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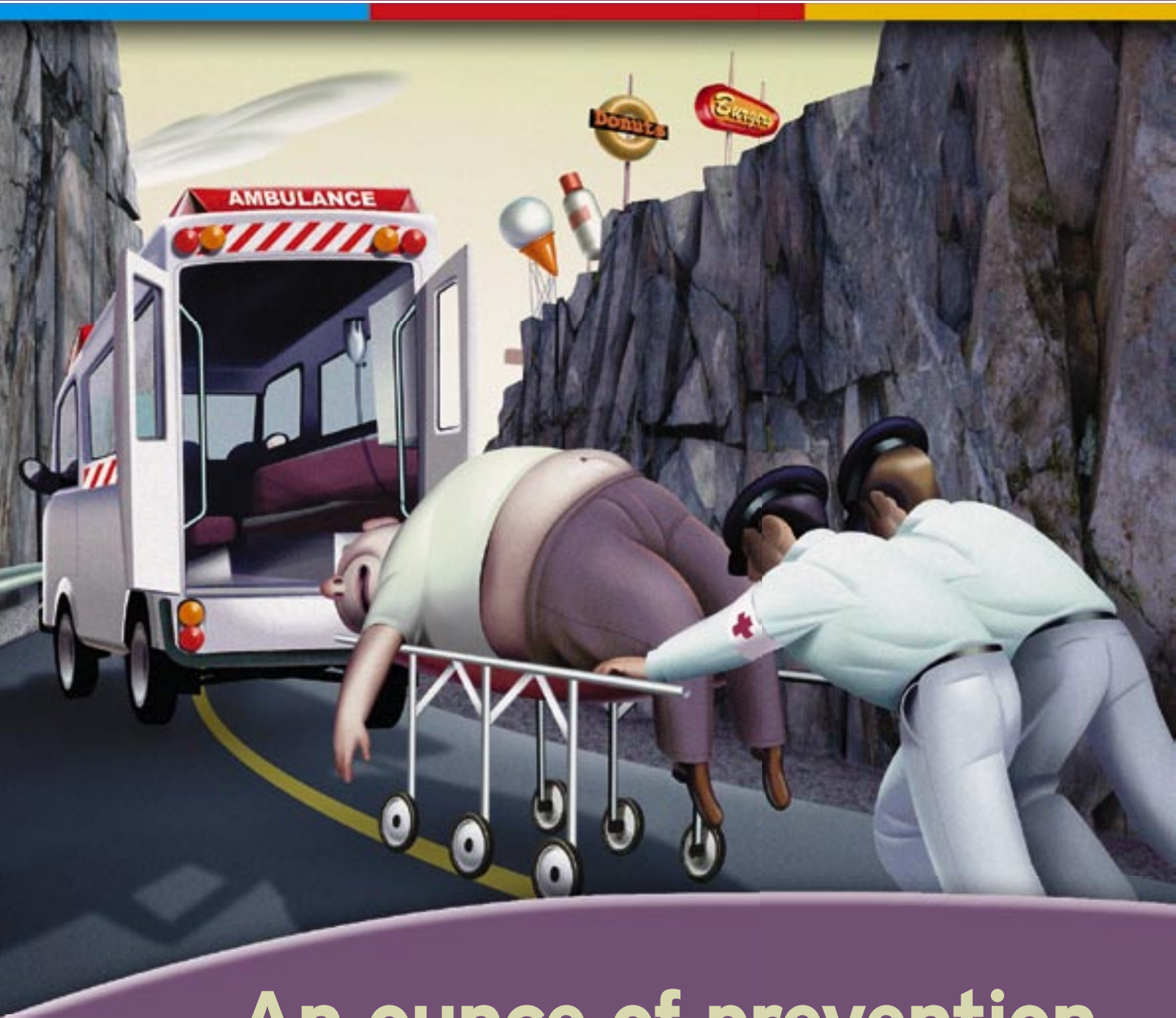

An ounce of prevention is worth a pound of cure

Making the case for choosing health promotion

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The Ambulance in the Valley

JOSEPH MALINS 1895

'Twas a dangerous cliff, as they freely confessed,
Though to walk near its crest was so pleasant;
But over its terrible edge there had slipped
A duke, and full many a peasant.
The people said something would have to be done,
But their projects did not at all tally.
Some said 'Put a fence 'round the edge of the cliff,'
Some, 'An ambulance down in the valley.'

The lament of the crowd was profound
and was loud,
As their tears overflowed with their pity;
But the cry for the ambulance carried the day
As it spread through the neighbouring city.
A collection was made, to accumulate aid
And the dwellers in highway and alley
Gave dollars or cents – not to furnish a fence –
But an ambulance down in the valley.

'For the cliff is all right if you're careful,' they said;
'And if folks ever slip and are dropping,
It isn't the slipping that hurts them so much
As the shock down below – when they're stopping.'
So for years (we have heard), as these
mishaps occurred
Quick forth would the rescuers sally,
To pick up the victims who fell from the cliff,
With the ambulance down in the valley.

Said one, to his pleas, 'It's marvel to me
That you'd give so much greater attention
To repairing results than to curing the cause;
You had much better aim at prevention.
For the mischief, of course, should be stopped
at its source;
Come, neighbours and friends, let us rally.
It is far better sense to rely on a fence
Than an ambulance down in the valley.'

'He is wrong in his head,' the majority said;
'He would end all our earnest endeavour.
He's a man who would shirk this responsible work,
But we will support it forever.
Aren't we picking up all, just as fast as they fall,
And giving them care liberally?
A superfluous fence is of no consequence,
If the ambulance works in the valley.'

The story looks queer as we've written it here,
But things oft occur that are stranger
More humane, we assert, than to succour the hurt
Is the plan of removing the danger.
The best possible course is to safeguard the source
By attending to things rationally.
Yes, build up the fence and let us dispense
With the ambulance down in the valley.

COVER: Illustration by Nigel Buchanan.

FROM THE CEO

There has been tremendous progress in our health and life expectancy over the last century in Australia, and in Victoria. Much of this has been due to improvements in areas ranging from nutrition, housing, sanitation, education, increasing wealth and employment, and control of infectious and non-communicable diseases, yet we often only attribute our better health to improved treatments and medical services.

These latter are very important, and as our politicians and health bureaucrats know so acutely, we continue to demand even better services. There are now agreements to review our national health care system[1] but an important unanswered question remains – are we optimising our investments in health? Are too few resources going into population-wide approaches in prevention, and too many in pharmaceuticals and medical diagnostics? Are we getting the best bang for our health buck?

Let me give you an example. In Australia, we spent a reported $80 million in 2001 on Zyban to assist people quit smoking, but we didn't spend $10 million on repeating a national tobacco campaign. We already had the hard evidence[2] to show that a national campaign would have resulted in approximately 190,000 people giving up smoking, and would have prevented nearly 1000 deaths – a result many times more effective than Zyban in getting people to quit.

Major challenges confront us including obesity and physical inactivity; mental illness such as anxiety and depression; substance abuse; and the fact that the poorer and less well educated have poorer health. A major study[3] predicted that for the first time in the past 1000 years, life expectancy is likely to decline – as a result of overweight and obesity. And it seems that the major determinants of these factors are not access to health services but are related to the way our lives are changing. It may be, for example, that obesity is an unexpected result of a successful market economy. And that increasing depression is a result of changing lifestyles, as time spent alone increases and social isolation increases, and bullying behaviours in the home, school and workplace increase rather than diminish.

We face major challenges in understanding the barriers to improving the public's health – be they economic, commercial, political, cultural or administrative. We also have to face the fact that we have not yet been able to capture the imagination of the public in a way that would ensure sustained and broad community support for population-wide prevention activities. Although the adage prevention is better than cure is often cited, it rarely translates into our investments in health.

Another challenge is to work much more effectively with the huge range of private sector enterprises. Sometimes those in public health shy away from working with the private sector. Yet business and industry create employment and wealth, and without economic prosperity it is difficult to invest in health, either publicly or privately. But not all industry outputs are healthy. This we know from our experience in tobacco. Our challenge is to work out where the common ground is between maximising population health and maximising economic growth.

In this issue we look at the many barriers to investing in public health and examine what needs to be done to overcome these barriers. The articles cast light on a number of different facets of the interaction between health promotion and prevention concepts, our practice, and the decision-making processes in our society.

This VicHealth Letter only opens up many of these complex issues. Your feedback is welcome (email vichealth@vichealth.vic.gov.au).

Dr Rob Moodie
Chief Executive Officer

REFERENCES

1 Mark Metherall, M, 2005, 'Blurring of the lines in health overhaul', *Sydney Morning Herald*, 4 June.

2 Department of Health and Ageing, 2000, *Australia's National Tobacco Campaign,* Evaluation Report Volume Two, available at *www.health.gov.au.*

3 Olshansksy S J et al, 2005, 'A potential decline in life expectancy in the United States in the 21st century', *The New England Journal of Medicine,* 352: 1138–1145.

The case for putting HEALTH PROMOTION 1st

If an ounce of prevention really is worth a pound of cure, then why isn't health promotion funded appropriately by government and societies? What will it take for key players to get serious about health promotion? By ANDREW ROSS

Now should be a good time to live in an industrialised country: life expectancy is high, medical advances will continue to lead to new cures and earlier detection, and new drugs will alleviate symptoms more effectively than before.

But many of these innovations in 'health' are actually expensive cures. A recent Productivity Commission report found that "over the next 40 years, total expenditure on health care is projected to increase from just under 10% of GDP to between 16 and 20%".[1] All industrialised countries are now grappling with soaring health care budgets.

Preventing people from getting sick in the first place is one obvious way to try and reduce burgeoning health care budgets. Governments in the UK, Switzerland and Germany are examining the economic cost of how much health care costs and the role of prevention. Interestingly, this work has been led in the UK by the Treasury rather than the Department of Health. Sir Derek Wanless, the author of a major review of health spending in the UK published in 2002, suggested three different scenarios for future spending in health, with the most cost-effective – the so-called 'fully engaged' scenario – relying on more investment in public health.[2] This was not the recommendation of a group of well-meaning health promotion activists, but the ex-chief of one of the UK's biggest banks backed by the clout of Treasury.

What prompted the UK Treasury to take an interest in promoting health? When Labor came to power in 1997 it inherited a record number of patients waiting for treatment and a health service which was significantly under-funded in comparison to other European countries. The Chancellor, Gordon Brown, wanted to improve the quality of the NHS and the overall health of the UK population, but he isn't nicknamed 'prudence' by the UK press for nothing: he also wanted to know how much this would cost.

Prevention versus cure: where are we now?

Australian Treasurer, Peter Costello, is yet to set up a similar investigation although the Productivity Commission has called for a review of the health care system. The need for it is clear: in the 10 years to 2002/03 the health care budget increased by almost 70% in real terms.[3] Australia has more hospital beds per person than other similar countries – about 50% above Canada's rate, for example, and some states spend almost 70% of their state health expenditure in hospitals.[4]

Yet the OECD – which includes Australia, European countries, Canada, the US and Japan – has estimated 40 to 50% of premature deaths result from preventable behaviours (for example, excess drinking). On average, only 2.8% of total health spending by OECD countries is allocated to public and private health prevention programs.[5] According to the Australian Institute of Health and Welfare, less than 2% of all health expenditure in this country is directed to public health.[6]

There are good reasons for increasing spending on public health. Take obesity: a UK parliamentary report suggests that, for the first time in a century, children may have a reduced life expectancy compared with their parents because of obesity.[7] Apart from the inconvenience to individuals of living with related illnesses like diabetes, the report estimates the annual cost of obesity to the UK will be about $AU8–9 billion.

Less than 2% of all health expenditure in Australia is directed to public health.

Professor Jay Olshansky from the University of Illinois forecasts life expectancy in the US will decline in the next 50 years as a result of the "obesity epidemic that will creep through all ages like a human tsunami".[8] The Director of Public Health in Victoria, Robert Hall, says we already have an obesity 'epidemic'. Why people are getting fatter is a complex issue, involving everything from the design of our cities through to the food we eat. It might be easier to change nothing and simply treat people as they become obese – but even the most generously funded healthcare system will struggle to cope with a 'human tsunami'.

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It is time for public health advocates to "invade the Treasury" and to highlight the potential returns of spending more on promoting health.

What would putting health first look like?

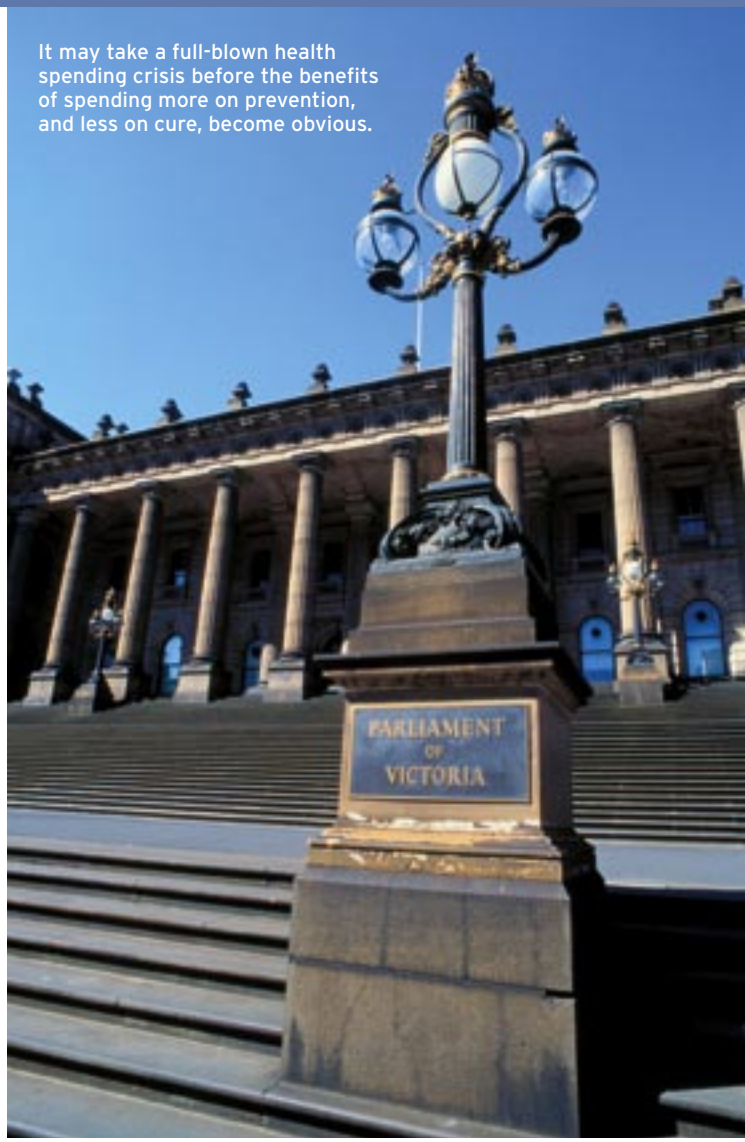
High-quality hospitals and treatment will always be a fundamental part of any health care system, but these facilities are just one part of the overall system. Governments always have to make decisions about how to ration money, and there is a strong argument for exploring how much taxpayers' money could be saved through more emphasis on preventing illness. For example, in Australia the total economic benefit of money spent reducing tobacco use exceeds the capital outlay by at least 50:1. As the current *National Tobacco Strategy* makes clear: "It is difficult to imagine any other public expenditure providing social returns of this magnitude".[9]

It is difficult for people to automatically make healthy choices when there is a mismatch between the amount of money spent on advertising for potentially unhealthy products versus health promoting behaviour (see page 10 of this VicHealth Letter). People need to be informed to be able to make healthy choices. Ilona Kickbusch, former Director of Health Promotion at the World Health Organisation, argues that "health systems and health plans are becoming more complex to navigate … every visit to the supermarket demands health choices, every decision to take the car rather than walk has health consequences … living in health and living with disease demand high health literacy …".[10]

In England, the King's Fund is exploring a new type of 'local health organisation' which would complement the existing National Health Service (NHS) but focus on "providing individuals with appropriate knowledge and expertise on how to stay well".[11] Gwendolyn Gray (senior lecturer in political science at the Australian National University) describes a vision for Australia of a network of primary care centres which would provide "a comprehensive, integrated range of preventive, educational, counselling, caring and social advocacy services as well as conventional medical services."[12]

Information is important and there is a valuable role for social marketing campaigns. But, as data on health and deprivation consistently highlights: access to nutritious and affordable food, rewarding jobs, decent housing, and parks and other places where people can enjoy outdoor recreation, are also fundamental to improving health, and this will take more than a few punchy TV advertisements. "Health goes with wealth", and deprived areas are often without the facilities, services and jobs that make for good health.[13]

Dr Hall argues that the capacity of individuals to lead healthy lives is determined by their socio-economic and cultural circumstances, and that these must be "addressed directly". All government departments need to understand the role they have in contributing to the health and wellbeing of all of the population. There also needs to be better integration between different levels of government: the Department of Human Services is currently working with local councils on a *Health Impact Assessment* developmental program to help understand the health implications of decisions made locally. VicHealth's work on promoting the role of urban planning in improving health is another example of the cross-departmental links that can lead to governments taking action which helps individuals make healthier choices.



It may take a full-blown health spending crisis before the benefits of spending more on prevention, and less on cure, become obvious.

There needs to be more evidence of 'what works', both for medical treatments and public health interventions. This will be important as the proportion of public money spent on health continues to rise.

Current barriers to promoting health

The Federal Government itself acknowledges that "when it comes to saving money on health, prevention can certainly be better than cure".[14] So why is there such a mismatch in health spending? Decades of experience in trying to increase the role for promoting health points to a number of answers.

INTERVENTION VERSUS INDIVIDUAL CHOICE

Suggesting what people should eat or how they should exercise can quickly lead to accusations of a 'nanny state' where individuals are pressured into living in a certain way. There is a presumption that governments have little room to manoeuvre when it comes to promoting healthy lifestyle choices.

However, research in the UK on consumer attitudes to health suggests that individuals are ***not*** concerned about being involved in decisions about health spending. Niall Dickson, Chief Executive of the King's Fund which carried out the research, points out that people "did not oppose government intervention and the 'nanny state' debate. What most people want is a sensitive balance between encouragement, enabling, exhortation and enforcement".[15]

MEDIA WATCH

An awkward kind of dance goes on between the media and government where both accuse the other of failing to make more progress on airing public health debates. The media sees itself as reporting what the public wants to know, while government believes it is at the mercy of a press that won't report news that isn't headline grabbing. Former Federal Health Minister Michael Wooldridge (see interview on page 14) argues that if there isn't a clearly identifiable victim to a health story – "which is the case in most of public health" – then it is "very hard to get any media".[16] Nor is the vision, so essential for television, as compelling for public health: there are no dramatic shots of doctors running along corridors and ambulance helicopters ferrying patients to hospital.

POWERFUL INTERESTS

Developed countries abolished many debilitating illnesses through public health measures such as sanitation and medical interventions like immunisation. But now these affluent countries are plagued by other diseases, largely as a consequence of lifestyle. The current economic system doesn't necessarily promote a more healthy lifestyle. The things that make us unhealthy and inactive (fast food and cars, for example) sell far better than those which make us active and healthy, and it's for this reason that VicHealth CEO Rob Moodie describes obesity as a 'market success'.

Within this system it is the industries that are focused on curing illness, rather than promoting health, which benefit. Many of these are powerful interests which will fiercely resist changes to the present healthcare system that could see them lose profits and influence.

POLITICAL CYCLES

Promoting health through prevention strategies takes time. Dr Nigel Gray (former Director of the Cancer Council Victoria) had to present his case for a hypothecated tax on tobacco to eight health ministers before he found one who was sympathetic. Government ministers are unlikely to even notice policies that can't demonstrate some kind of outcome within their political lifetime.

RIGHT ISN'T ALWAYS MIGHT

Professor Wooldridge argues that "in many cases public health advocates feel so passionately about the correctness of their cause that they just can't understand why others can't see the justice of their case".[17]

Past experience of promoting public health suggests that, while evidence is important, it isn't enough. According to Rob Moodie, the skills required in public health today are more than the traditional specialist areas such as epidemiology and sociology. "Public health advocates also need to be able to work within existing political and economic systems, and understand how decisions are made and how to influence this decision making," he says.

Promoting health in the future

Australia's current health care system is, according to the Productivity Commission, "beset by widespread and growing problems".[18] One commentator argues that "so much of the debate is about the funding of health services through Medicare when the real problem is a health delivery system which is badly out of date".[19]

Dr Robert Hall believes that while the Victorian State Treasury hasn't yet followed the path of the UK, the economic case for reviewing the allocation of health funding to prevention is "on the agenda". Rob Moodie argues it is time for public health advocates to "invade the Treasury" and to highlight the potential returns of spending more on promoting health. Otherwise, it may take a full-blown health spending crisis before the benefits of spending more on prevention, and less on cure, become obvious.

REFERENCES

1 Productivity Commission 2004, *Review of national competition policy reforms*, Canberra.

2 Wanless, D 2002, *Securing our future health: taking a long-term view*, HM Treasury, London.

3 Gittins, R 2005, 'The bitter pill of our health boom: pay up', *The Age*, 27 April, p29.

4 Menadue, J 2005, 'Hospital tail wags the health dog', *www.newmatilda.com*, published 3 March, accessed 19 May 2005.

5 Organisation for Economic Cooperation and Development (OECD) 2004, Health Data, accessed at *www.oecd.org*.

6 Australian Institute of Health and Welfare 2001, *National public health expenditure report 1998–99*, Canberra.

7 House of Commons Health Committee 2004, *Obesity,* Third Report of Session 2003–04, The Stationery Office Limited, London.

8 Cass Business School 2005, 'Expert says obesity will decrease US life expectancy', *www.city.ac.uk*, published 8 February, accessed 19 May 2005.

9 Ministerial Council on Drug Strategy 2004, *National Tobacco Strategy 2004–2009*, Commonwealth of Australia.

10 Kickbusch, I 2005, 'The health society: importance of the new policy proposal by the EU Commission on Health and Consumer Affairs', *Health Promotion International*, 20:2, 101–103.

11 Coote, A 2004, *Prevention Rather Than Cure: Making the Case for Choosing Health*, King's Fund, London.

12 Gray, G 2004, *The Politics of Medicare*, University of New South Wales Press, Sydney.

13 Iliffe, S 2005, 'Pioneering or engineering?', *Health Matters*, 38, Autumn 1999, *www.healthmatters.org.uk*, accessed 19 May 2005.

14 Halton, J 2004, *Social Marketing: Helping Australians to Help Themselves,* Speech to Fifth National Public Affairs Convention, 12 August, *www.health.gov.au*, accessed 19 May 2005.

15 Dickson, N 2004, 'Let's do the right thing', *The Guardian*, 17 November.

16 In Hawks, D, 2002, 'Not a single vote: the politics of public health', *Health Promotion Journal of Australia* 13:2, 19–22.

17 See Note 16.

18 See Note 1.

19 See Note 4.

Health for all, forever: what is the future for health promotion?

We know investing money in health promotion works. So, what could the future look like?

By ANDREW ROSS and KAREN COGHLAN

The current health system focuses on treating illness rather than promoting health. But can we be sure that a bigger focus on health promotion in the future would be a good way to invest in better health?

More research needs to be done to evaluate the effectiveness of all health interventions, including drugs, other medical technologies and health promotion measures. However we do know, based on past evidence, that investing money in promoting health works. The Federal Government's own estimates suggest the financial gains in investing in health promotion are considerable; the benefits for individual health and family and community cohesion obvious.

So, what could the future look like? This article looks at three areas where VicHealth is focusing its work: tobacco control, physical activity, and mental health and wellbeing.

Cutting back smoker numbers

What would be the consequences of, say, cutting the number of Australians who smoke by another 5% by 2010?

The Director of VicHealth's Research Workforce and Tobacco Control Unit, John Biviano, says investing in further reductions in smoking would be a "blue chip investment in public health", leading to 50,000 fewer premature deaths in the following 30 years. He cites the work of the VicHealth Centre for Tobacco Control, which shows that as well as enjoying a longer life in better health with higher fitness and fertility levels, those who quit would be richer by the equivalent of $50 a week pay rise, an annual tax cut of $1450 or a pension increase of $92 a fortnight.[1]

Ex-smokers would be able to save more, enter the housing market earlier and generate more wealth, leading to longer term economic security for their families through greater accumulated wealth.

Businesses would also benefit from reduced absenteeism due to serious smoking-related diseases – in 1998/99 this cost was estimated to be more than $1 billion – and reduced Workcover insurance premium costs.

The Federal Government would ultimately pay out less on the Pharmaceutical Benefits Scheme (PBS) due to a reduction in conditions such as elevated blood fats and other cardiovascular diseases that require pharmacological treatment. One study[2] estimates that with a 5% reduction in smoking prevalence over 40 years, PBS costs would decrease by 17%, with a $4.5 billion reduction in costs for smoking-related cardiovascular disease. Reduced lifetime health care spending would ease the burden on a rapidly expanding health service system.

Let's get physical

VicHealth CEO, Rob Moodie, says Australia is a "growing society" and obesity levels are beginning to trigger alarm bells for what the future bill might be to treat fat-related illnesses. The core of the problem is the increasing number of people, including children, who do not exercise enough relative to the energy they consume. Can the decline in physical activity be reversed in the next 10 to 15 years?

VicHealth is working on it, and is particularly keen to improve children's physical activity levels. We recognise that many forces work against children being physically active, including 'stranger danger', cars and technology. Nearly one-third of boys would prefer to watch TV than be physically active[3] and 70% of children aged seven to eight are driven to school. In the 1970s, 80% of children walked to school.[4]

One of the ways VicHealth is working to increase physical activity among children is through the Walking School Bus Program. Nearly 400 routes operate with at least 3200 primary school children and 700 volunteers walking regularly to and from school.

VicHealth is keen to work with the Department of Education to explore other creative opportunities for children to be more active before, during and after school. Kellie-Ann Jolly, Director of VicHealth's Physical Activity Unit, suggests that in the future, rather than children getting on a bus for an outing, school excursions might be on foot as pupils are encouraged to explore their neighbourhoods. She points to evidence which suggests children who are physically active "do better academically than those who aren't".[5]

One way schools can improve the physical activity levels of children is to increase the number of Walking School Buses which would reduce traffic and pollution around schools. This would have implications for the design of neighbourhoods and VicHealth is working with urban designers to examine these.

FACTS

On average only 2.8% of total health expenditure is allocated to organised public and private prevention programs, yet preventable behavioural factors constitute 40 to 50% of the causes of premature deaths (OECD 2004).

For example, pedestrian-friendly suburbs may need to include wider footpaths with more crossings and increased access to public parks where children can play.

Getting people more physically active would improve physical and mental health, and decrease obesity rates and associated health problems such as diabetes and heart disease. As a result, health costs would be reduced. We are already making some headway; one survey shows that last year there was a 2.5% increase in sufficient participation in physical activity to achieve health gains.[6]

Taking mental health seriously

Research on mental health is disturbing reading. In the foreseeable future, structural unemployment – the mismatch between certain skills and jobs which result from changes to the economy – will be high; competition will continue to make people uncertain about their jobs; and the gap between rich and poor will widen.[7] Within a context of rapid economic and social change these are factors which can trigger mental health problems. And one study suggests that adverse mental health outcomes are 2 to 2½ times higher among those experiencing greatest social disadvantage compared with those experiencing least disadvantage.[8]

To address these concerns VicHealth recently published its *Mental Health Promotion Framework 2005–2007.*[9] The framework, based on growing evidence, focuses on three socio-economic factors as the basis for action to improve mental health: social inclusion, freedom from discrimination and violence, and access to economic resources.

Lyn Walker, Director of Mental Health and Wellbeing at VicHealth, says a range of sectors are responsible for tackling mental health. "Taking mental health seriously doesn't necessarily mean organisations having to change the way they do their business," she says. "But it does mean that their core work can be an added bonus for helping to promote better mental health if they understand how to think about their activities in mental health terms."

So far, the sectors that have made the greatest advances with this in Victoria are education, sport and recreation, and the arts. For example, the Gatehouse project works with schools to improve the emotional wellbeing of students, as a way of increasing their educational achievement. Research for VicHealth has identified that community arts projects are an effective form of health promotion, especially in increasing the self-esteem and therefore mental health of participants: "People can shift from the confines of being classified through deficits – 'young person at risk', 'drug addict', 'homeless person' – to active descriptions of what they can do – actor, painter, singer, artist'.[10]

Choosing health: a brighter future?

With an increasingly sophisticated approach to measuring the effectiveness of health promotion programs, proponents are going to be in an even stronger position to point to effective ways of improving health. Might it be conceivable that one day future generations will look back on smoking, obesity and mental health as health problems of the past?

The health promotion continuum

Health promotion is an overarching concept that inevitably means different things to different people. At one end, health promotion means emphasising individual responsibility and reinforcing that people need to decide for themselves to be healthy. Social marketing can help through directly encouraging people to change their own behaviour (such as the anti-speeding campaign 'Wipe off five'). This implies that people are always in a position to make rational choices about their behaviour.

However, the other end of the health promotion continuum emphasises there are reasons people do what they do (or don't do) that may be beyond their individual control. Cars that are able to travel well above the speed limit, wide roads without speed humps, or perhaps long distances between homes and jobs may mean that the rational behaviour exhorted by a campaign to "drive more slowly because it is safer" does not automatically follow.

At this end of the continuum health promotion advocates also argue it is harder for some people to choose a healthy lifestyle because of socio-economic factors like poverty or a lack of education.

REFERENCES

1 VicHealth Centre for Tobacco Control 2003, *Tobacco Control: A Blue Chip Investment in Public Health.*

2 Hurley, S et al, 2004, 'The potential for tobacco control to reduce PBS costs for smoking-related cardiovascular disease', *Medical Journal of Australia*, 181 (5): 252–255.

3 Salmon, J, Telford, A & Crawford, D 2004, *The children's leisure activity study (CLASS) summary report*, Centre for Physical Activity and Nutrition Research, Deakin University.

4 Harten, N & Olds, T S 2004, 'Patterns of active transport in 9–12 year old Australian children' Summary of changes in active transport to school, *Australian and New Zealand Journal of Public Health*, 28(2), 167–172.

5 Scheuer, L & Mitchell, D 2003, *Does Physical Activity Influence Academic Performance?*, University of Central Florida, USA, Accessed at *www.sports-media.org/sportapolisnewsletter19.htm.*

6 Department of Human Services 2003, *Victorian Population Health Survey 2003 selected findings*, Melbourne, Victoria.

7 WHO 2005, *Mental Health Promotion: Concepts, Evidence and Practice*, World Health Organisation, Geneva.

8 Astbury, J 2001, *Gender disparities in mental health*, World Health Organisation Ministerial Round Tables.

9 VicHealth 2005, *Mental Health Promotion Framework, 2005–2007*, Victorian Health Promotion Foundation, Melbourne.

10 VicHealth 2003, Creative Connections: *Promoting Mental Health and Wellbeing through Community Arts Participation*, Victorian Health Promotion Foundation, Melbourne.

The Australian Government's pharmaceutical budget increased by $1.3 billion from 2000 to 2003, representing an average increase of 12.6% per year (Department of Health and Ageing 2004).

Social engineering – hands up if not guilty

Changing human behaviour is no simple undertaking. ANDREW ROSS looks at the challenges of promoting public health through advertising.

Former US President, Ronald Reagan, once said: "Government exists to protect us from each other. Where government has gone beyond its limits is in deciding to protect us from ourselves."[1]

This might sound a wistfully simple rule of governance, but it is one that many would agree with. Government interference in our own lives is often pejoratively called social engineering and likened to a 'nanny state' where people are corralled into living how other people want them to (usually having to forgo one pleasure or another).

Those who defend government intervention argue that we are constantly being subjected to influences around us, and that governments are but one of a number of agencies trying to attract our attention, or to get us to live in a certain kind of way. Companies spend billions of dollars on advertising and this isn't regarded as social engineering, so why should government attempts to get a point across be seen any differently? They are small players when one compares public sector advertising to private sector spending.

Social marketing: using advertising for public health

There are sound financial and health arguments for governments to try and counteract some of the persuasions of advertising. While individuals are in theory free to choose how to manage their health they don't always have balanced information with which to make an informed decision.

The use of advertising to try and sell 'a social change rather than a product' has been around for more than 30 years: it was first described as 'social marketing' in 1971.[2]

Today, the Federal Government uses advertising to "counter the massive amount of 'health negative' messages that surround us in the real world".[3] Social marketing campaigns have, for example, aimed to reduce tobacco use, reduce road fatalities, raise awareness about HIV/AIDS and increase healthy eating and exercise.

The main justifications for government spending on advertising to promote health messages are that it improves health and reduces the financial burden on the health care system. Research on public health campaigns (including social marketing) in Australia in five areas – smoking, heart disease, HIV/AIDS, immunisation and road trauma – has concluded that government spending on these issues has been $8.4 billion. But the return in terms of health and social benefits was $30.5 billion, almost four times the outlay.[4]

Challenges of promoting public health through advertising

BEHAVIOUR CHANGE

The aim of advertising is typically to promote a product. But social marketing is about changing behaviour. This is a less exciting message, and difficult to make as fulfilling as product advertising.

To overcome this, social marketing sometimes takes a completely different approach, using techniques like shock to persuade. For example, one recent television advertisement for Quit Victoria symbolises a lung using a bubble wrap cut-out, which at the end is left scorched, melted and blackened.[5] Todd Harper, CEO of Quit Victoria, says that campaigns must highlight the personal consequences for the target audience of failing to change their behaviour. "Negative, urgent messages are the best way of doing this; feel-good images don't work on their own," he says.[6]

ENTRENCHED INTERESTS

Social marketing for health is often about cajoling individuals to do less of something, like drinking alcohol or taking drugs. Some companies will lose profit if these campaigns are a success and, not surprisingly, they will resist efforts to raise awareness about the potential harm of their products. They may also be concerned about the legal and cost implications of litigation that might arise out of greater public awareness.

RESTRICTED BUDGETS

Large companies appear to be at a distinct advantage when it comes to having budgets to spend on advertising. For example, the Community Alcohol Action Network (CAAN) reports that Bacardi had a $17 million advertising budget in 2002–03. This sum dwarfed what was being spent on drug education in schools, and was only the budget of a single alcohol drinks' company.[7]

But Russel Howcroft, CEO of advertising company Arnold Australia, argues money isn't necessarily a problem. What is most important is the persistent championing of public health issues so that when the public is ready to consider a message, government is prepared to spend significant sums

FACTS Chronic disease represents one of the largest challenges facing the Australian health system; it is estimated to cause about 80% of the total burden of disease in Australia (AIHW 2002).

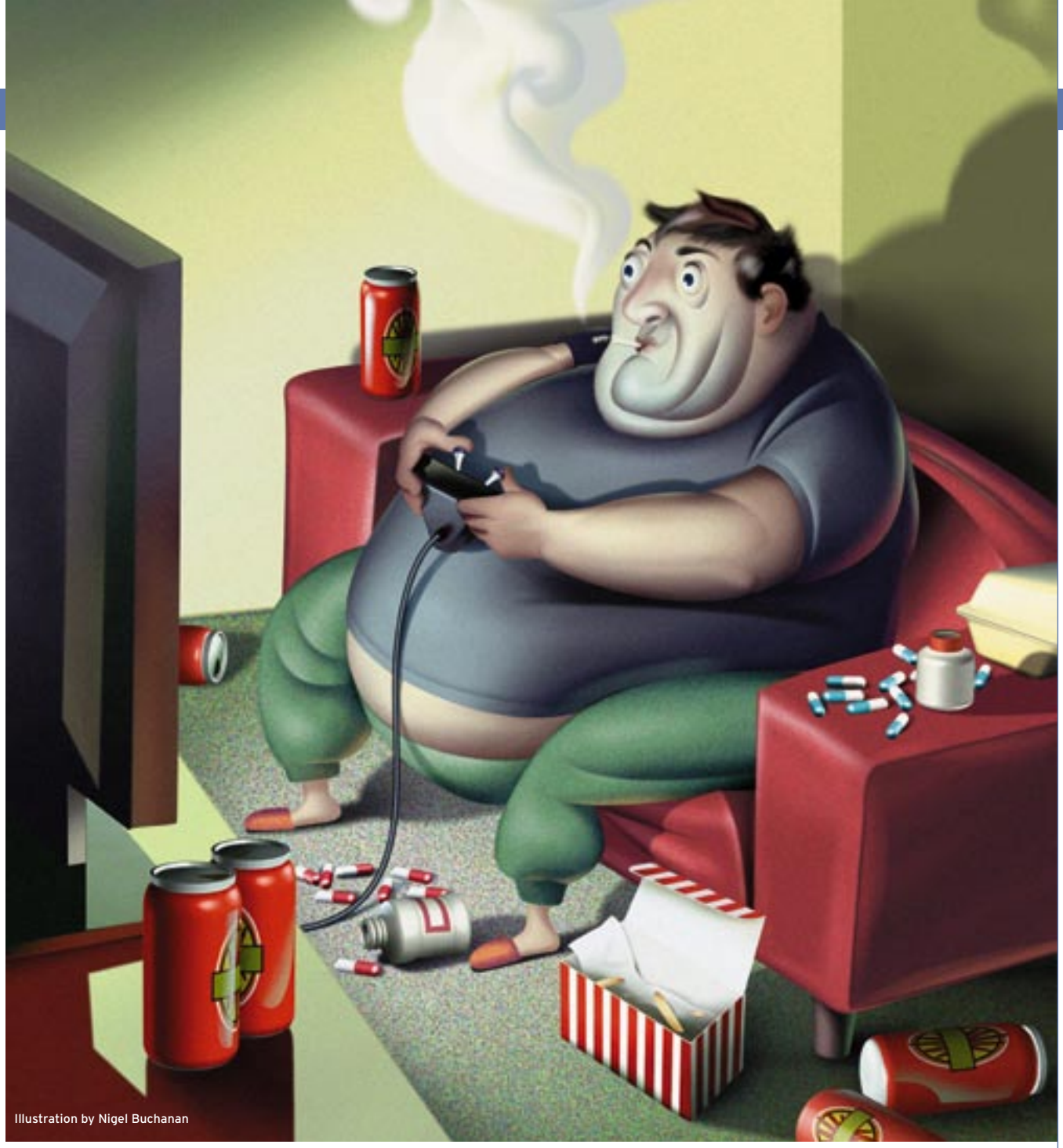


Illustration by Nigel Buchanan

of money. "Government can choose to be the biggest advertiser in the country. But what it needs is a climate in which it can both highlight a problem and promote solutions that people are ready to take seriously," Mr Howcroft says.[8]

Healthy future for social marketing

Social marketing has become entrenched as one part of public health spending. While the debate about whether we are tipping towards a nanny state will always be lurking, supporters point to the economic and health benefits of promoting awareness of the damaging consequences of individual behaviour.

The ongoing challenge for social marketing is to develop messages that grab our attention and get us to think about the consequences of what we are doing.

But no single advertisement or campaign is going to turn around the habits of a lifetime. Social marketing is valuable, but it's just one part of a long-term health promotion strategy that includes good data, effective legislation and regulation, community mobilisation, frontline preventive services, and environmental and policy changes.

REFERENCES

1 Balko, R 2004, *The Nanny State*, CATO Handbook on Policy, Cato Institute, pp 269–273.

2 Halton, J 2004, *Social Marketing: Helping Australians to Help Themselves*, Speech to Fifth National Public Affairs Convention, 12 August 2004, *www.health.gov.au*, accessed 19 May 2005.

3 See Note 2.

4 Department of Health and Ageing 2003, *Applied Economics: Returns on investment in public health*.

5 Quit Victoria 2005, *Low-tar cigarettes no less harmful for your health*, media release, 21 February.

6 Harper, T (CEO Quit Victoria), personal communication, 2 June 2005.

7 Community Alcohol Action Network 2005, *www.adf.org.au/inside/caan.html*, accessed 19 May 2005.

8 Howcroft, R (CEO Arnold Australia), personal communication, 27 May 2005.

The explicit economic disincentives for public health include the fact that health insurance companies tend to reimburse prevention less generously than treatment, thereby artificially reducing demand for preventative goods (Dranove 1998).

FACTS

For this section we asked key sectors to comment on public health/health promotion to find out how it can become more involved in the main game. By ROSIE HOBAN

What's the return on the investment?

Everyone wants to influence government ministers and department heads in the months before a budget is handed down. Hopeful of a positive funding outcome organisations, agencies and lobby groups ply policy makers with research, briefings, executive summaries and position papers.

But all these tactics may fail without an understanding of the budget process and Stein Helgeby, Deputy Secretary, Budget and Financial Management in Treasury, is convinced that few people understand how policy-making and budget processes actually work.

The setting of a budget is a complex process and the ink is often dry several weeks before it is handed down in parliament, though it is no secret that modifications can be made right up to the last minute, when circumstances change.

Mr Helgeby says current budget processes begin with a baseline set of estimates, reflecting the policies of the government as they have developed over time. Each year the government's financial position and policy priorities are considered and debated, with a view to what changes should be or can be made. The outcome of that debate is the budget in any given year. But this outcome follows lengthy processes in which the government sets goals and considers plans for new or extra services.

"It is easy to underestimate the role of ongoing policy discussions and debates in the process, relative to the immediate environment of a Budget," Mr Helgeby says.

The myriad requests for funding by departments are presented to ministers, who decide the focus they wish to pursue. Proposals for projects and services, which have support, are then fine-tuned by the various departments. But the final budget decisions hinge on a variety of issues, including what government can afford, how specific proposals relate to other priorities and policies and the readiness of each proposal to be implemented.

"A budget these days is a nine-month process that can easily stretch out into a 12-month process with a variety of strategic and operational phases," Mr Helgeby says. "Developing a well-substantiated case for funding of a project or service can easily involve a 12 to 24 month timeline, allowing enough time for advisers and decision makers to ask questions and explore the issue. Policy advocates should consider taking a more rigorous approach to how they try to build support for their ideas."

> *"To run the argument for a particular campaign that it is good for a person's health is not enough."*

Mr Helgeby says one factor considered when groups, such as public health advocates, put forward a case for financial backing, was the evidence base of their argument. "Advocates need to ask the question, what is going to be the return on the government's investment? One hundred and twenty years ago the public health arguments would have been about sanitation, 30 or 40 years ago they would have been about the returns for an immunisation program and there is a need for similarly clear arguments today.

"Public health has to get better at identifying and costing what the return for investment will be. It will lose out in the policy debates if it lacks the strong arguments that can be mounted for some more immediate health issues.

"To run the argument for a particular campaign that it is good for a person's health is not enough. It does not answer the question of why government should be involved. It does not answer the public policy question of why government should invest in one thing rather than another."

FACTS

It is in the field of advertising, sponsorship and promotion where the excesses of commercial interests are most evident. Globally, the promotion of alcohol is an enormously well funded, ingenious and pervasive aspect of modern life (Babor, Caetano, Casswell et al 2003).

Putting a value on public health

Health economist Professor Alan Shiell isn't convinced by the health promoters' rhetoric that public health programs should be better funded because they save money. He agrees they should be better funded – but it's because of the myriad benefits including a person's wellbeing, employment and community benefits.

Professor Shiell, Director of the Centre for Health Economics at Monash University, says there are some exceptions where the money saving argument stands up, such as the vaccination of children for major diseases like measles. The needle and syringe exchange program is another good example as it saves money in healthcare costs and is a cheap intervention to prevent the spread of HIV and Hepatitis C.

"Public health advocates rely too much on the money saving argument and shoot themselves in the foot," he says. "It is a superficially powerful argument, but it doesn't hold up if you look at the figures too closely."

The tobacco control campaign is used internationally as the great saver of public money down the track. But Professor Shiell argues that if the money and focus of such public health endeavours is on the young, then economists don't consider it a cost-effective argument because the cost is incurred now and the savings not gained for another 10 to 20 years.

"The tobacco argument depends less on the age of the people and more on the time between intervening and seeing the results," he says. "Benefits enjoyed later are worth less – other things equal – than benefits enjoyed today. This reduces the economic value of health promotion. It does not necessarily mean that health promotion is not cost-effective, just less cost-effective than would be the case if the benefits arrived sooner."

Professor Shiell believes the public health industry, though highly skilled in epidemiology and biostatistics, needs a greater understanding of the language and culture of economics in order to engage policy-makers in a real debate on the value of health.

It also needs:

- more evidence on the cost-effectiveness of public health relative to health care
- greater scope – there have been about 550 economic evaluations done in Australia and 90% are clinical or behavioural
- an improved quality of research in health economics.

"However, a major problem in Australia is the desperate shortage of people skilled to conduct economic evaluations of public health, and little has improved since I first came here in 1990 because there is little investment in this field," he says.

Professor Shiell compared the Australian workforce problems with the current situation in the UK, where one university produces 30 Masters graduates in health economics a year.

"In the UK the drive to have a workforce trained in health economics came from the national Department of Health," he says. "They recognised the need, took the risk and funded the establishment of the post-graduate program and with no expectation that the graduates would come back into the health system. At first most went into academia, but that has now changed because there are career paths."

"In Australia there is not a commitment from universities to skill-up post graduates in the discipline, and the barrier is that there are no obvious career paths, with research projects operating on one to two year funding grants and no secure tenure. You cannot sustain research in a field that has to constantly chase money.

"Yes we do need greater economic evaluation of public health. But the political argument is also a very exciting one and so is the work being done at grass roots. Organisations like VicHealth are engaging with communities in ways that are very powerful."

FACTS

The new public health has raised the political conservative's ire by extending its reach beyond the traditional domain of infectious diseases to social and economic influences on population-wide health (Gostin & Bloche 2003).

Short-term versus long-term

Michael Wooldridge has witnessed public health debates from almost every angle during his 15 years in politics, including the last five as Federal Health Minister. He was instrumental in some of Australia's great prevention success stories, including childhood immunisation and HIV/AIDS. But he's also seen some worthy evidence-based public health campaigns fail to achieve targets, and believes many of the barriers to success remain.

One of the challenges facing public health advocates is the power of the treatment argument, he says. Public health loses out to treatment because of the immediacy and visual impact of the treatment problem. The medical profession is good at creating public anxiety and public health advocates have never come close to combating this argument – something Professor Wooldridge believes they could do better.

The treatment argument influences the public and policy makers who decide on the use of limited resources. Wooldridge, now Associate Professor in Neuroscience in the Faculty of Medicine at the University of Melbourne, cites the recent pre-budget IVF funding debate as an example. Before the budget Treasurer Peter Costello foreshadowed funding cuts to aspects of IVF treatment. Immediately, the IVF lobby mobilised and just days before the budget the funding threat was lifted. Public health advocates remained silent.

Professor Wooldridge notes that a "staggering amount of money – $3 billion in two years – has gone into medical rebates". He believes this is largely driven by action from the medical profession. "Understanding politics is important if public health advocates are to be successful in winning resources and public and political opinion," he says.

Australia has run some of the most successful prevention campaigns in the world, particularly those targeting lung, breast and cervical cancers. Like John Catford, Dean of Health and Behavioural Sciences at Deakin University, Professor Wooldridge believes the tobacco control campaign is still among the best.

But he would like to see greater agitation and action from within the health profession on bowel cancer screening, trachoma and blindness. "On current projections, there is an excellent chance that Australia will be the last country on this planet to eradicate trachoma," he says.

> *"Understanding politics is important if public health advocates are to be successful in winning resources and public and political opinion."*

Professor Wooldridge says good public health campaigns follow many of the steps that are the hallmark of the tobacco campaign. These are:

- clearly define the problem
- decide on the outcome or target
- bring together a constituency
- develop achievable interventions and outcomes over a defined period of time
- show the cost benefits
- take a long-term view
- work across all sides of politics.

"Once a public health issue has a strong intellectual case, then strong alliances must be developed and the arguments have to be made forcefully and frequently to people who are in a position to have a say.

"The arguments have to be made at a state and federal level to both sides of politics in an efficient and professional manner. It can be a very long slog."

FACTS

Programs to reduce tobacco consumption over the past 30 years have cost $176 million but have reduced health care costs by at least $0.5 billion (a saving of more than $324 million) and have created total benefits worth $8.4 billion (Commonwealth Department of Health and Aged Care 2003).

The bottom line of promoting health & wellbeing

Lesley Gillespie, co-founder and director of Bakers Delight, favours the social responsibility argument when it comes to supporting public health programs and prevention campaigns. At the same time she staunchly defends the right of a successful business to focus on its bottom line and maximise dividends for shareholders.

"Some business leaders say let the shareholders determine if and what health initiatives they support," Ms Gillespie says. "It is important that a company makes decisions that ensure its financial longevity while supporting community initiatives". Since its inception, Bakers Delight has always been involved with local charities.

It was friendship rather than strategic planning that brought Bakers Delight and Lyn Swinburne, founder of the Breast Cancer Network of Australia (BCNA), together in 1999. Now it's a mix of social responsibility and good business that maintains the partnership.

Over the past five years, Bakers Delight has provided assistance which has included providing office space, hosting a website, and donating substantial funds to enable the BCNA to provide resources for the 11,500 Australian women diagnosed with breast cancer each year.

A key attraction for Bakers Delight management is the professional way the BCNA operates. Bakers Delight, like other companies, is deluged with requests for support for health campaigns. All are considered, and their return assessed.

"Lyn is very businesslike and by that I mean she is very efficient and clear about what she wants to achieve," Ms Gillespie says. "We went into this with BCNA not expecting to get anything back. But certainly none of our franchisees are asking not to do the campaign each year. And in the last few years we have received good publicity from such a high impact campaign."

Graeme Wise, Director of The Adidem Group (which includes more than 70 The Body Shop stores and 18 Accessorize stores), agrees that investing in public health has to be good for business at some level. He is convinced that focusing on the health and wellbeing of his staff through a range of programs is a social responsibility, but it is also good business. It's a simple equation: healthy and happy staff are more productive workers and stay longer.

Many would agree that The Body Shop's brand is entrenched with its commitment to a range of community issues. But without the investment in its own staff, this could easily be interpreted as rhetoric.

The Body Shop's approach to public health has a strong staff focus. It discourages long hours, offers flexible working hours when staff return to work after having children, and a subsidised childcare facility is available at the head office in Mulgrave. It has also established the LOVE (Learning is Of Value to Everyone) program, which offers employees the choice of a full range of external training courses, financed by the company and aimed at encouraging a love of learning.

So when The Body Shop launches its *Help Stop Violence in the Home* campaign in August this year, and challenges people to look at the issue in their own communities, efforts have been made to ensure they look after their own backyard as well. All staff will participate in a day of training on the relevant issues and the support services available. As part of the campaign they will also launch their own domestic violence policy to support staff experiencing abuse in their personal relationships.

"A lot of what we do is about improving a person's self-esteem and supporting their life outside of work," Mr Wise says.

FACTS

A national campaign to increase fruit and vegetable consumption in Australia would cost $15.3 million over three years. If vegetable and fruit intake increased by one serve per day, direct health care costs would be reduced by more than $180 million each year (AFVC 2003).

Fighting the fatigue factor

Keep your eye on the ball. It's this sporting mantra that best describes former Olympian Nick Green's challenge when talking to the corporate world about public health. Such conversations are becoming more frequent as the demand for Bluearth's expertise grows around Australia. Mr Green is the Access Manager of Bluearth, a not-for-profit, privately funded charity set up in 2000 to promote health through physical activity, initially focussing on primary school children.

Melbourne businessman Malcolm Freake continues to bankroll the organisation, but outside funding will become an imperative in the future.

Bluearth, using 30 trained coaches, works with about 80 state and Catholic primary schools each year to professionally train teachers and enhance children's interest and involvement in physical activity and provide the foundations of human movement. Bluearth partners with the Department of Education and Training, Catholic Education Office and local government to create pathways for children to access local facilities.

Mr Green says corporate bosses appreciate the importance of Bluearth's work, and it's often a case of "yes, we can support you, but what can you do for us". Mr Green believes organisations like Bluearth need to remain focused on their main goal, often in the face of financial problems.

"Sometimes a company shows interest in supporting our program, but wants us to run a program for its staff as part of a package," Mr Green says. "We have to assess if it is worth taking our focus off school children and onto their staff in order to win the financial backing. It's a challenge that I think many public health programs face."

Jack Heath, founder and executive director of the Inspire Foundation, agrees that staying true to 'core' business is often a barrier to funding. As each political funding round swings into gear, governments and corporations seek a new idea or innovative project to be associated with. "Come to us if you have something new," is a familiar response to his funding requests.

> *"As public health advocates we also have to break through the fatigue on issues."*

But the Inspire Foundation is committed to maintaining and developing Reach Out! – a web-based service that inspires young people to help themselves through tough times. It aims to improve young people's mental health and wellbeing by providing support, information and referrals in a format that appeals to young people. Reach Out! – *www.reachout.com.au* – receives 80,000 visits each month.

"There is an unwillingness to commit to long-term partnerships and I think this is due partly to the political cycle, but there is also a reluctance to get involved with an issue as big as mental health," Mr Heath says. "I think there is a sense it is too big a problem and many people switch off – this becomes a barrier to investing in prevention programs like ours."

Mr Heath says the Foundation has a greater advocacy role to play in the future and that may help build alliances with corporations. Reach Out! has won support from some big corporate names, including Coke, which has been associated with the service since 1998.

Mr Green agrees advocacy is important. "I think as public health advocates we also have to break through the fatigue on issues. Instead of people hearing 'another story about fat kids', we need to educate the community about the benefits of activity and certain lifestyle choices. I think this will also help bring about policy changes in the areas that can really make a difference to public health," he says.

FACTS Of 30 OECD nations, Australia has the fourth highest rate of obesity behind the USA, Mexico and the UK (OECD 2003).

Take a risk and run the marathon

It's been more than 20 years since the *Life. Be In It* team of Phillip Adams, Peter Best and Alex Stitt convinced Australians to "Slip! Slop! Slap!" while enjoying the sun and outdoor life. They turned the bronzed Aussie image on its head and created a loveable character, Sid Seagull, to spin the sun protection message in a comprehensive advertising campaign. The legacy of that successful campaign, initiated by the Cancer Council of Victoria, is evident in most Australian schoolyards and at the MCG during a scorching Boxing Day test cricket game.

The "Slip! Slop! Slap!" jingle was a winner, but Adams is adamant a successful public health campaign is made up of "a thousand ingredients", including a good advertisement or media campaign. Firstly, the scientific evidence needs to be solid and in the hands of a competent team ready to take risks and "run the marathon". Unless the environment is ready, not even a good ad will influence public behaviour.

Curiosity first drew Adams, now writer, filmmaker and Radio National Late Night Live presenter, into the complex world of public health. "I was fascinated by its (advertising) potential on public health and social engineering. I thought if major corporations could modify society's behaviour in the wrong way then it should be possible to change behaviour with a good message," Adams says. "The difference is that some of these big corporations have squillions of dollars to spend on advertising and many public health advocates have nothing."

> *"Unless the environment is ready, not even a good ad will influence public behaviour."*

Twenty-five years ago, funding wasn't necessarily a barrier to getting advertisements screened on television. Networks would run creative, funny and entertaining advertisements for free. Today the climate is different and networks are reluctant to run ads that are not paid for, regardless of the public health issue at stake.

But Adams says there are other ways to bring public health messages into the home, especially through strategic use of television soaps and programs. He cites the groundbreaking 1970s Australian soap opera *Number 96* as one that effectively triggered a change in the way people viewed gay men, through its sympathetic portrayal of the character Don Finlayson (played by actor Joe Hasham). "This doesn't happen much now and I don't know why," he says.

Working with limited resources and combating the advertising power of large corporations means fighting on every front and being prepared for the long haul. "When the Anti-Cancer Council began the tobacco campaign I thought they would never win it. But the combination of techniques has been very effective over a long time," he says. "And if there was not much money, there was always controversy."

He believes risk-taking is another characteristic of effective public health campaigns, particularly when the landscape is unknown. The best example of this was a series of commercials made in Dubbo, in north-west NSW, in a bid to combat the racism and unemployment facing Indigenous people in the area. The first advertisement was shot at the Dubbo Cemetery, depicted as the only place in Dubbo where white and black people were equal. Adams produced another five commercials in Dubbo; they were each employing a different creative strategy, ranging from the grim to the sentimental.

"We really didn't know what would work and it meant taking a risk. The reality was that each of the six ads worked on different groups of people and within a short time the employment of young Indigenous people had increased dramatically and the ads were picked up in most states," he says.

The current crop of public health advertising campaigns doesn't impress Adams. "I am not persuaded that confronting people with horror is effective," he says. "I have always found it better to sugar coat grim ideas with humour."

FACTS

Obesity rates in Australian women have soared by 82% in the past 10 years, with men's obesity rates increasing by 71% (AIHW 2003).

Greater political analysis and strategy needed

Talk public health and prevention with Professor John Catford, head of public health in Victoria from 1998 to 2002, and the tobacco campaign emerges as the benchmark. Clinical and epidemiological evidence mounted during the 1980s made the case against cigarette smoking compelling, but the campaign relied on more than evidence.

The tobacco control campaign, led by researchers and public health advocates from the Cancer Council of Victoria (then known as the Anti-Cancer Council), Quit and other health agencies, analysed the political environment and developed multiple strategies that would bring about sustainable change. This approach won financial and political support that has enabled a series of Tobacco Acts to be passed, reducing smoking in public places and further curbing the activities of the industry.

"We need to look back 20 years at how this campaign was conducted and led, because it was done better than a lot of today's public health programs," Professor Catford, now Dean of Health and Behavioural Sciences at Deakin University, says. "It is time for a renaissance in public health advocacy."

Professor Catford agrees prevention is inadequately funded but says public health groups need to more effectively use existing resources to overcome funding barriers and to win a greater share of the health care budget, which is disproportionately directed towards treatment.

"Prevention is already at a disadvantage because there is not the sense of urgency that exists in treatment services that captures political and public attention," he says. "If a child is dying of a disease then there is a compelling reason to respond with treatment. But prevention is very much down the track and it is often difficult to identify the individuals who will suffer or who will benefit. We do not have the advantage of the emotion of waiting lists and patients on trolleys – so we have to create different types of arguments that will attract public and political support."

Professor Catford believes public health advocates need to "get a lot better" at the five key planks of political analysis and strategy which are:

- **Issue:** Respond to a perceived problem, demonstrate a strong constituency of support in and outside government, state clearly what is needed, and have definite and manageable goals and actions.
- **Source:** Demonstrate credibility and status with community, politicians and government, forge alliances with a range of health and other groups, and provide unanimity of advice.
- **Benefits:** Focus on solutions not adding more problems, demonstrate short-term and long-term 'pay offs', create multiple 'wins' for different stakeholders, and emphasise that the consequences and risks are worse from not acting.
- **Timing:** Seek commitments before a political election so action can be included in forward commitments, avoid the middle of a political term unless significant resources are not required, and build on existing policy or entry points.
- **Methods:** Develop supportive and constructive relationships, demonstrate enthusiasm and commitment, use media creatively, and reinforce the message from different angles.

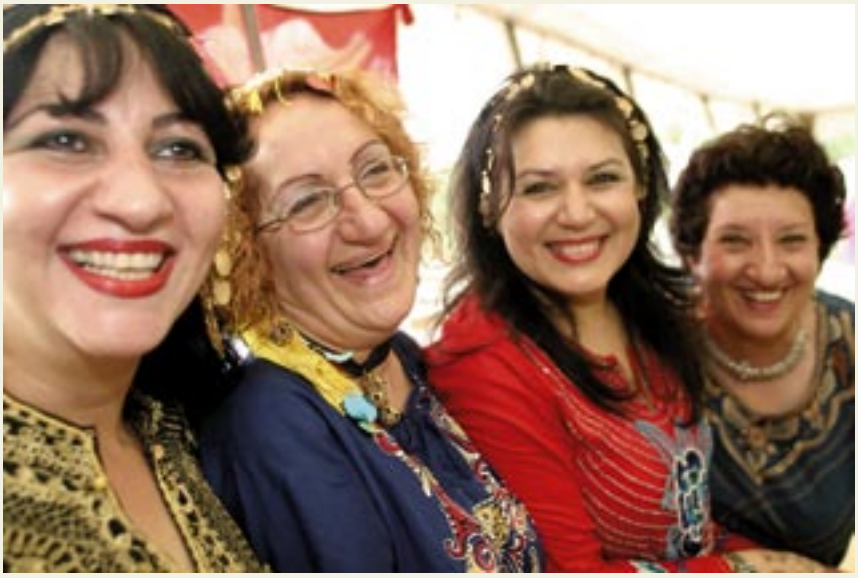
Professor Catford says the issue of healthy weight, nutrition and physical inactivity is an example of a campaign, which, despite the growing body of evidence, has not yet secured the resources, policy change, or public support it deserves.

"Childhood obesity has gone slightly off the boil recently. Perhaps the public health community thinks evidence alone will achieve the policy and service reforms needed. But in fact evidence is just the starting point. I think there is media fatigue now on the topic, which means that the issue needs to be reframed and repackaged to make it more newsworthy," he says.

FACTS

By 2020, depression alone will constitute one of the largest health problems worldwide (Murray & Lopez 1996).

A clear message from a unified front



Years after Sudden Infant Death Syndrome (SIDS) rates in Australia plummeted, observers said Professor Terry Dwyer's work in the area had caused a revolution. The findings of his SIDS research, conducted at Hobart's Menzies Centre for Population Health Research and published in the *Lancet* in 1991, led to parents around the world putting their babies asleep in the prone position. Professor Dwyer, now Director of the Melbourne-based Murdoch Children's Research Institute, plays it down, but agrees the research was an important missing piece in the puzzle.

As a case study, the SIDS project at Menzies was fraught from the beginning; certainly no one wanted to fund it. In the late 1980s public concern about SIDS was high and so was the money directed to laboratory-based research. The case for a physiological or biochemical cause of SIDS had been made loud and clear in the scientific world, and Professor Dwyer's talk of a world-first prospective study of 10,000 Tasmanian babies was received without excitement in many quarters.

Timing was crucial, as it often is in health. Rotary had decided to make SIDS the focus of its funding and Professor Dwyer articulated 'a vision' of what the research could find, agreeing it was a risk. Fortunately, those overseeing the first Rotary Health Research Funds were convinced by Professor Dwyer's pitch.

The public health campaign that followed the research findings led to the immediate change in the behaviour of parents. In public health terms it was a dream run. There was almost no resistance and health practitioners across the country changed the message they gave to parents. One possibly important factor in the research funding for this work and the subsequent success of the public health message was the absence of any competing treatment option.

"Once the research was published, we convened a national meeting of health groups and recommended a national campaign that was agreed to," Professor Dwyer says. "The uptake by parents to the new message of a baby's sleeping position was immediate."

The campaign had the support of the medical profession, the message or action was clear, and so was the method of 'application'. Professor Dwyer wishes the same clarity could be applied to the childhood obesity issue which he has also been involved in on and off for 20 years, particularly in South Australia in the 1980s.

The failure of policy-makers, public health advocates and the community to act effectively on the plethora of research regarding childhood obesity and physical activity raises many questions, but also offers some direction.

"Physical activity as an intervention needs advocates and stakeholders to believe in it," Professor Dwyer says. "At the moment it doesn't have that concentrated central advocacy group.

"Developing alliances is also a very important step and it is the case with most successful public health campaigns. Yet in the area of childhood obesity, the message from the physical activity and diet groups is not always unified which increases the potential for problems."

Professor Dwyer believes research exists, as far back as the 1980s, to show policy changes within the education system, such as the introduction of daily physical activity sessions for all primary school students, could impact on the health of Australian children. It could be as swift a change as the one he witnessed in 1991.

FACTS

In Australia the health costs and loss of earnings related to suicide and suicide attempts alone over a one year period were estimated to be $920 million for the 1989–90 financial year (CDHAC 1999).

A toast to your good (public) health

There was a time when 75% of Australian men smoked, people had never heard of Slip! Slop! Slap! and it was accepted not to drive without a seatbelt. ANDREW ROSS and KAREN COGHLAN investigate three of the nation's health promotion success stories.

Through perseverance and persuasion – and plenty of memorable advertising – the number of smoking-related diseases, skin cancers and fatal car accidents have fallen significantly over the past few decades. Victoria has been home to all three of these high-profile health promotion success stories (as well as others like the reduction in SIDS deaths and HIV/AIDS).

Any successful health promotion campaign requires a complex mix of political will, funding, research, evaluation, promotional support and community support. So why have smoking-related illnesses, skin cancers and road deaths galvanized action?

Dismantling the smokescreen

The battle to reduce smoking was originally opposed by the tobacco industry and was complicated by government reliance on tobacco revenue. However, armed with compelling evidence about the dangers of smoking, Dr Nigel Gray and his colleagues at the then Anti-Cancer Council of Victoria mounted a political campaign over many years to introduce legislation that would outlaw tobacco sponsorship of sport, phase out cinema and outdoor tobacco advertising, and place a levy on tobacco revenue. This involved lobbying state MPs, using the local and metropolitan media to promote the health costs of smoking, and harnessing support from health bodies and the community.

Although the Quit organisation was established in 1985, it wasn't until the Tobacco Act of 1987 was passed, introducing a levy on wholesale tobacco products and establishing VicHealth to distribute the funds, that the anti-smoking campaign began in earnest. This ensured Quit could work from a solid financial base and build an extensive anti-smoking campaign that targeted individuals, organisations and government, and promote changes in behaviour, attitudes, policy and legislation.

Tobacco sponsorship of sport was replaced by VicHealth sponsorship, facilitating the promotion of Quit and SmokeFree messages. Mass media advertising campaigns alerted Victorians to the dangers of smoking and encouraged them to quit; and services such as Quitline offered advice and support. Research feeds new information back into the campaign and the community's response to advertising and their attitudes to smoking is continually monitored, allowing Quit to tailor campaigns to specific groups.

After 20 years, this multi-level, community-wide approach has resulted in fewer Australians smoking than ever before – one in five adult Victorians. In 1998, an estimated 17,400 premature deaths were averted because of lower tobacco use in Australia. The estimated benefits total $12.3 billion, comprising lower health care costs of $0.5 billion, improved health status gains of $2.2 billion and longevity gains of AU$9.6 billion.[1] And these figures only attribute 10% of the reduction to public health programs.

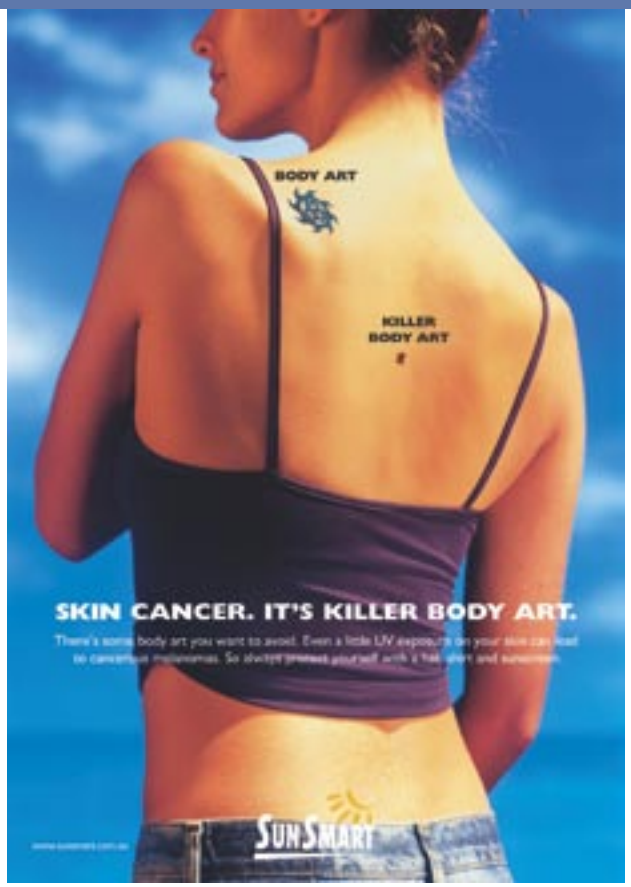
Taking a broad-brimmed approach

Beach culture has long been part of the Australian way of life so it is no surprise that Australia has the highest skin cancer rates in the world, with one in two Australians being treated for skin cancer in their lifetime. However, skin cancer rates are beginning to plateau for the first time in decades, skin cancer rates in young people are declining, and earlier detection of skin cancer is leading to better long-term outcomes.

Significant behavioural changes are behind these improving statistics, attributable to the Cancer Council Victoria's Slip! Slop! Slap! campaign in 1980 and continuing with the SunSmart program in 1988. The report, *SunSmart Twenty Years On – What can we learn from this successful health promotion campaign?*, identifies consistency, continuity, and research and evaluation as the keys to the program's success.[2]

FACTS

Achievements in tobacco control show that in 1998 an estimated 17,400 premature deaths were averted because of lowered tobacco consumption and the total estimated financial benefits in that year were $12.3 billion (Department of Health and Ageing 2003).



Change happens slowly but SunSmart has run a sustained campaign that has gradually expanded across the community. Sun protection messages have reached the mainstream through mass media campaigns, while SunSmart has worked at a grassroots level with organisations to develop and implement sun protection policies. Unlike tobacco control, there has been no powerful opposition which felt threatened by the SunSmart message. The SunSmart program has also benefited from being hosted by a stable organisation, The Cancer Council of Victoria, with expertise in cancer.

Research shows the proportion of Victorians likely to get a suntan decreased from 61% in 1988 to 35% in 1998. The number of those agreeing they "feel more healthy with a suntan" dropped from 51% in 1988 to 20% in 1998.

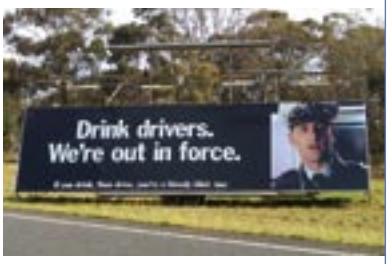
Covering up, using sunscreen in the summer and staying out of the sun between 11am and 3pm are now habits for many Victorians, and sun protection policies are institutionalised in organisations including schools, councils and unions. But with the rise of solariums and the gradual increase in preferences for a tan there will continue to be a need to spread the SunSmart message to new generations of children.

Giving the road toll a belting

In 1970, Victoria's highest road toll on record – 1061 deaths – prompted the Victorian government to introduce world-first legislation making it compulsory to wear seat belts. This was the start of a sustained campaign to reduce the road toll, with particular emphasis on speed, alcohol and fatigue in relation to driving. More recently, drugs and the use of mobile phones while driving have been targeted. For example, in December 2004, Victoria Police were the first in the world to conduct roadside saliva tests to check drivers for drug use.

In 1987 the Government established the Transport Accident Commission (TAC). One of its primary objectives is to "reduce the incidence and cost of transport accidents" and the TAC has invested heavily in prevention and high-profile advertising. Monash University researchers have found that mass media campaigns improve road safety provided they use emotional rather than rational appeals to drivers, are based on rigorous research (and use consistent messages which the community supports), and generate associated media publicity (particularly in combination with enforcement measures).[3]

TAC points to the falling road toll as evidence that its approach has worked. In 2004, the number of road fatalities was 343, the second-lowest ever and almost half of the figure from 12 years before.[4] Interestingly, there is a question as to how much more can be achieved without more government action to improve the safety of the road system itself. A recent history of Victoria's Parliamentary Road Safety Committee (and Social Development Committee) found the committee's work had been associated with the drop in the road toll but it had only recently focused its inquiries on road infrastructure rather than driver behaviour and licensing.[5]



This shift to acknowledging the role of environmental influences in promoting health is being echoed in newer health promotion areas such as obesity and mental health. Health promotion initiatives must continue to be adjusted in light of the evidence, and the success of campaigns to address tobacco use, skin cancer prevention and road trauma underlines the importance of this approach.

REFERENCES

1 Quit Victoria 2005, *Celebrating 20 years of better health, 1985–2005.*

2 Montague, M, Borland, R, & Sinclair, C 2001, *SunSmart Twenty Years On: What can we learn from this successful health promotion campaign?*

3 Delaney, A, Lough, B, Whelan, M, & Cameron, M 2004, *A review of mass media campaigns in road safety,* Monash University Accident Research Centre, Melbourne.

4 Transport Accident Commission, *www.tac.vic.gov.au*, accessed 21 June 2005.

5 Clark, B, Haworth, N, & Lenné M 2005, *The Victorian Parliamentary Road Safety Committee – A history of inquiries and outcomes*, Monash University Accident Research Centre, Melbourne.

The financial burden of alcohol misuse to the community has been estimated to be $4.5 billion per year. It is estimated that 84% of these costs ($3.8 billion) are potentially preventable and amenable to public policy initiatives (Commonwealth of Australia 2001).

OFFICIAL SUPPORTER
Campaign Launched

VicHealth launched its *Official Supporter* street stencil campaign at Federation Square on 29 June with a public skip-off led by Sam 'King' Soliman, World Middleweight Boxing Contender, and Collingwood's Paul Licuria as comedian Rod Quantock encouraged people to join in.

Official Supporter street stencils and signs are part of VicHealth's *Taking it to the Streets* campaign, which promotes walking, cycling, and active transport. It also promotes community mental health and wellbeing by highlighting the opportunities for connection with other citizens offered out on the street and in public spaces.

The first series of *Official Supporter* messages were developed by advertising agency 'george'. Plans are underway for community groups to create messages and identify locations themselves – facilitated by local government staff and a dedicated website.

VicHealth welcomes all local governments to participate. For more information, visit **http://officialsupporter.vichealth.vic.gov.au** or contact Jackie Van Vugt on (03) 9667 1310, *jvanvugt@vichealth.vic.gov.au*

Walking School Bus Symposium

The Walking School Bus Symposium on 20 May provided the first opportunity for schools, governments and community members to come together and celebrate the success of the Walking School Bus program.

Minister for Education, Lynne Kosky, opened the event attended by more than 200 people. Among the presenters was social geographer, Dr Paul Tranter, University of NSW, who presented his research on the so-called 'bubble-wrap' generation. Minister for Transport, Peter Batchelor, launched the School Travel Planning Guide. Participants, who hailed the event a huge success, reinforced the importance of the program, exchanged valuable lessons on the bus program, and discussed ways to create active living environments. VicHealth piloted the program in 2002 with four councils and it has grown to include 55 councils, at least 3200 primary school students, more than 200 primary schools and 700 volunteers.

FUNDING

Community Arts Participation Scheme

Applications close 20 October 2005

This scheme is designed to promote mental health and wellbeing through community arts participation. Grants of up to $30,000 per year are available to organisations to conduct community arts projects. Consideration will be given to projects that extend over two years for funding of up to $60,000. Funding guidelines are available from VicHealth on (03) 9667 1333 or *www.vichealth.vic.gov.au*

Metro ACTIVE

Six metropolitan local government authorities have received Metro ACTIVE Demonstration Projects funding. The successful applicants – City of Casey, City of Greater Dandenong, City of Darebin, Nillumbik Shire Council, City of Port Phillip and Yarra City Council – are committed to an integrated planning approach to increase participation in physical activity through community sport and active recreation. More information: VicHealth on (03) 9667 1333 or *www.vichealth.vic.gov.au*

Discovery Grants

Four innovative Victorian projects have been funded through VicHealth's inaugural Discovery Grants scheme. The scheme supports innovative approaches to improving the health of Victorians. The successful recipients are: Arthritis Victoria; Monash University's Centre for Health, Ethics and Human Rights; La Trobe University's Community-campus Partnership for Violence Prevention; and the Centre for Continuing Education. More information: *www.vichealth.vic.gov.au/discovery* or Michele Agustin-Guarino, *magustin@vichealth.vic.gov.au*

RESEARCH GRANTS

Applications for VicHealth Public Health PhD Research Scholarships commencing in 2006 are due by Friday, **19 August 2005**. These scholarships fund graduates to undertake a PhD in public health research. Applicants must conduct their research in Victoria and be based at a Victorian institution. Up to six three-year doctoral scholarships are available to graduates with a health-related degree (or equivalent). See the VicHealth website for more information.

PUBLICATIONS

Building Indigenous Leadership

This new publication is a record of the experience and key learnings of five Koori community-based leadership projects and the statewide leadership network, covering the emotional and spiritual wellbeing of Indigenous communities and the importance of building leadership to the ongoing survival and growth of Indigenous communities. Copies are available at *www.vichealth.vic.gov.au* or from VicHealth on (03) 9667 1333.

OTHER NEWS

Mental Health Promotion Short Course

VicHealth's two-day short course will be held in each region from September to December and include new resources and tools. Dates and venues will be advertised in August.

Herald-Sun Cycling Tour

The Herald-Sun Tour, an elite seven-day cycling race held in October, has been revamped with a new format, management and branding. It will start on October 9 in Williamstown and visit Bendigo, Shepparton, Marysville, Healesville, Mt Dandenong and conclude in Lygon Street. VicHealth will this year support the race under the 'Go for your life' state government campaign that emphasises the value of healthy eating, increased physical activity and community participation. 'Go for your life' villages will be set up along the route, focusing on local and community events built around the Tour. For more information contact Kate Neal on 0433 253 656.

Connectus

Connectus, an initiative of the Premier's Drug Prevention Council, has a new team: executive manager Jodie Belyea, project coordinators Julie King and Andrea Rowland, and administrative officer Rachel Bonnici. The Business Plan for 2005 aims to increase support to young people; deliver accredited training; provide mentor support; evaluate the program; and develop partnerships with key stakeholders. Dr Robyn Broadbent from VUT will evaluate the program. Connectus is looking to second a training coordinator from a registered training organisation. More information: Jodie Belyea on (03) 9667 1330 or *www.connectus.com.au*

connectus
Business. Young people. Community.

WEBSITE

To register and receive fortnightly updates of additions to the VicHealth website, go to *www.vichealth.vic.gov.au/register*

FUNDED CONFERENCES

VicHealth provides limited support to conferences held by other providers through its Conference Support Scheme (*www.vichealth.vic.gov.au/conferencesupport*). For information about the individual conferences for 2005, contact the organisations listed below.

8 SEPTEMBER
Consumer Participation and Culturally and Linguistically Diverse Communities: Working Together Towards Good Practice
Venue: La Trobe University, Bundoora
Contact: Amy Kirwan, *amy@che.org.au*
phone (03) 9420 1367
Organisation: Centre for Culture Ethnicity and Health
Web: *www.ceh.org.au*

9–12 OCTOBER
6th National Men's Health Conference – Celebrating the Past, Creating the Future
Venue: RACV Club, Melbourne
Contact: Terry Melvin, *tmelvin@menslineaus.org.au*
phone (03) 8371 2808
Organisation: Crisis Support Services Incorporating Mensline Australia
Web: *www.regocentre.com/nmh2005/*

13–15 OCTOBER
Fifth National Physical Activity Conference
Venue: Melbourne Convention Centre
Contact: Angela Cox, *angela.cox@sma.org.au*
phone (02) 6230 4650
Organisation: Sports Medicine Australia Victorian Branch
Web: *www.sma.org.au/acsms/2005*

15–16 OCTOBER
Fourth National Sports Injury Prevention Conference
Venue: Melbourne Convention Centre
Contact: Angela Cox, *angela.cox@sma.org.au*
phone (02) 6230 4650
Organisation: Sports Medicine Australia Victorian Branch
Web: *www.sma.org.au/acsms/2005*

17–19 OCTOBER
Diversity in Health 2005 – It's Everybody's Business
Venue: Hilton on the Park, Melbourne
Contact: Mirka Odlevakova, *diversityinhealth@amf.net.au*
phone (03) 9347 6622
Organisation: Australian Multicultural Foundation
Web: *www.amf.net.au/event_nat_healthDiversity.shtml*

21–22 OCTOBER
Risky Business Symposium – The Creative Arts as an Intervention Activity for Young People at Risk
Venue: The University of Melbourne
Contact: Tim Stitz, *risky-business@unimelb.edu.au*
phone (03) 8344 9039
Organisation: The University of Melbourne
Web: *www.sca.unimelb.edu.au/riskybusiness*

29–30 OCTOBER
Creating Caring and Safe School Communities – Prevention and Intervention in Bullying
Venue: Carlton Crest Hotel, Melbourne
Contact: Julie Stein, *julie.stein@amf.org.au*
phone (03) 9830 7460
Organisation: The Alannah and Madeline Foundation
Web: *www.ncab.org.au*

10–11 NOVEMBER
4th Annual Australian and New Zealand Adolescent Health Conference – 'Challenge, Debate, Inspire, Survive Adolescent Health in 2005'
Venue: The University of Melbourne
Contact: Kate Wilson, *cah.conference@rch.org.au*
phone (03) 9345 4835
Organisation: Centre for Adolescent Health, Royal Children's Hospital
Web: *www.rch.org.au/cah*

10–11 NOVEMBER
Men's Sheds – Where are they heading? Building Community and Organisation Capacity in Men's Health Promotion
Venue: Tba
Contact: Gary Green, *gary.green@orh.com.au*
phone (03) 5154 6666
Organisation: Orbost Regional Health

FACT REFERENCES

Page 8 Organisation for Economic Co-operation and Development 2004, OECD Health data 2004 available at *www.oecd.org.*

Page 9 Department of Health and Ageing 2004, *www.health.gov.au/research* and *statistics/statistics/pharmaceutical benefits scheme* – summary of PBS processing 2000-2001/2002-2002/2002-2003.

Page 10 Australian Institute of Health and Welfare (AIHW) 2002, *Chronic disease and associated risk factors in Australia.*

Page 11 Dranove, D 1998, 'Is There Underinvestment in R and D About Prevention', *Journal of Health Economics,* 17:117–127.

Page 12 Babor, T, Caetano, R, Casswell, S et al 2003, *Alcohol: No ordinary commodity,* WHO and Oxford University Press, Oxford.

Page 13 Gostin, L & Bloche, MG 2003, *The politics of public health. A response to Epstein. perspectives in biology and medicine* 24:3(Summer 2003):S160-S175.

Page 14 Commonwealth Department of Health and Aged Care 2003, *Returns of Investment in Public Health: An epidemiological and economic analysis* prepared by Access Economics for the Population Health Division of the Commonwealth Department of Health and Aged Care.

Page 15 Australian Fruit and Vegetable Coalition 2003, *Fruit and vegetables: a simple solution to chronic disease in Australia,* media release, 26 November.

Page 16 OECD 2003, *Health at a Glance – OECD Indicators.*

Page 17 Australian Institute of Health and Welfare December 2003, Bulletin No. 11.

Page 18 Murray, C & Lopez, A (eds) 1996, *The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020,* Harvard School of Public Health on behalf of the World Health Organisation and the World Bank, distributed by Harvard University.

Page 19 CDHAC 1999, *Mental Health Promotion and Prevention National Action Plan,* Commonwealth Department of Health and Aged Care, Canberra.

Page 20 Applied Economics 2003, *Returns on investment in public health: An epidemiologic and economic analysis,* Department of Health and Ageing, Canberra.

Page 21 Commonwealth of Australia 2001, *National Alcohol Strategy: A Plan for Action 2001 to 2003–04,* Ministerial Council on Drug Strategy, Canberra.

http://officialsupporter.vichealth.vic.gov.au

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