

# PREVENTING CHRONIC DISEASE

## How does Australia score?

a scorecard on the implementation of WHO recommended interventions to reduce preventable chronic disease



**PREVENTION** 1ST

Elevating preventive health policies to tackle chronic disease:  
Australia's greatest health challenge

JUNE 2018

# ABOUT PREVENTION 1ST

Prevention 1st is a campaign by the Foundation for Alcohol Research and Education (FARE), the Public Health Association of Australia (PHAA), Dementia Australia, and the Consumers Health Forum (CHF) of Australia, calling on all Australian governments and political parties to commit to a strong preventive health agenda to tackle Australia's greatest health challenge.



## ACKNOWLEDGMENTS

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1. Australian Chronic Disease Prevention Alliance
2. Australian Health Policy Collaboration, Victoria University
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7. Professor Mike Daube AO, Professor of Health Policy, Curtin University
8. Dr Lynn Roberts AO, Principal Advisor, VicHealth
9. Professor Rob Moodie, School of Population and Global Health, University of Melbourne

# FOREWORD



Australia's health and wellbeing is at a tipping point, threatened by the burden of chronic disease. This is our greatest health challenge, with one in two Australians suffering from a chronic or non-communicable disease (NCD).<sup>1</sup>

About 1.2 million children (25 per cent) and 12.7 million adults (66 per cent) are overweight or obese and an estimated 138,321 new cases of cancer will be diagnosed in 2018.<sup>2,3</sup> There are currently 425,416 Australians living with dementia and 299,842 involved in their care, showing the burden of disease affects more than just those living with NCDs.<sup>4</sup>

It is no surprise that NCDs disproportionately affect our most disadvantaged citizens. They are driven by poverty, globalised marketing and trade of unhealthy products, rapid urbanisation leading to physical inactivity and an aging population, and they leave no country untouched.<sup>5</sup>

On 27 September 2018, the UN will hold its third High-level Meeting on NCDs, where Member States will report their progress on tackling NCDs. The Prevention 1st Scorecard assesses our progress on preventive health policies in Australia. It seeks to highlight the successes of Australian governments and the areas where more work is needed to address risk factors.

A third of chronic disease is preventable through four modifiable risk factors: tobacco use, alcohol consumption, physical inactivity and nutrition.<sup>6</sup> Action to address these risk factors will lead to a reduction in chronic disease.

In response, the World Health Organization (WHO), has developed the *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020* (Global Action Plan). As an appendix to the Global Action Plan, the WHO has developed a list of interventions for policymakers titled *'Best Buys' and Other Recommended Interventions for the Prevention and Control of Noncommunicable Diseases*.<sup>7</sup>

There is community support for many of these policy recommendations including junk food marketing restrictions (79 per cent), daily physical activity in schools (88 per cent) and restrictions on alcohol advertising before 8.30pm (67 per cent).<sup>8,9</sup> The top ten child health problems perceived by Australians are related to modern lifestyle, mental health concerns and safety. NCD prevention can address many of these concerns.

This report looks at the current implementation of the WHO policy recommendations, highlighting the commendable work Australia has done in preventive health. However, there remain many areas for improvement and Australia cannot afford to fall behind.

We can and we must do more.

**Michael Moore AM**

Immediate Past President of World Federation of Public Health Associations

## BACKGROUND

Chronic diseases or non-communicable diseases (NCDs) are the leading cause of illness, disability and death in Australia, accounting for 90 per cent of all deaths in 2011.<sup>6</sup> They are life-long illnesses that reduce quality of life and often require ongoing treatment and management, such as heart disease, cancer and a range of mental health conditions.

As a member of both the United Nations (UN) General Assembly and World Health Assembly, Australia has pledged to tackle the global burden of disease. As part of this political declaration, Australia has endorsed and adopted the Global Action Plan on NCDs, including its policy recommendations. However, with declining investment in prevention and no coordinated action to address chronic disease, it will be difficult for Australia to meet its obligations. This has become increasingly concerning following the demise of the 2009 National Preventative Health Strategy roadmap – *Australia: The Healthiest Country by 2020*.

Currently, Australia is ranked 16th out of 31 OECD<sup>a</sup> countries on per capita expenditure for preventive health, falling well behind Canada, New Zealand and the United Kingdom at just 1.34 per cent of healthcare expenditure.<sup>10</sup> This equates to an estimated \$2 billion each year or \$89 per person on prevention. Considering that treating chronic disease costs the Australian community an estimated \$27 billion annually, the amount spent on prevention is nowhere near enough.

### ACTION DOES NOT REFLECT COMMITMENT

It is the responsibility of all our governments – state, territory and federal – to address the issue of NCDs. Governments are responsible for ensuring the health and wellbeing of their communities and their policies need to reflect that. By failing to invest in prevention, governments are ultimately paying a much higher cost, both economically and socially.

The Council of Australian Governments (COAG) Health Council has developed the *National Strategic Framework for Chronic Conditions* which is a great example of cross-government and whole-of-government commitment. However, due to its high-level nature the framework does not go far enough in addressing the burden of disease and turning commitment into action. It does not have any specific targets or indicators, it lacks specific policy options for the prevention and control of NCDs and it is not attached to any funding.

Furthermore, with the exception of the *National Tobacco Strategy*, there are no national strategies in place for the main contributing risk factors for chronic disease (Figure 1). Australia's international commitments on the prevention and control of NCDs must be reflected in its actions at a national level.

### CURRENT STRATEGIES FOR EACH OF THE FOUR MODIFIABLE RISK FACTORS

	TOBACCO	ALCOHOL	NUTRITION	PHYSICAL ACTIVITY
Does a national strategy exist?	YES Expires 2018	NO Expired 2011	NO Expired 2010	NO

<sup>a</sup> The Organisation for Economic Co-operation and Development (OECD) is an intergovernmental economic organisation with 37 member countries, founded in 1961 to stimulate economic progress and world trade.

# SCORECARD OBJECTIVES

The Scorecard is an initiative of the Prevention 1st campaign and aims to:

1. Assess Australia's current implementation of the WHO *'Best Buys' and Other Recommended Interventions for the Prevention and Control of Noncommunicable Diseases*.
2. Recognise and acknowledge where progress has been made in prevention and highlight areas for improvement.
3. Motivate governments to continue to strengthen and improve action on alcohol, tobacco, nutrition and physical activity policy.

## THE APPROACH

The Prevention 1st Scorecard assesses Australian governments' progress in addressing chronic disease through the implementation of recommended interventions to address four modifiable risk factors:

1. Tobacco use
2. Alcohol consumption
3. Nutrition
4. Physical activity

This Scorecard has been informed by similar initiatives in public health activities such as the 'Trophy for leadership and action'/'Dirty Ashtray' award (tobacco control), the 'Fizzer' award (alcohol control) and the 'Gold Medal'/'Couch Potato' award (obesity prevention).

The 18 policies listed in this Scorecard are a mix of overarching/enabling actions, best buys, effective interventions and other recommended interventions.<sup>b</sup> These were selected over a two month consultation period (March to April 2018) with experts in the public health field to reflect community sentiment and ensure relevance to Australian policy.

## HOW THE SCORING WORKS

A two-step process of scoring was undertaken during May 2018:

1. An individual marking rubric was sent to experts in tobacco, alcohol, nutrition and physical activity policy.

The five-point *Likert Scale* outlined in Figure 2 was used to score and assess government action in the implementation of the recommended interventions.

Implementation of recommended interventions was assessed across all governments at the national, state and territory levels.

Experts only assessed the WHO recommended interventions for their specific risk factor area.

<sup>b</sup> The recommended interventions were drawn from the WHO *'Best Buys' and Other Recommended Interventions for the Prevention and Control of Noncommunicable Diseases: Updated (2017) Appendix 3 of Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020* (Appendix 3). It is a menu of policy options chosen by the WHO based on the emergence of new supporting evidence.

- The completed Scorecard collating assessments for all four risk factors was sent to independent moderators along with the *Likert Scale*. Moderators were instructed to check and confirm scores provided by the experts to account for any bias.

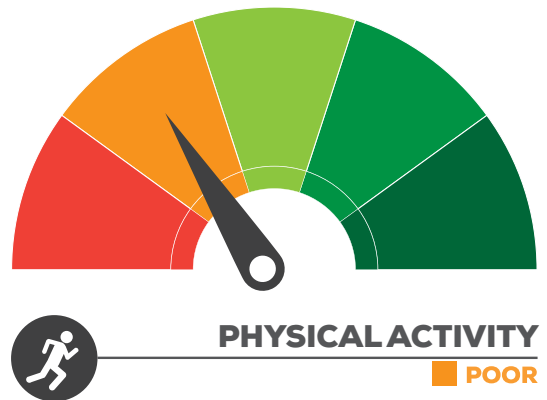
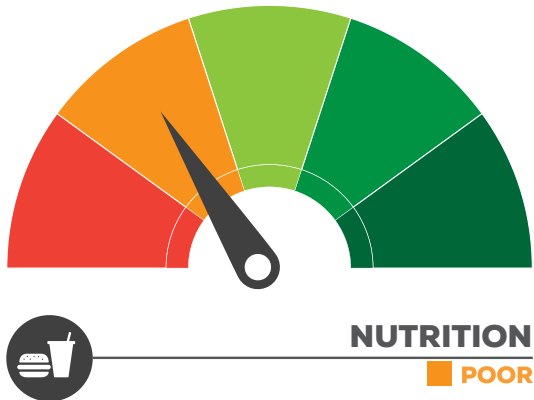
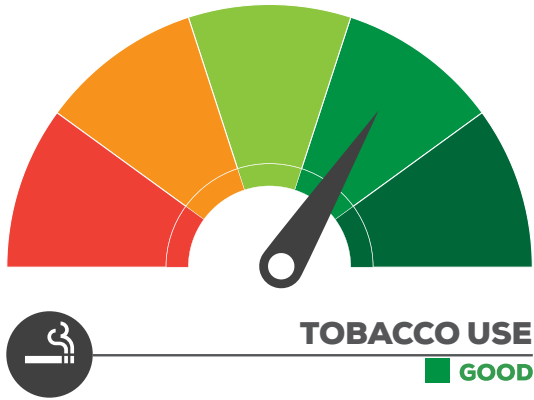
Final scores were recorded for individual recommended interventions, and an overall progress score was allocated for current action on each of the four risk factor areas.

## ASSESSMENT CRITERIA FOR THE WHO RECOMMENDED INTERVENTIONS

1	VERY POOR (No policy in place)	This rating applies where there is no policy currently in any jurisdiction.
2	POOR (Needs significant improvement)	This rating applies where the current policy falls well below the expected standard and/or the policy is only implemented in one or two jurisdictions.
3	AVERAGE (Needs some improvement)	This rating applies where the current policy falls somewhat below the expected standard and/or the policy is implemented in three or more but not all jurisdictions.
4	GOOD (Needs minor improvement)	This rating applies where the policy is close to meeting the expected standard required across all jurisdictions.
5	VERY GOOD (Meets or exceeds the standard)	This rating applies where the policy meets or exceeds the expected standard required across all jurisdictions.

# KEY FINDINGS

Government approaches on the prevention and control of NCDs have been ad-hoc. This has resulted in inconsistent implementation of policies across the country. While there has been some progress to address the four modifiable risk factors of tobacco use, alcohol consumption, nutrition and physical activity, more must be done.





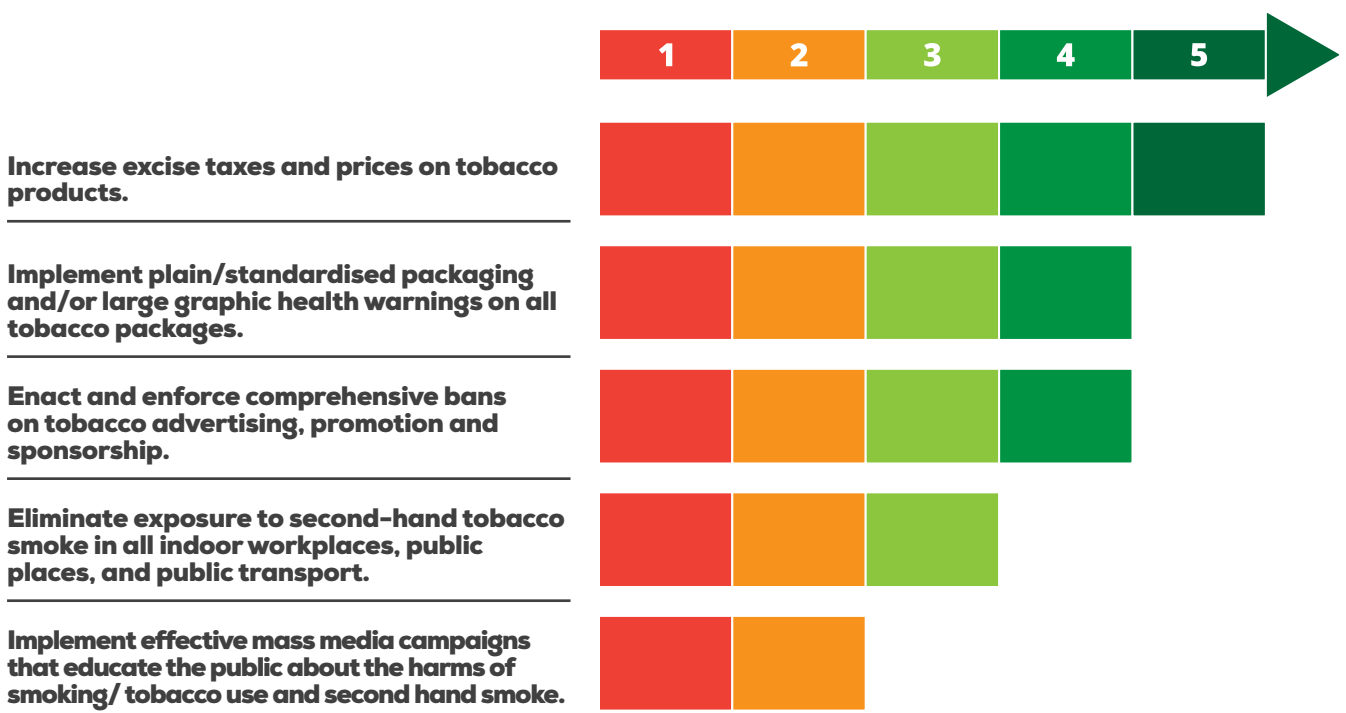
# TOBACCO

Significant progress has been made in the implementation of the WHO recommended tobacco interventions. This includes the increases in tobacco excise scheduled for the next three years. However, there is room for improvement.

There have been no new mainstream Australia-wide mass media campaigns during the past five years. This absence of major campaigns undermines the overall tobacco control program and allows industry-related promotional activity to flourish. There are significant gaps in the regulation of online advertising and other forms of promotion by tobacco companies, including discounting of tobacco products and government lobbying, which are not encompassed within the advertising, promotion and sponsorship regulations. Without a sustained holistic approach, industry promotional tools and the emergence of online advertising will eventually undermine the effectiveness of pricing policies.

More work needs to be done on eliminating second-hand smoke by ensuring consistent best practice across jurisdictions, as some states and territories still allow smoking in outdoor drinking areas and within gambling venues. Graphic health warning labels also require updating to ensure the renewal of messages and further help smokers to understand the extent and nature of the risks posed by tobacco use.

Australia could see its scores for tobacco interventions move to 'very good' by renewing Australia-wide mass media campaigns, developing new campaigns that effectively engage with disadvantaged groups, addressing online advertising and implementing a consistent approach to eliminating second-hand smoke.





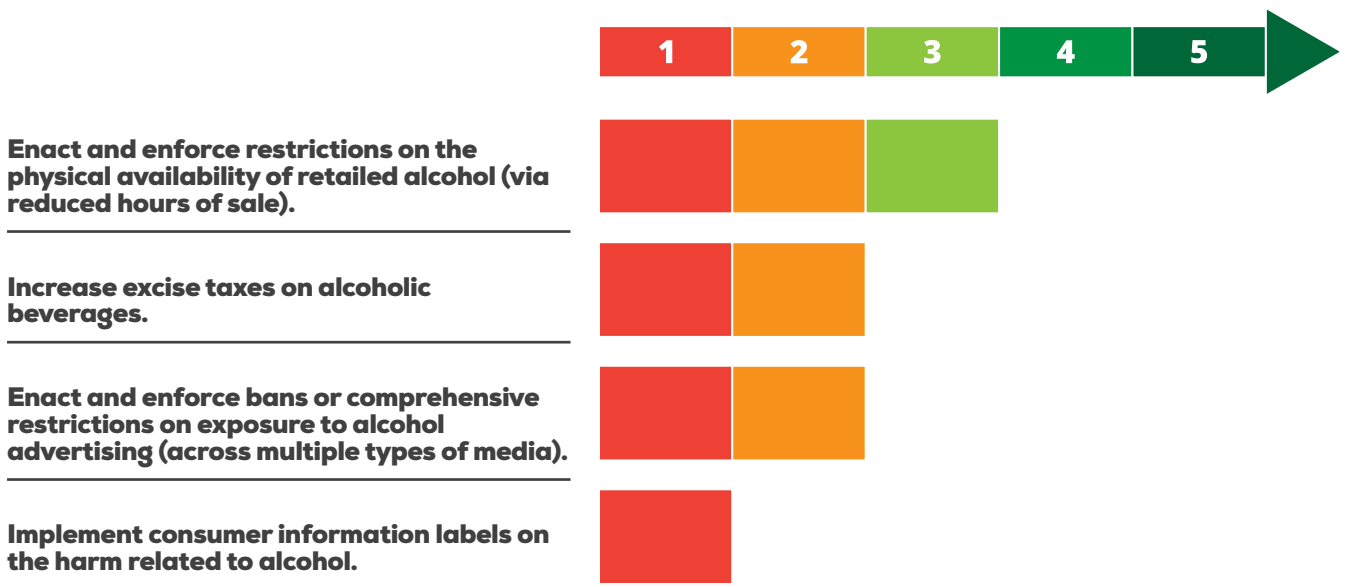


# ALCOHOL

Overall, action to address the harm caused by alcohol has been inconsistent and more work is needed to fully implement the WHO recommended alcohol interventions. Action on reducing the availability of alcohol has been promising through the regulation of trading hours at the state and territory level, however, the density of outlets has been increasing. In addition, heavy discounting and point of sale promotions undermine the effectiveness of availability regulation.

Australia's system of alcohol taxation has been described as incoherent by a number of government reviews.<sup>c</sup> While a differentiated volumetric tax scheme applies to beer and spirits, a wholesale price scheme applies to wine and cider. This favours the production of cheap bulk products. Disappointingly, the current alcohol advertising restrictions are voluntary, industry regulated and do not comprehensively cover all media platforms. There is also no standardised Australian government system of mandated alcohol health warning labels. The only consumer information label is a voluntary industry pregnancy warning label, with no information about the actual risks to the unborn child.

Action on the WHO recommended alcohol interventions could move to 'very good' by abolishing the Wine Equalisation Tax, introducing mandatory pregnancy warning labels, as well as legislating and enforcing alcohol advertising restrictions across all media.



<sup>c</sup> Reviews that have supported implementation of a volumetric tax on wine:

- the 1995 Committee of inquiry into the wine grape and wine industry
- the 2003 House of Representatives Standing Committee on Family and Community Affairs inquiry into substance abuse
- the 2006 Victorian inquiry into strategies to reduce harmful alcohol consumption
- the 2009 National Preventative Health Taskforce report on Preventing alcohol related harms
- the 2010 Australia's future tax system (Henry Review)
- the 2010 Victorian inquiry into strategies to reduce assaults in public places
- the 2011 Western Australia Education and Health Standing Committee inquiry into alcohol
- the 2012 Australian National Preventive Health Agency Exploring the public interest case for a minimum (floor) price for alcohol, draft report
- the 2012 Australian National Preventive Health Agency Exploring the public interest case for a minimum (floor) price for alcohol, final report
- the 2014 House of Representatives report on the Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities
- the 2017 Interim Report on the Effect of red tape on the sale, supply and taxation of alcohol
- the 2017 Northern Territory Alcohol Policies and Legislation Review - Final Report
- the 2017 Productivity Commission Shifting the Dial: 5 year productivity review



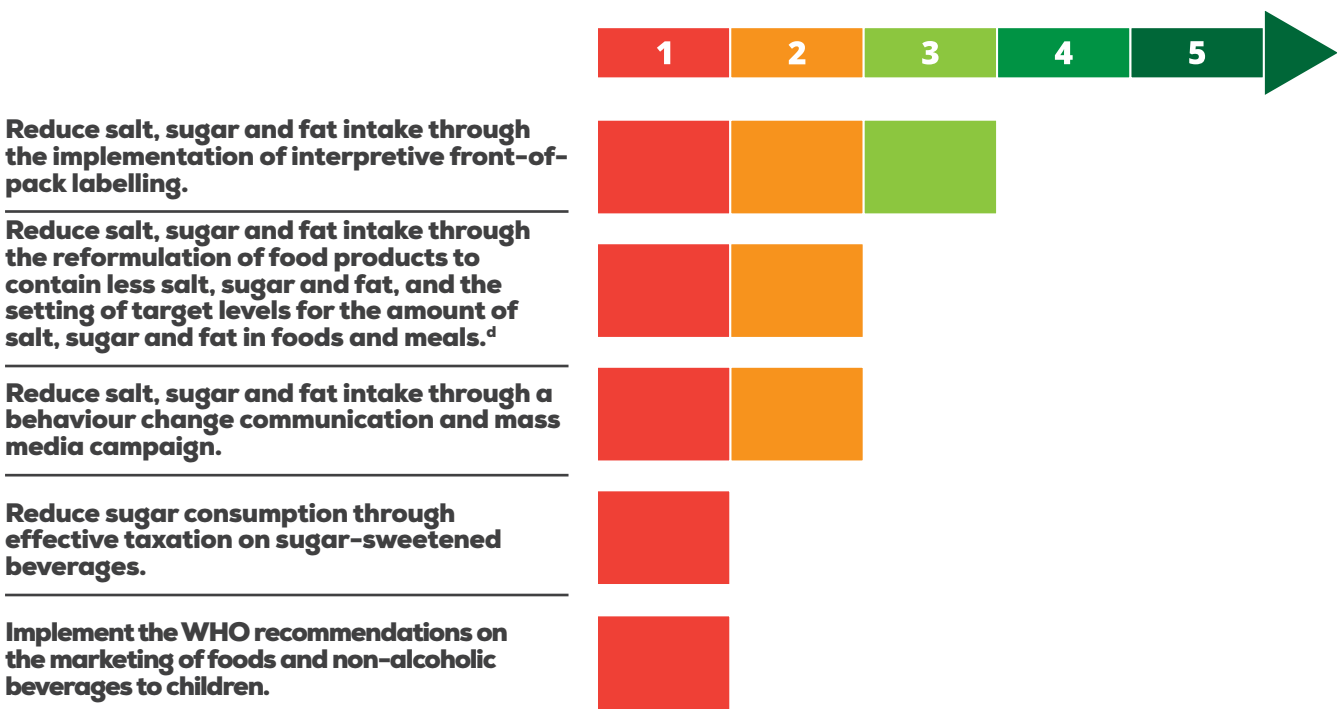
# NUTRITION

Action on the WHO recommendations for nutrition remain low due to the ad-hoc nature of implementation and the lack of coordination across jurisdictions. There is good work currently being undertaken by individual states and territories such as menu labelling and local social marketing campaigns. However, without national coordination, this is not enough.

There has been a significant increase in the consumption of energy dense, nutrient poor foods by adults and children over the past 30 years. More work is needed on reformulation of food products as current efforts are mainly focussed on salt. In addition the targets set by the Healthy Food Partnership are not ambitious, with many already being met. This is not enough to have a lasting impact. The implementation of mandatory front-of-pack labelling and a health levy on sugary drinks could address some of the reformulation problems.

The majority of advertising spend by the food and beverages industry is on unhealthy food products. This is a major concern as there is no widespread regulation that addresses the power of unhealthy food marketing and reduces children’s exposure. The Australian Capital Territory (ACT) is the only jurisdiction to limit advertising on public transport, but this is restricted to buses only.

Action on nutrition interventions could move to ‘very good’ by legislating time-based restrictions on exposure of children to unhealthy food and drink marketing before 9:30pm, enhancing consumer information in the form of mandatory interpretive front-of-pack labelling and introducing a health levy on sugary drinks.



<sup>d</sup> Salt, sugar and fat have been combined into one policy recommendation rather than individual recommendations for each additive.



## PHYSICAL ACTIVITY

The implementation of the WHO recommended interventions for physical activity are consistently below average. Despite all recommended interventions being initiated, none are meeting the expected standard.

Public education campaigns have been limited to one-off commitments around girls' participation in sporting activities and despite community support for compulsory daily physical activity in schools, work in this area is patchy and not a priority of the national curriculum.

Macro-level urban design is limited to state and territory engagement with the health objectives in their planning codes. This is good in the ACT and Western Australia (WA) but limited elsewhere with some of the work waiting to move beyond commitment. The introduction of a comprehensive national active travel strategy would promote activity levels across the country and provide safe and active environments for all Australians.

The Commonwealth Government made physical activity through sport a priority of the last budget but this recent announcement is yet to yield results. We are also awaiting the release of the National Sports Plan, which has identified prevention through physical activity as a key goal.

Progress on physical activity could move to 'very good' if the national curriculum were to focus on a whole-of-school physical education program and if population-wide mass media campaigns were run following the announcement and funding of the National Sports Plan.



**Implement community wide public-education and awareness campaign for physical activity which includes a mass media campaign combined with other community based education, motivational and environmental programs aimed at supporting behavioural change of physical activity levels.**



**Implement a whole-of-school program that includes quality physical education, availability of adequate facilities and programs to support physical activity for all children.**



**Ensure that macro-level urban design incorporates the core elements of residential density, connected street networks that include sidewalks, easy access to a diversity of destinations and access to public transport.**



**Promotion of physical activity through organized sport groups and clubs, programmes and events.**



## CALL TO ACTION

On 27 September 2018, the UN will hold its third High-level Meeting on NCDs, where Member States will report their progress on the prevention and control of NCDs. Australia has a timely opportunity to build on its obligation to prevention, with coordinated national action aligning with the WHO Global Action Plan on NCDs.

Public health focuses on the health of the entire population and has the community at the centre of its focus rather than the individual. Prevention is more than disease management. Stopping these conditions from developing in the first instance means that governments avoid the costs to the health care budget of treating and managing these complex conditions later on.

Some of Australia's most prominent public health initiatives include the introduction of seat belts in cars, the cessation of asbestos use, reformulation of paint to remove lead, folic acid fortification, and the abolition of tobacco advertising. Each of these initiatives faced severe opposition just as we continue to see today for tobacco, alcohol, nutrition and physical activity policy.

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If Australia is to be a world leader in preventive health we must lead by example. Since our success with tobacco control measures and following the end of the National Preventative Health Taskforce, action in this area has waned. This is evident in the Scorecard results.

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Despite there being a number of positive announcements from governments about preventive health in the past 24 months, many of these announcements are still awaiting specific policy action and funded programs.

Health is governed at multiple levels, therefore requiring comprehensive cross-government and whole-of-government approaches to achieve systemic change. Individual states and territories are putting in place some policies and programs that align with the recommendations in the WHO Global Action Plan on NCDs. However, without coordinated action across all levels of government, the prevalence of chronic disease will continue to rise across Australia.

There is a clear need for national strategies on alcohol, nutrition and physical activity. Currently strategies on these risk factors are absent and the *National Tobacco Strategy* is due to expire later this year.

Australia has endorsed and adopted the WHO Global Action Plan on NCDs, including its policy recommendations. As stated in the *National Strategic Framework for Chronic Conditions* “[the Framework] supports Australia's international commitments and provides national guidance for a multisectoral response in the prevention and management of chronic conditions.” However, unlike the Global Action Plan, it lacks specific policies, strategies, targets or indicators. Australia needs national strategies on each of the four risk factors to make progress on reducing NCDs.

In the development of these strategies, governments should engage a high-level group to advise them in the transition to a universal health system encompassing prevention, control, management, and treatment. This expert commission of leading Australian's, including those with expertise in health, could provide the pathway to evidence-based national strategies and catalyse transformative change.

It is important that all Australian governments work together to implement the WHO recommended interventions. Action in one jurisdiction is not enough. We are calling on all governments, political parties and politicians to make preventive health a national priority.

# HOW TO ADVANCE AUSTRALIA'S HEALTH

The need for action is clear. One in two Australians have a non-communicable disease. By preventing illness, Australians can experience better health and wellbeing and as a result live happier, longer and more productive lives. Governments should be investing in prevention to reduce the impact of illness and injury on society and improve quality of life. These are some of many actions that governments can take from the WHO Global Action Plan on NCDs to invigorate Australia's preventive health efforts.

- 1. Develop national strategies for alcohol, nutrition and physical activity and renew the *National Tobacco Strategy*.**
- 2. All governments – Commonwealth, State and Territory – should be designing policies, strategies and action plans that align with the WHO '*Best buys*' and other recommended interventions for the prevention and control of non-communicable diseases.**
- 3. Immediate priorities for governments, that are evidence-based and supported by the community, should be to:**

- a. Renew mass media campaigns that are population-wide and engage effectively with disadvantaged groups.

The *National Tobacco Strategy* and the WHO *Framework Convention on Tobacco Control* (FCTC) support a comprehensive approach to tobacco control, but this is being compromised by the absence of ongoing media campaigns.

- b. Abolish the Wine Equalisation Tax (WET) and introduce a volumetric tax for wine and cider.

There is support for alcohol tax reform with at least 13 recent government reviews concluding that wine and cider should be taxed on a volumetric basis in line with beer and spirits.

- c. Legislate to implement time-based restrictions on exposure of children (under 16 years of age) to unhealthy food and drink marketing on free-to-air television until 9.30pm.

There is enormous community support to protect and reduce children's exposure to unhealthy junk food marketing, with 79 per cent of Australians calling for a ban on advertising unhealthy food.<sup>8</sup> An Australian study found banning junk food advertising before 9.30pm would increase cost savings for Australia and have the highest health impacts in the most disadvantaged groups.<sup>11</sup>

- d. Implement a whole-of-school program that includes mandatory daily physical activity.

The 2016 Australian Child Health Poll found that the top priority for child health initiatives is compulsory daily physical activity in primary schools with 88 per cent of parents supporting this.<sup>8</sup>

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**“The world is full of frameworks, roadmaps and action plans that sit on shelves collecting dust, and never make a difference to people. I urge you, starting now, to translate your good intentions into concrete actions that transform the health of your people.”**

**DR TEDROS ADHANOM GHEBREYESUS**

Director-General, World Health Organization

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