



19 March 2019

Health and Wellbeing Queensland Committee Secretary  
Education, Employment and Small Business Committee  
Parliament House George Street  
Brisbane Qld 4000  
**Email:** [EESBC@parliament.qld.gov.au](mailto:EESBC@parliament.qld.gov.au)

Dear Sir/Madam

Diabetes Queensland appreciates the opportunity to provide a submission to the committee in support of the *Health and Wellbeing Queensland Bill 2019*.

The framework proposed offers a great opportunity to place Queensland at the forefront of preventive health, consolidate the major gains made through existing programs, and change consumer behaviours to make Queensland a healthier State.

### **The need for active health promotion is urgent.**

The 2018 Report of the Chief Health Officer highlighted the current prevalence of overweight and obesity among Queensland adults, and emphasised that “no change in prevalence” will still result in about 375,000 more overweight and obese adults within the next seven years<sup>1</sup>.

Similarly, a study in the United States of America and the United Kingdom examined the rate at which prevalence of obesity and overweight has to fall in order to retain static levels of type 2 diabetes. To prevent type 2 diabetes rates in the USA from rising above current levels by 2045, obesity levels must decrease from today’s 39 per cent to 28 per cent. In the UK, the rate for stabilisation of type 2 diabetes was 32 per cent to 24 per cent.<sup>2</sup>

If we do nothing more than stop the growth in obesity and overweight – if we allow it to remain at current levels – the burden of chronic disease will continue to grow.

Health and Wellbeing Queensland provides a framework which will actively place preventive health as a priority for Government and community. As a champion for behavioural change, it will allow for the funding of interventions and the cohesive and consistent approach needed to align the different factors which create environments of risk and disadvantage. Diabetes Queensland hopes this will allow attention to be focused both on ways to tackle today’s problems and enhance future planning in a systematic manner.

### **The scale of the intervention needed is significant and it differs greatly across the various faces of our community.**

<sup>1</sup> Queensland Health. The health of Queenslanders 2018. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2018.

<sup>2</sup> Novo Nordisk, Steno Centre and University College London, Cities Changing Diabetes <https://www.ucl.ac.uk/news/2018/may/almost-1-4-people-worldwide-be-obese-2045>

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An average adult in Queensland would have to lose 29kg to be a healthy weight<sup>3</sup>.

The disparity between metropolitan, regional and remote areas of Queensland should be a focus, as should the impact of socioeconomic factors. In 2014–15, adults in disadvantaged areas were 49% more likely to be obese than those in advantaged areas. Adults living in major cities were 27% more likely to be healthy weight compared to those in remote areas.<sup>4</sup>

Children who live in lower socio economic households are more prone, just like the adults in the household, to be overweight or obese.

The situation has been worsening over recent decades. Comparing Body Mass Index (BMI) of children with their counterparts 20 years ago, those in 2014–15 were significantly more likely to be overweight or obese at ages 10–13 (31 per cent compared to 24 per cent) and 14–17 (30 per cent compared to 19 per cent)<sup>5</sup>. Children who were aged 2–5 in 2014–15 were twice as likely to be obese (9%) as children of the same age in 1995 (4%)<sup>6</sup>. The trends were also reflected across all adult age groups but one.

Diabetes Queensland supports the three-pronged approach outlined for Health and Wellbeing Queensland in improving the health and wellbeing of Queenslanders, reducing the risk factors of chronic disease, and reducing health inequities. This focus can be both universal and targeted, but most importantly has the ability to break the generational cycles of health disadvantage in place and populace.

Health and Wellbeing Queensland's format lends itself to tackling targeted areas and populations who are in most need of intervention, and thereby reducing systemic inequities. Diabetes Queensland welcomes the focus on environments as a means to improving health outcomes.

**The impact of overweight and obesity on health is severe.** Type 2 diabetes is one of a number of chronic conditions that is directly linked to modifiable lifestyle factors.

More than 223,000 Queenslanders are living with type 2 or gestational diabetes<sup>7</sup>. Overweight and obesity, unhealthy food intake and insufficient physical activity are major risk factors for these conditions with up to 60 per cent of type 2 diabetes able to be delayed or prevented.

Diabetes is the seventh leading cause of death in all persons, and second in all Indigenous persons in Queensland<sup>8</sup>.

A progressive condition, it does damage to a person's vision, circulation, kidneys and cardiovascular system for years before diagnosis. It is commonly comorbid with other

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<sup>3</sup> Op cit Queensland Health. 2018.

<sup>4</sup> ibid

<sup>5</sup> Australian Institute of Health and Welfare 2017. A picture of overweight and obesity in Australia 2017. Cat. no.PHE 216. Canberra: AIHW.

<sup>6</sup> ibid

<sup>7</sup> National Diabetes Services Scheme Australian Diabetes Map 2019

<sup>8</sup> ibid



conditions, with type 2 diabetes being an underlying or associated cause in many hospitalisations and deaths.

About 25 per cent of potentially preventable hospitalisations each year in Queensland are the result of diabetes complications<sup>9</sup>.

The impact on Indigenous Queenslanders is heavier, with a threefold increased risk of type 2 diabetes<sup>10</sup>. Australians born in South East Asia have 1.6 times the prevalence of type 2 diabetes, people born in the Pacific Islands and the Middle East have nearly twice the prevalence, and those born in North Africa 2.3 times the diagnosis rate.<sup>11</sup>

Diabetes Queensland supports targeting programs and interventions to populations with high risk factors and prevalence as an effective means of reducing the health burden of chronic conditions. The inclusion of an Aboriginal or Torres Strait Islander on the board will aid the focus on an essential focus.

### **A challenge facing Health and Wellbeing Queensland is to break decades of entrenched obesogenic environments.**

The World Health Organisation identified a series of non-health factors which are contributory or causative to the overall state of a person's health. These social determinants are the "conditions in which people are born, grow, live, work and age"<sup>12</sup>. While they are causative in the onset of health conditions, they are also contributory to health inequities and ultimately outcomes.

The environment in which people live, work, and socialise influences their behaviours, both from the perspective of what they can do in the environment, and what they are influenced to do, whether it be neighbourhoods, shopping centres, schools or workplaces.

A type 2 diabetes-specific application of social determinants shows a clear relationship. "The underlying determinants of diabetes are the same the world over. Economic development is associated with increasingly 'obesogenic environments' characterized by decreased physical activity and increasing access to energy-rich diets."<sup>13</sup>

This means that those who are facing greatest social disadvantage are most likely to be exposed to circumstances which inhibit their ability to make positive health choices and as their health suffers their social disadvantage increases.

Individual choices over lifestyle may be limited by geographic isolation and issues such as the availability and affordability of fresh food. Others are sector based, such as shift work, as experienced particularly in the mining and transport industries.

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<sup>9</sup> Op cit Queensland Health 2018.

<sup>10</sup> <http://www.aihw.gov.au/diabetes/>

<sup>11</sup> Australian Institute of Health and Welfare 2008. Diabetes: Australian facts 2008. Diabetes series no. 8. Cat. no. CVD 40. Canberra: AIHW.

<sup>12</sup> WHO ([http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/))

<sup>13</sup> IDF - The social determinants of diabetes and the challenge of prevention (<https://www.idf.org/diabetesatlas/5e/the-social-determinants-of-diabetes-and-the-challenge-of-prevention>)



The ability to access fresh food and undertake physical activity have influences on people's choices. Diabetes Queensland welcomes complementary Government strategies, including the Sport and Active Recreation Strategy and Walking Strategy, which offer the opportunity to increase participation in physical activity.

By looking beyond individual choice to environmental influences and obstacles, Health and Wellbeing Queensland will have the required framework to break down obesogenic environments and cycles. Diabetes Queensland looks forward to seeing Health and Wellbeing Queensland tackle the underlying factors of overweight, obesity and chronic disease.

### **Current successful initiatives can be enhanced by inclusion in Health and Wellbeing Queensland.**

Diabetes Queensland, as lead agency in the Health Alliance, delivers the *My health for life* program.

*My health for life* is an example of a strong and cooperative alliance of non-Government agencies combining knowledge and resources to reach across the state with preventive health.

All areas of Queensland have been engaged, with more than 140,000 people undertaking risk assessments for chronic disease and having a conversation about their health.

The program has enrolled more than 9,000 people, with more than half of those already completed. More than 100 participants complete the program per week on average. These people join a program which guides them through lifestyle change, with weight loss as one key indicator.

Some results from the program to date that highlight its ability to instill individual behavioural change include:

- Participants were from all socioeconomic levels, with 30% of participants from Quintile 1 and 2, and 49% from Quintile 4 and 5.
- By the end of the program, 90% of participants understand the factors that lead to chronic disease (smoking, weight, family history) and 80% knew what actions to take to reduce their risk (fruit, vegetables, exercise)
- 68% of participants lost weight during the program. Of those who are obese or overweight, 20% lost greater than 5% of their weight by the completion of the program.
- Participants increased consumption of fruit (49% ate two serves of fruit a day at program completion), and vegetables (20% ate five serves or more of vegetables a day at completion) and reduced consumption of sugar sweetened beverages (daily consumption reduced from 7% at commencement to 3% at program completion).

54% were physically active for 150 minutes or more per week at program completion-The program delivers through 200 locally based healthcare organisations across Queensland, reaches into workplaces, and tailors programs for Indigenous and Culturally and Linguistically Diverse communities.



Embracing the work of successful programs, including *My Health for Life*, the agency will have a strong impact from the outset and be able to build on an existing and growing body of work. Equally, Diabetes Queensland believes programs, including *My health for life*, will benefit from the concerted and cohesive focus of the agency on preventive health.

**The success of Health and Wellbeing Queensland will be enhanced if it can harness the existing resources and knowledge of the sector.**

The challenge facing the agency is not to reinvent health promotion, but to do it at a world-best level.

Information is key in targeting the at-risk populations.

Analysis of work undertaken and expansion will be important, and to this end funding agreements need to include budgets for evaluation and economic analysis.

Funding also needs to be contingent on the consistency of appropriate sponsorship and partners. Western Australia's Healthway Program includes provisions to prevent contradictory and inappropriate partnerships under their grant requirements<sup>14</sup>.

One of the biggest obstacles will be in overcoming the stigma of obesity. The Senate Select Committee into the Obesity Epidemic in Australia (2018) recommended that: "Commonwealth funding for overweight and obesity prevention efforts and treatment programs should be contingent on the appropriate use of language to avoid stigma and blame in all aspects of public health campaigns, program design and delivery."<sup>15</sup> In order to encourage public engagement, participation and acceptance, there must be an effort to avoid the 'blame culture' of obesity and chronic disease. Health and Wellbeing Queensland is being established as an agency to tackle the environmental impacts on individual health, so the initial parameters concord with this sentiment.

Diabetes Queensland also strongly supports connections to enhance the early diagnosis of chronic conditions and transitions from diagnosis to management of conditions to ensure people can act to minimise complications and burdens of the conditions.

**The format of Health and Wellbeing Queensland goes beyond the traditional purview of Health.**

Diabetes Queensland welcomes the inclusion of non-traditional sectors in a health prevention and promotion agency.

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<sup>14</sup> <https://www.healthway.wa.gov.au/wp-content/uploads/Over-5000-Sponsorship-Guidelines.pdf>

<sup>15</sup>

[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Obesity\\_epidemic\\_in\\_Australia/Obesity/Final\\_Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Obesity_epidemic_in_Australia/Obesity/Final_Report)



The health burden is the result of a range of health and non-health risk factors. Allowing the agency, as a statutory, independent body, to cross the boundaries of portfolios will ensure that the inputs and risk factors can be acknowledged and tackled.

We look forward to working closely with the agency in the successful achievement of its goals.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sturt Eastwood', written in a cursive style.

**Sturt Eastwood**  
**Chief Executive Officer**  
**Diabetes Queensland**