

**Preventative Health Taskforce
General Stakeholder Consultations
Cairns**

Sebel Hotel

10 – 12 MD

25 November 2008

Facilitators: Dr. Linda Selvey
Professor Paul Zimmet

PARTICIPANTS

Sixteen participants attended this session.

Dr Selvey and Professor Zimmet provided an introduction and overview of the Preventative Health Taskforce and its work to date. Participants were then provide with three challenges in relation to questions asked in the Taskforce Discussion Paper *Australia: The Healthiest Country by 2020*.

CHALLENGE ONE – OMISSIONS

Participants noted the following omissions and innovative ideas:

Innovative Ideas

There should be a tax on junk food - particularly coloured drinks.

Introduce dental hygiene strategies such as tooth brushing education in schools and childcare centres.

Introduce more community gardens as a strategy to encourage people to grow fresh food and veg, especially in remote areas and to utilise their own environments.

Bringing back traditional knowledge such as walking, getting to know the land, using own natural resources.

Encourage Indigenous people to train, particularly in health related and professional jobs.

Omissions

Participants identified the following omissions:

- Role of health versus the role of other players. Not to have the focus entirely on health. If strategies are made all about health services there is a loss of focus on other important areas such as education, employment and housing.
- Coordination of national and state activities – implementation needs to be at the ground level however this requires overarching coordination.

Participants identified the need to investigate the following:

- The protective effects in high risk populations, for example ask non-smoking Indigenous people why they don't smoke or why they have given smoking.
- What is already working and why it is really effective
- The role of alternatives to nicotine, for example, 'snuff'
- The role of work place interventions – potent way of getting health message across.
- The social culture of alcohol and tobacco and can we present an alternative lifestyle choice. People are going to use what's practical in their situation.
- International cultures and philosophies as there are useful models from other places. Take some of these ideas to use in social marketing.
- Look at the power of using technology in advertising. We are up against technology – phones, Ipad. Australia very influenced by US not Europe.
- Look at how much of an influence of social determinates and provide alternatives. Social marketing will not work unless we address social issues such as unemployment and leisure activities in isolated areas.
- At what point does Government take responsibility over the media. The Government needs to be an equal partner with media.
- There is a need to keep money in the community and that means access to local shops.
- Promote healthy eating in Indigenous families as Indigenous families often include 20 members or more.
- Concerns around language. Preventative health – why would you prevent health – we should be focussing on creating and supporting health.
- Making sure there is a focus on broader determinates, not just singular issues. Body image and confidence play a big part in healthy lifestyles.
- Need for cross government support and planning, not just implementation.
- Using language such as 'obesity' takes a deficit view and not a positive view, there is a need to present positive messages.

CHALLENGE TWO: IMPLEMENTATION

- Concern over strategies such as the tax on alcohol pops as kids just swap for less expensive alcohol. There is a need to focus on the broader determinations.
- Need to apply the 'do no harm principle'
- Concern over tokenistic consultation processes. Communities have been over consulted, but there has been no change. Give them funding to empower them and see outcomes.
- Maternal health is a good way to start to effect a cultural change.
- Understand the Government and political will as the Government makes money out of alcohol and may be reluctant to encourage change.
- There is a need to build advocacy processes at community and work place levels.

- What are the common public health processes that could be used: Advertising is where lots can be achieved. Need to look at persuasive effects of tobacco advertising and use this for alcohol advertising. Take lesson from smoking.
- Use the approaches previously adopted for smoking with obesity, focussing on the positive and not the negative
- Use the previous example of immunisation – good advertising, broader based pop focus approach.
- Focus on high risk groups and look at the people within those groups that don't drink – protective approach – what can we learn from them.
- Partnering with Centrelink as a marketing strategy to promote health messages however need to make sure that this does not lead to welfare reform.
- Involve communities in engagement and consultation, let them have input and articulate what they want for their communities.
- Implementation needs to be realistic and work from both ends. It should focus on children and also parents – smoking in families' example.
- Workplaces are important to promoting health. Allowing more healthy orientated environments with in work place. Sell to employers that workplaces with group exercise to improve productivity.
- Ensure feed back to communities so that they can respond.

CHALLENGE THREE: OTHER THEMES

Participants identified the following themes for the Taskforce's next assignment:

- Social determinates underlie all themes;
- Mental health;
- Oral health;
- Renal health;
- Child sex abuse;
- Mens' health;
- Promoting life – suicide prevention;
- Family violence;
- Infrastructure development – develop skills in community to collect data;
- Partnerships with private companies, for example McDonalds and mines;
- Look at modern methods – Ipod (downloads), SMS (reminders);
- Look at traditional methods – community health outreach. Helping health workers; learn. Simple tools and well as technology;
- Risk adverse society – we have increased chronic disease because we are risk adverse;
- Social wellbeing;
- Foster positive environment;
- Spiritual health and wellbeing;
- Ottawa Charter as a tool;
- Social connectedness, for example, building communities for people *not* cars; and
- Environmental issues such as clean water.