

Preventative Health Taskforce

Consultations

Sydney 25 November (General) 2008

Facilitators: Dr Christine Connors and Mr Shaun Larkin

Thirty eight (38) 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 Dr Connors and Mr Larkin.

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

Challenge 1

Are there omissions to the discussion paper and any other/innovative ideas that should be included?

General

- Promote public health and prevention as everyone's business
- Focus on disadvantaged in society
- Focus on social inclusion – this will (in part) mean a heightened emphasis on improved built environments
- Emphasise the role of families and children
- Empower communities
- Identify the right workforce
- Include early intervention
- Don't forget CALD, and Indigenous are the main groups that are disadvantaged
- Improve dissemination of information – in settings eg schools, communities and workplaces
- Target and intervene where disadvantage exists – not just universal interventions.
- Include primary health care and general practice
- Develop leadership roles – define who delivers
- Outline the key constituencies that can drive/support Strategy
- Define amount of investment attached to specific strategies – reg, physical environments, taxation
- Identify what will work and what will be most beneficial
- Could use the Pharmaceutical Benefits Advisory Committee approach to test interventions (eg PBAC tests drugs for efficacy and efficiency and prove cost effectiveness of drugs – draw on this model. Expand PBAC mechanisms to broader focus – this could assist decision making process for effective implementation)
- Using a PBAC type model will engage Treasury in Strategy
- Evidence + implementation strategy + who does what are vital inclusions for Strategy

- Build on Tobacco Control
- Build on successes
- Reframe Strategy as a reward system not penalty system

Tobacco

- Agreed with priorities
- Taxation revenue needs to be tied to activities – returned to system
- Cancer Institute NSW has made significant input to social marketing campaigns – other states. should increase capacity in this regard
- Complement campaigns with support for cessation
- Introduce plain packaging – strengthen and enforce other point of sale restrictions.
- Devise and enforce stricter licensing systems
- Provide nicotine replacement therapy free to disadvantaged
- Enhance cooperation between NRT industry (quit smoking ads) and public health – team up and combine effort. Get communication going
- Improve the orchestration of campaigns – cant we link up public health and replacement industry in same ‘slot’ – sharing of information and messages and funds
- Improve coordination between federal and state companies – Global advertisements are not necessarily useful. Vic Govt good ads, NT own, NSW own. Shouldn’t we just have one and save resources
- Targets – greater definition in Strategy – link to \$\$ and make more practical.
- Add more specific indicators
- Work across sectors – high priority task to get cross sector happening and reporting tightened up
- Taskforce needs access to separate funding for multi-site studies and evaluation

Obesity

- Add targets for children and Indigenous and some interim targets and indicators.
- Target replacement of unhealthy foods with healthy foods
- Ban soft drinks
- Engage people with food throughout life course – infants, cooking, nutrition
- Food labelling important – to show healthiest – eg NHF tick program
- Work with manufacturers
- Learn by doing – different trials (don’t duplicate) – compare (use tobacco model)
- Put more strategic effort into evaluation and setting good baseline
- Increase research into CALD communities in Australia
- Need (Australian) CALD measures
- Risk factors – group up risk factors and deliver interventions jointly in Indigenous communities
- Call to action – make healthy choice the easy choice (eg bike paths)
- Strategy is everyone’s responsibility – not just health
- Focus on consumer health care
- Move School Fresh Taste model into community and kiosks and cafes – incentives needed
- Issues of choice – look at immunisation discourse again – choice comes up – peoples capacity to choose and the high value they put on choice
- Change menu in recreational facility – deprivation and choice – deal with right to make healthy OR unhealthy choices

- Use evidence from around world – eg action on obesity in UK
- There are committed individuals who worked very hard – get coalition for obesity started
- Use positive messages and rewards – with GPs, other health professionals
- Encourage cross referral and incentives
- Priorities need greater balance between food and physical activity
- Greater emphasis on wellness not obesity

Alcohol

- General consensus discussion paper content is OK
 - Add measures for community development – to empower people at local level to make cultural change
 - Learn from alcopops policy and work on volumetric tax across products
 - Work with industry to address % of alcohol in products
 - Self regulation of industry – not working - need to be more accountable
 - Continue to target social marketing to youth
 - Additional work to be done on venue density, hours, times of opening + enforcement of regulations
 - Cultural change - second parties – need reinforcement and more comprehensive approach
 - Gaps in activities – community engagement
 - More of a human focus on violence (domestic v mental health etc)
 - Close the gap – more than just research
 - NGOs have great track record and should be consulted on what works
 - Alcohol advertising – if you are not a member of industry association then can ignore rules – self regulation doesn't work
 - Use pharmacy model instead
 - Look at other industries models
 - Extend to more community engagement – eg complaints panel
 - Promotional issues – varies between federal government and state – no consistency – tighten up and make truly national (across States)
 - Four to five government reviews going on for tax, legislation, etc
 - Need a nationally consistent policy for alcohol – is the Taskforce the place this can feed into and get action
 - Enforce existing legislation and more research into behaviours – more education.
 - Force RSAs and secondary supply – who pays
 - Reorient health systems and how do we reorient to drive prevention – who is the workforce and how are they recompensed
 - Wine industry has different view from other industry – can fit within wider industry partnership
- **Roadblocks to success/solutions**
 - Do need a preventative health agency – shouldn't be reportable within health – Treasury or somewhere where more relevance to cross portfolio work)
 - Health portfolio has failed to pull this off (preventative health) Maybe this is best done with group from industry, transport etc put under Treasury
 - Funds for prevention always get dragged away
 - No Health minister can cope with this
 - Alcopops money not enough
 - Not much confidence in Commonwealth being able to lead

- Some States have taken good leadership – on some issues
- Expertise is in the States
- HIV example – potential model
- Focus on rewarding good behaviours rather than penalising poor performance
- Model resolutions for serious regulatory issues – subsidy of foods to rural areas, price differentials on food. An agreed brief to do this would be desirable (i.e. between industry, retailers and health)
- Committee/prevention agency must stay at length – from government
- See other models AIHW, HIC
- Encourage community leadership
- Offer/showcase ways to make it more convenient to take up best choice of behaviour – and describe support mechanisms?
- Apply in communities and demographically
- Identify and work with community champions – helps sustain behaviours (eg immunisation and vaccination) - Acknowledge the difference between a vaccination and obesity issues – analogy may not be that close
- Focus on workplace as a setting for action
- Consider the design of communities
- Champions - can you make a small business out of it – eg life coaches – can we systematise it
- Establish meaningful partnerships
- Include advertising bans as a part of a multiple strategy model
- Interact with other allied health professionals – eg pharmacists
- Taxation and rewards – if you regulate from ground up will run into unintended consequences – need signals from above as well

Future Strategy development.

Osteoporosis , chronic pain, mental health