Sub # 004

25 November 2015

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

Inquiry into the establishment of a Queensland Health Promotion Commission

Dear Mr Hastie,

Thank you for the opportunity to comment on the establishment of a Queensland Health Promotion Commission.

Cancer Council Queensland (CCQ) supports the prioritisation of health promotion to improve the health and wellbeing of Queenslanders. At least one third of cancers, and many other chronic illnesses, are preventable through healthy lifestyle behaviours.

As such, increased public investment in health promotion represents among the most viable strategies for reducing Queensland's burden of disease and realising substantial cost savings across the health system in the future.

Founding principles

At the foundational level, the operational model for a proposed Health Promotion Commission should adopt the definition of health promotion codified in the World Health Organisation Ottawa Charter for Health Promotion:

> *Health promotion is 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 realize 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 emphasizing 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.*[1]

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According to the Ottawa Charter, health promotion action means:

Build Healthy Public Policy

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.

Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

Create Supportive Environments

Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socioecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment - particularly in areas of technology, work, energy production and urbanization - is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

Strengthen Community Actions

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation in and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

Develop Personal Skills

Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

Reorient Health Services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments.

They must work together towards a health care system which contributes to the pursuit of health. The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services which refocuses on the total needs of the individual as a whole person.

Moving into the Future

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

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Funding

Adequate Government funding is vital to the effectiveness of population-wide health promotion strategies.

According to Organisation for Economic Co-operation and Development (OECD) figures, Australia spends less on prevention and public health services than most other OECD countries, ranking in the lowest third in 2010–11 with expenditure of 1.7% of total health expenditure on public health activities, which include prevention, protection and promotion. New Zealand ranks first, with 7% of total health expenditure, followed by Canada at 5.9% (OECD 2013).[2]

The Queensland Government has made provision for additional funding of $7.5 million over four years, including $600,000 in 2015-16, to establish the statewide Health Promotion Commission.[3]

This establishment funding must be underpinned by funding to build health promotion capacity and enable the delivery of integrated programs and services which include prevention, protection, and promotion. Funding should be proportionately allocated against Queensland Health's 2015-16 operating budget of $14.183 billion.

Monitoring and Evaluation

Monitoring and evaluation are critical in assessing the effectiveness of health promotion programs, informing research, policy development, and service provision.

Measuring the long-term sustainability of outcomes for target populations is key, with a requirement for emphasis on the social determinants of health, especially among disadvantaged populations (Commission on Social Determinants of Health 2008).

The Council of Australian Government indicators and benchmarks for smoking, alcohol and obesity are key monitoring tools for prevention-related health risk behaviours (COAG Reform Council 2013). A set of performance measures for states and territories has also been agreed previously under the National Partnership Agreement on Preventive Health.

The Agreement, consistent with the National Healthcare Agreement performance targets, committed states and territories to striving for the following medium to long-term outcomes:

> (a) Increase the proportion of children and adults at healthy body weight by three percentage points within 10 years;
> (b) Increase the proportion of children and adults meeting national guidelines for healthy eating and physical activity by 15 per cent within six years;
> (c) Reduce the proportion of Australian adults smoking daily to 10 per cent within ten years;
> (d) Reduce the harmful and hazardous consumption of alcohol; and

(e) Help assure Australian children of a healthy start to life, including through promoting positive parenting and supportive communities, and with an emphasis on the new-born.

The delivery of these outcomes within the six year window of the Agreement was articulated in Part 4 of the Agreement (Annexure 1) – *Performance Benchmarks and Reporting*.[4]

The methodology for monitoring and evaluation must support the establishment of baseline data, targets, outputs, and outcomes. These should be agreed before initiatives are implemented (AIHW 2009).[5]

The core requirements for a successful health promotion surveillance system are:

- Regular systematic data collection and analysis to monitor changes over time;
- Agreed analysis plans which support consistent reporting;
- Publication of data reports that disseminate surveillance information to inform health promotion policy.

Participants in the monitoring and evaluation process should include national committees, with consideration of Federal agreements, data collection agencies, investors, analysis and reporting agencies, research organisations, such as universities and non-government organisations, and community-based service providers.

Surveillance and reporting must also be supported by legislation, ethics and privacy guidelines, scientific and technical expertise and stakeholder consultations. Equally, systems for monitoring and evaluation must facilitate data linkage, compliance with independently audited data standards and specifications, and cross-referencing with administrative data and survey-based studies.

Population-based studies play a particularly important role in monitoring and evaluation. An example includes the Australian he Australian Secondary Students' Alcohol and Drug Survey (ASSAD), a national longitudinal study coordinated by Cancer Council Queensland in Queensland. ASSAD is a cross-sectorial collaboration to collect data from Australian secondary school students. Its focus is on the behavioural aspects of smoking, alcohol, drug use, and other lifestyle factors which inform cancer control projects and strategies to change unhealthy behaviours. The survey collection method requires partnership with Commonwealth and state and territory governments, through agreements with health and education authorities including the independent, catholic and government school sectors.

ASSAD findings provide governments, policy makers, researchers, and community organisations with a better understanding of the health risk behaviours of young people, informing ongoing cross-sectoral work to promote health and wellbeing.

Focus Areas

Cancer Council Queensland recommends the following key focus areas of the Health Promotion Commission:

1. Addressing social disadvantage and supporting at-risk population groups.
2. Continuing the pace of progress on tobacco control.
3. Tackling Queensland's overweight and obesity crisis.
4. Promoting healthy diet and lifestyle habits.
5. Encouraging SunSmart behaviour.
6. Incentivising innovation through collaborative research and translational initiatives.

These focus areas must be informed by evidence on the social determinants of health, forming a key plank in the Queensland Government's response to chronic illness and disease through the examination of regulatory levers, programmatic initiatives, social marketing, and service-based responses.

The Commission should strive to strengthen the evidence-base for effective health promotion strategies.

Approach

CCQ supports a collaborative, whole of government and systems-based approach. A further emphasis on the engagement of settings and sectors that influence health across the life course is also recommended.

Coordination and integration across all sectors must be a central focus, with multi-sectoral collaboration to develop sustainable and supportive environments and outreach. This recommendation responds to the significant evidence that supportive environments play an important role in promoting healthy behaviours. CCQ also recommends a specific focus on approaches that empower and encourage the community, with priority given to marginalised communities and overcoming stigma.

Commission Membership

Members of the Commission must be passionate about improving the social, emotional and physical well-being of people in Queensland. Members should be selected on a basis of skills and experience, reflecting the interests of the community as a whole, including women, people of culturally diverse backgrounds, Aboriginal and Torres Strait Islander peoples, people with a disability, and young people. Appointees should not be selected on the basis of membership of any external representative group.

Members must possess the personal and professional competencies to provide leadership and strategic vision of health promotion in Queensland.

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Thank you once again for the opportunity to comment on the establishment of a Queensland Health Promotion Commission. We would welcome the opportunity to be involved in further consultation in due course.

Please don't hesitate to contact Cancer Council Queensland's Chief of Staff, Anne Savage, on or via email to for more information in support of this submission.

Yours Sincerely,

Professor Jeff Dunn AO
CEO, Cancer Council Queensland
Director, Union for International Cancer Control
Secretary, International Psycho-Oncology Society
President, Asian Pacific Organization for Cancer Prevention
Chair, Reach to Recovery International

1 http://www.who.int/healthpromotion/conferences/previous/ottawa/en/
2 http://www.aihw.gov.au/australias-health/2014/preventing-ill-health/#t1
3 http://www.budget.qld.gov.au/budget-papers/bp5.php
4 Council of Australian Governments: National Partnership Agreement on Preventive Health.
5 http://www.aihw.gov.au/australias-health/2014/preventing-ill-health/#t1