

15 July 2009

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Legislative Assembly  
Parliament House  
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Dear Dr Worth

Thank you for the opportunity to provide a submission to the *Review of WA's Current and Future Hospital and Community Health Care Services* by the Education and Health Standing Committee of the Legislative Assembly.

The health of the individual is determined not only by their physical and psychological make up and health behaviours, but also by education, income and employment. It is also influenced by their access to health services; the place in which they live and its culture; the advertising for products that they are exposed to; and the laws and other regulations that govern the society in which they live.

The prevention of disease and the promotion of health are often recognised as integral parts of an effective health system; however, they are rarely afforded the required level of political support and resources needed to achieve the desired outcomes.

The importance of 'whole of population' strategies to prevent disease and promote health requires an understanding of the concept of the prevention paradox: a preventive measure that brings large benefits to the community offers little to each participating individual.<sup>1</sup>

The paradox of successful prevention strategies, whether regulatory in nature or by way of programs or campaigns designed to educate and persuade, is that they work when nothing happens. For example, people who don't suffer a heart attack at age 45 do not tend to express their thanks to the Heart Foundation.

A similar observation was made by Professor D'Arcy Holman:

*An adult person cannot write to the Minister (for Health) to express gratitude on the day he or she did not succumb to a myocardial infarction or stroke because of lifestyle modification.<sup>2</sup>*

<sup>1</sup> Rose G, Strategy of Prevention: lessons from cardiovascular disease. *British Medical Journal*. 282, 1847—51.

<sup>2</sup> Holman, CDJ. The Political Arithmetic of Public Health. *Health Promotion Journal of Australia* 1992;2(1): 4-6.

Professor Holman made this statement in the early 1990s when he wrote that the Minister for Health never receives a letter from a member of the community thanking him for the heart attack he or she did not have.

This is despite heart disease being a leading cause of preventable death in Australia, claiming almost 23,000 lives each year.<sup>3</sup> Heart Disease is a major contributor to cardiovascular disease, the leading cause of death in Australia, and one of the biggest burdens on our national economy,<sup>4</sup> accounting for an estimated \$14.2 billion in both direct and indirect financial costs in 2004.

Professor Holman also wrote:

*Unlike the clinical world where praise and expressions of gratitude flow readily, those who make a commitment to public health, and especially those who devote themselves to unpopular forms of prevention, which are not demand-driven, are often on the receiving end of barbed criticism from vested interests, stigmatisation from colleagues who should know better, and constant calls for justification from those responsible for the allocation of resources.*

In support, and as early as 1979, Mark Worden, Director of the Douglas County Council on Alcoholism<sup>5</sup> drew a distinction between different approaches to the prevention of disease and harm caused by the consumption of alcohol and other drugs. He described popular prevention, as modelled on therapy, involving working with adequate people in life-enhancement activities. In contrast, unpopular prevention is policy-oriented and aims at the social economic and political structures contributing to alcohol and drug abuse.

Measures most often called for by community members to reduce the impact of alcohol, tobacco and substance abuse tend to be the least effective. In contrast, the most effective measures are the least popular and are probably the most difficult for governments to introduce, as they require strong leadership and well-planned implementation. These measures often challenge vested interests, particularly the manufactures and marketers of substances like alcohol and tobacco.

Successful public health programs have not relied on a single strategy, but have used a comprehensive approach.<sup>6</sup> In Australia, the best examples are tobacco control, campaigns to reduce the impact of road trauma, and programs designed to reduce the incidence and impact of HIV AIDS.

The Reid Report<sup>7</sup> emphasised the importance of prevention:

*An increased focus on health promotion, improved interface between general practice and the public health system and enhanced community-based aged care, mental health and Aboriginal health services will not only improve the health status of Western Australians, but will reduce the growth in demand for*

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<sup>3</sup> Australian Bureau of Statistics. Causes of Death 2006 (3303.0). March 2008

<sup>4</sup> Access Economics, The Shifting Burden of Cardiovascular Disease, 2005.

<sup>5</sup> Worden M, Popular and Unpopular Prevention. Journal of Drug Issues Inc. Summer 1979, pp425—433.

<sup>6</sup> Warner KE, Tobacco Control Policy, Robert Wood Johnson Foundation Series on Health Policy 2006, Jossey-Bass. A Wiley Imprint. San Francisco, CA.

<sup>7</sup> Report of the Health Reform Committee March 2004. A Health Future for Western Australians. Western Australia Department of Health.

*hospital emergency care and beds. Much of the demand for hospital services is for conditions that are clearly preventable with appropriate health promotion and prevention strategies. Substantial investment in these strategies is warranted and necessary.*

This emphasis was underpinned by evidence that preventive action has the potential to improve health outcomes and quality of life, reduce inequalities in health, and minimise unnecessary demand for health care services; therefore, reducing costs.<sup>8</sup> There is good evidence that 60 per cent of type 2 diabetes can be attributed to obesity, overweight and lack of physical activity;<sup>9</sup> more than half of all cancers and around 75 per cent of cardiovascular disease<sup>10</sup> can be prevented.

The Reid Report draws attention to the role played by prevention in addressing the unsustainable increases in health expenditure in Western Australia. Prior to 2004, the growth in health expenditure averaged 8.5% per annum, compared to a growth of around 5% for all other State Government agencies.

The Report also recommended a multipronged strategy to ensure financial sustainability which:

- *endeavours to keep people out of expensive hospital care through improved **health promotion, prevention and community-based care***
- *shifts the balance from high cost tertiary care (about 80% of admissions to Perth's tertiary hospitals are for secondary type services and general hospital care)*
- *improves clinical practices in hospitals – focusing on reducing length of stay, increasing day of surgery admissions, increasing day procedures and improved utilisation reviews, where clinically appropriate*
- *achieves greater efficiency in existing services such as pathology, pharmacy, food, procurement and the overall cost structure of hospitals, and*
- *improves the revenue base.*

The Heart Foundation is not arguing for prevention to replace the provision of clinical or curative health services. Rather, there needs to be an appropriate balance between the resources allocated to dedicated prevention activities and those allocated to the delivery of clinical services. The organisation and delivery of prevention within public health programs and health services across the State should be afforded a higher level of priority.

While the current Federal Government has demonstrated an interest in prevention with the establishment of the Preventative Task Force, the allocation of resources dedicated to prevention programs remains at less than two per cent of the total health budget.<sup>11</sup>

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<sup>8</sup> National Public Health Partnership. Preventing Chronic Disease: a strategic framework. Melbourne: National Public Health Partnership, 2001.

<sup>9</sup> Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD, 2007 The burden of disease and injury in Australia 2003. PHE 82. Canberra: AIHW.

<sup>10</sup> Beaglehole R, Global cardiovascular disease prevention: time to get serious. The Lancet 358 (2001): 661—663.

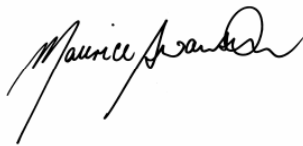
<sup>11</sup> Australian Institute of Health and Welfare. September 2008. Public health expenditure in Australia 2006—2007

In Western Australia, the resources allocated to dedicated prevention activities to address alcohol, tobacco, illicit drugs, and the promotion of healthy lifestyles have not increased, in real terms, in recent years. This is despite: the overwhelming evidence that comprehensive approaches to prevention are effective in changing health behaviours and do so cost effectively;<sup>12</sup> and the strong recommendation of the Reid Report to implement a major, coordinated, long-term health promotion program that has an integrated lifestyle approach to prevent cardiovascular disease, cancer and diabetes. This program should include a particular focus on Aboriginal communities.

The Heart Foundation urges the Education and Health Standing Committee of the Legislative Assembly to investigate the current allocation of resources dedicated to prevention activities by the Department of Health WA. This investigation should also examine the trend in the allocation of these resources over the last 10 years, with a consideration for the effects of inflation, and the priority given to prevention as a crucial component of an effective health system.

The Heart Foundation strongly recommends an increased investment in prevention that takes a comprehensive approach.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Maurice Swanson', written in a cursive style.

Maurice G Swanson  
Chief Executive  
14 July 2009

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<sup>12</sup> Population Health Division of the Commonwealth Department of Health and Aged Care, 2003. Returns on Investment in Public Health: an epidemiological and economic analysis. Canberra: Commonwealth Department of Health and Ageing.