



Food is life. Food is you.

NAQ Nutrition
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Ms Leanne Linard
Chair
Health and Ambulance Services Committee
Parliament House
George Street
BRISBANE Qld 4000

November 2015

Dear Ms Leanne Linard

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

Thank you for providing NAQ Nutrition with the opportunity to submit to the inquiry of the establishment of a Queensland Health Promotion Commission.

Prevention of chronic diseases is vital and currently underfunded. NAQ Nutrition congratulates the government on its vision and initiative and welcomes the inquiry into a Health Promotion Commission. We are encouraged by the establishment of this Commission, which will potentially provide Queenslanders with better opportunities in the future for the prevention of ill health, especially chronic disease.

Please find our submission, attached, in response to the terms of reference.

We are available to appear as witnesses at the public hearings, if required.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Aloysa Hourigan'.

Ms Aloysa Hourigan

Nutrition Program Manager

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NAQ Nutrition submission to the inquiry of the establishment of a Queensland Health Promotion Commission.

Queenslanders may be living longer, smoking less and some have very good health, but overall, Queenslanders are:

- gaining weight
- being diagnosed with diabetes more often
- making poor food choices,.

Additionally, there are inequalities in health across the state amongst certain groups, such as those with socioeconomic disadvantage and in Indigenous communities (1).

Ensuring there is a system available for across whole-of-government and non-government collaboration, to provide for partnership and co-ordination of public health/preventive health, is essential in ensuring improved and sustained health and wellbeing of all Queenslanders.

The Australian Nutrition Foundation (Qld Div) Inc trading as **NAQ Nutrition** (www.naqld.org) is Queensland's most experienced community nutrition organisation, having delivered services across the state for over 20 years. We help address a wide range of nutritional needs, to find solutions and deliver outcomes for the community through quality work, by highly qualified staff. We recognise eating is about food – not just the nutrients. Our mission is **'to provide the tools and resources people need to make better food choices the easy choices'**. NAQ Nutrition is part of the national organisation, the Australian Nutrition Foundation, which trades as Nutrition Australia (www.nutritionaustralia.org).

NAQ Nutrition sees its role as empowering Queenslanders with skills and knowledge so they are better able to access and prepare healthy food, no matter where and in what social circumstances people live. Strengthening the connectedness of our audiences, including remote and regional communities, culturally and linguistically diverse groups, and the local community is key to ensuring skills and knowledge gained through NAQs work are embedded to build and achieve successful long-term community outcomes e.g. healthier, vibrant and inclusive communities.

NAQ Nutrition works across Queensland through its core programs, which are sustained through a diverse funding base including: government, philanthropic and corporate organisations and user pays services. Our work addresses the needs of all ages across the lifecycle, from pregnancy and newborns through to the elderly.

Recent achievements by NAQ Nutrition:

- ❖ Effective engagement of the community in the 'Try for 5' Challenge, part of Nutrition Australia's 2015 National Nutrition Week campaign, which aligned effectively with the Queensland government's Healthier.Happier – Give Colour a Spin campaign. Both campaigns aimed to increase vegetable and fruit intake for Queenslanders.
- ❖ School Tuckshop Support Program implementation for 50 schools across Queensland (6 month project with funding from Education Queensland, 2015-2016)
- ❖ Involvement in the development and then implementation of Smart Choices Food and Drink Strategy for Queensland schools (from 2005- 2015)

- ❖ Major partner with the Australian Drug Foundation – Good Sports Program in the implementation of the Qld Government’s Food for Sport Guidelines in sporting clubs across Queensland
- ❖ Development and delivery of LEAPS (Learning. Eating. Active Play. Sleep) project for early childhood settings (2013 -2016) in partnership with the Queensland University of Technology (QUT) (lead agency) and Australian Council for Health and Physical Education and Recreation (ACHPER).
This project includes the end milestone of delivery of 225 professional development sessions to support implementation of the ‘Healthy Eating and Physical Activity Guidelines for Early Childhood settings - Get Up & Grow’ and to help early childhood educators communicate these messages effectively to parents. Initial evaluation (not yet published) has identified increased knowledge of educators as a result of the PD program and translation of this increased knowledge into practice is currently being evaluated.
- ❖ Development of 2 health promoting storybooks (“*I’m having a rainbow for dinner*” & “*We’re growing a rainbow*”) which provide parents with a fun and innovative way to engage in conversations with their young children to encourage vegetable and fruit intake.
- ❖ Development and delivery of 20 Food and Behaviour workshops for educators and parents (for Early Childhood Settings) and ‘I’m having a Rainbow for Dinner’ storytime sessions for children attending long day care across Queensland (recurrent funding since 2006, from Education Queensland – Office for Early Childhood Education & Care)
- ❖ Development and delivery of the 7 week ‘Your Healthy Life’ program for new arrivals and refugee families already living in Australia.
- ❖ Cook and Eat sessions and workshops (funded by local governments including Brisbane City Council & Moreton Bay Regional council, and corporate organisations)
- ❖ Active participation as a major collaborative partner in the Qld Government funded Qld NGO Swap It! PR campaign along with Diabetes Queensland (lead agency), Heart Foundation and others.
Development of the *Healthy Food; Healthy Planet menu planning tool* and the *Healthy at Home* and *Healthy at Work* section of the NAQ Nutrition website, with access available to all Queenslanders

The Potential Role, Scope and Strategic Direction for the Queensland Health Promotion Commission

NAQ Nutrition considers that for Queensland Health Promotion Commission to be effective its potential role, scope and strategic direction should include:

- Undertaking a whole-of-Government approach – ensuring government departments communicate, with one vision in terms of food, nutrition, health and wellbeing. An effective health system needs a holistic approach which can only be achieved if a cross-sectoral, whole of government approach is put in place. Given social determinants of health include education, cultural background, socio-economic status, geographical location, housing security, and other factors it is imperative that such an approach is a core pillar of the strategic direction for the Health Promotion Commission.
- Ensuring collaboration and partnership with non-government organisations to ensure maximum outcomes and reach across the state, and to prevent duplication of existing, effective NGO services.
- Consideration of a mechanism for local government collaboration and partnership.

- A focus on the provision of services to all Queenslanders, through a defined system which includes a range of methodology and processes e.g. education (to the community and health professionals), social marketing, web-based support and services, resource development and face-to-face interactions. Research has identified that good health promotion and public health require a multifactorial approach. The Health Promotion Commission should engage with all Queenslanders using different strategies, to meet expectations, needs and demands to achieve a healthier state including those in cities, regional, rural and remote settings.
- Use highly qualified and expert public health professionals, who have skills, knowledge and practical experience in working within the community on specific programs e.g. dietitians, nutritionists, and health promotion officers.
- Have sustained funding for programs of work – to ensure sustainability, long term evaluation and support for local communities, individuals and community groups, and non-government organisations. Commitment of resources, structures and finance is important.
- Provide leadership in developing food and nutrition policies to make the healthy choice the easy choice; develop and apply programs across the state to encourage and engage the community in healthier food choices; co-ordinate and facilitate consistent messages; provide an avenue for advocacy.
- Should include all ages of the community, with particular focus on those who are most disadvantaged with chronic disease, poor health and associated risks. These groups include those in socially-disadvantaged areas, those living in regional, remote and rural communities, Indigenous communities. Also ensuring there is a focus on children and pregnant women.
- Consider and embed capacity building, recognising the need for sustainability in the long term.

Considerations for the inquiry include:

a) Approaches to addressing the social determinants of health

There is increasing evidence that a systems approach to promote health behaviour change produces more effective outcomes than trying to implement a 'one size fits all approach' across all communities.

Prof Boyd Swinburn (Deakin University), has identified that "The key to meeting World Health Organisation's target to achieve no further increase in obesity rates by 2025 will be strengthening accountability systems to support government leadership, constraining the role of the food industry in the formation of public policy, and encouraging civil society to create a demand for healthy food environments". This can be achieved using a systems approach to obesity and chronic disease prevention to support government action (2).

Increasing community capacity through community participation is the key to effective change. The Health Promotion Commission or its agent can act as the facilitator for this, but not the 'do-er'. If you can identify a number of community change champions and bring them together then the community leaders can be utilised to explain the strategies for others(3).

Examples of systems approaches being implemented include:

Portland (US) - a project to decrease sweetened drink and increase water intake:

- Collaboration and consultation with the Portland community identified that a major barrier to the community drinking more water and less sweetened drinks, was a problem with the quality and taste of the tap water. The

'bad taste' of the tap water along with the cheaper price of soft drink compared to bottled water, encouraged was a major promoter in consumers' decisions to drink soft drink. Identification of this issue through the consultation process enabled the community to find a solution that they felt they owned and were responsible for. Local councils are often the key drivers in a systems approach (3).

Healthy Together Victoria (<http://www.healthytogether.vic.gov.au/aboutus/index>)

This Victorian Government initiative(4) takes an innovative, complex, whole systems approach to prevention, delivering multiple strategies, policies and initiatives at both state and local levels to target change for all Victorians where they live, work and play. It has provided a platform for collaborative leadership in innovation, working across silos with the mission in 2015 being to decrease sugary drink intake and to increase vegetable and fruit intake. It has involved preventive health NGOs , along with state and local government – but leadership is outside of government. An evaluation framework is in place to monitor outcomes over the longer term . To date there have been some wins but there is still more work to do and it is clear that this needs to be viewed as a long term approach.

Multiple strategies are required to address all the social determinants of health. This includes policy making on issues which might include:

- consideration of increased taxes on 'discretionary' food items (e.g. soft drinks; high fat products). This could be an effective strategy if these taxes are then utilised to subsidise the cost of healthy food options, especially for rural and remote areas where the cost of these foods is prohibitive for many people in those communities
- prohibiting advertising of 'fast foods' in the environment (<http://www.bandt.com.au/media/adelaide-suburb-to-try-and-ban-junk-food-ads-near-schools> and <http://www.abc.net.au/news/2015-09-30/marion-council-investigates-banning-junk-food-advertising/6815358>), on social media/internet and television;
- the recently introduced Qld government strategy of mandatory KJ labelling in fast food outlets across the state (5);
- Australia-wide health promotion awareness campaigns or strategies;
- food literacy and cooking skill programs in all Queensland schools;
- food security;
- subsidies on fruit and vegetable for regional/rural/remote areas (transport; storage; selling price).

Food prices and the affordability of food is vital in determining food choice and risk of obesity and non-communicable diseases (6,7). Recently, the results of Queensland's 2014 Healthy Food Access Basket (HFAB) Survey (8), which measured the cost and availability of a standard basket of healthy food items in 78 locations across Queensland, were released:

(<https://www.health.qld.gov.au/research-reports/reports/food/access/default.asp>)

Some key results to note when comparing results with the 2010 HFAB survey include:

- Eating as recommended by the Australian Guide to Healthy Eating costs about \$15 more per person per week .
- The average cost of the basket for a family of six in Queensland was \$652.10. This is \$176.54 (37%) more than the cost of the original basket in 2014.
- The basket costs approximately 27% more in very remote communities and approximately 16% more in remote towns compared to major cities.
- Households on very low incomes need up to 25% of income to follow the Australian Guide to Healthy Eating.
- Queenslanders can save up to 18% by choosing generic and private label products.
- The cost of the unhealthy food items and tobacco increased by 28% between 2010 and 2014.

Recommendations:

NAQ Nutrition recommends :

- Establishing a robust monitoring and surveillance system that helps direct policy to ensure all Queenslanders have access to healthy, affordable food.
- Providing Queenslanders with tools and resources that make the better, healthier food choices, become the easier choices.
- Implementation of food literacy and cooking skill programs in all Queensland schools to provide young Queenslanders with the skills and knowledge they need to access and prepare more nutritious food choices in appropriate portion sizes.
- Subsidies on fruit and vegetable for regional/rural/remote areas (transport; storage; selling price).
- Implementation of strategies to ensure safe drinking water is readily available in all geographical areas of Qld to encourage reduction in consumption of sweetened drinks.

b) Population groups that are disproportionately affected by chronic disease

60.4% of Queenslanders are an unhealthy weight (57.8% of these are overweight or obese). All Queenslanders will ultimately be affected by chronic disease (includes diabetes, heart disease, high blood pressure, cancers) sometime in their lives - either themselves or through their family or friends. Prevalence of overweight and obesity is more common in the most disadvantaged populations including, those living in rural and remote areas, Indigenous Australians, for some culturally and linguistically diverse groups, those with mental health issues, disability, the homeless, and those living with high levels of socio-economic disadvantage (1).

The Fifth report of the Chief Health Officer Queensland (ref), identifies that there are about 2500 premature deaths per year associated with socio-economic disadvantage and there is a wide disparity in health outcomes depending on where and in what social circumstance you live. The death rates for Indigenous Queenslanders is about 60% higher than for the non-Indigenous population. The report noted that the prevalence of selected risk factors in adults was higher for those living with socioeconomic disadvantage: Obesity 80% higher; Insufficient daily fruit

intake 33% higher. This disparity in health risk for adults has its foundations in childhood, with childhood obesity rates in disadvantaged areas being double that occurring in more advantaged areas of the State. We need to ensure that any new health promotion strategies decrease the obesity and chronic disease risk factors for disadvantaged populations and need to adopt a systems approach to engage these communities in the solutions.

Causes of chronic diseases are multifactorial. Nutrition has been identified as the main risk factor influencing the burden of disease globally. In Australia, the three risk factors accounting for the most disease burden are dietary risks (poor nutrition), high body-mass index and smoking (9). Dietary risks are the major risk factor contributing to ill health in all Australians (11% of total burden of disease).

Recommendations:

- NAQ Nutrition strongly recommends the Health Promotion Commission uses a systems approach to allow the population groups disproportionately affected by chronic disease to identify goals and levers and implement key strategies and programs related to their communities, thereby helping all Queenslanders to make healthier food choices.
- Subsidies to help reduce the cost of healthier food items for more vulnerable populations.

c) Economic and social benefits of strategies that show significant potential

Food security (defined as 'when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life') considers food availability; food access and food use, where food availability and affordability are major determinants of food choices. As nutritious food prices rise, individuals are likely to purchase fewer of these healthier food choices. The recent 2014 Queensland Healthy Food Access Basket survey(8) identifies this as an issue. Remote and rural regions of Queensland commonly find more nutritious foods priced out of their purchasing power and food budget. Consideration should be given to investigating and implementing effective strategies to reduce costs to these communities to enable individuals to choose healthy and nutritious foods over cheap and unhealthy options that are commonly freely available and often seem more affordable. Such strategies might include: subsidising fruit and vegetables so they become more affordable; providing appropriate storage equipment; consideration of transportation issues/costs.

The 5th Report of the Chief Health Officer(1) identified only 9% of Queensland adults and 6% of children consumed the recommended daily vegetable serves. It has been estimated that increasing fruit and vegetable intake by 2 serves per person per day has the potential to reduce the health cost burden by 34%. Strategies such as social marketing campaigns such as the previous Go for 2 & 5 campaign demonstrated effectiveness in increasing vegetable and fruit consumption. Current campaigns such as the Qld government's 'Give colour a spin' and Nutrition Australia's Try for 5 challenge (National Nutrition Week 2015) have the potential to also be effective strategies in increasing vegetable intake.

Lower levels of obesity promote not only better long term physical health but also improved mental health. Overweight and obesity in school aged children can impact negatively on their psychosocial and physical health, and ultimately on a child's ability to learn and fulfil their potential.

NAQ Nutrition works with many community organisations and groups through cooking skill and health promoting nutrition education workshops and programs to ensure healthy, low-cost recipes are available; and provide individualised advice and support to help the population choose cost-effective healthy foods. Specialised programs such as the Stephanie Alexander Kitchen Gardens and the Jamie Oliver Ministry of Food(10) are successful programs, that raise the profile of gardening and cooking with healthy food, but require major funding.

NAQ Nutrition recommends that supportive strategies must be in place if similar programs are implemented in the future where local health workers are able to help local communities/people without the need for large amounts of funding to ensure programs are sustainable.

Recommendations:

- NAQ Nutrition (NAQ) recommends continued funding of ongoing monitoring and surveillance of food prices across the state – eg through regular implementation of the Healthy Food Access basket survey. Ensuring processes, systems and data is collected to enable comparison across time and between states is vital.
- Continued investment in the Smart Choices Food & Drink Strategy for Qld schools – the funding from Education Qld to NAQ for this work ceased 30 April 2015 excepting for special project funding - to engage with schools not yet engaged with Smart choices. This project has very much mirrored the achievement program approach utilised in the Healthy Together Victoria initiative. Early evaluation data from this project is identifying that while many Qld schools have made significant changes, some significant gaps and barriers still exist in the implementation of the Smart Choices strategy for some schools and that schools need continued support from nutrition and health promotion experts in this area. NAQ recommends the government continues to provide funding support to health promotion NGOs who are experts in this space, such as NAQ, to continue work in this area.

d) Emerging approaches and strategies that show significant potential

A number of approaches have been implemented, globally, which could have potential in Queensland and need consideration. These include:

- Systems approach – this has been demonstrated through the Healthy Together Victoria initiative (4)

A systems based prevention approach requires:

- Working with the whole as well as the parts within the community
- Recognition of connections, networks, and interdependence
- Rules and boundaries and a common agenda
- Dynamics that includes a feedback loop to identify any delays or barriers
- Understanding of the complexity and need for adaptability and self-organisation

- Identifying patterns and emerging issues

There is added value with a systems approach. It is the very way of thinking in a systems approach model that helps solutions to be found. Encouraging engagement through mapping and modelling helps identify the levers for behaviour change by revealing where and how to act 'in' not on the system.

The systems approach looks at addressing 'how will behaviour change occur' not 'what needs to be done'. Communities identify the levers relevant to them and ask themselves how can change occur. It requires engagement at all levels of a community. This will result in establishing sustained approaches that communities feel they own.

- **NSW Healthy Eating Active Living Strategy 2013-2018**, a five year, whole of government strategy to reduce overweight and obesity and improve general health and wellbeing. This strategy aims to encourage healthy lifestyle changes at a personal level and create environments that support healthy choices in the places that people live, work and play. NSW has shown leadership in creating supportive environments for healthy eating through the 8700kJ menu labelling initiative that was launched in 2012.
- **Queensland implementation of the 8700KJ menu labelling initiative**, including app and website (11). If Government use the 8700KJ message for menu labelling and other key awareness campaigns and their supporting material, consideration should be given to what this means, how people relate it to themselves and where to find further information.
- Consideration of a tax for discretionary food / fat / sugar (although research and evaluation from international attempts identifies issues and any tax should be implemented in combination with other policies e.g. subsidies on 'healthy foods') (12, 13)
- Consideration of limiting fast food advertising in areas near early childhood settings and schools or through social media/internet/television that are commonly seen by children. Regulation of number of fast food outlets per capita and their location. Environmental scans to be undertaken in planning any future urban developments.
- Development and implementation of innovative strategies to communicate messages to parents and children such as the use of storytime to promote both food and health literacy. NAQ Nutrition has authored and published two storybooks that promote vegetables which enable parents, carers and educators to engage in conversations with children about eating vegetables and fruit, the sensory qualities of different vegetables and fruit, and benefits for health and well being – but this is all delivered in a relaxed, engaging medium which children relate to well. evaluation of storytime sessions in early childhood and community settings such as libraries have identified that this health promoting strategy does increase children's willingness to try new vegetables and fruit, and encourages parents to add extra vegetables to family mealtimes (14).

e) Ways of partnering across government and with industry and community including collaborative funding, evaluation and research;

Recommendations:

NAQ Nutrition recommends:

- Linking with other funding or awareness campaigns e.g. Health Stars.

- To continue working with food industry around product reformulation and marketing e.g. to reduce salt/sodium in processed foods; limiting misleading marketing strategies.
- Use of community organisations e.g. NAQ Nutrition who have established networks to enable the upskilling of health professionals; community organisations and individuals on recommendations and guidelines around food and nutrition. How many know about the 'Australian Guide to Healthy Eating' and 'Infant Feeding Guideline' recommendations? Do all tuckshop convenors know and use the Smart Choices Criteria? Who knows how to use a food label?
- Utilisation of preventive health NGO networks to increase reach of health promotion campaigns and messaging
- Ensure adequate funding is provided for completion of evaluation in programs or projects developed and delivered by non-government organisations to enable evaluation to be completed within the program of work.
- Provision of long term funding is provided to community organisations to allow for sustainable programs of work to be implemented without fear of losing finance and hence employees thus encouraging a stable, experienced workforce.

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

As already identified, NAQ Nutrition believes the Health Promotion Commission should have a system in place to ensure all Government departments communicate with one vision on issues around food, nutrition and promoting health. Through established partnerships with reliable non-government organisations, programs of work can be developed and implemented, with robust evaluation. Processes should also be in place to allow non-government organisations to work together collaboratively, to minimise duplication and encourage information sharing for the good of Queenslanders. This is often encouraged by reducing need for competing against each other for funding from Government.

The World Cancer Research Fund International's NOURISHING framework⁽¹⁵⁾ (www.wcrf.org/NOURISHING) provides useful guidance. This helps identify a comprehensive range of well-targeted policy action areas that provide an environment conducive to the promotion of healthy, nutritious diets and reducing overweight/obesity. It identifies policies within the food environment and different populations, consideration of the food system and working on behaviour change need attention.

Overall, NAQ Nutrition recommendations for the Queensland Health Promotion Commission:

1. Long term outlook into preventative methodology, with funding of evaluation included in programs or projects funded for implementation by non-government organisations
2. Ensure whole of government co-ordination and implementation – with clear, concise and consistent messages provided from all Government departments
3. Utilisation of high quality, professional organisations, employees and individuals – where skills, knowledge and practical experience in food and nutrition will ensure appropriate messages are provided to community individuals and communities.

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