

# Tasmanian Consultation

Launceston  
**23 OCTOBER 2008**

Hotel Grand Chancellor

Facilitators: Professor Paul Zimmet and Professor Rob Moodie

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Twelve participants attended the morning session. Participants were asked to consider in groups two key challenges.

## **Challenge One**

Omissions to the discussion paper and any other new ideas?

- How are the ideas in the discussion paper going to be implemented?
- There are no realistic outcomes identified in the discussion paper
- Do these strategies fit with the national men's and women's health policies
- Services – very limited in Tasmania and there is an increasing burden on GPs. There is a need to better resource and increase access to primary care. The burden is also increasing for schools. There is a need to better utilise alternative models of service such as nurse practitioners and allied health professions. This means changing the MBS structure.
- Outcomes - currently there are buckets of money to the states and territories with no outcomes attached, no targets and no coordination between the states and territories and this needs to change.
- Message - we need to challenge what physical activity is
- Barriers to service level – services on the ground – federal and state working together – build for sustainability and coherence
- Intersectoral coordination - health issues way bigger than the health system can address – individuals need to be encouraged to take responsibility
- Intergenerational – we have two generations of people do not have life skills and this means there lot of loss of life skill knowledge. We need to get back to basic skills
- Schools – huge area of capacity we need to tap into (eg could provide incentives for schools to address alcohol)
- Curtail drinking for three years for provisional drivers
- Need to draw on local knowledge in developing strategies
- Consumer groups – need to draw on these groups to promote change
- Currently in Tasmania the number of young girls smoking is increasing as with the incidence of young women in their 30's being diagnoses with lung cancer.
- Support a national strategy but only if funding gets to the service provision levels
- Increasing the legislation on packaging – for supermarkets
- Marketing – rather than displays of junk food, adopt displays that list the healthy food in the store – those with no sugar – then legislate to enforce the use of these displays in all stores
- Incentives, e.g., for local farmers
- Local strategies required such as community gardens and local garden co-ops

- Disadvantaged groups – strategies need to target pop groups – junk food is cheap need to change this
- Increase workforce - allied health and ancillary services
- Workplace culture - workplace cultures around smoking – all need to be changed
- Federal state and local agreement – over aim of funding
- Implementation and priorities for a local perspective

### **Challenge Two**

What areas can we learn from?

- Enforcement of legislation and restriction – to obtain a standard
- Advertising - use counter advertising strategies
- Incentives - Government money vouchers for parents to access sport – financial incentive
- Support the disadvantaged groups – if on benefit you get a voucher for physical activity
- Regulation - much cheaper to buy a carton of beer than to buy a six pack – need to change this
- Learn from immunisation campaigns – legislation can engender greater awareness
- Learn from programs such as bowel screening – use a voucher system that people take to the GP.
- What to learn from other health campaigns – eg regular chest Xrays for tuberculosis
- Traffic light system for foods
- Unintended consequences of messages can often lead to conflicting messages for example, the current message for mothers with babies is not to sleep with them, however this can lead to a reduction in the number of mothers breastfeeding
- School health checks have been phased out – reinstate
- Regular health assessment on admission to hospital – raises the health awareness of the health professionals to the effects of these conditions – health professionals need to ask the right questions
- Funding to provide sport and education – legislative
- Funding - needs to match preventative health requirements
- Standard - Need to agree on a uniform standard sizing for clothing
- Transport – infrastructure barrier

### **New ideas**

- Requires a concerted National conversation and reinvestment from acute care sector.
- Currently trying to implement a new strategy in Launceston to look at pregnant women to see what is being done to encourage smoking cessation – Jim Marquas, Kath Ogden
- Sending vouchers to the home – worked
- Learning across the spectrum – global framework on tobacco control – could show leadership in that area.
- Access to low cost pharmaceuticals such as New Zealand which has 6 – 8 \$ for NRTs and a simplified program for cessations – ABC which translates to Ask , Brief intervention and Cessation
- Other Strategies – e.g. need to investigate how fits with Women’s and Men’s Strategies
- Motivation – develop surveys to determine what sort of programs motivate people

- Workforce reform is essential to deal with burden of disease
- Programs need to draw on local people – (UK Mental Health Workforce as example).
- Adopt international strategies such as the global smoking treaty – international framework convention on smoking
- Westbury example: Community Health Centre – result of a champion in the community – includes community garden, feeding a primary schools – a whole community initiative that has resulted in low GP presentations.
- Look at how the Prevention story fits with the National Health Workforce Taskforce

Two participants attended the afternoon session. Feedback from a general discussion on the discussion paper provided several new ideas:

- Workforce issues need much further exploration (a need to consider how this fits with the National Health Workforce Taskforce).
- Workforce strategies are required to change the cultural thinking – human resource management is not high on the agenda of small organisations such as local government. It is difficult to get health initiatives into the employment agreement.
- Investigate insurance and public liability issues and the need to increase thinking around risk management – incentives by increasing audits.
- More restrictions are needed around where you can smoke and buy cigarettes
- Need for a coagulated community – currently there is disconnect between all efforts and what happens on the ground
- There is a need to: take ideas from COAG; commit resources in order to create a cultural shift. This was presented as a ‘Fit for Living Community’ incentive for local communities similar to the ‘Tidy Towns’ program.
- Community development model could be used. e.g. group for mothers and babies “*Baby Rhythm and Rhyme*” adopted by the Georgetown Council – a play program that was not seen as a health program. Mothers encouraged to bring babies in to play and are assessed for hearing, listening and motor skills.