PHAA submission on Inquiry into the establishment of a Queensland Health Promotion Commission

Public Health Association
AUSTRALIA

Public Health Association of Australia

Submission on Inquiry into the establishment of a Queensland Health Promotion Commission

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Overview

We commend and congratulate the Queensland Government on the move to recognise the importance of health promotion through the establishment of the Queensland Health Promotion Commission (QHPC). Additionally we reinforce the urgent need for action and the related investment that is required to support this action.

PHAA supports the establishment of the QHPC. However, we are keen to ensure that the QHPC is an independent entity with a significant and loud voice in line with this submission. We are particularly keen that the following points are highlighted:

- The QHPC engage with partners
- The QHPC be established within key frameworks
- The QHPC be adequately funded
- The QHPC have a health for all policy with a focus on vulnerable and disadvantaged populations.

Introduction

The Public Health Association of Australia

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

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Vision for a healthy population

The PHAA has a vision for a healthy region, a healthy nation, healthy people: Living in a healthy society and a sustaining environment, improving and promoting health for all

PHAA's Mission

Is to be the leading public health advocacy group, to drive better health outcomes through health equity and sound, population-based policy and vigorous advocacy

Priorities for 2015 and beyond

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. The aims of the PHAA include a commitment to:

- Advance a caring, generous and equitable Australian society with particular respect for Aboriginal and Torres Strait Islanders as the first peoples of the nation
- Promote and strengthen public health research, knowledge, training and practice
- Promote a healthy and ecologically sustaining human society across Australia, including tackling global warming, environmental change and a sustainable population
- Promote universally accessible people centred and health promoting primary health care and hospital services that are complemented by health and community workforce training and development
- Promote universal health literacy as part of comprehensive health care
- Support health promoting settings, including the home, as the norm
- Assist other countries in our region to protect the health of their populations, and to advocate for trade policies that enable them to do so.
- Promote the PHAA as a vibrant living model of its vision and aims

Preamble

PHAA welcomes the opportunity to provide input to the Hospital and Ambulance Services Committee for an inquiry into the establishment of a Queensland Health Promotion Commission (QHPC). We commend and congratulate the Queensland Government on the move to recognise the importance of health promotion, we reinforce both the urgent need for health promotion action to be focussed on the social and ecological determinants of health and the related ongoing investment that is required to support this action. The reduction of social and health inequities should be an over-arching goal of State policy and recognised as a key measure of our progress as a society. The Queensland Government, in collaboration with Local Government, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

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Health Equity

As outlined in the Public Health Association of Australia's objectives:

> *Health is a human right, a vital resource for everyday life, and a key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions of society that underpin people's health. The health status of all people is impacted by the social, political, and environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease.*

The PHAA notes that:

- Health inequity differs from health inequality. A health inequality arises when two or more groups are compared on some aspect of health and found to differ. Whether this inequality (disparity) is inequitable, however, requires a judgement (based on a concept of social justice) that the inequality is unfair and/or unjust and/or avoidable. Inequity is a political concept while inequality refers to measurable differences between (or among, or within) groups.
- Health inequity occurs as a result of unfair, unjust social treatment – by governments, organisations and people, resulting in macro politico-economic structures and policies that create living and working conditions that are harmful to health, distribute essential health and other public services unequally and unfairly, preventing some communities and people from participating fully in the cultural, social or community life of society.

Social Determinants of Health

The social determinants of health 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, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. This is particularly pertinent when considering prevention and promotion initiatives.

The determinants of health inequities are largely outside the health system and relate to the inequitable distribution of social, economic and cultural resources and opportunities. Health inequities are the result of the interaction of a range of factors including: macro politico-economic structures and policy; living and working conditions; cultural, social and community influences; and individual lifestyle factors.

PHAA (Queensland Branch) submission

The PHAA is grateful for the opportunity to provide comment on the issues and possibilities around the establishment of a Health Promotion Commission. We provide a response to the terms of reference of the inquiry and encourage the Committee to take a long term view of the broader social ecological determinants of health as a key factor in successful comprehensive health promotion policy and strategy. This submission has been prepared by officers of the Public Health Association of Australia (Queensland Branch) based in the collective experience of and analysis by

public health experts with different organisational arrangements over many years, including from information and advice provided by prominent health academics, and managers of public health services at local and state levels. It describes how the health promotion needs of the Queensland community will be best served if the core functions are contained within a Queensland Health Promotion Commission that serves an agenda grounded in a health in all policies perspective and espouses principles of interdisciplinary, inter-sectoral and inter-organisational partnerships and planning.

1. The potential role, scope and strategic directions of a Queensland Health Promotion Commission

Health Promotion

Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health and is a practical way to achieving greater equity in health. A focus on 'prevention' and 'promotion' in Queensland is needed to correct some of the recent changes to public health. It is important that prevention initiatives are addressed using a range of strategies across the lifecourse and across different settings, in line with an overarching plan. We look forward to supporting you in the re-building of preventive health programs and services to help Queensland families live healthier lives and be less likely to need to go to hospitals with a chronic illness.

Health Reform in Queensland

Previous health reform strategies have decimated the health promotion workforce in Queensland. Many people with vast experience have left the sector in Queensland. While there are good arguments for local involvement and decision-making where it is appropriate, often public health does not lend itself well to the broad-brush devolution of recent years. The expertise required, often requires central expertise and direction both to identify appropriate priorities and to implement action. Whilst federally funded Primary Care Networks and District Hospital and Health Services have established various health promotion agendas at the district level, the current move to establish a Queensland Health Promotion Commission presents an extraordinary and much needed opportunity to complement the district level work. A QHPC may facilitate and support the coordination, evaluation, evidence base development and utilisation of comprehensive social ecological health promotion throughout Queensland, especially if grounded in principles of:

- a health in all policies perspective
- health equity (a broad social determinants of health focus)
- interdisciplinary, inter-sectoral and inter-organisational partnerships and planning

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Key roles and scope

1. Development and implementation of population wide health promotion strategies targeting behavioural, social and environmental determinants with an emphasis on the primary prevention of chronic disease and its underlying risk factors.
2. State wide planning and coordination of population based cost-effective chronic disease management strategies (including cancer screening programs) in collaboration with key stakeholders: Local Government, District Hospital and Health Services, Primary Health Networks, the NGO/community sector, the academic and health sector.
3. Contribute to and commission research and evaluation of evidenced-base strategies that can be translated into the community.
4. Coordinate and guide improvements in surveillance systems for prevention and health promotion and ensure that information is disseminated regularly.

For the QHPC to be successful, strategies are needed that range from partnership building and coalition development, promotion of healthy social and physical environments, to social marketing and education that helps foster changes in community attitudes, change readiness and develop personal skills for health. The QHPC should focus on key behaviours, e.g. physical inactivity, tobacco and alcohol consumption, and nutrition and environments known to be associated with the development of chronic conditions. In addition, it should have the flexibility to examine other behaviours and environment in areas such as oral health. Since the decision was made to allow Local Governments to decide about fluoridation of local water supplies, access to fluoridated water has been removed in a number of areas. We are keen to see the reintroduction of a Queensland-wide approach on this issue.

Partnerships

Current Health Promotion services are provided through a number of channels, Queensland Health, District Hospital and Health Services, Local Government, community groups, and NGOs, e.g. the Heart Foundation. The QHPC provides an opportunity to ensure that these current initiatives are delivered in an equitable manner, that health promotion programs are evidence-based and that a coordinated approach is undertaken. It is important that the QHPC is aware of existing programs and services delivered across the state and we recommend that an audit of programs (and their success) is undertaken as one of the first initiatives of the QHPC. The establishment of networks and partnerships with key stakeholders is essential to the effectiveness of the QHPC. Potential partners include inter-sectoral Queensland Government departments, e.g. Transport and Main Roads, Health, Infrastructure, Local Government and Planning etc., Local Government, District Hospital and Health Services, Primary Health Networks, the NGO/community sector, the academic and health sector, e.g. the Brisbane Diamantina Health Partners, and consumers. Working with a

range of partners has the greatest capacity to improve the health of individuals and communities by highlighting successful programs that are operating in particular areas, promoting research to build the evidence base, and also translation of successful evidence-based programs beyond the research environment.

Measuring success

Central to the role of the QHPC is the establishment of clear outcomes of success. A long-term perspective is essential with well-defined, agreed, measureable, time-bound targets for Queensland. Importantly, the QHPC needs the capacity to monitor progress over time in key areas such as physical activity levels, nutrition, tobacco control, obesity, and possibly also more distal determinants of health. The QHPC should have access to data collected under various Government Departments and make those data available, in the form of aggregated summary information, for public scrutiny.

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

Frameworks

We recommend that the QHPC is informed by international health promotion frameworks including the Ottawa Charter for Health Promotion (WHO 1986), the Jakarta Declaration (WHO 1997) and the Rio Declaration (WHO 2012). The Ottawa Charter listed five strategies essential for success and it would seem appropriate for the QHPC to conduct activities in these areas:

- build healthy public policy
- create supportive environments
- strengthen community action
- develop personal skills
- reorient health services

The QHPC should also operate within the existing frameworks and initiatives within Queensland and nationally, e.g. The National Strategic Framework for Chronic Conditions and the National Health Priority Areas. The QHPC should become a member of the International Network of Health

Promotion Foundations. To be a full member of this group, the QHPC should have the following key elements:

- Be involved in funding health promotion activities policy development and intervention
- Been established according to some form of legislation such as an Act of Parliament
- Be governed by an independent Board of Governance that comprises stakeholder representation
- Exercise a high level of autonomous decision making
- The legislation provides a long-term and recurrent budget for the purposes of health promotion
- Not be aligned with any political group
- Promote health by working with and across many sectors and levels of society with the aim of facilitating a health in all policies approach to planning across sectors (include non-health sectors e.g. transportation and education)

Successful models

There are a number of successful health promotion foundations operating in Australia, e.g. The Victorian Health Promotion Foundation (VicHealth), The Western Australian Health Promotion Foundation (Healthway), and internationally, e.g. ThaiHealth, Health Promotion Switzerland, The Austrian Health Promotion Foundation. These foundations take a multipartisan approach, have support from partners across a number of sectors, and are adequately funded to support their mission. The QHPC may provide a level of protection to promotion and prevention initiatives in Queensland and we urge measures to be put in place to ensure longevity, so that we don't see a repeat of the demise of the Australian National Health Prevention Agency.

Funding

Crucial to the success of the QHPC will be adequate funding to carry out its mission. While we understand that $7.5 million has been allocated over 4 years this will be insufficient to operate the QHPC. Alternate funding sources for the successful foundations include taxes on tobacco (VicHealth, Healthway, Korean Health Promotion Funding), taxes on tobacco and alcohol (ThaiHealth); levy on health insurance (Health Promotion Switzerland), and direct government funding (Austrian Health Promotion Foundation). We encourage the committee to investigate funding models that ensure the success and long term funding of the QHPC. The establishment of the QHPC provides the Queensland Government with the opportunity to take leadership on regulation to improve health, for example through a tax on sugar sweetened beverages.

Organisational structure

The above analysis indicates that health promotion functions would be most effectively and efficiently delivered through the creation of it as a separate statutory body under the Health and

Hospitals Network Act 2011 (another 'network') or similar. An independent Board should oversee the activities of the QHPC. It must however align with current structures such as the role of the Chief Health Officer.

In summary:

- It would provide clear recognition of health promotion as a specific and complementary service to health care of individuals as part of a contemporary health system
- Administration of regulation can be delegated to this single entity which meets the requirements for consistency of administration, streamlined accountability to the Chief Executive and independence from District Hospital and Health Services who are subject to public health regulation
- Allows for funding to be on a program basis
- Service would be viable as a network as it would be of an equivalent size as small to medium sized District Hospital and Health Services.
- As public health services are classified as health services under the Health and Hospitals Network Act 2011, there is no legal impediment to establishing, by regulation, health promotion services as a single Network and naming it the 'Queensland Health Promotion Commission'. No change to the Act is required.

Specific populations

While PHAA supports a health for all model, we urge the QHPC to include a focus on specific vulnerable and disadvantaged groups.

Aboriginal and Torres Strait Islander people

The PHAA commends the Government for the creation of a Ministry for Aboriginal and Torres Strait Islander Partnerships. Aboriginal peoples and Torres Strait Islanders have experienced the greatest social, economic, political and cultural deprivation of all population groups in Australia - the health consequences of which have been profound. PHAA also urges the Queensland government to collaboratively work closely with local networks and organisations toward reducing social inequity and ameliorating the adverse effects of social disadvantage on health in Aboriginal and Torres Strait Islander communities.

Culturally and Linguistically Diverse people

Although many migrants arrive in Australia with better health than Australian-born Australians, evidence suggests that the health advantage diminishes over time with increasing exposure to Australian lifestyles and environments. Over time, and as immigrants age, in Australia we see higher levels of morbidity and mortality in varying ethnic groups. Research also shows that children of CALD backgrounds and second and subsequent generations of migrants experience poorer health outcomes. These inequities are compounded as people of CALD backgrounds face barriers related to language, cultural, social and economic barriers in accessing health services.

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Socially disadvantaged people

The interplay between homelessness and health operates on a number of levels: some health problems can cause a person to become homeless; some health problems are consequences of homelessness; and, homelessness exacerbates and complicates the treatment of many health problems. People experiencing homelessness face many barriers, e.g. stigma in accessing traditional health services and many health promotion messages may not reach them.

In addition to considering these specific groups within Queensland's population, there are places or districts in Queensland that are characterised by inter-generational social disadvantage. It is in areas of inter-generational social disadvantage that the sequlea of ongoing health inequity are most apparent and therefore reflected in health outcomes data.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to the health of Queenslanders by providing guidance on health promotion.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

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