



## **Australia: the Healthiest Country by 2020**

**Bendigo Loddon Primary Care Partnership  
Submission to the  
National Preventative Health Taskforce**

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**Bendigo Loddon Primary Care Partnership**

## Summary

The Bendigo Loddon Primary Care Partnership (BLPCP) welcomes the opportunity to respond to the 'Australia: the Healthiest Country by 2020' discussion paper and has provided a submission that represents the views of its member agencies. This submission identifies the following issues;

- The healthiest choice needs to become the easiest choice, ie. Healthy food options readily available at low cost, or free water at licensed venues.
- Mental Health and Sexual and Reproductive Health are key areas for Preventative Health and we support the Taskforce view that these should be included in the next phase.
- Gender is a social determinant of health and therefore should be included in the conceptual framework for determinants of health (pg 5)
- As best practice health promotion relies on a strong evidence base a common body of evidence document for use by all agencies would be a very useful planning tool for local communities. It will also be of importance to appropriately fund health promotion initiatives to allow effective program evaluation to be conducted and disseminated, particularly in the area of young people, alcohol consumption and smoking behaviors
- To support high-risk groups supportive environments need to be created which will allow participants to be empowered to make changes
- Ethical sponsorship for all events ie. Fast food companies not permitted to sponsor children's activities
- Disadvantaged community members may go without basic essentials if the cost of tobacco is increased
- Regulation of tobacco companies to identify and list ingredients in cigarettes and changing the taste of cigarettes to make them less desirable
- Due to the extra time commitment by health service staff in a situation where waiting lists are already lengthy and due to the presenting issues of clients the priority 'Ensure all smokers in contact with health services are given encouragement and support to quit' caused some concern. ie. A client presenting with physical abuse problems and highly distressed may not be receptive to a discussion on smoking behaviors.
- A significant increase of more than 1% of revenue should be spent on local health promotion activities and programs
- All forms of promotion of tobacco products should be prohibited
- Smoking should be eliminated from all movies and videogames
- Introduction of no smoking in vehicles and targeting older generation smokers would help to protect children and adults from exposure to second-hand smoke
- A harm minimization approach should be used when dealing with alcohol
- Other strategies to halt the toll of early deaths due to alcohol related harm should include; changing the legal age of drinking to 21, supporting the decrease of access and supply, breath testing at underage events, easy to read standardized drink labeling, mandate a 'Chill out Zone' at licensed events, change the legal limit of drink driving to 0, no cost of water at licensed venues and provision of water bubblers in public locations
- Organisations need to work in partnership to achieve the targets set out in this discussion paper
- A National Prevention Agency is supported by the BLPCP provided that rural and remote areas are represented.

A detailed submission by the BLPCP has been emailed to the Taskforce Secretariat.

## **Introduction**

The Bendigo Loddon Primary Care Partnership (BLPCP) is a voluntary alliance of 35 health and community services operating in the City of Greater Bendigo and the Loddon Shire in Central Victoria. Whilst driven by the vision of the Victorian Government the BLPCP operates on a local level and is a community based local partnership which aims to meet local needs.

The BLPCP would like to commend the National Preventative Health Taskforce on 'Australia; the Healthiest County by 2020' discussion paper. In our opinion the document is well written, informative and easy to read. The three priority areas, overweight and obesity, tobacco, and alcohol, have been well researched and a number of appropriate actions have been developed. The BLPCP Health Promotion Coordinating Committee has prepared this submission to the Preventative Health Taskforce. We trust that the Taskforce will give due consideration to the issues raised.

## **The case for prevention overweight and obesity**

Determining a realistic target for overweight and obesity by 2020 is difficult. However, the BLPCP believes that the target needs to be more than just the level of overweight and obesity within the population. We support other actions that were identified throughout the discussion paper by the Taskforce, including subsidies for rural and remote area transport of fresh foods. To capture the effectiveness of these identified actions it will be important to focus on more than just a change in overweight or obesity amongst the population.

To keep key players engaged from the outset, involvement needs to be transparent and open. Key players need to see the priorities streamlined from all levels of government and philanthropic organisations. This will influence agency involvement and commitment to the cause. Also having long term project goals clearly identified and having an opportunity for key players to provide input into the process would be useful.

A common body of evidence documented for use by all agencies would be a very useful planning tool for local communities. This would allow actions and programs to be evidence led and would ensure that organisations and communities are all receiving consistent information. The document would need to encompass both rural and metropolitan evidence and programs. At the same time we can build on the gaps in the evidence by 'learning and doing'.

For individuals and families to be physically active, eat well and maintain healthy body weights a multi-strategic approach will need to be taken. A wide number of social determinants of health may need to be addressed depending on the community in which programs are delivered.

To support high-risk groups supportive environments need to be created which will allow participants to be empowered to make changes. It will also be invaluable to make the healthiest choice the easy choice. This may include strategies such as; reward systems, advertising, point of sale, etc.

The priorities for action are appropriate. Other actions should include; ethical sponsorship, using a variety of medium for advertising, clear identification of additives and preservatives in food and ensuring that return on investment in regards to preventative health is understood by decision makers.

### **The case for prevention: tobacco**

There is a mixed argument for increasing the tax on tobacco. This assumes that people can stop smoking at will and this is not the case. Many disadvantaged people may go without basic essentials to pay these higher costs. There is also the risk of increasing crime, and increasing the consumption of 'chop-chop'. Consideration should be given to regulating tobacco companies by mandating clear ingredients lists and changing the taste of cigarettes so they are less desirable.

The priority 'Ensure all smokers in contact with health services are given encouragement and support to quit' (page 26), caused some concern due to the extra time commitment by health service staff in a situation where waiting lists are already lengthy particularly for General Practitioners and Allied Health staff. We believe the priority should be 'timely advice on smoking and quit' to be more achievable.

More than 1% of revenue should be spent on a range of interventions, not just education, to decrease smoking. If we are serious about making sustainable changes money needs to be invested in the local coordination of local health promotion activities and programs to ensure best value for the resources provided.

All forms of promotion of tobacco products should be prohibited. The effective of plain packaging being mandated was not seen as a high priority to decrease the rates of already addicted smokers, but may assist in preventing new smokers commencing.

It is a good idea to make cigarettes less accessible. In relation to increasing the movie rating if smoking occurs, we believe smoking should be eliminated from all movies and videogames altogether as this is a subtle marketing approach. We understand this would need to be an international response and very difficult, but, what a great target to aim for.

Introduction of no smoking in vehicles and targeting older generation smokers would help to protect children and adults from exposure to second-hand smoke. Smoking from all public buildings and surroundings, including other specific designated areas, such as children's playgrounds, should also be smoke free. Enforcement of these laws would also have to be managed.

### **The case for prevention – alcohol**

The BLPCP supports a focus on the suggested priorities. We believe that a harm minimization approach should be used, and 'Victim Blaming' should not occur.

Other ways to halt the toll of early deaths and disease caused through alcohol-related harm should include; changing the legal age of drinking to 21, supporting the decrease of access and supply, breath testing at underage events - alcohol detected no entry, easy to read standardized drink labeling, mandate a 'Chill out Zone' at licensed events, provide programs such as Save a Mate (Red Cross program) at reduced rates or free of charge, change the legal limit of drink driving to 0, require no cost of water at licensed venues and provision of water bubblers in public locations.

To drive cultural change in community and with high-risk groups a variety of strategies at a number of levels need to be implemented. For this to happen it will be important that all organisations are working in partnership together to achieve the same outcome.

Again it is about making the healthiest choice the easiest choice and reducing duplication of services and programs.

### **Supporting prevention**

The BLPCP supports the development of a National Prevention Agency to lead and guide coordinated action for prevention. This support is conditional on broad range of representation, including representation from rural and remote areas and consumers.

The suggested approach is adequate. In particular the support structures identified and listed (pg 44) are excellent.

### **Choosing performance indicators**

The performance indicators read well and are appropriate. Targets and outcomes need to be strongly linked to actions. If performance indicators and the evaluation is chosen and executed well by the year 2020 a large evidence base for overweight and obesity, tobacco and alcohol will be readily available to assist the community to continue implementing effective strategies in preventative health. .

### **Other**

The BLPCP believes that Mental Health and Sexual and Reproductive Health are key priorities for preventative health and we support the Taskforce view that these should be included in the next phase. The BLPCP would also like to see 'Gender' added to the list under 'Broad features of society' in Figure 1.2 (pg 5) as it is a social determinant of health.

### **Conclusion**

BLPCP would like to thank the National Preventative Taskforce for the opportunity to provide feedback on 'Australia: the Healthiest Country by 2020' discussion paper. The Governance Principles outlined in the document are a strong base to underpin all goals, objectives and strategies. Although not clearly identified it is good to see that the actions in each of the target areas are based on the Ottawa Charter framework. The BLPCP has valued this experience and trust that the Taskforce will find the suggestions and comments in this submission useful. We wish you every success in the next phase of this document.

This document was prepared by the following members of the BLPCP Health Promotion Coordinating Committee;

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