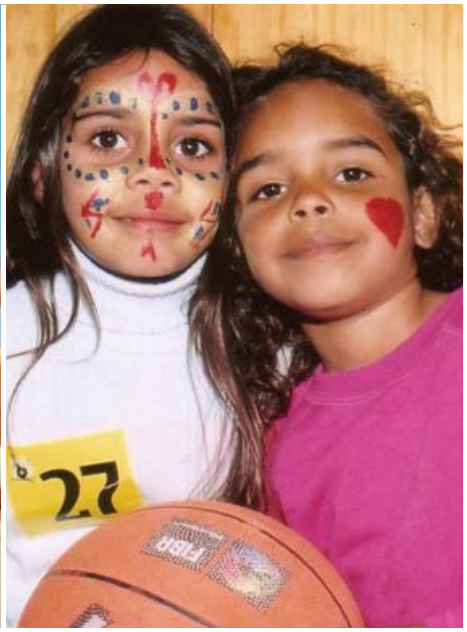
OUR GREATEST HEALTH CHALLENGE

PREVENTION 1ST 2016 ELECTION PLATFORM



PREVENTION 1ST

Elevating preventive health policies to tackle chronic disease:
Australia's greatest health challenge

MAY 2016

FOREWORD

Chronic diseases are responsible for 83 per cent of all premature deaths in Australia[1] and 66 per cent of the burden of disease,[2] making it our nation's greatest health challenge.

Conditions such as heart disease, dementia, stroke, chronic kidney disease, lung disease, type 2 diabetes and cancer are all too common in Australia, placing great pressure on our families, communities and healthcare systems.

Dealing with these diseases comes at an estimated $27 billion cost to the Australian community and accounts for more than a third (36 per cent) of our national health budget.[3] As the population ages, this burden will grow, placing even greater pressure on our already overstretched healthcare system.

Australia urgently needs a strategy to prevent these conditions from occurring and to halt their increase.

A third of chronic diseases can be traced back to four modifiable risk factors: alcohol and tobacco use, physical inactivity and poor nutrition.[4] Chronic diseases are also linked to a range of mental health conditions such as depression and anxiety.[5] This has been recognised by the World Health Organization (WHO) who have developed a set of global targets to achieve a 25 per cent reduction in the burden of chronic disease by the year 2025. Australia is a signatory to this plan, and with the 2025 deadline looming, it is imperative that decisive action be taken to ensure that these targets are met.

We cannot ignore the size of the problem. It is a national shame that our children are likely to have lower life expectancies because of the rising rates of obesity.[6]

This is not a problem without solutions. The Australian Institute of Health and Welfare (AIHW) says nearly a third of Australia's burden of disease is preventable.[7]

Every child has the right to grow and live in an environment that provides them with the opportunity to live a long and healthy life. To do this we must ensure that we must create a supportive environment.

We can no longer afford to ignore the tide of chronic disease that is drowning our already overburdened health system.

This election provides an opportunity for all political parties to commit to action to prevent chronic disease and put prevention first.

Our message is simple - if you care about health you care about prevention.

To put Prevention 1st this election, we are calling for action in seven areas:

1. Increase the expenditure on preventive health and ensure that resources are appropriately allocated to address the burden of chronic disease.
2. Commit to achieving the World Health Organization's 2025 non-communicable disease reduction targets and publicly report on progress in reaching these targets.
3. Reform tax systems to minimise economic externalities, encourage healthier choices, and maximise health and economic benefits to the community.
4. Implement a health labelling regime on alcohol and food products to provide information to the community at the point of consumption.
5. Stop the unhealthy promotion and marketing of products that are associated with increased risk of chronic disease.
6. Create physical and social environments that support individuals and communities to make healthy decisions.
7. Fund public education campaigns on alcohol, tobacco, physical inactivity and poor nutrition.

The Prevention 1st election platform lays out a clear roadmap to overcome our greatest health challenge and reduce the burden of chronic disease.

We call upon all parties to declare their commitment to putting Prevention 1st.

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The Australian Institute of Health and Welfare (AIHW) defines chronic disease as Australia's biggest health challenge, being responsible for 83 per cent of premature deaths (deaths among people aged less than 75 years)[8] and 66 per cent of the total burden of disease.[9] In addition to this burden, chronic disease also represents a significant burden for the Australian people. In 2008-09, the economic burden of chronic disease was estimated at $27 billion. This is more than a third of Australia's health budget.[10] The costs associated with chronic disease are not just borne by government, but also fall to private health insurers and individuals (through out-of-pocket costs).

Chronic disease, also referred to as non-communicable diseases (NCDs), describe health conditions that are of long duration, have slow progression and are not transmitted from person to person. The four main types of chronic diseases are cardiovascular diseases, cancers, diabetes and chronic respiratory diseases.[11] Other types of chronic disease include chronic respiratory conditions such as asthma, dementia and musculoskeletal conditions such as arthritis and osteoporosis. There is also often added complexity for people with chronic disease because many people living these are often living with multiple conditions.

Chronic disease also impacts the families and communities of people affected. With dementia alone, it is estimated that 1.2 million Australians are involved caring for a person living with dementia.[12]

The four modifiable risk factors: alcohol, tobacco use, physical inactivity and poor nutrition, contribute to 31 per cent of all diseases.

The World Health Organization (WHO) has recognised the enormity of this health threat and as a result has developed a set of targets and indicators to reduce the burden of chronic disease. These are outlined in the *Global action plan for the prevention and control of non-communicable diseases 2013-2020* (Global Action Plan). The overarching objective of the Global Action Plan is a 25 per cent reduction in premature mortality from NCDs by the year 2025, with 2010 as the baseline year. The Global Action Plan comprises nine voluntary targets with 25 indicators, representing a mixture of prevention and management interventions. These nine WHO NCD targets include targets for the four main modifiable risk factors:

- At least ten per cent relative reduction in the harmful use of alcohol.
- A ten per cent relative reduction in prevalence of insufficient physical activity.
- A 30 per cent relative reduction in mean population intake of salt/sodium.
- A 30 per cent relative reduction in prevalence of current tobacco use in persons aged 15 years and older.

Action to address each of these risk factors is needed to reverse the increasing burden of chronic disease, along with broader measures to address the underlying social and economic determinants of health and other conditions that impact on health and wellbeing such as mental health.[a]

Of the four modifiable risk factors, only smoking has decreased markedly in the population, with the other three risk factors stable or increasing.[13] Strategies to reduce smoking have had visible success in Australia, including regulations at point of sale, taxation measures and public education campaigns.[14] It is important to not only sustain and continually improve efforts in tobacco control, but to dedicate an equivalent amount of attention to the other risk factors and the underlying causes of chronic disease.

a There is a high prevalence of chronic disease among people with a mental health condition [National Health Priority Action Council (NHPAC). (2006). *National chronic disease strategy.* Canberra: Australian Government Department of Health and Ageing.]. The presence of a mental health condition has an impact on the management of chronic disease.

1. Increase the expenditure on preventive health and ensure that resources are appropriately allocated to address the burden of chronic disease.

In Australia, spending on public health as a proportion of all recurrent health expenditure is low and decreasing. In 2012-13, just 1.5 per cent of total recurrent health expenditure was allocated to preventive health.[15] This is a reduction from a high of 2.2 per cent in 2007-08[b] and is significantly less compared to other countries. In 2013, the Organisation for Economic Co-operation and Development (OECD) reported that New Zealand dedicated seven per cent of total health expenditure to public health, with Canada close behind at 5.9 per cent.[16] Australia ranked in the lowest third of OECD countries.[17]

Australia needs to focus attention on reducing chronic disease if we are to meet the WHO NCD targets of a 25 per cent reduction in chronic disease by 2025 and improve the health of those at risk. A focus on preventive health will reduce costs and enhance health and wellbeing. This will have a beneficial impact on the health budget, leading to a healthier population and lower healthcare spending.

Return on investment studies have shown that small investments in prevention are cost effective and have substantial returns, both in the short and longer terms.[18] Studies have found that:

- every $1 spent on tobacco cessation programs, has an average return of $1.26[19]
- every $1 invested in food and nutrition education, has a $10 return in reduced healthcare costs[20]
- every $1 invested in cardiovascular research, has an estimated benefit of $5.[21]

Looking at tobacco control specifically, the decline in tobacco consumption attributed to health promotion campaigns had net benefits of at least $2 billion in the 30 years between 1970 and 2000 and in 1998 alone, with more than 17,000 deaths averted.[22] Alzheimer's Australia estimates that the introduction of an intervention that delays the onset of dementia by five years would reduce the cumulative number of people with dementia by 30 per cent, sparing almost a million people from a diagnosis.[23] It has also been reported that $20 million spent on a national food reformulation campaign to reduce salt would provide the same health improvements as $1.5 billion spent on antihypertensive drugs.[24]

Investing in prevention makes sense on both a health and economic basis. Population-level approaches are more cost effective, costing on average five times less than individual interventions.[25] Australia needs to increase the expenditure on preventive health to ensure that resources are appropriately allocated to reduce and prevent the burden of disease. This money needs to be quarantined for health. A proportion of the revenue generated from taxation on tobacco and alcohol products should also be directed to preventive health as a mechanism to increase expenditure.

ACTIONS TO PUT PREVENTION 1ST

- **Increase spending on preventive health by 2020 to at least five (5) per cent of total health expenditure.**
- **Ensure effective monitoring and evaluation of preventive health strategies, with commitment to ongoing funding of the Australian Health Survey and associated National Health Measures Survey.**

b Prior to 2007-08, expenditure was maintained at 1.8 to 1.9 per cent.

2. Commit to achieving the World Health Organization's 2025 non-communicable disease reduction targets and publicly report on progress in reaching these targets

Australia is a party to the World Health Organization's (WHO) *Global action plan for the prevention and control of non-communicable diseases* (NCDs) *2013-2020* (Global Action Plan). The Global Action Plan aims to reduce the burden of NCDs by 2025 through action on nine targets measured by 25 indicators of performance (WHO 2013). WHO states that all countries need to set national NCD targets, develop and implement policies to attain them, and establish a monitoring framework to track progress. These include four targets on the four main modifiable risk factors:

- At least ten per cent relative reduction in the harmful use of alcohol.
- A ten per cent relative reduction in prevalence of insufficient physical activity.
- A 30 per cent relative reduction in mean population intake of salt/sodium.
- A 30 per cent relative reduction in prevalence of current tobacco use in persons aged 15 years and older.

Following a UN General Assembly Review, countries committed to undertake action including:

- by 2015, setting national NCD targets for 2025, consistent with voluntary global targets
- by 2015, developing national NCD multisectoral plans to achieve the national targets
- by 2016, implementing policies and interventions to reduce NCD risk factors and underlying social determinants.

It is essential that the nine targets identified by WHO are appropriately reflected in Australian prevention efforts. These targets will provide direction and allow monitoring of the progress towards achieving a reduction in chronic disease in Australia.

No national targets and indicators have been set by the Commonwealth Government to meet the WHO global targets. With less than ten years remaining to honour this commitment, decisive action needs to be taken immediately. The Australian Health Policy Collaboration (AHPC)[c] has developed a set of national targets and indicators to support Australia's efforts in preventing chronic disease.[26] The four modifiable risk factor targets developed by AHPC are:

Alcohol use	At least ten per cent relative reduction in the harmful use of alcohol, with regard to per capita consumption, heavy episodic drinking and alcohol-related morbidity and mortality.
Physical inactivity	A ten per cent relative reduction in prevalence of insufficient physical activity.
Salt/Sodium intake	A 30 per cent relative reduction in mean population intake of salt/sodium.
Tobacco use	A 30 per cent relative reduction in prevalence of current tobacco use in persons aged 14+ years. A reduction in smoking rates among adults over 18 years with a mental illness by 30 per cent by 2020 and 60 per cent by 2025.

Along with these national targets, a set of detailed indicators has been developed to measure the progress against each of these, such as hospital admissions for alcohol use disorders using the International Classification of Diseases (ICD) coding.

Progress against these targets should be reported publicly to increase accountability for preventive actions. Public reporting of health targets happens in other areas of health such as emergency department waiting times. In contrast, the public reporting of preventive health progress is limited, meaning that there is less accountability for these targets. Currently, there is no mechanism by which progress against efforts to prevent chronic disease is publicly reported. This lack of accountability needs to change.

c The Australian Health Policy Collaboration (AHPC) is an independent think tank that aims to use evidence-based research to contribute to a whole of population approach in policies, funding, institutional arrangements and service models to better prevent and manage chronic disease in Australia.

A commitment from the Commonwealth Government to achieve the WHO NCD targets is needed to ensure that the burden of disease is reduced. This commitment should include detailed plans and strategies for each of the four risk factors and allow governments to publicly report against the progress in reaching these targets.

The lack of centralised focus, dedicated funding and public accountability for the prevention of chronic disease is hampering Australia's capacity to meet the WHO's chronic disease targets by the year 2025. To ensure that an investment in prevention is directed at the appropriate policies to meet the WHO NCD targets, the Council of Australian Government's (COAG) should develop a national vision for Australia's health that sets clear principles for a consumer-centred health care system.

ACTIONS TO PUT PREVENTION 1ST

- **Adopt the national targets and indicators developed by the Australian Health Policy Collaboration to achieve the WHO NCD targets and publicly report against progress in achieving these.**
- **Fund and implement a national plan or strategy for each of the four modifiable risk factors that requires reporting against the progress in reaching the WHO NCD targets.**

3. Reform tax systems to minimise economic externalities, encourage healthier choices, and maximise health and economic benefits to the community.

It is well-known that price is a key driver of consumer behaviour.[29] The price of tobacco products, for example, has an inverse relationship with the rate of smoking in a population.[30] Pigovian or corrective taxes such as those applied to tobacco and alcohol have been used to change behaviours and prevent harms and to reduce the social costs of these harms on the community.

Alcohol taxation is also effective in reducing alcohol consumption and consequent harms among targeted groups (such as harmful drinkers and young people) and is cost beneficial. Introducing a differentiated tax for all alcohol products and applying a ten per cent increase to all alcohol excise will raise $2.9 billion annually and achieve a 9.4 per cent reduction in alcohol consumption. There is strong evidence to demonstrate that the lower the price of alcohol, the higher the levels of consumption.[31] Young people and heavy drinkers are particularly sensitive to alcohol price, with the heaviest drinkers more likely to seek out cheaper drinks than moderate drinkers.[32] Evidence clearly demonstrates that alcohol taxation reform is the most cost-effective measure to reduce alcohol harms.

Recently, the United Kingdom announced a new tax on sugar sweetened beverages to address child obesity levels, since sugar sweetened beverages are a significant contributing factor to childhood obesity. The revenue from the new tax will be used to provide more sports funding for schools. In announcing the new tax, the Chancellor of the Exchequer, George Osborne, said "I am not prepared to look back at my time here in this parliament, doing this job and say to my children's generation, 'I'm sorry. We knew there was a problem with sugary drinks. We knew it caused disease but we ducked the difficult decisions'."[33]

Australians consume a large quantity of soft drinks. In 2006, Australia was one of the top ten countries for per capita consumption of soft drinks.[27] A sugar tax in Australia could save more than 1,600 lives and raise $400 million per year for obesity prevention initiatives.[28]

At the same time as taxing products appropriate to their risk of harm, it is essential that fresh produce remains exempt from the Goods Services Tax (GST). Modelling has shown that adding GST to fruits and vegetables would result in an additional 90,000 cases of ischaemic heart disease, stroke and cancer over the lifetime of the population.[34]

It's time that Australia stopped ducking the difficult decisions. Consideration needs to be given to how taxes are applied to products that are associated with the four common risk factors as a mechanism to reduce and prevent chronic disease.

ACTIONS TO PUT PREVENTION 1ST

- **Apply corrective taxes on soft drinks and alcohol beverages to reduce harm associated with these products.**
- **Maintain the Goods and Services Tax (GST) exemptions for fresh food and vegetables.**

4. Implement a health labelling regime on alcohol and food products to provide information to the community at the point of consumption.

Consumers should be informed about the content of food and beverage products so that they can make healthier choices. Product labelling provides an opportunity to promote health warnings and nutritional information at the point of sale and the point of consumption in a way that other health promotion initiatives do not.

A rigorous labelling regime, complemented by a robust social marketing campaign, is central to the success of tobacco control. Australia has demonstrated leadership in tobacco control by introducing health warnings in 1973, graphic health warnings in 2006 and plain packaging of all tobacco products in 2012.

No such labelling exists for alcohol. The Legislative and Governance Forum on Food Regulation (FoFR) declared that the alcohol industry had two years to implement voluntary pregnancy health information labels on alcohol products, before regulating this change. This voluntary period was extended a further two years to 2016.

The alcohol industry organisation DrinkWise developed its own labels and introduced the voluntary scheme in July 2011. Evaluations of this scheme have found that the messages are weak, with low visibility and limited coverage of alcohol products.[35] International evidence has shown that without government regulation, industry-led public health initiatives are likely to be contaminated with vested interests, resulting in weak messages that downplay the serious risks associated with harmful products.[36]

While nutrition information panels and allergen advice are mandatory on food products, there is some health information for food that exists on a voluntary basis. The Health Star Rating system for packaged food was introduced in July 2014 and is being implemented across Australia by the food industry over the next five years, with a progress report after two years. The rating conveys the overall nutritional profile of packaged foods on the front of the product, with 'healthier' products assigned a higher number of stars. The scheme was developed by Australian governments in conjunction with industry, public health and consumer groups.[37]

The introduction of this system has fallen short of expectations. Its voluntary nature means that there has been limited uptake by the food industry, particularly by manufacturers whose products attract a lower number of stars.[38] Other limitations include the emphasis on nutrients, which can be reformulated to increase the number of stars, rather than emphasising the whole food and its place in the five food groups of the Australian Dietary Guidelines. Discretionary foods have taken advantage of this and made these foods appear healthier than they really are.

The placement of the health star rating system on packaged food only also limits its effectiveness since many foods from the five food groups are not packaged, such as fresh fruit and vegetables, and therefore do not display the stars.[39] It is important that the two year evaluation is undertaken and improvements to the system identified as part of this process. The results of this evaluation should be made publicly available.

Labelling provides a key method of promoting informed choice at both the point of sale and consumption, and should be an essential feature of any product that carries a risk of harm with consumption. To ensure its success, product labelling should be mandatory, government-regulated and developed by public health experts using the evidence-base of what works.

The effectiveness of health warning labels is dependent on a number of factors, including design and placement and the message itself. The size of the label, position on the pack, choice of colours, typeface and layout all determine

whether a health warning label is noticed or not. The content of the message is critical since this determines whether or not people will respond. This means that the message needs to be clear, simple and direct and targeted at different audiences to provide credibility and relevance. A variety of messages are needed and these need to be rotated and reviewed to reinforce their impact.[40,41]

ACTIONS TO PUT PREVENTION 1ST

- **Implement mandatory health warning labels on all alcohol products.**
- **Publicly release the 2016 progress report for the Health Star Rating system.**
- **Mandate the application of the Health Star Rating system on all processed foods.**

5. Stop the unhealthy promotion and marketing of products that are associated with increased risk of chronic disease.

Advertising plays a significant role, not only in promoting the consumption of certain products by individuals, but also in shaping preferences and embedding the consumption of such products as a normal part of everyday life. Advertising imposes significant influences on consumer behaviour, especially for young people who are forming habits that may persist to adulthood, which counter efforts to promote a healthy diet and maintain a healthy weight.

Advertising includes print and broadcast media but also digital and social media, sponsorship of events, outdoor advertising and product placement. The new opportunities for advertising through smartphone applications and games has led to a blending of advertising messages with interactive content which are increasingly targeted at children. Online advertising has particular advantages since it is easily accessible, is interactive (such as through games, competitions and social networking), can lead to repetitive and sustained engagement, particularly with online games, and the advertising reach is extended exponentially as young people share with friends who in turn share with their friends and so on.[42] Adding to the extended reach of online advertising, is the increased power of the message associated with peer-to-peer recommendations.

Sponsorship of activities such as sporting and cultural events is another powerful means product promotion. Industry sponsorship is growing as corporations are increasingly recognising the potential to increase brand awareness, enhance reputation and increase sales by improving their image through positive associations with these events.[43] Examples of these types of relationships include partnerships between Hungry Jacks and the Australian Football League (AFL) and National Rugby League (NRL)[44] and Victoria Bitter's (VB) partnership with Cricket Australia.[45] These relationships are concerning when they target young children since they are responsive to advertising. Examples of sponsorship arrangements targeted at children is the agreement between McDonalds and Little Athletics[46] and Coca Cola and the Bicycle Network, an initiative to get teenagers riding their bikes called 'The Happiness Cycle'.[47]

Unhealthy foods and beverages are aggressively promoted in Australia with comparatively few neutralising messages that encourage healthy eating or reduced alcohol consumption.[48] The majority of unhealthy food advertising is aimed at children[49] and although alcohol is prohibited for purchase by people under the age of 18, the evidence strongly demonstrates that young people are regularly exposed to alcohol advertising.[50] In fact, not only have young people been exposed to this advertising, there is evidence that shows that producers and marketers target young people.[51] This is a concern since exposure to alcohol advertising by young people has been shown to have an impact on their future alcohol consumption behaviours, with a higher volume of exposure associated with a lower age at which they start drinking and higher consumption levels if they are already drinking.[52]

Regulation of unhealthy food and alcohol advertising in Australia currently involves a number of quasi and self-regulatory codes that attempt to regulate the 'content' or the 'placement' of advertising. This results in systems that are convoluted and ineffective in that there are few, if any, penalties or sanctions for those who breach the various

provisions in the codes.[53] In the case of marketing unhealthy foods to children, the food companies themselves define whether a product is a 'healthier choice'.[54] As for alcohol advertising, the voluntary nature of the code means that not only do alcohol producers choose whether or not to participate in the Alcohol Beverages Advertising Code (ABAC) Scheme, but industry members also decide whether or not an advertisement breaches the ABAC.

Action is required to ensure a reduction in children and young people's exposure to promotions of unhealthy food and alcohol products. Research has shown that a reduction in advertising is one of the most cost effective measures in reducing harm from these products. This has been observed with tobacco in Australia where the ban on advertising has contributed to the decline in smoking rates.[55]

ACTIONS TO PUT PREVENTION 1ST

- **Ban sponsorship at sporting events for unhealthy foods, sugary drinks and alcohol products.**
- **Ban television advertising of unhealthy foods, sugary drinks and alcohol products during peak viewing times for children.**

6. Create physical and social environments that support individuals and communities to make healthy decisions.

The majority (60 per cent) of Australian adults, nine in ten young people and two in three children do not meet the recommended levels of physical activity for their age group. Contributing to this failure to meet the recommended guidelines is sedentary behaviour related to screen based entertainment with less than nearly 50 per cent of eight year olds and 80 per cent of 16 year olds exceeding the recommended screen time of less than two hours per day.[56] Regular physical activity, a healthy diet and engaging in lifelong learning reduces the risk of dementia.[57]

The environments in which people work and play have an impact on the choices that people make. To make healthy decisions, individuals and communities need an environment that is itself healthy and which provides opportunities to live a healthy life.[58] In creating healthy environments, consideration should be given to the profile of the population, lifestyle, community and economic factors, the built and natural environments and the opportunities available for working, education, transport, shopping, playing and living.

Physical activity is important to achieve and maintain a healthy weight and lifestyle. From birth through to adulthood, physical activity plays an important role in the development of motor skills and good bone, heart and psychosocial health.[59] Environments that support a more active lifestyle offer safe places for people to walk and cycle, the ability to walk to shops and local parks and easy access to public transport. While organised physical activity such as playing sport or going to the gym are important components of a healthy lifestyle, incidental physical activity, where people walk or ride their bikes rather than take the car, contribute to overall activity levels and therefore play an important role in overall health and wellbeing.

Increased availability of unhealthy products is problematic. A study from the United Kingdom (UK) found that the availability of unhealthy food outlets in home, work and commuting environments was associated with slightly higher takeaway consumption, higher body mass index and an increased risk for obesity.[60] There is also evidence of the positive relationship between the density of unhealthy food outlets and obesity of children.[61,62] An association between alcohol-related chronic disease and higher outlet density has also been identified, particularly with takeaway alcohol.[63] As with alcohol outlet density, higher trading hours is associated with higher alcohol consumption which is a risk factor for chronic conditions such as liver cirrhosis.[64]

Action is required to develop environments that support and encourage healthy dietary choices. This is an important part of efforts to develop healthier environments for people to work and play.

ACTIONS TO PUT PREVENTION 1ST

- **Ensure infrastructure funding supports and promotes walking, cycling and public transport projects.**
- **Reduce the availability of takeaway food and alcohol outlets by restricting hours and limiting outlet density to encourage healthy food and beverage choices.**
- **Provide tax incentives to encourage employees to walk, cycle or take public transport to work.**

7. Fund public education campaigns on alcohol, tobacco, physical inactivity and poor nutrition.

Public education campaigns increase awareness of health harms and, when implemented as part of a comprehensive campaign, can lead to behaviour change.[65]

Examples of successful campaigns include the tobacco *Every Cigarette is Doing you Damage* and skin cancer *Slip Slop Slap* campaigns. Diet and physical inactivity in Australia are currently subjects of a number of social marketing campaigns, such as *Healthy Kids*[66] and *Go for 2 & 5*.[67] NSW Health's *Make Healthy Normal* campaign focuses on normalising healthy choices in terms of nutrition and exercise in order to improve health. However, more needs to be done to advance diet and physical activity to the levels seen in tobacco control.

Compared to the other three modifiable risk factors, alcohol has received relatively little attention. There have been no sustained social marketing campaigns focused on alcohol apart from those relating to drink driving. It is vital to educate Australians on the importance of reducing or ceasing their alcohol consumption in preventing chronic disease. Few Australians recognise the links between alcohol and chronic health harms such as stroke (44 per cent), mouth and throat cancer (30 per cent) and breast cancer (16 per cent).[68]

Sustained, evidence-based public education campaigns are needed that target the top four modifiable risk factors. These campaigns should draw on the success of previous public health education campaigns such as the smoking cessation campaigns, *Live Lighter* healthy weight campaign.

The Settings Based approach to health promotion is increasingly recognised as an effective method of engaging people and specific communities in targeted health promotion interventions in the contexts in which people live. Widely cast messages through public education and information campaigns should be reinforced and underpinned by complementary health promotion initiatives targeted at key settings including workplaces to promote health promotion policies, practices and procedures across a range of organisational settings. School based educational programs are also vital to ensuring that key health messages are being disseminated to young people who are beginning to form lifelong habits. The primary healthcare sector is also an essential component of a Settings Based approach as it allows for the integration of healthy lifestyle advice and prescriptions into chronic disease management.

ACTIONS TO PUT PREVENTION 1ST

- **Fund sustained, evidence-based public education campaigns that address alcohol, tobacco, physical inactivity and poor nutrition to encourage healthy living.**
- **Implement a series of supporting, evidence-based health promotion activities in key settings such as workplaces, primary healthcare and schools to reinforce knowledge and skills for behaviour change.**

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