



HEALTH CONSUMERS QUEENSLAND

SUBMISSION TO

The Inquiry into the establishment of a Queensland Health Promotion Commission

Health and Ambulance Services Committee

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Recommendations

Recommendation 1:

The Health Promotion Commission follows the WHO definition of health to include the concept of well-being and use the Ottawa Charter as a foundation document to guide the development of the orientation, principles and role of the Commission as a mechanism for health system change/innovation.

Recommendation 2:

Consumers and community are central to the design, delivery, and evaluation and monitoring of the Queensland Health Promotion Commission's activities. This consumer participation should be embedded in the organisation from its inception and resourced appropriately.

Recommendation 3:

Determine the role, scope and strategic direction of a Queensland Health Promotion Commission by using a collaborative, open, robust process with a wide range of stakeholders, including involving sectors outside of the health system with an equal voice. Integral in this process is the voice of health consumers and health consumer organisations including Health Consumers Queensland.

Recommendation 4:

The Queensland Health Promotion Commission address the social determinants of health and utilise a whole-of government and systems approach to the development of activities.

Recommendation 5:

The Queensland Health Promotion Commission establish a Cross-Government Advisory Group and Health Advisory Group to inform key campaigns and mechanisms.

Recommendation 6:

The Queensland Health Promotion Commission adopts a community development approach to partner with communities to achieve outcomes that are relevant to their needs and to which they have ownership.

Recommendation 7:

The Queensland Health Promotion Commission establish a community grants programme to facilitate the development of innovative community driven programmes that respond to the needs of diverse communities.

Recommendation 8:

The Health needs and expectations of Aboriginal and Torres Strait Islander communities are a focus of the Queensland Health Promotion Commission and the successful work already being undertaken in these communities informs its work.

Recommendation 9:

The Queensland Health Promotion Commission demonstrates a commitment to culturally and linguistically diverse and refugee communities through targeting of the health issues that disproportionately affect them.

Recommendation 10:

The Queensland Health Promotion Commission collaborate with the Queensland Mental Health Commission to ensure positive outcomes for health promotion activities targeted to mental health and alcohol and other drug issues.



About Health Consumers Queensland

Health Consumers Queensland's mission is to support the voices of Queensland health consumers to achieve better health outcomes. We are a registered health promotion charity with the Australian Charities and Not-for-Profit Commission and aim to strengthen the consumer perspective in health policy development and system reform and design.

Health Consumers Queensland defines consumers as people who use, or are potential users, of health services including their family and carers. Consumers may participate as individuals, groups, organisations of consumers, consumer representatives or communities.

Health Consumers Queensland believes consumers should be central to all decisions that impact on their health care options and advocates for consumer involvement in health policy, planning and service delivery at local, state and national levels.

Health Consumers Queensland fully supports the delivery of consumer-centred, integrated healthcare that fully promotes the consumer's active participation in their healthcare and broader health services and systems.

Health Consumers Queensland's Response

Health Consumers Queensland welcomes the opportunity to provide feedback on the *Inquiry into the establishment of a Queensland Health Promotion Commission*. We commend the Queensland Government for its decision to establish a Health Promotion Commission.

Our submission is informed by the mission and values of our organisation and from key members of our State-wide Consumer Network.

The following does not address the terms of reference directly but outlines the key priorities we believe are important to establishing an innovative and community focused body that can improve the health and wellbeing of all population groups in Queensland.

Definition of Health

Firstly it is imperative that the Commission define health as more than what is often a purely physical definition. The World Health Organisation (WHO) definition defines health as, "...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

The Ottawa Charter continues to be an effective framework for health promotion activities and speaks to the role of health promotion as a way to reorient the health system to become more holistic and focused on community and promotion.

Recommendation 1: The Health Promotion Commission follows the WHO definition of health to include the concept of well-being and use the Ottawa Charter as a foundation document to guide the development of the orientation, principles and role of the Commission as a mechanism for health system change/innovation

Consumer Participation

Regardless of the potential role, scope and strategic direction that the Commission has, health consumers and carers must be involved in the design, delivery, evaluation and monitoring of their work. An increasing body of evidence shows that consumer-focused health care results in better outcomes for individuals.

The below is an excerpt from a Health Consumers Queensland (2012) research paper on consumer and community engagement in health services.

As noted by the Consumer Focus Collaboration in their document Evidence Supporting Consumer Participation in Health (2001) and in various studies, physician-patient interactions and self-management tools (including planning, communication and information provision) for people with long term or chronic illness and for patients following surgery can:

- *reduce anxiety, hospital and medical visits, access of health facilities for follow-up care, sick days and overall healthcare costs*
- *improve patient management and control over conditions; and*
- *enhance patient satisfaction, trust, confidence and quality of life.*

Consumer participation also contributes to improved health literacy. Studies have concluded that quality written and verbal information that is personalised improves patients' knowledge, and that information is more likely to be useful and clearer if consumers are involved in its development (p. 2)

The Ottawa Charter for Health Promotion (1986) supports the importance of strengthening community driven 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.

In support of this, there are a range of ways consumers could be involved in the Health Promotion Commission including appointing a consumer commissioner, having health consumers in governance positions and establishing a consumer advisory group. Health Consumers Queensland would welcome the opportunity to partner with the commission during the establishment phase to ensure consumer engagement processes are embedded in the organisation and resourced appropriately.

Recommendation 2: Consumers and community are central to the design, delivery, and evaluation and monitoring of the Queensland Health Promotion Commission's activities. This consumer participation should be embedded in the organisation from its inception and resourced appropriately.

Role and Reform

Fundamental to this inquiry is the need to have robust and strong discussions across stakeholders and sectors to build an open, transparent, collaboration that determines the role, scope and strategies of the Queensland Health Promotion Commission. During this initial phase of the development of the Queensland Health Promotion Commission the discussions must give equal weight and importance to all stakeholders including health consumers and health consumer organisations, community groups, business, all levels of government (local, state and national) as well as to health professionals and providers and universities. The process must look beyond the typical players involved in health policy and planning to capture all the different perspectives to ensure the Queensland Health Promotion Commission develops a social model rather than a medical or health model.

The Queensland Health Promotion Commission can be a reform tool and should have the authority and influence to implement its strategy, direction and recommendations. In order to do this, the Queensland Health Promotion Commission needs strong relationships and working connections to all service providers including Hospital and Health Services, private hospitals, Primary Health Networks, Community Controlled Health Organisations, primary health care and community health, aged care and disability services.

The Government will also need to support the implementation of the Queensland Health Promotion Commission's recommendations and strategies by supporting Hospital and Health Services to implement the changes and new initiatives. Without the necessary resourcing and supports of Hospital and Health Services, the one area of health the state government has some leverage with, the work of the Queensland Health Promotion Commission will flounder.

Recommendation 3: Determine the role, scope and strategic direction of a Queensland Health Promotion Commission by using a collaborative, open, robust process with a wide range of stakeholders, including involving sectors outside of the health system with an equal voice. Integral in this process is the voice of health consumers and health consumer organisations including Health Consumers Queensland.

Social Determinants of Health, the Community and Collaboration

Health Consumers Queensland believes that Health Promotion activities should be underpinned by the understanding of the social determinants of health. The World Health Organisation (WHO) Definition of the social determinants of health states that they '*are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels*'. This is congruent with the aforementioned WHO definition of health.

Focusing on the social determinants of health has the potential to reform healthcare as we know it. By focusing on the social determinants we have the potential to re-think and re-design the way in which health promotion is planned and delivered. If done well, it has the potential to revolutionise healthcare in Queensland by addressing the social determinants of health first, rather than meeting the needs of the institutions who provide 'health care services'.

This approach to health promotion requires a whole-of-government and systems approach to improving and sustaining health and wellbeing.

A high level Collaborative Group representing cross-government agencies that could include but not be limited to representatives from health, mental health and alcohol and other drugs, housing, disability, multicultural affairs, education and child safety should be created. This collaborative could inform the Queensland Health Promotion Commission on the communities that are impacted by specific social and health issues and previous community campaigns and provide up to date data to inform activities.

We recommend that the Queensland Health Promotion Commission also establish an ongoing Advisory Group with stakeholders from the health sector such as, Department of Health, Primary Health Networks, non-government organisations including health consumer and community groups (e.g. Stroke Foundation, Pain Management Association) and private providers to collaborate on and inform key campaigns and mechanisms. These stakeholders have expertise in health promotion and in their communities that will be the target of campaigns.

These mechanisms should also embed partnerships with health consumers and community groups through the inclusion of consumer representation.

Recommendation 4: The Queensland Health Promotion Commission address the social determinants of health and utilise a whole-of government and systems approach to the development of activities.

Recommendation 5: The Queensland Health Promotion Commission establish a Cross-Government Advisory Group and Health Advisory Group to inform key campaigns and mechanisms.

Community Development Approach

In order to engage with consumers and the community effectively, the Queensland Health Promotion Commission should follow a broader community development approach to developing their initiatives. This is especially important for activities that are to be targeted at specific communities, such as young mothers or refugee communities.

Community development processes see community members come together to develop grass-roots solutions to local issues. The Queensland Health Promotion Commission can establish processes to partner with communities to identify priorities for their wellbeing.

A local example of effectively engaging with community members is the initiative of the Institute for Urban Indigenous Health (IUIH) in South East Queensland (SEQ) Deadly Choices campaign, which aims to empower Aboriginal and Torres Strait Islander peoples to make healthy choices for themselves and their families.

Another example is a project called Get Moura Moving that was created by a single member of the Moura community and obtained funding from the then Medicare Local's community grants program. This initiative



partnered with local General Practitioners and other health professionals to increase the health of members of their community with great success.

Various local and national communities and community organisations, have developed and implemented positive, innovative campaigns to improve health outcomes for all population groups. However, there are some barriers in replicating these positive campaigns. These include:

- processes or mechanisms to replicate state-wide or local level evidence based programs that have been effective in similar communities or areas
- having a sustainable funding source for implementing short and long-term projects
- Sharing of information or programs from other organisations

Often at the end of a round of grants, successful and highly effectively community-based programs are wound up and so much knowledge, expertise, motivation and impact is lost.

The Queensland Health Promotion Commission could play a key role to support long-term sustainable funding of effective community-driven projects, become a repository of successful projects, share their successes and facilitate the introduction of these models around the state.

The creation of a grants programme is recommended that allows specific communities to develop their own responses to health issues that disproportionately impact on them. Communities are the experts in their own health and wellbeing. The Western Australian health promotion body *Healthway* provides a grants program for community groups and when evaluated could be adapted for state-wide application

Consumers should be integrated into the grants process including the development of the funding guidelines and decision making process.

Evaluation of these programs is crucial so we have systems in place to learn valuable lessons and over time continue to improve and strengthen effective health promotion campaigns instead of ceasing funding and losing so much knowledge and expertise. Grants should include specific funding allocation for robust evaluation processes.

Fundamental to this grants program is the need for the communities to have long-term sustainable funding for effective and successful programs. The factors that contributed to the programs' success are shared and mechanisms are in place to replicate and resource effective programs/campaigns to similar need areas around the state.

There is an abundance of evidence based research in Health Promotion that can be drawn from to inform the activities of the Queensland Health Promotion Commission and it is essential that there is a continuing focus on emerging best practice examples and principles.

Recommendation 6: The Queensland Health Promotion Commission adopts a community development approach to partner with communities to achieve outcomes that are relevant to their needs and to which they have ownership.

Recommendation 7: The Queensland Health Promotion Commission establish a community grants programme to facilitate the development of innovative community driven programmes that respond to the needs of diverse communities.

Aboriginal and Torres Strait Islander Communities

It's important that a key part of any and all work the Queensland Health Promotion Commission undertakes focuses on the health needs and expectations of Aboriginal communities and their people and Torres Strait Islander communities and their people. We are aware of many successful health promotion campaigns run by Queensland Aboriginal and Islander Health Council, Institute of Urban Indigenous Health and driven by local communities that support better health outcomes and assist in closing the gap. This and more can be done using the community controlled model of health care delivery, supporting and resourcing successful community-driven campaigns and projects for the long term and evaluating their outcomes. The successful community driven programs already underway in this area could inform much of the work of the Queensland Health Promotion Commission in other areas of improving health outcomes in non-Indigenous communities.

Some of the successful programs include:

- IUIH Deadly Choices: More information <http://www.deadlychoices.com.au/about/>
- QAIHC Arthur Beetson Foundation Murri Rugby League Carnival: More information <http://www.arthurbeetsonfoundation.com.au/the-murri-carnival>
- Desert Harmony Festival in Tennant Creek combining sport, art and culture and supported by the NDIA and embedding messages of disability. <http://www.desertharmonyfestival.com/>
- IUIH podiatry service based on a social determinants of health model that has dramatically decreased rates of lower limb amputations.

Recommendation 8: The Health needs and expectations of Aboriginal and Torres Strait Islander communities are a focus of the Queensland Health Promotion Commission and the successful work already being undertaken in these communities informs its work.

Culturally and Linguistically Diverse Communities and Refugees

Health Consumers Queensland has also provided a submission in partnership with a range of organisations (including the Multicultural Development Association) that wish to ensure the Queensland Health Promotion Commission demonstrate a clear commitment to culturally and linguistically diverse communities, including refugee communities. Consideration should be given to the diversity of these communities needs and allocation of specific funding to target health issues disproportionately affecting them be developed with their input.

Recommendation 9: The Queensland Health Promotion Commission demonstrates a commitment to culturally and linguistically diverse and refugee communities through specific targeting of the health issues that disproportionately affect them.

Queensland Mental Health Commission

It is essential the role and the ongoing work of the Queensland Mental Health Commission (QMHC) in relation to health promotion in mental health and alcohol and other drugs is considered in the development of the Queensland Health Promotion Commission. An ongoing collaboration between these agencies should be formed to ensure the expertise of the QMHC is utilised moving forward and that their respective roles are clear and focused on positive outcomes for these specific health issues.

Recommendation 10: The Queensland Health Promotion Commission collaborate with the Queensland Mental Health Commission to ensure positive outcomes for health promotion activities targeted to mental health and alcohol and other drug issues.

Conclusion

In conclusion, Health Consumers Queensland again commends the overall intent and content of the creation of a Queensland Health Promotion Commission. . This Agency has the capacity to be a catalyst for health promotion that is grassroots and community driven to deliver real health outcomes for Queenslanders.

Health Consumers Queensland looks forward to reading all submissions to the consultation process. We will welcome the opportunity to be involved in the on-going development of the Commission, especially in relation to the involvement of consumers to drive change.

References

Health Consumers Queensland (2012) *Consumer and Community Engagement: Evidence of Improved Individual Health Outcomes, Services and Systems*. 2012. Retrieved on 12 November 2012 from:
<http://www.iap2.org.au/sitebuilder/states/knowledge/asset/files/30/improved-health.pdf>

World Health Organisation (1948) (19) Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. Retrieved on 18 November 2015 from:
<http://www.who.int/about/definition/en/print.html>

World Health Organisation (1986) *The Ottawa Charter for Health Promotion*. 1986 from
<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index1.html>