

**Preventative Health Taskforce  
General Stakeholder Consultations  
Brisbane**

**Customs House**

**10 – 12 MD**

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Forty two participants attended this session.

**CHALLENGE ONE – OMISSIONS**

Participants identified the following innovative ideas and omissions:

- Build on the work of state and territories as the Paper does not build on reports done at state level.
- Need greater detail around a national agency and for adequate funding for this agency.
- Need more emphasis on monitoring surveillance and initiatives such as the National health survey.
- More research is required around the benefits of physical activity;
- Further explanation is required of what are disadvantaged communities– name the communities and name how the actions for these communities might be applied.
- Milestones should be developed along the way to the 2020 targets – breaking them down and linking to communities of interest to recognise the difference between the communities.
- Address the impacts of environmental chemicals on the general community.
- Focus more on the health aspect of Occupational Health and Safety and not so much on the safety. Currently there is too much focus and spending on the safety and not enough on health.
- Focus on the cost effectiveness of healthy programs.
- Increase health literacy – health risks – assessments – people are not aware of health risks associated with their behaviour and therefore there is a need to raise awareness of this.
- Target young people and provide strategies to get them to live a healthy life;
- Ensure individuals have ownership of their health records - having ownership of own health records may provide incentives to take control of own health;

**OBESITY**

- Stronger emphasis is required on nutrition and physical activity.
- Look at how we provide fresh foods to disadvantaged groups and how do we make access and affordability for these groups. We can't assume disadvantage groups have available resources or education to have a healthy way of living.
- Increase children's education about healthy living and to engage parents in this process.
- Encourage physical activities we need to open up school sporting facilities for communities – not just for members of schools.

- Improve work life balance policies to be supportive of families to take on healthy ways of living; and
- Priorities within the paper need to be weighted – matched to the difficulty and linked to who is responsible.

#### ALCOHOL

- Look at applying a tax on the percentage of alcohol and not on the volume.

#### TOBACCO

- Need to be aiming for a Tobacco free society by 2020.
- More innovation is required in the paper as well as greater focus on smoking in Indigenous communities and nutrition in schools;
- There is a need to focus more on incentives rather than punishments;
- Need to look at what motivates change – people smoke and drink for a reason. Just saying ‘don’t drink’ will not work; we need to look at underlying reasons. We don’t want to slip into banning alcohol and tobacco but rather should look at advertising restrictions
- For a health impact assessment is required to see the effects on poorer groups. For instance, are they going to buy less fresh fruit and vegetables to pay for tobacco.
- Simple and positive messages are required, there is tendency for things to get lost in complexity. Simple messages that are positive makes the message more powerful. This is particularly relevant with tobacco – we shouldn’t just concentrate on negative health impacts but on physical looks rather than lung damage.
- Tobacco price increases have worked to reduce smoking, but how much further can price rises go on working.

#### **CHALLENGE TWO: IMPLEMENTATION**

Participants highlighted the need to involve local governments and councils in the implementation of the strategy. Need implementation at the local level- national directive. National goals are good but need to be implemented locally.

Other suggestions and issues raised included:

- Physical activity should be factored into obesity strategies and not just a focus on weight and measurement.
- Society was more active 50 years ago with different work dynamic. Workplace solutions are required to offset this – we are now time poor because of work situations.
- Food labelling should be kept simple. People are confused by mixed messages we need to simplify this e.g. big red ‘f’ for fat foods.
- Initiatives could include health cooking classes in schools – some schools are growing own vegies – some are cooking and packing up of parents.
- Increase individual ownership using immunisation as an example – by strongly encouraging immunisation, forced ownership on to parents
- Change in parking zones in schools to encourage parents to walk kids to schools
- Review all forms of advertising on unhealthy products
- Review labelling system – currently, if a product has one per cent of natural ingredient can advertise as healthy regardless of other 99 per cent of unhealthy component in it
- Give councils awards for implementing health spaces

- Encourage healthy organisations, provide awards as an incentive
- Increase the option for healthy events by providing Government sponsorship
- Review the supply of tobacco and alcohol and concentration of these settings –
- Increase the evidence base for food supply by drawing on international studies, e.g., New Zealand and United Kingdom.
- With regard to advertising, we need to provide clearer messages as currently there is a lot of confusion; therefore we need to simplify the messages and images.
- Trail and evaluate positive messages that have already been done and build on these.
- Tailor the strategies as one size fits all projects are unlikely to work.
- Change the culture, for example, look at ways to impact on school in developing healthy behaviours
- Use existing networks to encourage a change of behaviour e.g. church, clubs to use existing connections to mobilise health issues.
- Understand more about healthy people and why they have healthy lifestyles and use this as the basis for education and marketing.
- Concentrate on the big picture issues such as the social determinants of health and develop more tangible actions than those within the paper.
- Bring back ‘Norm’
- Strategies should provide group quit programs – i.e. in schools and workplaces, as evidence shows that people quit smoking in groups.

### **SESSION THREE: RECOMMENDATIONS TO GOVERNMENT ABOUT THE NEXT ASSIGNMENT**

#### **OVERALL COMMENTS**

- Participants agreed that the development of a national agency would need to have clear key performance indicators however, there is a need for an agency independent role from government.
- Clear strategies are required that tie to incentives. The workplace a good starting place as there is a captive audience.
- Provide tax incentive for workplaces that spend on health programs.
- A top down and bottom up approach is required and leaders need to be setting example.
- People have embraced the climate change issue; we could build on this in terms of preventative health.
- Tobacco and alcohol are self medicating; therefore we need to look at how people are valuing themselves and why people are not valuing themselves.
- Need to address the structural societal breakdown from having two working parents’ families: we need to look at ways to look after the family unit – structural breakdown when two working parents.
- Need a greater focus on the social determinants and to encourage positive lifestyle options .
- There is a need to try and have as broad an impact as possible.
- Need to review and evaluate what is built.

#### **SUGGESTIONS FOR NEXT ASSIGNMENT**

Other suggested areas for inclusion in next assignment included:

- diseases of ageing:  
oral health;
- wellness centres

- targeted specific communities or groups in the population – i.e. refugee and indigenous communities
- urban design to promote health lifestyles
- national healthy Australasian strategy
- cancer for prevention
- mental health
- Promoting an understanding of chemicals and their impact on the body
- Differential pricing for cohorts i.e. younger people would have to pay more – use examples such as car insurance premiums for younger drivers
- Developing good evidence and evaluations for the impacts of these implementations