



Advance Australia Fair – Improving Health and Equity by 2025

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May 2016

This AHPC opinion piece originally appeared in the Autumn edition of the Health Matters magazine, published April 4th 2016. Click for [the online version of the magazine](#).

Good health is fundamental to individual wellbeing and society-wide prosperity, but access to good health and to health services is not equally shared in Australia. Inequalities in health continue to exist for many groups, including Indigenous Australians, people in rural and remote areas, and people living in lower socioeconomic areas. Effective policy responses can prevent or delay some diseases, improving health outcomes and equity, and reducing health system costs.

In a country that prides itself on a ‘fair go’ we need to give much more policy attention to both equity and prevention in health.

Over recent decades, chronic diseases have become a national – and global – health problem. Currently, [50% of Australians have a chronic disease](#) such as diabetes, heart disease or depression, and one in five have



multiple chronic diseases. These diseases and their risk factors are unevenly spread. Low socioeconomic status communities are disproportionately affected, for example, women living in areas of disadvantage are more likely to be overweight or obese, and poorer Australians are more than twice as likely to smoke.

The burden of chronic diseases is a major public policy challenge that threatens not just the health of individuals but the wellbeing of community and Australia's future economic prosperity. Much of this burden is preventable. As a nation we have unacceptably high rates of obesity, physical inactivity, alcohol use, smoking and poor nutrition – and there is an urgent need for attention to these

modifiable factors that are contributing significantly to disease and disability amongst growing numbers of adults. Regrettably, these are beginning to threaten the health and development of children as well.

Policy intervention can yield profound results, and there is both evidence and international examples to draw from. We have robust evidence on [cost-effective interventions](#) in areas from physical inactivity and nutrition to unhealthy food advertising. [Australians have a high intake of salt](#), for example, which contributes to the development of high blood pressure. This in turn is a major risk factor for heart disease and stroke. If mandatory salt limits for manufacturers of bread, margarine and cereal products were introduced, there would be a range of benefits. [VicHealth estimate that reducing population salt intake by 30%](#) would result in 3,500 fewer deaths per year from strokes and heart attacks, and save millions of dollars to the healthcare system.

The Australian Health Policy Collaboration (AHPC), based at Victoria University, is working to encourage greater investment in prevention and early intervention for chronic diseases, and overall improvement in population health and wellbeing. We aim to contribute to the development of public policy and its practice,

and to improve health outcomes through evidence-based research, particularly for socioeconomically disadvantaged Australians. I'd like to borrow from our national anthem to help summarise what we at the AHPC propose would help achieve a more equitable and healthier Australia.

Renowned of all the lands

Australia is a party to the [World Health Organization's \(WHO\) Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020](#). The Plan's purpose is to reduce the burden of chronic diseases by 2025, through action on nine targets measured by 25 indicators of performance. The AHPC has used this global agenda as the basis for facilitation of a national coalition of effort to produce targets and indicators for the health of Australians that can support, guide and track progress towards a substantial change in the health of our nation.

The proposed [targets and indicators](#) relate to the WHO set, but include mental health, and are tailored to Australia. They were produced in a collaborative process with experts from around the country, and include sub-indicators (such as Indigenous status) to support consideration of equity.

If the targets and indicators were met, Australia would be amongst a few leading Western countries that have recognised the societal and economic benefit to be gained through shifting health and public policy to a focus on improving health and preventing illness.

For we are young and free

There is strong evidence that socioeconomic disadvantage in early childhood is a significant contributor to poor health across the lifespan. There are multiple pathways linking poor maternal nutrition and other adverse impacts in gestation with both high and low birth weight. Combined with poor external environments in early childhood, this can lead to physical and mental health problems in adolescence and in adulthood.



Much of the Australian chronic disease burden is preventable or could be reduced. In 2014/15, more than [27% of Australian children were overweight or obese](#), and this is likely to have long term consequences for them and for the health system. Effective and evidence-based changes to current policies, funding and service models should aim to build Australia's capacity to engage

individuals and communities in preventive health behaviours and treatments. Vaccination programs protect our children from infectious diseases. We need to also take a systematic approach to tackling health risks for chronic disease in children such as poor nutrition, obesity and physical inactivity.

Wealth for toil

The Business Council of Australia has estimated that, if chronic diseases were eliminated, the workforce could increase by 10%, boosting productivity and the economy.

[Cadilhac and colleagues found](#) that if smoking, high-risk alcohol use, physical inactivity, intimate partner violence, obesity and inadequate diets could be reduced, the financial benefits over the lifetime of the Australian adult population would amount to savings of \$1.5 billion, through reducing health sector costs and \$0.8 billion through reducing workforce productivity losses and costs to households.

Significant gains can be made for our economy from halting the growth of risk factors, reducing the current burden of disease and turning the tide on premature mortality. Furthermore, cost-effective interventions through taxation, health promotion, regulation and preventative treatment are available and have proved effective elsewhere.

With courage let us all combine

The benefits of reducing the incidence and impact of chronic diseases are nationally significant. They extend beyond the impact on the health of individuals to our children's future, the wellbeing of our communities, and the economy. Reducing chronic diseases will not be achieved through personal responsibility alone.

In road trauma and tobacco control, governments recognised evidence that policies affecting environmental factors and influences whether augmenting the benefit of seat belts with safety requirements for vehicles and roads; or using marketing and taxation strategies to support individual decisions to quit smoking

were essential if those threats to population health were to be effectively addressed. Chronic disease requires the same – a national focus on, and effort to address, risk factors across the population.



The importance of bipartisan approaches to areas like tobacco control is clear. Stronger bipartisanship in relation to other risk factors such as alcohol misuse and salt is needed. Governments also need to take a strong stance to protect population health, despite the often noisy presence in the debate of corporations (including food, alcohol and tobacco manufacturers). The interests of these corporations lies in increasing consumption of their products. The example of tobacco is particularly clear, where corporations argued vociferously last century that there was no link between smoking and ill-health. Despite noise from industry, governments need courage to implement evidence-based policy in areas such as advertising unhealthy food to children and alcohol availability, price and promotion.

Advance Australia fair

Place-based programs are emerging as an effective means of addressing local, complex and often intractable issues, which require multiple actors within the community to develop a co-ordinated response, and gain real grass-roots support. [The Growing Brimbank](#) program is a collaborative undertaking by the AHPC and VU with the Brimbank City Council in the western suburbs of Melbourne to provide a tailored local approach to improving health equity

[The Brimbank Health and Education Atlas](#) highlighted the risks and impact of poor health and education experienced by the Brimbank population which is one of the most disadvantaged in Victoria. In comparison with 31 Melbourne local governments, some of the major risk factors for Brimbank are:

- ranked 2nd on the SEIFA Index of Disadvantage
- 2nd highest for child development vulnerability
- 2nd highest for psychological distress
- 6th highest for prevalence of diabetes
- 8th highest for overweight/obesity

In partnership with the City of Brimbank, VU researchers and health and education experts, a place-based research hub will enable the health, wellbeing and development of the Brimbank population to be assessed and monitored over the long term. With the results informing and influencing policy understanding of how to better prevent and reduce disadvantage in health and education in other communities.

Local partners include welfare organisations, social justice groups, and community leaders to help plan, implement and evaluate local change. We will track progress on improving health by age, income, ethnicity and gender in order to prioritise action where it's needed most.

In order to achieve health equity we need to capitalise on global momentum, prioritise prevention, translate lessons from the past, and make the case for economic and national gains through improved chronic disease prevention and management.



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