

MEDIA RELEASE

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NATIONAL STUDY PROVES ILLNESS PREVENTION PROGRAMS WILL SAVE LIVES AND PROVIDE BEST VALUE FOR MONEY

The University of Queensland and Deakin University have today released a groundbreaking report with dozens of recommendations that strongly support more spending on prevention, but also warn that not all prevention measures are wise investments.

The Assessing Cost Effectiveness of Prevention (ACE-Prevention) project is the result of five years of research, funded by the National Health and Medical Research Council. It is the most comprehensive evaluation of health prevention measures ever conducted world-wide, involving input from 130 top health experts.

Led by Professor Theo Vos from the University of Queensland and Professor Rob Carter from Deakin University, the research team assessed 123 illness prevention measures to identify those which will prevent the most illness and premature deaths and those that are best value for money.

The Assessing Cost-Effectiveness in Prevention report will be launched at **10.30am, 8 September 2010**
VicHealth, 15-31 Pelham Street, Carlton, Melbourne

Professor Theo Vos and Professor Rob Carter, will present key findings of the report. Public Health Association of Australia President Professor Mike Daube, VicHealth CEO Todd Harper and former Commissioner with the National Health and Hospitals Reform Commission Dr Mukesh Haikerwal will comment. All are available for interviews.

Among the recommendations to drastically reduce the rate of serious illness and the associated pressure on the nation's health system are:

- a 10 per cent junk food tax
- mandatory salt limits in bread, margarine and cereals
- taxing alcohol at 10 per cent more than the current rate for spirits (to address the tax loophole whereby cask wine is cheaper than soft drink), banning alcohol ads and raising the drinking age to 21
- increased tobacco tax (a further 5 per cent on the April 2010 25 per cent increase) and subsidised smoking cessation aids
- boosting skin cancer awareness with an intense SunSmart campaign
- the introduction of a four-in-one 'poly-pill' containing three blood pressure lowering ingredients at a low dose and a cholesterol-lowering drug, available to at-risk individuals and Indigenous people aged 35+ at an affordable price
- screening for early stages of diabetes and chronic kidney disease from age 45, given dialysis treatment costs an average \$70,000 per person per year
- lap banding for the severely obese
- bone mineral density tests for older women to identify early stages of osteoporosis
- early intervention screening and better follow-up programs for those with mental health problems, including identifying minor depression in adults and childhood depression and anxiety
- for Indigenous people, screening for early signs of diabetes and chronic kidney disease from age 25.

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ASSESSING COST-EFFECTIVENESS IN PREVENTION

University of Queensland Professor Theo Vos said with health and aged care expenditure projected to grow to \$246 billion in 2033, and health care becoming more expensive with the proliferation of high-tech treatments, the need to find proven, affordable illness prevention measures is pressing.

“Governments desperately need reliable information to use their health budgets more efficiently, so that they can direct the limited resources to where they have the best health outcomes. This will ensure best value health care,” Prof Vos said.

“An initial investment of \$4 billion and less than \$1 billion in following years would be required to put in place the 43 most cost-effective prevention measures. This would give Australians an extra million healthy years over their lifetime. The costs would be more than matched by future savings from not having to treat disease”.

The ACE-Prevention research team also found that several preventive health practices currently applied in Australia have limited benefit and should be reconsidered.

These include inefficient current practice in cardiovascular preventive treatment with expensive drugs favoured over cheaper alternatives, prostate-specific antigen (PSA) testing for prostate cancer, aspirin to prevent heart disease, weight loss programs and school-based illicit drug awareness campaigns.

Deakin University’s Prof Rob Carter cautioned that: “While the economic case to increase funding for health promotion is strong, it’s important we make tough but necessary reallocations away from ineffective measures with poor cost-effectiveness and towards those that we know are more cost-effective.”

Speaking at the launch in Melbourne today, Todd Harper, CEO of Australia’s first health promotion organisation, VicHealth, said: “Public health currently receives only 2 per cent of the health budget. Governments must place greater importance on proven prevention strategies to avoid the massive rise in preventable illnesses in the next few decades.”

Public Health Association of Australia President Professor Mike Daube added: “By acting now, we could prevent a million premature deaths among Australians now alive. The jury is in and we have clear evidence on what works in some crucial areas. The only real opposition to action will come from commercial interests. It is up to Governments to take the action that can keep Australians alive and healthy.”

The ACE-Prevention project was funded by the NHMRC and is supported by VicHealth, the Public Health Association of Australia and Lowitja Institute for Aboriginal and Torres Strait Islander Health Research, (incorporating the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health).

Copies of the report and brochures that clearly outline recommendations for each health topic, are available at: www.sph.uq.edu.au/bodce-ace-prevention

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