

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	 Tobacco use	 High body mass	 Alcohol use	 Physical inactivity	 High blood pressure	 Dietary risks (joint effect) ^(a)
Proportion of total burden						
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	..	7.0
Cardiovascular	12.0	21.0	4.8	21.0	32.0	35.0
Mental	..	..	12.0	..	..	..
Injuries	..	..	21.0	..	..	..
Respiratory	36.0	..	..	..	..	..
Endocrine	3.5	49.0	2.0	30.0	..	32.7
Kidney/urinary	..	28.0	..	..	22.0	..

Overweight, obesity 7%

Overall health impact of overweight and obesity

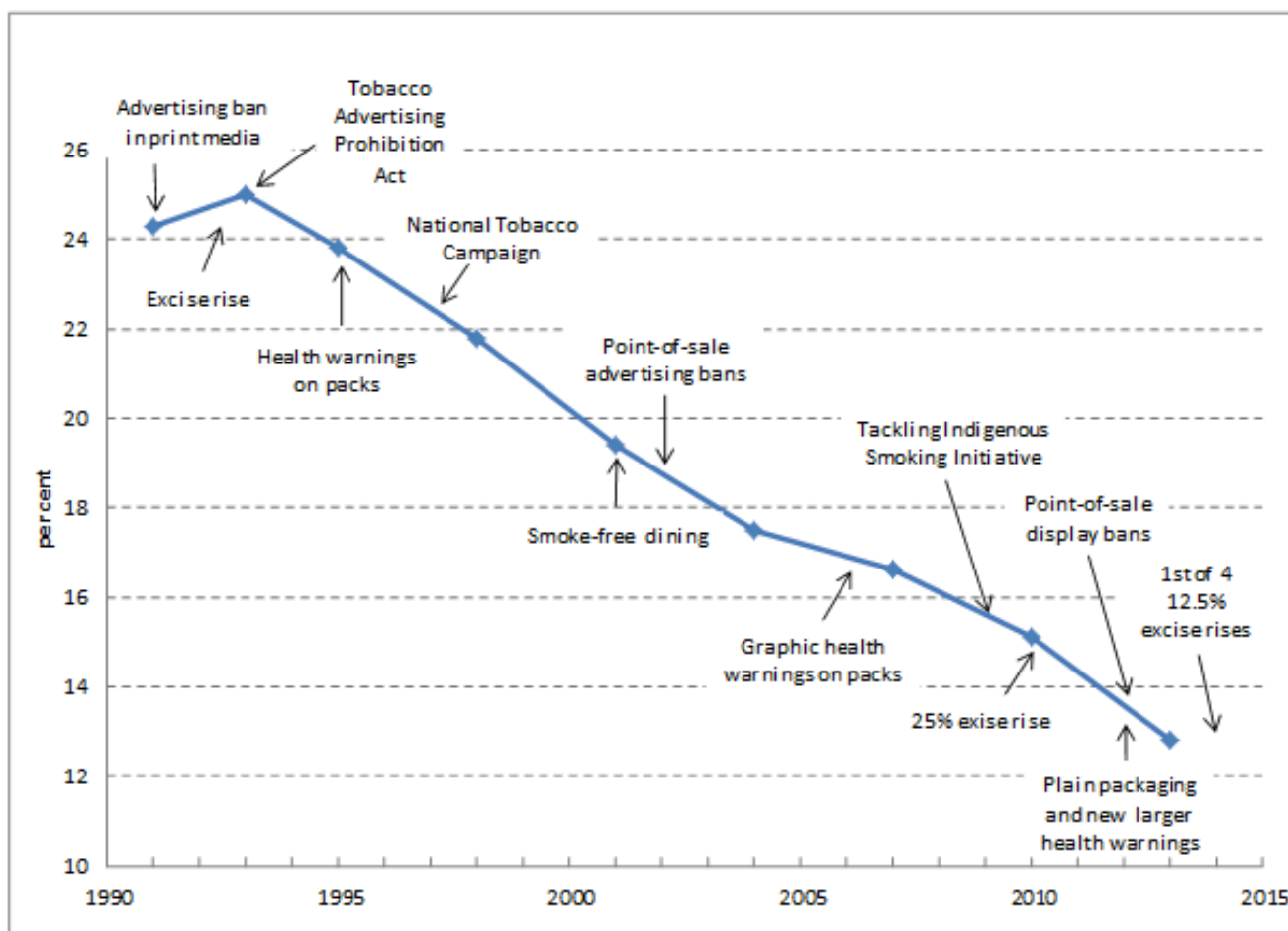
The enhanced analysis in this report indicates:

- 7.0% of the total health burden in Australia in 2011 was due to overweight and obesity
 - 63% 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 continues to work
- 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

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)		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

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



7 BEST BUYS

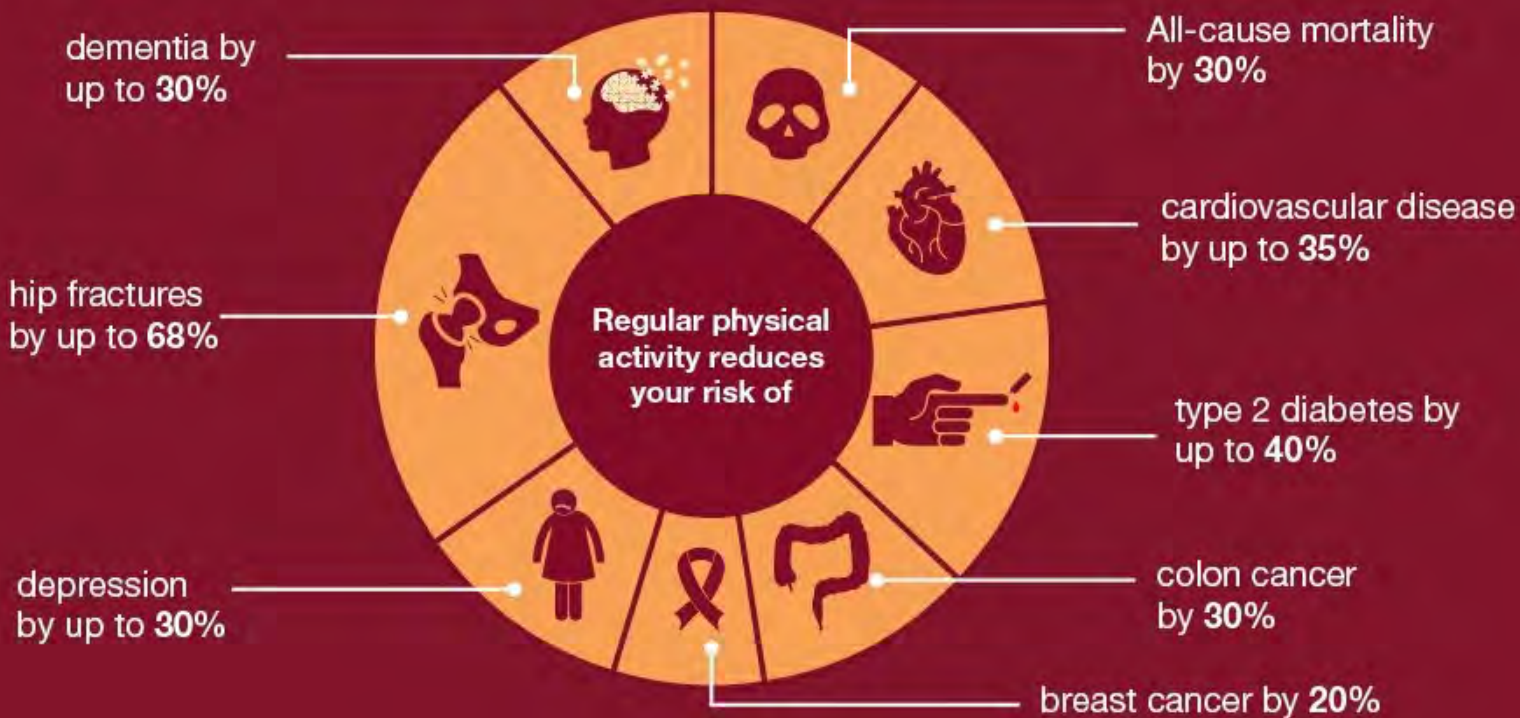


The Australian campaign for a national physical activity action plan





What are the health benefits of physical activity?





WALKING

20 Benefits Of Walking

1. Helps with weight management
2. It's accessible to everyone
3. Doesn't require special equipment
4. One of the easiest ways to get more active
5. Reduces symptoms of depression and anxiety
6. It's a low impact exercise
7. Lowers low-density lipoprotein (LDL) cholesterol (the "bad" cholesterol)
8. Raises high-density lipoprotein (HDL) cholesterol (the "good" cholesterol)
9. 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



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

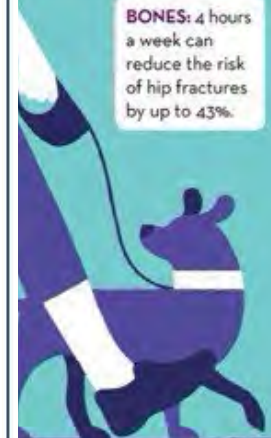
MEMORY: 40 minutes 3 times a week protects the brain region associated with planning and memory.

Your Body on Walking

Ridiculously simple, astonishingly powerful, scientifically proven by study after study: Sneaking in a few minutes a day can transform your 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%.





Guidance

Health matters: getting every adult active every day

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Summary

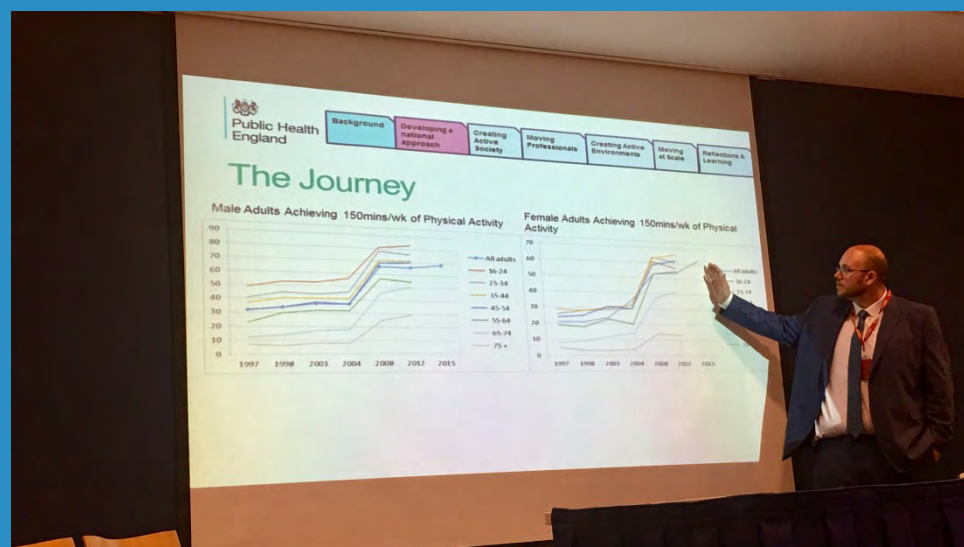
Recommendations

The benefits of physical activity

Physical activity and health inequalities

How we can increase population physical activity

1. Active society
2. Moving professionals
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.



Australia needs a funded National Physical Activity Action Plan.

Join the conversation @HeartAust #movemoresitless



MENU ≡

THE GREENS PLAN FOR CYCLING AND WALKING



Labor



≡ NICK XENOPHON TEAM

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.



POSITIVE POLICY
Building Healthy
Communities and
Preventing Chronic
Disease Fact Sheet



Thank you!



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