



20 January 2009

Secretariat  
National Preventative Health Taskforce  
Population Health Strategy Unit  
Department of Health and Ageing  
MDP 16  
GPO Box 9848  
Canberra ACT 2601

Dear Madam/Sir

**Re: Submission from the Oxford Health Alliance Asia-Pacific Centre &  
The University of Sydney Institute for Sustainable Solutions (Health Stream)**

Thank you for the opportunity to prepare a submission in response to the National Preventative Health Taskforce's (NHPT) discussion paper *Australia: The Healthiest Country by 2020*.

We wish to commend the Taskforce for the development of this discussion paper and thorough technical reports, and for its commitment to extensive and meaningful consultation with a broad range of stakeholders in order to develop a national strategy for Australia.

While we agree with the recommendations presented in the discussion document, our main criticism is that it *does not go far enough* in addressing the social and environmental causes of physical and mental ill health. Comprehensive cross-sectoral research and interventions that move beyond traditional health boundaries are essential if we are going to address contemporary issues such as the:

- socio-economic drivers of poor lifestyle choices
- barriers to social inclusion
- failure of public, social and economic policy to value and protect mental, physical and social health
- lack of recognition and action on the interface between physical and mental health and the environment
- inadequate governance to ensure a balance between the interests of economic growth and development, and social and individual health - as evidenced in the built environment

It is timely to be developing a national preventative health strategy. There is increasing momentum for urgent action in this area including the recent WHO report on the social determinants of health entitled *Closing the Gap in a Generation*, and Oxford Health Alliance publications: *Grand Challenges in Chronic Non-communicable Diseases* and *The Sydney Resolution*.

Thank you once again for the opportunity to provide the Taskforce with this submission. Please do not hesitate to contact me if you have any questions or require any further information.

Yours sincerely

Associate Professor Ruth Colagiuri  
**Director, Oxford Health Alliance Asia-Pacific Centre**  
**Health Stream Leader, Institute of Sustainable Solutions**  
**Menzies Centre for Health Policy**  
**The University of Sydney**



## **National Preventative Health Taskforce**

**Submission from the Oxford Health Alliance Asia-Pacific Centre  
& The University of Sydney Institute for Sustainable Solutions (Health Theme)**

**January 2009**

The Oxford Health Alliance Asia-Pacific Centre and The University of Sydney Institute for Sustainable Solutions (Health Theme) urges the National Preventative Health Taskforce to adopt The Sydney Resolution and address the common causes and solutions for sustainability and health in its development of a National Preventative Health Strategy.

For further information please contact:

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## Introduction

We welcome the establishment of the National Preventative Health Taskforce by Minister Nicola Roxon, and applaud the foresight to address common risk factors rather than dealing with each of the major chronic diseases separately as has been done in previous policy and strategy documents.

Background information on the Oxford Health Alliance (OxHA) and The University of Sydney Institute for Sustainable Solutions (USISS) can be found on pages 7-8. The remit of both OxHA and USISS are in step with the Minister's appointment of the Taskforce as:

- OxHA aims to 'prevent and reduce the global impact of chronic disease'; and
- USISS Health Stream focuses on 'protecting physical, mental and social health in a time of change'

The issues of overweight and obesity, tobacco and alcohol (and their associated inequities) require a broad approach with multiple 'players' to adequately address them. While education campaigns and individual behaviour change is important, there are many other social, cultural and environmental factors relating to the places where people live and work (or are unemployed) that require investment.

The National Preventative Health Taskforce's discussion document aptly points out many prevention successes from the past (such as smoking, road trauma, immunisation and SIDS), but does not quite accommodate how the issues we now face are different from those of the past or the economic and policy environment in which they have emerged.

The models for prevention outlined in the discussion paper need to safeguard against too narrow a focus on individual behaviour by spelling out the relationship between environmental sustainability, health, social equity and social justice; and for these to be more strongly reflected in the priorities for action. A comprehensive research program is needed to better understand and tackle the 'causes of the causes', and the structural and political barriers to health-promoting policy across a range of sectors. The impact of policy changes and targeted interventions must be closely monitored so that we continue to learn and build on experience.

This submission is set out in three parts:

- (i) Key recommendation
- (ii) General comments and response to questions
- (iii) Background information on OxHA and USISS

## Key Recommendation

*The Oxford Health Alliance Asia-Pacific Centre and The University of Sydney Institute for Sustainable Solutions (Health Theme) urges the National Preventative Health Taskforce to **adopt The Sydney Resolution and address the common causes and solutions for sustainability and health** in its development of a National Preventative Health Strategy.*

The Sydney Resolution (see Appendix) provides a framework for action to tackle obesity, tobacco and alcohol, while also addressing other issues around sustainability, equity and the social determinants of health. It was a key outcome of the Oxford Health Alliance (OxHA) 2008 Sydney Summit, *Building a Healthy Future: Chronic Disease and Our Environment*, which explored the common causes and potential solutions to epidemic chronic disease. The Sydney Resolution calls for **healthy people in healthy places on a healthy planet**, and identifies the need for urgent action across five vital areas:

- Healthy places

- Healthy food
- Healthy business
- Healthy public policy
- Healthy societies

The Resolution directly reflects the community-driven and governance principles outlined by the NPHT, and also sees genuine collaboration across all levels and sectors of society as critical to any successful prevention efforts. Making explicit the fundamental link between sustainability and health, the Resolution is an important input for consideration by the NPHT during the development of a Preventative Health Strategy for the nation.

## General Comments and Response to Questions

### General comments

- The increasing disparities in health are mentioned throughout the discussion document and “closing the gap for disadvantaged communities” is identified as a key priority in each area, but the actions appear limited to research, media campaigns and treatment. Reference to the recent WHO’s Commission on Social Determinants of Health report, *Closing the gap in a generation*, is made but specific actions related to improving daily living conditions tackling the inequitable distribution of power, money and resources, and measuring and understanding the problem and assessing the impact of action seem severely limited. We strongly suggest that the Taskforce give significant consideration to the “what must be done” actions outlined in the WHO document during the development of the national strategy.
- We need to genuinely engage with all indigenous people if we are serious about addressing the health inequalities that exist today. To single out a few risk factors and individual behaviours seems trivial when there are multiple and complex issues around employment, education, food security and housing, and a diminished sense of place and identity.
- All policy and program recommendations in the national strategy should be assessed for their unintended consequences and the distribution of these consequences. The question of who wins and who loses must be asked and mitigation measures to control for these should be documented as part of the strategy.
- Given the enormity of the task, it is suggested the Taskforce consider a staged approach (such as some regional programs to begin with) rather than a thinly-distributed national program.
- There is greater potential for linking the national preventative health strategy to other public policy than is currently indicated in the discussion paper, such as transitioning towards a lower carbon society or more broadly, environmental sustainability owing to the enormous potential for mutual benefits and focussing on people in places rather than merely their health (for example, substituting car trips by active travel and saving money or enabling access for people who do not hold a licence.)

### Overweight and obesity

- What is a realistic target for 2020?
- How can key players (for example individuals, communities, health services and governments) be engaged from the outset?
- What is the best combination of ‘learning by doing’, and at the same time, building the evidence base?
- What can individuals and families do to be physically active, eat well and maintain healthy body weights?
- In what ways can high-risk groups be supported?
- Are the priorities appropriate? If you do not think they are appropriate, or have other suggestions, what would you propose we do as a nation to halt the toll of early deaths and disease caused by overweight and obesity?

- To “halt and reverse the rise in obesity and overweight” is feasible provided the national strategy sets and addresses explicit priorities and targets around urban planning, active transport and food production; as well as appropriate incentives/disincentives and solid engagement with relevant sectors. However, given the extent of necessary changes (i.e. cultural, physical, capacity-building, legal) a longer time frame may be more appropriate. Staged milestones for particular geographic places where the preventative health strategy is concentrated could be set for:
  - urban planning and management for new developments, housing estates and existing urban areas
  - retrofitting existing infrastructure in urban settlements to enable and facilitate active transport (walking and cycling in combination with public transport)
  - agriculture, food production and distribution that considers transport, storage and packaging to reduce the negative environmental impact and optimise freshness and nutritional value
- While a settings based approach has much merit for specific and targeted interventions, such as schools, workplaces and primary care, there is tremendous opportunity for increased physical activity and social connection if movement from home to (and between) these settings through public transport, cycling and walking is supported. Environments conducive to physical activity in and around a geographical space requires buy-in and commitment of urban design and planning, traffic control, public space and more effective collaboration between the three levels of government. This is a prime example of where the public health sector should be empowered (through full government endorsement) to mediate across government and between non-traditional sectors and decision-makers to protect and promote health.
- There many positive changes that individuals and families can make, but if the environment in which they exist - where they work, play, interact and experience life – is not conducive to health, the impact of individual behaviours may be severely limited. We need organisational behaviour change and policy and regulatory frameworks to enable and support individual change. As *The Sydney Resolution* states:

“We know that change is possible for individuals and families, communities and nations and that the change will promote economic and environmental sustainability.

We need:

- Healthy places – designing towns, cities and rural areas, which are smoke free, and where it is easy to walk, cycle and play, with unpolluted open spaces and safe local areas that foster social interaction
- Healthy food – making healthy food affordable, and available to all
- Healthy business – engaging business in the agendas promoting healthy people, healthy places, healthy planet and making good health good business
- Healthy public policy – formulating comprehensive, innovative and ‘joined-up’ legislation and social and economic policies that promote health
- Healthy societies – addressing equity and socio-economic disadvantage”

## **Tobacco**

- Do you support our government taking the following actions, which in combination could halve smoking rates?
  - Progressively increasing the tax on tobacco products to the levels in places such as Ireland, Scandinavia and the UK, and reaching \$20 for a packet of 30
  - Investing \$40-50m a year in public education – less than 1% of revenue from tobacco tax
- If you do not support these actions and investment, or have other suggestions, what would you propose we do as a nation to halt the toll of early deaths and disease caused by smoking?
  - Should we prohibit all remaining forms of promotional tobacco products and mandate plain packaging?
  - Should we move by 2020 to a system where cigarettes are sold only through a limited number of specially licensed outlets?
  - What more can we do to protect children and adults from exposure to second-hand smoke?

- The way these questions are framed makes it difficult to comment – no-one would disagree with the target of ‘halving smoking rates’ but given the proven harms of smoking, we wonder if the Taskforce has considered banning it.

## **Alcohol**

- Do you support a focus on the suggested priorities?
- If you do not support these actions, or have other suggestions, what would you propose we do as a nation to halt the toll of early deaths and disease caused through alcohol-related harm?
- What are the most important issues that can engage support from individuals, communities, industry and governments and drive cultural change?
- What prevention strategies work best for high risk groups, particularly among young people and in indigenous communities?

- As the discussion paper points out, alcohol is very much a part of the Australian psyche, and there are many complex layers. Are the drivers of harmful alcohol consumption well understood; in differing geographic areas and since de-regulation? While increased urban density and late night trading results in problems of drunkenness on the street and noise disturbance, perhaps it is the deeper social consequences (and determinants) of alcohol abuse that require immediate attention and significant investment.

## **Supporting prevention**

- Do you support the development of a National Prevention Agency to lead and guide coordinated action for prevention?
- Is the suggested approach adequate? If not, or if you have other suggestions, what else could be considered?

- The proposed National Prevention Agency should be considered more closely on a broader conceptual model that identifies consequences for area-specific actions for health improvements - notably the physical environment and regulatory interventions to enable change of average behaviour population rather than the current emphasis on social marketing.
- Supplementary visions for a National Prevention Agency:
  - The Agency is the direct responsibility of the highest level of government
  - The Agency is represented and integrated with every government sector at every level
  - The Agency moves beyond traditional health borders with equal representation and engagement of sectors who have a role in health (or who wittingly or unwittingly influence it) and/or the solutions to contemporary issues that impact on health
- Because it can be expected that the definition of health in the national preventative strategy will largely shape the recommendations, we draw attention to The Sydney Resolution which puts forward a more extended and inclusive view of health. It considers ‘place’ and so includes such things as social connection and social capital, as well as the physical ease of getting about by walking and cycling; as well as the health of the planet and how our actions impact on our environment.

Therefore, we urge the Taskforce to broaden its view of health in formulating the national preventative health strategy, giving greater weight to ‘creating supportive environments for health’ as applied to actual places where people live.

### **Choosing performance indicators**

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| <ul style="list-style-type: none"><li>• Are these measurements appropriate? If not, what would you propose?</li></ul> |
|---|
- A mechanism to further facilitate and support research into contemporary issues is required as existing channels (namely the National Health and Medical Research Council and Australian Research Council) are insufficient. Their current funding models do not support the broad collaboration nor the social research methods required to better understand and develop solutions to the social determinants of health, equity and sustainability.
  - We urge the Taskforce to include in the strategy a comprehensive and complementary mix of research and evaluation methods, as well as appropriate markers to ensure that people/organisations are responsible for what is found. In addition, the strategy should outline mechanisms that ensure broad access to, and effective dissemination of, evidence.
  - Finally we urge the Taskforce, when developing the national preventative health strategy, to assess the potential impacts, both positive and negative, of ALL policies and interventions and consider how the benefits and disadvantages will be distributed; how those who are affected will be engaged; and how the negative (and often unintended) consequences can be avoided or mitigated.

## About the Oxford Health Alliance

OxHA is an international think-and-action tank of diverse stakeholders, dedicated to confronting the epidemic of chronic disease through innovative action. Formed in 2003 as a partnership between Oxford University and Novo Nordisk Denmark, OxHA seeks to influence the policies and practices of government, business and the broader community to modify the social and physical environment and protect and promote health. OxHA differs from traditional health NGOs in that it is issue-specific rather than disease-specific; it operates at a macro-economic and macro-political approach to influence and accelerate changes aimed at making our physical, social and work environments more conducive to health.

The OxHA Board, chaired by Professor Sir John Bell, has identified six central themes to guide the work of the Alliance.



### **The economic argument for prevention**

The costs of chronic disease are already vast, and without urgent action these costs will continue to increase.



### **Prevention in the workplace**

Chronic disease risk reduction in the workplace can have a major impact on the health of employees and their families while demonstrating social responsibility and improving productivity.



### **Youth, children and future health**

The insights and enthusiasm of young people can change perceptions and lifestyles of future generations.



### **Environmental design for prevention**

Designers, architects and urban planners can assist in creating environments in which healthy choices are embedded in our streetscapes, transport and buildings.



### **Industry's role in prevention**

Good business policies and practices can enhance the health impact of products and services and have far-reaching effects on the health of individuals and communities.



### **Law + health**

Exploring the relatively untapped potential of the law to modify average population behaviour for health gain.

OxHA Asia-Pacific Centre was established in 2005, and is based at the Menzies Centre for Health Policy (previously Australian Health Policy Institute), The University of Sydney.

Visit [www.oxha.org](http://www.oxha.org)

## About the University of Sydney Institute for Sustainable Solutions

The University of Sydney is making a substantial investment in tackling the big issues through the establishment of its Institute for Sustainable Solutions. The Health Theme is one of four themes and focuses on *'protecting physical mental and social health in a time of change'*. The Institute for Sustainable Solutions provides a focal point for outstanding sustainability research and extends existing University-wide research strengths in order to contribute to, and where appropriate lead, global solutions to sustainability issues.

Sustainability is arguably the greatest challenge ever faced by the humankind. There is no 'plan B' - we simply cannot afford to get it wrong. So, while the task of mitigating the damage already done and preventing further degradation is formidable in its magnitude and complexity – knowing where to start is easy. The first task must be to build critical intellectual capacity and mass to ask the right questions and find the right answers to tackling the overwhelming problems of mental, physical and social health: energy, water, and food shortage; population growth; excessive and poorly planned urbanisation; ambient temperature increases; and over-consumption, waste and economic stability.

Visit [www.usyd.edu.au/sustainable\\_solutions](http://www.usyd.edu.au/sustainable_solutions)

# Appendix

Confronting the Epidemic of Chronic Disease



## The Sydney Resolution

February 2008

### Healthy People in Healthy Places on a Healthy Planet

*The way we live is making people sick. It is also making our planet sick. It is not sustainable. We can do better.*

The world is now facing the most serious challenges to human health. The magnitude and complexity of these challenges require the broadest alliance and partnership of stakeholder groups to confront this growing and urgent problem. Four preventable chronic diseases – heart disease/stroke, diabetes, chronic lung disease and cancer – account for 50% of the world's deaths. Their underlying causes are tobacco use, physical inactivity and poor diet.

These preventable chronic diseases are at epidemic proportions. They are increasingly affecting younger people and cause physical disability, depression, and early death. There are immense costs to society in lost productivity and increased use of health services. The epidemic threatens economic stability in developed and developing countries alike. Families striving to escape the poverty trap are pushed back into disadvantage and despair. The problem is similar to that of climate change in that it affects the whole world, is the result of our way of living and, crucially, can be reversed.

Urgent action is needed. There is a clear way forward. The four major chronic diseases can largely be prevented, but there is no simple or quick solution. To achieve real change, it is necessary to bring together dedicated stakeholders from all parts of society. The development of how we live as societies, share opportunities, interact with the natural environment and how we design our cities, transport systems, food systems, work places and housing will fundamentally determine future patterns of health and disease. We need health services focussed on prevention as well as cures and we need our world free of tobacco. We must fundamentally reshape our social and physical environments so that they are aligned with eradicating this epidemic of chronic disease.

#### The call to action

We call on the United Nations' agencies, governments, corporations and businesses, donor agencies, professionals, consumers, non-government organisations and employee unions, civil society and individuals to collaborate in taking urgent action to halt the devastating global impact of chronic diseases. We know that change is possible for individuals and families, communities and nations and that the change will promote economic and environmental sustainability. We need:

- **Healthy places** – designing towns, cities and rural areas, which are smoke-free, and where it is easy to walk, cycle and play, with unpolluted open spaces and safe local areas that foster social interaction.
- **Healthy food** – making healthy food affordable, and available to all.
- **Healthy business** – engaging business in the agendas promoting healthy people, healthy places, healthy planet and making good health good business.
- **Healthy public policy** – formulating comprehensive, innovative and 'joined-up' legislation and social and economic policies that promote health.
- **Healthy societies** – addressing equity and socio-economic disadvantage.

Oxford Health Alliance, 27 February 2008

See: [www.oxha.org](http://www.oxha.org), [www.3four50.com](http://www.3four50.com) and Grand Challenges in chronic non-communicable disease. Nature 2007 450; 494-496