20 March 2019

Ms Leanne Linard MP
Chair - Education, Employment and Small Business Committee
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Dear Ms Linard and Committee members

Heart Foundation Submission to Health and Wellbeing Queensland Bill 2019

The Heart Foundation has supported the establishment of an independent statutory body for preventive health since its first announcement as a Labor Party election commitment in *A Healthier Queensland* in January 2015. We have made submissions to, and been witnesses at, previous Parliamentary Inquiries in 2015 and 2017. We appreciate the opportunity to make a further submission to the Education, Employment and Small Business Committee (EESBC) regarding the *Health and Wellbeing Queensland (HWQ) Bill 2019*.

We welcome this revised Bill, since the last *Healthy Futures Commission Queensland Bill* 2017, to establish an independent health promotion agency as a statutory body. Investment in preventive health is proven to work, impacts across all sectors and provides up to \$14 return on every dollar invested¹.

The Heart Foundation, along with many other organisations in the NGO sector, strongly supports this Bill. We urge all Members of Parliament to support the Bill to establish HWQ to demonstrate strong bipartisan support for increased preventive health activity in Queensland and to address the complex problem of overweight and obesity in particular. With 1 in 3 children and 2 in 3 adults being overweight or obese², more action than ever before is needed.

Queensland Government health expenditure consumes 30 per cent of the total state budget, which is second highest after the ACT³. To reduce this burden on the state budget, there is an urgent need for greater focus on and investment in preventive health measures to keep people healthy and out of hospital.

We support the intent of the revisions to the Bill, including:

- 1. There is an increased initial operating budget of nearly \$33m for 2019 20, recognising that more investment is needed than previously allocated.
- 2. The target group has been expanded to be inclusive of all Queenslanders, not just children and families.
- 3. Independence of the statutory body has been enhanced by governance and reporting arrangements that specify how the Minister can engage with HWQ and that the annual report must include details of each Ministerial direction given to HWQ.
- 4. The proposed structure of the Board to include an Aboriginal and/or Torres Strait Islander person, chief executives of government and skills-based members of the community should allow independence as well as broad representation across sectors, beyond the health portfolio.

Prevention of cardiovascular and other chronic diseases

The Heart Foundation's vision is for a world where people don't suffer or die prematurely because of cardiovascular disease (heart, stroke and peripheral vascular disease). To this end, we encourage HWQ to have a direct focus on the prevention of cardiovascular disease. Each year in Queensland, there are more than 30,000 hospital admissions for cardiovascular disease and 8,310 deaths, the second highest in the country². It is the most expensive disease group accounting for 11% of total admitted patient expenditure⁴.

Effective prevention of cardiovascular disease depends on addressing the clinical risk factors (high blood pressure and high cholesterol) and lifestyle risk factors (smoking, unhealthy diet, overweight and obesity, and physical inactivity). Risk factor prevention is an effective way to reduce the risk of cardiovascular disease as well as other chronic diseases including diabetes and some cancers.

Health expenditure costs in Queensland associated with chronic diseases were estimated to be \$9.6 billion per annum⁵. The financial benefits to the Australian economy of realistic reductions in the prevalence of chronic disease risk factors have been conservatively estimated to be \$2.3 billion over the lifetime of the 2008 population⁶. Two-thirds would result from reduced health sector costs, and one-third from financial benefits associated with reduced workforce productivity losses and household costs⁶.

And yet, public health spending in Queensland accounted for only 1.3% of total recurrent health expenditure in 2015-16². A healthy economic future for Queensland will be shaped by the health and wellbeing of the population, especially keeping people productive in the workforce and community.

The Heart Foundation recognises the need to prioritise, resource and fund coordinated approaches to improving and sustaining the health and wellbeing of Queenslanders across all stages of the health continuum. We believe that the proposed HWQ would be well-placed to contribute to a much-needed whole-of-government approach and to support opportunities to implement effective interventions locally.

Support for the objectives of HWQ

The Heart Foundation strongly supports the stated objectives of HWQ to improve the health and wellbeing of the Queensland population; reduce the risk factors associated with chronic disease and reduce health inequalities.

A multi-strategy approach is needed including public policy and legislation; sector development; social marketing; personal skills development; risk assessment, early intervention and counselling; and health surveillance and research.

We welcome and support the focus on environments which recognises that health outcomes go beyond individual choices. We support the requirement that in performing its functions, HWQ will consider the social determinants of health and their effects on health equity; as well as the views, needs and vulnerabilities of populations experiencing health inequity.

The HWQ will be able to target areas of highest need to support people experiencing most disadvantage and ill health. Indigenous Queenslanders are experiencing significant disadvantage which is demonstrated in poorer health outcomes.

Chronic diseases caused 64% of total burden for Indigenous Australians and accounted for 70% of the health gap between Indigenous and non-Indigenous Australians². More than one-third of the burden of disease in Indigenous Australians could have been prevented through modifiable risk factors².

The two largest causes of lifestyle-related chronic disease burden for Indigenous Queenslanders are coronary heart disease and stroke⁵. Coronary heart disease is the single biggest contributor to the gap in life expectancy between Indigenous and non-Indigenous peoples and this is largely preventable.

To assess who is most in need and where, the HWQ will be able to access quality data from sources including:

- The Chief Health Officer's report The Health of Queenslanders 2018. 2018.https://www.health.qld.gov.au/__data/assets/pdf_file/0032/732794/cho-report-2018-full.pdf
- Heart Foundation Heart Maps https://www.heartfoundation.org.au/for-professionals/heart-maps/
- NDSS Diabetes Maps https://map.ndss.com.au/#!/
- Australian Cancer Atlas https://atlas.cancer.org.au/app

Governance and the need for independence

The independence of HWQ is essential. We support that the Board's function is "to decide the objectives, strategies and policies to be followed by HWQ." Checks and balances should be put in place to ensure that the independence of HWQ cannot be undermined, while maintaining the highest level of public accountability. HWQ needs to be in control of its own work plan and budget.

It is essential that HWQ be truly independent from political processes. What we want to see most of all is a strong agency with bipartisan support that can withstand any change in government and the political environment over time. HWQ needs to be protected through government cycles, and be evolutionary in nature, allowing for future growth and development in the budget, role, resources, capacity, scope and strategic direction.

HWQ needs to be able to review the evidence and make strong recommendations on investment in policy, legislation and strategy to promote health and wellbeing in Queensland.

We support the proposed structure and process of appointing the Board. Without doubt, it needs to be a skills-based Board with strong cross-sectoral representation, given that many of the biggest influences on health lie outside the health sector.

Grow the investment over time and maximise benefit to the community

We welcome the increased investment in HWQ to \$32.955 million for 2019 – 20 but will be seeking assurances from Government about funding beyond 2020 at equal or increased levels.

We recommend that, once established, HWQ aim for a proposed minimum of ~80% of budget to be spent on grants, current initiatives (eg; My health for life, Heart Foundation Walking, 10,000 Steps), sponsorships and evidence generation. This would be commensurate with interstate examples including Healthway (\$18.5M of \$22.5M 2015/16 budget went to grants and sponsorship).

A recent report⁷ from La Trobe University and the Australian Prevention Partnership Centre reviewed the cost-effectiveness of preventive health interventions and confirmed that there is a strong case for increased spending on preventive health. The report highlighted that the health of Australians could be improved both by reconfiguring existing preventive health activities, and by increasing spending on those activities shown to be the most cost-effective.

Long term investment for long term behavioural change

The long-term behavioural change needed to achieve the Government's stated target of a 10% increase in the proportion of Queenslanders with a healthy body weight⁸, will require considerable shift in health behaviours of thousands of Queenslanders, and substantial and sustained effort to counter obesogenic environments.

Therefore, HWQ must oversee grants as well as funded projects and programs that can be sustained long enough to be evaluated and achieve long-term outcomes in the community. The Heart Foundation does not support one off, short term grants for this reason.

HWQ should also support proven interventions to scale up so that effective projects can become ongoing and sustainable in the community or implemented in other communities. We need to minimise the perpetual cycle of pilot programs and avoid fragmentation, waste and duplication.

HWQ could demonstrate early successes by incorporating and continuing funding for current initiatives like My health for life, Heart Foundation Walking and 10,000 Steps. This would build on initiatives that are established and being evaluated. It could also seek to support innovative solutions, giving them adequate funding and time to be established and evaluated.

HWQ could also fund community organisations such as Queensland Walks to give it capacity to support the new Queensland Walking Strategy and represent pedestrians and their need to live in a more walkable community. Victoria Walks is an example of a successful model for an organisation which is championing walking - http://www.victoriawalks.org.au/

Our vision is that HWQ adds to the total capacity of preventive health in Queensland and complements and adds value to the important work that has been, and will continue to be, done by the Preventive Health Branch in the Queensland Department of Health.

The creation of a statutory health promotion agency in Queensland has been a work in progress for nearly four years. The Heart Foundation is supportive of the proposed Bill and urges Parliament to pass the Bill and ensure HWQ's establishment at the earliest opportunity, for the health of all Queenslanders.

The Heart Foundation is available for consultation and to appear as a witness. I look forward to hearing the outcomes of the Committee's inquiry.

Yours sincerely

Stephen Vines
Chief Executive Officer

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³ AIHW (2017). Health expenditure Australia 2015-16. Cat. No. HWE 68. AIHW:Canberra.

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