



**Illawarra Public
Health Society**
Be engaged, Be the change

Illawarra Public Health Society Submission to the Senate Select Committee on Health to inquire into and report on health policy, administration and expenditure

26 September 2014

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Introduction

The Illawarra Public Health Society (IPHS) welcomes the opportunity to provide input for the Senate submission to the Select Committee to inquire into and report on health policy, administration and expenditure.

The IPHS is an affiliated student society with the University of Wollongong. Our mission is to advocate for public and population health in the Illawarra Shoalhaven Local Health District. The Society seeks better population health outcomes based on prevention, the social determinants of health, equity and building the capacity for healthy environments. The IPHS has a vision to engage the community and public health academics to collaborate and work together in improving the awareness of public health issues, engaging in a broad approach with a diversity of stakeholders to promote health at a population level.

The Illawarra Public Health Society

Newly founded in 2014, IPHS has developed its role in advocacy by building a strong academic membership base at the University of Wollongong. Working with the community in research and advocacy for public health, the IPHS is growing in capacity to build awareness and leadership across our region. By encouraging the community to 'Be engaged, Be the change' in the environment that they work, live and play IPHS focuses on change at the local level, while also looking outward to issues that impact on local and regional capacity and infrastructure for health.

Key roles of the society include activating and engaging our local community to support health promotion activities as well as adding valuable research and discussion in the field of public health. As a student lead society, the IPHS provides valuable opportunities for undergraduate and post-graduate public health students at the University of Wollongong for experience in project development, advocacy and career development by collaborating with health bodies in the Illawarra and beyond to engage in and support evidence based public health initiatives.

IPHS members form a proud part of the Public Health Association of Australia's (PHAA) student membership base and supports their role in promoting the health and well-being of all Australians.

Public Health

IPHS endorses the PHAA definition of public health that: "Public Health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and informs the Society's role".

Preamble

IPHS welcomes the opportunity to provide input to the Senate Select Committee on Health inquiry into and report on health policy, administration and expenditure. This submission is in line with our vision for active engagement in the public health field and addresses the Committees terms identified by IPHS as of particular importance to our community, including:

- c) the impact of reduced Commonwealth funding for health promotion, prevention and early intervention; and
- e) improvements in the provision of health services, including Indigenous health and rural health.

Key messages

We request that the following points are highlighted:

- A comprehensive, long-term national strategy on preventative health, which is supported by appropriate and adequate funding, be identified as the most logical and cost-effective way to address current escalating rates of non-communicable disease. The government's decision to reduce commonwealth preventative health funding as a means to 'fix the budget' is an act of long term pain to Australia's health status for a temporary and small saving.
- The 2014-15 Budget deprives the Australian people of the ability to access health care and live in a health-conducive environment; which is a catalyst for further negative health outcomes in areas such as Indigenous health and rural health.

Response to Committee Terms of Reference

This submission urges the Committee to implement the recommendations advised in order to progress issues relating to health policy, administration and expenditure in Australia.

This submission covers a broad range of important public health concerns that IPHS believes are essential for the Government to address by leading investment and support in such areas.

The response includes discussion of: obesity, chronic disease, food advertising, early intervention, regulation, health economics, Indigenous health and rural health. It also identifies a number of other themes relevant to several of these domains as well as emerging issues.

c) Impact of reduced Commonwealth funding for health promotion, prevention and early intervention

Obesity

One of the greatest public health challenges confronting Australia and many other industrialised countries is the obesity epidemic. The Australian National Preventive Health Agency reports Australia is one of the most overweight developed nations, with almost 63% of adults and 25% of children being overweight or obese. The proportion of overweight and obese adults has increased in Australia over the past three decades and these figures show no sign of reversing. The prevalence of obesity is higher among lower socioeconomic and disadvantaged groups, Aboriginal and Torres Strait Islander peoples, people with disabilities, people living in rural or remote areas and some overseas-born populations (ANPHA 2014).

There are a large number of health conditions that relate to obesity, particularly high blood pressure, coronary heart disease, stroke, type 2 diabetes, joint problems, sleep apnea, psychosocial problems and some cancers. The number of Australian's living with non-communicable disease (NCD) will continue to increase unless there is a national agenda to compliment healthy lifestyle and encourage people to make better decisions regarding their health.

The World Health Organization suggests that government expenditure on health care is greatly exaggerated by chronic diseases such as obesity. There is a social gradient in obesity and NCD, such that disadvantaged groups experience the poorest health, and these groups are least able to access health services. Public Health initiatives that focus on the Social Determinants of Health (SDOH) will not only improve Australia's workforce capacity but will also reduce the national financial strain that comes from unneeded GP and hospital visits over time. Neglecting the importance of the SDOH will increase inequities in the healthcare system for the majority of populations living with a chronic disease.

Obesity is a national problem that requires a national policy unhinged from corporate influence. The politics of prevention is inhibiting our ability to protect Australia's health. For example, ANPHA was a powerful force behind the regulation of the tobacco industry, obstructing their corporate indifference for public health. While the battle with the tobacco industry has seen significant advances on a global level, including in Australia (due to an invested public health interest), there remain many other industry's that conflict with public health principles. These other risky industries also wish to drive growth in sales of their products regardless of the health impacts. Despite the government claiming it is free of a conflict of interest between corporate business and health policy, the current Abbott government has a shameful track record of supporting unhealthy business in place of investing in a healthier Australia. For instance, at the beginning of 2014 Assistant Health Minister Fiona Nash's chief of staff Alastair Furnival had a vested interest in the 'junk food' industry, which resulted in the removal of a five-star food labelling website. This was despite the two year collaborative development of the labelling system, which was approved by state and territory food ministers and advocated by the PHAA. **IPHS is concerned that the food industry is influencing political decision making regarding public health policy.** Failure to address obesity with national preventive, health promoting programs such as food labelling would be illogical and inevitably add strain to the healthcare sector in unnecessary treatment related costs. Thus reduced funding will inhibit the capacity of public health services to promote healthy living and prevent obesity, exaggerating the health expenditure that addresses the burden of disease associated with obesity.

Non-Communicable Disease

The burden of morbidity and mortality from non-communicable diseases has risen worldwide and is accelerating in Australia, whereas the burden from infectious diseases has declined. Only in the past 30 years has there been new developments that have led to prevention science being established as a discipline designed to mitigate problem behaviours associated with NCDs. This understanding has led to the development of population appropriate prevention policies and programmes that have shown short-term and long-term reductions in problem behaviours. Behaviours that increase the likelihood of morbidity and mortality, including alcohol, tobacco, and other drug misuse, mental health problems, unsafe sexual behaviour, risky and unsafe driving and violence, are largely preventable. Catalano et al. (2012) emphasise that early intervention to tackle the rise of preventable NCD's must become a research and policy priority area.

Despite potential improvements in NCD treatment and management in the long-term through the proposed 'Medical Research Fund', disenfranchised populations will be deprived of the opportunity to access and afford these treatments regardless. Thus, the return on investment for preventing NCD will always triumph and must not be dismissed as an unrealistic alternative. A comprehensive, long-term national strategy on preventative health that is supported by appropriate funding to promote a healthier population is the most logical and cost-effective way to tackle NCDs.

If the Government wants to reduce pressure on the health budget over time it should be looking to increase the proportion of the health budget dedicated to preventing NCDs.

Health promotion and early intervention are akin to education; if supported by sustainable policy and funding, our nation will ultimately benefit through increased productivity and savings in health treatment costs. In efforts to find budget savings the current government has reduced its responsibility to promote a healthier Australia by ignoring the fundamental fact that prevention strategies save money by working to build a NCD resilient population.

Investing in a national policy agenda to promote health and prevent NCD will demonstrate a government that invests in maintaining the health of its people for the sustainable productivity of our nation.

Sport, Food Advertising, Early Intervention and Industry Regulation

Sports clubs in Australia have an important role to play in facilitating physical activity and promoting healthy social interaction. While these clubs are beneficial in their activities, there is little regulation to inhibit unhealthy promotion of foods, alcohol, and gambling which may reduce their power to influence healthy behaviours. In addition to participation in physical activity, sports clubs offer opportunities to expand health promotion opportunities into frequently accessed settings for children. Interventions that prevent NCDs in children require the promotion of responsible alcohol management; smoke-free environments; and healthy eating through canteens that limit unhealthy food and beverage sponsorship promotions. Given the prevalence of NCDs in Australia, there is a demand for national policy driven support to encourage sports clubs to implement action in these areas. This support could feasibly be provided by governments, peak sporting bodies or non-government organisations, with additional funding generated through corporate contributions. Crucially, Kelly et al. (2014) outlines any funding to sports clubs to meet health promotion objectives should not be associated with promotional opportunities for unhealthy food and beverages - which is often the case in Australia. A Commonwealth driven health promotion program targeted at sports clubs nation-wide would ensure consistent policy that encourages all Australians to adopt healthier behaviours when watching or participating at sport venues. National policy to remove alcohol and junk food advertising in sport will give Australian children and older generations the opportunity to receive positive, health-promoting messages through sport, opposed to messages that detriment a healthy environment.

Industry self-regulation and lack of a desire to demonstrate responsible health policy does not facilitate a broad objective to promote healthy behaviours. Kelly et al. (2014) identifies that in countries where industry self-regulations have been implemented to enact responsible food marketing to children, there has been little to no impact on children's exposure to unhealthy food advertising through television in countries such as Australia. If the government is committed to encouraging children to be healthier in order to reduce costs associated with NCD later in life, there needs to be a national body that is independent in regulating advertising; specifically in children's surroundings. Health promoting bodies

that are independent and not profiteering will ensure children are influenced from a non-biased standpoint. Furthermore, television and social media may also have a stronger opportunity to encourage early healthy behaviours. **Industry must adhere to healthy policy, not the other way around.**

Magnus et al. (2009) outline the cost-effectiveness of regulating and removing unhealthy food and drink advertising on television had a gross incremental cost-effectiveness ratio of AUD\$3.70 (95% uncertainty interval (UI) \$2.40, \$7.70) per DALY. Total DALYs saved were 37 000 (95% UI 16 000, 59 000). When the present value of potential savings in future health-care costs was considered (AUD\$300m (95% UI \$130m, \$480m), the intervention was 'dominant', because it resulted in both a health gain and a cost offset compared with current practice. **Further investment into prevention-based research may demonstrate additional opportunities in cost-effective savings that can demonstrate a diversity of benefits.**

Unhealthy behaviours drive ill health and contribute to associated NCDs which inevitably costs the healthcare sector. The current government in Australia reiterates that individuals are largely responsible for their own health and can improve health through improved health behaviours, yet figures associated with preventable NCD's such as obesity, heart disease and diabetes continue to rise. While there is an abundance of evidence suggesting the relationships between social and environmental factors and health outcomes (WHO 2008; CSDH 2008), policy in Australia is failing to act sufficiently to support such areas.

Australia has a long history of industry influenced policy, and a lack of action to implement evidence based WHO direction may shed light on the corporate powers inhibiting policy implementation of social determinants of health (SDOH) based strategies. A nationally funded, independent body exploring the interaction of SDOH, Industry and public health policy implementation may provide Australia with a more ethical perspective on population health. Industry sectors have already demonstrated their willingness and ability to work in partnership with others to develop strategies and products that enhance the health of Australians (NPHTAWG 2009; COAG 2009). Industry (especially the food and beverage industry and restaurant and catering industries) can make an important contribution by providing information, such as product and menu labelling and responsible marketing; placing healthy products in more prominent positions in supermarkets; improving the food supply by ensuring healthier and affordable food products are available; and developing a more environmentally sustainable food chain. **Australia needs to stand up to corporate persuasion and invest in creating healthier environments.**

If there is to be real change, Government needs to avoid blaming and delegating full responsibility to the individual, thereby avoiding the role of government to take responsibility for their nation's health. As evident in the rising incidence of NCD, it is obvious that 'victim blaming' is not the solution, as it has proven to increase unnecessary pressure on our health and welfare system. Therefore, policy directions to tackle overweight and obesity as a major public health issue must have a population-wide, national focus.

It will be important to continue developing the evidence base for action on NCD but this should not warrant a delayed action. Australia has the opportunity to build a strong evidence base through research, evaluation, monitoring and surveillance in the public health field. This should include expanded investment in research and evaluation of interventions, as well as improving our understanding of SDOH and NCD prevention. A specific research agenda should be developed with appropriate levels of funding, both public and private. This will require support through improved monitoring and harmonisation of health policy and systems across Australia. Ultimately, this will create a national perspective and identify priority areas that need increased attention.

Health Economics

A 2007 report by Medibank Private estimated Australia could have saved approximately \$1.5 billion annually if more people were physically active for 30 minutes a day (based on the gross cost of the prevention, diagnosis and treatment of medical conditions attributable to physical inactivity, related directly to public and private health expenditure). Not including the growing overweight problem, Diabetes Australia reported the estimated total financial cost of obesity in Australia in 2008 was \$8.3 billion. Costs for health services for individual NCD in 2004–05 were in excess of \$6.5 billion, and for groups that contain chronic diseases the cost amounted to well over \$13 billion (AIHW 2010; AIHW 2011). Any disinvestment in preventive health research and interventions is likely to add to health care and productivity costs through escalating disease rates.

Individuals' responsibility to engage in healthy behaviours is being misguided by the ease of access and encouragement of corporations to choose alternate harmful behaviours. Environmental factors are known to influence people's behaviours, and leaves people with limited options; hence the choice to act unhealthy arises from economic and social environments that promote unhealthy behaviours. For example, in 2008, 32% of Australia's illness was due to the combination of poor diet, smoking, obesity, harmful use of alcohol, physical inactivity and the associated risk factors of high blood pressure and high blood cholesterol. This often benefits those who profit from cheap and unhealthy products at the expense of society's health and economic stability. By increasing funding to preventive based research and policy action, industry may be encouraged to promote more healthy products that drive a new market that has wide-reaching benefits to the economy and population health. With cuts to federally funded programs the current government has reaffirmed that individuals must take on the responsibility to choose a healthier lifestyle in order to keep well and out of hospital – despite 'victim blaming' being understood as an outdated view of ill health.

In 2010, Lee et al. (2013) reported diabetes costs Australia \$14.6 billion (\$4.3 billion for direct healthcare, \$1.8 billion for direct non-healthcare, and \$8.5 billion for government subsidies). From a public health perspective, the co-incidence of the agenda to privatise the Australian Health Care Sector and neglect preventative based health is concerning in regards to NCD mitigation. Neglecting the universal health care approach and allowing corporations

to self-regulate their 'moral and ethical' principles and practice demonstrates where governments' priorities lie – catering for those who donate and lobby rather than those who are seeking equitable health care policy and sustainable economics.

e) Improvements in the provision of health services, including Indigenous health and rural health;

Indigenous Health

Australians enjoy one of the highest life expectancies in the world, however the life expectancy of Indigenous Australians is on average 12 years shorter (AIHW 2012).

Due to a lack of firm policy, appropriate administration and sustainable expenditure the provision of health services for Indigenous Australians is overtly inadequate. This demands improvement. To successfully improve the provision of health services to Indigenous Australians requires attention to those that cater specifically for Indigenous Australians.

Throughout past decades the Australian Government has exhausted various ideas and models to combat Indigenous disadvantage and failed. The inescapable reality is that current health care services are not working, and need to be improved. A move beyond words and recruitment of health services that support Indigenous specific service provision is required by the government. Meaningful action rather than meaningful words is what will improve the health status of Indigenous Australians, and lightening their burden placed on the Australian government and society.

Institutionalised racism at the systematic level acts as a pre-cursor to the impoverished state of Indigenous health services; the current government neglects these services as they conflict with paternalistic ideals of what constitutes appropriate Indigenous health care. To address the health status of Indigenous Australians requires an appreciation of the Indigenous worldview. This includes health services that educate, prevent, diagnose and treat their Indigenous patients with an Indigenous 'way'; a process that Indigenous patients respond to best. Consequently, the financial burden placed on the health department for treating avoidable diseases amongst Indigenous patients is reduced (Russel 2014).

The government has a responsibility to protect the health of its most disadvantaged citizens through the most appropriate means possible, and is achievable through a health system that caters for Indigenous health concepts.

Economic Value of Aboriginal Community Controlled Health Services

Government health funding is critically important to Aboriginal Australians as it provides 95% of all Aboriginal and Torres Strait Islander health expenditure. Aboriginal people rely on and need government financial support for a strong community health sector.

Aboriginal Community Controlled Health Services (ACCHS) cater for the cultural, social and geographical demands of Indigenous Australians. There is an annual increase of 6.3% in

demand for these services, reflecting their efficiency and acceptance by Aboriginal Australians (NACCHO 2014).

Investing in Aboriginal primary health care is cost-effective, as it reduces the need for higher expenditure on more expensive hospital services. Two-thirds of Aboriginal people rely on Indigenous-specific primary health care services. Yet three-quarters of all government Indigenous health expenditure is on mainstream services and nearly half (48.4%) of all expenditure is on hospitals. This under-utilisation of mainstream services compounded with funding constraints limiting the growth of ACCHS reflects the lack of coherent policy, administration and expenditure on health services for Aboriginal people. This results in inadequate and poorly distributed government expenditure on Aboriginal health.

Budget constraints on Aboriginal health service expenditure are a 'false economy' as high levels of avoidable hospital admissions and deaths reflect an inadequacy in the provision of primary health care to Aboriginal people. Substantial cost savings could be redirected to increased investment in Aboriginal health care services, while addressing the costly impact avoidable hospital admissions have on the federal health budget (NACCHO 2014).

Continuous Quality Improvement

In 2012 the Office for Aboriginal and Torres Strait Islander Health (OATSIH) developed an OATSIH Accreditation Manual that recognises the importance of Continuous Quality Improvement (CQI) within Indigenous health. However, current re-prioritising within the Australian health policy, administration and expenditure arena threatens the acceptance of CQI.

Bailie and others (2007) provide evidence that supports the provision of appropriate policy, administration and expenditure on Aboriginal health through CQI. CQI facilitates ongoing improvement by using objective data to analyse and improve processes, thereby ensuring efficient and effective functioning of organisational systems. Goals and strategies, participation and flexibility are key features of CQI, and are well suited to Indigenous health service delivery. CQI adheres to Indigenous principles of cultural respect, recognizes determinants of health, promotes community capacity building and sustainability, and utilises a combination of scientific and humanistic professional values to change organisations culture and practice.

Closing the Gap Initiative

The *Closing the Gap* campaign is a national initiative that demands a federal government approach that includes appropriate administration, improved Indigenous health policy and sufficient, long-term funding.

Targeted government commitment and investment to the provision of Aboriginal health services through the *Closing the Gap* initiative has seen significant improvements in reaching nationally recognised targets within Aboriginal health. IPHS encourages bipartisan support and further funding for Aboriginal Community Controlled Health Organisations and collaborative policy partnerships.

Significant target gains include:

- In 2012, 88% of Indigenous children in remote areas were enrolled in a pre-school programme. Historically, this is the highest enrolment rate ever for Indigenous infants.
- Halving the gap in child mortality within a decade is on track to be met.
- Halving the gap for 20–24 year olds in Year 12 or equivalent attainment rates by 2020 is on track to be met.
- However, there are still significant milestones within the initiative that necessitate further commitment to ensure these are maintained and improved:
 - No progress has been made to halve the employment gap within a decade.
 - Only two out of eight areas in reading, writing and numeracy have shown a significant improvement since 2008.
 - While there has been a small improvement in Indigenous life expectancy, progress will need to accelerate considerably if the gap is to be closed by 2031.

Rural Health

The National Healthcare Agreement between Australian states and the Federal Government affirms the notion the health care system should “provide all Australians with timely access to quality health services based on their needs” (COAG 2010). The NHA explicitly states there must be a focus on health policy that supports the prevention of disease and injury while maintaining health; not just simply treat illness. This preventative approach is threatened by the current budget, particularly in regards to rural health care policy and administration.

Current published statistics provide evidence of the gap that exists in equality between metro and regional/rurally located Australians (AIHW 2011a). The AIHW, in conjunction with the National Rural Health Alliance (2011), emphasise a primary health care deficit in rural areas of \$2.1 billion. Specifically, these communities experience a shortfall of \$12.6 million through a lack of Medicare benefit schemes (AIHW 2011a). These figures reflect the misdistribution of doctors, pharmacists and allied health services throughout rural Australia and contribute to the much higher out-of-pocket expenses faced by rural Australians, compared to urban dwellers, when accessing health care services. If these much needed services for rural Australians are re-prioritised within Australian health care policy and expenditure, these figures can only be set to increase in coming years.

The mortality rate in rural Australia is higher than that of urban Australian, by 1.05- 1.15 times for females and 1.2-1.7 times for males, with coronary heart disease (CHD) contributing to 19% of the additional deaths that occur in rural areas (NRHA 2009). This CHD mortality rate is 1.4 times higher when compared to urban locations (AIHW 2011b). CHD as part of cardiovascular disease (CVD) costs the Australian Government \$7.9 billion, or 11% of

national direct health care expenditure annually, also accounting for a larger number of preventable hospitalisations (AIHW 2011b). By incorporating the money and energy into Australian health care policy, administration and expenditure, through the provision of both CHD treatment and prevention services, the economic burden of CHD and CVD would decrease and improve the health of rural and regional Australians.

Recommendations

We are concerned that many of the funding cuts in this year's Budget appear to be short sighted approaches that do not recognise the health and economic costs associated with the growing burden of NCD.

The focus of preventive health approaches is to reduce pressure and costs in hospital and acute settings, and to reduce individual's pain and suffering by acting to prevent disease and improve quality of life. It is vital that there are agencies at the national level to protect and progress the national interest in Australia's public health.

Despite the unacceptable health disparities between Indigenous and non-Indigenous Australians, our nation has one of the highest levels of life expectancy in the world. This is primarily due to the advances that have been made in public health and medicine over the last century.

The benefits of public health and health promotion are not always immediately visible, but they do have significant individual, community and national benefits. It is the long term investment into preventive programs that ultimately save the system money. In other words, supporting individuals and communities to remain well, or to intervene early to reduce the impact of health issues, has clear economic, mental, physical and social benefits for the whole nation.

We, the IPHS, firmly believe these spending cuts and the loss of focus on preventive health will cost Australia a lot more over time. If the Government wants to reduce pressure on the health budget over time, it should instead be looking to increase the proportion of the national health budget dedicated to prevention. However, this budget has opted for an apparent 'Band-Aid' fix, by dramatically reducing expenditure on preventative health measures.

Conclusion

Good health throughout the population is a requirement for economic and social wellbeing. Loss of funding to preventative health will cost Australia dearly. The disbandment of the Australian National Preventive Health Agency, in addition to ceasing the National Partnership Agreement on Preventive Health, saves the federal government a relatively small amount, but will reverse the significant population health gains made by States and Territories. This will drive many thousands more Australians into hospitals every year, significantly adding to health inequities and increasing the burden placed on the health economy.

We believe that the Australian National Preventive Health Agency has delivered according to its governing legislation. However, the IPHS recommends that should the National Preventive Health Agency (Abolition) Bill 2014 be successful, an appropriate replacement must be established. This should comprise of an Australian National Centre for Disease Control that adopts the work previously conducted by ANPHA, and develops a more effective agency with a broader responsibility of protecting Australia against all forms of disease, through the maintenance of an all-encompassing public health perspective.

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