On behalf of the PHAA I would like to acknowledge the traditional owners of the land and pay my respects in particular to their elders, past and present.

Michael Moore
- CEO PHAA
- VP/Pres Elect World Federation PH Associations
- Adjunct Professor, Health Policy and Governance, University of Canberra
- Former Health Minister (ACT)
Primary Health

• Equity
  • The prime driver
  • Social determinants of health

• Targeting specific groups
  • Indigenous
  • Refugees
  • Women
  • Men

• Diagnosis, Treatment and Referral

• Prevention
  • Clean water
  • Sanitation
  • Immunisation
  • Health promotion
  • Health Protection

No success until 1858 – the great stink

John Snow
1854 cholera

The Broad Street Pump

Snow saw a problem and became an advocate for governments to take action
The need for advocacy
Actually advocacy is mostly about relationships

Sometimes, Michael, you get it wrong

It is not enough to just shake your finger and yell

Assertive does have a place

Like with Ebola !!!
Elements of Advocacy (from Kotter – on change management)

A 10 STEPS THEORY – to INFLUENCE

• Step 1: Establishing a Sense of Urgency
• Step 2: Creating the Guiding Coalition
• Step 3: Developing and Maintaining Influential Relationships
• Step 4: Developing a Change Vision
• Step 5: Communicating the Vision for Buy-in
• Step 6: Empowering Broad-based Action
• Step 7: Being Opportunistic
• Step 8: Generating Short-term Wins
• Step 9: Never Letting Up
• Step 10: Incorporating Changes into the Culture

Moore, M (et al) 2013 Evaluating Success in Public Health Advocacy Strategies VJPH
Step 1: Establishing a Sense of Urgency

• Obesity
  • Excess weight, especially obesity, is a major risk factor for cardiovascular disease, Type 2 diabetes, some musculoskeletal conditions and some cancers. As the level of excess weight increases, so does the risk of developing these conditions. In addition, being overweight can hamper the ability to control or manage chronic disorders.
  • 3 in 5 Australian adults are overweight or obese (based on BMI). That's over 12 million people!
  • 5% more adults are overweight or obese than in 1995.
  • 1 in 4 Australian children are overweight or obese.
  • Over 30% more people living in outer regional and remote areas are obese than people living in major cities.
  • 3rd place Overweight and obesity is only beaten by smoking and high blood pressure as a contributor to burden of disease.

• Medicare Locals
  • What happened pre-election?
  • Was a sense of urgency created? Ideological? The name – Medicare (Labor branding)
• Primary Health Networks

Step 2: Creating the Guiding Coalition

Stage 1
- The Public Health Association of Australia
- Cancer Council NSW, Cancer Council Vic,
- Heart Foundation, Chronic Disease Alliance
- Obesity Coalition,
- Choice and a number of others

Stage 2
- Government – Federal, State and Territory

Stage 3
- The Australian Food and Grocery Council
- Australian Beverages Council
- Australian Industry Group
- Australian Retailers Association
Medicare Locals – the guiding coalition?

• Medicare Locals –
• Guiding coalition on this issue?
• A broad network
  • Medicare Local Alliance
  • 61 Medicare Locals
    • How supportive?
• Other players
  • AHHA
  • PHAA
  • AMA
  • Pharmacy
  • Primary Health Network

• Easy to be wise in hind sight
  • Change of Alliance CEOs
  • Was the threat perceived?
  • Real? Serious?

• Primary Health Networks
  • Action now
  • Guiding Coalition
    • Nationally
    • Locally

• What are the next steps
  • PHAA and AHHA
  • Medicare Locals and their communities
  • Outcome of “tender” process
Step 3: Developing and Maintaining Influential Relationships

- Hon Catherine King (Parl Sec Food)
- State and Territory Food Ministers
- Hon Neal Blewett - *Labelling Logic*
  - Professor Heather Yeatman
- Hon Nicola Roxon, Hon Peter Dutton
- Adjunct Professor Jane Halton, David Butt
- Key staff in Fed, State and Territory bureaucracies
- Key Journalists Mark Metherell, Margot O’Neill, Amy Bainbridge, Amy Corderoy, Paul Smith

**Primary Health Networks**
- Fed Minister, State Minister
- Bureaucrats Fed (Mark Booth) State ??
- Local – health, academic, council, local MPs
Step 4: Developing a Change Vision

- A Future for Food (an overview)
- Traffic Light Labelling
  - Agreed by
    - The Public Health Association of Australia, Cancer Council NSW, Heart Foundation, Cancer Council Vic, Obesity Coalition, Chronic Disease Alliance, Choice and many others
  - Supported by Blewett Report - *Rejected by Ministers*
- The New Change Vision - *Developed in conjunction with Industry and government*
  - # Note # Moodie et al Lancet

Primary Health Networks

- Building on Medicare Locals, broad understanding of primary health care
- Nurses and other allied health, pop health planners, programs, data management
  - Using all that has been learnt from Divisions, GP Networks, Medicare Locals
Step 5: Communicating the Vision for Buy-in

The Steps

- Food Issues
- Submissions to Blewett
  - # Note: Failure to lobby State and Territory Ministers effectively on traffic lights
- Agreement on Health Star Rating
- Departmental website is put up
  - Details of Deliberations of Front of Pack Committee
  - Including Implementation and Technical Design Working Groups
- The Health Star Rating Website

Primary Health Networks

- NEW (politically accepted vision). NOT A TRANSITION FROM MEDICARE LOCAL
- Increased role of the GP. “GP centred primary health care team”
- Commissioning bodies?
Step 6: Empowering Broad-based Action

- Actions of the AFGC
  - June 2013 Meeting of Ministers
    - Agreement
    - Reneged
- Building the coalition of the willing
- Getting the Star rating images out
- Ensuring each of the organisations is:
  - Coordinated
  - Message to same formula

Primary Health Networks –

How will broadbased action be achieved?

Nationally
- PHAA and AHHA

State, Locally
- Health orgs, local councils, local hospital networks town based groups, professional groups
Step 7: Being Opportunistic

- Health Star Rating Calculator Website
- The Health Dept informs website is up
- Media Statement
- Discussions with Margot O’Neill (Lateline)
- Website to come down (8 hours) iPhone shots
- Amy Corderoy (SMH)
- Alastair Furnival – Amy Bainbridge (ABC)
- Coordinated approach to continue story
  - PHAA, Choice, Heart Foundation, Cancer Council, Obesity Coalition
- Political machinations – Senators Wong/Faulkner
  - Senator Nash

Primary Health Networks

- Are we aware? Ready? Primed?
- Internal strife of Liberal Party?
Step 8: Generating Short-term Wins

- Senator Nash
  - In Parliament
  - Post-parliament
  - In Young
- Meeting with public health groups
  - Informing the media
  - “Blame” shifted to Furnival
- Cost-benefit analysis
- Compromise
  - Allowing AFGC to have the Daily Intake
  - Modify graphic (Coles and Sanitarium)
- This gives industry a “win” – and Senator Nash room to move

Primary Health Networks

- Established relationships with hospital networks
- Reports on achievements
  - Transferrable systems?
  - To be “new” – reinventing the wheel?
Step 9: Never Letting Up

• Prior to Ministers’ Meeting 27 June 2014. Coordination of letters to Ministers, media, etc.
• Some food products may not be able to display all the elements of the full HSR System due to label size or other considerations. In these cases there is a hierarchy of options for the elements to be displayed in HSR System.

1. Health Star Rating + energy icon + 3 prescribed nutrient icons + 1 optional nutrient icon (recommended)
2. Health Star Rating + energy icon + 3 prescribed nutrient icons (recommended)
3. Health Star Rating + energy icon
4. Health Star Rating
5. Energy icon

Primary Health Networks
• The principles
  • Centrality of Primary Health Care
  • Return on investment
  • Long term systemic issues
  • Focus on health outcomes
Step 10: Incorporating Changes into the Culture

- Monster Muesli Company
- Design proposals
  - Sanitarium
  - Coles
- Beverages Industry
- Bureaucrats meeting in early May
- Ministers meet in late June 2014
  - Australia and New Zealand Food Regulation Ministerial Council (Legislative and Governance Forum on Food Regulation)
  - Approval
- Woolworths, Coles, Sanitarium, Nestlé?
- Front of Pack Oversight Committee July

Primary Health Networks

- How to stop the constant change
  - Divisions - GP Networks – Medicare Locals – Primary Health Networks
  - Or is it change for the better?
  - Making the new system sustainable
  - Focus on health outcomes
## Star Rating Examples

<table>
<thead>
<tr>
<th>Category 1 Beverages</th>
<th>Category 2 Foods</th>
<th>Category 3 Fats Oils/Cheese</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non dairy</strong></td>
<td><strong>Non dairy</strong></td>
<td><strong>Non dairy</strong></td>
</tr>
<tr>
<td>100% Orange juice</td>
<td>Carrot, Peas &amp; Corn Mix</td>
<td>Spread, 70% less fat</td>
</tr>
<tr>
<td>Fruit Smoothie</td>
<td>Apple, red skin, unpeeled, raw</td>
<td>Olive Oil</td>
</tr>
<tr>
<td>Diet Soft Drink</td>
<td>Wholemeal Bread</td>
<td>Polyunsaturated Spread</td>
</tr>
<tr>
<td>Lime Cordial</td>
<td>Bread White Sandwich</td>
<td>Dairy blend, salt reduced</td>
</tr>
<tr>
<td>Lemon Soft Drink</td>
<td>Dry Roasted, Unsalted Cashew</td>
<td>Unsalted Butter</td>
</tr>
<tr>
<td></td>
<td>Roll Ups</td>
<td>Salted Butter</td>
</tr>
<tr>
<td></td>
<td>Pizza, supreme, frozen</td>
<td></td>
</tr>
<tr>
<td><strong>Dairy</strong></td>
<td><strong>Dairy</strong></td>
<td><strong>Dairy</strong></td>
</tr>
<tr>
<td>Skim Milk</td>
<td>Yoghurt, lite</td>
<td>Cheese, low fat, processed</td>
</tr>
<tr>
<td>Full Cream Milk</td>
<td>Fruit yoghurt</td>
<td>Tasty cheese</td>
</tr>
<tr>
<td>Flavoured milk</td>
<td>Yoghurt, regular fat, sweetened, flavoured</td>
<td>Brie Cheese</td>
</tr>
</tbody>
</table>
Step 11? Dealing with pushback

Should health advocacy have one more step?

- The Australia and New Zealand Food Regulation Ministerial Council
  - They approve Health Star Rating.
  - When will the final Website go back up?
    - Interim is up under the Food Ministers’ site
  - How long before there is widespread uptake?
    - How will the two year evaluation go?
    - Will it take 18 months? What then?

Keep in mind the five Ps

- Planning
- Policies
- Persistence
- Patience
- (Op)portunistic
Sometimes advocacy action does require creating

A Great Stink!
Some useful references


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