

Table 5.46: Cost of PBS items to the PBS and patients, 1994–95 to 1998–99 (\$ million)

	1994–95	1995–96	1996–97	1997–98	1998–99
Patient contributions for PBS prescription items (a)	445	478	530	570	601
General patients	230	252	278	294	318
Concessional patients	214	227	252	276	283
PBS payments for PBS prescription items (b)	1,882	2,191	2,333	2,527	2,782
General patients—no safety net	291	343	392	412	468
General patients—safety net	93	119	73	99	107
Total general patients	384	462	465	510	576
Concessional patients—no safety net	1,195	1,369	1,466	1,576	1,740
Concessional patients—safety net	303	360	402	440	467
Total concessional patients	1,497	1,730	1,867	2,016	2,207
<i>Total cost of PBS prescription items (a) + (b)</i>	<i>2,326</i>	<i>2,669</i>	<i>2,863</i>	<i>3,097</i>	<i>3,384</i>
Miscellaneous PBS service payments (c)	110	135	206	259	287
Total expenditure by the PBS (b) + (c)	1,991	2,327	2,538	2,785	3,070
Total cost of PBS items to the PBS and patients (a) + (b) + (c)	2,436	2,805	3,068	3,356	3,671

Source: DHAC 1999c.

5.7 Health promotion and prevention

Health promotion and prevention are part of the suite of activities generally referred to as public health or population health. Health promotion and prevention activities have traditionally included population screening (e.g. for breast cancer), mass immunisation, water fluoridation, food inspection and quarantine, communicable disease control and surveillance, and health promoting communications (including social marketing), to name just a few.

In the last couple of decades, the scope of population health interventions and infrastructure has extended to include surveillance of disease risk factors, management of healthy growth and development (including, for example, parenting effectiveness training and support), mental health promotion, consumer product safety, and so on.

Population health interventions are characterised by a focus on:

- prevention, promotion and protection as opposed to treatment;
- population groups rather than the individual;
- the factors that affect health and causes of illness.

In its population health planning framework document, the National Public Health Partnership (NPHP 2000) lists 10 types of public health interventions covering policy and program areas (see Box 5.10).

For a particular public health issue, a mixture of intervention types is typically employed (constituting an intervention portfolio)—this is another characteristic of public health action, namely a comprehensive program of integrated activities to tackle the health issue. This section presents a case study of an intervention portfolio in the area of tobacco control.

Box 5.10: Types of public health interventions

1. *Public policy development*
2. *Legislation and regulation*
3. *Resource allocation*
4. *Engineering and technical*
5. *Incentives (financial and non-financial)*
6. *Service development and delivery*
7. *Education (including in clinical care and skills development)*
8. *Communication (including social marketing)*
9. *Collaboration/partnership building (community and intersectoral)*
10. *Community and organisational development (including organisational policy)*

Source: NPHP 2000.

Tobacco control—a case study in public health interventions

Over 18,000 deaths and 150,000 hospital separations each year in Australia are attributable to tobacco smoking (AIHW 1999a). Smoking-related conditions account for almost 10% of the total burden of disease (AIHW: Mathers et al. 1999c). Tobacco smoking is the single largest preventable cause of death.

The main elements of public health action in tobacco control are:

- taxation;
- regulation of tobacco products;
- promotion of (and, in some cases, legislation for) smoke-free indoor areas;
- education campaigns and social marketing; and
- community development and partnership building.

Taxation is a mechanism by which governments can affect the price of tobacco products; increasing the price of tobacco in turn reduces its accessibility. The Commonwealth Government levies the industry through excise payments on locally manufactured products and customs duty tariffs on imported products.

Tobacco products are regulated in a number of ways: legislation banning or limiting tobacco advertising; regulations regarding health warnings on tobacco products; minimum age restrictions on the sale of cigarettes; and legislation prohibiting the sale of individual cigarettes.

Restrictions on the promotion of tobacco products have been introduced, with a gradual phasing-in of bans on tobacco advertising in print, on television and radio, and in cinemas, with the exception of point-of-sale advertising. Point-of-sale advertising is

prohibited in two States and restrictions are imposed in several other jurisdictions. There have been significant restrictions in the number of international sporting events granted exemptions from the general ban on tobacco advertising in Australia.

In some jurisdictions, health promotion foundations have been established. These foundations provide funding to arts and sporting bodies to replace tobacco sponsorship, resources for health promotion and, in some jurisdictions, funding for research.

In 1994 regulations were enacted to ensure uniform labelling of tobacco products throughout Australia and provision of appropriate product information to consumers. This includes six rotating health warnings and related information on tobacco products (see Box 5.11).

Box 5.11: Health warnings on tobacco products

Under the system operating since 1994, tobacco products are required to display:

- 1. one of six rotating health warnings occupying 25% of the front of the pack:*

SMOKING CAUSES LUNG CANCER

SMOKING IS ADDICTIVE

SMOKING KILLS

SMOKING CAUSES HEART DISEASE

SMOKING WHEN PREGNANT HARMS YOUR BABY

YOUR SMOKING CAN HARM OTHERS

- 2. detailed information (corresponding to the warning on the front of the pack) occupying 33% of the back of the pack*

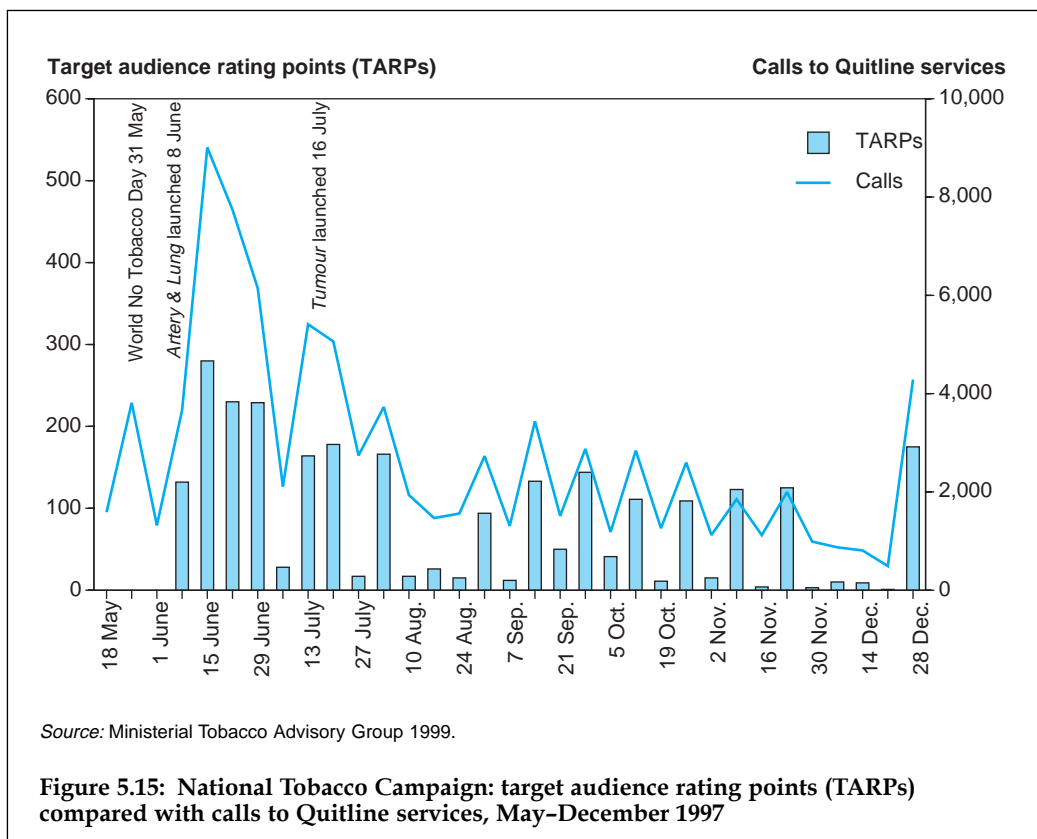
- 3. information about the tar, nicotine and carbon monoxide content of the cigarettes, occupying one entire side of the pack.*

Source: Trade Practices (Consumer Product Information Standards) (Tobacco) Regulations 1994 (Attachment W).

In all jurisdictions the minimum age for purchasing tobacco products is 18 years (with penalties imposed on those selling or, in some cases, supplying to minors). Most jurisdictions also restrict the location of cigarette vending machines to limit access by under-aged persons.

Policy change over the last decade has sought to reduce environmental tobacco smoke. Industries have been encouraged to adopt non-smoking policies for enclosed public places and in workplaces. More formal arrangements include the prohibition of smoking in commercial and government buildings, and on public transport. Legislation exists in some jurisdictions for smoke-free indoor areas in workplaces and other public places such as restaurants, cafes, shops and theatres. All other jurisdictions are working towards similar legislation.

The multi-tiered National Tobacco Campaign combines a series of explicit advertisements on television and radio, in newspapers and on buses with a nationally coordinated Quitline service for smokers. At the national level, Quitline call activity has been closely correlated with the volume of television advertising (Figure 5.15).



5.8 Health research in Australia

Health research focuses on understanding the influences on population health, and on developing and testing health promotion and disease prevention strategies. Medical research relates to understanding fundamental biological processes, disease and injury mechanisms, and the development and testing of clinical interventions for disease and injury prevention, treatment, rehabilitation and palliation.

Research funding

Australia invested a total of \$853 million in health research and development during 1996–97 (Table 5.47, page 310). General government sources provided 38.3% of this funding (\$328 million). A further \$268 million came from institutes of higher education, while businesses—including government business enterprises—provided \$134 million and private non-profit organisations and overseas sources funded the remaining \$123 million.