Sub # 003

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Professor Ross Young
Executive Dean

23 November 2015

Research Director
Health and Ambulance Services Committee
Parliament House
George Street
Brisbane Qld 4000

Re: Inquiry into the establishment of a Queensland Health Promotion Commission

To whom it may concern,

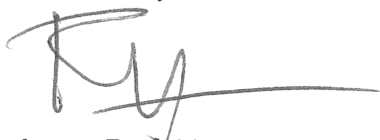
Thank you for the opportunity to provide input into the Queensland Government Health and Ambulance Services Committee inquiry into the establishment of a Queensland Health Promotion Commission (QHPC). The Faculty of Health at QUT strongly supports the Queensland Government's efforts to address the health and wellbeing of Queenslanders, and look forward to contributing to the QHPC in the future. Please find the Faculty's submission attached with this letter.

The Faculty of Health at QUT, particularly through the Institute of Health and Biomedical Innovation, has considerable strength in research into health promotion and prevention, as well as health determinants and health systems. We are uniquely positioned to contribute to the QHPC because of the broad range of disciplines involved with health promotion across the Faculty. We bring together a unique multidisciplinary group of academic/research staff with expertise in prevention, intervention and effectiveness aspects of health promotion, in the fields of public health, applied health promotion, behavioural science, developmental science, sleep science, nutrition, physical activity, child and adolescent health, health communications and social marketing, mental health, social determinants of health, environmental health, cardiovascular disease and health economics.

We have published widely in the fields of obesity and diabetes prevention, wellness programs, settings-based health promotion and injury prevention including safer road use, smoking cessation, skin cancer prevention, nutrition, physical activity interventions, alcohol and other drugs and Indigenous health issues. QUT has extensive expertise in training health promotion professionals to the highest standards. We also have expertise in developing policies, health promotion planning and service delivery and the development of precise assessment tools. Many of our staff members also have experience working within the preventative health system in high level policy and practice positions. We regularly engage with a wide range of not-for-profit organisations involved with health promotion, and support their contributions. Our activities are integrated with theirs with respect to policy, innovation, implementation, training of students, professional placement opportunities.

Many members of the Faculty have contributed to this submission, as listed in the submission. We welcome the opportunity to discuss the submission more fully in person, should the opportunity arise to do so.

Yours sincerely



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Health and Ambulance Services Committee Inquiry into the Establishment of a Queensland Health Promotion Commission

QUT Faculty of Health submission

23 November 2015

Contributor contact details

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Many members of the Faculty have contributed to this submission, and are listed below in alphabetical order. We welcome the opportunity to discuss the submission more fully in person, should the opportunity arise to do so.

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Executive summary

Queenslanders enjoy a good quality of life and are amongst the ‘healthiest’ in the world. However, an increasing and/or high incidence of several risk factors is leading to increased chronic disease, poorer health outcomes and increasing health system costs. Significant disparity also exists across the state, with poorer health outcomes facing Indigenous Queenslanders, people experiencing socioeconomic disadvantage, and those living in rural and remote communities.

Health promotion is an important driver of prevention of risk factors and disease and essential to identify the unique risk profile of communities. It can contribute to the reduction of risk by intervention programs targeted at individuals, settings or whole communities. A comprehensive and systematic multi-strategy approach is required for health promotion strategies to be cost effective and achieve positive health outcomes. Preventative action that takes a life course approach and targets whole populations can realise a range of health benefits that lead to immediate and long term gains in reducing the impacts on the health system. A strong focus on informing public health with the best available evidence is critical.

Prevention and early intervention programs in Queensland are currently provided by a range of service providers including government, non-government organisations, local councils, businesses, private health insurance companies, universities and community groups in a range of settings, as individual, population or community based programs. The effectiveness of these programs is often limited by short-term funding constraints. Best practice requires that health promotion is embedded in all aspects of society as a part of everyday life. As responsibility for most of the major determinants of health lies beyond the health sector, cross-agency partnerships and whole-of-government approaches are needed to better promote population health.

The role of a state-wide QHPC should involve the following core functions:

- guiding whole-of-government initiatives and partnerships to implement programs promoting health and wellbeing, based on the best available evidence
- commissioning, conducting, supporting and contributing to reviews, research and evaluation
- facilitating and promoting awareness, prevention and early intervention strategies using contemporary and innovative media
- guiding improvements in health promotion monitoring and surveillance systems
- building prevention and health promotion capacity and strengthened standards of practice
- consulting with priority groups to develop targeted strategies to address health inequalities
- facilitating and supporting cross-sectoral partnerships
- long term planning of the health promotion and prevention workforce.

The scope of the QHPC should comprise the following:

- it should be an independent statutory authority established under an Act of Parliament in the Department of Premier and Cabinet, to ensure a cross-sectoral approach
- central coordination of health promotion activities across the state
- a Queensland Health Promotion Commissioner should be appointed
- a representative advisory body or decision-making board reporting to the Commissioner
- partnerships with the community, universities, population health-focussed NGOs and industry
- governance models in place at the Queensland Mental Health Commission and the Australian Commission on Safety and Quality in Health Care could be adapted for the QHPC.

Strategic directions of the QHPC should include the following:

- support implementation of strategies that engage individuals and communities and are designed to prevent illness, reduce hospitalisation and enhance the health of individuals
- the ability to translate, implement and embed policy and practice research
- being innovative in its approach to health promotion activities, including the use of technology, and promoting innovation in health promotion teaching, practice and evaluation
- alignment with national health priorities and focus on unique Queensland challenges
- appropriate funding to ensure long-term success and the improved health of Queenslanders.

Background: the context for health promotion in Queensland

Key health issues in Queensland

Queenslanders enjoy a good quality of life and are amongst the 'healthiest' in the world. This is evidenced by a life expectancy in the top 10 of 187 countries, and an average life expectancy gain of about two years in the last decade. However, an increasing and/or high incidence of several risk factors, including those detailed below, is leading to increased chronic disease, poorer health outcomes and increasing health system costs.

Australia, particularly Queensland, is facing an epidemic of overweight and obesity. 'The Health of Queenslanders 2014'[1] reported that approximately 65% of adults and 28% of children in Queensland are overweight or obese, a rate that has increased about 2.5-fold in the last twenty years, and is significantly higher than other states. The major contributor to this epidemic is poor diet, which is now the number one preventable risk factor contributing to burden of disease in Australia and globally[*]. Other key risk factors also remain at high levels, including insufficient physical activity, high cholesterol and blood pressure levels, smoking, excessive alcohol consumption, and exposure to poisonous substances as a result or purposeful intake (petrol sniffing) or industrial activities (dust exposure, lead poisoning). As a result, these combined risk factors mean that coronary heart disease, stroke, cancer, chronic kidney disease and diabetes are among the top causes of hospitalisation and premature death in Queensland. These risk factors are also significant contributors to other diseases such as dementia and Alzheimer's disease, with a five-fold increase in the incidence of dementia expected by 2050. Anxiety and depression are also major causes of disease burden, particularly amongst younger Queenslanders.

Significant disparity also exists across the state, with poorer health outcomes facing Indigenous Queenslanders, people experiencing socioeconomic disadvantage, and those living in rural and remote communities.[1] Health promotion is essential to identify the unique risk profile of communities, and can contribute to the reduction of risk by intervention programs targeted at individuals, settings or whole communities.

Many of the hospitalisations and premature deaths caused by chronic disease could be prevented by eliminating or reducing the contributing risk factors. There is a clear need to implement effective population-based prevention and early intervention activities to reduce the increasing burden of chronic disease to achieve better health outcomes for Queenslanders and to mitigate the ongoing and expensive demand for Queensland hospital resources.

Health promotion and preventative health

Health promotion is recognised as an important driver of prevention of risk factors and disease. The Ottawa Charter for Health Promotion[†] defines health promotion as 'the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.' A secure foundation in peace, shelter, education, food, income, a stable ecosystem, sustainable resources and social justice and equity are fundamental to achieve improvement in health. Essential actions in health public policy, creating supportive environments, strengthening community actions, developing personal skills, reorienting health services and maintaining a view to the changing nature of health promotion are also required.

[*] www.healthdata.org/sites/default/files/files/country_profiles/GBD/ihme_gbd_country_report_australia.pdf
[†] www.who.int/healthpromotion/conferences/previous/ottawa/en/

As a part of the shared responsibility between the health sector and individuals for their own health, individuals have a responsibility to mitigate their risk of developing disease by adopting healthy behaviours. However, making these changes is often difficult because of the complex interplay of factors, such as social disadvantage, challenging physical and social environments that do not foster positive change, lack of access to health information, or confusion about the quality of information, preventive services providers and the community environment. The World Health Organization (WHO) states 'individual responsibility can have its full effect only when individuals have equitable access to a healthy life, and are supported to make healthy choices'.[2] Health promotion should encompass socioeconomic, environmental and scientific determinants, as exemplified by the Giessen Declaration[3]. This includes creating supportive, healthy physical and social environments, such that the healthier choice is the easier choice. Responsibility for most of these determinants lies beyond the health sector, highlighting the need for cross-agency partnerships and whole-of-government approaches, such as 'health-in-all-policies' to better promote population health.

Prevention of chronic disease is a key approach taken by health care systems globally, consistent with the WHO *Global action plan for the prevention and control of noncommunicable diseases 2013-2020.* This action plan was endorsed by the 66th World Health Assembly. It aims to reduce the preventable and avoidable burden of morbidity, mortality and disability due to noncommunicable diseases by means of multi-sectoral collaboration and cooperation at national, regional and global levels. As an outcome of this action plan, populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to wellbeing or socioeconomic development.[4]

Research evidence suggests that for prevention to be cost effective and achieve positive health outcomes, a comprehensive and systematic multi-strategy approach is required. This evidence also suggests that preventative action that takes a life course approach and targets whole populations can realise a range of health benefits that lead to immediate and long term gains in reducing the impacts on the health system. This approach to prevention has been adopted by the United Kingdom (UK) National Health Service for its 'Healthy Lives, Healthy People: A Call to Action on Obesity' in England. The key components of the plan focus on supporting and empowering individuals and local communities to take action; building capability by providing robust data and evidence of best practice, supporting the collection of performance monitoring information, investing in well targeted research, and providing leadership centrally through policy and guidelines that inform public health with the best available evidence.

In the Australian context, the long-running, co-ordinated Quit Smoking initiative has been effective in achieving positive health outcomes and significant savings to the health system. It has led to a 40% reduction in lung cancer deaths and a 60% reduction in deaths from chronic obstructive pulmonary disease, as well as net economic benefits of $2 billion between 1970 and 2000.[3] This prevention program used a comprehensive and coordinated multi–strategy approach that incorporated government policy and legislative changes, mass media awareness campaigns, brief interventions in primary health care settings and online counselling services to support individuals to change their behaviour, targeted strategies for at risk individuals and products to support individuals to quit smoking. The program delivered significant reductions in the daily levels of smoking in Queensland from a self-reported rate of 22.1% in 2001 to 14.0% in 2014 with a consequent improvement in health outcomes and savings to the health system.[5]

At present, prevention and early intervention programs in Queensland are provided by a range of service providers including government, non-government organisations (NGOs), local councils, businesses, private health insurance companies, universities and community groups in a range of settings, as individual, population or community based programs. The effectiveness of these programs and projects is often limited by short-term funding constraints. However, best practice requires that health promotion is embedded in all aspects of society as a part of everyday life. Enhanced cooperation and coordination of these efforts could potentially be effective in ensuring that the health system is sustainable and contributes to better health for all Queenslanders. It will reduce fragmentation and increase shared responsibility for health outcomes.

For Queensland to achieve value for money from prevention and early intervention activities, the selection of approaches should be informed by systematic summary of the best available research that has identified those that are likely to be most effective. Evaluation and assessment of the cost-effectiveness of the activities is also necessary to better inform investment. The approaches need to be developed and implemented in a way that their performance can be monitored and evaluated and achieve real population benefits, mitigate the impact on the health system and represent value for money. A new, whole-of-government approach is needed to help foster whole-of-community action, using partnerships with a comprehensive range of stakeholders to harness their substantial knowledge, expertise and resources. Partnerships with industry, universities, community/non-government organisations and health service providers will deliver a more effective and efficient use of investment in health promotion and prevention for Queensland to make significant expenditure gains, in particular by reducing hospital costs and increasing quality of life and productivity.

The Faculty of Health at QUT commends the Queensland Government for its efforts to create a Queensland Health Promotion Commission (QHPC), which could deliver such an approach.

Health Promotion workforce

Changes as a result of the National Health and Hospital Reform Program and political priorities in Queensland led to significant challenges in the health promotion workforce, its function and capacity in Queensland in recent years. For example, there was a 90% reduction in the number of nutrition promotion officers funded by the Queensland government between 2009 and 2013 (from 137 to 14 full-time equivalent staff). This has had significant impacts on nutrition prevention service provision in Queensland, as well as on capacity for future workforce development.[6] This has been most strongly felt in Indigenous, rural and regional communities where other agencies have less capacity to fill important service gaps. The remaining health promotion workforce in Queensland is disparate. In particular, there is a need for appropriately qualified workers, for example public health nutritionists and health promotion officers (i.e. Health Practitioners) rather than generalist workers (Administration Officers). Another specific example of impacts on the health promotion workforce was seen with reductions in sexual health initiatives and workers and subsequent increase in prevalence of STDs, particularly amongst young Indigenous Queenslanders. There is a clear need for coordinated, long term planning of the health promotion and prevention workforce, which should be led by the QHPC.

Only with a sustainable workforce is there scope for capacity building, training, mentoring and building of innovative solutions suited to Queensland. While global frameworks are important to set high level and long term goals for Health Promotion, adaptation to the local circumstances is essential to ensure acceptability and relevance of health promotion programs for the population. Examples include the mental health impact of drought and the impact of flooding on vector borne diseases, both of which are localised health issues that require specialised intervention and evaluation approaches.

Previous whole-of-government approaches to population health and chronic disease prevention in Queensland[7,8] led to successful outcomes for several key risk factors, including improvements in the rates of adults and children with healthy weight (7%[9] and 2-3% higher respectively than other states in 2007, a 34% increase in physical activity participation between 2004 and 2008[10], increased fruit and vegetable consumption by over one serve per person per day[11] and increased rates of breastfeeding[12]. The approaches included social marketing and communication, developing supportive physical and social environments, community-based capacity building and community-based programs, targeted risk modification programs and increasing organisational capacity. This work could be revisited in models implemented under the new QHPC.

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

The increasing prevalence of lifestyle-related diseases, new costly technologies, the ageing population and expectations of good health in old age will see the current trend of health expenditure growing at a greater rate than GDP continue.

New investment in health promotion activities are therefore essential to halt this trend, and must be targeted towards services or programs that that will be cost-effective – that is, for the investment made in the program an appropriate rate of improved health outcomes or avoided negative events must be achieved. In addition, we submit that existing preventative health efforts should be evaluated for their effectiveness and cost-effectiveness and those not found to deliver a sufficient health outcome for the amount of funding spent should be improved or discontinued. Evaluation of such services must take into account the cost of the service delivery, and the health and societal benefits produced through improved health, avoided illnesses or hospitalisations, and increased productivity and participation in society and the workforce.

Without strategic investment in preventative health and efficiency innovations in the acute healthcare sector, Queensland's health system will descend into low productivity and inefficiency with implications for the affordability and the quality of healthcare. The cost of inefficiency will be borne by Queenslanders who may be denied health outcomes they deserve for the investment they make, either through taxation and/or subscriptions to private health insurance.

Role of the QHPC

The role of a state-wide QHPC that guides whole-of-government initiatives and partnerships to implement programs promoting health and wellbeing, based on the best available evidence, should involve the following core functions:

- Providing strategic leadership and developing a whole-of-government strategic plan for health promotion in Queensland, in consultation with stakeholders and the community. The QHPC would be responsible for facilitating, supporting and reporting on implementation of the strategic plan
- Commissioning, conducting, supporting and contributing to reviews, research and evaluation to drive the development of evidence-informed policy and practice. There should be an emphasis on translation of research into practice including scalability, health economic and sustainability analysis. Program selection should be based upon both need and best available evidence of effectiveness. Considerable work has been undertaken by governments internationally in developing a robust evidence base, such as the findings from the Community Preventive Services Taskforce[‡] at the Centres for Disease Control in the USA. The QHPC should utilise what is already known about successful health promotion strategies.
- Ensuring an outcomes-based focus is placed on activities, and measuring those outcomes to determine success, including economic evaluations
- Ensuring that health promotion principles are considered in all government decisions, not only in health, but also other portfolios such as transport, education or housing.
- Facilitating and promoting awareness, prevention and early intervention strategies using contemporary and innovative media. This could include providing rapid response as well as sustained activities. It could include the provision of reliable educative material to the general public regarding health matters, and matters related to the understanding and interpretation of science underpinning health maintenance, lifestyle and disease prevention issues
- Establishing and supporting mechanisms to improve system governance, such as through an advisory board and by promoting consumer engagement and leadership
- Guiding improvements in monitoring and surveillance systems for prevention and health promotion and ensuring that information on the progress of prevention and health promotion strategies is made readily available and regularly reported

[‡] www.thecommunityguide.org/

- Building broad and comprehensive prevention and health promotion capacity and strengthened standards of practice. Supporting high standards of undergraduate and postgraduate training and professional development in prevention and early intervention programs
- Consulting with priority groups to develop targeted strategies to address health inequalities, including Aboriginal and Torres Strait Islanders, people in rural and remote areas, people with reduced socioeconomic advantage and older Queenslanders
- Reducing duplication of effort and ensuring that the health and economic benefits to the community and the health system are realised through the best use of constrained health resources and funding
- Facilitating and supporting cross-sectoral partnerships with health service providers, industry, universities and community organisations/NGOs to deliver these functions in a coordinated manner.
- Long term planning of the health promotion and prevention workforce could potentially be overseen by the QHPC. The QHPC could work in partnership with government, NGOs and professional organisations to enhance the capability of a trained multi-disciplinary workforce to meet the growing need for the implementation of prevention and early intervention programs based on the best available evidence, now and into the future. This commitment to undergraduate and postgraduate training and ongoing professional development and research is critical in supporting health service providers, particularly Primary Health Care Networks, Hospital and Health Services and NGOs.

Scope of the QHPC

The International Network of Health Promotion Foundations was established through the WHO to strengthen the capacities of countries to promote population health through Health Promotion Foundations at national and sub-national levels[§]. Member organisations have in common several key elements that represent best practice for health promotion organisations. Based on this, the Faculty of Health at QUT recommends that governance arrangements for the QHPC include the following features:

- The QHPC should be an independent statutory authority established under an Act of Parliament, able to function at arm’s length from government departments.
- A statutory authority is considered the most appropriate governance model to meet the health promotion needs of Queensland. It will enable the QHPC to engage in commercial activities, control its own funds, conduct a policy and coordination role, potentially undertake a regulatory role to determine standards, and to allow for specialist, scientific and research expertise.
- Successful health promotion and prevention involves many sectors in addition to health, including education, housing, transport, local government and sport, so coordinated, cross-sectoral activity in health promotion and prevention is essential. To ensure a cross-sectoral approach, the QHPC should be established as a portfolio agency of the Department of Premier and Cabinet
- A Queensland Health Promotion Commissioner should be appointed, and report directly to the Premier of Queensland
- Governance structures and administrative processes for decision making should be clearly articulated to ensure accountability, probity, ethics and to avoid conflict of interest
- Health promotion activities of the Hospital and Health Services should be directed by the QHPC and be centrally coordinated; there is a risk of inconsistency and duplication across Queensland if service delivery is devolved to Hospital and Health Services. Engagement with Queensland-based primary health care networks should also be a key focus of the QHPC, to help strengthen links between primary and acute care.
- It should have an advisory body reporting to the Commissioner, or preferably a decision-making board, that is representative of the relevant sectors and with a strong population health skills base and emphasis on good health and wellbeing. The board would consider advice on the range of delineated activities of the Commission and assist to prioritise policy and activities. The key terms of reference for the board would be to consider advice and strategic direction on health promotion and prevention measures. As well as including representatives with expertise in health promotion principles and methods and also those with policy, practice and research

[§] http://www.who.int/healthpromotion/areas/foundations/en/

expertise in priority risk factors such as obesity prevention, nutrition and physical activity promotion, smoking and alcohol programs, this body should also include members with an appropriate mix of other expertise such as legal, risk management and accounting/finance, consistent with best practice for managing boards[13]
- The QHPC should bring together experience and professional expertise by partnering with the community, universities, population health-focussed NGOs and industry across a range of areas relevant to optimise health promotion. It should employ a comprehensive use of a range of strategies, including technology, that support overall reductions in risk and enhance positive behaviours.

Strategic directions of a Health Promotion Commission in Queensland

Support implementation

The QHPC should be responsible for co-ordinating the delivery of key actions of the Ottawa Charter, namely health public policy, creating supportive environments, strengthening community actions, developing personal skills, reorienting health services and moving into the future. The QHPC should oversee and commission evaluations for implementing a range of strategies that are designed to prevent illness, reduce hospitalisation and enhance the health of individuals and the community. These strategies may include awareness campaigns, changes to the built and social environment, policy and legislative changes, information provision, targeted programs for 'at risk' individuals, peer group support, self-management programs for individuals who have been diagnosed with a chronic disease such as diabetes.

Designed to strengthen community capacity and expertise

These QHPC strategies should be designed to engage individuals and communities, and inform them about options regarding their health, to take appropriate action to minimise their risk of disease and illness and to effectively manage their health. The focus of prevention is to assist communities, improve their resilience, increase local skills to overcome adversity and unique threats to their health, so that individuals maintain a healthy lifestyle and avoid hospitalisation. Governments play an important role in health promotion, particularly in addressing the social determinants of health that impact individual behaviour.

Translation of evidence into practice

A key focus of the QHPC needs to be to translate, implement and embed policy and practice research in a way that takes account of Queensland's unique features. These include its geography and population distribution and the challenges of delivering policy to regional, rural and remote communities and specific population groups such as Aboriginal and Torres Strait Islanders, culturally diverse communities and socio-economically disadvantaged groups. The QHPC should provide the knowledge and expertise that will ensure that population health efforts are appropriate for the Queensland environment and act as a clearinghouse for evidence of strategies that are effective and scalable and offer value for money investments for health service providers.

Seek expertise from non-traditional sources, technologies

In delivering comprehensive strategies along a continuum from health advancement to rehabilitation and return to wellbeing, the QHPC needs to be innovative in its approach to health promotion activities. Technology should be an integral component of all strategies implemented by the QHPC. For example, appropriately-designed telephone and web-based technologies such as SMS, smartphone apps, gamification, online/mobile games, online quizzes and tools have been demonstrated to be effective enablers in changing health behaviours, and can be more effective than traditional behaviour-change activities on their own. As evidence, we refer the Committee to submissions to this effect made by QUT to the Inquiry into personal health promotion interventions using telephone and web-based technologies by the 55th Parliament Health and Ambulance Services Committee in June 2015.

Some other examples of successful technology-based health promotion programs include:

- QUT worked with the Queensland Health Contact Centre (the '13 HEALTH' and '13 QUIT' telephone lines) to evaluate a pilot program which used a technology based intervention (delivered by phone, SMS and email) to improve participation in a selective group of preventative health screening activities. The pilot program involving a simple and low-cost

intervention prompted individuals to take action toward behaviour change in areas such as quitting smoking, blood-pressure and cholesterol checks, seeking advice on a healthy lifestyle, and cancer screening. The evaluation found, based on the number of individuals who took action as a result of the intervention, that the pilot program demonstrated success and the intervention served as a teachable moment to receive a tailored health promotion message.

- ‘MobileMums’, a program that assists mothers with young children to be more physically active, primarily through the use of personalised SMS text messages[14]. A cost-effectiveness analysis determined that this program is likely to be a cost-effective use of health care resources in Queensland.
- ‘MumBubConnect’, a text messaging service with automated responses delivered once a week for 8 weeks to breastfeeding mothers. The service improved exclusive breastfeeding duration, and provided a well-accepted, personalised support service that empowered women to actively resolve breastfeeding issues.[15]

Design also offers significant contributions to the area of health promotion that may not have been considered previously. This includes the design and implementation of natural and built environments that support mental wellbeing and healthy lifestyle choices that are complemented by digital technologies (for example, apps, tablets and mobile technologies).

Encourage innovation
New challenges to the health of Queensland are emerging and the QHPC needs to promote innovation in health promotion teaching, practice and evaluation. Examples of recent threats include antibiotic resistance, emerging vector borne disease, and increased disaster prevalence that call for innovative local and state-wide solutions.

Many future health challenges will arise as a result of increasing life expectancy combined with a rising incidence of chronic disease and increasing expectations from health care – i.e. we live longer, have more complex health needs and we expect the health system to do more for us. This will place an exponential increased burden on the health system over time.[5] The QHPC will need to develop and implement long-term strategies to mitigate this impact, including a stronger focus on health equity and sustainability.

Strategies should also take into account the expected increase in availability of genomic information for all individuals regarding propensities and susceptibilities for health conditions, whether they are good or bad.

Alignment with national health priorities and focus on unique Queensland challenges
In order to maximise the impact of activities of the QHPC, it is important that its priorities align with national strategies and initiatives. In particular, this should include the National Strategic Framework for Chronic Conditions when it is finalised in 2016. One of the key objectives of this framework is to promote health and wellbeing and prevent chronic conditions.

The Faulty of Health at QUT recommends that the focus of the QHPC aligns with national health priorities, and extends that focus where there are challenges unique to Queensland.

This approach would also align with two of Queensland’s Science and Research priorities, namely (i) supporting the translation of health and biotechnology research where Queensland has a particular interest or specific expertise, such as vaccine/drug development, age-related and tropical diseases, and skin cancer and (ii) improving health data management and services delivery (including telemedicine).

Financial considerations
It is understood that a budget of $7.5 million over four years is currently committed to the QHPC. The QUT Faculty of Health submits that this fund is insufficient to adequately address the overarching aims of the QHPC, and encourages the Queensland Government to provide additional funding to ensure the long-term success of the QHPC and the improved health of Queenslanders. Funding is needed to support the innovation in health promotion that has been alluded to throughout

this document, and the appropriate implementation and evaluation of health promotion programs and policies. This will ensure that data are available to the QHPC to support its strategies and that they can direct the workforce towards the most pressing needs and at-risk areas of the state. The Queensland Government could consider directing proceeds from a new tax on sweetened beverages as a means of generating recurrent funding, similar to taxes implemented in France, Hungary, Mexico and some states of the United States of America.

The effectiveness of collaborative, whole-of-government and systems approaches for improving and sustaining health and wellbeing

Models used in other jurisdictions

A core recommendation for the QHPC is to facilitate and support cross-sectoral partnerships with health service providers, industry, universities and NGOs to deliver its functions in a coordinated manner. Queensland would benefit from maximising the in-kind and funding contribution of these organisations to various projects, research and resource development. Working with NGOs, public and private health service providers, in particular Primary Health Care Networks, and local councils in a more integrated and coordinated way would make efficient use of existing service providers and Hospital and Health Services infrastructure. In terms of investment in prevention and early intervention programs, this approach would be more coordinated, address duplication and fragmentation of efforts and be better targeted towards achieving measurable health benefits and delivering expenditure savings to the system. A partnerships model also offers an opportunity for NGOs to be better integrated under the QHPC.

Partnerships with universities offer particular benefits to the QHPC, including access to specialised expertise for contribution to the evidence base, strategic input into development of the future workforce, participation in collaborative funding arrangements, innovative approaches to training, policy development, service delivery and evaluation, and a perception of increased rigour and independence of research and evaluation. This approach is consistent with the approach taken in other states; universities undertake this role for their jurisdiction such as the University of Sydney's School of Public Health Prevention Research Collaboration for NSW. Another example is the Australian Sentinel Practices Research Network (ASPREN), a partnership between the Australian Government Department of Health and the University of Adelaide for the surveillance of influenza-like illness in Australia, to assist with responses to potential influenza and respiratory disease epidemics.

The Victorian Health Promotion Foundation (VicHealth) is primarily funded by the Victorian Government Department of Health. It funds innovative research projects and fellowships, as well as research conferences and seeks to keep the health promotion workforce strong and engaged across the health sector, communities and industries. It provides advice to government and complements and contributes to the efforts of various government portfolios. Vic Health ensures that the brightest health promotion minds work together on strategic directions. VicHealth focusses on creating the conditions in which good health can flourish – from better public policy and healthy urban environments to more inclusive and respectful communities and their work is underpinned by robust evidence, and is integrated with evaluation, practice and dissemination.

The Cancer Institute NSW also achieves higher quality outcomes through its extensive collaboration with university and hospital-based researchers.

Some existing government bodies have good models of governance that could be adapted for the QHPC. This includes the Queensland Mental Health Commission and the Australian Commission on Safety and Quality in Health Care.

The Australian Commission on Safety and Quality in Health Care is an Australian government authority that leads and coordinates national improvements in safety and quality in health care across Australia. It aims to support healthcare professionals, organisations and policy makers who work with patients and carers. Its governance model includes a governing board, a CEO to direct

operations and advisory committees, comprising key stakeholder groups, including consumers and health professionals and relating to key aspects of individual work programs.

The Queensland Mental Health Commission brings together experience and professional expertise by partnering with the community, government, and industry across a range of areas including health, employment, education, housing and justice. Through these partnerships, the Commission finds solutions and guides action to improve the systems that support people with, or at higher risk of, mental illness or substance misuse, as well as their families, carers, support persons, and the Queensland community. The Queensland Mental Health Commissioner is supported by an advisory council, which provides advice and guidance on mental health and substance misuse issues and makes recommendations on the function of the Commission. This model highlights the benefit of a multi-sectoral approach.

The QUT Faculty of Health recommends a governance structure for the QHPC similar to that of these two government bodies. In implementing the QHPC, it is essential that any governing or advisory board be comprised of representatives from organisations that place a strong emphasis on good health and wellness, rather than illness or clinical service delivery. The QHPC should be committed to establishing good working relationships with key stakeholder groups.

Population based strategies

Many population-based strategies have been developed and evaluated in Queensland, aimed at addressing several different aspects of health promotion and preventative health. Examples of QUT research and evaluation are provided below, as examples for the Committee to consider in determining key priorities and approaches of the QHPC.

Child and adolescent health

Health promotion activities targeting child and adolescent health are essential both for early health and for setting long-term health trajectories. Activities should target multiple factors, and include prevention and intervention strategies.

A randomised controlled trial (RCT)[16] called NOURISH evaluated the outcomes of a universal intervention to promote protective feeding practices, which commenced in infancy and aimed to prevent childhood obesity. This trial identified key factors that influence healthy weight and weight gain in infants and young children, which should be incorporated into QHPC strategies.[43.17,18,19,20]

Several successful intervention programs for children are currently operating in Queensland. These include the PEACH program (Parenting Eating and Activity for Child Health), a parent-led, family-focussed healthy lifestyle intervention for overweight children aged 5 to 9 years, which has demonstrated sustainable weight loss.[21] LEAPS (Learning, Eating, Active Play and Sleep) provides professional development and resources for Queensland early childhood education and care services such as Family Day Care, Kindergartens and Childcare on providing nutritious food and healthy activity levels for the children in their care. Programs with demonstrated success should continue to be delivered as health promotion activities state-wide under the QHPC.

Work is underway in conjunction with the Queensland Department of Education to generate new evidence, curriculum, training and evaluation of sleep policy and practices in the early childhood education and care sector, which about 1 million Australian children attend each year. Sleep is strongly implicated in many cardiac, metabolic and mental health outcomes.[22]

Social determinants of health

The community environment is vital for health promotion and preventative health activities. The design of suburbs, the provision of walking paths and bikeways, and the high availability of fast-food outlets are just some modifiable factors that can make a strong difference to individuals' behaviours and to their health.[23,24,25,26] Leisure-time physical activity and walking have demonstrated positive impacts on mental health,[27] people are less likely to suffer from arthritis[28] and greater amounts of total physical activity are associated with better health-related quality of life[29], including in rural communities[30]. Urban planning therefore has an important role to play in health promotion, and should be a consideration of the QHPC.

It is important that strategies developed by the QHPC include specific approaches for people living in rural and remote[31] and in lower socioeconomic areas. Food insecurity in lower socioeconomic areas is associated with poorer health outcomes (two-to-three times more likely to have seen a general practitioner or been hospitalised within the previous 6 months) and a three-to-six-fold increase in the likelihood of experiencing depression.[32] Children in food-insecure households were more likely to miss days from school or activities and were more likely to have borderline or atypical emotional symptoms or behavioural difficulties.[33] A successful health promotion intervention implemented in a remote Queensland community, which set out to develop local capacity to address chronic disease risk factors in a remote Australian community, could be used as a model for future activities.[34]

Sun protection

Of particular relevance to Queenslanders is the need for effective prevention and early intervention programs for sun protection, most notably in outdoor workers. Research has found that uptake of sun protection by outdoor workers is influenced by both personal and workplace factors. Workplace policies referring to sun protection, provision of personal protective equipment, scheduling work outside peak sun hours and provided skin checks all encourage positive behaviours,[35] and comprehensive, tailored approaches are fundamental to achieve improvements in workers' sun protective attitudes, beliefs and behaviours.[36,37] A review of six different interventions determined that educational and multi-component interventions to increase sun protection are most effective, and there is less evidence supporting the effectiveness of policy or specific intervention components.[38]

Indigenous health

Aboriginal and Torres Strait Islanders are a population group disproportionately affected by chronic disease. For example, the challenges facing Indigenous communities regarding diet and nutrition are well understood[39,40,41], and targeted strategies are required to ensure positive outcomes. Successful programs have highlighted effective strategies, including:

- enabling Indigenous people to control and maintain ownership of community-based intervention programs,[42,43,44]
- developing early childhood education and care (ECEC) programs with policies that focus on providing integration with family supports, were responsive to family circumstance and had a stronger focus on relationship building[45]
- applying strength-based approaches in health promotion that focus on extended family, commitment to community, neighbourhood networks, community organisations and community events and acknowledging the existing social resources within communities which should be supported to promote better health.[46]

However, more work is required, as implementation research in remote communities over the past 30 years has shown that, despite concerted efforts and marked achievements including decreased intake of sugar, increased availability and affordability of healthy foods (particularly fruit and vegetables) and consequent improvement in some nutrient intakes, the overall effect has been a decrease in total diet quality characterised by increased supply and intake of discretionary foods high in saturated fat, added sugar and salt, particularly sugar sweetened beverages, convenience meals and take-away foods. These findings reflect broader changes to the general Australian food supply, and reinforce the notion that, in the absence of supportive regulation and market intervention, adequate and sustained resources are required to improve nutrition and prevent diet-related chronic disease in Indigenous communities[47].

Culturally and linguistically diverse populations

People from culturally and linguistically diverse populations, especially those from a refugee background, are at particular risk of experiencing poorer health outcomes, but are often underserved by health promotion activities. A study on women from India and Pakistan living in Brisbane found a higher incidence of overweight and obesity that that seen for all of Queensland. This indicates a need to investigate diet and physical activity in specific groups to inform the development of culturally relevant chronic disease identification and management programmes.[48] Research has

shown that recognition and reflection of strengths may be incorporated into therapeutic and resettlement approaches for people from refugee backgrounds.[49]

Economic benefits
Health services research, such as that conducted by The Australian Centre for Health Services Innovation (AusHSI), is essential to appropriately integrate new technology, contain rising costs and improve quality in the health system. Several studies and evaluations have been conducted by AusHSI, aimed at identifying more cost-effective approaches to population-based health problems.[50,51]

Diseases associate with ageing
Approximately 30% of older adults have peripheral arterial disease (PAD) and 50% of older adults have peripheral venous disease - these conditions can cause leg pain with walking (resulting in decreased mobility) and are the primary cause of leg ulceration. Leg ulcers are slow and difficult to heal with average duration of 12 months; often require hospitalisation, after healing up to 70% recur[52], and many adults suffer with the condition for 15 years[55]. Leg ulcers affect 1–3% of adults over 60 years, causing chronic ill-health and loss of mobility. Care for the condition consumes 3% of the health budget in developed countries, the equivalent of $3.9 billion per annum in Australia[53]. With Australia's ageing population and increasing rates of vascular disease and obesity, a significant increase in incidence of leg ulcers is likely in the near future, becoming an area of urgent need for preventative strategies. Research has identified several protective and preventative factors that could be used to plan future health promotion strategies, including leg elevation, exercise, compression hosiery, higher levels of self-efficacy and knowledge and strong social support,[54,55,56] improved adherence with regular follow-up care and a history of multiple previous ulcers, and decreased adherence due to being at higher risk for depression and restricted mobility.[57]

Despite these issues, adults with risk factors are rarely screened for early detection of peripheral vascular disease, or prevention interventions and strategies implemented. The QUT Faculty of Health recommends that peripheral vascular disease be addressed by future health promotion strategies in Queensland.

Conclusion

The QUT Faculty of Health thanks the Health and Ambulance Services Committee for the opportunity to provide input into the Inquiry into the establishment of a Queensland Health Promotion Commission. We strongly support the Queensland Government's efforts to address the health and wellbeing of Queenslanders, and look forward to contributing to the QHPC in the future.

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