

## AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE



### IMPACT STATEMENT 2020 – A UNITED VOICE FOR PREVENTION

One in two Australians have a chronic disease.<sup>1</sup> Chronic diseases are the leading cause of early death in Australia<sup>2</sup> and chronic conditions account for nearly half of potentially preventable hospitalisations.<sup>3</sup>

However, more than one-third of chronic disease burden could be prevented by addressing modifiable risk factors including overweight and obesity, unhealthy diet, smoking, alcohol, physical inactivity, high blood pressure, high cholesterol and raised blood glucose levels.<sup>4</sup>

#### A united voice for prevention

The Australian Chronic Disease Prevention Alliance (ACDPA) brings together five leading non-government organisations to collectively advocate for prevention, integrated risk assessment, early detection and effective management of chronic disease risk.

Through ACDPA, Cancer Council Australia, Diabetes Australia, National Heart Foundation of Australia, Kidney Health Australia and the Stroke Foundation provide a united, independent, trusted voice on preventing chronic disease.

At the heart of our work are the people affected by serious chronic conditions. The five non-government organisations in ACDPA represent, and are informed by, the lived experiences of people affected by cancer, heart disease, stroke, diabetes and chronic kidney disease. Through prevention, we strive to reduce the social and financial burden on individuals and the community and reduce the impact on the health system.

#### Prioritising evidence-based policies to prevent chronic disease

There is strong evidence to support public health policies that create healthier environments and provide access and support for prevention programs to help people adopt and sustain healthier behaviours. However, less than 1.5% of the national health budget is spent on prevention.<sup>5</sup> In contrast, around \$27 billion is spent treating and managing chronic conditions each year – approximately one-third of national health spending.<sup>6</sup>

ACDPA also draws attention to chronic disease inequities, which are evident in risk factors, prevalence, access to care, treatment and outcomes. This is particularly relevant for certain population groups including Aboriginal and Torres Strait Islander peoples, people from remote and rural areas, people with mental health conditions and people from areas of socioeconomic disadvantage.

ACDPA members engage collectively with governments, the community and other partner organisations to prioritise prevention and influence policies to create healthy food and physical activity environments, increase risk assessment and ultimately reduce the enormous burden of chronic disease.

## Chronic disease in Australia

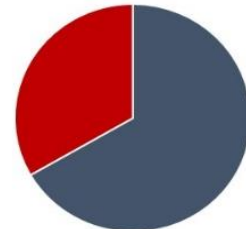


1 in 2 have a chronic disease

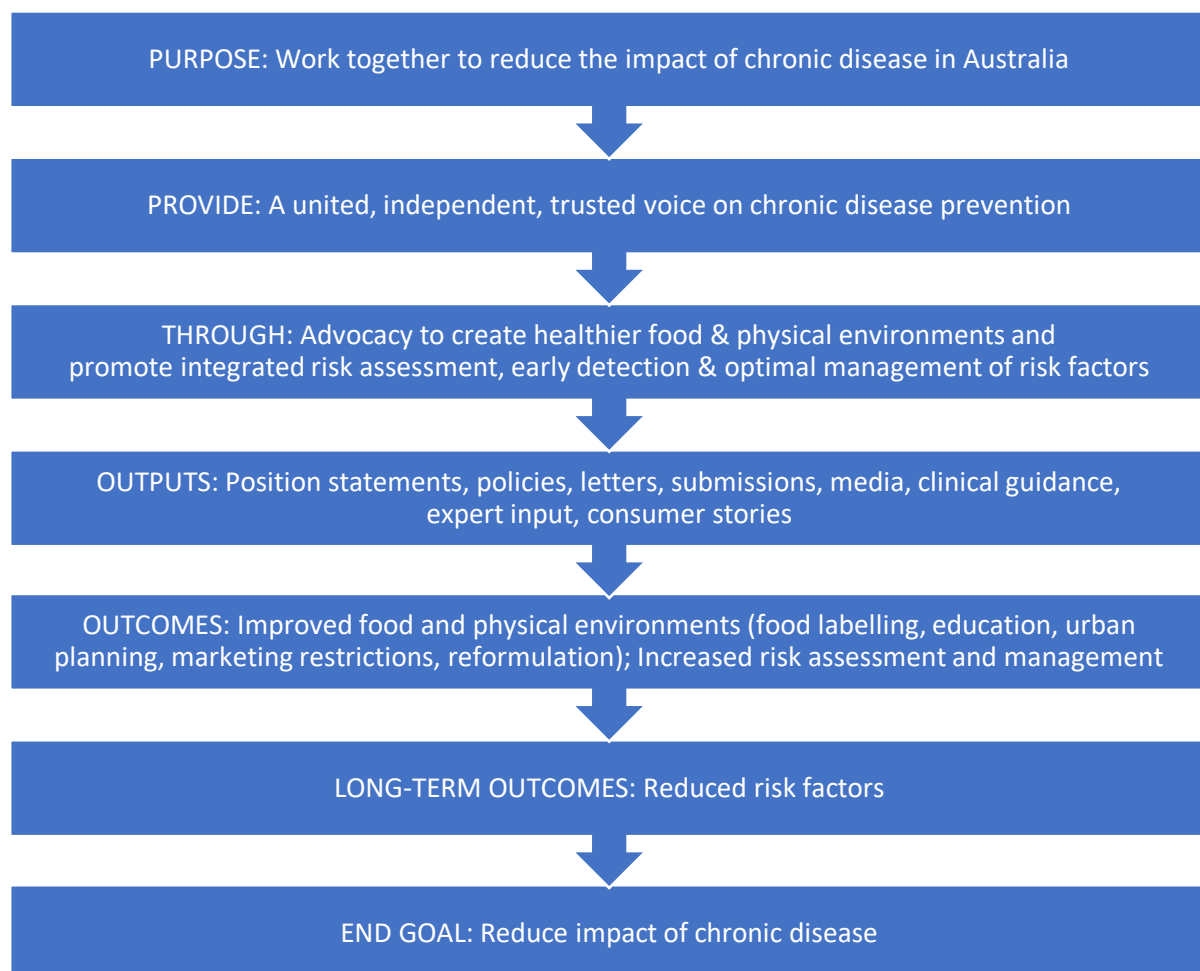
**\$27 billion** each year

## Leading cause of early death

1/3 of burden could be prevented



## ACDPA model of change



## **Public health requires long-term vision and a multifactorial approach to reduce risk factors, and ultimately, chronic disease.**

### **In the past three years, ACDPA has been making an impact through:**

- Letters and meetings with Federal, State/Territory Ministers, advisers and departmental staff, including joint advocacy to improve the Health Star Rating system.
- Appearance at the Federal Senate Inquiry into the obesity epidemic.
- More than 30 submissions and position statements highlighting ACDPA recommendations on evidence-based policies to improve environments and increase risk assessment.
- Raising community awareness through 10+ media releases and engagement with mainstream media, as well as blogs and social media.
- Stakeholder engagement, relationship building, presentations and policy input at government roundtables, research and public health forums on food, physical activity, obesity, chronic disease prevention and primary care.
- Engagement with government and invitations to be represented on significant government committees to shape national health policy:
  - National Preventive Health Expert Steering Committee
  - Primary Health Care Reform Consultation Working Group
  - National Women's Health Expert Steering Group
  - Food Regulation Roundtable
  - FSANZ Consumer and Public Health Dialogue.

### **Sustained advocacy by ACDPA together with other public health groups is contributing to policy changes that lead to healthier food and physical environments:**

- **Changes to the Health Star Rating** food labelling system, including removal of the 'as prepared' loophole and government support for changes to improve the ratings calculator and increase uptake following the 5-year review. ACDPA has influenced changes through coordinated public health advocacy over many years, through submissions, letters, media releases and meetings calling for clear, consistent front-of-pack food labelling to help people compare products and understand which options are healthier.
- **Changes to food and drink labelling**, including government support to progress added sugars labelling on the Nutrition Information Panel and consistent energy labelling on fast food menus. ACDPA has influenced changes by advocating for food and drink labels that provide accurate, clear and consistent information to help guide people's choices.
- **Changes to alcohol labelling**, including mandatory pregnancy warning labels and government support to progress energy labelling on alcoholic drinks. ACDPA has influenced changes through coordinated public health advocacy to mandate pregnancy warning labels after a voluntary approach was inadequate, and through targeted consultation that raised awareness of the inconsistencies between alcohol and food labelling.
- **National approach to obesity**, including the current development of the national obesity prevention strategy. ACDPA members were the only chronic disease groups invited to inform the early stages of the obesity strategy. A national strategy was a core recommendation by ACDPA in our detailed submission to the Senate Select Committee Inquiry into the Obesity Epidemic. ACDPA was a core member of the group developing the *Tipping the Scales* report on reducing obesity in Australia and one of 35+ health, research and community organisations endorsing the report.

- **Changes to unhealthy food marketing and environments**, including decisions by some state governments to restrict unhealthy food marketing on government-owned public transport, hospitals and other venues. ACDPA has long advocated for restrictions to unhealthy food marketing aimed at children, including as a core recommendation to the Senate Inquiry into the Obesity Epidemic, and we will continue to call for changes at the Federal level.
- **National approach to prevention**, including the current development of the national preventive health strategy. ACDPA has advocated to prioritise prevention for many years and is contributing to the current strategy through membership on the Expert Steering Committee.
- **National approach to physical activity**, including the first National Sport Plan which included physical activity as a core pillar and identified a target to reduce physical inactivity by 15% by 2025. ACDPA, and particularly the National Heart Foundation, has long called for greater emphasis on physical activity and investment in sport at all levels, not just elite levels.
- **Support for integrated risk assessment**, including funding to update the *Guidelines for the Management of Absolute Cardiovascular Disease Risk* and an initial MBS item for heart health checks. ACDPA advocates for a joint approach to assessing and managing risk of disease, rather than considering risk factors and diseases separately. The former NVDPA (now incorporated into ACDPA) developed the first Australian guidelines for assessing and managing absolute cardiovascular disease risk, supported by the online calculator to help GPs calculate risk. ACDPA members are working together to update the guidelines and explore policy options to support integrated risk assessment and early detection.

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<sup>1</sup> AIHW 2018. Australia's health 2018. Australia's health series no. 16. AUS 221. Canberra: AIHW

<sup>2</sup> AIHW 2010. Premature mortality from chronic disease. <https://www.aihw.gov.au/reports/chronic-disease/premature-mortality-from-chronic-disease/contents/summary>

<sup>3</sup> AIHW 2019. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017–18. <https://www.aihw.gov.au/reports/primary-health-care/potentially-preventable-hospitalisations/data>

<sup>4</sup> AIHW 2019. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015. Australian Burden of Disease series no. 19. Cat. no. BOD 22. Canberra: AIHW.

<sup>5</sup> Jackson H, Shiell A. 2017. Preventive health: How much does Australia spend and is it enough? Canberra: Foundation for Alcohol Research and Education.

<sup>6</sup> AIHW 2014. Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW.