

Inquiry into the establishment of a Queensland Health Promotion Commission Submission

In the 21st Century with all available evidence it has become clear that prevention is better than cure throughout the continuum of health care on a systems level. To establish change with best available evidence for population health requires an agent of change. Queensland over recent years has lapsed in efforts to establish policies, legislation, monetary incentives and system approaches to meet the avoidable health burden with an increasingly larger older aged cohort in Queensland with health morbidity across the population. A Health Promotion entity is required to fill the void to engage the population in relation to their personal health and well-being is to increase the number of quality of life years with reduced morbidity and extend life spans with quality living.

Anti-smoking, physical activity and other programs to reduce coronary heart disease cost \$810 million in the 1970s to 1990s, but created benefits worth \$9.3 billionⁱ

The current trajectory of health burden and associated costs will spiral to a level that can't be sustained by state and federal governments. Measures that have a proven track record with a particular focus on avoidable health conditions and chronic disease include:

- promoting public awareness about diet and physical activity, including through mass media
- establishing polices and legislation to increase improved levels of physical activity and better nutrition across the population
- protecting people from tobacco smoke and banning smoking in public places
- warning about the dangers of tobacco use
- restricting or enforcing bans on tobacco and alcohol advertising, promotion and sponsorship
- excise tax increases on tobacco and alcohol
- restricting access to retailed alcohol
- skin cancer screening and policies to promote sun safety
- breast, bowel and prostate cancer screening and awareness campaigns
- reducing salt intake and salt content of food
- replacing trans-fats in food with unsaturated fats
- prevention of liver cancer through hepatitis B immunisation
- prevention of cervical cancer through screening, linked with timely treatment of pre-cancerous lesions

The eventual 'tipping point' for the health care sectors move from curative to preventative healthcare will be increasingly evident through cost benefit reports such as outlined the final Wanless reportⁱⁱ. There are also unexpected areas of cost benefit with significant relevance to the health burden of disease such as the cost benefit of active transport interventionsⁱⁱⁱ, particularly for children in school-based settings. To date the planning sector and transport sector have largely overlooked the importance of considering the development of active cities^{iv} and neighbourhoods - urban design guidance and regulation to create liveable and active cities and neighbourhoods would assist embedding better practices and investment across sectors.

The potential to address the current increasing inactivity and poor diet epidemic is high across the population. The cost benefit achieved through dedicated health promotion efforts across all tiers of government and sectors is significant.

The potential role, scope and strategic directions of a Queensland Health Promotion Commission:

A good model to consider, looking at NSW Premier's Council for Active Living

The Premier's Council for Active Living (PCAL) aims to build and strengthen the physical and social environments in which communities engage in active living. It comprises senior representatives from across government, industry and the community sector. It was established in 2004 and follows on from the NSW Physical Activity Taskforce, which met between 1996 and 2002.

The link to this site is <http://www.pcal.nsw.gov.au/>

Policy Framework

A good policy framework for health sector may include a health sector service delivery model across the continuum of health care to address population levels of inactivity and poor nutrition.

Ways of reducing fragmentation in health promotion efforts and increasing shared responsibility across sectors

- looking carefully at how the transport sector implemented the "Black Spot" program and how value of statistical life is considered – this would be higher if morbidity in health was considered in the equation for health burden costs

Emerging approaches and strategies that show significant potential (including unpublished reports to date)

1. a 10 per cent junk food tax
2. school based active transport programs which include school immediate environment infrastructure considerations with behaviour change – since the 1970's there has been a direct inverse relationship with the increase of population levels of overweight and obesity with the decline in active school travel levels. Not to mention the multiple other co-benefits achieved through habitual active school travel behaviours
3. mandatory salt limits in bread, margarine and cereals
4. taxing alcohol at 10 per cent more than the current rate for spirits (to address the tax loophole whereby cask wine is cheaper than soft drink), banning alcohol ads and raising the drinking age to 21
5. increased tobacco tax (a further 5 per cent on the April 2010 25 per cent increase) and subsidised smoking cessation aids
6. boosting skin cancer awareness with an intense SunSmart campaign
7. the introduction of a four-in-one 'poly-pill' containing three blood pressure lowering ingredients at a low dose and a cholesterol-lowering drug, available to at-risk individuals and Indigenous people aged 35+ at an affordable price
8. screening for early stages of diabetes and chronic kidney disease from age 45, given dialysis treatment costs an average \$70,000 per person per year
9. lap banding for the severely obese
10. bone mineral density tests for older women to identify early stages of osteoporosis

11. early intervention screening and better follow-up programs for those with mental health problems, including identifying minor depression in adults and childhood depression and anxiety
12. for Indigenous people, screening for early signs of diabetes and chronic kidney disease from age 25.

ⁱ Australia's Health 2014. Australian Institute of Health & Welfare.

ⁱⁱ Wanless D. Securing our future health: taking a long-term view. Final report. London: HM Treasury, 2002.

ⁱⁱⁱ Fishman E., Garrard J., Ker I., Litman T., 2011 *Cost and Health Benefit of Active Transport in Queensland: Research and Review, Stage One Report*. Prepared by CATALYST for Health Promotion Queensland.

^{iv} Benefits of inclusion of active transport in infrastructure projects. DTMR Queensland 2011.

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