

Preventative Health Taskforce Final Report: Summary/Key Sections

"Sitting on our hands is not an option," Prof Rob Moodie - Chair

The three priority areas for action identified by the Australian Government:

- Reducing the growing epidemic of overweight and obese Australians
- Accelerating the decline in smoking
- Addressing the health and social harms resulting from risky drinking

There will need to be stronger partnerships between all three tiers of government, non government organisations, industries, the business sector and communities, as well as action by individuals and families to improve their own health.

While the prevalence of smoking is declining (though not enough), overweight and obesity and the harmful use of alcohol are escalating. The scale and pace of efforts in all these areas must be increased.

The prevalence of overweight and obesity in Australia has been steadily increasing over the past 30 years. If the current trends continue unabated over the next 20 years, it is estimated that nearly three-quarters of the Australian population will be overweight or obese in 2025. (4)

The cost to the healthcare system alone associated with these three risk factors is in the order of almost \$6 billion per year, while lost productivity is estimated to cost almost \$13 billion.[8, 9]

As a means to encouraging and supporting action across Australia the Taskforce proposes the establishment of an **online national forum** for organisations, local governments, **businesses and industry**, community groups, families and individuals to share their commitments and plans to making Australia the healthiest country.

The Role of Private Health Funds:

Private health funds play a prominent role in Australia's healthcare system. Today, over 11 million Australians hold some form of hospital and/or general treatment cover. Since 2007, through the *Broader Health Cover* initiative, legislative change has allowed private health funds to more actively engage in primary prevention, and many funds are actively seeking to have such preventative programs delivered to their members. Clearly, it is in the interest of each private health fund to ensure the funding of such programs on an ongoing basis is based on evidence that demonstrates the

promotion of improved health and prevention of illness. Such interest aligns with the Taskforce's focus of supporting infrastructure, as private health funds in Australia represent a source for preventative health in terms of research. In particular, private health funds in a number of areas have datasets that are unique within the health sector. The appropriate access and utilization of this data could be of significant value

A well-informed public:

For prevention programs to work, individuals, families and communities need to have access to information, and be able to make informed choices about their health. Government action is critical to ensuring that people are well informed and can make the best decisions for their health and wellbeing, including choices about optimal health-promoting behaviours. A comprehensive approach offers the best way forward. The key components of such an approach include:

- Social marketing that is sustained, appropriately funded and well implemented, including approaches that reflect the specific needs of individual groups and communities
- Curbs on marketing of harmful or potentially harmful products and activities
- Accessible and simple product information
- Locally generated community initiatives
- Assistance for people to assess the appropriateness and quality of services available
- Health literacy education (as proposed by the NHHRC)

Keeping people and families at the centre of action:

As well as good information, a sound prevention system will need to empower individuals and families to manage their health and wellbeing.

To achieve this, people need:

- Access to professionals who are trained to empower their patients
- Health practices that are accountable for, and reward, patient-centred approaches
- Involvement in decision making at the community level

Ensuring effective implementation:

Building and sustaining infrastructure

Adequate and appropriate national infrastructure is vital in order to implement a strategic and comprehensive approach to address preventative health issues relating to obesity, tobacco and alcohol. To be successful, infrastructure must be made available not only to support individuals, families, communities, industry and government but also to have the capacity to sustain this support to achieve long-term, optimal health outcomes – across a range of prevention priority areas.

The National Partnership Agreement on Preventive Health announced by COAG provided funds for the establishment of enabling infrastructure to support and sustain activity promoted in the Agreement, and the current and future work of the National Preventative Health Taskforce. National infrastructure includes but is not limited to:

- The establishment of the NPA
- Social marketing
- Data, surveillance and monitoring
- National research infrastructure
- Workforce development
- Future funding models for prevention

National Prevention Agency:

Preferred model and rationale

The NPA will be viewed as a national leader for prevention in Australia. It must be capable of driving the prevention agenda across many sectors and within a diverse range of stakeholders through collaborative partnerships, coordination of activity at the national, state and local levels, and the provision of strategic advice to inform government policy. In its interim report, the NHHRC proposed the establishment of an independent national health promotion and prevention agency. The Taskforce agrees with this recommendation and proposes that the model for the agency include the following approaches:

- A national body, established by enabling legislation
- Have an expert, cross-sectoral Board of Governance comprising 10 to 12 members, selected on merit for their expertise
- While the proposed funding under the COAG agreement is welcomed, its capacity and budget will need to be significantly increased to ensure its national leadership in prevention
- Be a facilitator/coordinator and, as required, implementer and commissioner of interventions through and with partners
- Be independent from but working closely with government, reporting to the Commonwealth Parliament through the Minister for Health as responsible Minister, in consultation with the Prime Minister
- Facilitate the infrastructure for prevention including: social marketing; research, evaluation and the building and transfer of evidence; monitoring and surveillance systems; workforce development and funding models.

Establishing the NPA in this way provides for an appropriate public and corporate governance model that will reflect the important role prevention plays in the health outcomes of all Australians and gives them confidence that action is being taken. It will also facilitate a 'whole of government' approach to prevention by representing a central point for monitoring implementation and delivery, and provide a framework for accountable, efficient performance.

Roles and functions:

These will include:

- Lead and facilitate the building of evidence for preventative health through research and evaluation, and the synthesis and translation of research findings into policy and practice.

- Develop and implement comprehensive, sustained social marketing campaigns for obesity, tobacco and alcohol.
- Provide a national clearing house for the monitoring and evaluation of national policies and programs in preventative health.
- Publish annual reports on the state of preventative health, including reporting on progress towards the achievement of the 2020 goals specified in this Strategy.
- Advise COAG, through AHMC, on national priorities and options for preventative health.
- Administer national programs, facilitates **national partnerships**, and advises on national infrastructure for surveillance, monitoring, research and evaluation, (see below) as charged by AHMC.
- Develop for consideration by AHMC the next phase of preventative health reform to follow after this Strategy.
- Develop a web-based clearing house/ register for organisational policies, plans and achievements in order to share good practice across the country.
- Commission/conduct from time to time surveys of activities undertaken by different sectors, and the barriers to and enablers of action, and to report on these.
- Develop a national recognition and award scheme for outstanding contributions, large and small to making Australia the healthiest country by 2020.

In order to effectively perform in this role, the NPA will require expertise across a diverse array of disciplines and interests. Due to the collaborative and cross-sectoral linkages and partnerships proposed for the NPA, an externally oriented culture will be critical to its success. The development of strategic partnerships and intersection with other relevant national strategies or initiatives will be vital.

Governance:

It is recommended that the NPA be established, by enabling legislation, as an incorporated Commonwealth statutory authority (as is the AIHW) and allow for the engagement of personnel through the agency as well as the *Public Service Act 1999*. The proposed governance model has these characteristics:

- General direction and control of the NPA to be vested in a Board of Governance/Council comprising 10 to 12 members, appointed by the Governor-General on the recommendation of the responsible Minister.
- CEO to be directly responsible to the board for the development and implementation of a three-year strategic plan, stakeholder relationships, strategic partnerships and organisational development.

Social Marketing:

A successful social marketing program will require sustained, adequate funding and strong collaborative relationships between the NPA and the states and territories, which should both maintain and enhance their own commitments to social marketing and be engaged as partners in national programs. It will also be important to work collaboratively with NGOs (at both national and state levels), and draw on their expertise, as they have significant experience in the area. There will be much potential for extending state-based programs nationally. Social marketing programs should take account of the principles set out in this Strategy (for example, a commitment to reducing health inequalities), make use of the considerable body of expertise already in place in Australia and ensure good consultation with key stakeholders.

The NPA will be able to provide advice to a range of stakeholders on aspects of social marketing campaigns, including design, scope, implementation, funding, sustainability, tracking impacts and evaluation of outcomes.

A national approach on issues of national significance:

Currently, many social marketing campaigns are state developed and run. A national approach to social marketing would necessitate the NPA adapting or developing social marketing material that had national application and significance. However, the model would continue to give states the opportunity to either top up or extend the reach of campaigns or develop state-based campaigns using their current funding commitments on state issues. The best application of this approach would be where legislation differs considerably between states.

For example, the regulations regarding smoking in cars in which children are traveling differs between states; individual states might therefore develop and/or fund a social marketing campaign that aims to highlight the effects of environmental tobacco smoke on children and influence social norms around this issue. It would also be vital that states and territories saw the establishment of the NPA as a reason to increase, not reduce their commitments to social marketing and related activity.

A pragmatic approach to use resources wisely:

Consistent with the approach of utilising the issue-based and social marketing expertise, wherever it is in the country, is a pragmatic approach to the use of existing resources. Harnessing current knowledge on social marketing practices, as well as the potential to not only develop new campaign material but use existing, proven resources, will enhance our ability to achieve campaign objectives. Hand in hand with effective creative material, and fundamental to comprehensive campaigns, is optimal investment and the efficient buying of media.

National Prevention Research Infrastructure

'National surveillance and research will be key to developing and directing cohesive prevention strategy' (Quote from submission)

Policies and interventions in preventative health must be underpinned by strong, interdisciplinary research and evaluation capacity and strategy that supports innovation and incorporates both universal and targeted approaches. This includes:

- The capacity to conduct research into 'what works' to improve health and Wellbeing
- To promote, synthesise and translate evidence-based findings into practical and effective interventions
- To evaluate the outcomes of interventions

Once again, investment in core infrastructure and collaborative partnerships will be important in attaining this vision for preventative health. Within the areas of obesity, tobacco and alcohol, there is significant variation in the available infrastructure, capacity and status of research currently being conducted in Australia. Significant gaps in knowledge and evidence also exist which need to be addressed in order to inform policy and other initiatives in these areas, particularly in regard to children and adolescents, disadvantaged communities and the Indigenous population.

The Taskforce is supportive of a range of initiatives outlined below that would address this imbalance and drive national research agendas in obesity, tobacco and alcohol through investment in capacity building and strategic partnerships. Central to the success of these initiatives is the involvement of key research agencies and institutions (NHMRC, ARC, CSIRO, AIHW), various levels of government, other sectors (for example, universities, private NGOs and industry) and communities.

The NHMRC has established a Public Health Research Advisory Committee (PHRAC), chaired by Professor Don Nutbeam, whose report has recently been published. It will be important to follow through the recommendations of this review, especially in areas such as funding levels, improved funding mechanisms, a focus on intervention research, adequate support for researchers, appropriate structure, coordination and workforce development.

Tobacco: Towards world's best practice in tobacco control:

Australia has been among the global leaders in tobacco control – nationally, in the states and territories, and through the work of nongovernment organisations and researchers. At a time when the international commitment to tackling the tobacco problem has never been stronger,¹ we have the opportunity to show the way to the rest of the world in terms of what can be achieved through a comprehensive, coordinated, evidence-based, long-term strategy that is conscious of the needs of the entire community.

We know what needs to be done. The strategies set out in this report are based on the best international evidence and research, together with advice from some of the world's leading experts in tobacco control. We know what works in tobacco control; by contrast, we also know what does not work and should not be further pursued. We have also been assisted by some valuable insights from our consultations and submissions to the Taskforce. When implemented, this strategy will ensure that we have world's best practice in tobacco control.

The target set by the Taskforce is that we should reduce daily smoking to under 10% by 2020.

This will require a dramatic reduction in the numbers of children taking up smoking and in the percentage of smokers who try to quit,[17] but on the basis of evidence from Australia and internationally, we are confident that it is achievable. When we reach this target, we believe that smoking will continue to decline until rates are so low that it is no longer one of our most important health problems.

'The target of further reducing the prevalence of smoking is achievable and can be advanced through collaboration with other key stakeholders' (Quote from submission)

Achieving the target will require a strong commitment from all who can play a role in getting us there, and a special focus on working with and supporting disadvantaged groups and communities. Australia can also both be a role model for other countries and play a part in helping to implement similar policies, especially in low- and middle-income countries where tobacco promotion is rampant and tobacco control is in its infancy.

Individuals can:

- Take action to stop smoking. The sooner a person quits, the more benefit they gain, not only from reduction of illness and early death but also in practical ways such as saving money and avoiding frequent breaks away from work. Individuals may need

many attempts to quit for good but it is important to keep trying. (1) Those finding it difficult can:

- Call the Quitline for information and counseling advice
- Visit their GPs or ask their local pharmacist for help
- Consider using medications that help lessen the effects of withdrawal from nicotine [18]

Work carried out for the Taskforce shows that by simply implementing the two most important strategies recommended in this report (tax increases and extra media spend), we will see approximately one million fewer Australians smoking and will prevent the premature deaths of almost 300,000 Australians now alive just from the four most common diseases caused by smoking.[23]

The history of tobacco control shows the importance of adopting a comprehensive approach, as proposed in this strategy. Within that framework, measures such as removing all avenues for tobacco promotion, supporting disadvantaged groups and protecting nonsmokers of all ages are emphasised as especial opportunities for early intervention.

Key action areas

Experience in Australia and overseas shows that a continuing decline in smoking will require a comprehensive approach, implemented with concerted and sustained effort. [27-30] This includes measures to reduce the affordability of tobacco products and to eliminate all forms of marketing of tobacco products, together with clear information for consumers, vigorous education campaigns and easily accessible support and effective and affordable assistance to smokers to quit. [31, 32] The more comprehensive the approach, the more likely it is that prevalence will decline among all social groups.[33, 34] Significantly reducing the social inequalities associated with tobacco use warrants additional attention for disadvantaged groups.[35] It is also likely that efforts to reduce social disadvantage – such as improving access to pre-school education[36] and improving the quality of teaching and school connectedness in disadvantaged areas[37] – can play a valuable role in reducing high-risk behaviours such as smoking.

To accelerate declines in smoking in Australia it is essential that we step up efforts in:

- Taxation policy
- Public education
- Legislation
- Health system interventions, particularly those aimed at high-need and high-risk groups.

Tobacco: First phase (2010–2013)

1. Make tobacco products significantly more expensive:

- Ensure that the average price of a packet of 30 cigarettes is at least \$20 (in 2008 \$ terms) within three years, with equivalent increases in the price of roll-your-own and other tobacco products
- Contribute to developing and implementing international agreements and a national strategy to combat the illicit trade of tobacco
- Related Action: This strategy includes numerous measures to provide additional encouragement and assistance for smokers from socially disadvantaged groups. It also includes several measures to ensure that all smokers attempting to quit are able

to afford clinically suitable quit-smoking medications including nicotine replacement therapy (NRT). Governments

- could ensure that smokers in immediate financial stress such as those using emergency
- housing and relief services and those highly disadvantaged groups who are clients of other
- state human services are directed to smoking cessation services and able to access available subsidies.

2. Increase the frequency, reach and intensity of social marketing campaigns:

- Develop and implement effective and sustained national social marketing campaigns (through the COAG tobacco initiative and coordinated by the NPA) at levels of reach demonstrated to reduce smoking, drawing on successful state campaigns as appropriate Design messages and place media to ensure reach with young smokers and socially disadvantaged groups
- Well-funded, sustained media campaigns rank second only to price as a key to reducing smoking. Media campaigns help to personalise the health risks of smoking and increase people's sense of urgency about quitting. To successfully challenge strongly held personal opinions and entrenched self-exempting beliefs, campaigns need to be bold and to take some risks. In order to encourage people to make numerous attempts to quit, to persist through any withdrawal symptoms and to stay a nonsmoker, media campaigns need to be on air most of the year. Effective campaigns need to draw on solid behavioural and communications research, and be funded at commercially realistic levels. Based on the levels of response to social marketing campaigns observed over the past 15 years in Australia,[40] and taking into account the findings from studies internationally, members of the expert panel overseeing the production of the US National Cancer Institute report on the use of media in tobacco control⁵[62] advise that media spending on Quit campaigns should be high enough to achieve at least 700 TARPs per month. In Australia, achieving an average of 700 TARPs per month would currently cost around \$40 million per year, a figure likely to increase over time with increased media costs and an increasingly fragmented media market.[65]

3. End all remaining forms of advertising and promotion of tobacco products:

- Legislate to eliminate all remaining forms of tobacco promotion, including, as feasible, through new and emerging forms of media
- Amend legislation nationally and in all states and territories to ensure that tobacco is out-of-sight in retail outlets
- Eliminate the promotion of tobacco products through design of packaging
- Amend the *Tobacco Advertising Prohibition Act 1992* to require that no tobacco product may be sold except in packaging of a shape, size, material and colour prescribed by government
- Amend the *Trade Practices CPIS (Tobacco) Regulations 2004* to specify exact requirements for plain packaging

4. Eliminate exposure to second-hand smoke in public places:

- Amend current legislation to:

- Ensure smoking is prohibited in any public places where children are likely to be exposed
- Ensure children are not exposed to tobacco smoke when traveling in cars
- Protect against exposure to second-hand smoke in workplaces, including outdoor areas
- Address exposure to tobacco smoke in outdoor places where people gather or move in close proximity, and from smoke-drift in multi-unit developments

5. Regulate manufacturing and further regulate the packaging and supply of tobacco products:

- Improve consumer information related to tobacco products:
- Mandate standard plain packaging of all tobacco products to ensure that design features of the pack in no way reduce the prominence or impact of prescribed government warnings
- Substantially increase the size of required pack warnings
- Prohibit misleading labelling, brand names and product characteristics
- Automatically review and upgrade warnings on tobacco packages at least every three years, with the Chief Medical Officer to have the capacity to require amendments and issue additional warnings of new and emerging risks in between
- Tighten and enforce legislation to eliminate sales to minors and any form of promotion at retail level
- Require all tobacco retailers be licensed
- Preclude sales through vending machines, the internet, and at hospitality and other social venues
- Give government power to regulate the design, contents and maximum emissions for tobacco and related products, and establish a regulatory body with responsibility for specifying required disclosure to government, labelling and any other communication to consumers
- Investigate the feasibility of legal action by governments and others against tobacco companies

6. Ensure all smokers in contact with health services are encouraged and supported to quit:

- Ensure all state- or territory-funded healthcare services (general, maternity and psychiatric) are smoke-free, protecting staff, patients and visitors from exposure to second-hand smoke both indoors and on facility grounds
- Ensure all patients are routinely asked about their smoking status and supported to quit, both while being treated and post-discharge
- Increase the availability of Quitline services, and ensure that Quitlines are resourced to respond to projected demand from media campaigns. Hospitals in New South Wales and Queensland have developed systems to identify all patients who smoke and advise them to quit, as well as offering NRT to help them comply with smokefree policies. Much could be improved in these systems, [151] and much more could be done in other jurisdictions.
- Ensure that nicotine replacement therapy (NRT) is affordable for all those for whom it is clinically appropriate. A very large body of research now confirms that an individual's chances of quitting can be increased by taking medications that lessen withdrawal symptoms[134, 135] or reduce the reinforcing effects of tobacco-delivered nicotine.[136-140] There is also overwhelming evidence that a structured program of

cognitive behavioural advice and coaching can also be helpful, regardless of whether the assistance is provided one to one,[141] over the phone[142] or in a group[143] (in the community or through work).[144] Well-designed brochures help some people, but this is not enough for most.[144] Success rates are better where advice can be personalised. This can be achieved through telephone helplines or through computer technologies (such as the QuitCoach[145] available through the Australian Government's website), which can be delivered at a much lower cost than printed materials. Programs delivered through peoples' computers or web-enhanced mobile devices using e-mail, text messaging, live calendars and message boards are also likely to be cost-effective.[146] Structured programs generally achieve greater success with increasing contact: four to eight sessions optimises chances at reasonable cost.[148-150] People are also more likely to quit successfully if they use a combination of approaches. Adding medication to counseling (or vice versa) increases success rates. Data from the International Tobacco Control Study suggests that smokers in Australia as well as the United States, United Kingdom and Canada who use quit-smoking medicines are more successful in sustaining cessation than those who do not.[165] Use of quit-smoking medicines is highly related to price.[166] Providing access to subsidized pharmacotherapy is a powerful method of increasing usage of quit treatments; it also increases the proportion of quit attempts that are successful.[167] In 2008 a large-scale demonstration project across six states in the United States reported that smokers doubled their success rates when given subsidised NRT and access to a Quitline, with savings in healthcare costs justifying full Medicare coverage of low-cost NRT and referral to Quitline services.[168] Although available on the PBS, varenicline and bupropion may have some serious side effects, and both are contraindicated for some patients. Good clinical practice for many patients would be to encourage use of NRT; however, NRT products are not affordable for many patients. Patches are already subsidised for Indigenous smokers and veterans, but several other highly disadvantaged groups – in particular people living with mental illness – would benefit from PBS listing or some other form of subsidy for NRT products.

7. Work in partnership with Indigenous groups to boost efforts to reduce smoking and exposure to passive smoking among Indigenous Australians:

- Establish multi-component community-based tobacco control projects that are locally developed and delivered
- Enhance social marketing campaigns for Indigenous smokers ensuring a 'twin track' approach of using existing effective mainstream campaigns complemented by Indigenous specific campaign elements
- Provide training to Aboriginal and Torres Strait Islander health workers to improve skills in the provision of smoking cessation advice and in developing community-based tobacco control programs
- Place specialist Tobacco Control Workers in Indigenous community health organizations to build capacity at the local health service level to develop and deliver tobacco control activities

8. Boost efforts to discourage smoking among people in other highly disadvantaged groups:

- Target promotion aimed at encouraging GPs and other health professionals located in disadvantaged areas to refer to Quitlines

- Place the majority of any poster/outdoor or mobile advertising in highly disadvantaged neighbourhoods
- Increase efforts to discourage smoking among people living with, or at risk of, mental illness and mental health disorders
- Ensure all state-funded human services agencies and correctional facilities (adult and juvenile) are smoke-free and provide appropriate cessation supports

9. Assist parents and educators to discourage tobacco use and protect young people from second-hand smoke:

- Convey the message that parents can help – by quitting smoking; by making their homes smoke-free; by choosing appropriate films, videos and games; and by making it clear that they do not want their children to smoke for the sake of their health
- Make smoking a classifiable element in movies and videos

10. Ensure that the public, media, politicians and other opinion leaders remain aware of the need for sustained and vigorous action to discourage tobacco use:

- Ensure the public is constantly alerted to information about tobacco and its impact arising from new research findings

11. Ensure implementation and measure progress against and towards targets:

- Establish a National Tobacco Strategy Steering Committee
- Address the current gaps in the developed surveillance system on tobacco to enable governments to assess whether adequate progress is being made to ensure that targets will be met

Second phase (2014–2017) and third phase (2018–2020)

Includes:

- Continue to subsidise cost-effective treatments for smoking cessation

This summary document prepared by ASMI, September 2009 using information cut and pasted directly from the Preventative Health Taskforce Final Report.