

**Preventative Health Taskforce
General Stakeholder Consultations
Adelaide**

The Mercure Grosvenor Hotel

9.30am – 11.30am

29 January 2009

Facilitators: Professor Paul Zimmet
Professor Leonie Segal

Forty one (41) participants attended the Preventative Health Taskforce general stakeholder consultation in Adelaide.

Professor Zimmet and Professor Segal provided an introduction and overview of the Preventative Health Taskforce and its work to date. Participants were then provided with three challenges in relation to questions asked in the Taskforce Discussion Paper *Australia: The Healthiest Country by 2020*.

CHALLENGE ONE – OMISSIONS

Participants identified the following innovative ideas and omissions:

- More opportunity to integrate different population and age groups.
- Expand beyond primary care focus.
- Have incentives for business.
- Need to reset cultural norms / urban environment.
- Cross government integration - policy
- More focus on the health of community rather than individual.
- Lack of mention of importance of sleep.
- General population targets and specific target groups.
- Look at health in all policy – provide system support.
- Expand private practitioner interests outside the traditional way.
- Work more with developing business.
- Need for appropriate resourcing.
- Need for integration with all levels of government.
- Need for cultural training and cultural norms.
- Need to engage communities.
- Links with mental illness in all areas – tobacco obesity and alcohol.
- Recognise that some medicines for mentally ill cause diabetes.
- Role that practice nurses and midwives might play in engaging community.
- Good quality sleep is important.
- Targets seem to be spread across the general population not just disadvantaged groups.
- Need a range of practitioners focusing on a range of issues.
- Work more with business providing healthy environment.
- Is the traditional workforce able to provide services / deliver prevention agenda?
- Long term funding / not silo based: community targets and measures.

- Move beyond one year funding cycle.
- Need to address divides between governments.
- Need key performance indicators to address.
- Cost of food for remote communities and some sort of funding (or extra funding or support) is required in conjunction with education. Especially organisation that have been driven from the round up.
- Support community based programs.
- Opportunity for health professional to be role models for the community.
- Disadvantaged people unemployed – incentive in centrelink payments if they engage in exercise.
- If we really want change we need to give people the system support.
- Addiction is a huge component that needs further thought in terms of training for workers.
- Within the Aboriginal culture, smoking, drinking, unhealthy eating habits, lack of physical activity are normalised within the culture and family groups although this is not a normal part of the traditional culture. Addressing individuals doesn't work as the whole family unit need to be worked with to change this acceptance within families.
- The issue of co-morbidity needs to also be understood amongst workers and a lot of training and support provided to them.
- Many 'experts' don't have the all round knowledge and skills to work with clients in a holistic way. Complex clients are hard work and take a lot more time than someone who presents with one issue.
- Tokenism consultation whereby project officers etc 'fly in and fly out' as the community describe it. The Aboriginal community are tired of being 'studied' with the result that what they say is very often not listened to or included in the outcomes.
- Access to services.

ALCOHOL

- Need to clearly define what we mean by "binge drinking"?

TOBACCO

- Impact of tobacco pricing / price subsidy.
- Burdensome on particular groups – tobacco.
- Tobacco targets ambitious.
- Aboriginal leaders need to be treating issues around tobacco more seriously.
- Smoking decrease but unhealthy eating increase – behavioural change consequence.

OBESITY

- Eating disorders are a risk and need to be identified, focus on healthy eating and exercise.
- Food policy driven by economy not health policy.
- Food policy to cover broad areas.
- Change physical infrastructure - playgrounds being more interesting.
- Strengthen health policy.
- Stigma associate with obesity and overweight, need to be aware of stigma.

CHALLENGE TWO: IMPLEMENTATION

Suggestions and issues raised included:

- Mass media should be replicated like the tobacco industry. Saturated, coordinated with policy to change work environment / create social construct.
- Too much sanitary behaviour.
- Focus on positives not negatives – why are healthy people healthy?
- Target life span effectively.
- Day to day focus – what influences choice?
- Replicate tobacco initiatives in other areas.
- Tax breaks incentives for other advertisers.
- Messages need to be target to certain age groups.
- Tax fat foods or decrease access.
- Concerted effort on education.
- Banning sponsorship of fast food restaurants at sporting events.
- Need tax incentives if taking away food company sponsorship?
- Carrot stick approach, need both incentive and disincentives.
- Don't want money just to move sideways toward general practitioners, but across all areas.
- Better family and community focus, not individual.
- Make examples of successful local initiatives.
- Sleep and sleep disturbance.
- Multi pronged approach to tobacco – include workplace and higher risks groups.
- Health literacy – to society it's unacceptable to smoke but not unacceptable to be obese.
- Comprehensive approach to advertising.
- Opportunity for health professionals to be role models.
- Benefits for unemployed – attend programs.
- Appropriate infrastructure at the local level.
- Good research.
- Non government regulation.
- Collaborate with food industry, unlike what has happened in the Tobacco.
- All needs to fit together and be environmentally sustainable.
- To really know and understand what the community want and need cannot be done over a few meetings. It takes a few objective people with great skills and cultural knowledge and understanding, to meet regularly with a wide range of Aboriginal people from different clan groups, from urban, country and rural communities over a long period.

CHALLENGE THREE: OTHER THEMES

Overall comments

- Don't take on three more issues, keep these issues and focus on complexity. Links with environment, different population groups, monitoring.
- Additional work on complex areas within existing target areas.
- Support general practitioners in team environment.
- Support building a preventative agency.

Other suggested areas for inclusion in next assignment included:

- Mental health, sexual health.

- Social and emotional wellbeing.
- Antenatal.
- Maternal and childhood.
- Ageing.
- Violence and abuse.
- Physical activity.
- Health literacy.
- Social determinants.
- Illicit drug use.
- Dental.
- Sleep disturbances.
- Trauma.