

Australia: The Healthiest Country by 2020 Brimbank City Council Response

Introduction

Brimbank City Council welcomes a focus on preventative health with a particular focus on those in poorest health.

Whilst there is evidence of significant chronic disease, accident and injury related to obesity, alcohol related harm and smoking, Brimbank data notes that mental illness is the leading cause of years of life lost to disability. In addition mental wellbeing is an integral factor when considering prevention of obesity, alcohol related harms and smoking.

Council believes that attention needs to be given to supporting mental wellbeing as part of the preventative health agenda. Council also believes that an increased focus on equity, diversity and social determinants in health planning is vital for the future health of Australia's individuals and communities.

Question: The Case for Prevention: Overweight and Obesity

Council supports the priorities and actions identified to tackle obesity through physical activity and healthy eating.

Council believes there is opportunity under the priority to reshape urban environments to also consider planning design that supports urban agriculture, prevents the existence of food deserts and considers regulation around the availability of fast food outlets. There is also opportunity to work collaboratively with sustainability initiatives such as active transport where there are co-benefits for individuals and the environment.

With long waiting lists in existence for local public health services, Council would support the injection of resources to expand supply to relevant allied health services. Consideration could also be given to resources that increase the availability and accessibility of health and wellbeing programs in community settings, particularly in areas of high social and economic disadvantage.

Individuals and families can improve physical activity and healthy eating through a range of means. Some examples that could be encouraged include:

- Facilitating families and local community members to undertaking physical activity and healthy cooking activities together
- Encouraging people to walk rather than drive for trips less than 1km
- Promoting physical activity at social gatherings rather than 'sitting and eating'
- Collocation of physical activity options for parents and children. Many parents are currently passive spectators at children's activities, and likewise young children are often passively cared for whilst parents participate in active programs
- Providing parent education on healthy lunchboxes in work place settings which could support initiatives being undertaken in schools with primary aged children.

Question: The Case for Prevention: Tobacco

Council supports the two key initiatives to increase the price of tobacco products and sustained education programs. Limiting the availability of tobacco products through regulation is also encouraged.

Education programs need to be further developed to be accessible and relevant to CALD communities and to target workplace health and wellbeing initiatives that support people to quit.

Question: The Case for Prevention: Alcohol

Council supports priorities identified to change alcohol related harm. A key component of reducing alcohol related harm will also be the support and secondary consultation of generic community service staff, particularly across all life stages. It will also be important to ensure initiatives are culturally appropriate and available in a range of community languages.

With regard to young people, some attention will need to be given to promoting positive images of young people and removing the perception that unhealthy alcohol consumption is a larger issue for young people in comparison to the wider community.

Question: Supporting Prevention

Council supports the initiative to develop a National Agency to lead and guide coordinated action for prevention. However, continued flexibility with regards to implementation should be maintained to reflect local community interests and needs.

In reference to the skilled work force it is worth noting that whilst primary health is a fundamental part of preventative health, there is a large workforce located across the community in places such as leisure centres, neighbourhood houses, aged care, youth and early years services that have a key role in community engagement and promoting community participation in health and wellbeing programs and initiatives. Supporting this sector is critical to enhancing the transition and continuum of care between primary care and community. A significant focus on capacity building in this sector will be beneficial to preventative health measures. There is also opportunity to work with the volunteer sector in developing and supporting community leaders with a focus on health and wellbeing.

Question: Choosing Performance Indicators

The measurements listed in chapter six are a comprehensive list of measures across the three prevention areas identified. It will be useful to have indicators reported by country of birth as well as indigenous status. It may also be useful to report on gender, income and level of education attained to further support the evidence base around disadvantage.

The performance measure of 'number of municipal plans that include steps to tackle obesity' can also be applied to tobacco and alcohol.

An investment of resources will be required to collect and report on this data in a timely manner. Whilst it is acknowledged that much of this data is already collected, it is not always timely. For example, Council is still relying on 2001 Burden of Disease (Department of Human Services Victoria) data to inform current practice in 2009 as well as to inform health planning.

Coordination and collation of information such as education and social marketing campaigns does not currently occur at the local level, limiting the opportunities for agencies to collaborate for greatest impact and for pooling limited health promotion resources. There is also an opportunity to engage the community in the monitoring and evaluation process and further build awareness and education around preventative health.

Council would support refinement of existing surveys, regular collection and reporting times of 5 yearly intervals.