AUSTRALIAN HEALTH POLICY COLLABORATION

Chronic diseases: The case for changing course

Policy Forum Report

Issues paper No. 2014-04
December 2014

Penny Tolhurst
Australian Health Policy Collaboration

Chronic diseases: The case for changing course

Policy Forum Report

Issues paper No. 2014-04
December 2014

Penny Tolhurst
Australian Health Policy Collaboration

About the Australian Health Policy Collaboration

The Australian Health Policy Collaboration was established at Victoria University in 2015 to build from the work of the health program at the Mitchell Institute over the previous two years. The Collaboration is an independent think tank that aims to attract much required attention to the critical need for substantial and urgent health policy reform focused on addressing chronic disease on a national scale.

Suggested Citation

When referencing this report please cite as: Tolhurst, P. (2014). *Chronic diseases: The case for chaning course – Policy forum report*, Australian Health Policy Collaboration Issues paper No. 2014-04. Melbourne: Australian Health Policy Collaboration.

Note: This report was originally published in 2014 by the Mitchell Institute for Health and Education Policy as part of the health program.

Introduction

On 25 November 2014, the Australian Health Policy Collaboration hosted a forum focused on the policy issues associated with the prevention and management of chronic diseases in the Australian population. The forum was informed by the Australian Health Policy Collaboration commissioned report 'Chronic Diseases in Australia: the case for changing course' by Dr Sharon Willcox.

The paper summarises the evidence that confirms chronic diseases cause considerable harm to individuals and their families, with concomitant effects on the health system and the economy.

Although there is robust evidence on cost-effective interventions to prevent chronic diseases, Australia has a mixed scorecard in implementing a comprehensive approach to prevention. The 'Case for changing course' calls for the development of a national action plan on preventing chronic diseases by a broad-based expert coalition.

About the forum

The aim of the forum was to consider the evidence outlined in Dr Willcox's report, and to discuss the barriers and opportunities in responding to this work and influencing policy change. Discussion on the day was facilitated by Geraldine Doogue, and led by an expert panel comprising:

- **Professor Rob Moodie-** Professor of Public Health and Director of Teaching and Learning at the University of Melbourne's School of Population and Global Health.
- **Dr Erin Lalor-** CEO of the National Stroke foundation and a Director of the AIHW.
- **Professor Maximilian de Courten-** Director of the Centre for Chronic Disease at Victoria University.
- **Mr Michael Moore-** CEO of the Public Health Association of Australia, and a former Minister of Health and Community Care in the ACT.

Three discussants contributed to the issues for consideration by the forum. They were:

- **Professor Vivian Lin-** Director, Division of Health Systems, Regional Office for the Western Pacific, World Health Organization, Phillipines
- **Professor Boyd Swinburn-** Co-Director, World Health Organization Collaborating Centre for Obesity Prevention
- **Mr Martin Laverty-** CEO, Royal Flying Doctor Service

Key themes from the forum

The problem has been well identified and defined but…

There is substantial evidence on the impacts of chronic diseases on individuals, families, communities and the economy. They are the major cause of death and disability in Australia and a significant driver of health system utilisation and costs, generating billions of dollars in avoidable health expenditure each year.

But while Australia has achieved significant success in addressing major challenges to population health, such as tobacco control and road trauma, we still do not have a comprehensive commitment to averting preventable chronic diseases. We are not adequately addressing known risk factors and determinants of chronic diseases, such as obesity, high blood pressure, high cholesterol and risky use of alcohol, nor implementing cost-effective interventions to prevent and effectively manage chronic diseases.

What is needed now is action

Policy-makers and decision makers need to focus on and implement a small number of measurable, cost-effective interventions and strategies. The sector needs to develop an agreed view on what these should be. An overarching commitment to prevention by government is required.

Australia has produced some excellent national action plans in recent decades aimed at preventing and reducing chronic diseases and the contributing risk factors. Implementation and funding of such plans, however, has often been poor to non-existent.

Goals and targets appropriate to Australia need to be established and measured

The World Health Organisation's (WHO) Global Action Plan for the Prevention and Control of NCDs 2013-2020 was cited by several participants as an important international policy framework. The related monitoring schema enables global tracking of progress in preventing and controlling major chronic or noncommunicable diseases, and their key risk factors. The WHO 25 x 25 targets provide a key set of measures for Australia to assess and improve the health of the population, but they must be tailored to the Australian context[1].

Australia is a developed country that is doing well against some targets, for example, on smoking rates; so this is an area where we might aim higher than the 25 x 25 target. Policy leaders need to commit to a small set of clear and achievable goals for Australia, with defined accountabilities; the sector can and should take leadership on this. Further development of health surveillance data and measurement of risk factors is also needed, along with better use of existing data.

This is not just government business

The factors that contribute to chronic diseases are many, and often lie outside the health system and in fact, beyond the realms of health policy and the health portfolio leadership. The current and future impact of chronic diseases on the population and economy is so significant that engagement with, and leadership by, broader society is crucial.

Bi-partisan political and bureaucratic support is important, and has been achieved in relation to tobacco control. But while this is essential to the success of any national chronic disease strategy, it is not sufficient. Broader players must be involved—local communities, academics, consumer and carer groups, peak bodies, business, corporates and health professional groups. This is particularly important given the barriers to effective investment and leadership in preventive health arising from federated government arrangements in health policy and investments.

Act on social determinants (not specific diseases) and maintain a focus on health equity

Many of the major chronic diseases, such as cardiovascular disease, diabetes, kidney disease and cancer, share the same risk factors. We need to take a population health approach and act on risk factors early, using disease specific approaches where required.

Equity should be an explicit focus, as disadvantaged population groups experience higher levels of chronic diseases and higher exposure to risk factors. Universal interventions need to be implemented at a scale and intensity that is proportionate to the level of disadvantage. Programs are required to ensure that we don't widen inequities further.

---

[1] WHO set targets aimed at a 25% relative reduction in overall mortality from chronic diseases by 2025. UN Member States formally adopted the global monitoring framework, including nine global targets and 25 indicators, in May 2013.

Primary health care has an important role to play

Primary health care is important to the prevention and better management of chronic diseases. Current approaches to risk reduction can be improved—an example might be a nationally agreed and implemented approach to cardiovascular disease risk assessment and management. Current utilisation of relevant Medicare Benefits Scheme items such as adult health checks is poor. Fee-for-service payments are considered a barrier to prevention, and patient enrolment and electronic health records are regarded as facilitators.

Community engagement and community-level actions are essential

Community-level interventions are important to engage people in the places where they live, work, study and play. Workplaces and schools are critical, as are sporting and leisure groups. Communities often still see hospitals as the main element of the health system, and prevention is often viewed as an individual responsibility.

Particular consideration should be given to culturally and linguistically diverse (CALD) communities, to ensure that program and service delivery are inclusive and culturally appropriate. Improving health literacy should be a focus.

There is a disconnect between what the evidence and experts identify as the problem and what the community sees as the problem.

The community now understands tobacco control—but appreciating the risks posed by other social determinants, such as obesity, is poor. Black Saturday in Victoria (2009) was a game changer in terms of shifting the community's perceptions about the role and purpose of government in terms of bush fire prevention and risk management. It offers us valuable lessons on how to change the public's acceptance of risk factors like obesity and inactivity. This is not to say that broader actions to address an obesogenic environment are not required—but they are more likely to succeed with community support.

A unified voice and approach are required

Forum participants saw considerable value in a single, unified voice. We have a common set of risk factors but lack a common set of priorities and messages. An agreed set of goals delivered through consistent messaging and a united voice is required. Messages need to be communicated to policy-makers, decision-makers and the community, so that civil society effectively influences policy action.

This is a long game

Many of the successes in public health, such as tobacco control and road trauma reduction, took decades to achieve. There were many small steps along the way, although each small step may have required significant effort, from banning tobacco advertising to the introduction of random breath testing. Changing community attitudes takes time, but it can be done.

Opportunities and options

Participants agreed that the renewed Federalism debate offered opportunities for health system reform, including an improved focus on prevention. Further, it is understood that AHMAC has endorsed the development of a national chronic diseases strategy. As the role and approach of the new primary health care networks becomes clearer, there may also be opportunities in primary care.

There was agreement on the need for an operational national chronic diseases strategy and for measurement, monitoring and accountability mechanisms. Although government

commitment was regarded as essential, accountability for action should extend beyond government. Participants supported a number of actions, including:

- Formation of a national coalition of individuals and organisations with an interest in prevention and better management of chronic diseases, building on existing alliances where possible
- Development of an overarching plan or white paper
- Identification of an ‘A list’ of prevention priorities
- Selection and use of a small number of indicators appropriate to Australia that can be used to assess progress in relation to chronic diseases
- Development and use of a single voice, and better ways of working together
- Building of a strong, positive shared narrative

The Australian Health Policy Collaboration undertook to follow up with participants on the identified actions.

AUSTRALIAN
HEALTH POLICY
COLLABORATION

300 Queen Street, Melbourne, Victoria
+61 3 9919 1820
vu.edu.au/ahpc