

TASMANIAN CONSULTATIONS

Hobart 22 October 2008

Hobart Function and Convention Centre

Facilitators: Professor Rob Moodie and Professor Paul Zimmet

Twenty five participants attended the morning session in Hobart. Following an introduction and overview of the discussion paper by Professors Rob Moodie and Paul Zimmet, participants, grouped at three tables, were asked to consider and provide feedback on key challenges in three separate sessions.

This format was repeated at the afternoon session in which eight participants attended.

Challenge One

Omissions to the discussion paper and any other new ideas?

- Social determinants – research factors behind obesity, tobacco, and alcohol to get a better understanding of interaction
- Prisoners – drop tax-free cigarettes and replace with free NRT
- Local government - National infrastructure fund for local governments tied to health principles. Fund on a recurring basis.
- Incentives for communities to improve current infrastructure
- Competition and accountability - need to incorporate with Local Government Act to ensure councils respond to community
- Community development – the importance of the arts for disadvantaged communities
- Rural communities – mainly dependent on General Practitioners – need to broaden out (rural as opposed to remote)
- Core infrastructure for data collection – what is required to implement the structure, for example, the discussion paper talks about surveys but we need a system to support the surveys and an ongoing program
- Build links from previous social marketing campaigns into new campaigns so you can see why we are going in a particular direction – so people don't get bombarded with different messages
- Funding - partnerships are wonderful ways to work but require funding to be productive
- Funding that Tasmania receives – currently jurisdictional areas get different levels of funding – means different things are achievable– if national investment is increased there may be reduced state investment.
- The built environment and role of local government is important for alcohol, tobacco and obesity.
- Workforce - workplaces requiring change in practices
- Prevention should be seen as a product – part of the national infrastructure
- Strategies may not bare fruit in the short term – may therefore need some short term goals. Not just focus on the long term goals. May need to consider that by 2020 we will have achieved a certain level rather than goal
- Regulation -progressively reduce licenses for alcohol and tobacco outlets

- Sustainability –short term grants are not sustainable – there is a need to look at strategies for ongoing funding.
- Evidence of approved GP check and health screening – Provide a tax deduction for those with health improvements.
- Many people do not have access to GPs in Tasmania. There is a need for more training for primary care doctors
- Primary prevention – should not medicalise these issues.
- Pick four or five ideas from submissions to the Taskforce – take on and resource research around them.
- Interlinks between the three topics – how to increase multi knowledge and understanding

Tobacco

- Supportive environment required for smoking cessation – goes with social determinants issues
- Mental health promotion –why people smoke is sometimes due to stress – work or home – need to look at mental health – and recognise that it can't be separated from smoking
- Importance of the built environment and links to local government factors
- Consider smoking kiosks as a means of banning smoking from all other environments.
- Reduce the number of access points for tobacco
- Smoking – significant gains – converting those who can be converted – more research and investment is needed on how to tackle the group who are still smoking
- Taxing a challenge for those entrenched (often lower socio economic groups) which places a significant burden on them. Need a specialist strategy for the lower economic groups
- Taxation – take tobacco and alcohol out of CPI calculation - pull tobacco out as number one then alcohol – their use imposes a cost to society and not a benefit.
- Ban smoking outdoors for blue-collar workers as with white collar environments.
- Support packaging ideas as discussed in the discussion paper
- Prisoners – drop tax free cigarettes and replace with free NRT
- Ban commercial production and sale of tobacco products
- Tobacco – agree with limits to availability to access as outlined in the discussion paper
- Socio-economic factors - Tasmania has a very clean environment however has the highest burden of disease and highest poverty.
- Action needs to be taken at all levels – community, education and environmental

Obesity

- Social marketing remains rather siloed – For example, how to get fit is related to weight loss could also be tied to the mental and health benefits of physical activity
- Detangling of messages eg untie exercise from weight loss
- Taskforce's target for overweight and obesity –leave for statisticians
- Workforce – aim for healthy workforce highlight the gains of encouraging staff to be healthy – including gyms
- Need to change employer practices to encourage healthy lifestyle

- Local government – increasing cycle paths and their use – current infrastructure (footpaths) not being utilised
- Federal grants to local government are decreasing – should be a growth tax built into funding
- A national physical activity fund is required – tied to health based principles with recurring funding that allow councils to plan for future development.
- Advertising – look at advertising in the 6pm to 9pm bracket to identify the impact on children.
- Industry conflicts – priority of people benefits against economy industry
- Social determinants - family working full time – is there enough time for food preparation and physical activity
- Legislation – support for food labelling and regulate limits on junk food in proportion to fresh food. Stores to carry the same amount of fresh food as they do junk food. – Look at the STORE Project in the NT to promote more health food consumption
- Cultural changes required – personal choice – how influenced by advertising and other cultural issues
- Tax legislation – lower tax on food production for fresh – higher for processed
- Agriculture look at overall of tax subsidy system – support what farmers are growing – subsidy for growing healthy options
- Subsidies for plantations – losing food production (Tasmanian forestry)
- May be too much emphasis on children and schools rather than focussing on the adult – need to be balance – some misconception that unhealthy adults attract healthy children – temptation to fix children – if we fix adults
- Culture - we live in a society that makes us fat, maybe we need to look at what in society makes us fat.
- Regulation - Government willingness to regulate alcohol and tobacco but doesn't see much interest in regulating food
- Could adopt traffic light system used in UK
- Four things causing illness
 - **Saturated fat, Fat, sugar and salt**
- Taxes - support reinvestment of taxes into prevention and research intervention (research in smoking and alcohol)
- Some concerns about the measures – waist measures tend to focus on the negative. Good measures for adults but lack of surveillance for children around 15.
- Recognise that 0-30 mins exercise provides greater benefits for people who are going from nothing to 30 mins
- Targets - (children more rapid return than adults) for adults may be better to maintain. Should aim to drive overweight and obese children down to 20 per cent in 2020.
- Monitoring and surveillance infrastructure – there is a need to have these tools all centrally located
- Support for breastfeeding needs to be ongoing – different cohort every nine months
- Access to medical and surgical services if overweight smoking or drinking – maybe if not making a commitment to reduce – these people more dangerous to operate on

Alcohol

- Overall - recognition with alcohol we are now where we were a few years ago with tobacco.
- Confounding information and messages - - message as good for you as well as the opposing message bad for you – need a consistent message.

- Also, what is binge drinking – how much is bad for you.
- Alcohol – floor price should be no cheaper than bottled water.
- Secondary harm – Hobart City Council has an Action Plan that addresses secondary harm – more councils in Tasmania taking this up.
- Proliferation of small bars has increased rapidly.
- Cheaper to buy a carton of beer than to buy a six pack – this encourages bulk buying. We need to change this and to change the culture to one where light options are the norm.
- Advertising – need to stop sporting organisations being sponsored by alcohol industry
- Taxation needs review to make low alcohol drinks more affordable than high alcohol content.

Challenge Two

Are there common public health approaches?

What other areas can we learn from?

What are the next specific next steps on obesity, tobacco and alcohol?

- Infrastructure – supporting infrastructure requires investment and linked with legislative backing
- More research is required on alcohol, obesity and behaviour change
- Access - easy access is required to programs, resources and information for people wanting to change lifestyle
- Help make healthy choices easier
- There are mixed messages regarding alcohol
- Marketing - look at reducing the number of supermarkets and their times of closing
- Legislation - car free zones – car free days (involve legislation)
- Culture - look at the cultural changes and the role of industry and media in order to change the social construct of fast food
- Redefining body shapes – real size model
- Provision of food – school age sporting facilities – selling dim sims and chips for example – could provide funding incentives for sport organisations to provide healthy food
- Incentives – funding similar to the immunisation bonus for new mums to breastfeed their babies and attend compulsory breast feeding classes – this could also be tied to health nurse checks
- Existing strategies – need to draw from campaigns that are successful – EPODE – rolling stream of national strategies – linking local activities with national events
- Regulation - Standard measures for food – i.e. calories and how many hours to work off and responsible service of food same as responsible service of alcohol
- Education campaign could be termed as ‘how much do you want to be a burden on society – would you like to be a cost to your community or not?’
- Could learn lessons from climate change eg need for national leadership, make prevention a priority
- **Idea** - Risk co-efficient for health in Australia to allocate funds for the right place. Record addresses and apply funds to that postcode if required. Conditions calculated as a co-efficient

Challenge Three

- Tackling mental health
- Recommendations to government?
- Support for National prevention body -social determinants in Tasmania are bad but don't have a peak body to bring together, would need to address fragmentation
- Overall support for a National Preventative Health Agency – need for a national uniform public health system similar to Canada. Currently Australia is more focussed on tertiary care. We need uniformity in priority setting
- Next assignment – map the political influence in the food industry.
- Market driven ideas – look at climate change – see the financial benefits of getting on board. Financial benefits of selling the health message. Triple bottom line reporting to add a **fourth** line to include health management of staff for example.
- Biggest support is Treasury – need to show how much financial cost is saved through prevention.
- Social impact study on food production and the cost of unhealthy food to society.
- Look at subsidies for healthy food