

Health promotion success in Australia and a note of warning

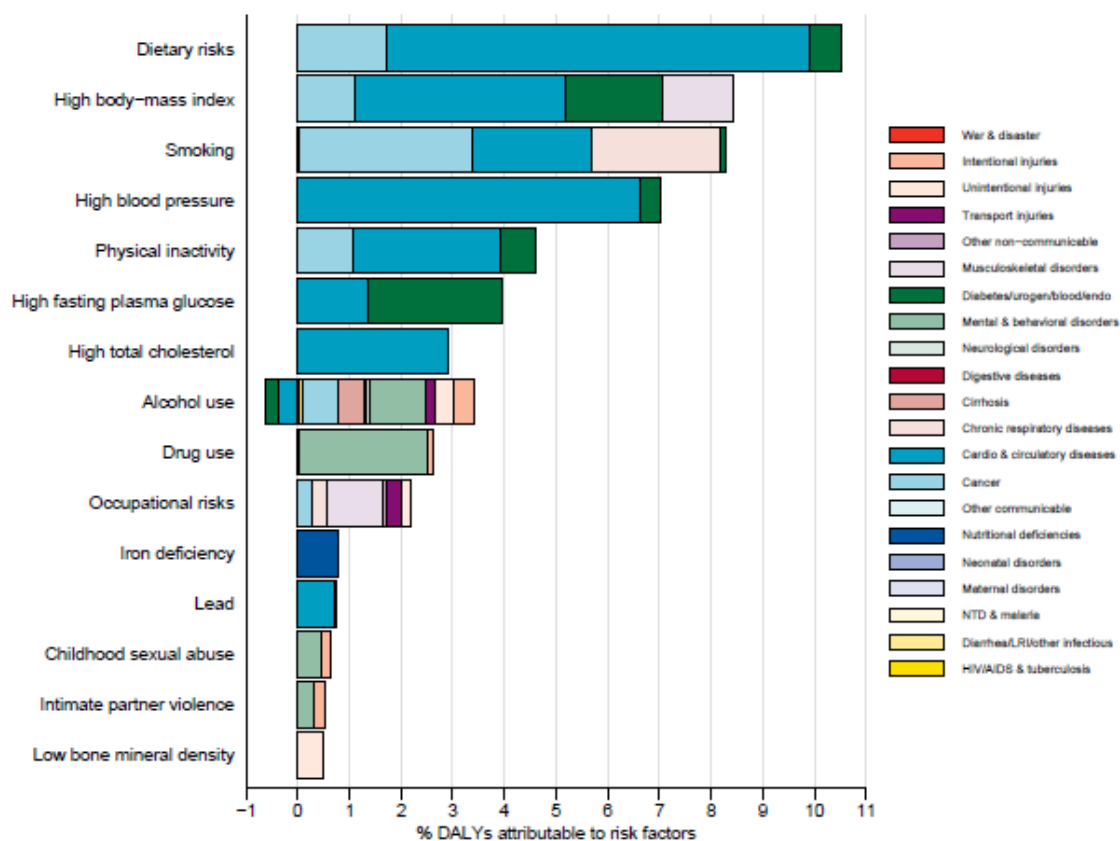
Recently the 2013 data on deaths in Australia have been released by the Australian Bureau of Statistics (1). Australia has joined the top four countries in the Life Expectancy league tables, a group in which both male and female life expectancies are greater than 80 years. The four countries at the top are Japan, Iceland, Switzerland and now Australia. Women in Australia crossed the 80 year barrier in 1990, but it was not until 2013 that Australian men reached the same milestone. Since then the rate of increase in women has slowed and the gap in life expectancies between the sexes has narrowed from 7.1 years in 1980 to 6.2 years in 1990, 5 years in 2003 and to 4.2 years in 2013. The life expectancy of Indigenous Australians has increased but the gap between indigenous and non-indigenous Australians has narrowed only slightly and is still around 10 years.

Table One. Life expectancy in Australia 2005 – 2012 (1)

	2005–2007			2010–2012			2013
	Indigenous	Non-Indigenous	Difference (years)	Indigenous	Non-Indigenous	Difference (years)	Australians
Males	67.5	78.9	11.4	69.1	79.7	10.6	80.1
Females	73.1	82.6	9.6	73.7	83.1	9.5	84.2

With such observational data, there can only be discussion about the contributing factors. However the activities of health promotion and public health can take at least some of the credit, probably the major proportion. Smoking rates are continuing to fall. Immunisation protects against a wide range of diseases. Past improvements in infant nutrition (the first 1000 days), including increasing breastfeeding rates, are reaping their rewards as the DOHAD hypothesis becomes more than just a theory and chronic disease rates (age adjusted) are falling. The improvements in awareness of the importance of physical activity and nutrition and other lifestyle factors to health are significant, despite the black marks of increasing obesity and type II diabetes. The 2014 Global Burden of Diseases Project has confirmed the importance of nutrition and other modifiable risk factors in reducing healthy life expectancy (2). Currently about 40% of the total risk factor burden is due to nutrition related risk factors in Australia and most developed countries.

Figure 1. Burden of disease attributable to 15 leading risk factors in 2010, expressed as a percentage of Australian DALYs

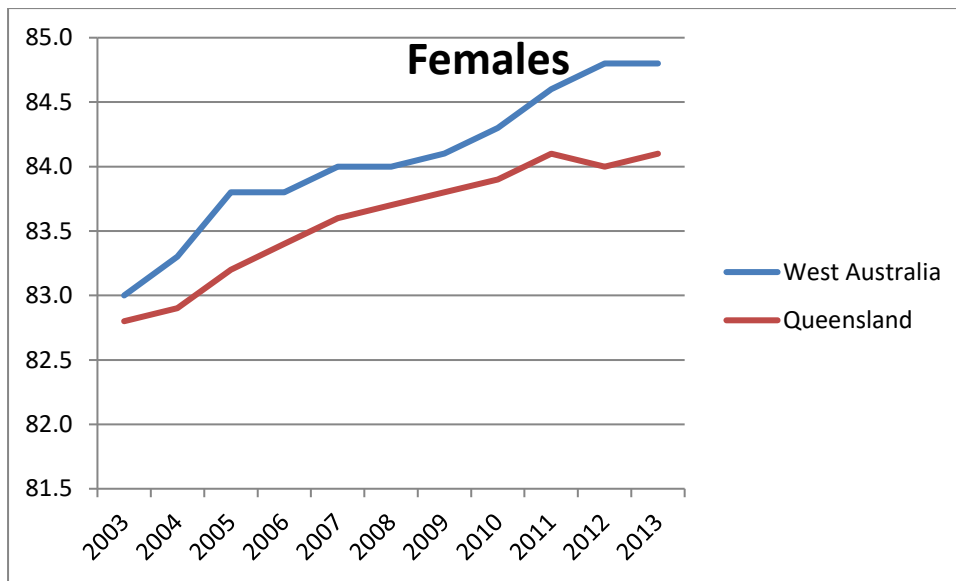


Source: (2).

The main risk factors for Australia are dietary risks (10.5%), high BMI (8.5%), smoking (8.3%) and high blood pressure (7.1%). The total burden of nutrition related risk factors is 43% (see Figure 1) (2).

Recent data from the US show an improvement in health outcomes in a short period of time resulting from improved access to health care and disease prevention programs. (3). The ABS (2014) data on life expectancies shows some interesting trends between the Australian states. Can it be that Australia is conducting a quasi-experiment on health outcomes by reducing health promotion services in some states? The following graph shows a comparison of life expectancy in females in Queensland and Western Australia. There have been widespread cutbacks in health promotion and public health services in Queensland compared to WA.

Figure 2. Female life expectancies in Queensland and Western Australia (1).



Is the widening gap in Life Expectancy between these states a reflection of what can be expected when health promotion is dismantled? It seems that increasingly in Australia governments are prepared to gamble with the health of the public by reducing health promotion activities. It is too soon to be sure if the cutbacks in health promotion are the cause. But it certainly is a warning for governments that cutbacks may be rapidly reflected in poorer health outcomes – even before the next election.

And another survey

The results of the Second Australian Study of Health and Relationships have just been released in a special issue of Sexual Health (4). This survey has confirmed further successes for health promotion in Australia. For many years there was opposition to sexual health education in our schools. However, the results of the survey confirm that Australians are not having sex at an earlier age when compared to a decade ago. Also a high proportion of our population are using condoms for protection against STIs(5). Australia has a good record of initiating sexual health education programs(6). The Survey results confirm what health promotion experts have known for a long time, health promotion programs do not result in earlier or riskier experimentation with sexual activity. In fact sexual health in Australia appears to be improving with one or two exceptions. This study confirms the importance of continuing health promotion programs on human relationships for the young people of Australia.

Success and a note of caution

There continues to be improvements in life expectancy in Australia, which is the best overall index of health, as well as improvements in sexual health. These improvements can be attributed, at least in part, to health promotion services in Australia. However a note of caution needs to be added that the cutbacks to health promotion that we have seen, and further proposed cuts in health promotion and prevention services may rapidly reverse some

of these gains. In this era of small government and budget cuts to all community services, the overall population benefit of health promotion appears to be neglected. This journal welcomes studies that demonstrate the efficiency and the efficacy of health promotion in promoting the health and well-being of all Australians.

References

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