



Public Health Association
AUSTRALIA



VicHealth

Healthy Australia

Public Support for Prevention Strategies



Background

In recent years, the importance of promoting health has received widespread and increasing attention in Australia. Governments and bodies such as the National Preventative Health Taskforce have stressed the importance of comprehensive and sustained health promotion and illness prevention activities to improve the health of all Australians. Reviewing the evidence on prevention, the Taskforce concluded that society as a whole benefits significantly from effective prevention activities and strategies. Such benefits include:

- a reduction in the burden of disease, injury and disability experienced by individuals, families and the community
- improved use of limited health system resources
- significant economic advantage – for example, enhanced economic productivity through creating a healthier workforce.

There is an increasing body of evidence that investments in illness prevention strategies across a wide range of health-related behaviours represent excellent value for money (Carter et al. 2009).

The Taskforce also recommended the creation of a national prevention agency. Subsequently legislation to create the Australian National Preventive Health Agency was passed and the agency commenced operation on 1 January 2011.¹

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Expert reviews have proposed broad-ranging strategies and policies to help people make healthy lifestyle choices. The National Preventative Health Strategy (2009), developed by the Taskforce, presents a comprehensive range of strategies to reduce alcohol and tobacco consumption, reduce the consumption of unhealthy food, increase the consumption of fruit and vegetables, make healthier food affordable, increase levels of physical activity, and decrease sedentary behaviour.

Reviews such as this consistently highlight the importance of using a range of strategies in combination, in order to effectively promote health and prevent illness.

Several of the recommendations in the recently-released review of food labelling law and policy (2011) commissioned by the Australia and New Zealand Food Regulation Ministerial Council endorse the use of strengthened consumer information labels on food and alcohol products as part of a multifaceted campaign.

Among a range of changes to food and drink labelling, the review recommends a mandatory health warning message about the dangers of drinking alcohol while pregnant and

the introduction of 'traffic light' front-of-pack labelling on food packaging, initially on a voluntary basis. It also recommends that chain food service outlets be encouraged to use the traffic light labelling system on menus or menu boards. It proposes the mandatory display of the energy content of standardised food items on menus or the menu board in chain food service outlets and on vending machines, and recommends that other nutritional information be made available in these outlets.

Governments at all levels have a crucial role in the success of comprehensive prevention strategies such as these through leadership, marketing, policy development and implementation, legislation and regulation, supported by appropriate funding. They are well-placed to assist individuals and communities to make healthy lifestyle choices.

But what are public expectations on the role of governments in the prevention of chronic illness? How much should governments spend on prevention measures? What is the level of public support for specific activities that can improve health and reduce the burden of disease to the community? To address these questions, the Public Health Association of Australia (PHAA) in partnership with the Victorian Health Promotion Foundation (VicHealth) conducted a survey of almost 3,000 Australians in October–November 2010 to assess the level of support for the kinds of prevention strategies, recommended by a range of expert bodies, to improve the health of all Australians.

Method



Participants

An online survey was conducted with a final sample consisting of 2,892 participants aged 18 years and over across Australia. Their email contacts were purchased from Research Now (www.researchnow.com.au), online fieldwork and panel specialists. The sample was selected to represent the main demographic groups in terms of gender, age and rural/metro proportional to size. Online panel participants are usually paid between \$2 and \$5 per survey for each survey they complete (see www.valuedopinions.com.au). The survey questions were piloted to 20 online panellists before going live.

Survey instrument

Participants completed an online survey developed in consultation with key public health advisors. The survey included 40 questions covering key public health funding priorities, health behaviours and demographic items. Opinions were measured on a five-point Likert scale where respondents gave their level of support or opposition to a question.

The survey was distributed under the auspices of the PHAA. Data were collected between Tuesday 19 October and Tuesday 23 November 2010.

The average time taken to complete the survey was approximately 27 minutes. There were no time limits imposed and as this was an online survey, participants could start and complete the survey at any point. Extensive periods of completion time could be accounted for by people commencing the survey and leaving it open on their browser but not answering items.

The survey results were weighted by age, state and gender to ensure that the sample reflects the Australian population.

Demographics of respondents

The national sample comprised 48.1% males and 51.9% females.

The majority of respondents were living as a couple (70.4%), 32.9% had children living in the home and 6.1% were one-parent families. Other participants were living in a share household (7.5%) or living alone (15.0%).

The majority of respondents (84.7%) had completed high school or above. Nearly all respondents indicated they usually spoke English at home (95.8%). Less than 1% of respondents indicated they were of Aboriginal or Torres Strait Islander origin.

¹ <http://www.health.gov.au/internet/main/publishing.nsf/content/phd-anpha>, accessed 12 February 2011

Results

Note: Unless otherwise indicated, results reported in this section refer to weighted national sample data.

Alcohol and tobacco consumption

The majority of respondents (83.5%) had consumed an alcohol drink in the last 12 months, with approximately half (55.5%) indicating having a drink at least once or twice a week or more frequently. Most respondents (71.1%) indicated that they were an 'occasional' or light drinker, while 5% and 1.9% identified themselves as heavy and binge drinkers, respectively.

About half of the respondents had either never smoked (44%) or never smoked regularly (8.6%), while 14.2% reported smoking daily.

Health of respondents

The majority of respondents (73.7%) indicated that their health was good, very good or excellent, with 20.5% indicating fair health, and only 5.4% indicating poor health.

Responsibility of governments to enable individuals to make healthy choices

The majority of respondents (83.7%) agreed or strongly agreed that governments have a responsibility to provide information, resources, programs, laws and regulations to enable Australians to make healthy lifestyle choices.

Nearly three-quarters of respondents (73.3%) supported increasing funds spent on prevention from 2% to 5% of the health budget.

Support for governments helping individuals make healthy choices

The majority of respondents (71.5%) indicated that Australian governments should fund programs for workplaces that support healthy eating, physical activity and reduced sitting time (for example at a desk, or in front of the TV).

The majority of respondents indicated that Australian governments should be responsible for helping individuals to make healthy choices about a range of behaviours. Agreement levels ('agree' and 'strongly agree') were:

- 78.9% for eating healthy food
- 75.6% for drinking alcohol at low risk levels
- 75.8% for doing regular exercise.

Support for additional funding for promoting health

The majority of respondents supported additional funds being allocated to Australian federal and state governments' health budgets to prevent people from getting sick and to help people have better health (79.1% support or strongly support).

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Support for changes to advertising practices

Half of the respondents (50.7%) supported the removal of alcohol sponsorship at community and professional sporting events if the government provided financial support to sporting organisations to replace any of their lost sponsorship revenue. One-quarter (24.8%) opposed such a move, while almost one-quarter (23.1%) neither supported nor opposed the suggestion.

Support for nutritional information on fast food menu boards

Strong support was found for nutritional information being displayed on fast food menu boards, with 82.7% of respondents indicating support or strong support. Nearly half of the respondents strongly supported this move (45.8%).

A substantial majority of respondents indicated they were likely (33.7%) or very likely (33.7%) to use the kilojoule information on menu boards at fast food restaurants to



select what they will eat. While only 3.9% opposed or strongly opposed the fast food menu board change, 16.1% indicated they would be unlikely or very unlikely to use them to select what they would eat, with 15% indicating a neutral response (i.e. selected 'neither likely nor unlikely').

Support for regulation of unhealthy food advertising on TV

Respondents were asked about regulation of unhealthy food advertising on TV. Half of the respondents (50.7%) supported a total ban on advertising unhealthy food on TV, more than double (20.5%) those opposing or strongly opposing such a ban. A greater proportion of respondents (28.0%) neither supported nor opposed such a ban.

Considerable support was found for junk food advertisers to pay a 1.5% advertising levy to create a specific health promotion advertising fund to provide better information to consumers about healthy eating: 69.3% of respondents supported and 13.7% opposed such a levy.

What the results tell us

The results from this survey indicate that Australians want governments to assist individuals to make healthy lifestyle choices, such as eating healthy food, drinking alcohol at low risk levels and doing regular exercise. Importantly, the survey results confirm that the Australian population wants government to increase its spending on prevention activities in order to make us a healthier nation.

Strategies that prevent illness

Governments can enable people to make healthier choices and reduce the consumption of unhealthy food, alcohol, and tobacco, as well as decrease sedentary behaviour and increase physical activity. Putting limits on fast food advertising, reducing alcohol sponsorship to sporting organisations and placing levies on food and alcohol advertising are strategies that reduce the exposure of Australians to the advertising and promotional activities that encourage unhealthy consumption. Such strategies were among the range of policies recommended by the National Preventative Health Taskforce.

The results clearly show that Australians are ready for such strategies that promote health. There is substantial support for key strategies that reduce Australians' exposure to

damaging advertising and promotional activities. The vast majority of Australians believe that governments have responsibility to enable people to make healthy lifestyle choices, including providing funding for workplace programs to support healthy choices and activities, and increasing funding allocated to promoting health.

Investing in our health

Currently, Australian state and federal governments spend approximately 2% of the health care budget on prevention activities (2010). The results from this survey show strong community support for increasing the prevention budget from 2% to 5% of the health care budget.

Importantly, the findings of this survey suggest that the community expects more from government. Increasing the investment from

2% to 5% amounts to increasing spending on prevention from 30 cents per individual per day to \$1 per person per day.

Investing in prevention is supported by public health experts, is cost-effective and as these results suggest, is well-supported by the Australian community.

Australians are ready for innovative strategies that promote health.

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