



16 June 2014

Ms Jeanette Radcliffe
Committee Secretary
Senate Standing Committee on Community Affairs
Senate Community Legislation Committee
Parliament House
CANBERRA ACT 2600

by email: community.affairs.sen@aph.gov.au

Dear Ms Radcliffe

Preventive health and health promotion activity in Australia

I am writing to provide comments from the National Rural Health Alliance (the Alliance) on changes in train relating to health promotion and preventive health, in the context of the Inquiry into the Bill to repeal the *Australian National Preventive Health Agency Act 2010*.

The Alliance understands that the changes underway are designed to result in better coordinated activity, and to remove duplication and reduce costs. We understand that there are to be transitional arrangements set in place while the work of the Australian National Preventive Health Agency (ANPHA) is transferred to the Department of Health. This will be important to help ensure that the bodies of work in train can continue in an uninterrupted fashion.

The Alliance understands and supports the Department's commitment to national leadership on preventive health matters. This work includes providing advice to the Minister on health promotion and disease prevention, and having direct engagement with the promotion of healthy lifestyles through programs relating to nutrition and physical activity, tobacco use, harmful drinking and substance abuse.

The Alliance is on the public record as having a particular interest in rates of daily smoking in various parts of Australia. These rates have fallen consistently and substantially in Australia's major cities, but not in rural and especially remote areas. This is a matter of considerable importance, not only because of the direct effects of smoking on health, but also as a marker of the relative lack of success of health promotion activities in rural and remote areas.

With its direct responsibility for preventive health, the Department should—as was the case with the work of ANPHA—have some focus on the particular characteristics of more

remote areas and their effect on health promotion and illness prevention work ('campaigns' and other).

The Alliance has published numerous documents on the worse state of health in rural and remote areas, including the prevalence of chronic conditions, and the complex web of factors responsible for this deficit. All of these publications are available on the website at www.ruralhealth.org.au.

With the preventive health work reintegrated into the Department, there will hopefully be an even closer relationship between that work and the management of policies and programs for the health workforce. As is well known, health workforce shortages in rural and remote areas are often the reason why service models of a type which are known to work cannot be put in place. This relates to preventive health and health promotion just as it does to primary and acute care.

The prevalence of obesity is higher in rural and remote areas than in the major cities, as is the level of alcohol misuse and its associated burden of disease and injury. Health prevention strategies targeted for the conditions in rural and remote areas (communications, information infrastructure, cultural circumstances) are needed.

Preventive action costs relatively little but has been at the heart of Australia's status as one of the world's longest-lived and healthiest countries. Despite its undoubted benefit-cost ratio, only around three per cent of Australia's health dollar is currently spent on health promotion and illness prevention. It is to be hoped that the value of this three per cent will be monitored and that there will be a sustained effort to increase it.

Governments have successfully identified areas for cost-effective reform in health such as campaigns relating to HIV/AIDS, water fluoridation and regulation of safety belts. However we can do more in consumer education including perhaps via a national program to advance health and wellbeing through physical activity campaigns and programs aimed at protecting cardiovascular and musculoskeletal systems, especially among older people.

To be effective, health promotion efforts need to be sustained through time. The experience with skin cancer prevention campaigns, for example, has shown that benefits can take many years to come to fruition. Work to tackle issues such as high levels of alcohol consumption and smoking, diabetes and obesity should have the benefit of being sustained.

Thank you for agreeing to receive this brief submission after the published closing date.

Yours sincerely

Gordon Gregory
Executive Director