

Health promotion success in Australia and a note of warning

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Recently the 2013 data on deaths in Australia have been released by the Australian Bureau of Statistics (ABS).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 4.1 years in 2013. The life expectancy of Indigenous Australians has increased but the gap between Indigenous and non-Indigenous Australians has narrowed only slightly (see Table 1) and is still ~10 years.

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 – and probably the major proportion – of the credit. 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 Developmental Origins of Health and Disease (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, 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, in Australia and most developed countries, ~40% of the total risk factor burden is due to nutrition-related risk factors.

The main risk factors for Australia are dietary risks (10.5%), high body-mass index (BMI) (8.5%), smoking (8.3%) and high blood

pressure (7.1%). The total burden of nutrition-related risk factors is 43% (see Fig. 1).²

Recent data from the United States show an improvement in health outcomes in a short period resulting from improved access to health care and disease prevention programs.³ The ABS (2014) data on life expectancies show 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? Fig. 2 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 with Western Australia.

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 in Australia, governments are increasingly prepared to gamble with the health of the public by reducing health promotion activities. It is too soon to be sure whether the cutbacks in health promotion are the cause. However, these data serve as 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 compared with a decade ago. In addition, a high proportion of our population are using condoms for protection against sexually transmissible infections.⁵ Australia has a good record of initiating

Table 1. Life expectancy in Australia 2005–2012¹

	2005–2007			2010–2012			2013 Australians
	Indigenous	Non-Indigenous	Difference (years)	Indigenous	Non-Indigenous	Difference (years)	
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

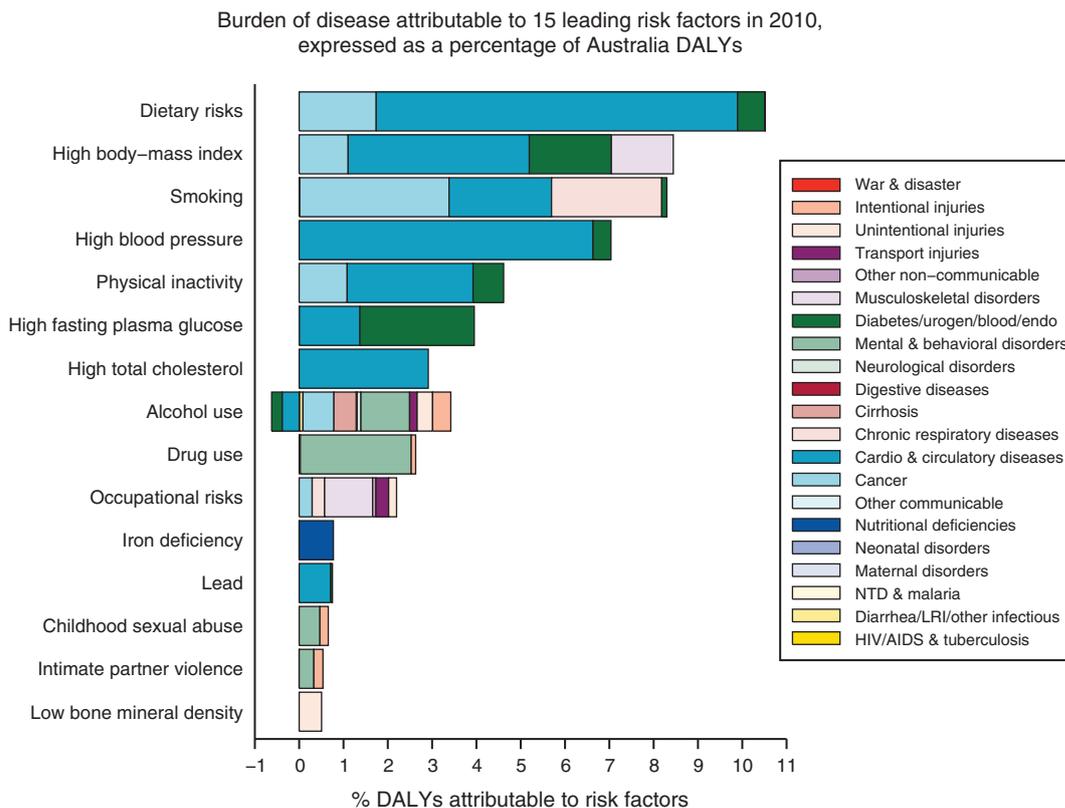


Fig. 1. Burden of disease attributable to 15 leading risk factors in 2010, expressed as a percentage of Australian DALYs.²

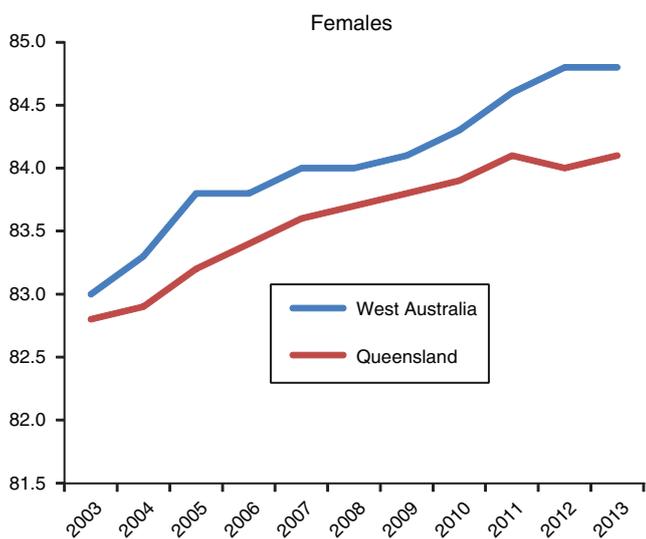


Fig. 2. Female life expectancies in Queensland and Western Australia.¹

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 recent cutbacks to health promotion, 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 efficacy of health promotion in improving the health and well being of all Australians.

References

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sexual health education programs.⁶ The survey results confirm what health promotion experts have known for a long time: that 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.

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