

Epilogue

HEALTH PROMOTION IS EVERYONE'S BUSINESS

Maud Clark is the founder of Somebody's Daughter Theatre Company – a theatre company of women in detention, whose work is now expanding to a number of other sites in Victoria. She is an inspirational leader who shows how we can use the arts as a means of promoting health and human rights. Todd Harper is the Director of the Cancer Council of Victoria's *Quit* program and leads the VicHealth Centre for Tobacco Control. A superb strategist and communicator, he is the go-to person for tobacco control in Victoria and is seen as one of Australia's leading brains in the tobacco control movement. Mick Daniher, of the famous southern Riverina footballing family, runs Football Victoria's development program. He is part of the backbone of the highly successful Vickick and Auskick programs. He understands social capital theory, and knows the physical and mental health promoting potential of good sport.

Maud, Todd and Mick symbolise the fact that health promotion is, indeed, everyone's business. They lead three of the many organisations that VicHealth has partnered since 1987, and are part of the great spectrum of groups whose work underpins health promotion in Victoria.

Prevention and health promotion are for life

This *Story of VicHealth* describes some of the fascinating work that we have had the privilege of being involved in over the last two decades. Much of the work has resulted from one of the reasons for having a health promotion foundation – to innovate and take calculated risks. But we also need to remember that not all risks and investments pay off. We have had real problems in developing evaluation expertise, in establishing a centre for mental health promotion, in getting effective outcomes for our investments in healthy eating, in capturing the public's imagination about promoting mental health, and in being able to reduce health inequalities. We have much to do in developing optimal ways of working with the primary, secondary and tertiary levels of the health care system; and we need to improve the way we communicate with Victorians about what we do.

The challenges we face over the next 10 years and beyond are daunting but not insurmountable. They include health issues such as tobacco related illness, physical inactivity and poor nutrition, depression and anxiety, and the greater burden of illness and death faced by the least advantaged in our community. We face the challenge of improving the evidence that directs investments in promoting health, just as we face these investments being

crushed under the ever increasing burden of medical and hospital treatment and care.

These challenges require a long-term commitment. It is not a matter, for example, of bringing the smoking rates down then taking the 'foot off the pedal'. Despite great success, tobacco related disease, the catalyst and rallying point for the establishment of VicHealth, remains the largest preventable cause of death and disability of Victorians. As the overall prevalence rates drop we may find it harder to continue to reduce levels of smoking. We also face the paradox that people with the least economic resources have the highest rates of smoking and thus the highest direct costs. It gives us more of a reason to ensure that declines can be shared across all parts of our society.

The new frontiers of health promotion

Obesity and its complications such as diabetes as a result of poor nutrition and inactivity is undoubtedly the issue that has captured the public's interest in the last three years. The solutions are perhaps far more complex than we might have first thought. I am convinced that obesity, for example, is a 'market success'. Products that effectively reduce physical activity, provide 'exercise free' alternatives, or increase energy consumption (such as cars, computer games and junk food) sell far better than those that increase

or even encourage physical activity or moderate energy consumption (bicycles, sport and active recreation club memberships, public transport, fruit and vegetables).

It seems inevitable that our public policy will have to provide incentives to increase the marketing of health promoting products and restrict those that are health damaging. We will have to restrict junk food advertising at prime time for children, change school canteen practices, and prioritise pedestrians, bicycles and public transport over the car. Future public social engineering versus contemporary and highly prevalent commercial social engineering!

Our individual and collective mental health will become of even greater concern if the World Health Organisation's predictions that depression will be the second largest contributor to the global burden of disease by the year 2020 are correct. Much has been gained by the heightened community awareness of depression and anxiety and the need for early intervention and treatment through the work of organisations such as beyondblue and Orygen. But enormous challenges remain in the prevention of these highly prevalent mental health problems. How do we prevent the violence, bullying, discrimination and marginalisation which are increasingly being understood as determinants of depression and anxiety? Like the issue

of obesity, how do we cope with major societal changes such as increasing individualism, described by social researcher Hugh Mackay as cocooning or caving, where life is pursued indoors, travel is only by car and social interactions, let alone understandings of difference, start to dwindle?

These are the new frontiers of health promotion where we have to deal with powerful forces of global trade, advertising, consumerism, individualism and new forms of information technology. All of these have undoubted upsides, yet all may have unintended and poorly understood negative repercussions on our health.

Addressing health inequalities

There is a law in health known as the Inverse Care Law – *those with less get less, those with more get more*. Many of the resources understood to influence health are unequally distributed in Australian society and this in turn is reflected in marked inequalities in health.

Inequalities exist across a range of social and cultural measures including education level, occupation, income, employment status, rurality, ethnicity, Aboriginality and gender as well as in area-based measures of social and economic disadvantage.

We know that, in general, those experiencing higher levels of disadvantage on these measures have



higher rates of morbidity and mortality and lower life and health expectancy. They are also more likely than their more advantaged counterparts to perceive their health as poor.

So our challenge is to work alongside business and industry, employment, education, sports and arts, urban renewal, justice and local governments to ensure that those with less (health) don't continue to get less (resources).

A call for better evidence

There has been a call for better evidence to underpin all of our actions, interventions and investments in medicine and in public health. This has resulted in the growing stature of organisations such as the Cochrane Collaboration. In particular there is a need for cost effectiveness of interventions which in turn requires the development of public health economists. VicHealth's challenge is to better align the research it funds with its overall strategic directions.

An ounce of prevention is worth a pound of cure

One of the major challenges for VicHealth will be to ensure that health promotion and public health increase their role as integral parts of our overall health services, rather than disappear as a result of rapidly increasing and costly community demands for hospital and medical treatment and care. There is no waiting list for prevention, and it is often difficult for governments to commit to long-term investments that are required to improve the health of populations. However, it may be the longer-term economic arguments, rather than shorter-term financial and political demands that will prove to be most useful.

Already this is the case in the UK where Sir Derek Wanless, an economist and businessman, and the author of the seminal report for the UK Treasury entitled *Securing Good Health for the Whole Population*,²² states that the National Health Service “must move from being the national sickness service, which treats disease, to a national health service which focuses on preventing it”. His view was very much driven by the economic arguments based on people becoming “fully engaged with their own health”.²³

Promoting the future health of Victorians

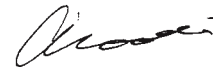
The fact that our health is determined by much more than our health system throws up challenges to VicHealth of how to engage other sectors in our society, so that we have real whole-of-society approaches to improving our health and wellbeing. This engagement has to be predicated on finding common ground and common purpose with the private sector, with education and training, with sports and recreation, justice, transport, infrastructure and urban planning.

Public health and health promotion is changing so our expertise must quickly adapt as well. The traditional disciplines of epidemiology, statistics, sociology and anthropology must be expanded to a broader set of disciplines including public health economics, political science, commerce and marketing, geography and urban planning.

VicHealth, as the longest standing health promotion foundation, has an obligation to the global movement of health promotion foundations. As mentioned in the previous chapter, foundations now exist in Western Australia, the Australian Capital Territory (ACT), Switzerland,

Austria and Thailand, and are under development, with the support of the Western Pacific Office of the World Health Organisation, in Malaysia, Tonga, the Philippines, Mongolia, Shanghai and Fiji. It is in our enlightened self interest to support the developments of these foundations as it assists us with improving our own practice, and establishing world’s best practice.

VicHealth has no inalienable right to exist. It must constantly prove its worth as an innovator that can act rapidly, that can inspire and support health promotion in other sectors and in the community sector, and can work in a complementary and supportive way with the different arms of government. And it must support and encourage the development and work of leaders and health promotion entrepreneurs like Maud Clark, Todd Harper and Mick Daniher.



Rob Moodie
CEO, VicHealth

²² Wanless D. 2004. *Securing Good Health for the Whole Population*, UK Treasury.

²³ Ibid.