



AUSTRALIAN  
HEALTH POLICY  
COLLABORATION



# Chronic diseases in Australia: Targets, indicators and accountability

Policy forum report

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### **About the Australian Health Policy Collaboration**

The Australian Health Policy Collaboration was established at Victoria University in 2015 to build from the work of the health program at the Mitchell Institute over the previous two years. The Collaboration is an independent think tank that aims to attract much required attention to the critical need for substantial and urgent health policy reform focused on addressing chronic disease on a national scale.



## Background

This document briefly reports on a forum held in Melbourne on 25 November 2015, hosted by the Australian Health Policy Collaboration (AHPC). The forum was informed by a [technical paper](#), *Targets and indicators for chronic disease prevention in Australia*, (McNamara et al 2015). The technical paper was developed through a working group process auspiced by AHPC.

The forum program focused initially on the technical paper, and then on development of a prevention scorecard. Attendees (invited health experts from the academic, not-for-profit and public sector) supported development of a scorecard, with different versions proposed for different audiences. Later in the day, participants discussed what success for chronic disease prevention would look like in twelve months' time (that is, in November 2016).

## Review, Refinement and Endorsement of the Prevention Scorecard

The primary audience for the report card is the community. Results should be published and promoted to generate strong community awareness and dissatisfaction with the current state of health of Australians. The report card needs to be produced using language that all members of the community can understand. A count of lives potentially saved is likely to assist with community engagement, communicate the severity of the problem, and focus on the potential for improvement.

The report card should present an overall summary of the status of chronic disease in Australia as well as drill down into specific subsets for different government, industry and community audiences and purposes. In conjunction with the report card, there should be a clear framework/call to action for each audience. All public health groups should be encouraged to use the report card indicators as much as possible.

It will be important to rank items so it is clear where energy should be initially focused.

A business case should underpin the report card so the economic benefits/return on investment of increased funding of chronic disease prevention in Australia, and the resultant improvements in performance against the lead indicators, are well understood.

The report card should be used to advocate for improved health surveillance.

Maintaining engagement and collaboration with all organisations involved in the technical paper and report card will be key to successful implementation.



### A regular report card with multiple levels of presentation to meet the needs of specific audiences

- Use the term report card as it is widely understood<sup>1</sup>
- Create an overall, positive, measure of success e.g. '*the number of lives saved*' - a measure of premature death and/or ill health averted. This would be akin to the road toll figure used in road safety messaging
- Develop a page of headline indicators in a format that appeals to the broader community - use images, simple text and terminology that everyone understands e.g. binge drinking and screen time
- Sitting behind the headline indicators, include the technical detail and more specificity so the report card can be tailored to different audiences

### Format of the report card

- For each indicator, show the trend, where we are at, and where we want to be
- Promote alignment of indicators and messaging at all levels (Commonwealth, states and territories, primary health networks, organisations, and the community)
- Adapt the [Australian Research Alliance for Children and Youth / Healthy People 2020 Leading Health Indicators](#) approaches (avoid traffic lights as they can be confusing and create mixed messages)
- Frame indicators using a life course approach – valuable information could be tracked around high risk periods and could serve as a powerful policy driver
- Place highly technical information in the appendix

### Specific population and equity indicators

- Increase the granularity of indicators around specific populations
- Develop a set of equity indicators to highlight specific at-risk and disadvantaged groups, such as people with disabilities, Aboriginal and Torres Strait Islander people, and those living in rural and remote Australia
- Give consideration to gender, culture and age-specific indicators across all areas

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<sup>1</sup> It was noted that the term 'report card' could have negative associations for vulnerable and disadvantaged people



### Indicator selection and data integrity principles

- Only use measures where good data is available
- Harmonise data categories across indicators e.g. the age definition for children
- Use indicators which have a clear risk-benefit, are not divisive and where there is established national agreement
- Consider wellbeing and quality of life indicators, suicide prevention alone is too narrow
- Place a stronger emphasis on health promotion and disease prevention, particularly primary promotion and primordial prevention
- In technical materials, emphasise data quality issues and data shortfalls, and highlight areas where an indicator is proposed but regular, robust, national data is lacking
- Highlight investment in prevention and health promotion against international benchmarks

### Definition of Success – November 2016

Participants at the forum discussed what success in chronic disease prevention in Australia would look like in twelve months' time.

#### Accountability

- The Commonwealth Government has endorsed a roadmap to create a comprehensive national chronic disease surveillance system that enables the systematic collection of primary health data against the scorecard
- An implementation plan for each theme (detailed in the technical paper) is in place focused on indicators that are well established and will yield quick wins
- The report card is influencing key policy strategies
- ABS is providing data with a level of granularity that is consistent with the report card indicators and target groups
- Bipartisan commitment has been secured for another Australian Health Survey and a commitment to measure health literacy (the last Health Literacy Survey was conducted in 2006)
- The National Strategic Framework for Chronic Conditions and NGOs have adopted the report card indicators
- Primary Health Networks KPIs have incorporated the report card indicators and data is being systematically collected



### Community engagement

- The burden of premature deaths has been converted to an Australian lives saved figure and timeline with a multi-pronged campaign and strategy

### Prevention

- Prevention and health promotion are part of all political party agendas
- Tobacco continues to have sustained political and policy attention
- The [Healthy Food Partnership](#) has bi-partisan support
- A national bi-partisan commitment to front-of-pack labeling for all foods and improved public awareness
- Bi-partisan support exists to regulate and/or tax sugar sweetened beverages and regulate salt
- [Practice Improvement Payments](#) reflect increased uptake of health screenings

## Policy Lever & Intervention Options

### Audacious policy levers and interventions

- Calculate a national, unifying lives saved number and target which defines progress each year
- Lobby for the Prime Minister to present to Parliament each year an update on progress against the lives saved campaign and on premature mortality and chronic disease status as measured by regular, thorough, national chronic disease surveillance
- Fund government health promotion campaigns through a tax on industry marketing and advertising of unhealthy products
- Direct all tax raised on sugar sweetened drinks and alcohol to prevention
- Give credible awards for public health innovation for organisations producing health product improvements in the food industry
- Introduce compulsory national minimum data sets for MBS items related to chronic disease or assign incentive payments for data
- Lobby for an increase in public health funding to 5% of recurrent health spending (from the current 1.5%) and link to projected savings across all departments

### Other policy levers and interventions

#### Community mobilisation

- Through social media, mobilise public outrage by sharing information on how a local community's health rates against others
- Award and promote apps that encourage positive health and healthy eating behaviours
- Publicise the impacts of chronic diseases on our children in order to gain stronger public engagement
- Encourage corporate social responsibility through political parties and organisations signing a pledge to improve chronic disease prevention in Australia
- Through the [Healthy Food Partnership](#) focus on reducing processed food, addressing portion size and introducing mandatory star ratings

#### Service system changes

- Shift from the fee-for-service model used to fund primary health care to outcomes-based funding
- Provide incentives for clinicians to promote evidence-based health promotion and preventative health strategies
- Encourage GPs to prescribe physical activity



- Maintain community rating in the current health insurance review to ensure the blame for poor health outcomes does not shift to individuals
- Fund the recommendations from the [Gonski Review](#)
- Introduce diabetes screening to start the conversation around lifestyle earlier
- Implement and evaluate the [National Diabetes Strategy](#) - it operates across the lifespan and addresses equity

#### ***Place-based action***

- Establish and maintain a closer relationship between Primary Health Networks and local schools
- Mandate health and physical activity in both primary and secondary education
- Lobby for an all-of-government approach to infrastructure and town planning to support and ensure local, equitable access to exercise and healthy living opportunities

#### ***Legislation***

- Mandate the application of health star ratings on processed foods
- Regulate for kilojoule labeling to be included on menus
- Legislate for salt reduction and a ratings system to target high salt foods
- Introduce plain packaging for alcohol and foods high in salt, sugar and fat
- Learning from the [NZ model](#), introduce healthy foods (sugar free policy) into Australian hospitals
- Reduce the exposure of children to advertising and promotion- ban the advertising of foods high in fat, sugar and starch before 9pm
- Introduce more restrictive supply legislation around alcohol (e.g. marketing to children and physical availability), smoking, and take-away foods
- Regulate the marketing of alcohol and food at sporting events

#### ***Tax reform***

- Increase the tax on products delivering a negative health impact
- Influence the tax summit to convey the urgency for public health reform and the economic benefits of investment through taxation
- Influence the GST debate to maintain exemptions for fresh food and vegetables and/or introduce a subsidy for vulnerable and low income families



## Next steps

| Month               | Action   |
|---------------------|--|
| December 2015       | Produce and distribute the AHPC Chronic diseases in Australia: Targets, indicators and accountability, Policy forum report   |
| Ongoing             | Work with the Expert Advisory Group and Working Group Chairs to develop and recommend a strategic response to the policy interventions and levers  |
| February-March 2016 | Develop a report card/s leveraging the expertise of working groups and designers   |
| March 2016          | Create a marketing campaign and public awareness strategy around the technical paper: <i>Targets and indicators for chronic disease prevention in Australia</i> , and this forum summary |
| April 2016          | Launch the report card with and through the collaborative network  |
| Ongoing             | Collaboratively pursue investment in the report card development and promotion   |
| June 2016           | Develop a policy strategy to complement the launch of the report card  |

## Reference

McNamara, K, Knight, A, Livingston, M, Kypri, K, Malo, J, Roberts, L, Stanley, S, Grimes, C, Bolam, B, Gooley, M, Daube, M, O'Reilly, S, Colagiuri, S, Peeters, A, Tolhurst, P, Batterham, P, Dunbar, JA & De Courten, M (2015), *Targets and indicators for chronic disease prevention in Australia*, Australian Health Policy Collaboration technical paper No. 2015-08, AHPC, Melbourne.

