

## Chapter 2

# Australian National Preventive Health Agency (Abolition) Bill 2014

### Australian National Preventive Health Agency

2.1 The Australian National Preventive Health Agency (ANPHA) was established by the *Australian National Preventive Health Agency Act 2010* as a component of the National Partnership Agreement on Preventive Health. The objective of this Council of Australian (COAG) initiative was to establish preventive health infrastructure.<sup>1</sup>

2.2 The ANPHA's main functions were to:

- (a) provide evidence based advice to federal, state and territory health Ministers;
- (b) support the development of evidence and data on the state of preventive health in Australia and the effectiveness of preventative health interventions; and
- (c) put in place national guidelines and standards to guide preventative health activities.<sup>2</sup>

2.3 The ANPHA was primarily focused on preventive health programs that target lifestyle risk factors including obesity, and alcohol and tobacco use.<sup>3</sup>

### Purpose and key provisions of the Bill

2.4 The Bill seeks to abolish the Australian National Preventive Health Agency and transfer its functions and programmes to the Commonwealth Department of Health (the Department). This will reduce duplication of functions and reintegrate essential on-going functions currently undertaken by ANPHA within the Commonwealth Department of Health.<sup>4</sup>

2.5 The key provisions of the Bill are as follows:

- (a) repeal the *Australian National Preventive Health Agency Act 2010* (Part 1);

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1 National Partnership Agreement on Preventive Health, COAG, 2008, <http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-prevention-np>, accessed 26 June 2014.

2 National Partnership Agreement on Preventive Health, COAG, 2008, <http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-prevention-np>, accessed 26 June 2014.

3 The Australian National Preventive Health Agency, <http://www.anpha.gov.au/internet/anpha/publishing.nsf/Content/about-us>, accessed 27 June 2014.

4 Australian National Preventive Health Agency (Abolition) Bill 2014, Explanatory Memorandum, p. 1.

- (b) transfer of records and documents to the Department at the end of the transition (Part 2, Division 2, Item 3); and
- (c) transfer of ombudsman investigations under the *Ombudsman Act 1976* into the actions of ANPHA to be transferred to the Department (Part 2, Division 2, Item 4).

## Issues

2.6 While the majority of submissions received by the committee expressed concern at the proposal to abolish ANPHA, a number of submissions acknowledged the benefits of minimising duplication of functions.<sup>5</sup> A consistent theme throughout the submissions was the importance of preventive health and the on-going savings to the community through reductions in chronic disease. Most submissions emphasised the importance of preventive health programs and recommended that preventive health programs and policy should continue when the responsibilities are transferred to the Department from ANPHA.<sup>6</sup>

2.7 Some submitters raised issues about the scope of preventive health policy and whether it could be expanded to capture a number of different areas<sup>7</sup> including oral health<sup>8</sup> and issues around diet.<sup>9</sup>

### *Proposed savings—reducing duplication*

2.8 Upon introduction of the Bill into Parliament, the Hon. Peter Dutton MP, Minister for Health (the Minister) stated that:

There is currently a lack of clear demarcation of responsibilities between ANPHA [and] the Department of Health. This current arrangement has led to a fragmented approach to preventive health and inefficiencies through duplication of administrative, policy and program functions between ANPHA and the Department.<sup>10</sup>

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5 HSU National, *Submission 9*, pp 1–3; Australian Nursing and Midwifery Federation, *Submission 5*, pp 1–2; Foundation for Alcohol Research and Education, *Submission 2*, pp 1–3; Dr Jackie Street, *Submission 15*, p. 1.

6 Queensland Department of Health, *Submission 1*, pp 1–2; Social Determinants of Health Alliance, *Submission 4*, p. 1; Australian Primary Health Care Nurses Association, *Submission 6*, p. 1; Victorian Health Promotion Foundation (VicHealth), *Submission 10*, pp 3–6.

7 Public Health Association of Australia and Australian Health Promotion Association, *Submission 8*, pp 13–15.

8 Australian Dental Association Inc., *Submission 3*, p. 1; Dr Carmello Bonanno, Australian Dental Association, *Proof Committee Hansard*, p. 15.

9 Dieticians Association of Australia, *Submission 7*, p. 1; Ms Annette Byron, Dieticians Association of Australia, *Proof Committee Hansard*, p. 41.

10 P. Dutton (Minister for Health), 'Second Reading Speech: Australian National Preventive Health Agency (Abolition) Bill 2014', House of Representatives, *Debates*, 15 May 2014, p. 2.

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The government is proposing to achieve savings of \$6.4 million over five years through the abolition of ANPHA and a number of duplicated consultative groups.<sup>11</sup>

2.9 Submitters recognised the need for government departments and agencies to deliver services in a tight fiscal environment.<sup>12</sup> The Australian Physiotherapy Association stated:

[S]tremlining the functions of the two separate agencies could result in better coordination of preventive health efforts and would remove unnecessary duplication and costs.<sup>13</sup>

2.10 A number of submitters emphasised the long term fiscal and social benefits from investment in preventive health and the likely reduction in chronic disease. The Consumers Health Forum of Australia (CHF) expressed concern that the Bill is too narrowly focused on immediate cost savings and submitted:

The minimal savings the Government will realise from the abolition of ANPHA will be dwarfed by the rise of presentations of otherwise preventable chronic illnesses to the health care system.<sup>14</sup>

2.11 This view was shared by Public Health Association of Australia who emphasised that investment in preventive health must continue stating:

[T]he idea is that an investment in prevention now results in a decent return on investment in the long term, and that return on investment is not just financial, it is also social, and that is really a major driver for us.<sup>15</sup>

### ***Importance of preventive health strategies***

2.12 Evidence to the committee emphasised the benefit of preventive health strategies to the overall healthcare system. The Foundation for Alcohol Research and Education discussed the health, social and economic burden of chronic diseases, citing the importance of an individual having access to evidence based information in order to make informed decisions.<sup>16</sup> This was highlighted by a number of other submissions which emphasised the need for a nationally co-ordinated preventive health policy.<sup>17</sup>

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11 Budget Paper No. 2, 2014–15, Budget Measures, p. 145; Mr Nathan Smyth, Department of Health, *Proof Committee Hansard*, p. 49.

12 Victorian Health Promotion Foundation (VicHealth), *Submission 10*, p. 1.

13 Australian Physiotherapy Association, *Submission 11*, p. 1.

14 Consumers Health Forum of Australia, *Submission 13*, pp 1–4. See also: Budget Paper No. 2, 2014–15, Budget Measures, p. 137. The government also proposes the cessation of the National Partnership Agreement on Preventive Health with projected savings of \$367.9 million over four years.

15 Adjunct Professor Michael Moore, Public Health Association of Australia, *Proof Committee Hansard*, p. 1.

16 Foundation for Alcohol Research and Education, *Submission 2*, pp 1–2.

17 Royal Australasian College of Physicians, *Submission 16*, p. 2; National Rural Health Alliance, *Submission 17*, p. 1; Osteopathy Australia, *Submission 14*, p. 2.

The Social Determinants of Health Alliance cited a number of publications that detail the cost-effectiveness of preventive health strategies in advancing public health.<sup>18</sup>

2.13 VicHealth, a state-funded and operated preventive health agency focused on promoting good health and preventing chronic disease, recognised the lead role the Commonwealth plays in promoting preventive health strategies and urged the Government to sustain and build its investment in preventive health.<sup>19</sup>

### ***National co-ordination and leadership***

2.14 Many submitters emphasised the importance of the Commonwealth's ongoing leadership role in the co-ordination of preventive health policy and programmes.<sup>20</sup> Evidence to the committee noted that the highest priority for states and territories tends to be acute healthcare. As such, the Commonwealth is best placed to lead and co-ordinate national initiatives on preventive health.<sup>21</sup> VicHealth noted that the Australian Government's recent successes with smoking and obesity had all been lead at a national level.

In these instances, a coordinated approach at the national level included social marketing, policy and regulation and program delivery, and was reinforced by tailored and targeted activity by local and state government agencies, health agencies and non-government organisations ... this leadership role need not just be financial investment in programs, but also includes providing a national coordination function for local, regional and state efforts, representing Australia at the international level and providing non-financial resources and support.<sup>22</sup>

2.15 VicHealth stated that as the lead preventive health body, it regularly communicated with ANPHA and other state bodies including Healthway in Western Australia. Continued communication and collaboration between states and the Commonwealth was reiterated as being important.<sup>23</sup> The role of Commonwealth and state agencies in stimulating and leading public debate on preventive health issues was also discussed.<sup>24</sup> Many submitters commended ANPHA on managing stakeholder

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18 Social Determinants of Health Alliance, *Submission 4*, p. 1.

19 Victorian Health Promotion Foundation (VicHealth), *Submission 10*, pp 1–3.

20 Ms Michele Herriot, Australian Health Promotion Association, *Proof Committee Hansard*, p. 1; Mr Michael Thorn, Foundation for Alcohol Research and Education, *Proof Committee Hansard*, p. 26; Jerril Rechter, Victorian Health Promotion Foundation (VicHealth), *Proof Committee Hansard*, 2 July 2014, p. 37.

21 Mr Adam Stankevicius, Consumers Health Forum of Australia, *Proof Committee Hansard*, p. 4.

22 Victorian Health Promotion Foundation (VicHealth), *Submission 10*, pp 1–3.

23 Ms Jerril Rechter, Victorian Health Promotion Foundation (VicHealth), *Proof Committee Hansard*, 2 July 2014, p. 39.

24 Ms Jerril Rechter, Victorian Health Promotion Foundation (VicHealth), *Proof Committee Hansard*, 2 July 2014, p. 39.

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interests through consultative mechanisms including advisory groups and committees.<sup>25</sup>

2.16 It was acknowledged during the hearing that a number of public health awareness programs had been successfully conceived and executed by both state and Commonwealth prior to the establishment of ANPHA. These programs focused on a range of preventable diseases and conditions including road trauma,<sup>26</sup> use of tobacco<sup>27</sup> and HIV/AIDS.<sup>28</sup> Professor Moore explained the successful strategy used to reduce road trauma and how that might be used for other preventable diseases and conditions:

... we actually can see ... each of the interventions and the impact they have—the dropping of the speed limit, the introduction of alcohol breath testing and so forth. You can apply exactly the same thinking to things like obesity, because there was a personal responsibility absolutely fundamental in terms of how people drive, how you would train them and so forth. But a government responsibility was also recognised, and the concern that we have is that we will lose the element or shift that level of responsibility right over to the individual when in fact there is also a serious government responsibility. It is a combination of the two that is critical.<sup>29</sup>

2.17 FARE noted that some areas of preventive health policy, such as alcohol, are controversial with behavioural change being difficult to implement. Discussion of reduced alcohol consumption focused on unit pricing and sports sponsorship as the key levers that determine consumption. Submitters emphasised that an independent agency such as ANPHA may be better placed than a government department when implementing any initiative to regulate these levers.<sup>30</sup>

2.18 In evidence to the committee, the Department explained that it will maintain engagement with stakeholders through a series of specialist advisory and consultative groups. The Department explained:

[T]he Department has a very strong engagement across all areas of prevention, with key stakeholders. That has not changed at all. There was one key group that related to disadvantaged groups, around tobacco consumption and the like. That was a separate advisory committee that was set up by ANPHA. We have taken on the responsibility, and we are continuing that committee, as well, in the Department.

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25 Department of Health, *Submission 1*, p. 1; Victorian Health Promotion Foundation (VicHealth), *Submission 10*, p. 10; Royal Australasian College of Physicians, *Submission 16*, p. 3.

26 Adjunct Professor Michael Moore, Public Health Association of Australia, *Proof Committee Hansard*, 2 July 2014, p. 8.

27 Ms Jerril Rechter, Victorian Health Promotion Foundation (VicHealth), *Proof Committee Hansard*, p. 37.

28 Mr Gordon Gregory, National Rural Health Alliance, *Proof Committee Hansard*, p. 16.

29 Adjunct Professor Michael Moore, Public Health Association of Australia, *Proof Committee Hansard*, 2 July 2014, p. 8.

30 Ms Meredythe Crane, Foundation for Alcohol Research and Education, *Proof Committee Hansard*, 2 July 2014, p. 28.

But across the board we have a very strong engagement with all key prevention stakeholders, and that continues through a variety of mechanisms that we have.<sup>31</sup>

2.19 The committee notes generally the focus on outcomes in preventive health, rather than a specific delivery model.<sup>32</sup>

What we are really interested in are outcomes, but when we see a situation where bureaucracies from states and territories are not coordinated well and there is not an independence to ensure that they are coordinated, then we see that there is an importance for some independence and also a specific focus.<sup>33</sup>

### ***Scope of preventive health policy***

2.20 Some submitters raised questions about the scope of current preventive health policy. The Australian Dental Association suggested that the focus of ANPHA has been too narrow and preventive health strategies should be broadened to consider oral health.<sup>34</sup>

The government now has an opportunity to broaden the scope of current health prevention and promotion activities. Oral health messages can be linked to the initiatives that target obesity, tobacco and alcohol abuse, as they are all causative factors in caries, periodontal disease and oral cancers. Accordingly, oral health experts should be included on all reference groups in health promotion and prevention to ensure that the link between oral health and general health is maintained and reflected in all health messages.<sup>35</sup>

2.21 The Dietitian Association stated that preventive health should have a broader focus on food and nutrition.

We certainly would like to see a broader appreciation of nutrition issues than just obesity. Clearly that is important. I have just been to a presentation where we heard that about 63 per cent of adults are overweight or obese—and the figure for children is 26 per cent. There is a broader spectrum of nutrition issues around vitamin D, iodine, folate and iron deficiencies, or anaemia, particularly in Aboriginal and Torres Strait Islander groups. The

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31 Mr Nathan Smyth, Department of Health, *Proof Committee Hansard*, 2 July 2014, p. 49.

32 Adjunct Professor Michael Moore, Public Health Association of Australia, *Proof Committee Hansard*, p. 7; Ms Jerril Rechter, Victorian Health Promotion Foundation (VicHealth), *Proof Committee Hansard*, 2 July 2014, p. 40; Ms Penny Shakespeare, Department of Health, *Proof Committee Hansard*, 2 July 2014, p. 64.

33 Adjunct Professor Michael Moore, Public Health Association of Australia, *Proof Committee Hansard*, p. 7.

34 Australian Dental Association Inc., *Submission 3*, p. 1.

35 Dr Carmello Bonanno, Australian Dental Association Inc., *Proof Committee Hansard*, p. 15.

chronic disease burden is largely attributable to both nutrition and physical activity.<sup>36</sup>

2.22 Public Health Association of Australia and Australian Health Promotion Association indicated its preference for inclusion of a preventive health agency within a new Centre for Disease Control. This Centre would manage policy and program delivery for communicable diseases in addition to chronic and preventable diseases.<sup>37</sup>

2.23 Dr Jackie Street, a postdoctoral fellow at the University of Adelaide funded by ANPHA, raised the ANPHA's role in preventive health research:

Researchers with a focus on preventive health have struggled in the past to obtain funding for their research. Researchers in this area often come to preventive health from another background and a previous career in another area. [ANPHA] provided an important role in translating the research findings into policy and practice.<sup>38</sup>

### ***Transfer of ANPHA functions and responsibilities to the Department***

2.24 All submitters emphasised that there should not be a reduction in the importance government places on preventive health strategies.

2.25 Submitters generally agreed that the Department has the capacity to carry on the work of ANPHA, however, must remain focused on outcomes in order to be successful. This has been demonstrated with the recent Health Star Rating System being successfully implemented by the Department.<sup>39</sup>

2.26 The Foundation for Alcohol Research and Education (FARE) observed that the Department must be pro-active rather than reactive with regard to policy and programme development. The Department should remain bold in prosecuting the arguments for controversial evidence-based policy and programmes in the preventive health sphere.<sup>40</sup>

2.27 One submitter called for greater accountability and transparency with regard to Commonwealth preventive health expenditure and outcomes citing the example of the annual *Closing the Gap Report* as a potential mechanism to ensure accountability.<sup>41</sup>

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36 Dietitians Association of Australia, *Submission 7*, p. 2; Ms Annette Byron, Dietitians Association of Australia, *Proof Committee Hansard*, p. 41.

37 Public Health Association of Australia and Australian Health Promotion Association, *Submission 8*, p. 14; Adjunct Professor Michael Moore, Public Health Association of Australia, *Proof Committee Hansard*, p. 1.

38 Consumers Health Forum of Australia, *Submission 15*, p. 1.

39 Adjunct Professor Michael Moore, Public Health Association of Australia, *Proof Committee Hansard*, 2 July 2014, p. 7.

40 Mr Michael Thorn, Foundation for Alcohol Research and Education, *Proof Committee Hansard*, p. 26.

41 Ms Liz Callaghan, Social Determinants of Health Alliance, *Proof Committee Hansard*, 2 July 2014, p. 8.

2.28 The Department stated that the emphasis on preventive health policy and programs will not change with the abolition of ANPHA, indicating:

The Department is the lead agency for preventive health and this role did not change with the establishment of ANPHA. The Department's role in preventive health has been further reinforced and expanded in the 2014–15 budget. The Department remains committed to ensuring national preventive health efforts are well-managed, and is working with ANPHA to ensure resources and essential on-going work smoothly transition from ANPHA and are integrated into the Department's work in priority areas.<sup>42</sup>

2.29 At the hearing, the Department confirmed that the transfer of staff<sup>43</sup>, functions, programs and files to the Department was now complete.<sup>44</sup>

### **Committee view**

2.30 The committee notes the high level of importance that submitters place on preventive health initiatives in promoting improved health outcomes, reducing chronic disease and providing long term savings to the healthcare budget. The committee also notes submitters' desire that the Commonwealth Government continues to lead and foster a consultative approach towards the implementation of preventive health policy and programs.

2.31 The committee is satisfied that the transfer of ANPHA's roles and responsibilities to the Department should not result in any diminution of the commitment to preventive health programs and policies.

### **Recommendation 1**

**2.32 The committee recommends that the Australian National Preventive Health Agency (Abolition) Bill 2014 is passed.**

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42 Australian Government Department of Health, *Submission 12*, p. 2.

43 Mr Andrew Stuart, Department of Health, *Proof Committee Hansard*, p. 48.

44 Mr Nathan Smyth, Department of Health, *Proof Committee Hansard*, p. 48.