

Todd Harper

BEc, GradDipHealthPromotion, GradDipHealthEconomics, is Chief Executive Officer, Victorian Health Promotion Foundation (VicHealth).

Improving the health of Australians

■ By international standards, Australians enjoy good health. Life expectancy in Australia is among the highest in the world, and has increased significantly over the past 20 years. Between 1983 and 2003, the health of Australian males had increased by 6 years, to 78 years, and the life expectancy of Australian females had increased by 4 years, to 83 years.¹-³

But the storm clouds are appearing, and increasingly Australian governments are recognising the challenges in not only maintaining good health, but ensuring we can afford the health system that the public demands. Chronic disease already accounts for almost 70% of allocated health expenditure, and this is forecast to increase to 80% of allocated health expenditure by 2020.4

The rising tide of chronic disease, an aging population and a seemingly insatiable demand for the latest in medical technology present very real challenges in maintaining our good health.

This issue of *Australian Family Physician* is timely – it targets four of the big challenges in health today – smoking, obesity, alcohol, and physical inactivity. About one-third of the chronic disease burden is attributable to common risk factors such as these that underlie multiple chronic diseases.

About 70% of the total burden of disease in Australia and almost 78% of all deaths has been attributed to six disease groups: cardiovascular disease, cancer, injury, mental health, diabetes and asthma. This impact can be reduced through: health promotion and prevention strategies, particularly with prevention strategies that address smoking, nutrition, physical activity and alcohol consumption which contribute to many of the six disease groups; and intervention strategies by doctors to assist individuals adopting a healthier lifestyle.^{4,5}

For example, the aorta-squeezing 'Every cigarette is doing you damage' television campaign delivered lower levels of smoking, which will achieve 40 year savings of over \$1.1 billion for the Pharmaceutical Benefits Scheme, and more than \$600 million per year in hospital costs. Evidence shows that tobacco control has been one of the best buys in health for over a quarter of a century.

In this issue of *AFP* Gary Egger highlights the enormous impact we can make with small gains, a 5–10% weight loss can lead to much bigger improvements in metabolic risk. Lee and Moore highlight that the low cost, brief interventions are effective in addressing alcohol

problems. Nicholas Zwar identifies that quitting smoking is the single most important thing a smoker can do to improve their health, and the 5As approach offers doctors practical tools to help smokers to quit; and Bauman et al describe effective strategies to help general practitioners in their efforts to get patients more physically active, and how to incorporate these strategies into practice.

The role of the GP is vital in providing trusted advice, motivation and support for individuals to address the big health issues. But we need to do more to support the front line work of doctors, and to encourage and support individuals to take up the health challenge.

Put simply, we need to make healthy choices the easy choices. In the same way that graphic health warnings on cigarette packs and quitting advertising campaigns encourage smokers to think about quitting and to seek help to quit, we need to create environments that make healthy choices the easy choices.

With alcohol we face significant challenges — alcohol is entrenched in our society, it is used to celebrate, commiserate, relax and socialise. However it is an all too common companion of violence and injury, unsafe sex, verbal abuse, crime, poorer mental health, drug use, car accidents and workplace absenteeism.

In an age of labour saving devices, prolific junk food advertising on television, and deplorably low levels of fruit and vegetable consumption, we now have more than half of our adult population overweight.

Implementing cost effective, evidence based health programs have always made 'good health sense'. Increasingly we are recognising that it makes good financial and economic sense too.

References

- 1. Australian Bureau of Statistics. Canberra: ABS, 2005.
- Victorian Department of Premier and Cabinet. Governments working together: a third wave of national reform a new national reform initiative for COAG, August 2005. Available at www.dpc.vic.gov.au [Accessed 4 August 2007].
- Peters A. Research summary: disease trends. VicHealth 2007. Available at www. vichealth.vic.gov.au/assets/contentFiles/research_DiseaseTrends.pdf [Accessed 28 November 2007].
- Australian Institute of Health and Welfare. Australia's health 2002. Canberra: AIHW 2002
- i. Fitzgerald V. Governments working together. Report by Allen Consulting, May 2004.

