



## SUBMISSION

Submission to the Senate Community Legislation Committee  
*Australian National Preventive Health Agency (Abolition) Bill 2014*

6<sup>th</sup> June 2014

## About Us

The Health Services Union (HSU) is a growing member based union fighting for dignity and respect for health and community services workers. HSU members are at the forefront of some great nation building changes in the National Disability Insurance Scheme, Public Health and Aged Care reform.

We are a driving force to make Australia a better place.

HSU members work in aged care, disability services, community health, mental health, private practices and hospitals. Members are health professionals, paramedics, scientists, aged care workers, nurses, technicians, personal care and support workers, clerical and administrative staff, disability support workers, managers, doctors, medical librarians and support staff.

We are committed to advancing and protecting the wages, conditions, rights and entitlements of members through campaigning and workplace activism. HSU also provides a range of services and support to assist members with many aspects of working and family life.

HSU National is the trading name for the Health Services Union, a trade union registered under the Fair Work (Registered Organisations) Act 2009.

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6<sup>th</sup> June 2014

**Senate Standing Committee on Community Affairs**

PO Box 6100  
Parliament House  
Canberra ACT 2600

**SUBMISSION TO THE SENATE COMMUNITY LEGISLATION COMMITTEE**  
***Australian National Preventive Health Agency (Abolition) Bill 2014***

To Whom It May Concern:

HSU National strongly opposes the *Australian National Preventive Health Agency (Abolition) Bill 2014* and urges the Senate to reject this Bill on the grounds that the Australian National Preventive Health Agency (ANPHA) provides much-needed policy leadership on preventing the growing fiscal and social burden of non-communicable chronic diseases—an issue that the World Health Organisation (WHO) has declared ‘a major public health challenge that undermines social and economic development through the world, and inter alia has the effect of increasing inequalities between countries and within populations.’<sup>i</sup> While the Government claims that the abolition of ANPHA will save \$94.6 million over the Budget forward estimates,<sup>ii</sup> we argue that its abolition will result in mounting health costs by stymying efforts to address preventable risk factors that are the leading causes of chronic diseases in Australia.

It is critical that the Senate Community Legislation Committee is aware of the extent to which preventable risk factors are contributing to Australia’s disease burden. The Global Burden of Disease Study—the largest ever systematic scientific effort to quantify levels and trends of health loss due to diseases, injuries and risk factors—has found that poor diet, high body-mass index and tobacco smoking are the three biggest risk factors accounting for the greatest disease burden in Australia.<sup>iii</sup> Furthermore, according to the Australian Institute of Health and Welfare (AIHW), approximately 40 per cent of potentially preventable hospitalisations for chronic conditions are associated with alcohol, tobacco or obesity.<sup>iv</sup> Finally, in 2005, the Productivity Commission stated that ‘reducing the underlying demand for health care through “wellness” and preventive strategies’ should be an important focus for governments as they grapple with increasing health budgetary pressures.<sup>v</sup>

Public health campaigns and preventive health policy leadership have already delivered demonstrable returns on investment. A 2001 analysis by *Applied Economics* prepared for the Commonwealth Department of Health and Ageing found that between 1970 and 1998 every \$1 of expenditure on preventive programs for tobacco smoking reaped \$2 of expenditure savings.<sup>vi</sup> However, while smoking

rates have declined over time, rates of obesity are expanding at an alarming rate. A recent landmark study, published in *The Lancet*, shows the rate of obesity in Australia has grown from 16 per cent in 1980 to 29 per cent in 2013; this increase means that Australia has the dubious distinction of having the second highest rate of obesity growth in the world over this period.<sup>vii</sup> The Australian Bureau of Statistics (ABS) in its National Health Measures Survey (NHMS) estimates that 62.8 per cent of all Australians are now overweight or obese and noted that the biomedical results from the NHMS showed that being overweight or obese increased the risk of abnormal test results for cardiovascular disease, diabetes and kidney disease.<sup>viii</sup> HSU National argues that it is the role of the ANPHA to provide policy and program leadership to tackle the obesity epidemic and other preventive health issues. Programs such as the *National Tobacco Campaign*, the *National Binge Drinking Strategy* and *Shape Up Australia* are reflective of the ANPHA's leadership and innovative approach in responding to critical public health issues.<sup>ix</sup> Given that the ANPHA was only formally established on 1 January 2011, many of these programs are in their infancy; abolishing the ANPHA would see their demise before they have been given an appropriate opportunity to demonstrate their value. Commonwealth expenditure on ANPHA, far from being an instance of Government waste, is a sensible and prudent investment that will reap productivity gains by way of a healthier workforce<sup>x</sup> and reduce costs associated with treatment for chronic conditions arising as a result of obesity, tobacco smoking and excessive alcohol consumption.

HSU National also rejects the Government's rationale that the Bill will 'enable preventive health efforts...to be streamlined, focused and better coordinated and will remove unnecessary duplication and costs.'<sup>xi</sup> Rather, we argue that the abolition of a dedicated agency on preventive health sends a symbolic message to the sector and the broader public that preventive health is not a policy priority. This view is reinforced given the Government's separate decision to end the *National Partnership Agreement on Preventive Health*, a decision which cuts \$367.9 million from preventive health programs over four years.<sup>xii</sup> HSU National argues that this Bill sits within a wider context of policy proposals that demonstrate this Government has no regard for the critical importance of preventive health and raises serious questions regarding the Government's claim that it is 'committed to prevention.'<sup>xiii</sup> We believe that maintaining the ANPHA as a discrete agency is critical to ensure that prevention remains as one of the core tenets of Australia's health policy.

Finally, HSU National believes that the abolition of the ANPHA will result in the loss of specialised staff, corporate knowledge and damage the positive stakeholder relationships built by the Agency since its establishment. While it is impossible to quantify what these losses would equate to in dollar terms, the Agency's abolition would see its substantial investment in establishing expert committees, research capacity and capability and partnership arrangements with NGOs and other government agencies all gone to waste. While the Government claims that many of these functions will be moved into the Commonwealth Department of Health, we argue that it is problematic to subsume a small dedicated agency into a much larger generalist department. Not only will the transition see the losses outlined above, but it will dilute the importance of ANPHA's mission 'to be the catalyst for strategic partnerships, including the provision of technical advice and assistance to all levels of government and in all sectors, to promote health and reduce health risk and inequalities, and to initiate actions to promote health across the entire Australian community.'<sup>xiv</sup>

In closing, HSU National believes that Australia should be a global leader in preventive health, yet compared to other OECD countries we spend comparatively little on preventive health, ranking 21<sup>st</sup> out of 24 countries on preventive spending as a proportion of GDP.<sup>xv</sup> This Bill will move Australia further away from the policy direction urgently required in health. We urge the Senate to reject the *Australian National Preventive Health Agency (Abolition) Bill 2014* in its entirety.

Regards,

**Chris Brown**  
Acting National Secretary

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<sup>i</sup> World Health Organisation (2013) *Global Action Plan for the Prevention and Control of Noncommunicable Diseases: 2013-2020*, available at: [http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1), p. 7.

<sup>ii</sup> Commonwealth of Australia (2014) *Budget Measures Budget Paper No. 2 2014-15*, p. 30.

<sup>iii</sup> Global Burden of Disease Study 2010 (GBD 2010), *GBD Profile: Australia*, available at: [http://www.healthdata.org/sites/default/files/files/country\\_profiles/GBD/ihme\\_gbd\\_country\\_report\\_australia.pdf](http://www.healthdata.org/sites/default/files/files/country_profiles/GBD/ihme_gbd_country_report_australia.pdf), p. 3.

<sup>iv</sup> Australian Institute of Health and Welfare (2012) *Australian Hospital Statistics 2010-11*, Cat. No. HSE 117, p. 162.

<sup>v</sup> Productivity Commission (2005), *Australia's Health Workforce, Research Report*, p. xviii.

<sup>vi</sup> Applied Economics (2001) *Returns on Investment in Public Health: An Epidemiological and Economic Analysis* (report prepared for the Commonwealth Department of Health and Ageing).

<sup>vii</sup> Marie Ng, et. al. (2014) 'Global, regional, and national prevalence of overweight and obesity in children and adults during 1980-2013: a systematic analysis for the Global Burden of Disease Study 2013' in *The Lancet*, available at: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)60460-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60460-8/fulltext)

<sup>viii</sup> ABS (2013) *Australian Health Survey: Biomedical Results for Chronic Diseases, 2011-12*, 4364.0.55.005.

<sup>ix</sup> Australian National Preventive Health Agency (2013) *Promoting a Healthy Australia: Annual Report, 2012-2013*, pp. 6-11.

<sup>x</sup> Medibank Private (2005) *The Health of Australia's Workforce*, available at: [http://www.medibank.com.au/Client/Documents/Pdfs/The\\_health\\_of\\_Australia%27s\\_workforce.pdf](http://www.medibank.com.au/Client/Documents/Pdfs/The_health_of_Australia%27s_workforce.pdf)

<sup>xi</sup> The Parliament of the Commonwealth of Australia (2014) *Australian National Preventive Health Agency (Abolition) Bill 2014 – Explanatory Memorandum*, p. 1.

<sup>xii</sup> Commonwealth of Australia (2014) *Budget Measures Budget Paper No. 2 2014-15*, p. 137.

<sup>xiii</sup> Commonwealth of Australia (15 May 2014) *Australian National Preventive Health Agency (Abolition) Bill 2014 – Second Reading – Speech by Peter Dutton MP (Minister for Health and Minister for Sport)*.

<sup>xiv</sup> Australian National Preventive Health Agency (2013) *Promoting a Healthy Australia: Annual Report, 2012-2013*, p. 15.

<sup>xv</sup> Australian National Preventive Health Agency (2013), *State of Preventive Health Report 2013*, p. 166.