

# \$100 million to get Australia's health on track

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## 1 | INTRODUCTION

Chronic disease is the greatest health challenge of the 21st century. Australia lags behind comparable countries in tackling the risk factors for preventable chronic diseases such as cardiovascular diseases, certain cancers and mental illness.<sup>1-3</sup> There is strong evidence about what works to achieve positive change and reduce shared risk factors for these diseases across the population<sup>4-6</sup> and numerous opportunities for governments, community and industry to act collaboratively for the benefit of all Australians.

We were invited to prepare this commentary and participate in a Prevention 1st event in Canberra (May 2017) to discuss how an extra \$100 million per year for the next four years for preventive health could be used. We propose that the implementation of 10 evidence-informed chronic disease priority policy actions, which were recently identified by the nation's leading health experts,<sup>1</sup> would be a strategic use of this (hypothetical) funding. This investment would augment what is already in place for preventive health and would be a sensible and timely allocation of the national budget to achieve significant health and social outcomes across the nation. The indirect costs of cardiovascular disease alone are estimated to increase by 61% by 2030, from \$172 to \$276 billion. The projected economic costs of chronic disease from lost productivity are expected to cost over \$20 billion in 2030. Additional losses (\$4.7 billion) are anticipated in lost taxation revenue from productive life years placing governments budgets under increased pressure.<sup>7</sup> Action must be taken.

## 2 | ACCOUNTABILITY AND ACTION FOR CHRONIC DISEASE PREVENTION

A national collaboration of health experts and organisations have produced targets for the year 2025 for the prevention and reduction

of chronic diseases in our population, in line with the global agenda set by the World Health Organization.<sup>8</sup> Australia's Health Tracker,<sup>9</sup> a series of resources that help to monitor Australia's progress against the 2025 targets, highlights that a significant number of people and communities have biomedical and behavioural risk factors for chronic disease. The Australia's Health Tracker adult report card shows that more than a quarter of people aged 18 years and over have obesity, 32.8% of the population have high cholesterol and suicide rates have remained stubborn over the last decade, accounting for 12 in every 100 000 deaths.<sup>9</sup>

The Australia's Health Tracker by Area website,<sup>10</sup> an interactive tool that reports data by population health area, local government area, primary health network and at the state and territory level, shows healthier postcodes are typically wealthier postcodes. For example, low or no physical activity is more commonly reported by people living in regional and rural settings and/or in disadvantaged suburbs in Australian cities.<sup>10</sup> This data provides evidence on the need for action to prevent and better manage chronic disease in Australia, with both a population and equity focus.<sup>11,12</sup>

The national collaboration that contributed to the Australia's Health Tracker series has also identified 10 priority policy actions (see Figure 1)<sup>1</sup> that will help get Australia on track to reach the 2025 targets and significantly reduce preventable illness and disability in our population. The 10 priority policy actions are:

1. Protect children and young people from unhealthy food and beverage marketing;
2. Reduce salt content in processed foods and meals to decrease the risks of high blood pressure;
3. Implement a health levy on sugar-sweetened beverages;
4. Consistently implement volumetric tax on all alcohol products and increase the current taxation rate;

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**FIGURE 1** The priority policy actions named by a national collaboration of health experts.<sup>1</sup> [Colour figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

5. Enhance media campaigns to reduce smoking;
6. Reduce health and mortality disparities in disadvantaged populations caused by smoking;
7. Scale up supported vocational programs across Australia for people with a mental illness;
8. Scale up primary care capacity in primary and secondary prevention of cardiovascular risks;
9. Invest in comprehensive national measurement and monitoring of chronic diseases and their risk factors in the population over time;
10. Invest in active travel initiatives to and from school to kick-start a national physical activity plan.

### 3 | SPENDING TO SAVE AUSTRALIAN LIVES

A preventive health budget of \$100 million could be used to implement some of these 10 actions and serve as a down payment to prevent ill health and save lives. Two of the 10 policy actions are cost minimal: reducing salt content in foods<sup>13,14</sup> and changing food-marketing practices to protect children.<sup>15</sup> They are low-cost because they mainly require some modest private sector and government investment and strategic policy adjustment. Two of the priority policy actions will actually raise revenue: a health levy on sugar-sweetened beverages (\$400 000 per year)<sup>16</sup> and responsible taxation of alcohol (\$1.3 billion revenue per year).<sup>17</sup> This revenue could be directed into a substantial preventive health budget.

The policy actions that would most benefit from the \$100 million per year over the next four years, therefore, are:

1. \$20 million to continue action on smoking, a leading cause of preventable death and disease in Australia.<sup>18</sup> Mass media campaigns help people quit, stay quit and require ongoing investment.<sup>19–21</sup> The campaigns need to be tailored for low socioeconomic status audiences, people with mental illness and Aboriginal and Torres Strait Islander people to help reduce health and mortality disparities in smoking.
2. \$20 million to assist in reaching the 2025 target of halving the employment gap<sup>9</sup> between people with mental illness and the general population. Vocational programs for people with moderate and severe mental illness are effective,<sup>22</sup> can be scaled nationally and help to reduce the financial distress commonly reported by people experiencing mental illness.
3. \$20 million to help reduce biomedical risk factors for chronic disease through primary and secondary prevention of cardiovascular diseases.<sup>23</sup> This investment would support targeted national screening and treatment based on absolute risk assessment of cardiovascular disease in primary care settings for adults aged 45–74 years and from 35 years in Aboriginal and Torres Strait Islander populations.<sup>24</sup>
4. \$10 million allocated towards the cost of another Australian Health Survey<sup>25</sup> for the year 2021. This will ensure comprehensive measurements of the health of the nation occur at least every 10 years.
5. \$30 million could support 3.7 million school-aged children to participate in free physical activity by walking, scootering or cycling to and from school.<sup>26</sup> Shifting active school travel from the margins to the mainstream. Over 70% of children and 90% of young people do not meet physical activity guidelines and by 2025 the target is to reduce this by at least 10%.<sup>9</sup> Safe active

travel options enable children, their family and the broader community to benefit from activity-friendly roads, footpaths and urban design. This could be the first intervention to kick-start a national physical activity strategy.

#### 4 | A HEALTHIER AUSTRALIA BY 2025

Immediate implementation of the 10 actions, that are proven to be effective and can be executed affordably, will help build a comprehensive approach to chronic disease prevention. Alone, these 10 actions are not nearly enough. Australia has existing national, state and territory policy measures aimed at reducing chronic disease incidence and prevalence and these must continue and be built upon to address the diseases that now impact one in every two Australians.<sup>27</sup>

Without a systematic, whole-of-population strategy aimed at prevention and early risk management, the ongoing rise in chronic disease will harm more individuals and adversely impact on health expenditure and the broader economy. Ultimately this systematic approach is what is required—although a \$100 million (hypothetical) investment to strengthen and build on current preventive schemes would be welcome. The benefits of reducing the incidence and impact of these diseases are nationally significant. They extend beyond the impact on the health of individuals to our children's future, the wellbeing of the communities in which we live and the prosperity of our economy and society.

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#### CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest or financial conflicts in connection with this article.

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