

Investing in prevention

Where should we invest?



Much of the burden preventable



Around one-third (31%) of the burden of disease in 2011 could have been prevented by reducing the exposure to the modifiable risk factors included in this study.



What's killing us?



Table 1: Proportion (%) of burden attributable to the leading risk factors, for selected disease groups, 2011

Disease group	-				•	X
	Tobacco use	High body mass	Alcohol use	Physical inactivity	High blood pressure	Dietary risks (joint effect)(a
Proportion of total burden					T.e.	
All diseases	9.0	5.5	5.1	5.0	4.9	7.2
Proportion of disease group burden						
Cancer	22.0	4.5	3.3	6.4	3.5	7.0
Cardiovascular	12.0	21.0	4.8	21.0	32.0	35.0
Mental	a in	100	12.0	(22		**
Injuries	6.00	42	21.0	2.4	22-	44
Respiratory	36.0	(ec	***	10-4	***	**
Endocrine	3.5	49.0	2.0	30.0		32.7
Kidney/urinary	**	28.0	904	14-14-	22.0	(44)

Overweight, obesity 7%



Overall health impact of overweight and obesity

The enhanced analysis in this report indicates:

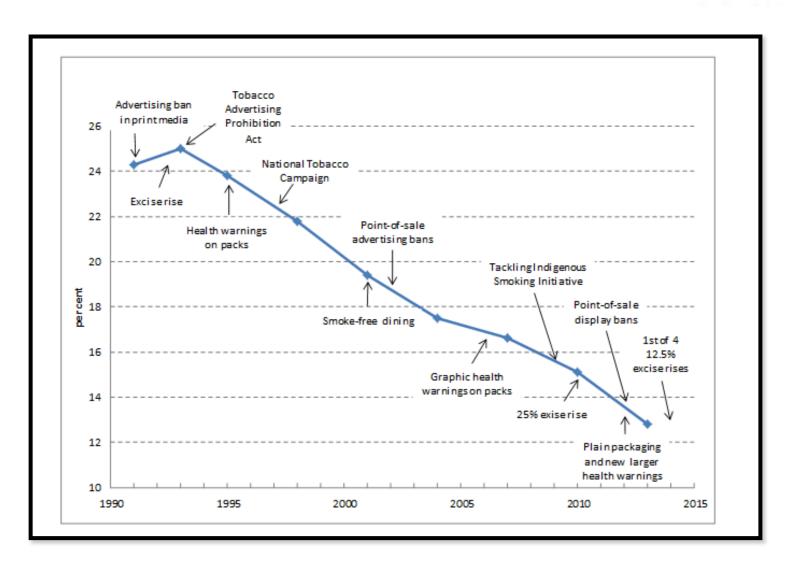
- 7.0% of the total health burden in Australia in 2011 was due to overweight and obesity 403% of this was fatal burden rather than non-fatal burden
 - 84% was experienced between ages 45 to 84
- males experienced a greater proportion of burden from overweight and obesity (males 7.3% of total burden; females 6.6%)
- 53% of diabetes burden and 45% of osteoarthritis burden were due to overweight and obesity.

Overweight and obesity burden greatest in lowest socioeconomic group

The lowest socioeconomic group experienced rates of overweight and obesity burden that were 2.3 times those of the highest socioeconomic group.

Tobacco: Comprehensive approach





Investment priorities



1. Tobacco \$30m

- Education campaigns
- Comprehensive approach <u>continues to work</u>
- Focus on communities with high smoking rates

2. Overweight/obesity \$30m

- Comprehensive approach will work
- OPC consensus
- Education, health levy on sugary drinks, reformulation

3. Alcohol +\$2.9bn

Long over-due tax reform & FARE plan

Investment priorities



4. Physical activity \$30m

 Comprehensive approach established by 2015 consensus summit

5. Research \$5m

 How to implement policies across gvt that will specifically benefit vulnerable communities

6. Robust approach to public health \$5m

 Establish proper process for coordinating, prioritising, funding & evaluating public health across governments TEN PRIORITY
POLICY ACTIONS
TO PREVENT
AND REDUCE
CHRONIC
DISEASES IN
AUSTRALIA

Monitor the Health levy health of all Restrict unhealthy food Heart health marketing **A HEALTHIER AUSTRALIA** Mass media BY 2025 Reduce salt campaigns Vocational Reduce health programs disparities Active travel Responsible taxation

This complementary suite of priority policy actions will help get Australia on track to reach the 2025 targets and significantly reduce preventable illness and disability in the population. The priority policy actions were developed by Australia's leading chronic disease scientists, researchers and clinicians. Designed to tackle shared risk factors for chronic disease, these actions will drive change where it is needed most.

		Reduction in Deaths		Reduction in Years Lived with Disability	
		Men	Women	Men	Women
Food reformulation (includes reducing salt, sugar, and portion size)		14,000	12,000	51,000	63,000
Tobacco tax increase (5% above the level of inflation))	1,500	950	11,000	14,000
Restrictions on alcohol marketing (a ban on alcohol marketing, similar to tobacco currently)		44,000	34,000	64,000	22,000
Physical activity behaviour change (brief advice delivered through GP practices)	de	5,800	5,800	43,000	55,000

NB. Values are mean averages.

All four selected interventions would have a substantial impact on mortality and disability over a 10-year period.

Physical activity



The Toronto Charter for Physical Activity:

Toronto Charter

- No. 1: Implement a national action plan
- 37 countries have plans
- But not Australia

Develop ... a national action plan for physical activity promotion that makes physical activity a health and social priority.

GAPA's 7 Best Buys



Investments that Work for Physical Activity

A complementary document to The Toronto Charter for Physical Activity: A Global Call to Action

Physical inactivity is the fourth leading cause of deaths due to non communicable disease (NCDs) worldwide - heart disease, stroke, diabetes and cancers - and each year contributes to over three million preventable deaths .¹ Physical inactivity is related (directly and indirectly) to the other leading risk factors for NCDs such as high blood pressure, high cholesterol and high glucose levels; and, to the recent striking increases in childhood and adult obesity, not only in developed countries but also in many developing countries. Substantial scientific evidence supports the importance of physical inactivity as a risk factor for NCD *independent* of poor diet, smoking and alcohol misuse.

stakeholder consultation and calls for action in four key areas consistent with the WHO Global Strategy for Diet and Physical Activity: 1) national policy; 2) policies and regulations; 3) programs and environments; and 4) partnerships.

There is strong evidence to guide the implementation of effective approaches to increase physical activity.^{4,5,6} Reversing downward trends in physical activity will require countries to commit to a







Communication and public education

Consistent public education, including use of mass and social media



Sport and recreation

Sport systems and programs that promote "sport for all" and encourage participation across the life span

Transport and the environment

Transport policies and systems that prioritise walking, cycling and public transport



Work with communities to provide appropriate local solutions, aiming to mobilise large numbers of people

Education

Make regular

physical activity in

schools and places of

learning normal



Urban design and infrastructure

Provide safe and equitable access for recreation and physical activity across the life course







Healthcare and health education

Ensure assessment and advice about physical activity is a routine part of healthcare services



We need action to achieve the goal of 10% increase in participation by 2025

Work together to make it happen

Global Advocacy Council for Physical Activity (GAPA) the Advocacy Council of the International Society for Physical Activity and Health (ISPAH). NCD Prevention: Investments that Work for Physical Activity. Br J Sports Med 2012;46:8;70 9-7 12

International Society for Physical Activity and Health

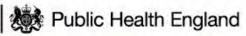
Designed by Chloe Schiphorst

British Journal of Sports Medicine 2016



The Australian campaign for a national physical activity action plan





What are the health benefits of physical activity? All-cause mortality dementia by by 30% up to 30% cardiovascular disease by up to 35% hip fractures Regular physical by up to 68% activity reduces your risk of type 2 diabetes by up to 40% colon cancer depression by 30% by up to 30% breast cancer by 20%



Anatomy or Walking

BOOSTS ENDORPHINS EASING STRESS, TENSION, ANGER FATIGUE, AND CONFUSION IN TEN MINUTES REDUCES GLAUCOMA RISK

> HALVES ALZHEIMER'S DISEAS OVER 5 YEARS

LIMITS SICKNESS

IMPROVES HEART H BY INCREASING HEA AND CIRCULA

WORKS SHOULDER MUSCLES

IMPRO' BLO PRESS

BUILDS BONE MASS, OSTEOPOROSIS

LIMITS COLON

STRENGTHENS LEGS, INCLUDING QUADRICEPS, HIP FLEXORS, AND HAMSTRINGS

Every Body WALK

IMPROVES PREVENTIN



ONLY 30 MIN 5 TIMES A WEEK HEALTHIER A

WWW.EVER

BRAIN: Just 2 hours of walking a week can reduce your risk of stroke by 30%.

MEMORY: 40 minutes 3 times a week protects the brain region associated with planning and memory.

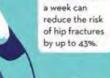


Your Body

Ridiculously simple, astonishingly powerful, scientifically proven by study after study: Sneaking in a few utes a day can transform ir health, body, and mind. Why are you still sitting?

> HEART: 30 to 60 minutes most days of the week drastically lowers your risk of heart disease.

> > BONES: 4 hours a week can reduce the risk of hip fractures by up to 43%.



20 Benefits Of Walking

- Helps with weight management
- It's accessible to everyone
- Doesn't require special equipment
- One of the easiest ways to get more active
- Reduces symptoms of depression and anxiety
- It's a low impact exercise
- Lowers low-density lipoprotein (LDL) cholesterol (the "bad" cholesterol)
- Raises high-density lipoprotein (HDL) cholesterol (the "good" cholesterol)
- Lowers blood pressure
- 10. Reduces the risk of some cancers
- 11. Helps reduce risk and aids with the management of type 2 diabetes
- 12. Improves mood
- 13. Helps maintain strong bones
- 14. Reduces the risk of heart attack
- 15. Less likely to lead to injuries
- 16. Reduces stress
- 17. Reduces risk of heart disease
- 18. You don't have to pay for it
- 19. Builds aerobic fitness
- 20. Helps maintain lean muscle tissue





Guidance

Health matters: getting every adult active every day

Published 19 July 2016

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The benefits of physical activity

Physical activity and health inequalities

How we can increase population physical activity

- 1. Active society
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- 3. Active environments
- 4. Moving at scale



Blueprint for an Active Australia



- 1. Active built environments
- 2. Active transport
- 3. Active workplaces
- 4. Active schools
- 5. Active ageing
- 6. Active health care
- 7. Sport & recreation for all
- 8. Public education
- 9. Sitting less



Move more, sit less



Each year, physical inactivity causes an estimated 14,000 deaths and costs the health budget \$1.5 billion. A comprehensive, funded National Physical Activity Action Plan is the prescription that can help end our nation's chronic disease epidemic.





THE GREENS PLAN FOR CYCLING AND WALKING





High quality, easily accessible health care is a fundamental right for all Australians. With an ageing population and rising health costs that outstrip the CPI, there needs to be a new approach that focuses on preventative health care.

Building Healthy
Communities and
Preventing Chronic
Disease Fact Sheet







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