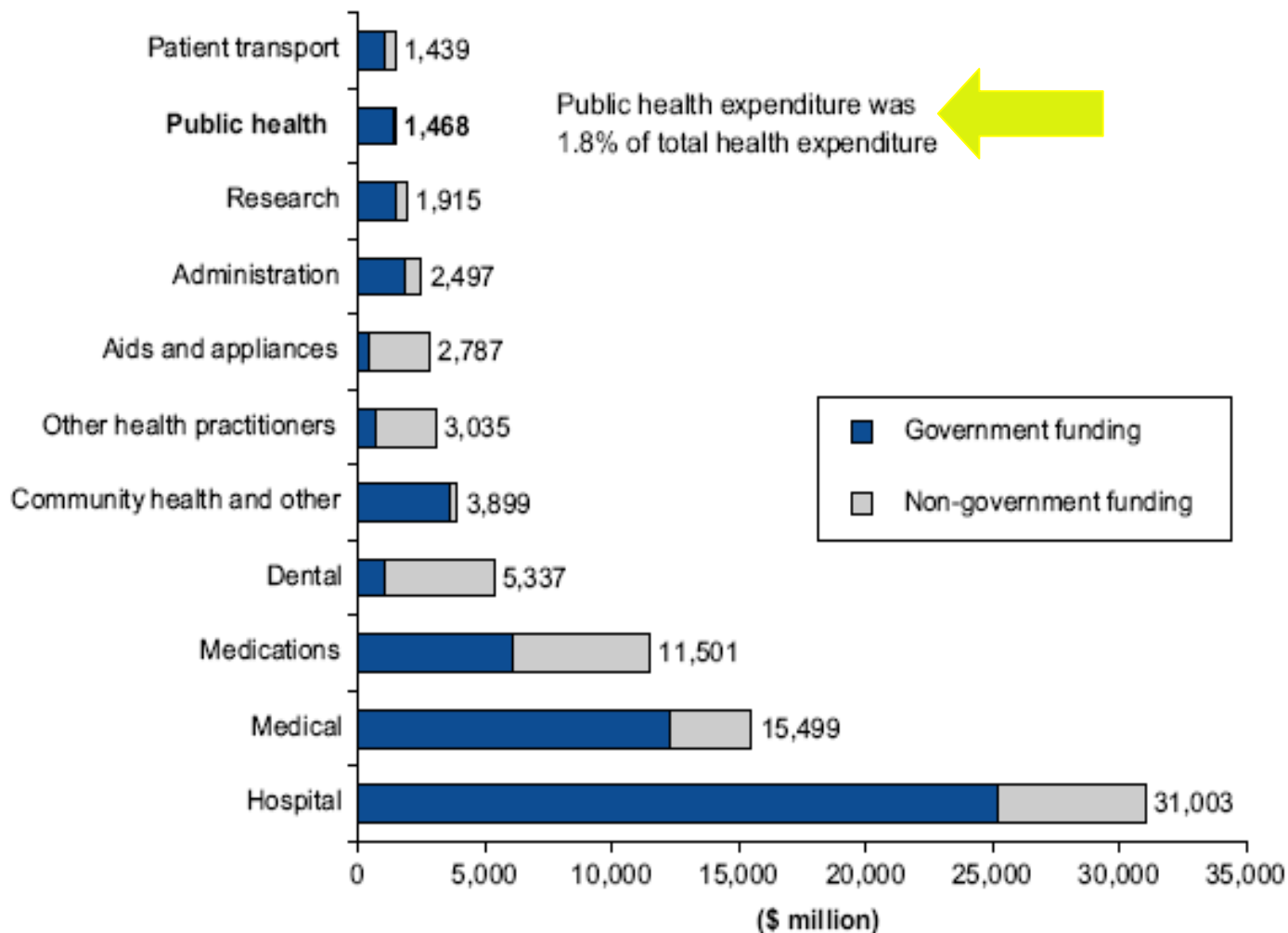




# New Policy Buzzwords: Prevention and Primary Care – Future directions

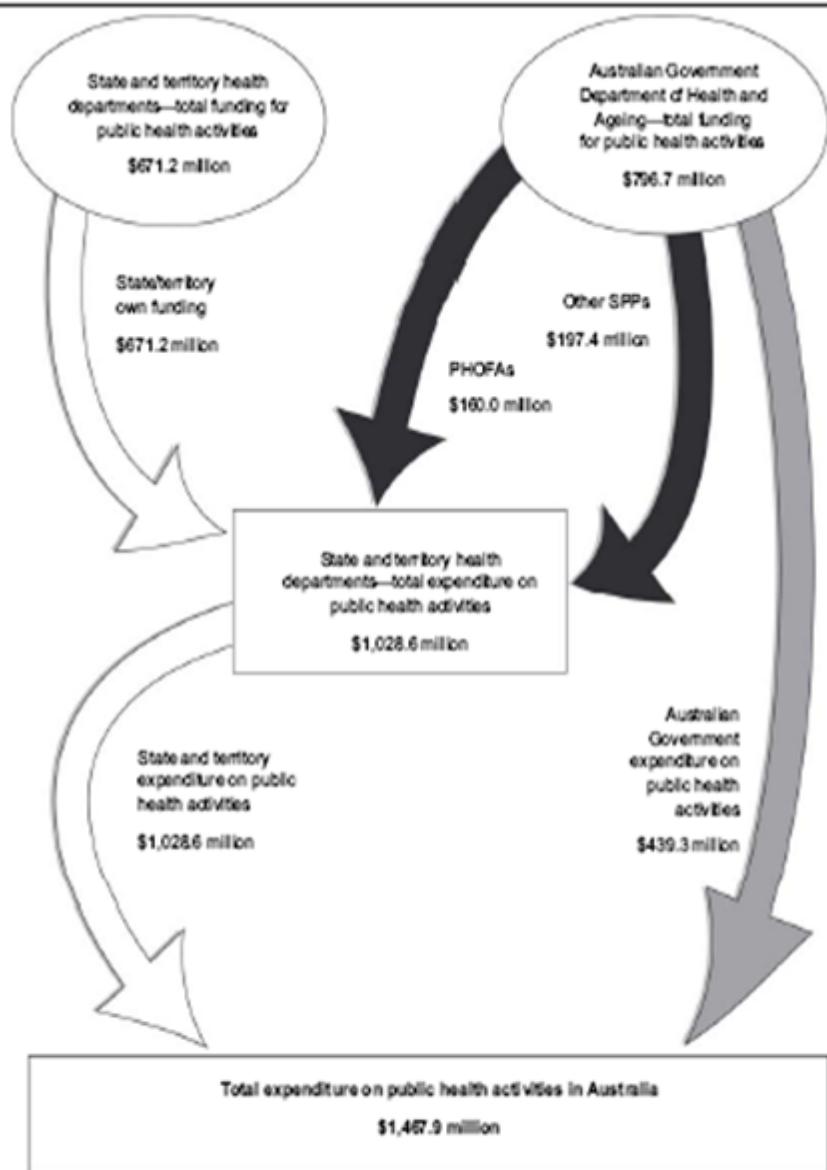
28 May 2008

George Rubin



Source: AIHW 2007b, and AIHW public health expenditure database.

Total health expenditure in Australia, current prices, by area of expenditure and source of funds, 2005-06 (\$ million)



Note: PHOFAs = Public Health Outcome Funding Agreements; SPPs = Specific Purpose Payments.

Source: Tables 1.1 and 2.2.

Funding and expenditure on public health activities in Australia, 2005-06



# Labor Election Commitments

- A National Preventative Health Taskforce to develop a National Preventative Health Strategy with an initial focus on obesity, alcohol and tobacco
- National Preventative Health Care Partnership with the states and the inclusion of prevention in the Australian Health Care Agreements
- Funding boost for the National Tobacco Strategy (\$15 m / 3 years)
- Obesity initiatives:
- Indigenous health
- Maternal and child health
- MBS reform



# BUDGET May 2008

- Spending on prevention will total \$95 million over 4 years for binge drinking, antismoking, obesity and nutrition projects.
- \$4.5m over 5 years for a national preventive health strategy
- \$24.5 m for community recreational activities
- \$6.9m for the national reform commission
- The new Australian Health Care Agreements (AHCAs) will replace the current raft of payments to the states. The new health SPP will include funding under the national public health program (\$240m in 2008-09).
- \$275.2m over 5 years for 31 GP superclinics in listed locations.
- \$291.8m over 5 years for cancer initiatives including \$87.4m over 4 years for the national bowel cancer screening program.
- \$780.7m over 5 years for dental health programs. At least \$290 m of this is not prevention – the Teen Dental Plan is prevention
- \$15.9m for 2008-09 for quality and safety initiatives (this is not new money)



## Life Expectancy (Years) at Birth, 2002: Top 10 Countries

Country	Both Sexes	Males	Females
1. Japan	81.9	78.4	85.3
2. Switzerland	80.6	77.7	83.3
3. Australia	80.4	77.9	83.0
4. Sweden	80.3	78.0	82.6
5. Iceland	80.1	78.4	81.8
6. France	79.8	76.0	83.6
7. Canada	79.8	77.2	82.3
8. Italy	79.7	76.8	82.5
9. Spain	79.6	76.1	83.0
10. Norway	79.1	76.4	81.7

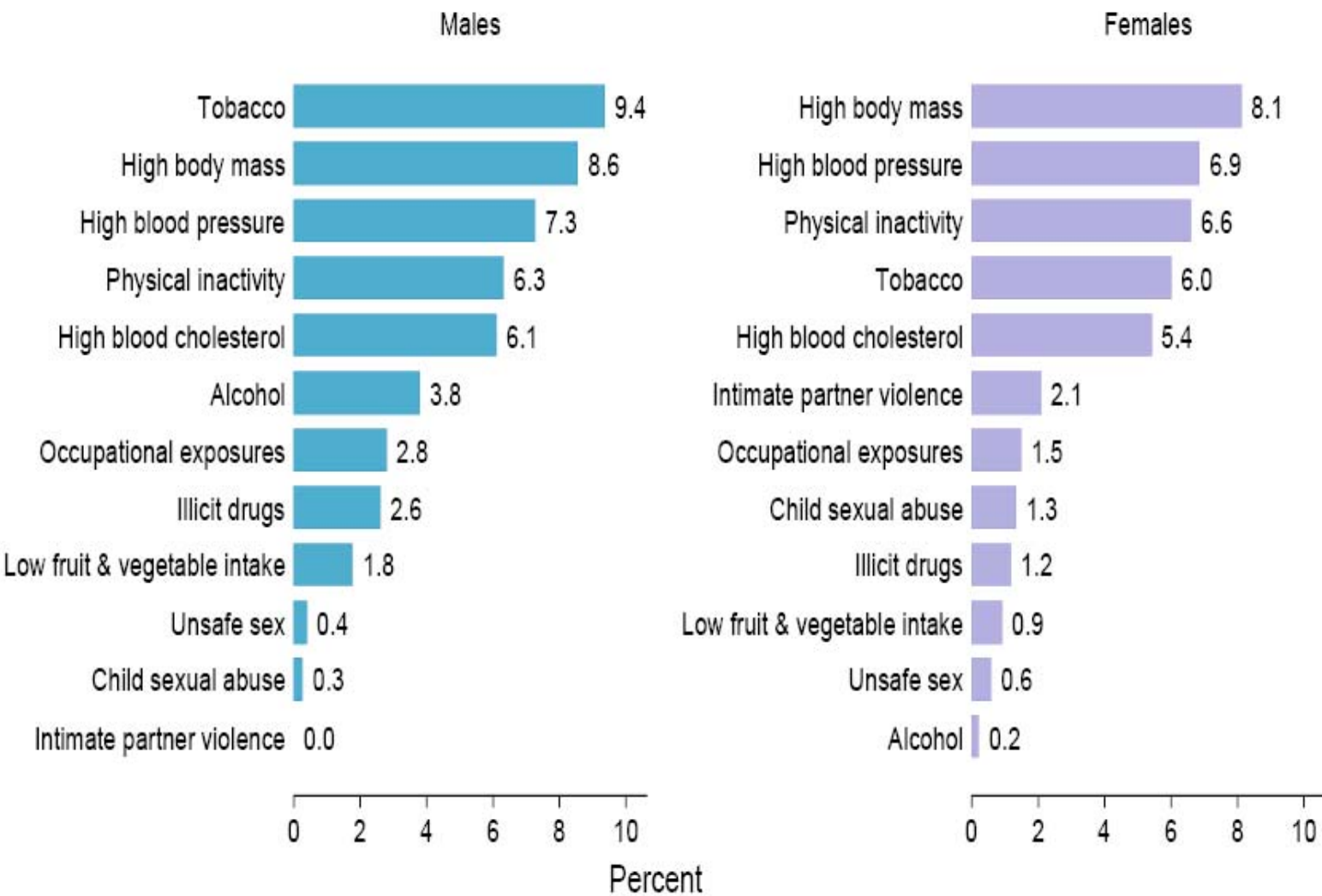


## Leading causes of DALYs, Australia 2003

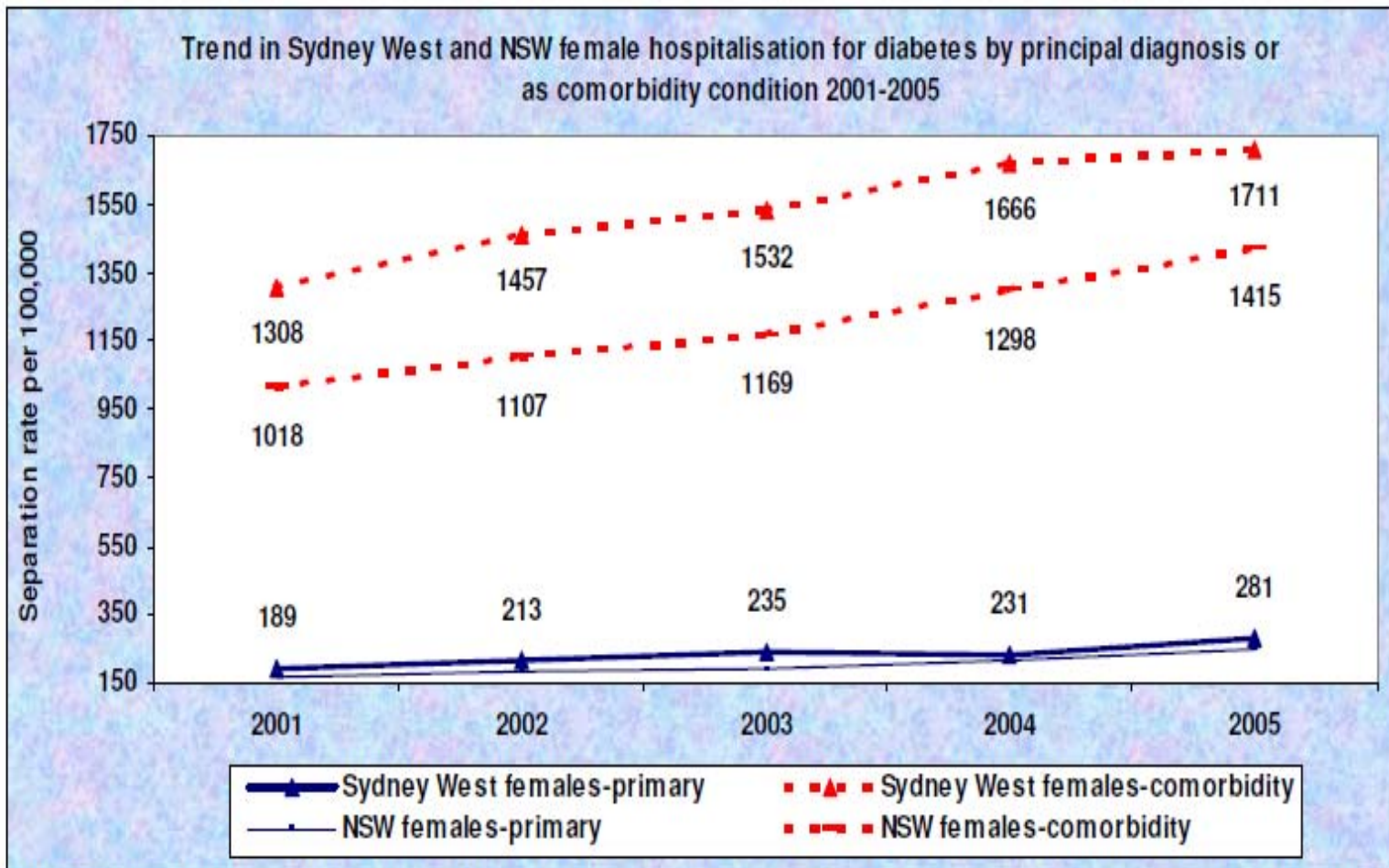
Cause	% of total
1. Ischaemic heart disease	9.4
2. Anxiety and depression	7.0
3. Diabetes	4.9
4. Stroke	4.2
5. Chronic obstructive pulmonary disease (COPD)	3.6
6. Lung cancer	3.3
7. Alzheimer and other dementias	3.2
8. Colorectal cancer	2.4
9. Asthma	2.3
10. Breast cancer	2.3



# DALYs attributable to 12 selected risk factors, Australia 2003



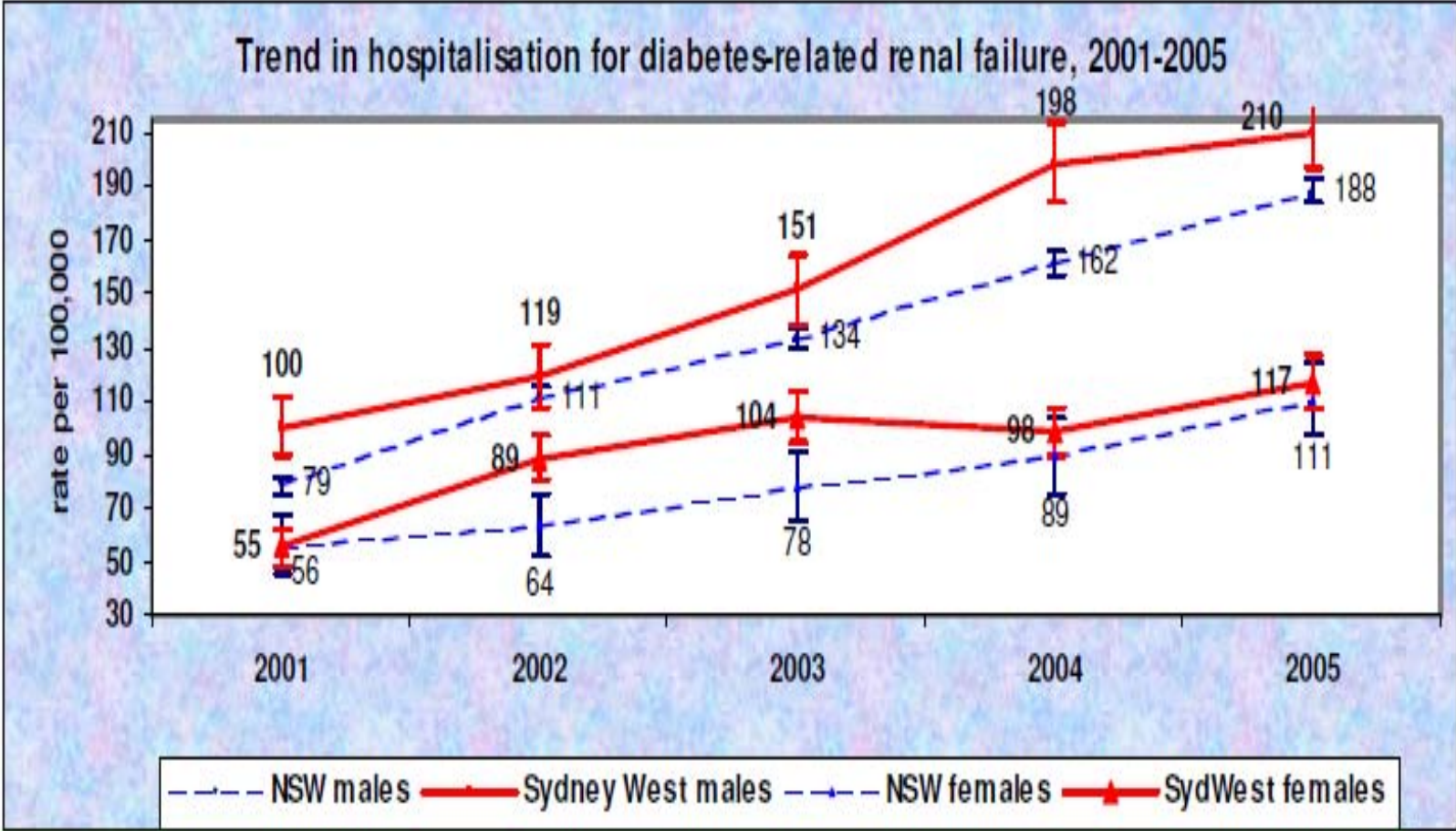
**Figure 11: Trend in female diabetes-related hospital separations where diabetes is a principal diagnosis or comorbidity condition**



**Note:** Hospitalisation includes where diabetes is noted as the principal reason for hospitalisation or a comorbidity condition in ICD10 code E10-E14 in the first five diagnoses (icd101 to icd10d5). Rates were age-adjusted using the Australian population as at the 30<sup>th</sup> June, 2001.

**Note 2:** ahs05res variable used. **Note 3:** NSW residents and NSW hospitals only. **Note 4:** 11 separations excluded where sex was not stated or indeterminate. **Source:** Dataset isc.eoc00/01-05/06 analysed and shown by calendar year. NSW Inpatient Statistics Collection and population estimates extracted from the HOIST database at NSW Health.

Figure 17: Diabetes-related renal failure hospital separations by sex, 2001-05



Note: Hospitalisation includes where diabetes is noted as the principal reason for hospitalisation or a comorbidity condition in ICD10 code E10-E14 in the first five diagnoses; and where Renal failure N17-N19 was in the first five diagnoses. Rates were age-adjusted using the Australian population as at the 30<sup>th</sup> June, 2001. Source: Dataset isc.eoc00/01-05/06 as per calendar year extracted only. NSW Inpatient Statistics Collection and population estimates extracted from the HOIST database at NSW Health.



## ii. Gestational diabetes in SWAHS and NSW, 1996 to 2004

Figure 33: Trend in the proportion of births where maternal gestational diabetes diagnosed

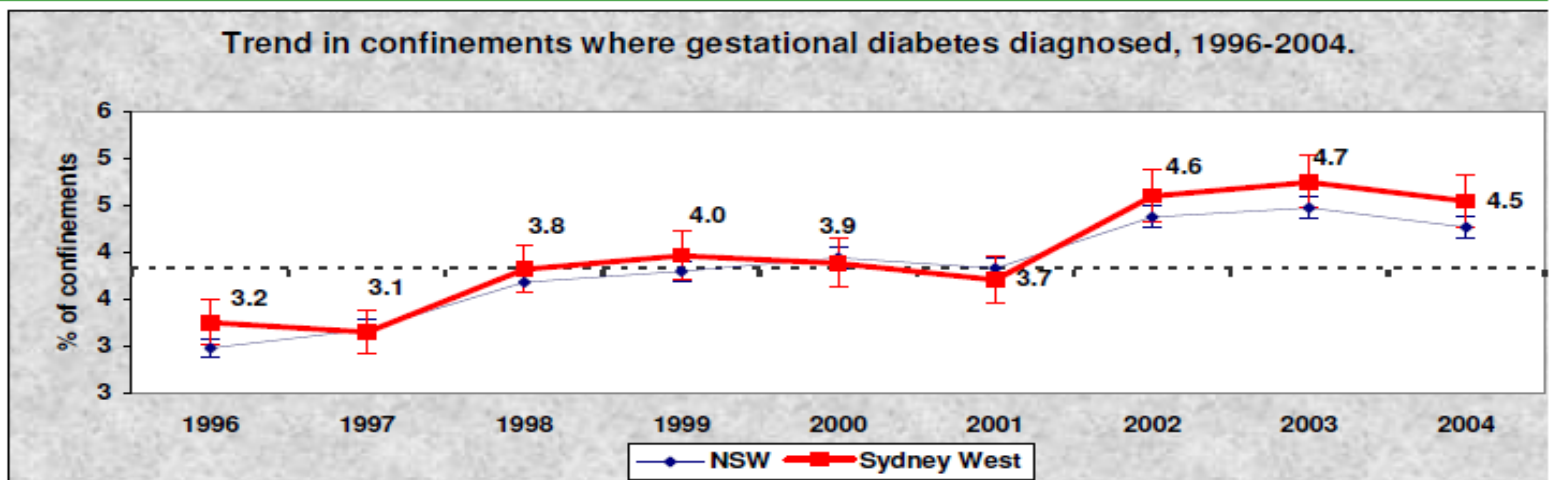
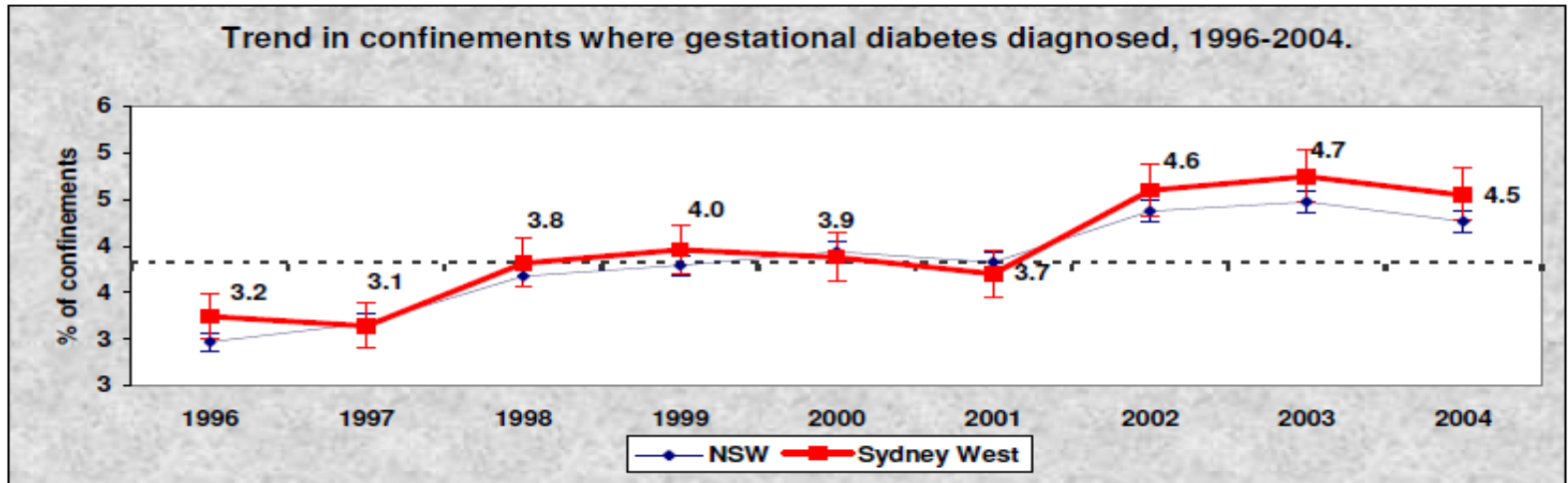
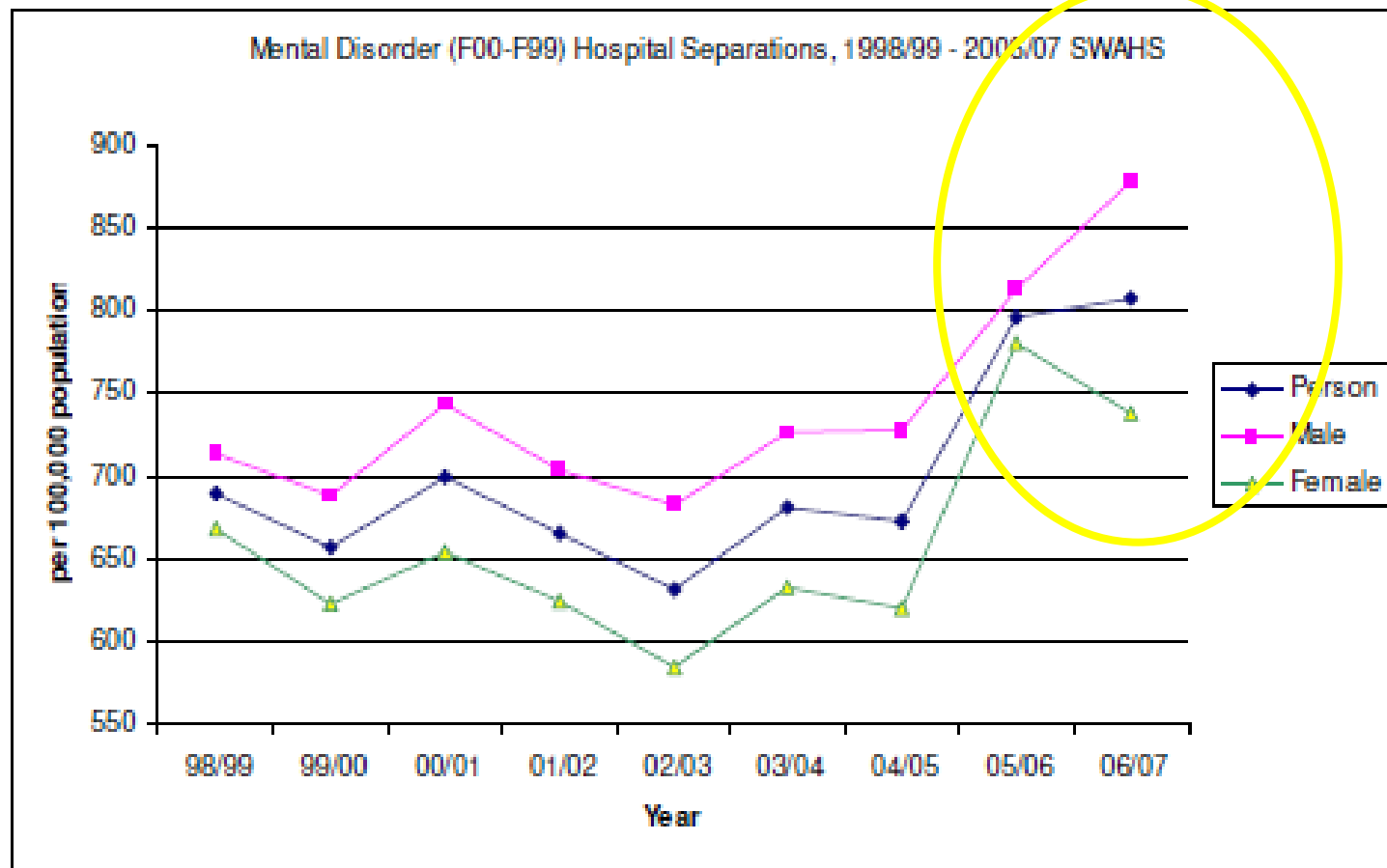




Figure 2.







000,000  
BY 2020

This is the number of Australians likely to have diabetes within 12 years. Just how did this disease – once innocuously known as “a touch of sugar” – become an epidemic? And how will our medical system cope?  
By Katherine Fleming.



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## Vision, Mission, Core Values, and Pledge

### CDC Vision for the 21st Century

**"Healthy People in a Healthy World—Through Prevention"**

Collaborating to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new threats.



### CDC Mission

**To promote health and quality of life by preventing and controlling disease, injury, and disability.**

CDC seeks to accomplish its mission by working with partners throughout the nation and the world to

- monitor health,
- detect and investigate health problems,
- conduct research to enhance prevention,
- develop and advocate sound public health policies,
- implement prevention strategies,
- promote healthy behaviors,
- foster safe and healthful environments,



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- [The State of CDC](#)
- [Mission and Vision](#)
- [CDC Speakers Bureau](#)

### CONFERENCES & EVENTS

[CDC's Global Health Odyssey](#)

*Picturing Health: Norman Rockwell and the Art of Illustration*  
March 10 - June 4, 2008  
Organized by the Norman Rockwell Museum, rare, original paintings exploring the importance of physical fitness, health and healing across the generations. Joined by original works with



+ it all adds up to a healthier company



Good Health Solutions are at the forefront of the corporate health market. Our service quality is unsurpassed and our programs are cutting edge.

Good Health Solutions is dedicated to tackling the increasing health issues of today's workforce and the potentially negative impact these are having on the productivity of Australian businesses. With over 30 years experience in the delivery of health and wellbeing programs, Good Health Solutions offers its clients the very best in corporate health services.

Listed below are just some of the reasons why Good Health Solutions is regarded as the number one provider in Australia in the corporate health industry;

- Australia's largest corporate health provider;
- National coverage ensuring optimal service delivery;
- Key focus on providing accountable and evidence based programs;
- Deliver Australia's 3 largest corporate health and wellbeing programs;
- Understand the needs of the industry in attracting and retaining the most productive



# Public Health Competencies

1. Professional development and self management
2. Communication, leadership and teamwork
3. Universal cultural competencies
4. Te Tiriti o Waitangi and Maori health
5. Ethnic minority health
6. Public health information and critical appraisal
7. Public health research and teaching
8. Policy analysis, development and planning



# Public Health Competencies

9. Health care and public health program evaluation
10. Health promotion and community development
11. Health protection and risk management
12. Infectious disease prevention and control
13. Chronic disease, mental illness & injury prevention
14. Health sector development
15. Organisational management

**Table 5 Savings made in specific programs**

PROGRAMS	Savings over forward estimates
Transfer of Unused Funds from a Pathology Project for Remote Areas to Medicare	\$12.0m
Cessation of base funding to support access to MRI services	\$2.3m
Reduction in funding to support quality diagnostic imaging	\$4.5m
General Practice Infrastructure Training and Support - Primary and Coordinated Care	\$20.0m
General Practice Infrastructure Training and Support - Primary Care Financing	\$11.5m
Primary Care Collaboration and Research	\$6.3m
After Hours Primary Care and Round the Clock Medicare: Investing in After Hours GP Services	\$32.6m
eCommunities - eHealth implementation	\$10.5m
Reduced funding for the Telephone Counselling, Self-Help and Web-based Support Program (COAG mental health package)	\$2.5m
Reduced funding for the Mental Health Nurse Incentive Program (COAG mental health package)	\$188.0m
Reduced funding for NGOs under the National Mental Health Program	\$6.0m
Reduced Funding for the Support for Day to Day Living in the Community Program (COAG mental health package)	\$0.5m
Reduced Funding for Mental Health Services in Rural and Remote Areas Program (COAG mental health package)	\$15.5m
Reduced Funding for - Better Access to Psychiatrists, Psychologists and GPs through the MBS (Better Access) initiative - Education and Training component (COAG mental health package)	\$29.7m
Reduced Funding for psychiatry training outside hospitals (COAG mental health package)	\$2.0m
COAG Risk Modification	\$28.4m
Australian Better Health Initiative - encouraging active patient self-management of disease	\$29.3m
Sharing Health Care Initiative	\$6.0m
Aged Care Access GP Panels	\$13.7m
HECS reimbursement scheme	\$16.0m
Reduced Funding for the Training for Rural and Remote Procedural GPs program	\$33.5m
Reduced Funding for the prevocational General Practice Placement Program	\$30.0m
Reduced Funding for the Registrars Rural Incentives Program	\$3.0m
<b>Total savings</b>	<b>\$503 m</b>



# 13 recommendations towards a prevention oriented health system

1. Clarify terminology
2. New Australian health vision
3. National Public Health Institute
4. Local PHCCs
5. Workplace health programs
6. PBAC mechanism to evaluate new prevention interventions
7. R&D for short interventions
8. Incentives for clinical preventive services
9. Accelerate experimentation & evaluation of care models
10. Accelerate e-health strategies
11. Specific budgeting for specific prevention programs
12. Develop population and clinical preventive workforces
13. Commitment to prevention at the highest level