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National Preventative Health Taskforce
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ACOSS is the peak council of the community services and welfare sector and the national voice for the needs of people affected by poverty, disadvantage and inequality. We welcome the opportunity to provide this short submission on the discussion paper titled Australia: The Healthiest Country by 2020 (the 'Paper').

The Paper provides an overview of the arguments for illness prevention and health promotion, four overarching targets, and priorities for action, with a particular focus on tobacco, alcohol and obesity.

ACOSS supports many of the directions outlined in the paper, including:

- Recognition of the role of governments in delivering stronger and better regulation of the market for tobacco, alcohol and high-energy, low nutrient food (though the emphasis could be stronger in relation to alcohol and food advertising).
- Reshaping urban environments towards healthier options.
- The need for tailored approaches and services to reach Indigenous and other disadvantaged groups.
- Increasing the frequency and reach and intensity of education campaigns.
- Ensuring access to information, treatment and services for people in highly disadvantaged groups who suffer a disproportionate level of tobacco-related harm.
- Managing the physical and economic availability of alcohol.

This submission focuses briefly on the areas where ACOSS believes the approach outlined in the Paper could be further developed.

As the Discussion Paper notes, Australia is by international standards a very healthy country. While this is true at an aggregate level it masks persistent and growing disparities between those groups in Australian society that enjoy health standards equal to the highest in the world and other groups that fall well below it. The gap in health outcomes between Indigenous and non-Indigenous Australians is the starkest example of this disparity, but there is a well-recognised social gradient in health across the whole population, with the most socially and economically disadvantaged groups having the poorest health.

The Discussion Paper reflects a conventional approach to health promotion and associated activities around commonly accepted 'risk factors' of obesity, smoking and excessive consumption of alcohol. It is an approach which has achieved much in the past, particularly in relation to tobacco, but which has not been so effective in closing the gap in health outcomes between the most and least disadvantaged.

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- The proportion of adults living in areas with the greatest disadvantage who were obese (22%) was almost double that of obese adults living in areas with the least disadvantage (13%).¹
- Recent research suggests the increase in the incidence of obesity among children has been concentrated in lower SES groups.²
- The rate of diabetes among Indigenous people was just over 3 times that of non- indigenous people.
- There is a pattern of increasing diabetes prevalence with decreasing socioeconomic position, with the prevalence among the lowest socioeconomic group almost double that of those from the highest socioeconomic group.³
- When diabetes was the underlying cause of death, there were 13 deaths per 100,000 among people from the highest socioeconomic group and 23 deaths per 100,000 among people in the lowest socioeconomic group.⁴
- Increasing socioeconomic inequalities in liver cirrhosis mortality in Australia suggest that lower SES groups have, over time, increased their level of harmful alcohol consumption relative to middle and higher SES groups.⁵

This suggests that cost-effective health promotion and illness prevention should include a strong focus on closing these gaps, to bring those groups with the poorest outcomes up to the level of those with the best outcomes or up to at least an acceptable average. Previous and current health promotion and illness prevention initiatives, while they have sometimes been effective in improving the health behaviour of disadvantaged groups, have not managed to achieve real and persistent reductions in the health gap between different groups in the population.

The overarching targets in the Discussion Paper, with the exception of contributing to closing the gap in health outcomes for Indigenous people, are narrowly focused on reducing the incidence of smoking, dangerous alcohol consumption and obesity. The problem with this approach - which treats certain 'risk factors' rather like a specific disease to be treated - is that it misses the common factors which drive poorer health outcomes for disadvantaged groups and therefore the range of policies and interventions that could help to improve outcomes for these groups and therefore overall population health.

¹ ABS, Overweight and Obesity in Adults, Australia, 2004-05.
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4719.0Main%20Features32004-05?opendocument&tabname=Summary&prodno=4719.0&issue=2004-05&num=&view=> downloaded 20.12.08.

² Submission Number 68, Standing Committee on Health and Ageing Inquiry into Obesity, <http://www.aph.gov.au/house/committee/haa/obesity/subs/sub068.pdf>, p5.

³ Diabetes: Australian Facts 2008, <http://www.aihw.gov.au/publications/cvd/daf08/daf08-c05.pdf>, p 54.

⁴ Ibid p5.

⁵ Najman JM, Williams GM, Room R. Increasing socioeconomic inequalities in male cirrhosis of the liver mortality: Australia 1981 - 2002. *Drug Alcohol Rev* 2007;26



Given the importance of setting priorities to reduce inequities in health in populations as well as, or in preference to, improving the health behaviour of individuals, ACOSS recommends that the Taskforce develop 'gap targets' to sit alongside the overarching targets for the whole population. Gap targets would set the goals to be achieved in closing health gaps across key domains and would help focus policy and action where they will be most effective.

This will require policy makers and health promotion experts to assess the broader structural factors which impede achieving more equitable health outcomes across the population. In this context, it is crucial that the Taskforce effectively promote the importance of fundamental issues such as income and wealth distribution and a good basic standard of housing, education and health care as well as meaningful work, rest and recreation for everyone.

This will require a capacity on the part of the Taskforce, the proposed National Prevention Agency and health policy makers to engage with other agendas that offer opportunities to influence the social determinants of health, including the Commonwealth Government's social inclusion agenda, the Henry Review of the tax and transfer system, and the COAG reforms to Commonwealth/State financial and service arrangements.

The success of prevention is ultimately measured in population health measures and on reducing avoidable differences in health across population subgroups. The levers to achieve this go well beyond the health system, but health promotion experts have a strong role to play in arguing why policies in others areas need to change in order to achieve these goals.

Attached to this submission are several ACOSS papers which cover a range of issues relevant to the social determinants of health and the social and economic factors which underlie these. We commend these to the Taskforce.

Yours sincerely

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Attached:

- Submission to the Henry review of the tax and transfer system
- Submission to Harmer pension review
- Submission on the Homelessness Green Paper
- ACOSS Paper: Who is missing out?