



Healthy Habits – scale up the *Make Healthy Normal* program

Why the *Make Healthy Normal* Program is needed - the health problem

Our modern lifestyle continues to be the biggest preventable cause of illness and death in Australia. The latest Australian Institute of Health and Welfare (AIHW) burden of disease figures (for 2011)¹ show that after tobacco smoking (which is declining), the lifestyle related risk factors of insufficient physical activity and being overweight or obese contribute the greatest attributable burden of disease.

The attributable burden of disease is defined by the AIHW as: *“the reduction in burden that would have occurred if exposure to the risk factor had been avoided or reduced to the lowest possible exposure.”*²

Tobacco contributes 9% of the total burden of disease, followed by alcohol (5.1%), high body mass (5.5%) and physical inactivity (5.0%). For cardiovascular disease alone, high body mass and physical inactivity are second only to high blood pressure (31.7%), accounting for 21.2% and 21.1% respectively of the attributable burden of disease for cardiovascular disease³.

Why the *Make Healthy Normal* Program is needed - the economic problem

Burden of disease is an assessment of the true costs of particular disease groups to Australia. It includes direct costs such as payments by individuals and government health service expenditure, as well as the indirect costs of the impacts of illness on the economy, such as reduced productivity.

These costs are substantial. NSW Health estimates overweight and obesity costs NSW around \$19 billion annually (2008 figures)⁴.

Research undertaken by the Sax Institute modelled five scenarios to assess the potential health impact on three specific diseases by reducing six specific risk factors⁵. It estimated that 266 cases of Type 2 diabetes in men and 200 cases in women in NSW per year would be prevented by a 5% reduction in overweight whilst 185 cases in men and 186 cases in women would be prevented by a 5% reduction in obesity⁶.

The average annual healthcare cost per person with diabetes is \$4,025 if there are no associated health complications. However this can rise to as much as \$9,645 in people with both micro- and macrovascular complications⁷. A reduction of just 5% in overweight and obesity rates in NSW would therefore deliver a saving of between \$3.3 million and \$8 million per year in diabetes costs alone.

Why the Make Healthy Normal Program is needed – impact on future generations

While these figures focus on adult overweight and obesity, the *Make Healthy Normal* campaign also has components aimed at families and children which will contribute to the Premier's Priority to reduce childhood overweight and obesity by 5% in 10 years. Children's behaviours – especially food choices and every day physical activity – are determined by their parents and other significant adults. Making healthy behaviours the normal behaviours for adults will contribute to changing children's health related behaviours.

Replacing energy dense, nutrient poor foods in the home with healthier options, for example, will help establish healthier food preferences in children. Replacing some car travel with active transport for travel to school, work, recreation or shopping will help normalise active travel choices.

We know from years of successful tobacco control campaigns that children are more influenced by strategies aimed at adults than the tobacco industry's preferred advertising campaigns aimed directly at children, which children see as hypercritical. When adults denormalise smoking by banning tobacco advertising and promotion, banning smoking in public areas and running ad campaigns to show the health dangers of smoking, children absorb these messages and develop negative attitudes to smoking as well. NSW now has one of the lowest smoking rates in children in the world, with current smoking rates just 6.7% for secondary school students (aged 12 to 17 years).

How much needs to be spent on *Make Healthy Normal* to make an impact?

In July 2015, the NSW Minister for Health launched the *Make Healthy Normal* campaign to build the community's awareness of what's needed for a healthy life and motivate people to take action. To date \$4.5 million has been allocated to the *Make Healthy Normal* campaign⁸. While this is a good start and we commend the NSW Government's commitment to reducing lifestyle related risk factors, we know from NSW success in reducing smoking rates and road fatalities that a higher social marketing spend is needed to deliver results.

The reported advertising spend for NSW Health's Healthy Eating and Active Living (HEAL) Strategy from July 2015 to Dec 2015 (6 months) was \$1.3 million⁹. However the last full year reports (2014-2015)¹⁰ showed that \$7.1 million had been spent on quit smoking advertising and \$16 million on road safety campaigns in the 12 months to July 2015.

We ask that such an important campaign as *Make Healthy Normal* be resourced at a level commensurate with other behaviour change campaigns with proven efficacy.

Research into successful tobacco control mass reach communication spend indicates that a spend of around \$A3 per capita is needed to produce sufficient weight for effective behaviour change¹¹. Based on the 2015 overweight/obesity rate in NSW adults of 52%¹² spending of \$3 per overweight/obese person would give a media spend of \$9.1 million per year (\$36.4 million over 4 years).

Contact for further information

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¹ Australian Institute of Health and Welfare 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. BOD 4. Canberra: AIHW.

² Australian Institute of Health and Welfare 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. BOD 4. Canberra: AIHW. Pp55

³ Australian Institute of Health and Welfare 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. BOD 4. Canberra: AIHW. Pp59

⁴ NSW Ministry of Health, Snapshot of Adult Overweight and Obesity, June 2014.

⁵ St George A, Kite J, Hector D, Pedisic Z, Bellew B, Bauman A. The Healthy Eating and Active Living Strategy – Additional Health Benefits: an *Evidence Check* brokered by The Sax Institute (www.saxinstitute.org.au) for the NSW Ministry of Health; 2014.

⁶ St George A, Kite J, Hector D, Pedisic Z, Bellew B, Bauman A. The Healthy Eating and Active Living Strategy – Additional Health Benefits: an *Evidence Check* brokered by The Sax Institute (www.saxinstitute.org.au) for the NSW Ministry of Health; 2014. Pp10

⁷ Shaw J, Tanamas S (Eds). Diabetes: the silent pandemic and its impact on Australia (2012). Baker IDI Heart and Diabetes Institute, Diabetes Australia and Juvenile Diabetes Research Foundation (JDRF).

⁸ Minister for Health Media Release Friday, 3 July 2015.

⁹ http://www.advertising.nsw.gov.au/sites/default/files/downloads/page/campaigns_fy15162.pdf Accessed 10 June 2016

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http://www.advertising.nsw.gov.au/sites/default/files/downloads/page/media_expenditure_by_campaign_2014_2015.pdf Accessed 10 June 2016

¹¹ Prof William Bellew, personal communication, based on Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

http://www.cdc.gov/tobacco/stateandcommunity/best_practices/ Accessed 10 June 2016.

¹² NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health. http://www.healthstats.nsw.gov.au/Indicator/beh_bmi_age Accessed 10 June 2016.