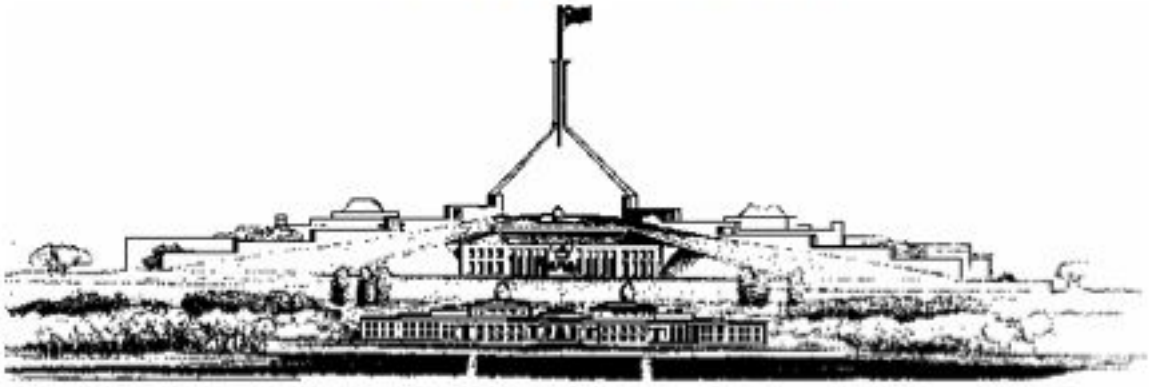
COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

PROOF

Main Committee

AUSTRALIAN NATIONAL PREVENTIVE HEALTH AGENCY BILL 2009

Second Reading

SPEECH

Monday, 19 October 2009

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

SPEECH

Date	Monday, 19 October 2009	**Source**	House
Page	11	**Proof**	Yes
Questioner		**Responder**	
Speaker	Rishworth, Amanda, MP	**Question No.**	

Ms RISHWORTH (Kingston) (5.30 pm)—I rise to support this very important bill, theAustralian National Preventive Health Agency Bill 2009. I think one of the key facts that came out of the National Health and Hospital Reform Commission's review recently is that only 2 per cent of the federal health budget is spent on preventative health care. The consequence of this is a toll not only on our health but also on the long-term budget of the nation. With the cost of health care for preventable diseases almost $6 billion per year and the loss of productivity of approximately $13 billion, the burden of disease is too great for us not to take action. I congratulate the Minister for Health and Ageing for starting a conversation about preventative health care in Australia and also for starting real preventative health care solutions.

The actions of this government in all areas, whether they are education, workplace relations, agriculture, the arts, the economy or communications are to incorporate three themes: (1) building a stronger Australia, (2) building a fairer Australia, and (3) preparing Australia for the future. In health it is no different. The government is determined to make Australia healthier, making Australia fairer by addressing socioeconomic differences in health problems and preparing Australia for the future by tackling preventative health problems. The bill before us creates the Australian National Preventive Health Agency, which will lead Australian health ministers to implement feasible, preventative health care measures. It will place preventative care at the forefront of health policy, planning and spending. This proactive approach will have a significant effect on our health budget: by spending more on preventative health measures we will have to spend less on health problems down the track.

More important than fiscal management is the fact that focusing on preventative health care will make Australians healthier in the long term. The agency that is to be created by this bill is the primary outcome of the task force into preventative health for Australia that was commissioned by this government. The discussion paper entitled *Australia: the healthiest country by 2020* begins by stating that the goals of preventative health are aligned with the values of Australia. It states that our universal value of fairness will guide our commitment to preventative health because the people who are most at risk of basic health problems are those at the lower end of the socioeconomic scale. By prioritising preventative health we are tackling the inequality between those with money and those without. Health care should not be unaffordable or exclusive. Any opportunity to prevent health issues before they become long-term problems should be fully embraced by governments.

The task force has set a series of ambitious goals to make Australia the healthiest country by 2020. The turnaround required in our nation's health in just over 10 years will require serious commitments by government and health professionals and the task force report points a way forward to achieving these goals. The creation of the agency picks up on the key recommendation of the task force and will continue the work of promoting preventative health.

The task force picked up also on the work already achieved by federal, state and territory governments informing a significant partnership agreement on preventative health. In November last year, the Council of Australian Governments made a national agreement on health problem prevention, which allocates funding to improve the health of all Australians. The initial agreement set the policy parameters of the Commonwealth, state and territory governments as well as agreeing to the funding levels of the required programs. COAG committed itself to finding means to increase the proportion of healthy adults and children and to reduce the high rate of obesity. That meeting also set funding to increase the access to services for children, to increase their physical activity, to improve nutrition, to improve the quality of community awareness campaigns, and to fund the National Preventive Health Agency.

The COAG agreement shows a willingness of governments of this country to reverse the inertia of the previous federal government. This government knows that it has a duty to make every effort to provide access to quality health care to Australians, not only to those who can afford it but also to those in need. The bill is concerned with creating an agency, as I have mentioned before, which will give advice on preventative health care. In supporting this bill I also support the work objectives of this agency.

A large part of preventative health is addressing chronic disease. The previous member spoke very passionately about the prevention of diabetes, which is one of the key chronic diseases. In tackling chronic disease, we also need to tackle some of the causes of that chronic disease. Therefore, issues such as obesity, smoking and alcohol, as well as that of mental health, are core issues that we need to address in the preventative healthcare space. With obesity, smoking and alcohol being in the top percentile of risk factors contributing to disease, taking action to reduce the impact of those factors is essential business for government. The Rudd Labor government understands that responsibility and holds work in this area to be very important.

Recently, the House of Representatives Standing Committee on Health and Ageing, of which I am a member, conducted a wide-ranging inquiry into obesity. There was also a separate inquiry into the issues of overweight and obesity. One of the key messages coming out of these inquiries was that obesity is increasing in prevalence in Australia. Between 1990 and 2005 there has been an increase of 2.8 million obese adults. In total, 60 per cent of our nation's adults and one in four of Australia's children are considered overweight. These figures are quite staggering.

Further, the impact of obesity in our Indigenous communities is higher than in non-indigenous communities, with Indigenous Australians being three times more likely to be morbidly obese than non-indigenous peers. It became clear in our inquiry that this issue is very complex. There are many factors, some at the societal level, some relating to understanding by individuals and some just arising from the complexity of our lifestyles. There are many factors affecting this area of obesity, but we must acknowledge that it does pose a serious risk to our health. It can shorten life expectancy through chronic diseases such as diabetes and cardiovascular disorders. Other impacts include severe muscle, bone and joint problems in the form of osteoarthritis, not to mention the mental repercussions and social stigma that come along with obesity.

These diseases are serious, with over 242,000 Australians suffering from type 2 diabetes and 644,800 Australians from cardiovascular disease. This is a serious issue. The total economic cost of obesity and associated diseases in 2008 was estimated to be $58.2 billion, and that does not include the quality of life cost to sufferers. This is an obvious place to start when it comes to attacking and trying to prevent disease.

Tobacco use, once again, has been known for a long time now to have very harmful effects on one's health, yet people still smoke and people still die from smoking. It is an addictive epidemic which, within the next decade, will have killed one million Australians. For long-term smokers, death in middle age is common and middle age is often the time when their families rely on them the most, when they are most productive to our country and when they are in fact in the prime of their lives. Smoking also has an impact on the household budget.

Lung cancer still tops the list as one of the biggest killers of Australian men and women. I think we really do need to shift our focus to prevention, so we need to look for ways to deal with this problem. By following the recommendations of the task force report, the agency created by this bill will be able to work towards cutting smoking to a prevalence of only nine per cent of the population by 2020. This decline will see smoking fall to a level which would remove it from contributing to the greatest preventable diseases and make it controllable for health professionals. This type of dramatic target and action is needed to cut through to a real reduction in smoking levels.

The other area that is addressed is one to which many Australians are exposed on almost a daily basis, and that is alcohol. In Australia, alcohol consumption is trending upwards and the level of alcohol consumption places us in the top 30 consuming nations of the world. Up to 40 per cent of the population aged over 14 years are likely to drink on a weekly basis. What is worrying is the dangerous levels of drinking amongst Australians. One in five people drink at risky levels on a monthly basis, with a high prevalence amongst adults aged between 20 and 29 years. These are worrying figures and we have seen some of the health consequences of excessive alcohol usage. Whilst the short-term effects of binge drinking are visible pretty quickly, the ongoing effects of alcohol, including long-term disease and illness, are often overlooked. The social cost of alcohol, whether it be damage to the community or the more serious effects that a heavy-drinking family member will have on the rest of their family, cannot be measured. Living with a problem drinker can have significant effects on the general health of the family and this will continue to have an effect throughout their lives. I think these are definitely determinants that can affect chronic disease and are preventable. These are things that are critical for the health prevention agency to address.

I have also spoken regularly in this place about the important role of supporting and treating mental health issues. Mental health is in a continuum between healthy and unhealthy. There is not a moment when suddenly an individual becomes mentally ill overnight. It is a process in which an individual slides along a continuum and

there is a lot that health professionals and governments can do through the investment of money to prevent people from being at their most unwell at the lower end of the spectrum. We heard about the effect of uncontrolled diabetes and the many other health factors that can come into play. That is certainly the case when you have an acutely sick person with mental health difficulties and there are many health and disease issues that come into play. So keeping people suffering from mental health issues as well as possible is incredibly important. Therefore, preventing acute sickness is really critical, not only in its impact on the person suffering from mental health issues but also in its impact on their families and health budgets in general. We need to be able to maintain people so that they do not need to be hospitalised but are able to function well in the community. Taking some preventative health measures and early intervention measures can work hand in hand and is critically important. When it comes to mental health, we cannot stand by and allow a system that encourages only last-minute action in acute situations where people have deteriorated because they have not been able to access early intervention. That will play a big role. There are certain investments and awareness campaigns that can enable people to access some help in these areas early on and stop it from spiralling out of control.

I have outlined the problems of preventative health illness and disease in detail and, in looking at these figures, it is important that we do act to be able to achieve these goals. This bill will allow for the most significant shift in our approach to health care in decades. It will place emphasis onto the health care system, individuals and the government to act in the short term for long-term interests. We will be able to make Australia healthier, more productive through preventative health measures. I commend the government for looking into this. Preventative health did come up in the government's independent root and branch review of the health and hospital system that the government has commissioned. Preventative health is only one facet.

I thank both the prime minister and the health minister for visiting one of the major hospitals that service my electorate to begin this conversation about how we can reform our health care system. I would also thank all the health care professionals that came to my own health and hospital forum that was held at Noarlunga hospital. They have been a significant part of talking about where we might go into the future to make Australia healthier.

In addition, the government has not just opened this conversation to those who work in the area of health but is engaging the nation through the website yourhealth.gov.au. This is a site where people can put their ideas, inputs, suggestions and experience, and I know many people in my electorate have put submissions onto the site. The feedback that I received at Noarlunga hospital will be put into that process.

Finally, turning to the detail of the legislation and how the agency will work, the new agency will be governed by a chief executive officer who will be appointed by the minister for health in consultation with the Australian Health Ministers Conference. It will be the responsibility of the CEO to provide national leadership on the data of preventative health solutions as well as developing the body of research around preventative care. The team under the CEO will be Public Service staff focused on areas of population health, health promotion, health economics, social marketing and general corporate support units. The staff will work at the direction of the CEO to perform the research and corporate work required by the agency. Further, the agency will have an advisory council comprised of Commonwealth and state government representatives, as well as preventative health experts, to be part of the agency's overall approach to guiding and advising preventative health policy. The bill sets out provisions for the selection and appointment of these members. Thus, in accordance with government policy, the candidates will be selected on meritorious and transparent assessment processes, with consultation by the minister with the cabinet.

The bill also establishes the funding provisions for the agency. The Commonwealth will be dedicating $133.2 million over four years to this agency. These funds will go towards the establishment and maintenance of the agency, its research, social marketing and support for preventative health research, particularly research with practical applications. A further $692 million of COAG agreed funding will support intervention programs for Australians to modify their lifestyles. This will be a statutory authority under the provisions of the Financial Management and Accountability Act and will support the previous COAG agreements on preventative health to give advice to the health ministers.

As mentioned, the initial focus of the agency will be in providing leadership, coordination and monitoring needed to support and implement many of these initiatives. In addition, this agency will support health ministers to meet the challenges of preventable chronic conditions and other lifestyle-caused risks. The framework of the bill is designed for the agency to have the best possible resources to support the highest level of policy and research input to Australian health ministers. The agency will be invaluable in supporting a shift to preventative health solutions for the nation's future.

The Rudd Labor government takes the task of addressing Australia's long-term heath care needs with great seriousness. We have decided to make historical reforms to the healthcare system and to get it working for all of us again. It means making tough decisions, working progressively through the issues and consulting with the country to bring them along with us. I therefore commend the bill to the House. *(Time expired)*