IMMEDIATE POLICY PRIORITIES

2019

- Protect kids from advertising
- Invest in Prevention
- Prevent chronic disease
- Focus on Indigenous adolescents
- Leave a healthy environment
FIVE PRIORITIES:

A national health system where at least 5% of health spending is invested in preventing illness

Protect children from advertising of tobacco, alcohol, and junk food products

Help people take action on the key preventable diseases through sustained social marketing campaigns

Target Aboriginal and Torres Strait Islander People’s health in the crucial adolescent years

Hand on a healthy world: serious steps to ensure a healthy environment for current and future generations
Every national health system spends heavily to treat illness, but the wisest course is to invest in preventing illness in the first place.

World’s best practice in balancing prevention with treatment in national health spending is currently a prevention investment of around 5-6% of total health system expenditure. Investment at this scale is being achieved in Canada, New Zealand, and the UK. The USA is spending around 2.8% on prevention.

Australia has one of the lowest levels of preventive health investment, as a proportion of total health system spending, of any of the 36 OECD economies. Australia’s rate is a meagre 1.7%.

This very low commitment to investing in prevention is causing a buildup of future illness including heart disease, diabetes, and many other chronic conditions, accompanied by economic costs from lower workforce participation and productivity.

Leaving aside the social value of wellness, the financial logic for governments is clear: with annual budgets being continually strained by the rapidly growing costs of treatment, there is a compelling financial case for preventing future illness. Conversely, failing to invest now will generate major costs in treating preventable chronic illnesses in the future.

**Goal**

Australia matches the world’s best practice illness prevention investment. We rebalance our health system so that a minimum of 5% of total spending is invested in the prevention of future illness.

**Concrete steps**

- Australia sets a target of 5% of national health system spending being directed toward illness prevention
- To drive progress toward the 5% target, governments commit to making significant new prevention initiatives in each annual Budget
- Consolidate government policy-making through a ‘Health-In-All-Policies’ approach, and adopt new major strategies on food and nutrition, alcohol and tobacco regulation, and other priorities

» For more information see PHAA’s *Health Promotion and Illness Prevention* policy position statement (2018)
Excessive marketing and promotion of unhealthy food and beverages to children can influence their life long food choices, condemning them to suffering overweight and obesity, and shortening their lives.

Voluntary industry approaches have failed to protect children from current and future public health impacts of poor diet. Stronger regulation is required to reduce children’s exposure to unhealthy food marketing, across a wide range of media. Regulation policies are inexpensive and can have widespread impacts. Changes in the product composition could provide benefits to all consumers.

Goals
Australian laws and policies prioritise the protection of children and adolescents from the influence of the marketing of unhealthy products, in particular energy-dense-nutrient-poor food and beverages, tobacco, and alcohol.

The take-up rate of smoking continues to head towards zero for all children, which should remain our goal.
National rates of consumption of alcohol, especially at dangerous levels for individuals and in high-risk places and circumstances, are minimised.
Consumption of sugar-added beverages and junk foods is sharply reduced in accordance with a new National Nutrition Policy.
Children are protected from all forms of advertising of gambling, which is a major cause of economic harm and adverse health outcomes for individuals throughout their lifetimes.

Concrete steps
• Prevent any advertising or promotion of tobacco/nicotine vaping products, which are being pushed by the tobacco industry and related industries.
• End all alcohol advertising in sport and in public places where children will be exposed
• Strengthen advertising constraints on the promotion of alcohol, sugar-added products, and junk food via advertising streams viewable by children
• Stronger regulation of all forms of marketing of gambling

For more information see PHAA’s Marketing of Food and Beverages to Children policy position statement (2018).
Help people take action on the key preventable diseases through sustained social marketing campaigns

It is estimated that one-third of all illness is preventable simply by modifying consumption and other behavioural habits.

Many aspects of health, and the prevention of illness, involve individual choices and behaviour which are influenced – or manipulated – by product marketing.

An under-regulated consumer marketplace that is left vulnerable to the enormous resources of the advertising industry does not promote personal freedom or wellbeing.

Real personal choice can instead be empowered by sustained and effective information campaigns to promote healthy behaviour and illness prevention.

The marketing practices of industries selling unhealthy products are highly active in trying to shape individual behaviours towards the consumption of unhealthy but profitable products. Positive information campaigning is simply a modern necessity to provide a counter-balance to harmful product marketing.

Evidence shows that social marketing campaigns work, but only if they are delivered at substantial scale and sustained over time. Investments of this kind yield social and wellbeing benefits and over time repay the public investment through reduced health system expenditure and other public costs.

Goals

Effective and sustained social marketing campaigns help people to achieve reductions in harmful consumption habits (tobacco, alcohol, sugar-added beverages, junk food), reduce harmful activities (gambling) and increase healthy activities (physical activity, promoting healthy diets).

Concrete Steps

Government should commit to substantial and sustained social marketing campaigns in the following areas:

- Reduction of tobacco use and quitting
- Reduction of alcohol consumption, especially for high-volume users and high-risk users
- Reduction of sugar-added beverage consumption
- Reduction of junk food consumption
- Promotion of health diets and dietary patterns
- Reduction of gambling
- Better maternal childhood health
Target Aboriginal and Torres Strait Islander People’s health in the crucial adolescent years

Major efforts have been undertaken in recent decades to improve Aboriginal and Torres Strait Islander people’s health. But many persistent illness challenges have their origins in the adolescent years.

There have been significant reductions in mortality rates from chronic diseases. Between 2012 and 2017 Aboriginal and Torres Strait Islander life expectancy at birth rates rose by over 2 years.

The national target to close the gap in life expectancy by 2031 is now officially described as “not on track”.

Yet serious health care challenges remain for Aboriginal and Torres Strait Islander Australians. Rheumatic heart disease remains a massive concern. Mortality from cancer is rising, and the ‘gap’ in cancer mortality compared to the general population is actually growing. Rates of suicide remain far too high.

Aboriginal and Torre Strait Islander Australians have a younger age profile than the general population, with over 60% of Indigenous people aged under 30. A number of current programs to prevent illness in very young Aboriginal and Torres Strait Islander people complete their engagement with people at ages between 5 and 8 years old. There is a major lack of targeted attention to people reaching adolescence through to around age 25. Yet this age group is often formative of many lifelong health problems.

Illnesses related to consumption habits (smoking, alcohol, sugar-added products and junk food) resulting in diabetes, cardiovascular disease, rheumatic heart disease, oral health problems, as well as mental health problems often have their genesis in this neglected period of adolescence and young adulthood.

Environmental factors also impact on health and wellbeing. Programs to improve environmental health help prevent eye and ear health problems which are more prevalent in Aboriginal and Torres Strait Islander communities. Rheumatic heart disease, including acute rheumatic fever, is almost exclusively experienced by Aboriginal and Torres Strait Islander people and is also associated with poverty, poor and overcrowded living conditions and poor hygiene.

“Adolescence and youth are key life stages with great personal change including physical development, the establishment of a sense of identity and values, and emotional development including relationships and aspirations for the future. It is also the age where health enablers, such as positive role models and healthy behaviours, as well as factors negatively impacting on health and wellbeing such as racism, discrimination and limited access to education and social services, affects self-perception and behaviours.”

- From the National Aboriginal and Torres Strait Islander Health Plan 2013-23

Goals

Major initiatives in illness prevention improve the wellbeing adolescent Aboriginal and Torres Strait Islander People by -

- reducing the suicide rate
- reducing use of alcohol and other drugs
- reducing tobacco use, with targets including:
  - reduced age 15-17 smoking rates from 19% to 9%
  - increased age 15-17 ‘never-smoked’ rates from 77% to 91%
- increasing annual health check for people aged 15-24
- reducing rates of juvenile incarceration, through programs such as justice reinvestment

Programs should aim to close the gap between Aboriginal and Torres Strait Islander People and the wider Australian population in all health metrics.

Concrete steps

- Deliver on the Implementation Plan for the Aboriginal and Torres Strait Islander Health Plan 2013-23.
- All governments should commit to sustained delivery of the initiatives in the Implementation Plan, developed with Indigenous experts and people at leading participants.

> For more information see PHAA’s First Nations Wellbeing policy position statement (2018).
In just the past few generations the immediate character of our lived landscape has become increasingly polluted, leading to drivers of otherwise preventable illness. The nature of our earth’s climate itself has changed – and is increasing its rate of change.

Action to ensure a safe climate is a critical and urgent public health priority to ensure a safe environment and a just, equitable, and ecologically sustainable society.

Global warming and climate change are two of a number of interrelated forms of anthropogenic global environmental change. This recent phenomenon is a novel and complex problem, different from previous public health issues, although some of the responses may include traditional public health actions.

Response measures must rely fundamentally on mitigation to preserve a habitable climate. However, humans have already changed the climate, and some adaption will be required. Government should assist those least able to adapt on their own.

A broad suite of policy measures are required urgently. These include promoting energy efficiency, reducing energy demand, pricing carbon, and supporting renewable energy.

Many actions to promote a safe climate have additional benefits for health and well-being including physical activity, improved community amenity, and healthier diets.

Goals

Ensure that the environment in which our successors can live, in Australia and in the world as a whole, is in a condition which supports them to live healthy lives.

Specifically, prevent the pollution of the natural environment – including the warming of the climate itself – and ensure that the environment is one which supports the prevention of illness.

Concrete steps

- Establish national emissions reduction targets consistent with recommendations of the Climate Change Authority and based on Australia’s fair share as a wealthy nation of the global task to reduce emissions
- Evaluate the economic savings from additional health benefits associated with a range of emissions reductions strategies through a national study
- Reduce deaths from air pollution by phasing out coal and strengthening national emissions standards for vehicles
- Prevent poor health associated with inadequate building standards by including climate resilience measures in the National Construction Code
- Avoid adverse health impacts from industry and infrastructure projects by undertaking health impact assessments in the evaluation of project applications
- Promote healthy, low emissions diets and lifestyles through provision of funding for public education campaigns
- Ensure health professionals are able to recognise, prepare for and respond to the health impacts of climate change through establishing a national education and training framework
- Monitor health impacts through the establishment of a national environmental health surveillance system which includes climate-related indicators
- Provide national leadership through the establishment of a Ministerial Health and Climate Change Forum consisting of Commonwealth and State/Territory Ministers with responsibility for Health, Environment and Energy. This Forum would oversee the implementation, monitoring and reporting of the National Strategy for Climate, Health and Wellbeing and report to the Council of Australian Governments on the progress of the Strategy’s objectives, initiatives and policies.

"Climate change poses significant immediate, medium-term and long-term risks to the health of Australians and communities around the world. Despite the substantial body of scientific evidence highlighting these risks, and growing evidence that climate change represents a ‘health emergency’, human health has not yet been afforded sufficient priority in Australia’s national mitigation and adaptation policy and strategy actions. A coordinated national effort is required. This includes leadership from governments to develop policy to tackle the root causes of climate change, support the health sector and the health professions to build resilience to respond to this serious and increasing threat, and ensure the community is well informed and capable of taking health protective actions. An effective national response requires the involvement of, and collaboration between, multiple portfolio areas including health, energy, environment, transport, planning and infrastructure.

This Framework will provide a roadmap to support all levels of government to work collaboratively to both protect the health and wellbeing of present and future generations and ensure that the health co-benefits of climate change action are realised."

- from Our Climate, Our Health, the Framework for a National Strategy on climate, Health and Wellbeing for Australia Climate and Health Alliance, 2017

For more information see PHAA’s Ecology and Environment policy position statements.
Which political parties and candidates are committed to the key public health priorities?

Make your own assessment

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<tr>
<th>Liberal-National Coalition</th>
<th>Labor Party</th>
<th>The Greens</th>
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Assess each party with a score out of 10.

Send your assessment in to policy@phaa.net.au at least a week prior to Election Day.