Lead...Leader...Leadership

Of late, the world has been given some interesting insights into political leadership, whether it be surrounding Great Britain's decision to leave the European Union; the race to the White House; the approach to law and order in the Philippines; dealing with a military coup d'etat in Turkey or creating artificial islands to extend maritime borders in the South China Sea. Each of these examples holds lessons into how world leaders approach events of significant national interest. Each example points to important messaging and positioning one's self to provide the country with direction, hope and a sense of national security. It could be argued that each of these leaders have found this somewhat challenging as the messaging has largely appealed to insecurities of the local population.

If we draw our attention to politics closer to home, the recent federal election provided a fascinating case study into leadership and issues that have traction in our broader community. The battlefield for this election wasn't border security; the environment; taxation or the role and function of trade unions. The prevailing sentiment is that the election was almost won or lost (depending on your own political persuasion) on health. The very successful 'Mediscare' campaign, with its associated messaging about poorer health outcomes, hit a chord with middle Australia. Although there was little truth to what was being promoted by the Labor Opposition, there was still resonance with the Australian people. Despite the voracity of the Oppositions claims, the Government found it difficult to counter the arguments. It is clear that 'fear' and creating a sense of insecurity is a powerful motivator even when the claims are spurious. What appeared to be lacking was decisive leadership; and clear, understandable and believable messaging. Improving and upgrading the Medicare payment system through the Department of Human Services, does not constitute privatising Medicare, but despite this there was a lack of belief by the community regarding the Government's agenda.

Australia has any number of health issues to consider over the next decade that need addressing, and using fear and insecurity won't provide a solution, rather, the status quo. If Medicare is to remain 'untouched' or a 'non-negotiable' what else needs to change to support Australia's universal health care system? Funding has to come from taxation or other sources of revenue and with Australia's slowing and changing economy, funding options are going to be limited unless there is a sensible debate around taxation.

The cost of providing health care is going to continue to rise over the coming decades with ageing and its associated illnesses and costs (diabetes, obesity, other chronic diseases, dementia and aged care, just to name a few). Health care costs rise dramatically with age. Health care expenditure for an 85-year-old Australian is more than four times that of a 50-year-old. By 2050, the number of Australians over 85 will more than triple.[1] Lifestyle diseases such as obesity and diabetes will also create issues with health service provision and funding.

These rates of adult obesity in Australia are well above OECD averages, with the prevalence of overweight and obesity in Australia shows that nearly two-thirds (63%) of all adults (or 7.4 million people aged 18 years and over) are either overweight or obese.[2] Apart from the well documented health and social consequences of obesity, the associated costs are significant and growing. A recent study by Obesity Australia found that if left unchecked, the direct and indirect economic impact of obesity would reach AUD$88 billion and affect one-third of Australians by 2025.[3] There is also much concern about the financial burden of diabetes. Recent assessments suggests healthcare that is directly attributable to diabetes costs approximately AUD$1.7 billion per year, while the total cost of diabetes annually has been estimated to be as high as AUD$14 billion.[4]

The cost of these issues, let alone the cost of other chronic disease interventions, closing the gap on Indigenous health disadvantage and providing adequate solutions to aged and dementia care will put further pressure on an already strained health budget. Total expenditure on health was estimated at $154.6 billion in 2013–14, up by 3.1% on 2012–13 in real terms (after adjusting for inflation).[5] Health expenditure has also grown faster than the broader economy. The ratio of health expenditure to gross domestic product (GDP) has increased from 6.8% in 1986–87 to 9.5% in 2011–12.[6] At its current rate, health expenditure as a percentage of GDP will move well into double digits over the next decade, unless concerted efforts are made to curb costs or find additional revenue to fund the healthcare going forward, or make significant cuts in other areas of expenditure.

Australia lacks a sense of urgency, creativity and decisiveness when it comes to health policy. This country needs people to lead, there is little point in waiting to see what happens. Policy makers, health professionals and bureaucrats need to lead the debate and bring people along in the conversation. Second, once a decision has been made to lead, we need leaders. Leaders that can sell a vision for a healthy, sustainable future. Leaders that can bring the community along and that can communicate. Leaders that do not use fear as a tool to fear change. Finally, we need leadership. Leadership that is positive. Leadership that demonstrates broad long-term thinking that is in the best interests of all. Leadership that is not deterred by addressing difficult issues, engaging in robust discussions or making decisions that may not seem popular. There is a need to move past machismo, fear-based leadership and 'heroic notions of leadership', to one that engenders teamwork, participation, empowerment and risk taking.[7] Our political leaders need new 'fear-free' approaches if these wicked health issues are to be adequately addressed.

Good health remains a cornerstone of Australian society, but we must understand the grand notions of a young fit and healthy nation in the 1940s, 1950s and 1960s is being replaced by an ageing, chronically ill society that will struggle in the future unless strong, positive leadership is exercised. We cannot allow fear to dominate the debate or dictate future health policy. Strong leadership demands the Government of the day actively engages the community about the future of healthcare in Australia. Allowing fear to paralyse progress does not help Australia in the long run. It might win (or nearly win) elections, but fear and insecurity makes it impossible to imagine

or move to a better future. There are far too many health system issues that need a considered, sensible approach to policy and implementation; and without the ability for politicians, health-care professionals, administrators and bureaucrats to positively lead, Australia's health status in comparison to the rest of the world is likely to slip backwards.

Adjunct Professor Gary E Day
Editor-in-Chief
Australian Health Review

References

1   Actuaries Institute. Who will fund our health? 2014. Available at: http://www.actuaries.asn.au/Library/Opinion/2014/WhoWillFundOurHealth.pdf [verified July 2016].

2   Australian Institute of Health and Welfare. Overweight and obesity. Canberra: Australian Institute of Health and Welfare; 2016. Available at: http://www.aihw.gov.au/overweight-and-obesity/ [verified July 2016].

3   Obesity Australia. No time to weight 2, obesity: it's impact on Australia and a case for action. 2016. Available at: http://www.obesityaustralia.org/resources [verified July 2016].

4   Minister for Health and Minister for Sport. Nation's largest diabetes conversation. Canberra: Australian Government; 15 April 2015.

5   Australian Institute of Health and Welfare. Health expenditure Australia 2013–14. Health and welfare expenditure series no. 54. Cat. no. HWE 63. Canberra: AIHW; 2015. Available at: http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129552833 [verified July 2016].

6   Australian Institute of Health and Welfare. Australia's health 2014. Canberra: AIHW; 2015. Available at: http://www.aihw.gov.au/australias-health/2014/health-system/#t2 [verified July 2016].

7   Fulop L, Day GE. From leader to leadership: clinical managers and where to next? *Aust Health Rev* 2010; 34: 344–51. doi:10.1071/AH09763