

Preventative Health Taskforce Consultations

Melbourne General Stakeholder Consultation

11 February 2009

Facilitators: Professor Rob Moodie and Dr Lyn Roberts

Sixty two participants attended the 11 February 2009 general stakeholder consultation.

Professor Moodie and Dr Roberts provided participants with a general overview of the work of the Preventative Health Taskforce and the discussion paper.

Participants were then provided with two challenges and the outcomes of these are listed below:

Challenge One: Omissions to the discussion paper and any other innovative ideas?

Terms of improving public information – so much confusion out there this is an opportunity for clarity.

Regulation required for alcohol, tobacco and obesity – important any strategies are in partnership with the community.

Increase workforce strategy – e.g. some government areas have only one person responsible for policy implementation.

Strengthen the linkages between alcohol and tobacco within the Strategy.

Make healthiest choice the cheapest choice i.e. water is often more expensive than alcohol.

Greater incentives for primary care required.

Learning by doing – long term actions are required that are relevant to existing policy and programs.

Communities should be asked to tailor policies to their disadvantage groups.

There are workforce implications with strategies so there needs to be partnership with national workforce taskforce.

Government needs to act as a model for healthy promotion and adopt best practice and support workforce.

Need to be more weighted toward the social model of health – look at structural issues – no finger wagging. Missing mental health is the biggest omission.

Joined up effort required at a number of levels – need better links between the three alcohol, tobacco and obesity – more joined effort from policy and readiness of workforce to respond;

Joined up method of implementation – e.g. mass media and making sure we are ready to respond.

Increasing the participatory nature for people in hard to reach groups – e.g. more focus on CALD.

Addressing the underlying determinant of health inequality – need to look at poverty along with Indigenous issues.

Need to address cultural factors around passive/sedentary behaviour such as gardens not being used.

Framing of the paper in a competitive way – should be more collaborative need a positive focus so not about prevention and obesity but a focus on healthy lifestyles. Health literacy – concern – lot of work overseas regarding risk factors and chronic disease.

Greater gender analysis in all studies to inform strategies – plus infrastructure support for existing and any new priority areas.

Need to include global contextual factors such as climate change and distribution of resources particularly in relation food area.

Overweight and obesity

Reshape the urban environment to improve healthy lifestyles but so they are also safe.

Overweight and obesity – not just about control and supply.

Restructure the family – busy – opportunity for fast food – may need more engagement from the workforce.

Priorities for action are less clear on obesity – priorities need much more refining.

Obesity should include food labels including which are GM products as well as clear identification of additives and preservatives in food.

Ensure equitable access to fresh fruit and vegies – especially in regional areas.

Workplaces need to be supportive of healthy eating choices – i.e. employees of fast food outlets need to encourage healthy eating for workers.

Expand traffic light system to identify healthy food.

Focus more on physical activity with financial incentives – e.g. gym membership GST exempt.

Monitoring and setting of interim targets required especially around obesity - monitoring should include existing policies.

Food and nutrition should include a focus on the environment.

Need disclosure on impact of marketing on food sales and work with this data.

Physical activity – schools sponsorship measures to make all kinds of activity inclusive – find alternative sponsorship to alcohol/fast food industry.

Physical activity – real priority to walking and cycling looking and international initiatives and learn from them.

Look at the people already active in communities and use their leadership.

Access to affordable and healthy food – rescue of not quite ripe foods e.g. ‘second bite’ program.

Realistic target for 2020 obesity – the protection of children and others from unhealthy food and benefits – re *Parents Jury* group on banning advertising.

Obesity needs further refinement – greater co-ordination between national, state and local government – central repository is needed.

Tobacco

Need to work more with primary health care (workforce development – not just to support smokers in health but all areas.

Spending more specific targeting required for disadvantaged

Emphasis on availability restriction of tobacco products required.

Ensuring all smokers within health services give encouragement to quit – provide workers with greater mechanisms and resources to screen – broaden to community health – health workforce have opportunity to pick up if clients are at key stage for change.

Alcohol tax reform – industry regulation – responsible serving of alcohol – enforce penalties.

Gap in the discussion paper in how to support families and parents around young people drinking.

Alcohol – implementation important – need to set clear quantifiable targets.

Pass the ‘alcopops’ bill in the Senate.

Guidelines for ethical sponsorship of events.

National consistency on discounting alcohol and tobacco products – e.g. ban petrol outlets offering cheaper alcohol products;

Alcohol culture – normalisation needs to be addressed.

Note the massive damage done on the journey to the worst end of drinking – use publicity (like seatbelts) for early intervention in schools to make sure raising awareness is referenced back to what you are doing as a person whatever type of drinker you are in terms of acquiring a brain injury (the how is missing and needs to be included). Look at what it is doing to the community, economy, family - all are interrelated.

Need to ensure we look at changing the culture of sporting groups and schools in relation to alcohol.

Challenge Two: Implementation

Need to focus on the importance of social model of health to combat discrimination.

Need to foster community to create safety and identify challenges to safety that are preventing healthy activity.

Need to assist in translating into public marketing – have data on how to put into practice.

Use evidence from existing smoking data – things that worked in past and use against all three: alcohol; obesity; and tobacco.

Overarching point for all is changing the culture - strategies to address diverse groups

Use tax increases then money from tax increases should be directly linked to three major area support services; taxation from cigs to quit; taxation from food to kitchen gardens etc; alcohol to schools etc - this allows direct money pathway and people can see where the money goes.

There is a need for balance and to make things fun – incentive based. Only so much evidence is required.

Need to be careful on what pressure we put on the school system – need to consult in each state – far beyond teachers it is a community responsibility.

Much more support required for health professionals – to use consultation with clients to provide intervention and support – raise awareness for parents on the ways advertising misleads.

Payments from government such as baby bonus should be tied to healthy living.

Make focus more focus on adults not just on young children.

Obesity

Only have evidence going back 20 – 30 years (which is limited) therefore need to use common sense around alcohol and obesity.

We should stop talking about low evidence as it feeds political uncertainty and there is a need to act.

Use social marketing like tobacco and focus on urgency.

Legislate and regulate – will work for obesity and alcohol – governments job.
Engage the community to come up with unique response for each community and provide funding grants to assist this.
Campaigns multiple – over decades and have worked – need to keep it simple – keep tactics simple and achievable.
Regulation – can learn the soft approach is added to strong policy – need something from the taskforce to counter the current culture.

Identify settings that are making people accountable i.e. workplace, university, schools and homes in preventing obesity.
Research funding be provide to a qualitative based intervention research and into establishing common data sets so links can be made such as diabetes and social determinants of health.
Work more collaboratively around building grant money for research - ethic approval an obstacle to research.
Make programs like good sports compulsory not just volunteering.
One way to overcome this is to adopt healthy food service policies in all government departments (institutional model);
Junk food arguments are ethical – consumers are demanding regulation on junk food advertising – use this as is important.
Taxing food will be difficult and serious modelling will be required to build the evidence base to get balance right.
Emotional component for eating, dinking and smoking – need to address this.
Making it easier for people to choose healthier options – infrastructure and access to healthier food.
Link between individual productivity and broader productivity – focus on the incentive of why you may do it.
In the past, regulation and dollars worked but also government took on big business – this needs to happen now!
Cultural change – one size does not fit all – need joined up strategies for support.
Needs to match where people are in their lives and understand the importance of parents in this picture.
Co-ordinate data collection that goes toward healthy lifestyle.
Looking at the key successes to tobacco and road trauma – regulate response – powerful lobbying and support from highest level.
Focus on secondary harms to others – parents can pass on sedentary practice to children – can get leverage on harms to others.

Alcohol drinking culture

Promote different ways to celebrate – legislation around sponsorship.
Hard hitting personal stories about individuals in the media and working with the alcohol industry – levy the industry to fund hard hitting sustainable advertising.

Tobacco Use

Develop capacity building opportunities for people to be involved in screening.
Use plain packaging a social marketing for tobacco, alcohol and food.

Challenge Three
Not addressed at this meeting.