

**Submission to  
Committee Secretary  
Education, Employment and Small Business Committee  
by  
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***Introduction***

I applaud the Hon Dr Steven Miles MP, Minister for Health and Minister for Ambulance Services, and the Palaszczuk Government for the introduction of the Health and Wellbeing Queensland Bill 2019 into the Queensland Parliament in February 2019. The Bill has been referred to the Education, Employment and Small Business Committee for consideration. The committee is required to report to the Parliament by 18 April 2019. A considerable amount of research evidence now exists to support the fact that Queenslanders who are healthy and have wellbeing remain productive members of our community (Queensland Health, 2018). There is also evidence to suggest that over time this reduces the burden on the hospital system where there are less emergency department visits and admission to hospital for people with unstable chronic illness (Escoffery et al., 2018; Rabarison 2015). Enhancing funds dedicated to promotion of health to ensure a reduction in the cost of unnecessary health care intervention, in particular, for preventable chronic illnesses, enables people to live a healthy lifestyle and remain productive community members across the lifespan (Phillips et al., 2016, Rabarison et al., 2015).

***Health and Wellbeing Queensland Bill 2019***

The Bill establishes a health promotion agency, to be known as Health and Wellbeing Queensland (HWQ), as a statutory body. I acknowledge and support the objectives of HWQ which are designed to make a contribution to improving the health and wellbeing of Queenslanders, reduce the risk factors associated with chronic disease, and reduce health inequities. It is important that the social determinants of health are acknowledged and are integrated into deliberations about improving the health and wellbeing of Queenslanders. Without access and equity issues being integrated into policy, planning and implementation of health promotion programs a large proportion of the Queensland population with chronic illness will not receive the care they need (Marmot 2015) or remain productive members of the community.

As early as 1986 the Ottawa Charter for Health Promotion articulated the need for promotion of health and prevention of illness in the context of five key actions. These actions include build healthy public policy, create supportive environments for health, strengthen community action for health, develop personal skills, and re-orient health services (WHO 1986). In addition, the three health promotion strategies of enabling, mediating and advocating are as important now as they were 30 years ago when the

Charter was produced. The proposed functions of HWQ provide a solid platform for policy deliberations and advice to the Minister and government entities about health promotion. It is also essential that partnerships are multisectoral at all government levels in Queensland, as well with town planners, organisations, business and industry groups and the University sectors, as examples (de Montigny et al., 2017). This will strongly support and facilitate the development of comprehensive health promotion programs and should be integrated into deliberations about the support of grant applications by HWQ. Health literacy must also be a priority for populations who have limited access to educational opportunities (Connelly and Turner 2017).

Taking a comprehensive view of the range of health promotion strategies available, it is important to remember that a focus on information provision and education alone will not change behaviour. Tobacco reduction has been achieved by multiple levels of intervention from policy and national initiatives through to organisational and community strategies such as mass media and community owned initiatives for change to individual efforts to support quit smoking activity (Sheikhhattari et al., 2016). There is clear evidence that people who are educated and have good economic stability are far more likely to adhere to behaviour change strategies than individuals who are facing economic, social and educational challenges (Wilson et al., 2015).

### ***The Board and staff of HWQ***

The application of the principles of good governance principles suggest that the Board should be multidisciplinary but work collaboratively and leaving aside the particular interests of the individual for the good of the Queensland population. In addition, Board members and HWQ staff must develop strategic and operational plans in order to ensure the application of quality management and implementation principles to enable the vision of HWQ to be achieved. These strategic and operational plans must be consistently reviewed to ensure they are up-to-date and evidence based.

### ***Facilitators for Action and Success***

It is imperative for successful actions that the following issues are high on the agenda for the establishment and smooth running of HWQ.

- The Board needs to be bipartisan, operate as a multidisciplinary Board that ensures and enables multisectoral funding opportunities;
- Work closely with Queensland Health and other government Departments and local councils to ensure the focus of activity is cross sectoral;
- All Board members should understand the evidence and apply that evidence in deliberations about policy, practice and evaluation of health and wellbeing activities;
- There is a solid evidence base around program sustainability and this evidence should guide programs at all levels to ensure money is well spent and outcomes are achieved and measured;
- Evaluation learnings should be consistently fed back to the HWQ Board to ensure high quality strategic and implementation plans are in place;

- A set of health promotion principles that are evidence based should be used to focus the attention of the Board, HWQ and applicants for funding on the elements of successful health promotion interventions;
- Where possible funding opportunities should focus on multisectoral approaches that are long term, have evidence-based planning and evaluation and that articulate process, impact and outcome evaluation strategies;
- Where small scale demonstration projects are funded there should be well developed evaluation procedures included in the project plan and that evidence should guide the continuation or termination of programs;
- Submission for funding through HWQ should require the necessary information to make an informed judgement but not be over burdensome to applicants. Rigour, focus, outcomes and sustainability are the measures of success not detailed proposals that fail in implementation;
- Regular reporting using a defined template form developed by HWQ with a final report also provided as a template to ensure adequate reporting back but also provision of information about what aspects of interventions worked and where other opportunities might be available to ensure learning from each funded activity

### **Conclusion**

Queensland has the opportunity to play a significant role in the promotion of health and wellbeing for the population and at the same time to reduce costs to the health care system and enhancing the primary health care and community health care systems to the advantage of the population. I strongly support the establishment of HWQ and look forward to its success in achieve health and wellbeing for the Queensland population

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