

## Workforce and equity issues

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**Priority: Cancer workforce reform**

Rationale: The cancer workforce is under-funded and restricted by the multi-jurisdictional barriers that affect all healthcare provision in Australia. While demand will increase with an ageing population, the cancer workforce will diminish for the same reason. Leadership is needed now to undertake lasting reforms in cancer training, workforce planning and infrastructure support, and to better engage general practitioners in cancer control. The Cancer Council Australia calls on the next Australian Government to work closely with the states and territories to develop streamlined models of health workforce training, recruitment and planning to meet Australia's changing demographics, with flexibilities and efficiencies balanced by quality assurance mechanisms such as accreditation.

**Priority: A rural/regional cancer reform program, across jurisdictions**

Rationale: Evidence shows stark and growing imbalances in cancer survival between rural and urban communities. Australia's economy relies heavily on its rural sector, yet poor access to healthcare is threatening the viability of regional communities. Rural Australia urgently needs a comprehensive regional cancer control plan, including multidisciplinary regional cancer centres developed in collaboration with state governments and local communities, and improved funding and coordination of patient travel and accommodation assistance. These measures, building on existing Strengthening Cancer Care initiatives, would significantly reduce the inequities in cancer outcomes across the rural-metropolitan divide and have important spin-off benefits in other areas of rural healthcare provision.

**Priority: A national cancer control plan for Indigenous Australians**

Rationale: Evidence shows Indigenous Australians with cancer are twice as likely to die within five years of diagnosis as non-Indigenous Australians with cancer. Indigenous Australians smoke at around 2½ times the rate of non-Indigenous Australians, participate at significantly lower rates in screening programs and are far more likely to present for diagnosis with an advanced cancer and to decline treatment. A coordinated national cancer control strategy for Indigenous Australians, including expediting the use of HPV vaccine for cervical cancer, is urgently required.

## Breast cancer screening

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**Priority: National leadership for the rollout of digital mammography**

Rationale: Australia has an effective national breast cancer screening program, but its future is in doubt unless a nationally consistent digital mammography system replaces the outdated and fragmented analogue services. Nationwide digital mammography would cut costs, improve services (particularly for rural women), streamline data management, align mammography with all other radiological services and add the many other efficiencies digital technology provides. The Cancer Council Australia calls on the next Australian Government to commit to leading the rollout of digital mammography in partnership with the states and territories during the next parliamentary term of office.

## Research

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**Priority: Ongoing funding and improved co-ordination**

Rationale: Research is the key to continually improving our knowledge on cancer prevention, treatment and patient support, which will become increasingly important as our population ages and cancer rates increase. Cancer Australia's national audit of cancer research is expected to inform better targeting of research funds. The Cancer Council Australia calls on the next Australian Government to make a continued commitment to cancer research over the next parliamentary term of office, which is effectively targeted to Australia's needs.

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For more information visit [www.cancer.org.au/election](http://www.cancer.org.au/election)

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# Election Priorities 2007

*How the next Australian Government  
can reduce the impact of cancer*



# Overview

Cancer is Australia's largest disease burden, accounts for more deaths than any other individual cause and will continue to increase markedly in incidence as our population ages. One in two Australian men and one in three Australian women are expected to be diagnosed with cancer by the age of 85.<sup>1,2,3</sup>

While Australia has a good record in many areas of cancer control, we fall well short of our potential to prevent cancer and to improve the quality of life of people living with cancer, particularly those in rural areas.

Increasingly expensive drugs, growing patient expectations, a widening disparity in treatment outcomes for disadvantaged groups and an ageing population are converging to impose an unprecedented cancer burden on Australia's health systems.

Recent Australian Governments have shown leadership in cancer control, such as the 2005-06 Strengthening Cancer Care initiative. But much more needs to be done if we are to meet our potential to reduce the human and economic cost of cancer in Australia.

With almost one in five Australians smoking, an escalating obesity epidemic, a cancer workforce in need of reform, and Indigenous and rural cancer control not recognised as health priorities nationally, there are major opportunities for the next Australian Government to step up the commitment to cancer control.

## The Cancer Council Australia calls on the next Australian Government to:

- Re-initiate the National Tobacco Campaign and lead in the implementation of the National Tobacco Strategy;
- Fully implement the National Bowel Cancer Screening Program and extend the target age range according to the evidence;
- Build on the Australian Better Health Initiative with a coordinated national nutrition and physical activity strategy supported by food marketing policy reform;
- Lead in long-term reforms to enhance and expand the cancer care workforce;
- Work with the states and territories to reduce inequities in cancer care outcomes for Indigenous and rural/remote Australians;
- Work with the states and territories to phase in a digital mammography network to replace the outdated analogue systems;
- Maintain the commitment to research and ensure it is coordinated and directly targets Australia's needs.

This document summarises why these policy priorities will enable the next Australian Government to significantly reduce the impact of cancer in Australia. Evidence and consultation with independent cancer control stakeholders indicate these policies would deliver measurable results in the next parliamentary term of office and beyond.

<sup>1</sup> AIHW, Cancer in Australia: an overview 2006, 2007

<sup>2</sup> ABS, Cancer mortality 2004

<sup>3</sup> AIHW, Cancer incidence projections 2001-2011, 2005



The cancer control priorities promoted in this document are endorsed by the Clinical Oncological Society of Australia, the nation's peak multidisciplinary society for health professionals working in cancer.

# Priorities

## Tobacco control

### Priority: Update/re-initiate the National Tobacco Campaign

Rationale: Smoking remains the main cause of cancer death and disability in Australia. Run from 1997 to 2000, the National Tobacco Campaign ('Every Cigarette Is Doing You Damage') more than paid for itself within its first year in dollar terms. Evidence shows that while such campaigns are highly effective, without sustained effort the decline in smoking rates stalls and is at risk of reversal. A mass media social marketing campaign needs to be the flagship of a national tobacco control strategy.

### Priority: Implementation plan and funding for the National Tobacco Strategy

Rationale: The National Tobacco Strategy, developed by the Department of Health and Ageing with input from multiple stakeholders, is a quality, evidence-based policy platform but lacks an implementation plan and funding to adequately translate policy into practice. Formal implementation and a funding framework through COAG would ensure Australia maintains its standing as a world tobacco control leader and exemplify the value of government policy translating into practice.

## Bowel cancer control

### Priority: Fully implemented bowel cancer screening program

Rationale: Bowel cancer claims 90 Australian lives each week and its impact will increase significantly as our population ages. Screening prevents more than a third of bowel cancer deaths among the screened population. The Government's 2005-06 proposal to phase in a national bowel cancer screening program is potentially one of the most important cancer control measures ever introduced in Australia. A platform has been laid for the Australian Government to expedite roll-out of the program, expand the target age range to people aged from 50 as recommended by the NHMRC, create a robust framework for the program's implementation in agreement with the states and territories, and commit substantial additional funds to meet population need and underpin quality assurance.

## Nutrition and physical activity

### Priority: A national nutrition and physical activity campaign

Rationale: Well-targeted social marketing campaigns have been highly effective in influencing behaviour changes that reduce the burden of disease, particularly when supported by policy reform, community programs and research. The escalating costs of obesity clearly demonstrate the need for a mass media social marketing campaign, integrated as part of a national obesity strategy. The Cancer Council Australia calls on the next Australian Government to build on the COAG Australian Better Health Initiative with a national social marketing campaign and a more coherent national framework to reduce obesity.

### Priority: Restrictions on food marketing to children

Rationale: Australian obesity rates have tripled over the past two decades and are higher among population groups that rely on the public health system, thus representing enormous future costs for government. Increasingly, cancer is being linked to obesity/overweight and food choices. Evidence shows that intensive TV advertising targeting children influences food consumption. Regulation to restrict marketing of unhealthy food aimed at children would deliver significant cost benefits, through reduced healthcare expenditure. Government investment in public health social marketing and programs is shown to deliver substantially higher returns when combined with evidence-based public policy.

For more information visit [www.cancer.org.au/election](http://www.cancer.org.au/election)