

TASKFORCESUBMISSION: s ubmission

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POSITION:

ORGANISATION:

SUBMISSION1: Its a shame the frame limits you to obesity, tobacco control & alcohol abuse. Some of the problems with that & the current approach include :

- A) defining health cost in terms of deaths & disabilities (i.e counting the things you can rather than (perhaps) the things that matter - "medical conditions" is way too narrow a frame but more importantly its inequitable (the better off are more likely to access a diagnosis aren't they?)
- B) the ambiguity of the evidence relating to health impact of being overweight as opposed to being obese & that "progression" is assumed
- C) the inevitable advocacy for other priorities notably mental health issues, distracting & diverting energy
- D) A continuing incapacity (attitudinally and technically) to appreciate and enumerate the health impact of violence and the abuse of power on all Australians but particularly Aboriginal people, women and children
- E)The conceptual base of the current papers strikes me as a tad dated, leaning quite heavily on the medical model - not quite understanding that health is created far outside of its reach.

Does this exercise have an underpinning commitment to 'reduce the gap' between health status & life expectations of different groups within Australian society? If not, then you can stop here & take my submission as being one sorely disappointed.

If so, then I hope there can be some reshaping of the task around the findings of for example, the recently published WHO Inquiry into the Social Determinants of Health. As Australia seems to be engaging again as an independent player internationally, it would be nice to see this work being informed by and relating to global aspirations - for example, MDGs. the most significant of upstream factors for all conditions in your sights will be positively impacted by thos focus and it doesw allow for community engage men st regards

PRIVACY: yes

SUBMIT: Submit