

# Joint Submission to the National Preventative Health Taskforce

## Australia: The Healthiest Country by 2020

ACT Children and Young People's Commissioner  
NSW Commission for Children and Young People  
Queensland Commission for Children and Young People and Child Guardian  
Commissioner for Children Tasmania  
Child Safety Commissioner Victoria  
WA Commissioner for Children and Young People

### Introduction

We welcome the discussion paper *Australia: The Healthiest Country by 2020* and the opportunity to provide input to developing a National Preventative Health Strategy.

The importance of prevention for children, young people, their families and the broader community is now recognised and reflected in various policy initiatives around Australia. Research has demonstrated the health, social and economic benefits of investment in prevention and emphasised the importance of the early years in child development<sup>1</sup>. Healthy children are more likely to grow to be healthy adults.

National leadership on prevention is an important step in improving our approach to improving the health and wellbeing of all Australians. The Commissioners for Children and Young People have been active advocates for increased investment in prevention and early intervention. We have attached<sup>1</sup> some of our relevant work in this area to this submission for the Taskforce's consideration.

Commissioners for Children and Young People focus on the needs and best interests of children and young people. Part of our role is to promote the wellbeing of children and young people, and one way of achieving this is by making recommendations on issues that impact on children and young people.

Additionally, we are guided by the UN Convention on the Rights of the Child<sup>2</sup>, in particular: article 24 which states children and young people have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help them stay well; and article 17 which recognises the important function the mass media plays in promoting the physical and mental wellbeing of children.

The UN General Assembly declared and re-affirmed its obligation to take action to promote and protect the rights of each child – every human being below the age of 18 years. In its document *A world fit for children*, the Assembly called upon all members of society to uphold ten principles, including the principle to 'listen to children and ensure their participation'.<sup>3</sup> Therefore, our submission contains some excerpts from consultations with children and young people about matters affecting their health.

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<sup>1</sup> NSW Commission for Children and Young People, Commission for Children and Young People (Qld) & National Investment for the Early Years (NIFTeY), (2004), *A Head Start for Australia: An Early Years Framework*, p2 and *What about the kids?*

<sup>2</sup> UN Convention on the Rights of the Child <http://www.unhchr.ch/html/menu3/b/k2crc.htm>

<sup>3</sup> UN General Assembly (2002) S-27/2 *A world fit for children*  
[http://www.unicef.org/specialsession/docs\\_new/documents/A-RES-S27-2E.pdf](http://www.unicef.org/specialsession/docs_new/documents/A-RES-S27-2E.pdf)

In the process of preparing Australia's response to *A world fit for children*, the Australian Government confirmed its commitment to the principle of listening to and ensuring the participation of children and young people. On behalf of the Federal Government, the NSW Commission for Children and Young People organised a consultation with children and young people, from age 5 to 17 years, across Australia about their ideas for making Australia a better place for children and young people<sup>4</sup>.

Children and young people expressed concern that their voice is often not taken seriously, despite formal consultations by all levels of governments. In addition, children and young people raised a number of issues and risks affecting their current and future health, and we refer to some of these comments in this submission.

This submission is intended to contribute to a coordinated approach to tackle preventable chronic illnesses for children and young people, particularly by addressing risk factors. Clear links should be established between this and other Government strategies, especially early childhood development and maternal health services, as well as broader strategies addressing inadequate housing, physical infrastructure, and to some extent, climate change.

We support the Discussion Paper in its strong commitment to reducing inequities, and in the intent of the national strategy to contribute to 'close the gap' of 17 years between the health status and life expectancy of indigenous and non-indigenous people. In our role as Commissioners for Children, we understand the World Health Organisation's (WHO's) reference to the 'corrosive effects of inequality of life chances' cited in the Discussion Paper.

We fully support the comprehensive range of recommendations, priorities and actions outlined in the Discussion Paper and the proposal for a National Prevention Agency to lead, guide and coordinate activity. However, we observe that for some priorities, the actions recommended are confined to research - there is already a body of knowledge sufficient to implement more 'supportive environments for health'<sup>5</sup> to obtain some of the desired benefits. Rather than perceiving the issue as a need for innovation and more research, a focus should be given to the translation of current research evidence into effective action.

A National Prevention Agency will also need to understand issues at a local level and should be structured and resourced with this in mind. It is a matter of identifying what is already working and ensure that, in more geographic locations<sup>6</sup>, governments work collaboratively to improve the conditions in which people live to enable them to lead more healthy lives.

We are pleased the Taskforce has based its recommendations on the best evidence to date and that it will continue to do so, as well as provide a range of culturally appropriate preventative health programs and strategies for implementation in the future.

In the submission, the Commissioners propose a number of further recommendations to enhance and improve the effectiveness of a National Preventative Health Strategy and the outcomes for children and young people.

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<sup>4</sup> NSW Commission for Children and Young People (2005) *A National Consultation With Children And Young People On The Australian National Plan Of Action For A World Fit For Children*, June 2005

<sup>5</sup> For example, Table 1 *Priorities for achieving change in overweight and obesity*, on page 18 of the Discussion Paper. 'Supportive environments for health' is one of five actions for health promotion outlined in the *WHO Ottawa Charter for Health Promotion*, a well-known and useful framework not utilised in the Discussion Paper.

<sup>6</sup> A previous inter-governmental health sector report, *Getting Australia Active*, on the topic of research for policy indications on physical activity states "It is likely that intersectoral interventions, delivered within defined geographic regions, may be among the most effective approaches" (p.137) Bauman A, Bellew B, Vita P, Brown W, Owen N, (2002) *Getting Australia Active: towards better practice for the promotion of physical activity*. National Public Health Partnership, Melbourne, Australia <<http://www.nphp.gov.au/sigpah>>

## Key Recommendations

The Commissioners have identified key recommendations based on the Discussion Paper. Appendix 1 of this submission provides further problems, solutions and actions in the three focus areas identified during our consultation with children and young people and key stakeholders.

1. Increase the focus on prevention aimed at addressing health risks for unborn children through maternal health services and support to parents/carers, given the importance of early interventions on lifelong outcomes.
2. Work in partnership with children and young people in developing strategies for addressing obesity, tobacco and alcohol issues. Listening to children and young people about 'why' they eat junk food, for example, and 'what' would work for them will enable a greater understanding of the barriers to change.

### Obesity:

3. Invest in early childhood development and increase provision of universal community child health services and designated school nurses to conduct more health assessments which lead to earlier prevention, diagnosis and treatment.
4. Increase taxes for energy dense foods and increase tax relief for the provision of healthy foods, particularly in regional and remote areas.
5. Provide subsidies for fitness related products and recreational activities.
6. Ban all inappropriate junk food<sup>7</sup> promotion, marketing, advertising and sponsorship aimed at children and young people.
7. Introduce food labelling to improve public education and information that will enable healthier choices by individuals and parents. The traffic light system<sup>8</sup> is recommended as a simple and effective tool. It has an immediate visual impact and does not rely on knowledge and interpretation of ingredients.
8. Invest in programs to encourage adults and parents/carers to increase their level of physical activity and improve their nutrition, to maintain healthy weight and model healthy lifestyles for children and young people<sup>9</sup>.
9. Consider banning the sale of high fat, salt and sugar foods in schools.
10. Work with children and young people and others to provide a range of integrated and coordinated activities to increase physical activity (particularly active travel<sup>10</sup>), provide positive diversionary activities, eliminate social exclusion, and create 'healthy communities' in school, social and workplace environments.
11. Consult with and take into account the views of children and young people particularly in reshaping urban environments, parks and open spaces.

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<sup>7</sup> 'Junk food', for the purposes of this submission, is food that is high in fat, salt and sugar, having little nutritional value.

<sup>8</sup> For example, see information on this labelling method at the UK Food Standards Agency <<http://www.eatwell.gov.uk/foodlabels/trafficlights/>>. Also used in Western Australia, for example, see Department of Health <[http://www.healthyoptions.health.wa.gov.au/visitors/traffic\\_light.cfm](http://www.healthyoptions.health.wa.gov.au/visitors/traffic_light.cfm)>

<sup>9</sup> *A Picture of Australia's Children*, Australian Institute of Health and Welfare, May 2005

<sup>10</sup> The links between transport and health have been made explicit. Walking and cycling for transport, including the use of public transport, enables people to increase the level and frequency of physical activity in everyday life (Mason 2000). In the health sector, this is known as 'incidental' activity to distinguish it from deliberate exercise, such as sport. See references at end for further information.

**Tobacco:**

12. Further legislation be introduced and enforced to protect children and families from secondhand smoke in public spaces.
13. Progressively increase tax on tobacco products and invest significantly in public education and hard-hitting campaigns.
14. Reduce the number of outlets licensed to sell cigarettes and impose greater penalties to those outlets selling tobacco to underage children and young people.
15. Ban all forms of tobacco product promotion.

**Alcohol:**

16. Introduce specific labelling on alcohol products warning pregnant women of the health risks from drinking, for example, Fetal Alcohol Spectrum Disorder.
17. Ban all inappropriate alcohol promotion, marketing, advertising and sponsorship aimed at young people.
18. Reduce the number of outlets licensed to sell alcohol and impose greater penalties to those outlets selling alcohol to underage children and young people.
19. Consider imposing alcohol restrictions for those communities that request it, simultaneously offering a range of interventions and support.

## Key Action Areas

### Obesity:

The promotion of high fat, salt and sugar 'junk food' to children is a topic that receives much attention in discussions about childhood obesity, as it does in the Discussion Paper. It should be observed, however, that diet and physical activity are combined risk factors for health, particularly in growing bodies. Thus exposure of children to advertising is usually while they are sedentary.

In the third national statistical report on the health, development and wellbeing of Australia's children age 0 to 14 years<sup>9</sup>, The Australian Institute of Health and Welfare stated:

The other side to the energy equation that determines levels of body fat is the amount of energy expended by children on a daily basis. A whole-of-population shift to more sedentary lifestyles has been experienced in many developed countries including Australia. Children are far less likely to use walking or pedal cycling as a means of transport or to play outdoors after school or on weekends than children of previous generations. Harten and Olds (2004) found that active transport levels of Australian children are very low. Children are also missing out on the benefits of incidental exercise due to the increase in labour-saving devices.

Changes in children's entertainment choices have also contributed to an increase in sedentary behaviour. Playing console and computer games and watching television and DVDs/videos are very popular leisure pursuits among children. Coupled with unprecedented access to the internet and mobile phones, children need not even leave home to maintain contact with their friends outside the home.

Changing how people, particularly children and young people, actually live can be expressed in terms of time. Existing national guidelines, for example, the *National Physical Activity Guidelines for Children and Young People*, recommend a time limit on children and young people being sedentary whether watching TV, playing electronic games or computing.

However, the promotion of 'junk food' to children is arguably the single most significant driver of childhood obesity. The reduction of any broadcasting revenue should not be a paramount consideration when addressing children's health issues. As Professor Daube, Professor of Health Policy at Curtin University of Technology, submitted to the Australian Communication and Media Authority's Review on Children's Television standards: "It is unethical to put the health of our children at risk on the basis that funding for commercial television (and large corporations) is more important."<sup>11</sup>

We recommend banning advertisements of 'junk foods' and extending the ban on the use of animated characters, celebrity endorsements or toy giveaways in commercial advertisements targeted at children. The Commissioners have already submitted this position statement in the recent Joint Submission to Australian Communications and Media Authority (ACMA) *Draft Children's Television Standards 2008* and the submission to the Department of Broadband, Communications and the Digital Economy *ABC and SBS: Towards a Digital Future*.

Of equal importance to regulatory intervention is nutritional education and access to high quality affordable fresh produce, for example, in schools and educational institutions. To enable this goal to be achieved, however, cities and towns need to retain arable, agricultural land within the city limits – hence the importance of land use planning for health.

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<sup>9</sup> *A Picture of Australia's Children*, Australian Institute of Health and Welfare, May 2005

<sup>11</sup> Professor Mike Daube, Professor of Health Policy, Curtin University of Technology, *Submission to ACMA Review of Children's Television Standards*, 31 August 2007

Communities living in regional and remote Australia, in particular, often face a shortage of fresh fruit and vegetables. During the current House of Representatives Standing Committee on Health and Ageing 'Inquiry into Obesity', one rural doctor in Western Australia described fortnightly food deliveries to local towns and the fresh produce selling out within hours. This is unacceptable. We support the proposal to provide subsidies for transport of produce in these areas but also encourage other initiatives to increase access to affordable, fresh produce such as food growing programs.

This should be accompanied by physical activity strategies that increase participation rates of children and young people in sport, recreation or fitness, particularly those in remote areas or areas of high socio-economic disadvantage. Aiming for an increase in everyday activity is dependent on public space planning, undertaken as much on the road reservation as zoned open space. We note that the Discussion Paper has conflated its reference to the built environment to encompass town planning and the design of buildings. The Australian literature on preventative health has appropriately distinguished town planning from transport/traffic planning and management as they deal with separate legal categories of land – see for example the *Better Health Commission*<sup>12</sup>, and the *NSW Childhood Obesity Summit's Working Group on Planning and Transport*<sup>13</sup>.

For a public health initiative to be effective, it must be achievable and have some public acceptance. The consultation conducted with stakeholders for this submission revealed the concerns and solutions of contributors included a "lack of supportive environments"; the need to "review built and physical environments i.e. safe walking, facilities to support cycling etc"; "linking physical activity programs with other topics i.e. active transport, climate change etc"; and "through urban redesign". It is emphasized that a significant proportion of urban areas are zoned for road reservation, an area that can be redesigned with the reallocation of space, as some Australian cities are now doing - for example the *City of Sydney's Cycling Strategy*<sup>14</sup>.

Location of services within walking and cycling distance and the availability of public transport have multiple primary health effects including cleaner air, safer travel, modelling increased physical activity for the whole family, greater opportunities for social inclusion and independence for young people, and the attainment of Government carbon emission and other pollutant targets.

### **Tobacco:**

We are aware of the significant decline in people smoking and the success of Government campaigns.

We welcome extending restrictions of public smoking areas to protect children and young people in public places. We also believe that the move to selling cigarettes through a limited number of specially licensed outlets could take place before the year 2020. To become the healthiest Nation by this time, we must take action now.

For example, consideration could be given to an ongoing campaign to ensure further reduction in smoking, targeting specific population groups including:

- New mothers-to-be and the dangers to children of low birth weights as well as postnatal resumption of smoking by mothers.

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<sup>12</sup> *Interim Report (1986)*, Better Health Commission (Australia), Published Canberra: Australian Government Publishing Service.

<sup>13</sup> NSW Childhood Obesity Summit <<http://www.kids.nsw.gov.au/uploads/documents/obesityresponse.pdf>>

<sup>14</sup> City of Sydney's Cycling Strategy  
<<http://www.cityofsydney.nsw.gov.au/ABOUTSYDNEY/ParkingAndTransport/Cycling/CycleStrategyAndActionPlan.aspx>>

- Parents/carers and the effects on children and young people of passive smoking in the home and car, as well as the negative role model effect of parents smoking.
- Children and young people who are at risk of taking-up smoking, especially those in socially disadvantaged, vulnerable and indigenous communities.

## **Alcohol:**

### *Risky and Binge Drinking*

Of particular concern to the Commissioners is risky drinking by young people and the injuries, health and social consequences of this behaviour. The recent Australian Institute of Health and Welfare (AIHW) report *Making Progress – The Health, Development and Wellbeing of Young Australians*<sup>15</sup>, found that one in four teenagers regularly risk short-term harm to their health from alcohol consumption and that one in ten are at risk of long-term harm. The report also states that almost 300,000 teenagers have felt or experienced threats to their safety through the alcohol use of others.

Australia has a popular culture of drinking - in the home, at work and at play – and this is evident through advertising and the number of outlets selling alcohol. Children in contact with this culture see it as the norm and as a natural path to adulthood. It is up to all of us to change this perception and the Taskforce's technical paper on alcohol outlines a range of recent developments and strategies we support for implementation. We particularly look forward to the release of the National Binge Drinking Strategy aimed at young Australians and how this will complement the new National Preventative Health Strategy.

### *Children at Risk*

The Commissioners re-iterate the Taskforce's acknowledgement of the complex needs of children and families where a parent/carer is misusing alcohol. We support the need for early identification of children and families at-risk and the implementation of appropriate intervention in a timely manner. This includes increasing access to alcohol treatment and support programs for parents or carers and working with other agencies providing a range of extended services for the 'whole of family', particularly if domestic violence is an issue. The Commissioners also support the consideration of imposing alcohol restrictions for those communities that request it, offering a range of interventions and support that consider at all times the safety and welfare of children and young people.

### *Fetal Alcohol Spectrum Disorder (FASD)*

We know that alcohol consumption during pregnancy poses very serious risks to the developing child. Permanent brain injury of varying degrees can occur which severely impacts on the life outcomes of affected individuals. FASD can cause lifelong limitations to individuals and increases the caring demands placed on parents, guardians or carers. In addition, FASD can result in very high costs to society including medical and therapeutic treatments, special education, loss of employment and contact with the criminal justice and child protection systems. The scale of this disorder is unknown, but we do know that FASD is preventable yet incurable. In order to tackle this disorder a number of areas need to be addressed:

- Raise awareness through clear and consistent public health messages about the risks of drinking alcohol during pregnancy.
- Consider how to change culture of drinking in Australia which is reflected in the high percentage of women who consume three or more drinks per occasion at least weekly.<sup>16</sup>

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<sup>15</sup> Australian Institute of Health and Welfare (2008) *Making Progress – The Health, Development and Wellbeing of Australia's Children and Young People*

<sup>16</sup> Australian Institute of Health and Welfare. (1999). In O'Leary, C. (2002). *Fetal Alcohol Syndrome: A literature review*. Canberra: Commonwealth Department of Health and Ageing. p26.

- The reasons for drinking alcohol are identified and addressed – for example, use by some indigenous people can be linked to a history of social displacement and abuse.
- Introduce mandatory written and/or pictorial labelling of alcoholic beverages to warn women of the risks to their developing child of consuming alcohol when planning to become pregnant, during pregnancy or breastfeeding.
- A consistent model of care for FASD be identified and introduced nationally through a FASD Strategy.

### **Children and Young People’s Understanding and Views on these Issues**

Children and young people have been consulted on these and similar issues for the purpose of this submission and for many other projects and research activities.

Children and young people’s understanding and experience of “health” is generally different to that of adults. If we are to engage with children and young people we need to understand “health” from their perspective. The NSW Commission for Children and Young People’s consultation with children and young people about health found that to them, health is about wellbeing and feeling good<sup>17</sup>.

Children and young people have also identified issues related to health and wellbeing that negatively impact on them. Repeatedly they tell us of their concerns and priority issues for action. For example, the *2008 National Survey of Young Australians* by Mission Australia<sup>18</sup> identified drugs, stress and depression, personal safety and body image as their key concerns. The 2005 survey found that kids saw a healthy lifestyle, good health, and a healthy living environment as important, particularly healthy eating, obesity and physical activity and “being able to do things we wanna do, like not just sitting at home watching TV which gets boring, like getting outside, playing sport and having fun.”

In these consultations with children and young people, having things to do and keeping active was often reported to be extremely important. “Boredom” and “lack of things” to do were identified as the things that aren’t so good about living in Australia. “Having more activities, facilities and sport” was rated the second highest priority in things that could be made better about Australia. The nature of the activities children and young people were interested in varied primarily according to age, although there were some differences according to geographical location.

In May 2008, the Youth Affairs Council of Western Australia, the WA Commissioner for Children & Young People and the WA Office for Youth undertook a drug and alcohol consultation with children and young people. The respondents indicated:

- Drugs and alcohol are easy to access; older siblings and friends influence young people’s alcohol intake; and parents do sometimes encourage alcohol use and buy it for their children.
- Organisations need to think ‘outside the box’ for new campaigns to tackle these issues, and young people should be involved in the development of policies/campaigns about drugs and alcohol. Also, the focus of these campaigns should be about how to stop, not always on the effects of use.
- Manufacturers need to take responsibility as their advertising encourages young people to drink.
- They feel it is socially acceptable to drink. Australia celebrates a drinking culture – media, parents, community figures, Big Brother, MTV and others contribute to this.
- There is nothing else for young people to do – increase things to do and drinking will decrease – multi-faceted youth centres may be the answer.

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<sup>17</sup> NSW Commission for Children and Young People (2006), *Feeling Good*, Submission to NSW Health Futures Project

<sup>18</sup> National Survey of Young Australians by Mission Australia

## Early Childhood Development

The patterns of health and illness throughout life are influenced strongly by patterns that are established early in life. Biological and environmental risk and protective factors, together with early life experiences, affect long-term health and disease outcomes.

We now know more than ever that a child's early experiences shape healthy brain development and influence lifelong learning, behaviour and health. The early years are a period of heightened sensitivity to negative and positive experiences. Risk-taking in adolescence, mid-life health status and cognitive abilities in later life all have their roots in early childhood experiences.

We believe that the Strategy should encompass all age ranges of children and young people and its proposed indicators should reflect this. This is important given the significance of the early years on children's wellbeing and long-term outcomes. It should build and support child and maternal health, along with early childhood education and care services. These services provide the foundation for happy and healthy children, supporting families and providing parents with skills to promote healthy lifestyles. They provide positive relationships between care-givers, children and parents, and promote play in addition to providing safe and healthy environments for children.

In some Australian communities the lack of access to basic infrastructure such as safe drinking water and adequate housing leads to infections and disease. This problem is exacerbated in some regional and remote communities through the inequity of access to basic health care which can then lead to long-term health problems.

To ensure best outcomes for children, the National Preventative Health Strategy cannot be developed or implemented separately from other policy levers required to give children a good start in life. As mentioned previously there are other broader strategies that also need addressing to have any impact on improving health such as inadequate housing and physical infrastructure.

The Australian Research Alliance for Children and Youth (ARACY) *Report Card on the Wellbeing of Young Australians*<sup>19</sup> ranks Australia 20<sup>th</sup> of 27 nations for infant mortality. This is a major concern but of even greater significance is that the infant mortality rate for indigenous Australians is more than double that of non-indigenous people.

The Commissioners' aspiration is for an increase in maternal health services and school health nurses to meet the demands of an increasing population. This will offer a range of appropriate, locally designed services with the capacity to target all new mothers and provide the necessary health assessments on new-borns and children as required.

Good quality maternal health services and early childhood education and care are the most effective investments that can be made in terms of cost benefits, for the wellbeing of our children and the future welfare and productivity of Australia.

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<sup>19</sup> Australian Research Alliance for Children and Youth (ARACY) *Report Card on the Wellbeing of Young Australians*. <[http://www.aracy.org.au/AM/Common/pdf/report\\_card/report\\_card\\_A5\\_web.pdf](http://www.aracy.org.au/AM/Common/pdf/report_card/report_card_A5_web.pdf)>

## **Future Preventative Health Focus Areas**

We agree with the suggestions for the next phase of the Taskforce's work during 2009. In consultation with key stakeholders, listed in Appendix 1, we provide further areas for your consideration below.

- Mental Health, including suicide prevention and behavioural disorders.
- Sexual Health, including the prevention of transmitted diseases stemming from the use of alcohol and drugs.
- Injuries, including accidents and violence and those relating to alcohol and drugs.
- Prescribed Medicines, including the range, amount and effects on babies, children and young people particularly Attention Deficit Hyperactivity Disorder (ADHD) medications and anti-depressants.
- Osteoporosis prevention given that childhood and adolescence is a key time for building healthy bones and ensuring high peak bone mass.

Stakeholders also suggested a number of future research areas for the Taskforce to determine the impacts on children and young people's health.

- Climate change and its effects on health.
- Environments such as those near power lines and contaminated sites and effects on health.
- Health issues arising from the increased use of technologies by children and young people – for example, use of mobile phones.
- Genetically modified foods.

## **Conclusion**

Our submission has outlined a child wellbeing focused prevention approach to reducing the impact of chronic disease in the longer term from the effects of obesity, tobacco and alcohol.

The Commissioners strongly believe supporting parents through investing in early childhood development and promoting healthy lifestyles, through a range of culturally appropriate targeted programs, will deliver the best long-term outcomes for children and young people.

In developing a new, national, prevention focused approach to health, the Commissioners urge the Australian Government to work in partnership and give voice to children and young people's perspectives at a national level and embed children and young people's views of wellbeing in the preventative health strategy, service design principles and in ongoing program and strategy evaluation.

We reiterate the need for a best practice, evidence based, well-resourced strategy including a robust performance management framework with clear monitoring and evaluation mechanisms. The Commissioners look forward to receiving the further findings from the research identified in the technical papers and to the new National Preventative Health Strategy and subsequent consultation in this area.

We feel an important step in the success of developing this strategy and future focus areas will be the involvement and support of key stakeholders, particularly at a local level. An inclusive strategy is critical in order to have any impact on reducing the risks of the most vulnerable and disadvantaged. This will be critical in implementing this ambitious but very welcome plan to ensure Australia is the healthiest nation by 2020.

## References and Additional Notes

1. NSW Commission for Children and Young People, Commission for Children and Young People (Qld) & National Investment for the Early Years (NIFTeY)(2004), *A Head Start for Australia: An Early Years Framework*, p2.
2. UN Convention on the Rights of the Child <<http://www.unhchr.ch/html/menu3/b/k2crc.htm>>
3. UN General Assembly (2002) S-27/2 *A world fit for children*. <[http://www.unicef.org/specialsession/docs\\_new/documents/A-RES-S27-2E.pdf](http://www.unicef.org/specialsession/docs_new/documents/A-RES-S27-2E.pdf)>
4. NSW Commission for Children and Young People (2005) *A National Consultation With Children And Young People On The Australian National Plan Of Action For A World Fit For Children, June 2005*.
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6. Bauman A., Bellew B., Vita P., Brown W., Owen N., (2002) *Getting Australia Active: towards better practice for the promotion of physical activity*. National Public Health Partnership, Melbourne, Australia. <<http://www.nphp.gov.au/sigpah>>
7. 'Junk food', for the purposes of this submission, is food that is high salt, fat and sugar, having little nutritional value.
8. UK Food Standards Agency <<http://www.eatwell.gov.uk/foodlabels/trafficlights>> and in Western Australia <[http://www.healthyoptions.health.wa.gov.au/visitors/traffic\\_light.cfm](http://www.healthyoptions.health.wa.gov.au/visitors/traffic_light.cfm)>
9. *A Picture of Australia's Children*, Australian Institute of Health and Welfare, May 2005.
10. See for example:  
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Mason C. (2008), *Social inclusion and mobility (transport)*, National Social Inclusion/Exclusion of Culturally & Linguistically Diverse Communities, Universities of Tasmania & Victoria, Launceston.  
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11. Professor Mike Daube, Professor of Health Policy, Curtin University of Technology, *Submission to ACMA Review of Children's Television Standards*, 31 August 2007.
12. Better Health Commission (Australia), *Interim Report* (1986), Published Canberra: Australian Government Publishing Service.
13. NSW Childhood Obesity Summit <<http://www.kids.nsw.gov.au/uploads/documents/obesityresponse.pdf>>
14. City of Sydney's Cycling Strategy <<http://www.cityofsydney.nsw.gov.au/ABOUTSYDNEY/ParkingAndTransport/Cycling/CycleStrategyAndActionPlan.asp>>
15. Australian Institute of Health and Welfare (2008) *Making Progress – The Health, Development and Wellbeing of Australia's Children and Young People*.
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17. NSW Commission for Children and Young People (2006), *Feeling Good*, Submission to NSW Health Futures Project
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19. Australian Research Alliance for Children and Youth (ARACY) *Report Card on the Wellbeing of Young Australians*. <[http://www.aracy.org.au/AM/Common/pdf/report\\_card/report\\_card\\_A5\\_web.pdf](http://www.aracy.org.au/AM/Common/pdf/report_card/report_card_A5_web.pdf)>

## National Preventative Health Strategy – Consultation with Key Stakeholders

We undertook a facilitated focus group with key stakeholders from the government and non-government sector to seek input to this submission. The aim was to encourage child-centred thinking and identify problems and solutions specific to children and young people. The findings are presented in the three focus areas below.

	OBESITY	TOBACCO	ALCOHOL
What are the major problems and issues facing children and young people	<ul style="list-style-type: none"> <li>• Lifestyle issues – inactivity and poor diets, parents rely on fast food due to time restrictions and work</li> <li>• Lack of healthy food and physical activity policies in schools</li> <li>• School capacity and level of engagement</li> <li>• Lack of supportive environments</li> <li>• Lack of evidence base for what works</li> <li>• Poor food production and marketing</li> <li>• Body image issues and mental health</li> <li>• Inadequate funding for support services as well as coordination and leadership</li> <li>• Lack of cooking skills</li> <li>• Growth and development issues for children and young people</li> <li>• Poor breastfeeding and weaning practices</li> <li>• Parents eating habits and being overweight</li> </ul>	<ul style="list-style-type: none"> <li>• Low birth weight</li> <li>• Gap between indigenous and non-indigenous communities</li> <li>• Affects of passive smoking</li> <li>• Smoking is still the biggest killer in Australia</li> <li>• Stress and the perceived need for cigarettes as a relief</li> <li>• Bad role models including parents</li> <li>• Availability of cigarettes</li> </ul>	<ul style="list-style-type: none"> <li>• Fetal Alcohol Spectrum Disorder</li> <li>• Child Abuse – physical, sexual, emotional, neglect and mental health</li> <li>• Domestic violence, family breakdown and social problems</li> <li>• Use alcohol as self-medication</li> <li>• Availability and access of alcohol including sourcing from relatives</li> <li>• Used as an excuse for anti-social behaviour and crime</li> <li>• Failure of a support system that is not integrated across national, state and local levels</li> <li>• Drinking Culture - risky and binge drinking accepted as the norm by teens</li> </ul>

	OBESITY	TOBACCO	ALCOHOL
What are the solutions to these	<ul style="list-style-type: none"> <li>• Parent/child subsidised cooking classes, activities with fun factor in school and other settings</li> <li>• Ban junk food promotion, marketing, advertising and sponsorship – reorient advertising to focus on eating healthy family meals</li> <li>• Tax junk food</li> <li>• Subsidise good food</li> <li>• Food labelling – recommend use of the traffic light system</li> <li>• Consistent and simple messages like the <i>slip, slap, slop</i> campaign</li> <li>• More universal community child health services and designated school nurses with regional support officers</li> <li>• Better coordination for planning of services with local government and an integrated action plan</li> <li>• Consistent messages from researchers, GPs, media etc</li> <li>• Review built and physical environments i.e. safe walking, facilities to support cycling etc</li> <li>• Subsidies for activities such as dance classes and other non-competitive programs</li> <li>• Tax incentives</li> <li>• Physical activity policy in schools - minimum 2 hours</li> <li>• Practical education provided in childcare, schools and other settings on nutrition and exercise etc</li> <li>• Parenting skills and supportive environments</li> <li>• Monitoring and surveillance</li> <li>• Healthy food policies in schools</li> <li>• Daylight savings and affects on children</li> <li>• Promote breastfeeding</li> <li>• More health assessments in schools</li> <li>• Clear referral processes for parents, teachers, GPs etc</li> <li>• Train workforce and keep up-to-date on interventions that work</li> </ul>	<p>Legislation:</p> <ul style="list-style-type: none"> <li>• Stop marketing tobacco products</li> <li>• Stop brands plain packaging</li> <li>• Restrictions on point of sale - reduce supply</li> <li>• Restrictions on place of use - protection from exposure</li> </ul> <ul style="list-style-type: none"> <li>• Significantly increase the price</li> <li>• Increase support for smoking cessation and reduce cost of patches</li> <li>• Continued public education - keep making smoking 'uncool' - denormalise</li> <li>• Make it difficult to smoke i.e. pay extra for smoking room in hotel</li> <li>• Culturally specific strategies</li> <li>• Target communities, cultures, specific populations and age appropriate</li> <li>• Target parents to quit</li> <li>• No smoking in cars with children</li> <li>• Link with physical activity</li> <li>• Investigate postnatal relapse and target this group – consider outcomes and resource such as investing in money for healthy food</li> <li>• Community engagement to support and implement</li> </ul>	<p>An integrated strategy and program:</p> <ul style="list-style-type: none"> <li>• At national, state and local levels</li> <li>• That is well-resourced</li> <li>• Has short, medium and long-term goals</li> <li>• Has targeted local strategies</li> <li>• Provides corresponding support services particularly in indigenous communities</li> </ul> <ul style="list-style-type: none"> <li>• Simple and consistent messages as in the smarter than smoking campaign</li> <li>• Sustained campaign to change culture as happened with smoking</li> <li>• Ban alcohol promotion, marketing, advertising and sponsorship</li> <li>• Restrictions on production of 'alco pops'</li> <li>• Responsible serving of alcohol</li> <li>• Ban alcohol at sporting events</li> <li>• Source replacement sponsorship</li> <li>• Add additional information on packaging such as 'alcohol is fattening'</li> <li>• Primary school level – introduce education on coping strategies, stress management etc</li> <li>• Tax – the increases in tax has had positive affects on sales of 'alco pops'</li> <li>• Loss of liquor licenses and penalties for underage supply</li> <li>• Warning labels – drinking alcohol can harm your unborn baby</li> <li>• Address underlying cause of using alcohol</li> <li>• Alcohol interventions – what are the results and what works</li> </ul>

	OBESITY	TOBACCO	ALCOHOL
How are they implemented	<ul style="list-style-type: none"> <li>• Local decision-making</li> <li>• 'How to' guides for local government association planning, based on evidence</li> <li>• Establish food gardens in schools</li> <li>• Through evidence and evaluation based programs</li> <li>• Consistent and coordinated action by national, state and local government</li> <li>• By linking physical activity programs with other topics i.e. active transport, climate change etc</li> <li>• Through Food and Nutrition Taskforce and WA's Physical Activity Taskforce</li> <li>• Through urban redesign</li> <li>• Appropriate funding</li> <li>• Introduce regulations and incentives as well as disincentives</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate resourcing to remote and rural communities to support cessation</li> <li>• Identify target groups – indigenous, youth, homeless, pregnant women, offenders etc</li> <li>• Resourcing for additional capacity of broader health workforce including nurse practitioners, rural GPs and allied health services</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate funding at all levels national, state and local</li> <li>• Based long-term – generational</li> <li>• A range of solutions for populations and localities – not one size fits all</li> <li>• Focus on 'risky' drinking</li> </ul>
<b>COMMON SOLUTIONS ACROSS OBESITY, TOBACCO AND ALCOHOL</b>			
<ul style="list-style-type: none"> <li>• Long-term, sustained, integrated approach and coordinated action to achieve better outcomes as well as linking with other government strategies</li> <li>• Regulatory changes</li> <li>• Ban promotion, marketing, advertising and sponsorship of alcohol and junk food to children and young people</li> <li>• Reduce number of outlets through licensing</li> <li>• Adequate resourcing of the strategy at all levels including State and Local.</li> <li>• Target people, place and cultures - children, parents, school, workplace, home and in the community – through a range of programs and culturally appropriate material</li> <li>• Local solutions and implementation – one size does not fit all</li> <li>• Tax – positive affects of tax changes whether incentives or penalties</li> <li>• Use data, evidence based research and best practice interventions for change</li> <li>• Use of existing resources such as health promotion agencies</li> <li>• Greater cooperation with industry</li> <li>• Address social determinants of health</li> <li>• Start prevention early through Early Childhood Development Strategies and Maternal Health Services</li> <li>• Measure, monitor and evaluate what works</li> </ul>			

FUTURE PREVENTATIVE HEALTH FOCUS AREAS, RESEARCH AND SOLUTIONS

FUTURE FOCUS AREAS	PROPOSED RESEARCH	OTHER SOLUTIONS
<ul style="list-style-type: none"> <li>• Mental Health including suicide prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Health issues arising from use of technologies i.e. mobile phones</li> </ul>	<ul style="list-style-type: none"> <li>• Reach wide consensus on what preventative health focus areas are targeted</li> </ul>
<ul style="list-style-type: none"> <li>• Drug prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Genetically Modified Foods – reduction of use and research into effects</li> </ul>	<ul style="list-style-type: none"> <li>• ‘Advocacy’ for each issue focus area – a champion such as Jamie Oliver (celebrity chef)</li> </ul>
<ul style="list-style-type: none"> <li>• Review range and amount of medications prescribed to children and young people including babies</li> </ul>	<ul style="list-style-type: none"> <li>• Climate Change – affects and evidence on health</li> </ul>	<ul style="list-style-type: none"> <li>• Supportive environments that allow families to function</li> </ul>
<ul style="list-style-type: none"> <li>• Sexual Health – prevention of transmitted diseases and those relating to alcohol and drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Environments - contaminated sites, those near power lines etc and affects on health</li> </ul>	<ul style="list-style-type: none"> <li>• Promote healthy communities – connecting efforts and social connectedness</li> </ul>
<ul style="list-style-type: none"> <li>• Injury including accidents and violence and those relating to alcohol and drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Review all Children’s Advertising</li> </ul>	
<ul style="list-style-type: none"> <li>• Other areas – maternal health, osteoporosis, dental, asthma, eye conditions, ear infections</li> </ul>		