

MEDIA RELEASE

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National Obesity Prevention Network first victim in cuts to Health Flexible Funds

Funding for the CO-OPS Obesity Prevention Network will cease on 30 June 2015, making it the first victim of foreshadowed cuts to the Health Flexible Funds. A coalition of peak and non-government organisations from the health and community sectors is calling on the Australian Government to scrap plans to cut nearly \$800 million from the Health Flexible Funds over the next four financial years. The foreshadowed cuts will drastically reduce the capacity of non-government organisations and peak bodies to deliver services across the country and to provide advice and support for reform in health.

“The Collaboration of Community-based Obesity Prevention Sites (CO-OPS Collaboration) is an initiative currently funded by the Australian Government Department of Health under the Chronic Disease Prevention and Service Improvement Fund. CO-OPS is recognised nationally as essential in providing central coordination for collaboration, information-exchange and best practice implementation by professionals across health and non-health agencies, all levels of government and non-government organisations in the prevention of obesity and related chronic diseases, reaching at least 1.4 million Australians each year,” explained Dr Penny Love, Director, CO-OPS Collaboration.

“It was revealed in the latest round of Senate Estimates that a total of over \$793M is to be cut from the Health Flexible Funds over the next four financial years. There is still no clarity in relation to how these savings are to be achieved. Departmental representatives indicated that funded services would receive extensions to their current funding arrangements while plans for achieving the cuts were being developed – clearly this is not the case for all,” said Michael Moore, Chief Executive Officer (CEO) of the Public Health Association of Australia (PHAA).

“The Chronic Disease Prevention and Service Improvement Fund is designed to support initiatives that address the rising burden of chronic disease. Chronic diseases such as heart disease, stroke and heart failure, cancer, chronic kidney disease, lung disease and type-2 diabetes, are responsible for 90 per cent of all deaths and 85 per cent of total disease in Australia. These diseases are largely driven by four modifiable risk factors; physical inactivity, unhealthy diets, tobacco use and alcohol consumption. Cutting funding to initiatives under the Chronic Disease

Prevention and Service Improvement Fund makes no sense from a policy nor an economic perspective - estimated direct health-care costs for chronic disease are upwards of \$27 billion and for obesity \$58.2 billion per annum.

“Among the other 13 Flexible Funds apparently to be affected are those supporting the provision of essential services in rural, regional and remote Australia; working to Close the Gap in health outcomes for Indigenous Australians; managing vital responses to communicable diseases; and delivering substance use treatment services around the country. Obviously the foreshadowed cuts are of great concern to all the services and organisations potentially affected. They have the capacity to decimate NGO responses to key public health issues across the nation,” said Mr Moore.

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