

## **Preventative Health Taskforce**

### **Consultations**

**Canberra 17 November 2008  
9am – 12noon**

#### **Participants**

56 participants - See list attached  
Professor Rob Moodie (Taskforce Member)  
Ms Kate Carnell (Taskforce Member)  
Ms Susan Rogers Dept of Health and Ageing)  
Ms Kate Piper (Dept of Health and Ageing)

#### **Overview**

Professor Rob Moodie provided a general overview of the work of the Taskforce, referring to the powerpoint presentation.

#### **Challenge 1**

**Omissions to the discussion paper and any other/innovative ideas?**

#### **GENERAL COMMENTS**

- The emphasis on social determinants needs to be stronger.
- The emphasis for prevention should be placed on harm-minimisation, not on prohibition.
- More funding should be directed toward prevention – consider 20-25% of the health budget.
- Must incorporate mental health.
- How is prevention defined?
  - Must develop a clear understanding.
- The Preventative Health Taskforce and the Preventative Health Strategy should be more lifestyle focussed, rather than three individual, isolated components (i.e. obesity, tobacco-use and alcohol-use).
- A level of social networking must be established to provide support across all three areas – obesity, tobacco-use and alcohol-use.
- Health messages must be focussed on the “positive”, not the “negative”.

#### **Targets**

- Must include a focus on marginalised population groups.
  - Based upon previous consultation and current evidence a focus should be placed on disadvantage groups in the prevention process.
- A greater emphasis needs to be placed on the implementation of interventions, not only on research.
- The individual pathway for primary care does not necessarily have to start with the General Practitioner.
- Must engage other sections of government, not only health, to be involved in health prevention (e.g. housing).
- Involve those population groups who are considered to be “at-risk” in the design of programs, especially young people.

### **Strategies for Action**

- Community strategies that are currently being successfully implemented need to be disseminated nationally.
- A multi-sectorial approach must be considered and utilised.
- Utilise a central body for the evaluation of programs and the dissemination of information (e.g. National Prevention Agency).
- Must develop more flexible funding models that support holistic care.
- Different levels of government must be involved in the support of 'grass root' action.

### **National Prevention Agency**

- Support for the formation of a National Prevention Agency.
- The role of the National Prevention Agency would be to coordinate media messages relating to prevention through a public information arm.
- More detail about the direction and policies relating to a National Prevention Agency would be required.

### **Settings**

- Must consider a fundamental community development approach – this would encourage a greater level of community involvement in the development of prevention strategies.
- The role of community groups in facilitating and encouraging behaviour change is vital.
- The community is vital and an emphasis must be placed on building the capacity of the community.
- A combined effort across different sectors (e.g. transport, housing, economy, health) must be established.

## **OVERWEIGHT AND OBESITY**

- A comparison of prevention strategies relating to obesity is very difficult with those associated with the areas of tobacco and alcohol-use.

### **Equity**

- Must address the social determinants of health and the role they play in food choices.

### **Strategies for action**

- Must learn from the successful strategies used to address tobacco use.
- Modify successful tobacco strategies to suit other areas of prevention (e.g. alcohol and obesity).
- Consider the benefits of community facilities and invest appropriately in these.
- Consider taxes on foods to make health choices more financially attractive to the consumer and the provider / manufacturer.
  - Subsidise healthy food choices.
- Develop a model that will encourage food providers to develop, produce and promote healthy food choices by providing incentives (e.g. tax breaks and subsidies).
- Provide education on how to read and understand the nutritional information panel found on packaged food.
- Schools currently endorse "The 3 R's – Reading, Writing and Arithmetic", they should also include "Recreation".

- Further research relating to food biotechnology to improve food productivity.
  - Can we produce food in a smarter, more efficient way?
- Provide simple tools for individuals to be able to plot their progress.
  - Body Mass Index (BMI) is not the answer due to its associated limitations.
  - Possibly consider measurements such as Waist / Hip Ratio.

### **Settings**

- Education must begin in the primary school years – it must start early to maximise the potential for success.

### **Barriers**

- The ability to make healthy choices may be limited by an identified gap in affordability, both from a financial and a time perspective.
- School canteens should not have to make a profit – currently many canteens stock items based on making a profit, not on providing healthy food choices.
- More evidence regarding what actually works in the area of obesity prevention is required.

## **TOBACCO**

### **Re Questions in Discussion document:**

- The questions in the discussion paper relating to tobacco should not be “if not, then” questions – all questions should be addressed.
- An evidence base already exists; the focus needs to be on the implementation of solutions.

### **Equity**

- Must address the social determinants of health and the role they play in tobacco use.

## **ALCOHOL**

### **Equity**

- Must address the social determinants of health and the role they play in alcohol use.

### **Strategies for Action**

- Must learn from the successful strategies used to address tobacco use.
- Modify successful tobacco strategies to suit other areas of prevention (e.g. alcohol and obesity).
- Alcohol should be taxed based upon a % alcohol / volume (i.e. beverages with a higher % alcohol/volume should have higher taxes).
- An evidence base already exists; the focus needs to be on the implementation of solutions.

## **Challenge 2**

**Are there common public health approaches?  
What other areas can we learn from?**

### **GENERAL COMMENTS**

- The key to prevention is an approach that focuses on centralisation and coordination – a community based approach.
- The focus should be on “wellness”, rather than “illness”.
- Legislation is effective – consider alcohol and tobacco, however it was thought that the strict banning of substances may not necessarily be the answer.
- There are many small projects happening – those that are successful must be identified and replicated.
- There are already many resources available, it is important that we do not try to re-invent the wheel.
- It is vital that government bodies are part of the process.
- Population health is not currently well funded and specific funding must be provided for implementation research.
- A National Prevention Agency or another coordinated funding agency could provide funding for community groups to develop and implement initiatives (e.g. parks).
- Must use a “bottom-up” type of approach to determine what is happening in the community and to then roll out successful programs on a larger scale.
- Coordination of policy must be undertaken at both the federal and local government level.

### **Current Public Health Approaches**

- The current approach to address the immunisation of children was considered to be a successful model.
- An audit of existing programs in the area of prevention must take place.

### **Interventions**

- Support the establishment of “Prevention Clinics” that may provide yearly assessments across a broad spectrum of areas, including, but not limited to, a fitness assessment, a parenting assessment and a social assessment.
- Complementary prevention activities should be coordinated and facilitated through networking and joint activities.
- Encourage existing programs to work together to achieve desirable outcomes.

### **Barriers**

- Community activities must be made to be affordable and accessible.
  - This should be achieved through a focus on provision and location.

### **PHT Consultations**

- The PHT consultations should make a concerted effort to include representatives from disadvantaged groups.

### **OBESITY**

- Gather evidence on relating to obesity prevention – what is out there and what works?
- Parents should be educated around the concept of offering healthy rewards (e.g. food choices, activity choices) to children to reinforce positive behaviour.
- There is a gap in the current evidence-base in the areas of:
  - What are people actually eating? (current nutrition survey)

- What is an appropriate portion size and do the public have a clear understanding of this?
- The role that food labels play in the selection of food products.
- Recreation must be included in the education of children from a young age.
- Obesity is not only about physical activity and nutrition.
- Obesity prevention must consider the big picture – i.e. urban planning, transport, the workplace and the environment are all important factors.
- Time was identified as a missing feature in many people lives, with the time poor nature of people's lives being a contributing factor to a lifestyle that encourages overweight / obesity.

### **TOBACCO**

- Suggested that one objective, relating to tobacco-use, should be to double the cost of tobacco products.
- Ban point of sale advertising of tobacco products.

### **ALCOHOL**

- Suggested that one objective by 2020 should be that all alcoholic beverages should be at ½ strength of their current % alcohol/volume.
- Non-drinking must be made to be 'fashionable'. How can this be achieved?
  - Consider the issue of passive smoking and the role education in this area has played in making smoking less socially acceptable.
  - Can the same be achieved in the area of alcohol-use? (e.g. the drink driving campaign – longevity of this campaign).
- Establish alcohol free areas and environments.
- The tax on alcohol should be based on the % alcohol/volume.
- Ban point of sale advertising of alcohol products.
- Similar advertising of the detrimental and harmful effects of tobacco use could be with alcohol also.

### **Challenge 3**

**What else should the Taskforce consider (after Obesity, Tobacco and Alcohol) in future development of the Strategy?**

- This challenge was not given to the group.