

AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE



INVEST IN PREVENTION TO SAVE LIVES FROM CHRONIC DISEASE

ACDPA Position Statement

ACDPA recommends that Federal, State and Territory governments:

1. Fund and implement the National Preventive Health Strategy and Blueprint for Action.
2. Commit to the Strategy's target to increase investment in preventive health to 5% of total health expenditure by 2030.
3. Prioritise prevention investment based on evidence, effectiveness and relevance, as outlined in the Strategy. This includes investment in cancer screening and chronic disease health checks, which are cost-effective and feasible interventions that support risk assessment, management of risk, and early detection.

CHRONIC DISEASES are the leading cause of death and disability



PREVENTING CHRONIC DISEASE IS AN ECONOMIC AND ETHICAL IMPERATIVE

Millions of Australians are affected by chronic diseases. More than 5.6 million Australians are living with cardiovascular disease, diabetes and/or chronic kidney disease.¹ Around 1.1 million Australians are living with cancer.²

Millions more are unaware they have a high risk of disease, due to risk factors like overweight and obesity, smoking, unhealthy diets, physical inactivity, high blood pressure, high cholesterol, and high blood glucose. Many chronic conditions share risk factors and interact to increase risk.

Much chronic disease burden could be avoided by changing environments, helping people to change behaviours, and medical interventions to reduce risk.

Our health system is geared towards treating and managing existing conditions. Chronic conditions cost the health system around \$38 billion each year,³ which far outweighs investment in prevention.

Less than 2% of our national health budget is spent on prevention.⁴ This is lower per capita than many OECD countries, including Canada, New Zealand, and the United Kingdom.⁵

While Australia performs comparatively well on population health indicators, there is a strong economic case for increasing prevention spending due to the avoidable costs of disease, pressure on the health system, cost-effectiveness of interventions, and return on investment.

National and international evidence supports many cost-effective and even cost-saving approaches to prevent and control chronic disease, including public health campaigns, government regulations to change environments and support behaviour change, and interventions to assess and manage risk of disease.⁶ The expected return on investment is \$14 for every \$1 invested in prevention.⁷

BEYOND THE ECONOMIC ARGUMENT IS THE HUMAN COST OF CHRONIC CONDITIONS

There is a strong link between chronic conditions and mental ill health. Many people with chronic conditions experience anxiety or depression, and 80% of people with mental illness have serious physical health conditions,⁸ like heart disease, diabetes, cancer, stroke or kidney disease.

For people living with multiple chronic conditions, there is increased risk of psychosocial distress, chronic pain and restrictions or limitations in everyday activities.⁹

There are also stark inequities due to chronic disease across Australia. Around 80% of the mortality gap between Aboriginal and Torres Strait Islander adults and non-Indigenous adults is due to chronic disease.¹⁰ There are inequities in risk factors, access to care, treatment options and outcomes for Indigenous Australians, and people living in rural and remote areas or with socioeconomic disadvantage.

We could prevent an enormous amount of disease burden with funding for evidence-based solutions. The National Preventive Health Strategy 2021-2030 includes a target to increase investment in prevention to 5% of government health budgets. ACDPA strongly supports this target for increased and sustained prevention spending, and determining investment based on evidence and impact to ensure the best use of ongoing funds.

COVID-19 has changed the chronic disease landscape, with lockdowns and health system pressures contributing to delayed preventive health checks, screening and surgeries. Funding for cancer screening and chronic disease health checks is crucial to minimise the effects of the pandemic by enabling access to risk assessment, management of risk, and early detection to improve treatment outcomes.

THE COST OF DOING NOTHING WHEN MUCH CHRONIC DISEASE IS PREVENTABLE

- 1 in 4 people will experience a stroke in their lifetime¹¹ but more than 80% of strokes could be prevented.¹² The estimated economic cost of stroke in Australia exceeded \$6.2 billion in 2020.¹³
- Coronary heart disease is the leading single cause of death in Australia and costs the health system more than \$2.2 billion each year.¹⁴ More than 2.5 million Australians are at high risk of having a heart event in the next 5 years, yet only 30% are receiving guideline-recommended treatment.¹⁵
- 1 in 3 cancers could be prevented by addressing modifiable risk factors. An estimated 150,000 new cancer cases are diagnosed each year and there are nearly 50,000 cancer deaths every year.¹⁶
- Diabetes costs the Australian economy more than \$14.6 billion each year.¹⁷ Around 500,000 people are living with undiagnosed type 2 diabetes¹⁸ and around 2 million Australians have prediabetes with a high risk of developing type 2 diabetes. There is strong evidence that early detection of prediabetes (impaired glucose tolerance) and targeted programs can prevent the progression to type 2 diabetes in up to 60% of cases.¹⁹

- Chronic kidney disease costs the economy more than \$5 billion per year.^{20,21} Around 1.5 million Australians are unaware they are living with signs of kidney disease.²² Up to 90% of kidney function can be lost before any symptoms are experienced, hence why screening is so important.

The Australian Chronic Disease Prevention Alliance (ACDPA) brings together Cancer Council Australia, Heart Foundation, Diabetes Australia, Stroke Foundation and Kidney Health Australia to collectively promote prevention, integrated risk assessment, early detection and effective management of chronic disease risk.

Together, we represent the millions of Australians affected by chronic disease.

¹ White SL. 2020. [Chronic Kidney Disease, Diabetes & Cardiovascular Disease: Evidence Report 2021](#). Kidney Health Australia, Melbourne.

² Cancer Council Australia 2018. [Australians living with and beyond cancer in 2040](#), Sydney.

³ Productivity Commission 2021. [Innovations in Care for Chronic Health Conditions, Productivity Reform Case Study](#), Canberra.

⁴ Jackson, H & Shiell A. [How much does Australia spend on prevention and how would we know whether it is enough?](#) Health Promotion Journal of Australia. 2018; 29(S1):7-9.

⁵ Jackson, H & Shiell A. [How much does Australia spend on prevention and how would we know whether it is enough?](#) Health Promotion Journal of Australia. 2018; 29(S1):7-9.

⁶ WHO 2018. [Saving lives, spending less: a strategic response to noncommunicable diseases](#), Geneva.

⁷ Vos et al, 2010. [Assessing Cost-Effectiveness in Prevention. ACE-Prevention](#), University of Queensland, Brisbane and Deakin University, Melbourne.

⁸ QLD Health 2018 (p51). [The health of Queenslanders 2018. Report of the Chief Health Officer Queensland](#). Queensland Government. Brisbane.

⁹ ABS. 2015. National Health Survey: [Mental health and co-existing physical health conditions, Australia, 2014-15](#). Canberra.

¹⁰ AIHW 2020. [Australia's Health 2020. Chronic Conditions and Multimorbidity](#), Canberra.

¹¹ AIHW 2011. [Contribution of chronic disease to the gap in mortality between Aboriginal and Torres Strait Islander people and other Australians](#), Canberra.

¹² GBD 2016. Lifetime Risk of Stroke Collaborators, Feigin VL et al. Global, Regional, and Country-Specific Lifetime Risks of Stroke, 1990 and 2016. *N Engl J Med*. 2018; 379(25):2429-2437

¹³ Stroke Foundation. About Stroke. <https://strokefoundation.org.au/About-Stroke/Learn/facts-and-figures>

¹⁴ Stroke Foundation. 2020. [No Postcode Untouched](#).

¹⁵ AIHW 2020. [Australia's Health 2020. Coronary Heart Disease](#), Canberra.

¹⁶ Banks E, et al. Absolute risk of cardiovascular disease events, and blood pressure- and lipid-lowering therapy in Australia. *Med J Aust*. 2016 May 2;204(8):320. doi: 10.5694/mja15.01004. PMID: 27125809.

¹⁷ Cancer Council Australia. <https://www.cancer.org.au/cancer-information/what-is-cancer/facts-and-figures>

¹⁸ Lee CM, et al. [The cost of diabetes in adults in Australia](#). *Diabetes Research and Clinical Practice*. 2013; 99:385-390.

¹⁹ Diabetes Australia. <https://www.diabetesaustralia.com.au/about-diabetes>

²⁰ Diabetes Australia. <https://www.diabetesaustralia.com.au/about-diabetes/pre-diabetes/>

²¹ Wyld ML, et al. Cost to government and society of chronic kidney disease stage 1-5: a national cohort study. *Intern Med J* 2015; 45 : 741-7.

²² Cass A, et al. 2010. The economic impact of end-stage kidney disease in Australia: Projection to 2020. Kidney Health Australia, Melbourne, Australia.

²³ ABS. 2013. [Australian Health Survey: Biomedical Results for Chronic Diseases, 2011-12](#). Canberra.