

Investing in the future: prevention a priority at last

Brian F Oldenburg and Todd A Harper

We won't make progress on preventing disease if we don't try. It's time to try!

Australia's health care system has performed quite well in international comparisons. However, health outcomes for many Australians, most notably Australia's Indigenous people, are still poor. Our health system was never designed to meet the challenges presented by the ageing, burgeoning obesity, disability, substantial health inequalities and chronic illness in the Australian population today.

There is now compelling evidence that Australia will reap considerable health, social and economic benefits from making disease prevention and the promotion of lifelong social, mental and physical health and wellbeing a much higher priority. A recent Australian Institute of Health and Welfare report has estimated that Australia's total investment in "public health" by all Australian health jurisdictions is currently 1.8% of recurrent health expenditure, unchanged in almost a decade.¹ This is low compared with an average of about 3% (which is still inadequate) for "prevention" among countries belonging to the Organisation for Economic Co-operation and Development.² A reorientation of Australia's health system towards primary prevention (which Australians want³) and health promotion would lead to a considerable reduction in the personal and community burden of avoidable disease, injury and disability. It would also lead to a more efficient use of resources, and generate substantial economic benefits over time, as Australia's economic performance and productivity would also be improved by having a healthier workforce.

Chronic disease accounts for about 80% of the total disease burden, and trying to manage it accounts for 70% of all current health expenditure in Australia.⁴ About a third of the current disease burden could be prevented by controlling risk factors like smoking, low fruit and vegetable consumption, alcohol misuse and physical inactivity.⁵ Social and economic marginalisation is also associated with each of these, which in turn has led to a significant rise in health inequalities in Australia. Quite clearly, focusing only on reducing hospital waiting lists and on correcting the current inadequacies of the health system cannot solve the chronic disease and other health problems facing Australia.

As discussed at the National Prevention Summit held in Melbourne in early April this year, there are two major components to a nationally coordinated prevention agenda.⁶ These are (i) a prevention-oriented health care system and (ii) a whole-of-system for health approach. The first requires a health care system that provides leadership and delivers quality preventive care and health promotion. For example, all hospitals and the primary health care sector should be required to develop and implement a prevention strategy, and Australia's jurisdictions should be required to achieve appropriate benchmarks. The second and more challenging requirement is the creation of a whole-of-society approach that enables disease prevention and health promotion strategies to operate effectively and sustainably across all levels and sectors of Australian society. Such an approach will involve all portfolios and levels of government, as well as the non-government sector, business and the broader community.

Key propositions

- Develop a national charter for health that identifies targets for key risk factors and the determinants of improved health, to be endorsed by federal, state and territory governments and, where appropriate, also by local government and community agencies.
- Have Health Ministers report progress against the national charter every 3 years.
- Increase funding for prevention to 10% of the national health budget by 2015.
- Establish a nationally coordinated preventive health agency to be responsible for evidence synthesis, nationwide campaigns, program coordination, and evaluation of effectiveness, efficiency and equity outcomes. ♦

Clearly, the current challenges confronting the health care system, such as the obesity epidemic, are not going to be solved by focusing only on "downstream" solutions within health services. For example, Australia's obesity epidemic is associated with unhealthy diet and large reductions in physical activity, resulting from significant changes to the food supply, lack of public transport and the design of our communities and cities. Australia needs a whole-of-society approach that embraces prevention and acknowledges the crucial importance of cultural, social, economic and environmental factors for the health of all individuals and communities. This will only come about if prevention is elevated to a national priority, reflected in targets for key prevention outcomes identified and agreed to by all governments, and if prevention measures to achieve these targets, are appropriately financed. Australia needs a national charter that identifies all of the agreed key targets for improved health. This charter needs to be formally agreed to by all jurisdictions and levels of government in Australia, and Health Ministers should formally report on progress towards it at least every 3 years. This approach needs to build on Australia's past successes with tobacco control, reducing the incidence of road traffic trauma, control of HIV/AIDS, prevention of heart disease and many others that have shown that long-term planning and coordinated effort over many years are hallmarks of successful and cost-effective prevention programs.^{7,8}

Australia requires an approach to prevention that is accountable, targets the causes of poor health and that is financially supported and rigorously evaluated. We propose a series of health targets, agreed to by all governments, which tackle the causes of poor health, such as smoking, poor nutrition, excessive alcohol consumption and insufficient physical activity. These targets could inform the distribution of an increased pool of funding for primary prevention. Targets should also be set for some of the socioeconomic influences that are fundamental to better health (including housing, community cohesion and social inclusion, and education), and for population groups who experience the worst health outcomes.

A substantial additional investment of at least 10% of the national health budget will be required for this new approach. In the 2005–06

financial year, just over \$250 million was spent on health promotion in Australia, out of an inadequate \$1.4 billion spent on all of public health. The impact of this additional investment should be accompanied by rigorous research and evaluation so that, over time, the evidence base for health promotion can begin to resemble that of more clinical areas of medicine. This prevention approach will require commitment from government portfolios beyond health, engagement from the three levels of government, and partnerships with the non-government and business sectors. Shared targets, accountability, greater investment, evaluation and mutual responsibility are the keys. However, to reach these achievements, Australia will require a new statutory authority or national preventive health agency to provide the leadership, technical support and program delivery capabilities, while working in partnership with all jurisdictions and relevant sectors of society.

Competing interests

None identified.

Author details

Brian F Oldenburg, PhD, MPsychol, Chair, International Public Health Unit, School of Public Health and Preventive Medicine and Research Director, Australian Institute of Health Policy Studies¹

Todd A Harper, BEc, PGDipHealthProm, MHEcon, Chief Executive Officer²
1 Monash University, Melbourne, VIC.

2 Victorian Health Promotion Foundation (VicHealth), Melbourne, VIC.

Correspondence: brian.oldenburg@med.monash.edu.au

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