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Committee Secretary
Senate Select Committee on Health
PO Box 6100
Parliament House
CANBERRA ACT 2600

Submission from the Victorian Health Promotion Foundation (VicHealth) to the Senate Select Committee on Health

Dear Committee Secretary

Thank you for the opportunity to provide a submission to the Senate Select Committee on Health.

VicHealth has developed the following submission in the context of the [VicHealth Action Agenda for Health Promotion](#), which outlines the work to be undertaken by our organisation over the next ten years.

Our response to the Senate Select Committee on Health's inquiry focuses on term of reference (c), regarding the impact of reduced Commonwealth funding for health promotion, prevention and early intervention. We have also outlined opportunities and considerations for the development and implementation of programs.

VicHealth would be pleased to share our knowledge of health promotion and disease prevention with the Committee, and would welcome the opportunity to work in partnership with the Commonwealth Government to identify, develop and implement health promotion efforts at the national level.

If you would like to follow up on any of the information in our submission, please contact Cassie Nicholls, Senior Policy Development Officer on policy@vichealth.vic.gov.au or 03 9667 1317.

Yours sincerely



Jerril Rechter
Chief Executive Officer

Patrons

The Honourable Alex Chernov AC QC
Governor of Victoria (Patron-in-Chief)
Sir James Gobbo
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Executive summary

The current challenges Australia faces such as obesity, alcohol-related harm, tobacco control and mental health mean that governments have a significant role to play in addressing the conditions that can improve or harm health. As the Commonwealth Government has noted, an ageing population, increasing pressures on the health system and changes to the fiscal environment provide additional complexity and urgency.

VicHealth welcomes the Senate Select Committee on Health's inquiry, and our response focuses on the importance of Commonwealth funding for health promotion, prevention and early intervention. We have also outlined opportunities and considerations for the development and implementation of programs.

As the world's first health promotion body, VicHealth has been promoting health and preventing illness since 1987, and we have built a wealth of knowledge around effective and cost-efficient programs in a range of settings. Our international leadership in this area has been recognised by the World Health Organization (WHO), with VicHealth recently designated as the WHO Collaborating Centre for Leadership in Health Promotion.

We know that health promotion and disease prevention efforts are essential to sustainable change, and investment is highly cost-effective and can create real and lasting improvements benefiting the health of all Australians. Without a strong focus on these areas, the Government risks reducing the benefits of existing successful approaches and creating additional burden on the economy now and into the future.

We would be pleased to share our knowledge of health promotion and disease prevention with the Committee, and would welcome the opportunity to work in partnership with the Commonwealth Government to identify effective and cost-efficient investment at the national level.

VicHealth's key recommendations are:

- that the Commonwealth Government recognises the importance of sustained and significant investment in health promotion and disease prevention, both for the health of Australians and for the future of Australia's society and economy
- that the Commonwealth Government commits to increased and sustained investment in health promotion and disease prevention over the next ten years
- that the Commonwealth Government continues to take a strong leadership role in health promotion and disease prevention in order for Australia to deliver its commitments to the WHO's *Global action plan for the prevention and control of non-communicable diseases 2013–2020*
- that the Commonwealth Government acts to address the social determinants of health and health inequities, as outlined in the World Health Organization's Commission on the Social Determinants of Health report, *Closing the gap in a generation*, and the subsequent recommendations of the Senate Community Affairs Committee's 2013 report into Australia's domestic response.

ABOUT VICHEALTH

VicHealth was established by the Victorian Parliament in accordance with the *Tobacco Act 1987* with a mandate to promote good health for all. VicHealth is a pioneer in health promotion – the process of enabling people to increase control over and improve their health.

Our primary focus is promoting good health and preventing chronic disease. We create and fund world-class interventions. We conduct vital research to advance Victoria’s population health. We produce and support public campaigns to promote a healthier Victoria. We provide transformational expertise and insights to government.

We work with individuals, communities, organisations and governments within Victoria and nationally. Our expertise has also been recognised at the international level, with VicHealth designated as the World Health Organization Collaborating Centre for Leadership in Health Promotion.

Of all the things we do, above all we seek to make health gains among Victorians by pre-empting and targeting improvements in health across our population, fostered within the day-to-day spaces where people spend their time, and with benefits to be enjoyed by all.

1. Context

In recent years substantial gains have been made in preventive health. However, while Australians are living longer, many are living with preventable chronic disease. Demographic shifts mean that in the coming decades this will increase, putting pressure on the health system and society as a whole. Supporting effective approaches now will both improve the health of Australians and reduce the future burden on our economy and health system.

VicHealth acknowledges the complexity of changing people’s health-related behaviours. While individuals make their own lifestyle choices, governments play a critical role in creating environments and opportunities that enable healthy choices. People’s environments, opportunities and resulting health-related behaviours very often follow a social gradient, a linear relationship where those that have access to a higher level of power, money or resources often enjoy better health outcomes.

VicHealth’s work in health promotion and disease prevention focuses on those areas that represent the greatest burden of disease and disability, and where there is the most potential for health gains: promoting healthy eating, encouraging regular physical activity, preventing tobacco use, preventing harm from alcohol and improving mental wellbeing. The prevalence of ill health and the burden of disease from these areas present a clear case for ongoing government action.

1.1 Health context: Prevalence and burden of disease in Australia

Healthy eating

- Energy dense but nutrient-poor foods contribute over one-third of the total daily energy intake of Australians, and only one in ten adults meet the recommended minimum daily intake for vegetables.¹ As a result, 63 per cent of Australian adults are overweight or obese,² and one in four Australian children

aged 5–17 years are overweight or obese,³ costing the Australian society and governments over \$58 billion in 2008.⁴

- Unhealthy eating and low fruit and vegetable consumption contribute to high blood pressure, high blood cholesterol and high rates of obesity,⁵ accounting for around one-sixth of the total burden of disease in Australia.⁶

Physical activity

- Only 43 per cent of Australians are getting enough physical activity to benefit their health, with those experiencing the most disadvantage less likely to be sufficiently active.⁷
- This can lead to increased risks of chronic disease, including mental ill health,⁸ and has been estimated to cost the Australian economy a total of \$13.8 billion each year.⁹

Tobacco use

- Even though the smoking rate has dropped across Australia, it remains the leading preventable cause of many cancers and respiratory, cardiovascular and other diseases,¹⁰ and in Victoria costs approximately 4,000 lives and \$5 billion each year.¹¹
- Exposure to second-hand smoke increases the risk of chronic and fatal health conditions, including cardiovascular disease and lung cancer.¹²

Alcohol harm

- In 2010, 20 per cent of Australians aged 14 or over had consumed alcohol at a level that put them at risk of alcohol-related disease or injury over their lifetime. Nearly 40 per cent drank at levels that put them at risk of alcohol-related injury from a single drinking occasion over the past 12 months.¹³
- More than 200 types of short- and long-term preventable harms can result from alcohol misuse. These include accident and injury, cancer, heart attack, stroke and liver cirrhosis. The harmful community impacts of alcohol include drink driving, alcohol-related injury, assault and chronic disease.¹⁴

Mental wellbeing

- Mental illness is one of Australia's top three leading causes of disease burden,¹⁵ and the largest contributor to the disability burden in Victoria.¹⁶
- Over 13 per cent of Australian adults reported having a mental and behavioural condition in 2011–12.¹⁷ It is estimated that mental illness costs the Australian economy \$20 billion every year.¹⁸

1.2 Policy context: Health promotion and disease prevention policy in Australia

There have been several recent changes to the policy context at the national level. The abolition of the Australian National Health Promotion Agency (ANPHA) and Health Workforce Australia (HWA), and the cessation of the National Partnership Agreement on Preventive Health (NPAPH) will result in significant changes to the health promotion landscape in Australia.

While essential functions of ANPHA and HWA have been transferred to the federal Department of Health, there are important program activity and leadership roles that are unlikely to be continued, such as having

an agency specifically responsible for the translation of policy into evidence-based strategies and research agendas as well as publishing an annual report on the state of preventive health in Australia.

ANPHA also was uniquely placed to work collaboratively with the Commonwealth Government as well as state and territory governments to help set national priorities and options for preventive health programs. These changes have also resulted in a lost opportunity for ANPHA to work constructively with HWA in order to develop an Australian health promotion workforce development strategy, which would have ensured there was an adequate and appropriate supply of health professionals to work in the field of chronic disease prevention and health promotion over the next 10–20 years.

Along with the cessation of the NPAPH, these actions have the potential to lower the priority of health promotion and disease prevention within the Commonwealth Government's health portfolio, as well as increase pressure on state and territory governments and the health and NGO sector to fill the shortfall in funding and other resources.

At the global level, as a Member State of the World Health Organization Australia has made a commitment to the [Global action plan for the prevention and control of non-communicable diseases 2013–2020](#). The action plan contains the following voluntary global targets:

- A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases.
- At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context.
- A 10% relative reduction in prevalence of insufficient physical activity.
- A 30% relative reduction in mean population intake of salt/sodium.
- A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years.
- A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances.
- Halt the rise in diabetes and obesity.
- At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.
- An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities.

The action plan includes a menu of policy options which can contribute to progress on these targets, including equity-based approaches and a focus on the underlying social determinants of health. It also focuses on the key role of governments in prevention, and the importance of leadership and action to raise the priority accorded to prevention at the national level.

In 2009 the Australian Government established the National Preventative Health Taskforce, which produced a comprehensive [National Preventative Health Strategy](#) or roadmap for action for Australia to be the healthiest country by 2020. Much of this strategy is still relevant for the needs of the Australian community and would form a strong basis for Australian investment in health promotion and chronic disease prevention. These approaches would also complement the WHO action plan.

In 2013 the Senate Community Affairs Committee released a report into Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report, *Closing the*

gap in a generation. The Commonwealth Government has not implemented these recommendations. Further information on the Commission and the Committee's report is included in section 3.2.2 of this submission.

2. The economic benefits of investment in health promotion and disease prevention

Health promotion and disease prevention efforts are essential to sustainable improvement in health and wellbeing outcomes, and investment is highly cost-effective and can create real and lasting improvements benefiting all Australians. Without a strong focus on these areas, the Commonwealth Government risks reducing the benefits of existing successful approaches and creating additional burden on the economy now and into the future.

Treasury has identified that Australia's GDP growth is expected to slow and rising ageing and health costs will be the biggest contributor to future government fiscal pressures.¹⁹ In light of this, it is essential that expenditure in the health portfolio is a productive and efficient use of taxpayers' money.

By continuing and strengthening its leadership role in preventive health, the Commonwealth Government has the opportunity to invest in health promotion and disease prevention activity that is cost-effective and that can create real and lasting change to the health of all Australians, as well as reduce the fiscal pressures the Government faces currently and into the future. VicHealth would welcome the opportunity to work with the Commonwealth Government to identify potential investments with the greatest impact and cost-effectiveness at the local, state and national level.

2.1 Current investment in health promotion and disease prevention in Australia

Currently, Australia invests a lower proportion of its health expenditure in prevention than most other OECD countries, with just 1.7 per cent of 2010–11 health spending going towards prevention efforts, or less than 0.2 per cent of GDP.²⁰ The health and economic benefits of cost-effective approaches to health promotion and disease prevention provide a case for strengthening this investment into the future.

2.2 Cost-effectiveness of health promotion and disease prevention

Conservative estimates in 2008 found that if the prevalence of key risk factors²¹ were reduced to realistic targets, it would save \$2.3 billion across the lifetime of the adult Australian population.²² In addition, economic evaluation of the costs and benefits of specific health interventions shows that some can be very cost-effective, and in some cases investment can have cost savings.

Modelling has shown that preventive interventions such as taxation on alcohol, tobacco and unhealthy foods and regulation of salt content in processed foods can have a large impact on population health and the Australian economy.

For example, imposing a mandatory limit on salt content of just three food items – bread, cereals and margarine – has the potential to save 110,000 disability-adjusted life years²³ (DALYs) and provide \$1.5 billion in cost offsets, for an intervention cost of \$70 million.²⁴ This is a clear justification for government

action to introduce regulatory measures, including product reformulation, to reduce population salt intake to WHO recommended levels.

Similarly, an alcohol tax at a level 10 per cent above that currently imposed on spirits could save 110,000 DALYs and provide \$700 million in cost offsets, for an intervention cost of \$20 million.²⁵

Importantly, small improvements at a population level can bring about substantial health and economic gains.²⁶ For example, increasing fruit and vegetable intake by just one serve a day would save between \$8.6 million and \$24.4 million per year in direct healthcare costs related to cancer and a further \$150 million in healthcare costs associated with heart disease.²⁷

While creating these population-level changes can take some effort from the government and other key players, there are many examples of successful approaches led by government in recent years.

One such example is the establishment of the [Food and Health Dialogue](#), which was initiated by the Commonwealth Government in 2009 to focus on food reformulation. The Food and Health Dialogue was a non-regulatory, collaborative forum between government, industry and public health groups aimed at addressing poor dietary habits and making healthier food choices easier and more accessible for all Australians.

The Dialogue's primary activity was action on food innovation, including a voluntary reformulation program to reduce the salt, sugar, saturated fat and energy, and increase the fibre, wholegrain, fruit and vegetable content of commonly consumed foods. A number of food companies agreed to reformulate their products to meet agreed salt reduction targets, but unfortunately in recent years the Dialogue has not been active. However, the successful establishment of this program demonstrated the willingness of the food industry to work with government and public health groups to achieve healthier choices for the community.

3. The Commonwealth Government's role in health promotion and disease prevention

3.1 Commitment, leadership and coordination

VicHealth commends the Government's continued commitment to prevention, as articulated in the 2014–15 Health Portfolio Budget Statements. VicHealth agrees that 'more emphasis is needed on prevention to ensure our health system is sustainable for the long term'.²⁸

VicHealth strongly recommends that the Commonwealth Government continues to strengthen its leadership role. This includes prioritising prevention within the health portfolio and taking a key leadership role nationally to reinforce and coordinate activity being undertaken at the local, regional and state level.

Without this leadership, there will be missed opportunities in terms of increased impact through combined and efficient efforts across jurisdictions. The Commonwealth Government is also best positioned to lead action to address the social gradient of health disadvantage with a coordinated approach across all of the social and economic factors that influence health, as well as provide constitutional authority in matters of excise.

Successes in this area include past and recent efforts to reduce smoking. In these instances, a coordinated approach at the national level included social marketing, policy and regulation and program delivery, and

was reinforced by tailored and targeted activity by local and state government agencies such as VicHealth, health agencies and non-government organisations.

VicHealth also notes that this leadership role includes providing a national coordination function for local, regional and state efforts, representing Australia at the international level, and providing non-financial resources and support.

The Commonwealth Government also has a role in identifying existing or potential programs at the local or state level that could be scaled up and rolled out nationally. Agencies such as VicHealth can be instrumental in providing advice on successful programs and opportunities for national coordination. VicHealth would welcome discussions with the Commonwealth Government around further collaboration in this area.

3.2 Approaches to health promotion and disease prevention

There are a broad range of evidence-based strategies to promote health and prevent disease. VicHealth recommends that when implementing these, the Commonwealth Government considers the importance of approaches that address the social and economic determinants of health to effectively and proportionally benefit everyone across the social gradient of health, by addressing those determinants that reduce health inequities.

3.2.2 Social determinants of health

To effectively improve health across the population and the social gradient of health, action must address the underlying social determinants of health. The conditions in which people live, learn, work and play have a significant effect on physical and mental health outcomes.

As noted by the [Senate Community Affairs Committee's 2013 report into Australia's domestic response](#) to the World Health Organization's (WHO) Commission on Social Determinants of Health report, [Closing the gap in a generation](#):

[e]ven in the world's wealthiest countries there are significant discrepancies in life expectancies and health outcomes between groups in society. Research into the correlation between health outcomes and factors such as education and income has led to a growing understanding of the sensitivity of human health to the social environment. Such factors, which include education, gender, power and the conditions of employment, have become known as the social determinants of health.²⁹

Therefore, VicHealth strongly recommends that the Commonwealth Government acts to implement the recommendations of the Senate Community Affairs Committee's report:

- The committee recommends that the Government adopt the WHO Report and commit to addressing the social determinants of health relevant to the Australian context.
- The committee recommends that the government adopt administrative practices that ensure consideration of the social determinants of health in all relevant policy development activities, particularly in relation to education, employment, housing, family and social security policy.
- The committee recommends that the government place responsibility for addressing social determinants of health within one agency, with a mandate to address issues across portfolios.
- The committee recommends that the NHMRC give greater emphasis in its grant allocation priorities to research on public health and social determinants research.

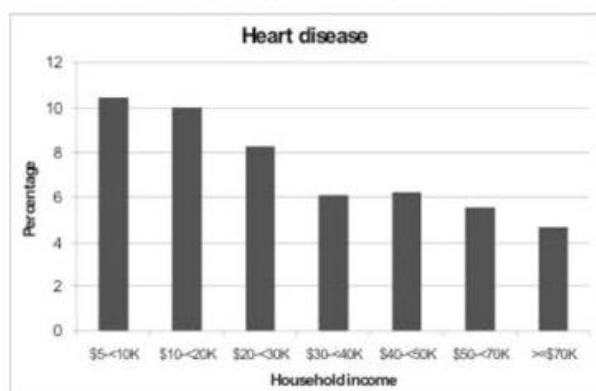
- The committee recommends that annual progress reports to parliament be a key requirement of the body tasked with responsibility for addressing the social determinants of health.

3.2.1 Health equity

As well as addressing the social determinants of health, it is important that any Commonwealth Government efforts also address the social determinants of health inequities. Health inequities are socially produced, systematic in their distribution across the population, avoidable and unfair.³⁰

There is a socioeconomic gradient in health and wellbeing outcomes across indicators such as income, wealth, education and occupational status. For example, 2014 research showed that prevalence of health outcomes such as heart disease (see Figure 1 below), cancer, diabetes and depression for people aged 45 years and over in New South Wales between 2006 and 2009 had a clear social gradient by household income.

Figure 1: Socioeconomic gradient in the prevalence of heart disease³¹



VicHealth has developed [Fair Foundations: The VicHealth framework for health equity³²](#) as a conceptual and action framework to guide policy and practice in promoting health equity. It aims to increase understanding of the social determinants of health inequities, and suggests entry points for action.

Fair Foundations recognises that individuals' health-related knowledge, attitudes and behaviours result from and are responses to their socioeconomic, political and cultural context, social position and daily living conditions:

- The **socioeconomic, political and cultural context** encompasses governance, policy, and dominant cultural and societal norms and values. These exert a deep and powerful influence on health through their impact on social stratification and peoples' daily living conditions.
- The socioeconomic, political and cultural context creates a process of social stratification, or ranking, which assigns individuals to different **social positions**. This process results in the unequal distribution of power, economic resources and prestige. Key markers of social position include educational attainment, occupational status, income level, gender, race/ethnicity, Aboriginality and disability.
- Social stratification means that different social groups have differential exposure and vulnerability to a range of **daily living conditions** – or the circumstances in which they are born, grow, live, work and age. The quality of these conditions affects people's material circumstances, psychosocial control and social connection, and can be protective or damaging to health.

- In conjunction with **individual health-related factors**, these processes and conditions have the potential to create differences in health and wellbeing outcomes such as life expectancy, mortality rates, morbidity rates and self-rated health. These differences are socially produced, systematic in their distribution across the population, avoidable and unfair.

VicHealth strongly recommends that the Commonwealth Government recognises the importance of addressing socially produced, avoidable and unfair inequities in health and wellbeing outcomes, and commits to taking action to reduce health inequities so that everyone has a fair opportunity to attain their full health potential. VicHealth can support this action by providing advice to the Commonwealth Government as well as resources to support planning and implementation.

3.3 Public support for government action

It should be noted that there is strong public support for government investment in health promotion and disease prevention.

A 2011 survey conducted by VicHealth and the Public Health Association of Australia found that over 75 per cent of respondents believed that Australian governments should be responsible for helping individuals to make healthy choices around areas including healthy eating, alcohol use and physical activity.

Nearly 80 per cent of respondents supported additional funds being allocated to federal and state governments' health budgets to prevent people from getting sick and to help people have better health, and 73 per cent supported increasing funds spent on prevention from 2 per cent to 5 per cent of the health budget.³³

Strong public support was also identified in Research Australia's 2013 poll which found that 77 per cent of respondents considered increasing funding and programs for preventative healthcare as an 'important' or 'very important' priority for the Federal Government to focus on over the next two to three years.³⁴

4. The need for sustained approaches to health promotion

While there will always be debate over the best way to implement health promotion and disease prevention activity, there is a clear case for significant and sustained investment in the area. Generational change requires generational commitment, and irrespective of the structures through which they were implemented, Australia's strongest achievements have enjoyed ongoing support from federal and state governments. These include reductions in smoking rates, increased levels of immunisation and road safety campaigns.

VicHealth believes that this sustained approach is an essential factor in ensuring the success of future preventive efforts, as without it, major investments will be an ineffective and inefficient use of taxpayers' money due to inconsistent support and delivery.

By providing long-term support and investment in approaches with proven effectiveness, the Commonwealth Government has the opportunity to create a legacy that will improve Australians' health into the future.

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