

Preventative Health Taskforce

**Consultation
Perth
5 February 2009**

9.30am – 11.30 am

Facilitators: Professor Rob Moodie and Professor Mike Daube

Eighty one participants attended the Preventative Health Taskforce general consultation in Perth.

A general introduction of the work of the Preventative Health Taskforce and the discussion paper was provided by Professor Moodie.

Participants were provided with two challenges and the outcomes of these are listed below:

Challenge One – Omissions

General

Remuneration structure for prevention intervention that is feasible and sustainable (the current structure is not sustainable for those conducting intervention programs).

Adopt a shop front approach in rural communities – to provide a place for people to go if they need help.

Enhance the public health bill to provide local government with a greater chance to focus on prevention.

Inter-sectoral work is required – look at international models.

Need bipartisanship and to share information between research, government and industry.

Sustainable financing – need to invest in the drivers and structures.

Tax incentives for built environment incentives and best practice.

Need more focussed recommendations and unity voice (especially for alcohol and obesity).

Needs to be more target focused toward setting and policy.

National Prevention Agency

Need to look at the bigger picture and what is required in addition to National Prevention Agency, for example:

- training and development;
- structuring of departments;
- leadership;
- research capacity; and
- translation.

National Preventative Agency should seek out best practice and provide a ‘template’, not focus on delivery.

Support for National Preventative Health Agency that is lead by experts, is ongoing and that reports to the Prime Minister. Need to have clear delineation of roles and responsibilities.

Local government must be engaged in the development of strategies.

More information is required about the funding for the National Preventative Health Agency and the role of the Local Government Associations.

Workforce

Need a template to support employment conditions to include time for physical activity.

Need further education and training of the workforce to complement the social marketing.

Workforce development across health workforce is required (especially Indigenous workforce).

Tougher restrictions on marketing and advertising on alcohol and food – apply some tobacco options.

Indigenous

Issues with Indigenous terminology (use Aboriginal verses Indigenous).

Targets are required specifically for Indigenous population groups.

“Prevent’ focuses on the negative – need to focus on the positive.

Health professional training does not adequately address prevention – prevention must be incorporated in to undergraduate education for all health professionals.

Obesity

Need clear advocacy points to follow, e.g. specifics are required around food labelling.

Parent education needs to be a stronger focus – with support to parents to support their children (need education package of programs).

Need to identify key elements and develop programs from this.

Need a top down approach, but also consider community development approach (families).

Query using a tobacco model to address obesity – regulation and legislative approach.

Need to engage and consult with the food industry in this.

Primary care training is required to pre-qualification of practitioner.

Need to adopt learning by doing approach – trial and evaluate different interventions in different states and territories, then review the evidence on how to move forward.

Government sponsored supports to prevent people turning to other options (eg eating too much).

Be more specific with strategies in relation to physical activity and nutrition.

Need to look at agricultural sustainability – secure local fresh food supply.

Tobacco

No target for mental health – need to include specific support.

Government sponsored supports are required to encourage, continue smoking cessation.

Challenge Two – Implementation

General

Wellness leave, not only sick leave to be accrued.

Look at Canadian model with Ministers to report on impact that their portfolio may have in this area.

Immediate support and funding for advocacy groups.

Need to identify existing evidence and initiatives and identify the gaps - Expand on current initiatives where needed.

Develop consistency through state and territories (encourage community involvement).

Need consistent messages through advertising and sport.

Need for infrastructure development – support local government to promote health in the community.

Clear targets required that are matched by funding.

Strategies need to be adaptable as we do not operate in a static environment.

Advertising/ restrictions to kids/ replace self regulation and sponsorship – link into public health education campaigns.

National prevention agency to draw together key sectors and organisations, identify high profile champions in each area to provide promotion and advocacy- to identify key priorities for research and build workforce capacity.

Short and long term goals are required.

Learn lessons from tobacco policy.

Comprehensive approach is needed.

Need to change social norms (especially around obesity and alcohol) – this will require good education and social marketing.

Obesity

Reduce the tax on health foods and quarantine taxation funds for prevention.

Make healthy active options easiest options eg no fast foods within distance of schools.

National prevention agency to be responsible for a consistent national message – particularly around obesity.

Focus on healthy weight for adults and kids.

Mental wellbeing needs to be reviewed with physical wellbeing.

Hard to determine the exact cause of obesity – more research is required.

Tax incentives, infrastructure, and reformulation of food supply either in cooperation with industry or by regulation is required.

Clear message is required around obesity strategy.

Alcohol

Social marketing “rethink drink”.

There is a need for change in societal attitude toward alcohol – (away from the rights of passage for teenagers).

Alcohol – taxation, legislation, and availability reduced licences and hours and reduction in the proliferation of sports sponsorship is required.

Labelling on alcohol products to reflect the energy value of alcohol.

Greater duty of care relating to effects of alcohol – make hosts more responsible –education at all levels in schools.

No government funding for alcohol at work events.

Measure the percentage of contracts used within the workforce that demonstrate health promotion activities (i.e. catering).

Raise the legal drinking age to 21 based on the neuro-developmental problems for teenagers.