activities in pre-schools, schools and child care settings.

The Commonwealth Government is providing $12.8 million over four years to implement the Stephanie Alexander Kitchen Garden Program, which uses the school setting to encourage healthy eating. Up to 190 government primary schools will receive funding through this program, which encourages students to learn how to grow, harvest, cook and share fresh food thereby providing a better chance of positively influencing children's food choices.

The Government is making available $366.4 million for programs in workplaces (Healthy Workers) and communities (Healthy Communities) supporting physical activity, healthy eating, smoking cessation and consumption of alcohol at safe levels, with community based programs targeted to low socioeconomic communities. The Commonwealth Government is currently negotiating a Healthy Workplace Charter with peak employer and employee groups that will identify the principles of effective workplace programs, supporting the roll-out of effective activities.

To complement these interventions, the Government will fund social marketing campaigns to raise national awareness of the risks of obesity and smoking. For example, the well recognised *Measure Up* campaign, which has raised awareness of the risks associated with waist circumference, will be enhanced using $59 million provided from the Agreement. The Industry Partnership funded through the Agreement will build on the work of the Food and Health Dialogue by bringing on board the fitness and weight loss sectors to enhance the work commenced with the food and public health sectors.

The Commonwealth Government's $449.2 million investment in improving coordinated care for individuals with diabetes will mean that these individuals will have the option of enrolling with a GP practice of their choice to receive high quality coordinated care, and help them access services such as dieticians who can support them to adopt healthy lifestyles. In addition, the Commonwealth Government's additional $390.3 million investment in the Practice Nurse Incentive Program which will support nurses to undertake a broad range of prevention activities, such as health assessments, health promotion and advice, educating patients on lifestyle issues, and managing recall and reminder systems.

Participation in sport and active recreation is also essential for Australians to maintain a healthy lifestyle, and underpins many of the values which we consider key to Australian

society. The Government has responded to the Independent Sport Panel's report, *The Future of Sport in Australia,* by providing a $324.8 million ongoing boost to sports funding, which incorporates $195.2 million in new funding – the biggest single injection to Australia's sport in our nation's history. The Government will address the challenges facing the current sport system and increase opportunities for Australians to participate in sport or active recreation. This will include working with states and territories to develop a National Sport and Active Recreation Policy Framework which will maximise the effectiveness of current and future investments by governments in sport and active recreation to the benefit of all Australians.

The Australian Health Survey will provide valuable information on national rates of overweight, obesity, healthy eating and participation in physical activity. As it will also allow exploration of the relationships between these risk factors and rates of chronic disease, the Survey will improve policy and program development.

BUILDING ON BROADER GOVERNMENT SUPPORT FOR CHILDREN AND LOW INCOME COMMUNITIES

More broadly, the Government is committed to supporting children and families experiencing or at risk of disadvantage. The Government released *A Stronger, Fairer Australia* in January 2010, outlining its vision for social inclusion – that no Australian is left behind by giving all the opportunities, resources, capabilities and responsibilities to learn, work, connect with others and have a say in community life. Good health lays the foundation for, and is an outcome of, social inclusion.

Through COAG, the Government has set out its vision for promoting positive outcomes for children and preventing harm. The National Early Childhood Development Strategy, endorsed by COAG in July 2009, seeks to achieve positive early childhood development outcomes and minimise the impact of risk factors before problems become entrenched. The National Framework for Protecting Australia's Children, endorsed by COAG in April 2009, seeks to deliver a substantial and sustained reduction in child abuse and neglect nationally.

The Government has invested extensively in promoting healthy early childhood development in and outside the health sector. Through the education sector, the Government has invested $970 million in early childhood education services to ensure, in partnership with state and territory governments, that by 2013 every child has access to 15 hours a week of quality play-based early childhood education for 40 weeks in the year before full time schooling.

For children entering primary school, the Government is providing $1.5 billion over seven years to support the learning needs and wellbeing of students in 1,700 disadvantaged schools across Australia under the *Smarter Schools National Partnership for Low Socio-economic Status School Communities*. Education is a critical determinant of health outcomes throughout life by improving employment opportunities, social capital and

health literacy, as well as reducing the risk of obesity, tobacco use and the excessive consumption of alcohol.

The introduction of new leave arrangements in the workplace will help ensure parents have time to nurture their child's early development. The Government's Paid Parental Leave Scheme of up to 18 weeks of payment at the rate of the Federal Minimum Wage will commence on 1 January 2011.

To monitor early childhood development nationally, the Government has invested $21.9 million to 30 June 2011, for the Australian Early Development Index (AEDI). The AEDI provides regional and national snapshots of young children's health and development as they enter their first year of full-time school. This information will help communities and governments to pinpoint the services, resources, and infrastructure young children and their families need to give children the best possible start in life.

In addition to these national approaches, the Government is also implementing a range of targeted initiatives that support children and low income communities. For example, Communities for Children is a prevention and early intervention initiative implemented in 45 disadvantaged communities around Australia from 2009. The program takes a whole of community partnership approach to improve service coordination, address unmet need and improve community capacity around the needs of children from birth up to 12 years of age and their families.

Research has found that the intrinsic social interaction and financial compensation associated with being employed leads to improved health outcomes for people with disability. The National Mental Health and Disability Employment Strategy, released in September 2009, includes a series of initiatives to help people with disability, including mental illness, find and keep work. Elements include $1.2 billion for new demand driven employment services for people with disability and a $6.8 million Disability Support Pension Employment Incentive Pilot.

PREVENTION FOR INDIGENOUS AUSTRALIANS

Preventing chronic diseases such as cardiovascular diseases, diabetes and respiratory diseases is a key component of the Commonwealth Government's efforts to help close the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation. Indigenous Australians experience a burden of disease two and a half times that of non-Indigenous Australians. Chronic diseases and associated risk factors are responsible for about two-thirds of the life expectancy gap between Indigenous and non-Indigenous Australians, with smoking alone accounting for around 20 per cent of all Indigenous deaths.

In November 2008, the Commonwealth Government announced $805.5 million for an Indigenous Chronic Disease Package as its contribution to the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes. The states and territories are contributing up to $771.5 million to this National Partnership. This major

investment aims to work towards closing the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation. The Indigenous Chronic Disease Package will: reduce chronic disease risk factors; encourage earlier detection and better management of chronic disease in primary health care services; improve follow up care; and increase the capacity of the primary care workforce to deliver effective health care to Indigenous Australians nationally.

Of the funds provided by the Commonwealth Government, $161 million will be used to deliver campaigns and other community education initiatives to reduce the prevalence of chronic disease risk factors such as smoking, poor nutrition and lack of exercise among Indigenous Australians. $474 million will provide improved chronic disease management and follow-up care, and $171 million will increase the capacity of the primary care workforce.

Increasing the availability and affordability of high quality fresh food in remote Indigenous communities is also critical in preventing illness and closing the gap between Indigenous and non-Indigenous Australians. Government action is currently focused on improving systems for delivering food security in stores in remote Indigenous communities. In December 2009, COAG agreed to a National Strategy for Food Security in Remote Indigenous Communities. The Commonwealth Government, in collaboration with Queensland, Northern Territory, New South Wales, South Australia and Western Australia has developed guidelines and resources to improve access to good quality, affordable, fresh and healthy foods in remote Indigenous communities. Each state and territory engaged in the project has developed an individual plan for integration and dissemination of the resources within existing networks.

On 2 October 2008, COAG signed the National Partnership Agreement on Indigenous Early Childhood Development (IECD). The Agreement commits the Commonwealth, state and territory governments to $564 million of joint funding over six years to address the needs of Indigenous children in their early years, by: establishing 35 Children and Family Centres; increasing access to antenatal care, pre-pregnancy and teenage sexual and reproductive health; and increasing access to, and use of, maternal and child health services by Indigenous families.

This investment includes $107 million over five years to focus on ensuring that teenagers have access to pre-pregnancy, reproductive and sexual health education and care. The IECD National Partnership also includes a focus on improving access to antenatal care to ensure that women have healthy pregnancies and healthy babies. Also included within the IECD National Partnership is the Commonwealth Government's $90.3 million commitment over five years to increase access to child and maternal health services for Indigenous children and their families through the New Directions Mothers and Babies Services program. As of 30 April 2010, 57 services have been approved for funding under this program.

THE WAY FORWARD

Since 2007, the Government has taken decisive action to ensure the quick and effective roll out of comprehensive programs supporting individuals, families and communities. These efforts will yield benefits in the short and long term – reducing the prevalence of obesity, smoking and excessive consumption of alcohol will improve health and wellbeing today as well as reducing the prevalence of chronic diseases into the future. Fewer chronic diseases will mean fewer people seeing doctors and being admitted to hospitals – that will be good for individuals, for the health system and for the economy.

In the specific chapters of this document that follow, the Commonwealth Government responds in detail to all 35 key action areas and 136 sub-recommendations.

This Overview summarises the many actions we have taken, including in 28 of the 35 key action areas identified by the Taskforce. There is still some way to go, and the Government will work with the Australian National Preventive Health Agency and with states and territories to achieve further outcomes. We have taken a progressive approach, acting on key priorities first and working through the remaining issues over time.

The Taskforce says that prevention is everyone's business – and we call on the state, territory and local governments, on non-government and peak organisations, health professionals and practitioners, communities, families and on individuals to contribute towards making Australia the healthiest country by 2020.

THE CHALLENGE OF CHRONIC DISEASE

Australia now enjoys one of the highest life expectancies in the world, driven by past successes in infectious disease control, high living standards, safer environments and improvements in nutrition, as well as access to high quality medical care. But as with many other countries, past achievements have bred new challenges, and it is now the chronic diseases associated with affluence and ageing that contribute most to the total burden of disease in Australia.

The increase in the prevalence of these diseases and conditions, many of which are linked to poor lifestyles, and their projected contribution to growth in health care expenditure, has led governments, and international bodies such as the Organisation of Economic Co-operation and Development (OECD) and the World Health Organization (WHO), to focus on the role prevention can play in reducing the chronic disease burden. Without action, many experts predict that the growth in risk factors such as obesity will start to erode the health gains we have made and life expectancy will begin to fall.

Chronic diseases are already a major challenge for Australia's health and hospital system, and the wider economy. It is currently estimated that chronic diseases such as cardiovascular disease, diabetes and cancers:

- are responsible for around 80 per cent of the burden of disease and injury in Australia;[3]
- account for around 70 per cent of total health care expenditure;[4]
- are part of 50 per cent of GP consultations;[5]
- are the leading causes of disability and death in Australia;[6] and
- are associated with around 537,000 person-years loss of participation in full time employment and around 47,000 person years in part time employment each year.[7]

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3 AIHW (2002). Chronic diseases and associated risk factors in Australia, 2001.

4 AIHW (2009) Public health expenditure in Australia, 2007-08.

5 AIHW (2006), Chronic diseases and associated risk factors in Australia, 2006, AIHW: Canberra.

6 AIHW, Australia's Health 2008.

7 AIHW (2009). Chronic disease and participation in work. Cat. no. PHE 109. Canberra: AIHW.

The burden of chronic disease is projected to dramatically increase into the future:

- Type 2 diabetes is expected to become the leading cause of burden for males and the second leading cause for females by 2023;[8]
- combined spending on cardiovascular and respiratory diseases is projected to be around $40 billion annually by 2032-33;[9] and
- expenditure associated with treating Type 2 Diabetes is projected to increase by 520 per cent between 2002–03 and 2032–33.[10]

THE ROLE OF PREVENTION

The effectiveness of a sustained approach to prevention has been demonstrated by the dramatic decline in mortality from cardiovascular disease Australia experienced over three decades from the 1960s. Mortality from coronary heart disease for men 35 to 74 years fell from nearly 400 per 100,000 in 1968 to under 100 per 100,000 in 1998. Around half of all the lives saved can be attributed to preventative interventions, particularly reductions in smoking and improvements in diet, and the other half to improvements in treatment and care.[11] But while people are no longer dying from these diseases at an early age, the high prevalence of unhealthy lifestyles means that a large number of people continue to have serious preventable health problems, and cardiovascular disease continues to be a leading cause of disability.[12]

The WHO has estimated that effective targeting of risk factors through prevention could increase healthy life spans by up to five years in developed countries.[13] In the United States, it has recently been estimated that reducing four preventable risk factors alone to optimal levels would add 4.9 years to life expectancy for men, and 4.1 years for women.[14] A recent economic analysis by the OECD and the WHO of interventions to tackle unhealthy diets and sedentary lifestyles, found that most of the preventative interventions evaluated had favourable cost-effectiveness ratios, compared with treating chronic diseases once they emerge.[15]

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8 Begg SJ *et al.*, Burden of Disease and Injury in Australian in the New Millenium: Measuring the Health Loss from Diseases, Injury and Risk Factors. MJA 188(1): 36-40 Goss, J, Projection of Australian health care expenditure by disease, 2002 to 2033, AIHW.

9 Goss, J, Projection of Australian health care expenditure by disease, 2002 to 2033, AIHW.

10 Goss, J, Projection of Australian health care expenditure by disease, 2002 to 2033, AIHW.

11 Abelson, P and Applied Economics, (2003) *Returns on Investment in Public Health.* Department of Health and Ageing: Canberra.

12 AIHW (2009). *Prevention of cardiovascular disease, diabetes and chronic kidney disease: targeting risk factors.* Canberra: AIHW.

13 WHO (2002) World Health Report – *Reducing risks, promoting healthy life.* Geneva.

14 Danaei G et al (2010) The Promise of Prevention: The Effects of Four Preventable Risk Factors on National Life Expectancy and Life Expectancy Disparities by Race and County in the United States. PLoS Med 7(3): e1000248 doi:10.1371/journal.pmed.1000248.

15 Sassi, F et al (2009) *Improving Lifestyles, Tackling Obesity: The Health And Economic Impact Of Prevention Strategies* OECD Health Working Papers, OECD: Paris.

Analysis of the drivers of preventable chronic disease demonstrates that a small number of modifiable risk factors are responsible for the greatest share of the burden. These risk factors are common to many of the major chronic conditions as shown in Table 1. The behavioural risk factors not only affect health and wellbeing directly, but also help drive the biomedical risk factors identified in the table. Together these and other risk factors, led by obesity, tobacco and alcohol, account for nearly one third of Australia's total burden of disease and injury.[16] Reducing the impact of these risk factors alone therefore has benefits across a wide range of health problems. Alcohol misuse also has wider harmful effects in the short term, such as anti-social behaviour, which is not captured here but discussed later in the document.

TABLE 1: COMMON RISK FACTORS FOR SELECTED CHRONIC DISEASES AND CONDITIONS

	Behavioural				Biomedical		
Conditions	Tobacco smoking	Physical activity	Alcohol misuse	Nutrition	Obesity	High blood pressure	High blood cholesterol
Ischaemic heart disease	●	●	●	●	●	●	●
Stroke	●	●	●	●	●	●	●
Type 2 diabetes		●	●	●	●		
Kidney disease	●			●	●	●	
Arthritis	● (A)	● (B)			● (B)		
Osteoporosis	●	●	●	●			
Lung cancer	●						
Colorectal cancer		●	●	●	●		
Chronic obstructive pulmonary disease	●						
Asthma	●						
Depression		●	●		●		
Oral health	●		●	●			

(A) Relates to rheumatoid arthritis.
(B) Relates to osteoarthritis.

Source: AIHW. *Indicators for chronic diseases and their determinants, 2008.*

16 AIHW, Australia's Health 2008.

The benefits of adopting healthier lifestyles accrue across the lifecourse. Scientific knowledge of the role of modifiable risk factors in relation to the ageing process has grown dramatically in recent years. Recent studies suggest that following a healthy lifestyle may also contribute to the prevention of dementia.[17] For example, large prospective studies have established that smoking is a risk factor Alzheimer's disease as well as vascular dementia. This knowledge is particularly important in light of the fact that it is predicted that neurological conditions – together with type 2 diabetes – will cause the largest growth in disability in older populations in future years. A recent OECD report which examined a number of policy options to promote healthy ageing found that achieving better lifestyles has probably the largest potential for improving the health of the elderly.[18]

INCREASING PREVALENCE OF OBESITY

An increasing number of Australians are either overweight or obese. Many serious health problems are associated with obesity including cardiovascular disease, diabetes, some cancers, osteoarthritis and mental health problems. Obesity is responsible for more than half of the burden of disease caused by type 2 diabetes. According to the 2007-08 National Health Survey:

- 68 per cent of adult men and 55 per cent adult women are overweight or obese; and
- 17 per cent of children aged five to 17 years are overweight and 8 per cent are obese.

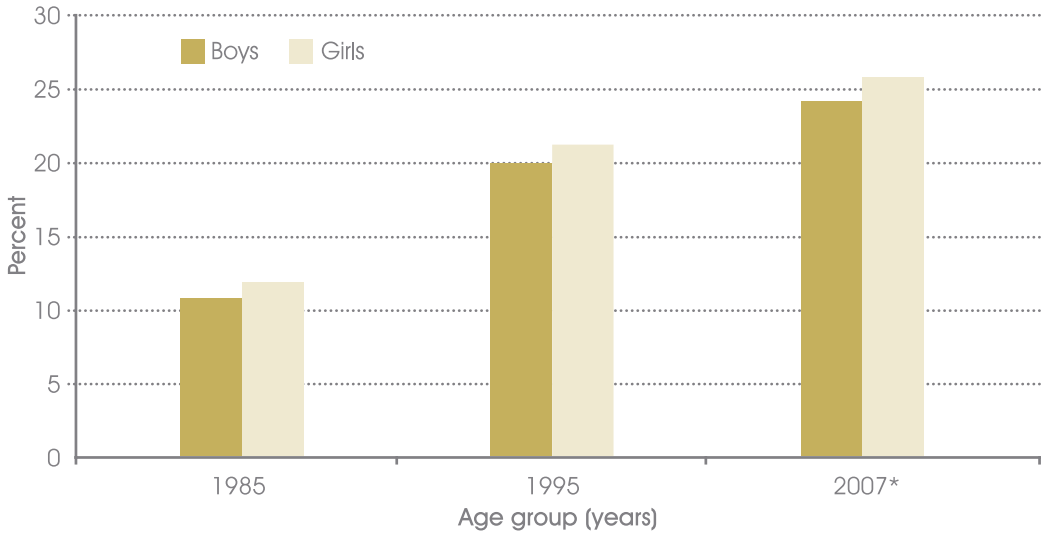
The prevalence of obesity in Australia has significantly increased over the last 25 years. The proportion of boys aged seven to 15 years who were overweight or obese increased from 11 per cent in 1985 to almost 24 per cent in 2007. For girls in the same age group, the equivalent increase was from 12 per cent in 1985 to almost 27 per cent in 2007. Changes in people's eating habits and lower physical activity levels have been major contributors to these increases.

The total direct financial cost of obesity was estimated to be $8.3 billion in 2008, with productivity costs comprising $3.6 billion of this and health system costs $2 billion.

17 National Institute for Health and Clinical Excellence (2007) *National Clinical Practice Guideline Number 42: Dementia* British Psychological Society: London; Patterson, C. et al Diagnosis and treatment of dementia: Risk assessment and primary prevention of Alzheimer disease *CMAJ* 2008; 178 (5). doi:10.1503/cmaj.070796.

18 Oxley H. (2009) *Policies For Healthy Ageing: An Overview*. OECD: Paris.

FIGURE 1: PREVALENCE OF OVERWEIGHT AND OBESITY IN AUSTRALIAN CHILDREN AGED 7–15 YEARS, 1985–2007



Source: Roberts L, Letcher T, Gason A, Lobstein, Medical Journal of Australia 2009; 191 (1): 45-47.

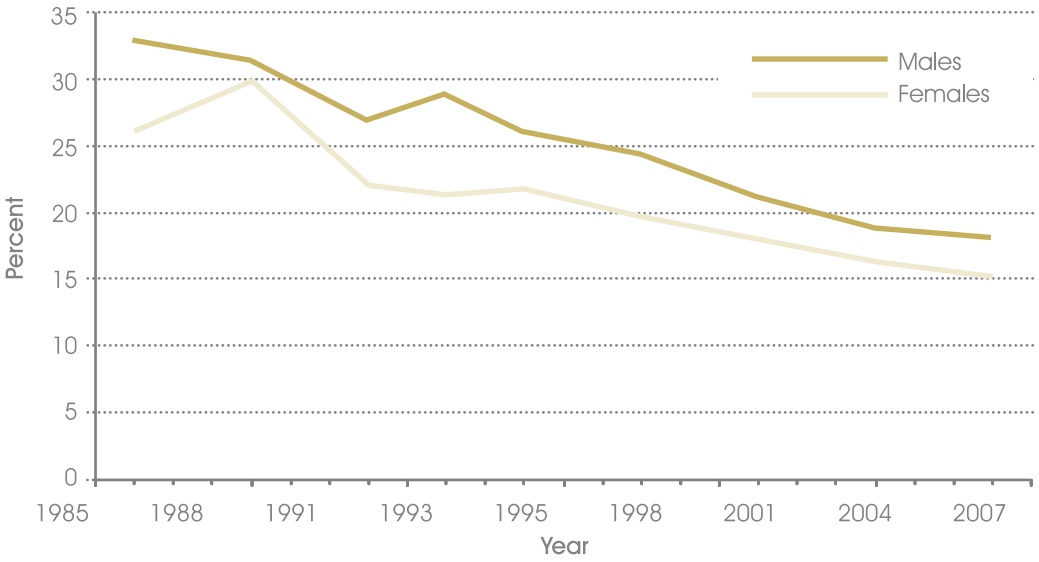
CONTINUING IMPACT OF TOBACCO SMOKING

The adverse health impacts of tobacco smoking are well known: smoking significantly raises the risk of cardiovascular disease, respiratory disease, cancers of the respiratory, digestive and reproductive organs, and premature births. Despite this, approximately three million Australian adults smoke daily.

While the prevalence of smoking in Australia has gradually declined over a long period (as shown in Figure 2), smoking remains one of the leading causes of preventable disease and premature mortality among Australians:

- smoking is responsible for over seven per cent of the total burden of disease in Australia;
- tobacco use caused more than 15,000 deaths in 2003; and
- the total quantifiable costs of smoking to the economy, including the costs associated with loss of life were estimated to be greater than $31 billion in 2004–05.

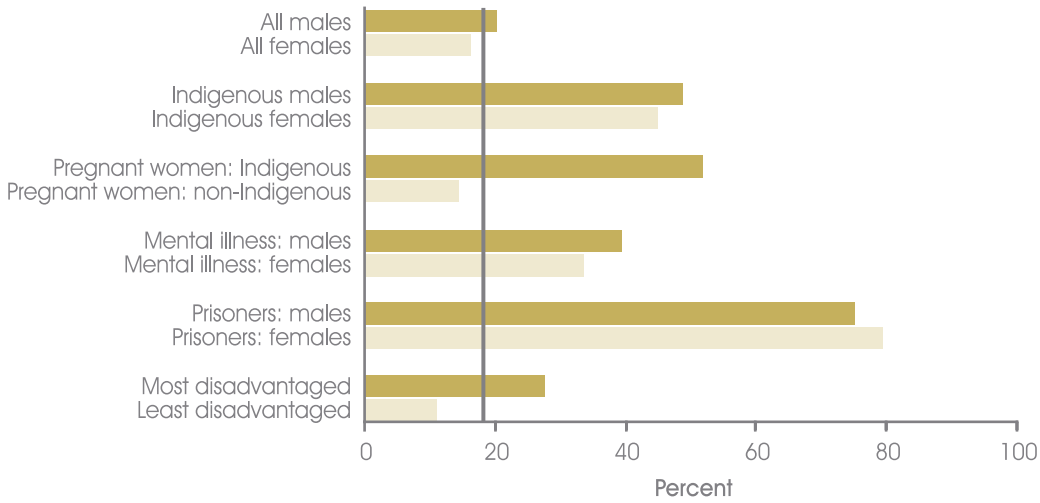
FIGURE 2: DAILY SMOKERS, POPULATION AGED 14 YEARS AND OVER, 1985–2007



Source: AIHW, 2008

Almost half of Indigenous Australians smoke daily, compared with one in six of all adult Australians. Smoking is currently the cause of 20 per cent of deaths among Indigenous Australians. Figure 3 shows a comparison of smoking rates across a number of population groups.

FIGURE 3: SMOKING RATES IN AUSTRALIA FOR SELECTED POPULATION GROUPS



Source: Public Health Information Development Unit, 2010, various data sources all from late-2000's.

THE DAMAGE CAUSED BY ALCOHOL MISUSE

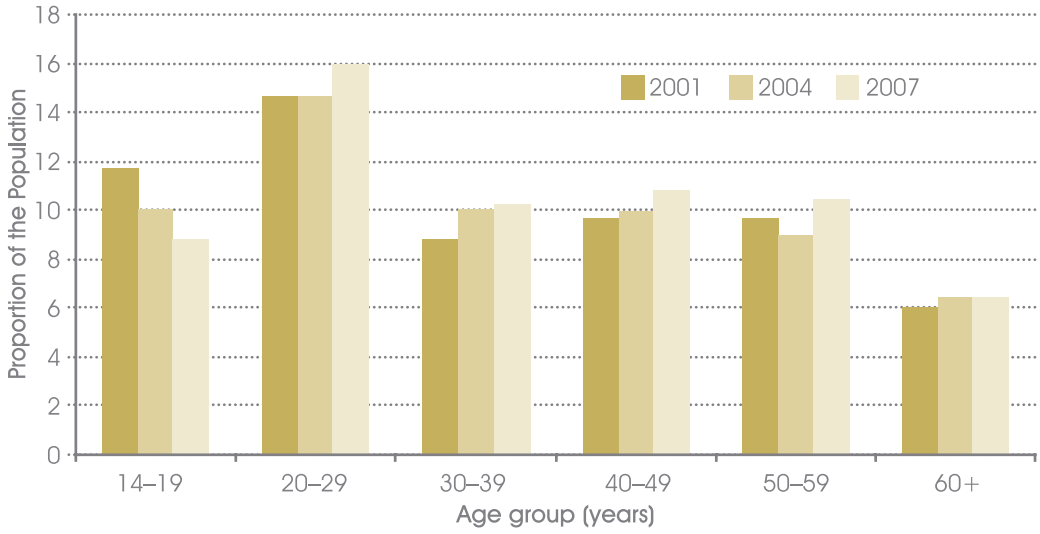
The misuse of alcohol leads to major health, social and economic impacts on individuals and on the Australian community:

- alcohol consumption accounts for 3.2 per cent of the total burden of disease and injury in Australia: 4.9 per cent in men and 1.6 per cent in women; and
- the cost to the community from alcohol-related harm was estimated at more than $15 billion in 2004-05 – this includes the costs of lost workplace productivity ($3.5 billion), road accidents (over $2 billion) and crime ($1.6 billion).

Alcohol-related harm is a major cause of mortality and morbidity in Australia, causing around 3,000 deaths and 65,000 hospitalisations every year. Of the 31,000 people who died from alcohol related injury and disease between 1992 and 2001, a greater proportion died from the effects of binge drinking than from chronic conditions. Alcohol is involved in 62 per cent of all police attendances, 73 per cent of assaults, 77 per cent of street offences, 40 per cent of domestic violence incidents, and 90 per cent of late-night calls to police.

Figure 4 shows the increase, particularly among younger adults (ie 20 to 30 year olds), in risky levels of drinking since 2001.

FIGURE 4: DRINKING AT RISKY/HIGH RISK OF HARM IN THE LONG TERM BY AGE AND YEAR, PROPORTION OF THE POPULATION AGED 14+ YEARS, AUSTRALIA



Source: AIHW *National Drug Strategy Household Surveys* 2001, 2004, and 2007

Alcohol has become more readily accessible over the past two decades, and harms resulting from drinking among young people have increased throughout the 1990s. In looking specifically at all the harms experienced by young people 15–34 years of age, alcohol is responsible for more deaths and hospitalisations than all illicit drugs grouped together, and many more than tobacco (the impact of which is more pronounced among older individuals).