



Preventative Health Taskforce

Mike Daube

Acknowledgements: R. Moodie, D. Holman, M. Scollo, M. Swanson, D. Sullivan, S. Chapman, S. Allsop, Taskforce Secretariat









Desiderius Erasmus (1466-1536)





Just because I don't care doesn't mean I don't understand.

Homer Simpson

We are willing to take our chances of cholera and the rest than be bullied into health by Mr. Snow..... Every man is entitled to his own dungheap.

London Times, 1851



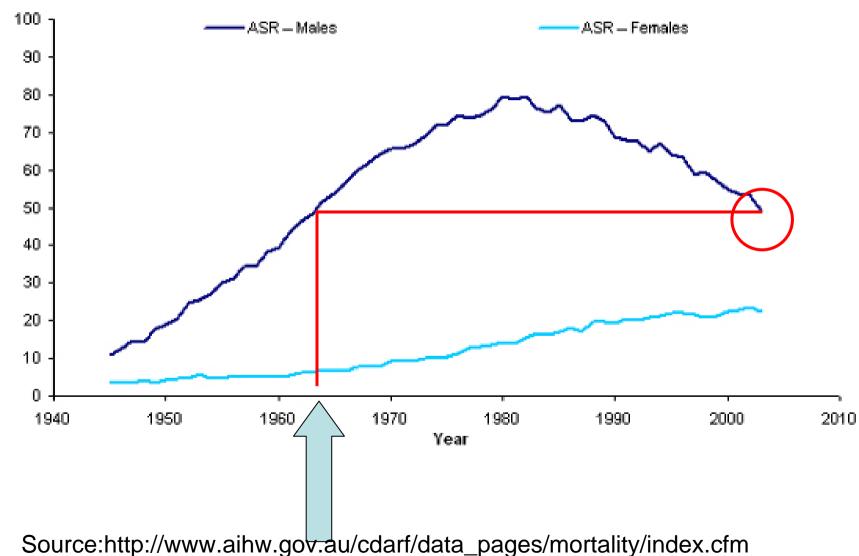
The Principle of the Dangerous Precedent

"Every public action which is not customary either is wrong, or if it is right it is a dangerous precedent. It follows that nothing should ever be done for the first time."

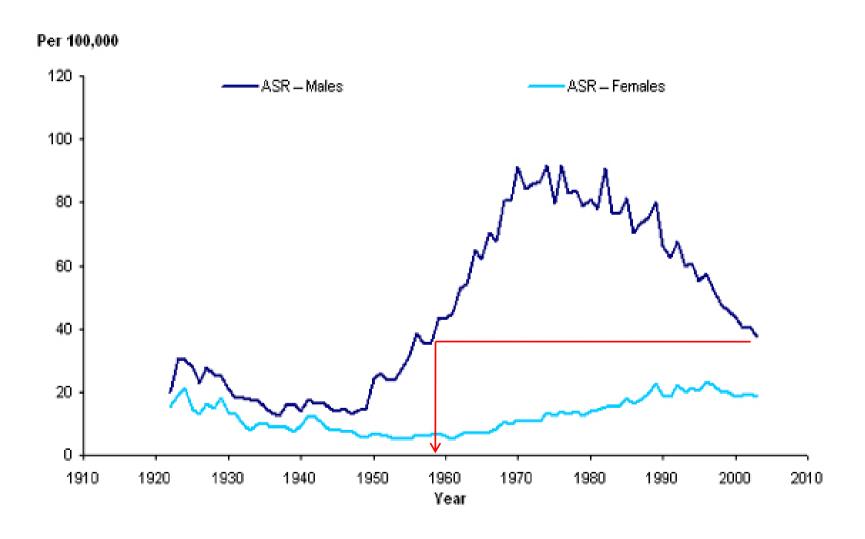
> F. W. Cornford Microcosmographia Academica (1908)

Male lung cancer rates per 100,000 today as low as they were in 1963



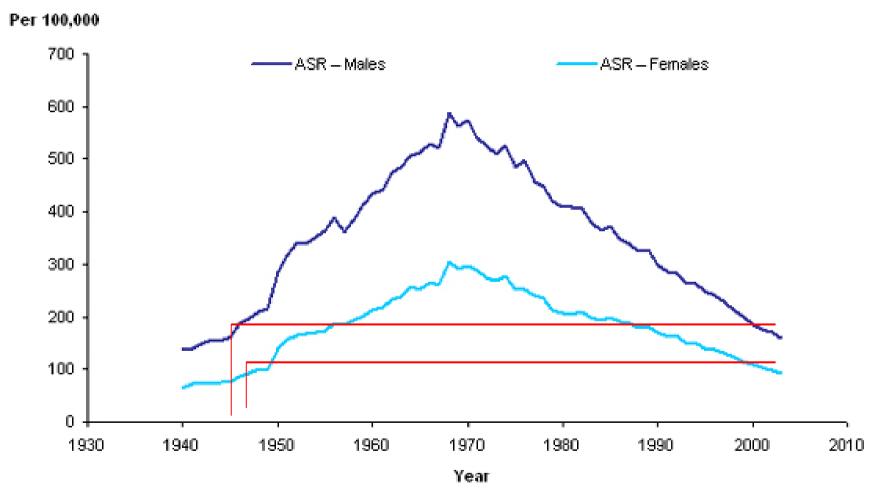


Death rates for COPD in men now as low as they were in late 1950s



Source:http://www.aihw.gov.au/cdarf/data_pages/mortality/index.cfm

Death rates for CHD now as low as they were immediately post-WWII



Source:http://www.aihw.gov.au/cdarf/data_pages/mortality/index.cfm

"(The Government)..... "will treat preventative health care as a first order economic challenge because failure to do so results in a long term negative impact on workforce participation, productivity growth and the impact on the overall health budget".

K. Rudd, June 2008





Chair:

Professor Rob Moodie

Deputy Chair:

Professor Mike Daube

Members:

Professor Paul Zimmet

Professor Leonie Segal

Dr Lyn Roberts

Mr Shaun Larkin

Ms Kate Carnell

Dr Christine Connors

Dr Linda Selvey

The Taskforce was announced on 9 April 2008.

Members have been appointed for three years.





Purpose

- To provide evidence-based advice to government and health providers – both public and private – on preventative health programs and strategies; and
- To support the development of a National Preventative Health Strategy.





The Strategy will:

- Provide a blueprint for tackling the burden of chronic disease currently caused by obesity, tobacco, and excessive consumption of alcohol.
- Will be directed at primary prevention.
- Will address all relevant arms of policy and all available points of leverage, in both the health and non-health sectors, in formulating its recommendations.





The Taskforce will also:

- 1. support the further development of the evidence base on preventative health, to inform what works and what doesn't;
- 2. provide advice for policy makers on what strategies work best at a population level, and on the best buys for government investment in primary prevention;
- provide advice on the most effective strategies for targeting prevention in high risk sub-populations including Aboriginal and Torres Strait Islander peoples and people living in rural and remote locations;





The Taskforce will also:

- provide guidance and support for clinicians, particularly in primary care settings to play a more effective role in preventative health care;
- 5. provide advice to Government on options for better integration of preventative health practice into the Medicare Schedule and other existing government programs; and
- support the development of inter-governmental and publicprivate partnerships on preventative health.





In its first 15 months, the Taskforce will deliver to the Minister for Health and Ageing:

- advice on a Preventative Health Partnership between the Commonwealth and the States and Territories (provided in August 2008);
- a longer three year work plan for the duration of its appointment (by September 2008);
- a National Preventative Health Strategy (by June 2009).





In developing the Strategy, the Taskforce will prepare:

- 1. A discussion paper to be completed shortly which will comprise:
 - a framework statement of objectives, scope, principles and issues for the National Preventative Health Strategy;
 - substantive draft policy recommendations on alcohol and tobacco;
 - issues for discussion in obesity; and
 - issues for discussion of the enabling infrastructure for preventative health.

Formal Consultation will take place over late 2008 and early 2009





- 2. A draft of the Strategy proper to be completed in **March 2009** which will comprise:
 - the framework and the full range of draft recommendations in alcohol, tobacco, obesity, and enabling infrastructure.

Formal consultation will take place over March to April 2009

3. The final National Preventative Health Strategy which will be completed by **June 2009.**





Consultation

The Taskforce will consult widely with stakeholders on the discussion paper and draft strategy, including with:

- medical and clinical experts;
- the food, alcohol and medicines industry;
- consumer stakeholder groups;
- experts from outside the health portfolio, including in areas such as transport and town planning.

Public submissions to the Taskforce can be lodged on its website throughout the year.

Webpage: <u>www.preventativehealth.org.au</u>





The Taskforce is also drawing on submissions relevant to prevention from:

- the 2020 Summit;
- the National Health and Hospital Reform Commission; and
- the House of Representatives Standing Committee on Health and Ageing Inquiry into Obesity in Australia.





The Taskforce has established working groups for each of:

- tobacco
- alcohol
- obesity

to support the development of the Strategy





The Taskforce will work with and consult other relevant policy bodies and reviews, including:

- National Health & Hospitals Reform Commission (NHHRC);
- National Health & Medical Research Council (NHMRC)
- National Indigenous Health Equality Council (NIHEC);
- Primary Health Care Strategy Expert Reference Committee (PHCSERC);
- Australian Population Health Development Principal Committee (APHDPC);
- Ministerial Council on Drug Strategy (MCDS);
- Australian National Council on Drugs (ANCD);
- Australian Sports Commission (ASC); and
- House of Representatives Standing Committee on Health and Ageing Inquiry into Obesity in Australia.





STAKEHOLDERS INCLUDE

Business and industry (as producers, marketers and employer

The food and agriculture sectors

Advertising and media

Professional associations such as the AMA, PHAA, AHPA, AEA, AFPHM

NGOs - Heart, Cancer, Diabetes......

Local government

The public sector (as employers)

Research sector

Police and the justice system

Early learning centres, schools and universities

And more.....

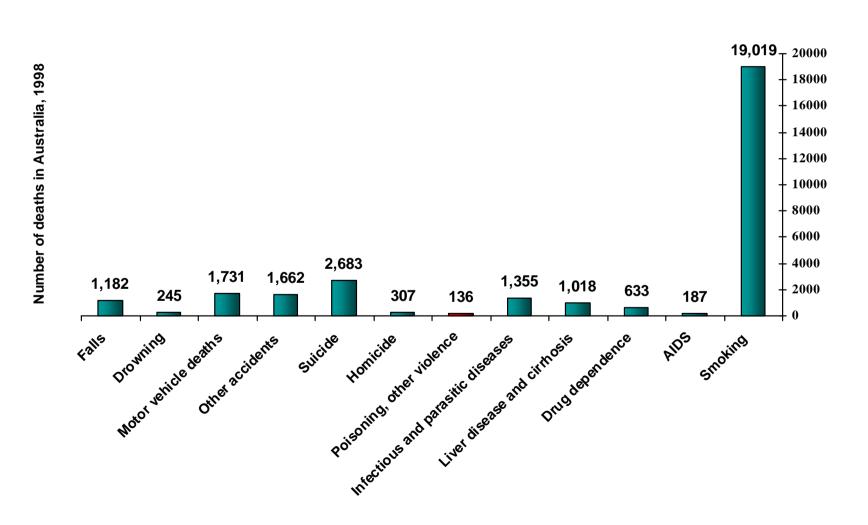
"to tackle the burden of chronic disease currently caused by obesity, tobacco and excessive consumption of alcohol".

WHY? 32% of burden of disease

Recent trends in Australian children predict that their life expectancy will fall two years by the time they are 20 years old, setting them back to levels seen for males in 2001 and for females in 1997.

(As from: Holman C and Smith F. Implications of the obesity epidemic for the life expectancy of Australians. Report to the Public Health Advocacy Institute of Western Australia 2008)

Smoking vs Other Causes of Death









Home - Femail
Bridal
Business & Finance
Competitions
Entertainment
Fashion & Beauty

Food, Leisure & Travel

Wine Talk, April
Dilmah Fruit Tea
Mango Rice Paper Rolls

Bacardi Breezer

Victorian Wine Showcase The French Market Beverages

Good Food Guide

Recipes

Travel & Accommodation

Definitely Chocolate

Hotel Club

Rates To Go

Greeting Cards Health Horoscopes

Love, Sex & Relationships

Lifestyle

Contact Us

Advertising

Pregnancy, Baby & Children Ringtones & Wallpapers Shopping Valuable Links What's On Your Say 'Q & A' Affiliate Program Click here to enrol now!



Bacardi Breezer Raspberry



It's official: girls who love making a statement with colour are girls who will love the NEW and refreshing Raspberry flavoured BACARDI Breezer.

Vibrant, bold colours are this season's must have - think the new bold coloured beads and nail varnishes that are so hot right now. These bold statements can cleverly update your look or make a fashion forward statement, without the expense of a whole new outfit.

For a hot glamour colour this season then deep raspberry red is the colour for nails, lips, as well as killer heels and clutch bags. Then all you need to complete your hot, berry delicious look is another fashion accessory - the new Raspberry BACARDI Breezer.

Containing the premium white spirit of BACARDI Carta Blanca, Raspberry BACARDI Breezer is not only the most fashionable RTD, but the fresh notes of berry sweetness fused within makes it the most refreshing RTD throughout summer.

But if Raspberry is not quite your colour, there are five other fashionable flavours in the BACARDI Breezer range to bring a splash of bold colour to any night out. Choose from BACARDI

Breezer Orange, Watermelon, Lime, Lemon and Pineapple.

So if you loved the citrus twist of Orange BACARDI or the tropical mix of Pineapple BACARDI then you need to get your tastebuds around the first BACARDI Breezer to venture into berry flavour...Raspberry. Berry delicious!

BACARDI - Sleep by Day!

Enjoy BACARDI alcohol responsibly.

BACARDI Breezer is 'ready to drink' which means that there is no mixing, shaking or stirring required. All you have to do is twist open and enjoy. BACARDI Breezers are available in a 275mL bottle, 4-pack and 24 case.





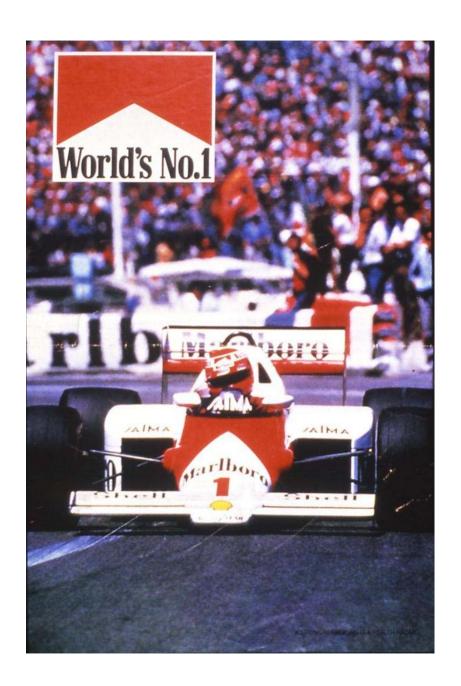
AUSTRALIA: THE HEALTHIEST COUNTRY BY 2020



A discussion paper prepared by the National Preventative Health Taskforce

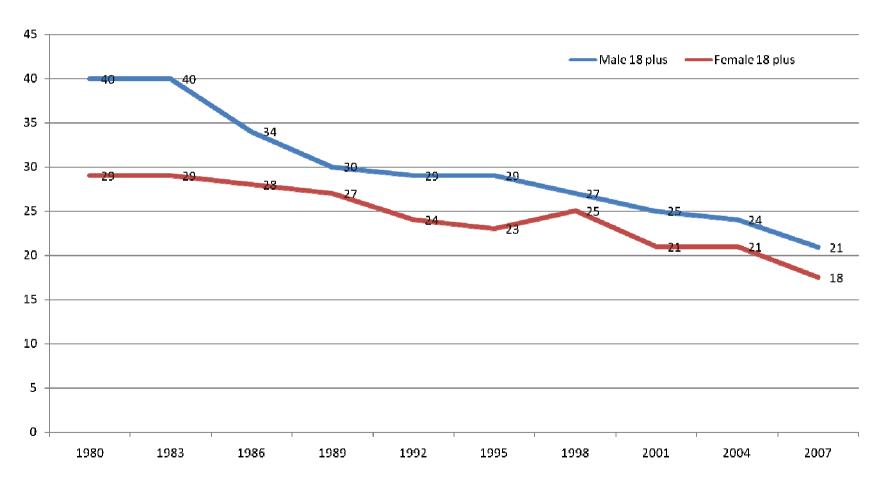






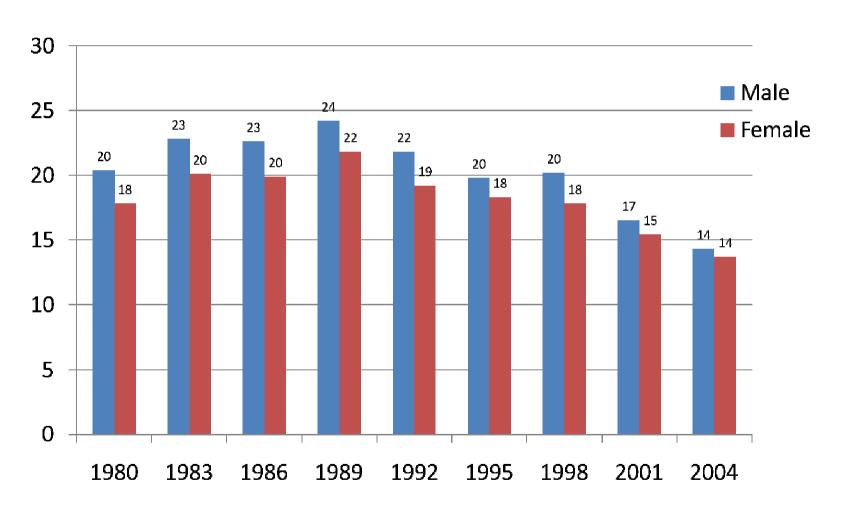


Prevalence of current smoking, Australians 18+ 1980 to 2007—males and females



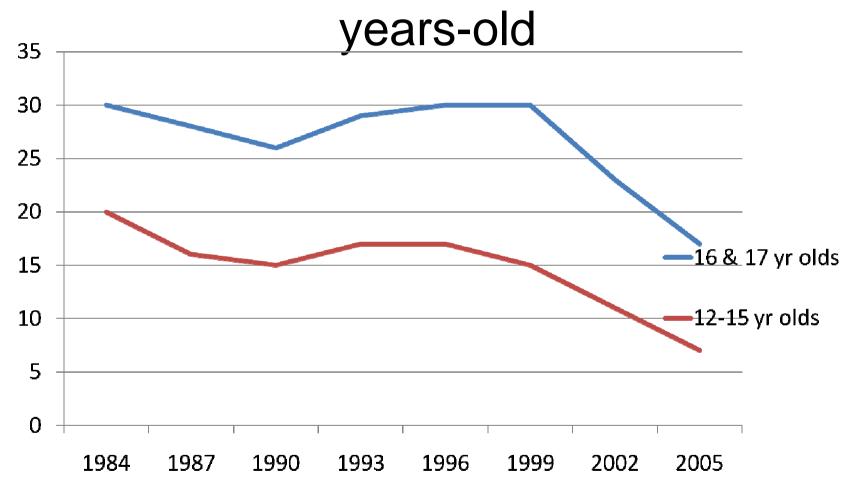
Source: CBRC re-analysis of ACCV & NDSHS surveys

Reported number of cigarettes smoked daily by adults aged 18+, 1980–2004



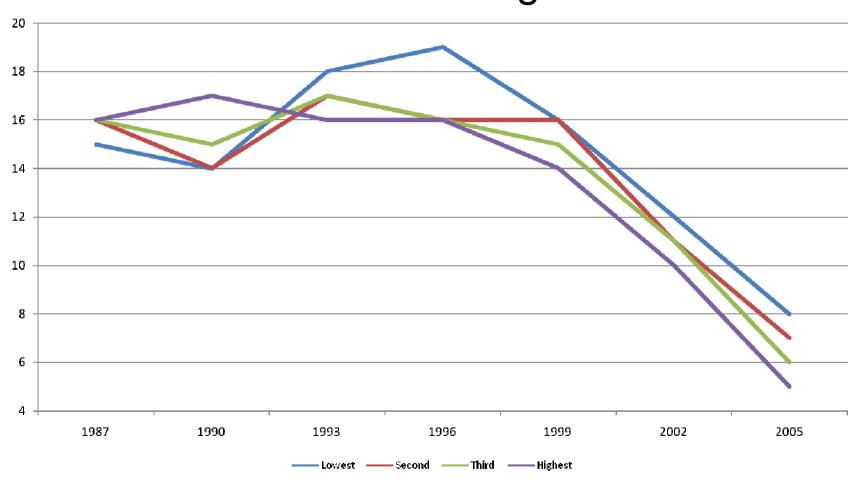
Source: CBRC re-analysis of ACCV & NDSHS surveys

Current smoking (in last week) Australian teenagers 12-to-15 & 16&17



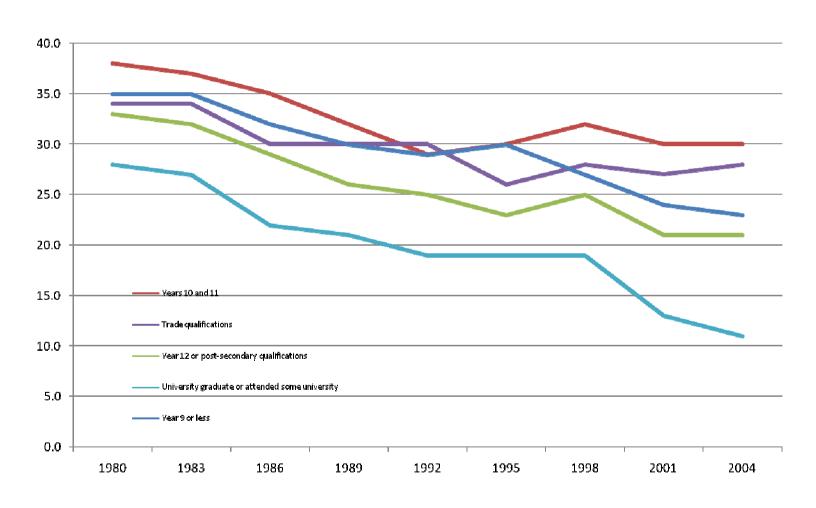
Source: ASSAD, White & Hayman 2006

Current smoking (in last week) Australian teenagers 12-to-15 yrs, by quartile of disadvantage



Source: White, Hayman & Hill 2008

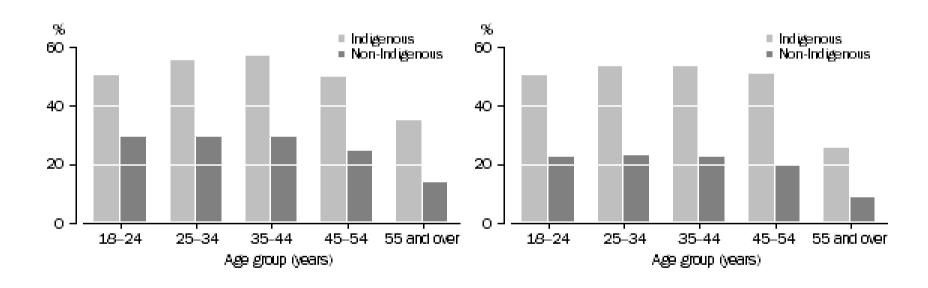
Prevalence of smoking, Australians 18+ 1980 to 2007—by educational attainment



Source: CBRC re-analysis of ACCV & NDSHS surveys

Smoking among Indigenous vs non-Indigenous Australians, 2004–2005 – males

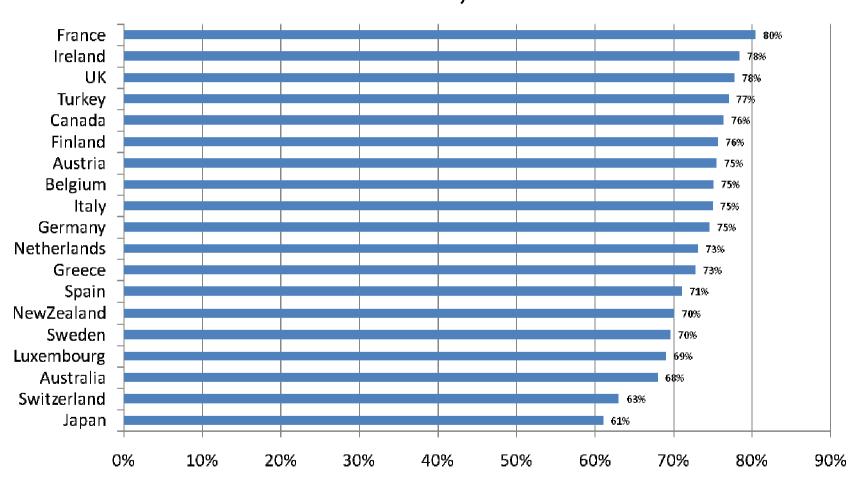
and females
Current daily smokers, Current daily smokers,
Males
Females



Source: ABS 2007 Tobacco Smoking - Aboriginal and

Torres Strait Islander People: A snapshot [57]

Tax paid as a percentage of final recommended retail price – OECD countries, 2003



Source: Mackay, Eriksen and Shafey, The Tobacco Atlas, 2006



COMPREHENSIVE APPROACH – KEY COMPONENTS

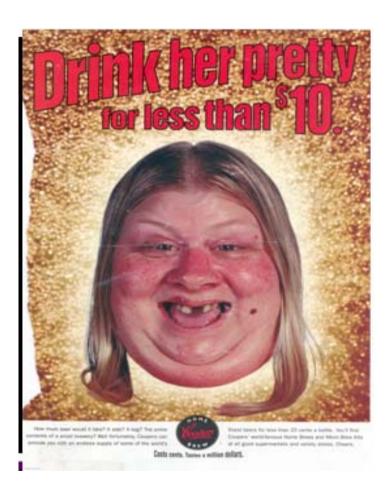
- Make tobacco products much more costly
 - Increase excise & customs duty
 - Invest in measures to prevent evasion
- End all remaining promotion of tobacco
 - incl point-of-sale displays
 - incl in new media & thru corporate PR
 - by mandating plain packaging
- Tighten regulation protecting from exposure to tobacco smoke
- Further regulate supply of tobacco products

- Improve consumer information through
 - Larger, more potent health warnings
 - More timely warning about new & emerging risks
- Legislate to require full reporting & government controls over product constituents, additives, design etc
- Increase frequency, reach & intensity of public education

- Ensure all smokers in contact with health services are given encouragement and support to quit
- Ensure access to information, treatment & services for the highly disadvantaged
- Increase understanding of processes of social diffusion against smoking – how to make being a non-smoker & quitting more 'contagious'

Hungry Jack's Robots Kids Club Meal





The shape of things to come

