The National Preventative Health Taskforce is to be congratulated on preparing the comprehensive discussion paper that has been broadly circulated. It is a clear and determined attempt to confront the epidemics of alcohol abuse, obesity and tobacco use that still confront this country. As the Taskforce Chair, Professor Rob Moodie has written in *The Medical Journal of Australia* [1], this is distilled from the best local and international research. There is no doubt that the successful delivery of the proposed performance indicators, as detailed in Table 6.1 of the discussion paper, would lead to a reduction in the prevalence of obesity, tobacco use and alcohol abuse.

The paper also highlights the issue of who is responsible for preventative health and the implementation of governance and performance monitoring structures. It is made quite clear that Australia cannot become the world’s healthiest nation unless health becomes everyone’s business. It is noted in the paper that, in addition to the health sector itself, governments at all levels have distinct roles to play, and the College agrees that prevention must become the business of State and Federal treasuries. We also note and commend the inclusion of private sector leaders in any meaningful approach to preventative health. While the document proposes a risk methodology being incorporated in the funding models and includes the possibility of competitive incentives, it raises concerns about the misinterpretation of these incentives.

The College of Surgeons believes that the issues of responsibility, accountability and performance delivery need to be much more clearly stated. The College would cite as an example the substantial improvements in road trauma rates. These are the product of many activities but are fundamentally the result of legislated responses to the issues of restraints, alcohol and speed limits. There is a very clear understanding of accountability and responsibility. Importantly, governments have articulated their policies through legislation, funding for policing and well resourced preventative programs. High profile campaigns on the subjects of culpable driving and driving under the influence have highlighted the issue of the individual’s accountability. Being a member of the community and enjoying the benefits that flow from this also entails responsibilities – it is a privilege. It could even be argued that additional road funding should be tied to reductions in the road toll. It should also be noted that “black-spot” road funding is provided to areas where improvements and re-configuration will prevent further accidents. Much can be learnt from these processes.

The College believes that much more needs to be done to ensure health outcome goals are more clearly recognised as being the responsibility of the individual, community and governments. Oldenburg [2] again argues that there are two major components to a nationally coordinated prevention agenda. The first is a health care system that provides leadership and delivers quality preventative care and health promotion. The second and more challenging requirement is the creation of a whole of society approach that enables disease prevention and health promotion strategies to operate effectively and sustainably across all levels and sectors of Australian society. This will involve all portfolios and levels of government. The measures can be very simple, such as:

- The percentage of people smoking to decrease by 10% per year, and the number of people under 25 years of age who smoke to decrease by 20% per year;
- The number of people with a BMI > 25 to decrease by 10% per year; and
- The number of alcohol related presentations to hospital emergency departments to decrease by 10% per year.
Either the Federal Government or the State Governments (and more sensibly the latter) need to take responsibility for achieving these targets. The discussion paper clearly outlines the various initiatives that could be successfully undertaken to reduce the key risks. Funding for all the prevention programs should be raised from increased taxes on cigarettes, fat processed fast foods and alcoholic drinks. If the programs are successful and the performance indicators as outlined above are achieved, then the Federal Government should provide equivalent funding for the following years’ prevention programs to fully compensate for the decreased revenue flowing from sales of tobacco, alcohol and fat processed foods. **It is essential that we stop using process measures as indicators of outcomes.** Although very good at measuring effort, they are not measures of success in terms of improved community health.

Doubtless this approach will be labelled simplistic and draconian. However that is also its key strength. There can be no confusion regarding accountability and responsibility. There can be no confusion as to its being a community responsibility. There can be no doubt about where we aim to be by 2020.

While being very supportive of the discussion paper that the Taskforce has circulated, careful economic assessment of the activities will be vital. A recent paper by Cohen [3] highlighted what is well known in the health sector. The cost effectiveness of preventative health measures varies. In the allocation of any funding the best value for money is of paramount importance. Before programs are approved they need to be carefully reviewed against the international literature.

The College has previously made submissions to other review processes including the National Health and Hospitals Reform Commission. Although the College fully supports preventative health measures, the College strongly opposes any reduction in the Acute Health budget to fund it. The Australian health system is under-resourced. It is now acknowledged that more infrastructure and recurrent resourcing is required for the hospital sector. There is no doubt that the preventative health strategy will improve the health of the Australian community and hopefully address the tragic gap between health indicators for Australian society as a whole and the indigenous community. However it will not see a decrease in the demand for acute care or hospital care in the foreseeable future. This is an issue of new money – not reallocated funding.

The College of Surgeons would be delighted to participate further in discussions of preventative health strategies. We have a long and significant record of involvement in measures to reduce road trauma, through which many of the principles were established and an all of community approach achieved. There is still more work to do in the field of trauma and acute brain injury, as well as other key health fields. The College is very well placed, and most willing, to play a role in the development of an equally effective preventative health strategy.