

27 November 2015

Research Director
Health and Ambulance Services Committee
Parliament House
Cnr George and Alice Streets
Brisbane Queensland 4000

Email: hasc@parliament.qld.gov.au

Dear Madam / Sir

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

Thank you for asking the Royal College of Pathologists of Australasia (the College) to provide input into the above Inquiry.

Terms of Reference

The terms of reference for the inquiry are:

1. *That the Health and Ambulance Services Committee inquire into and report to the Legislative Assembly, by 12 May 2016, on:*
 - a. *the potential role, scope and strategic directions of a Queensland Health Promotion Commission,*
 - b. *the effectiveness of collaborative, whole-of-government, and systems approaches for improving and sustaining health and wellbeing, including:*
 - i. *models used in other jurisdictions (including specific agencies or whole-of-government policy frameworks); and*
 - ii. *population-based strategies, other than personal interventions delivered by telephone or ICT.*

The College would like to draw the Inquiries' attention to the type of models of intervention used in some jurisdictions (eg UK <http://www.behaviouralinsights.co.uk/>)

The College is involved in population targeted educational strategies on pathology testing such as Lab Tests Online, www.labtestsonline.com.au, and other initiatives that promote an understanding of health matters. The whole idea of appropriate understanding and use of pathology testing deserves community promotion as a health strategy.

Release of properly de-identified health data from Government Departments could help health service planning by both public and private bodies. However, curation of this style of data is non-trivial (ie carries a cost) and not currently in Department Budgets. Perhaps a Queensland Health Promotion Commission could hold a budget to promote provision of such data by providing funding for practical assistance in de-identification (as set out at <https://www.oic.qld.gov.au/guidelines/for-government/guidelines-privacy-principles/applying-the-privacy-principles/dataset-publication-and-de-identification-techniques>) and then funding actual data curation and release in response to business cases put forward by Departments.

If accompanied by specific cohorts of biospecimens for research, such data and sample sets

are invaluable for enabling collaborative laboratory based research. (See need for professional statewide approach to biobanking below.)

In line with the above, a Queensland Health Promotion Commission could promote public discussion of what government data may be useful for health promotion planning and actions. This understanding could then guide Departments who could curate the information, perhaps with funding or resources provided by the Commission. Currently the Government data site <https://data.qld.gov.au/> only has limited data that could be used for health promotion planning or action.

2. *That, in undertaking the inquiry, the committee should consider:*
 - a. *approaches to addressing the social determinants of health;*
 - b. *population groups disproportionately affected by chronic disease;*
 - c. *economic and social benefits of strategies to improve health and wellbeing;*
 - d. *emerging approaches and strategies that show significant potential;*

As above, please refer to models of intervention used in some jurisdictions (eg UK <http://www.behaviouralinsights.co.uk/>).

- e. *ways of partnering across government and with industry and community including collaborative funding, evaluation and research; and*

Promote collaborative funding of Queensland located medical biorepositories (eg tumour banks) as an important infrastructure for research directly relevant to the future health of the Queensland population.

- f. *ways of reducing fragmentation in health promotion efforts and increasing shared responsibility across sectors.*

The Commission should scope the development of a government led collaborative approach to the establishment of a unified statewide infrastructure for professional best practice biobanking to facilitate provision of a wide range of population based sample cohorts annotated with health and demographic data as suggested under *1.b.ii*. These could include: at risk populations disproportionately affected by chronic disease; specific patient/disease cohorts (eg lymphoma, melanoma, prostate cancer or other cancer subtypes; metabolic syndromes etc); and healthy subjects. Such sample cohorts annotated with specific clinical, demographic and lifestyle data are essential and valued resources for research into early detection; pre-morbid biomarkers of risk; and outcome variation. Sample cohorts of this type have been shown to be a significant catalyst to collaborative research efforts and significant public health outcomes.

Currently biobanking in Queensland is a highly fragmented, non-standardized, ad-hoc activity of highly variable standard and compliance with a few notable exceptions of professional biobanks which are poorly funded since the NHMRC withdrawal from infrastructure funding, and under threat (eg prostate cancer biobank; brain bank; National leukaemia and lymphoma Tissue Bank). The Commission could draw on the existing expertise and facilities, to support a statewide approach to biobanking with adequate funding and resources. This is desperately needed in Qld to establish what has been globally recognized as an essential public health resource. Such a service could meet the needs of a wide variety of research efforts across multiple collaborative groups. This would facilitate health promotion research in many fields and bring Queensland in line with New South Wales and Victoria in which both State Governments have recognized the importance of biobanking and have invested significantly into ensuring a high quality sustainable resource.

References:

<http://www.viccancerbiobank.org.au/>

Dr Antonio Penna, Office for Health and Medical Research, "2015- A State-wide Biobanking Framework for NSW"

Yours sincerely

A handwritten signature in black ink, appearing to read "Debra Graves". The signature is fluid and cursive, with a large initial 'D' and 'G'.

Dr Debra Graves
Chief Executive Officer