



Queensland University of Technology

Submission for the Inquiry into the Establishment of a Queensland Health Promotion Commission

Health and Ambulance Services Committee

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Witness Availability:

All authors are available to appear as witnesses as part of this inquiry.

Author Biographical Details

1. Professor Rebekah Russell-Bennett

QUT, GPO Box 2434, Brisbane 4001

Professor Rebekah Russell-Bennett is a leading social marketing researcher at the School of Advertising, Marketing and Public Relations, Queensland University of Technology. Rebekah is the immediate past president of the Australian Association of Social Marketing (the national peak industry body for social marketing), author of over 140 refereed articles and a global leader in social marketing. Rebekah has collaborated in the area of health interventions for blood donation, alcohol use, breastfeeding as well as environmental interventions of public transport and energy use. Notable projects are the *Reduce Your Juice* energy reduction program (\$6.5 million project funded by the federal government) with CitySmart and the world's first two-way automated SMS program for breastfeeding—*MumBubConnect*.



2. Professor Judy Drennan

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Professor Judy Drennan is leader of the Services Innovation Research Program within the Faculty of Business at the Queensland University of Technology. She has particular research expertise in promoting youth wellbeing, winning both an ARC Linkage grant and an ARC Discovery grant for interdisciplinary studies in this area. As a founding researcher on the Young and Well Cooperative Research Centre (CRC) Safe and Well Program, she is highly skilled in developing and evaluating interventions for behavioural change in the field of social marketing. Projects undertaken have included cyberbullying, young women's drinking behaviour, smoking cessation and young men's help-seeking behaviour. Judy has published over 120 refereed academic papers, and has a strong record in industry-related research. She is also a Director on the Board of the International Social Marketing Association.



3. Dr Rory Mulcahy

QUT, GPO Box 2434, Brisbane 4001

Dr Rory Mulcahy is a recent PhD graduate and senior research assistant at the School of Advertising, Marketing and Public Relations, Queensland University of Technology. Rory's research is focused on the use of digital technology for behaviour change, in particular the use of smartphone apps and games. His research has informed the development and

evaluation of real-world projects, including the *Reduce Your Juice* energy reduction program, which uses a smartphone app game to influence energy behaviour. Notably his work has also been recognised for an award at the World Social Marketing Conference 2015. Current research assistant employment is in the area of blood donation and energy consumption.



4. Professor Neil King

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Professor Neil King is an internationally recognised researcher in the field of obesity, physical activity and appetite control. He has achieved an international reputation in obesity research based on developing research themes of 'Resistance to Lose Weight', and 'Susceptibility to gain weight'. He developed a hand-held electronic device for monitoring appetite and an electronic testing platform for measuring food and nutrient preferences. His multidisciplinary research includes nutrition, psychology, obesity and physical activity. He has published in journals with over 25 different titles and 7 Field of Research codes. He has published over 120 peer-reviewed articles and book chapters. He has an h-index of 35, an average of >340 citations/year since 2007. He has attracted more than \$3.5 million in research income. He has supervised 16 PhD and Masters students and has been invited to present at over 30 national and international conferences.



5. Dr Josephine Previte

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Dr Josephine Previte is a leading social marketing scholar and member of the Marketing Cluster in the UQ Business School at The University of Queensland, Australia. Her research focuses on social marketing and a critical marketing analysis of gender, technology, and marketplace behaviours. Josephine has worked with a range of organisations involved in applying social marketing thinking to effect social change, including: Queensland Health's Cancer Screening Services, Queensland Government's Community Service Unit, the Australian Breastfeeding Association, The Australian Red Cross Blood Service and DrinkWise Australia. Her research has appeared in marketing and sociology journals including the *Journal of Macromarketing*, *Journal of Marketing Management*, *Journal of Nonprofit & Public Sector Marketing*, and the *Journal of Sociology*.



Submission Summary

This submission outlines eight evidence-based recommendations for consideration by the inquiry committee to achieve the goal of improved and sustained health and wellbeing among Queenslanders.

For the Queensland Government to be effective in establishing a commission to improve and sustain health and wellbeing, we recommend the following:

1. Commission board and advisory boards to consist of representatives from each of the core discipline areas that investigate health behaviours.
2. Develop an overarching systematic strategic framework that aligns the appropriate approach and interventions to the health priority areas.
3. Adopt an evidence-based approach that stimulates innovative research and disseminates best practice
4. Develop an approach that extends beyond government to include commercial and NGO organisations as active partners in achieving state health goals.
5. Identify best-practice evaluation frameworks and tools that use mixed methods, are inclusive of both medical and social sciences.
6. Identify key target groups across government departments and work collaboratively with other departments when developing programs for each group.
7. Ensure the composition of the commission includes high level appointments representing key disciplines involved with both treatment and preventive health. These include clinical medicine, social marketing, health promotion, health economics, policy and community health.
8. Adoption of a name that reflects a multi-disciplinary and inclusive vision to encourage a systems approach across whole of government to improve the health and wellbeing of Queenslanders.

Introduction

The purpose of the proposed commission is to improve and sustain health and wellbeing. Our core proposition to the inquiry is that a broad pathway approach to health behaviours that is multi-disciplinary is necessary for the achievement of this goal.

This submission is written from the perspective of social marketing; a key approach used globally to facilitate preventative health behaviours at both population and individual levels.

“Social Marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviour that benefits individuals and communities for the greater social good”
Australian Association of Social Marketing (AASM) 2013

Social marketing is one of three approaches to social change that can be used by government and non-profit organisations (Rothschild 1999)¹, with the other two being education (health promotion) and law/policy. The three approaches typically work together, particularly when the issue is complex such as obesity or alcohol misuse; however, they each have different aims and outcomes.

This submission outlines eight evidence-based recommendations for consideration by the inquiry committee.

1. Systems approach

Within social marketing, there are two key perspectives when seeking to influence a health behaviour such as drinking, eating, smoking or exercise²;

- upstream (context, environment and systems)
- downstream (individual behaviour)

A useful framework that combines both upstream and downstream factors is the **Marketing Systems Approach**. A marketing systems approach places a phenomenon such as health behaviour within a wider economic, social and cultural context and explains the constraints that a system can place on public policy initiatives or interventions³.

Marketing System Components

1. Legal/Regulatory factors
2. Supply factors
3. Socio-cultural factors

¹ Rothschild, M. .L (1999). Carrots, Sticks, and Promises: A Conceptual Framework for the Management of Public Health and Social Issue Behaviours. *Journal of Marketing*, 63(4), 24-37.

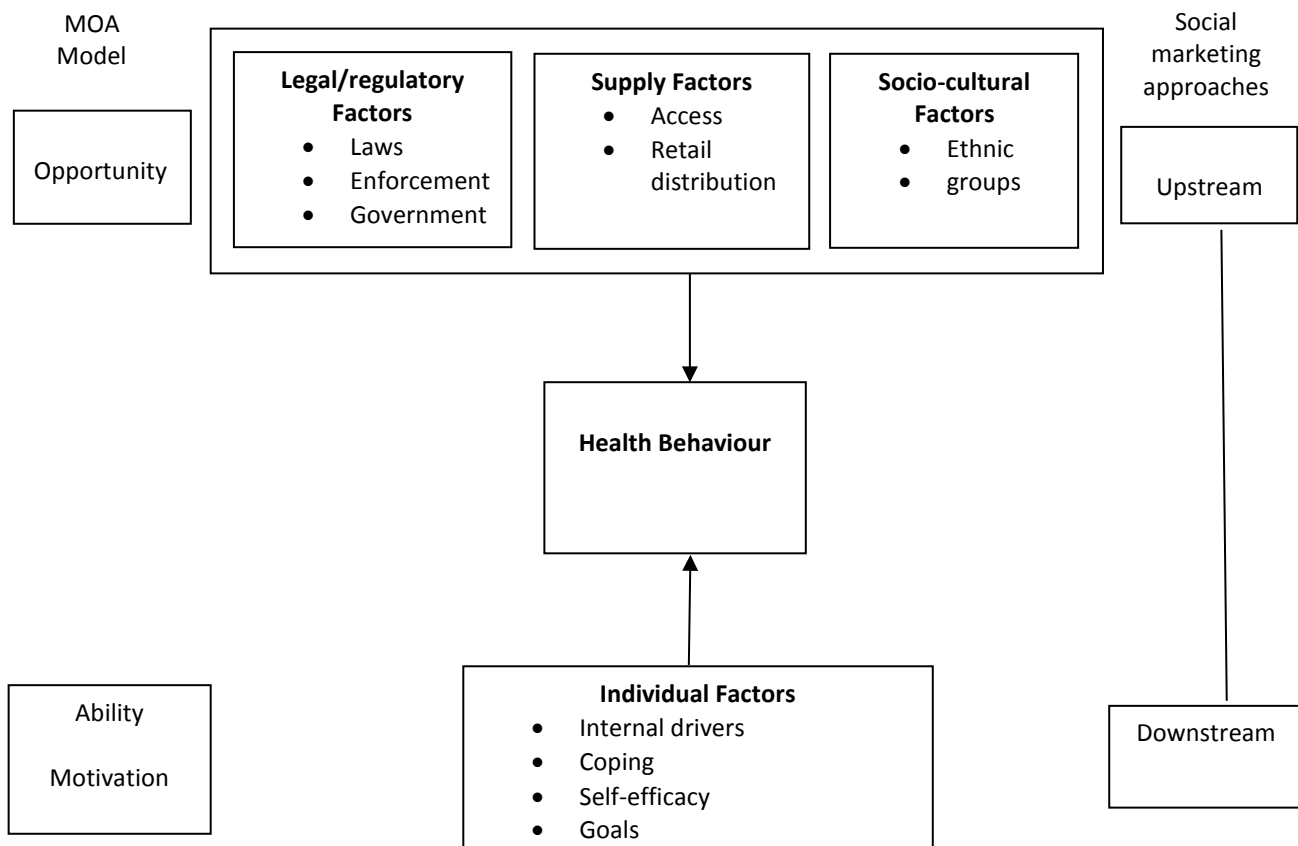
² Lee, N. and Kotler,P. (2011). *Social Marketing: Influencing Behaviors for Good*. Sage, Thousand Oak, California

³ Mittelstaedt J.D, Duke, C.R. and Mittelstaedt, R.A. (2009). Healthcare choices in the United States and the constrained consumer: A marketing systems perspective on access and assortment in health care, *Journal of Public Policy & Marketing*, 28 (1), 95-101

The need to do more in improving and sustaining health behaviour and well-being, and the limited success of measures taken to date, point to the need for a more holistic whole of government approach that includes all elements of the marketing system.

A marketing system is a complex and adaptive ‘institution’ which has “three primary sets of actors: (1) consumers, (2) marketers, and (3) government entities, whose public policy decisions are meant to facilitate the maximal operations of the system for the benefit of the host society”⁴. The MOA Model in social marketing theory identifies that this maximisation of benefit involves creating the motivation opportunity and ability to undertake a health behaviour.⁵ For the purpose of this submission, we have developed a holistic framework that integrates the MOA model, the upstream/downstream social marketing approaches with a marketing systems approach (see Figure 1). This framework depicts the relationships, interplay and interaction between the macro-level government functions, marketing institutions and the micro-level of the consumer.

Figure 1. A Marketing Systems Approach to Health Behaviour



⁴ Wilkie, W. and E. Moore (2003), “Scholarly Research in Marketing: Exploring the ‘4 Eras’ of Thought Development,” *Journal of Public Policy & Marketing*, 22 (Fall), 116–46.

⁵ Rothschild, M. .L (1999). Carrots, Sticks, and Promises: A Conceptual Framework for the Management of Public Health and Social Issue Behaviours. *Journal of Marketing*, 63(4), 24-37.

2. Multi-disciplinary scope

As part of a broader recognition that ‘the drivers of health lie outside the health sector’ (Marmot, 1999) and that other industries have significant input into health, the emphasis is now on multidisciplinary and inter-sectoral teams and approaches. Multicomponent health problems such as obesity, for example, cannot be addressed by a single discipline approach. It takes the combination of team science in public health, together with transdisciplinary and translational research to address complex health issues (Leischow et al, 2008). Health promotion itself is a ‘broad-based endeavour involving many disciplines, sectors and levels of intervention’ (IHHD, 2006). While health promotion was originally based in the health discipline, it is now linked with social marketing, behavioural economics and psychology.

Behavioural economics, for example, understands that decision making can be “predictably irrational” and these insights are employed as an adjunct to health promotion to ‘nudge’ individuals towards healthy behaviour. Social Marketing, which employs commercial marketing techniques for social good, intersects well with health promotion, behavioural economics and psychology to use, for example, incentive based interventions for changing behaviour for healthier outcomes.

It has been argued that solving wicked problems, such as obesity, demand interdisciplinary collaborations, which although challenging are an essential component in both preventing and improving Australian health wellbeing⁶.

- A systematic review of 34 healthy eating studies by researchers from Griffith University for the Victorian Health Department in 2013 analysed social marketing and health promotion interventions for effectiveness in changing health behaviours. The 16 studies that met the definition of social marketing were more effective in achieving behavioural change than the 18 other studies.⁷



Campaign: H3O Challenge

Website: <http://h30challenge.com.au/the-challenge>

Target behaviour: Reducing consumption of sugar sweetened beverages (18-34 years olds)

Leading Organisation: VicHealth

Partners/Contributors: Dietitians Association Australia, Diabetes Australia, Surfing Australia, Melbourne City FC and Melbourne Stars

Campaign Elements: Paid advertising, public relations, sport partnerships and social media promotion

Results:

- Campaign recognition among the target audience showed promising exposure of 24%.
- Key message take out was very high at 50%.
- The campaign messaging was well received, with 53% of those who consume more than five SSBs per week indicating they are motivated to switch to water after seeing the campaign.
- 53% of participants indicated they were motivated to swap sugary drinks for water

Opportunities for Improvement:

- More sophisticated digital platform required to communicate to target audience
- Greater depth in campaign evaluation methods

⁶ Leischow, S.J., Best, A., Trochim, W.M. and Clark, P., Gallgher, R.S., Marcus, S.E. and Matthews, E. (2008) Systems Thinking to Improve the Public’s Health *American Journal of Preventative Medicine* Vol. 35(2S), pp. S196–S203

⁷ Carins, J.E. & Rundle-Thiele, S. (2013). Eating for the better: a social marketing review (2000-2012). *Public Health Nutrition*, 1-12

- The emphasis in social marketing on ROI (return-on-investment) and developing interventions tailored to different population segments was reviewed by the UK Government in 2005-06; the review identified that social marketing could offer what previous health approaches had failed to deliver in the areas of obesity, smoking, alcohol misuse and sexual health.⁸

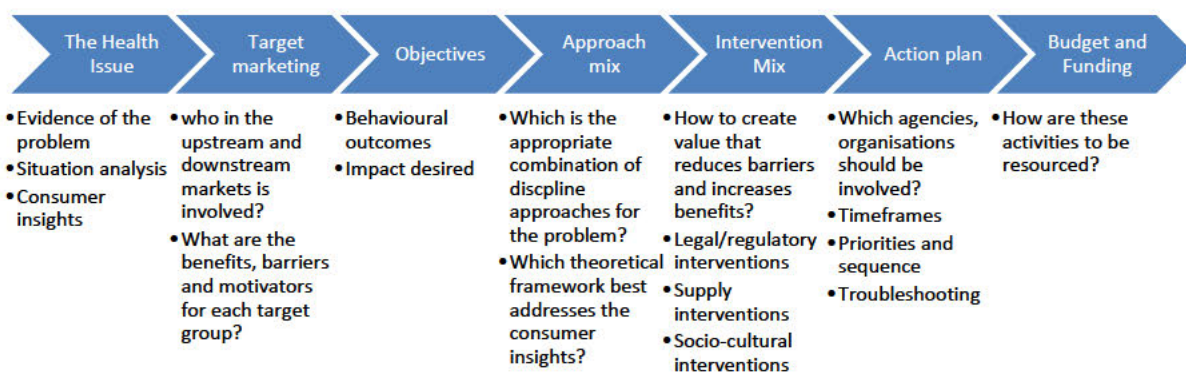
Recommendation: Commission and advisory boards to consist of representatives from each of the core discipline areas that investigate health behaviours.

2. Strategic Planning Process

Systematic strategic planning is a fundamental success factor for any health behaviour intervention regardless of whether an intervention is designed to target the individual, or influence the elements and/or actors within the marketing that surrounds an individual. Only through developing a framework that includes goals, background and a step-by-step tailored plan that addresses stakeholder needs and overcomes barriers to health behaviour will the commission be effective in improving individual health status, influence sustainable health and well-being.

We propose the following strategic planning health improvement framework (see Figure 2) based on the social marketing strategic planning process where key concepts such as target marketing, competition, use of evidence/theory, value creation and exchange, and customer insight are included.

Figure 2. Strategic planning health improvement framework



⁸ French, J. (2009). The nature, development and contribution of social marketing to public health practice since 2004 in England, *Perspectives in Public Health*, 129 (6), 262-267.

This framework draws together approaches such as social marketing, engagement, segmentation, community activation, brand and workforce development to holistically address the complex issues surrounding health and wellbeing. At each stage of the framework – particularly the intervention mix – different, disciplinary expertise may be required to achieve the aim of health improvement. Given the recognition that industries other than health are now involved in dealing with health issues, an action plan is necessary to draw together resources from the right agencies and organisations.

As part of the strategic planning process, the commission should set state health priorities every five years based on current evidence that drive where and how resources are allocated. This process should include targeting priority health areas (e.g., obesity, social determinants of health) with a whole-of-government approach that integrates efforts and resources across the state in a common goal of achieving positive health outcomes.

The process should clearly separate *prevention* from *treatment*. These approaches use different state resources (e.g. hospitals for treatment v home-visits as prevention), draw on different disciplines (e.g. clinical science for treatment and social marketing for prevention) and require dedicated strategies and resources. In particular, the timelines for measuring effectiveness of activities need to recognise the length of time required for prevention impact. Prevention has long been argued as a cost-effective method for health. One study in particular reports that preventive intervention would make significant savings to medical care costs and lost of productivity costs, resulting in a net saving to society⁹ In support of this Bendich, et al. reports that health prevention in the United States for hip fractures could have prevented 134,764 hip fractures and \$2.6 billion in direct medical costs.¹⁰ Similar results have also been found in cost-benefit analyses of health prevention for food and nutrition programs with reported potential savings of \$10.64 for every \$1 spent on prevention¹¹.

Recommendation: Develop an overarching systematic strategic framework that aligns the appropriate approach and interventions to the health priority areas.

⁹ Wang, L. Y., Yang, Q., Lowry, R., & Wechsler, H. (2003). Economic Analysis of a School-Based Obesity Prevention Program. *Obesity Research*, 11(11), 1313-1324.

¹⁰ Bendich, A., Leader, S., & Muhuri, P. (1999). Supplemental calcium for the prevention of hip fracture: potential health-economic benefits. *Clinical therapeutics*, 21(6), 1058-1072.

¹¹ Rajgopal, R., Cox, R. H., Lambur, M., & Lewis, E. C. (2002). Cost-benefit analysis indicates the positive economic benefits of the Expanded Food and Nutrition Education Program related to chronic disease prevention. *Journal of nutrition education and behavior*, 34(1), 26-37.

3. Evidence-based process that fosters innovation

Best-practice in health management involves an evidence-based approach. Evidence-based practice improves the quality and effectiveness of programs and interventions¹² and allows for a managed approach to innovation. Innovation is inherently risky; however the risks are modified when the innovation is based on evidence.

A key component of evidence-based practice is the role of theory to explain and predict health phenomena. A theoretical framework provides a guiding lens and set of guiding principles for any health intervention. Theory enables researchers to overcome the problems associated with an accumulation of a set of empirical statistics. In particular, systematic literature reviews (while useful) often 'sidestep the issue' of the importance of theory as an integral element to informing a rigorous evidence-based approach.

The importance of evidence-based health programs is demonstrated through the American Recovery and Reinvestment Act of 2009 which allocated \$650 million to the implementation of evidence-based strategies¹³.

The UK National Social Marketing Centre was established in 2004 by the National Health Department and involved a consumer group to generate an evidence-base from which the effectiveness of social marketing was substantiated. This centre has a series of best practice cases that are used by health professionals worldwide when designing health interventions (both upstream and downstream). In addition to these cases, the centre offers tools that are specific to particular health topics e.g. breastfeeding that calculate return-on-investment.

Constraints, such as the political cycle and media interests, affect the type of evidence that can be generated to address public health issues. Preventative health approaches take time to yield results and working to a one, two or three year budgetary cycle will lead to short-

¹² Green, J. (2000) The role of theory in evidence-based health promotion practice, Health Education Research, Vol. 15. No.2, pp. 125-129

¹³ American Recovery and Reinvestment Act of 2009, Pub L No 111-5, 123 Stat 233 (2009).



Who are they: The Young and Well CRC is a multi-disciplinary research centre which applies a theory and evidence based approach to better understand how young people can use technology to improve their wellbeing.

Who is a part of the multidisciplinary team?

Innovators, practitioners, policy makers and young people.

Disciplines Represented:

Public Health, Public Affairs, Marketing, Media, Digital Arts, Legal, Psychology, Design and Gaming

What do they do/What are they doing?

- Investigating how social media can be used for suicide prevention
- Developing and evaluating effectiveness of suicide prevention apps for indigenous Australian Youths
- Evaluating the effectiveness of music for well being
- Understanding youth exposure to and management of cyber bullying

term, isolationist interventions rather than a marketing systems approach. Or to short term solutions focused on communication only approaches to address complex problems (such as obesity) and the collation and reporting of evidence focused on micro-level influencing factors (e.g., individual health attitudes and behaviour).

To facilitate an evidence-based approach, the commission will need to undertake the following:

- Establishment of a set of tools and resources for evidence-based public health (see Jacobs et al 2012 on the US CDC website for a comprehensive set)¹⁴
- Establishment of an independent funding scheme that is linked to state health priorities. This scheme should seek to foster truly innovative approaches rather than incremental research.
- Online repository of best-practice cases that demonstrate the theoretical approach and the evaluation metrics of the intervention.
- Publication and dissemination of funded research.
- Provision of funding beyond the political cycle.
- Preparedness to take 'risks' to develop innovative solutions.

The commission should also fund the development of accurate and valid health technologies that can be used to facilitate improving healthy lifestyles and self-management of disease.

Recommendation: Adopt an evidence-based approach that stimulates innovative research and disseminates best practice.

4. Collaborate with NGO and commercial organisations

An important goal of government is to improve the lives of citizens. How far should governments go to achieve this goal? In Queensland under the Westminster system, the government establishes law (legislative assembly), implements the law (executive), and monitors and interprets the law (judiciary)¹⁵. As the result of this system, government improves the lives of citizens through law and policy, leaving the provision of goods and services largely to private enterprise and non-profit sectors. This division often leads to a lack of cohesion in the

¹⁴ Jacobs, J.A., Jones, E., Gabella, B.A., Spring, B. and Brownson, R.C. (2012) Tools for Implementing an Evidence-Based Approach in Public Health Practice, *Prev Chronic Dis* 2012;9:

¹⁵ <https://www.qld.gov.au/about/how-government-works/system-of-government/>

Collaboration and Innovation



Seed Challenge: An initiative to fund innovation and new ideas to improve fruit and vegetable supply and access.

Organisations Involved: Australian Centre for Social Innovation and VicHealth

Disciplines Involved: People from across the nutrition sector, fruit and vegetable industries, researchers, social innovators/entrepreneurs, the digital experts' submitted ideas

Results:

- 54 ideas were submitted,
- 10 shortlisted and each finalist received \$1,000 to support their business plan
- 2 winners received \$100,000 of capital investment to begin their programs

Winners:



3000acres (www.3000acres.org)



Open Food Network
(www.openfoodnetwork.org)

marketing system whereby governments do not work as closely with private and non-profit organisations as they could to seek out solutions to complex health and social problems.

A marketing system approach undertakes to integrate the three sectors by seeking out collaborative opportunities positioned on achieving common and/or shared goals. The benefit of this approach for the Queensland government is the ability to incentivise goods and services that create opportunities and an environment in which consumers can more easily adopt healthy lifestyle practices. Collaborations between public-private-NGO collaborations on health programs will result in more achievable (and sustainable) health solutions built on shared resources, skills and capabilities that exceed the existing levels of each individual sector. Commercial organisations are motivated by profit, however if profit can be generated by meeting consumer needs (such as desire for healthy food) then commercial and government interests align. An interesting example of a commercial organisation that is helping Australian food growers to innovate in their business is the Coles Nurture Fund¹⁶. Governments need to collaborate with innovative organisations and extend resource networks to organisation that can also support the State to achieve its health goals.

Some examples of how the Queensland government could work more collaboratively with NGOs and commercial organisations are:

- For every health priority area identified by the Queensland government, identify the key departments across the Queensland government, commercial organisations and NGOs that share a common goal.
- Provide financial support for NGOs and commercial organisations that supply goods and services that align with the state health priorities. Examples may be tax incentives for organisations that supply food rated as healthy or business start-up grants and funds for organisations that support healthy lifestyle practices.
- Encourage corporate employee well-being strategies by rewarding empirical evidence of effectiveness. Examples may be subsidising wearable technology such as Fitbits or fitness programs.

Recommendation: Develop approaches that extend beyond government silos to include commercial and NGO organisations as active partners in achieving state health goals.

¹⁶ <http://www.supplierportal.coles.com.au/csp/wps/portal/web/ColesNurtureFund>

5. Evaluation frameworks

A key benefit of a theory-based approach is the connection to rigorous, scientific evaluation. Too many health promotion programs are under-funded, leaving little money available to determine whether the program created social change (or not), why. The need for scientific rigour AND appropriate evaluation at both the process and outcome stages was a key feature of the UK's House of Lords inquiry into behaviour change and a factor that needs to be strongly supported in this inquiry's report. Ensuring rigorous and scientific evaluation can determine the performance (the success or failure) of a technology and/or intervention attempting to change behaviours of individuals.

There are three types of evaluation metrics: outputs, outcomes and impact. Too often, health promotion programs and interventions are evaluated in terms of outputs such as the number of brochures distributed, new bike paths built, website hits or attitude change; rather than outcomes such as behaviours or policy changes and impact measures such as lives saved or health improvements. The commission needs to ensure that an evaluation framework is developed that specifies the metrics to be reported on every program, campaign or intervention as well as ensuring there is adequate funding in every intervention, program or campaign for rigorous, appropriate evaluation measures.

An example of rigorous and scientific approaches to evaluating the performance of technology in tackling physical activity, nutrition and weight loss can be seen in the ATLAS program¹⁷ (evaluated by the University of Newcastle), which used a randomised control trial and focus groups to measure the effectiveness of the smartphone app in behaviour change. Using such approaches to evaluate a technology's effectiveness in changing behaviour is advantageous as this allows for new and alternative learning from 'best practice', as well as insight into improvement in the development (and evaluation) of technology and programs.

In particular there needs to be recognition of mixed

¹⁷ Lubans, D. R., Smith, J. J., Skinner, G., & Morgan, P. J. (2014). Development and implementation of a smartphone application to promote physical activity and reduce screen-time in adolescent boys. *Frontiers in Public Health*, 2.



ATLAS (Active Teen Leaders Avoiding Screen Time)

- **Aim:** Targeted at low-income high schools boys with the aim of increasing their physical activity and reducing time on television and video games.
- **Solution:** Purpose-built smartphone app and website with features including goal setting, self-monitoring, diary of sugary drink and food consumption and assessment of fitness goals.
- **Outcome:** Significant effects were found in the reduction of television and video game use, sugar-sweetened beverage consumption. Increases found in muscular fitness and resistance training skills.

University of Newcastle

methods approaches, applied to inform a holistic view of social change actors. Despite the recommendation of the World Health Organization (WHO) in 1998 that health promotion evaluation should go beyond randomized control trials as they are in the most case “inappropriate, misleading and unnecessarily expensive”¹⁸ this approach continues to dominate evaluations of health interventions. Health evaluation need to move beyond a medicalised purview of the health consumer, and incorporate more holistic approaches to document and evaluate health consumers’ lifestyle style practices. A mixed-method approach reflects a truly multi-disciplinary approach and is a necessary safe-guard against funding that excludes non-medical approaches. Additionally, it is an approach that supports the assembling of diverse sources of information and insight from which decision-makers can make more holistic judgement (and evaluations).

A number of evaluation frameworks could be recommended by the commission, some of these may include:

- Logic Models: Visual representation of the resources uses, activities undertaken and the changes/results obtained.¹⁹
- Ecological Model of Health: acknowledges the relationship between health-related behaviours and the environments which people live, work and play. A comprehensive model that is multi-faceted using shared frameworks from other disciplines to examine the influence of individual and environmental factors.²⁰
- Social model of health: Involves inter-sectoral collaboration, acts to reduce social inequities, empowers individuals and communities.²¹
- Ethnographic approaches to study health: Involves researchers visiting consumers in their homes (or offices) to observe and listen in a less intrusive way. The goal is to see people’s behaviour on their terms (and not from the expert’s perspective).²²

To ensure evaluation is rigorous and appropriate there needs to be a standardised toolkit available online that recommends evaluation tools for different contexts and research questions. Training needs to accompany the toolkit and also include: how-to- guides (written and video), templates and advice to ensure that evaluation is easy, convenient to access and affordable. For instance, the U.S. Centre for Disease Control (CD) offer evaluation toolkits²³ for different health areas. An example of this is the cancer control evaluation toolkit which includes the key evaluation concepts, frameworks, tools and templates, resources and training.²⁴

Recommendation: Identify best-practice evaluation frameworks and tools that use mixed methods and are inclusive of both medical and social sciences.

¹⁸ WHO (1998) Fifty-First World Health Assembly, WHA51.12: Health Promotion, WHO, Geneva

¹⁹ United Way (2015) Outcome Measurements <http://www.yourunitedway.org/outcome-measurements>

²⁰ VicHealth (2015). Defining health promotion. <https://www.vichealth.vic.gov.au/media-and-resources/vce-resources/defining-health-promotion>

²¹ VicHealth (2015). Defining health promotion. <https://www.vichealth.vic.gov.au/media-and-resources/vce-resources/defining-health-promotion>

²² Anderson, K (2009). ‘Ethnographic research: A key to strategy, *Harvard Business Review*, (March,2009), p. 24.

²³ CDC (2015) Program performance and evaluation office (PPEO), <http://www.cdc.gov/eval/resources/>

²⁴ CDC (2015) National Comprehensive Cancer Control Program (NCCCP) http://www.cdc.gov/cancer/ncccp/prog_eval_toolkit.htm

6. Whole of government matrix approach

The Queensland government's portfolio structure is a key structural barrier that reduces the state's ability to deliver holistic integrated approaches to addressing complex social and health issues. To ensure a whole of government approach that results in more effective use of resources (time and money in particular), and better goal attainment is a matrix structure (see Figure 3). In this structure each portfolio is linked to a particular interest group in the population e.g. at risk youth, elderly or rural/remote and works collaboratively together to deliver consistent services. The current structure results in conflict between the departments. An example of this is efforts by the Department of Transport to increase the uptake of public transport (positioning catching the bus as a good behaviour) whilst the same department run advertising and Road Safety campaigns that position catching the bus as punishment for being caught drink driving.

Figure 3 suggested matrix structure

	Health	Transport	Communities, Child Safety and Disability Services	State Development
At risk youth				
Seniors				
Rural and remote				

In the state of Victoria, a whole of government approach is being implemented as the Healthy Together Victoria (HTV) program²⁵. The program adopts a systems approach to health prevention and involves multiple government departments, community groups, commercial organisations and NGOs. For the State of Victoria, adopting a "systems approach is a departure from the traditional health promotion projects approach, which at best reaches a few people, for a short time. It means considering how the systems that influence health work and where best to intervene for optimal health and wellbeing outcomes. Drawing from different types of theories of complexity, socio-ecology and systems, HTV explores and adopts sustainable and cost effective strategies to prevent obesity related chronic disease across the whole population".

HTV

- Aims to place good health at the centre of everyday lives.
- Adopts a system approach
- Focusses on improving the environments where people live, learn and work.

Recommendation: Identify key target groups across government departments and work collaboratively with other departments when developing programs for each group.

²⁵ https://www2.health.vic.gov.au/getfile/?sc_itemid=%7b580306AE-6A00-409C-9E89-A32E48098B69%7d&title=What%20is%20Healthy%20Together%20Victoria

7. Composition of the Commission

It is critical that the relevant health professionals and disciplines are represented in the commission, as well as the key social and health researchers who have an international reputation in the relevant disciplines. Expertise in developing policies and effective intervention strategies is important. Of course, it will be impossible to include all disciplines yet the commission should aim for diversity of insight, which can inform the selection of those involved.

An advisory body or 'brains trust' should be established and report to a QLD Health Commissioner. Partnership and connectivity with research institutes, the community, allied health professionals and industry will be beneficial. Given that early intervention and targeting priority groups are important, there should be representation from Aboriginal and Torres Strait Islanders and paediatric health professionals and researchers. Examples of key academic disciplines include: physical activity, nutrition, environmental health, social media and communication, social marketing, child and adolescent health, health economics and social determinants of health. Indeed, QUT's partnership in the recently opened Centre for Children's Health Research, located next to the Lady Cilento Hospital, will be beneficial.

Experts in translational and policy research will bolster the other relevant disciplines. Experience of effective health technologies (e.g., web-based interventions) and innovative practices (e.g. digital technologies) will be important. There is scope to be innovative and work with social media and gamification experts.

The representation of the health promotion workforce should complement the academic expertise and experience. It is important that the workforce is aligned with the researchers. Areas include nutrition, indigenous health and mental health.

Recommendation: Ensure the composition of the commission includes high level appointments representing key disciplines involved with both treatment and preventive health. These include clinical medicine, social marketing, health promotion, health economics, policy and community health.

8. Name of the Commission

We have provided evidence that a multi-disciplinary systems approach to improving health and wellbeing is needed to achieve the goals stated in the inquiry brief. For this to be achieved, the name of the commission cannot be the Queensland Health Promotion Commission. By definition this will limit the scope of activities to communication, education and awareness programs that are guided by health promotion frameworks. A health promotion oriented commission will deliberately exclude other approaches such as behavioural economics, psychology and social marketing which will reduce the effectiveness of any activity undertaken to address complex health issues such as obesity. Likewise the

evaluation approaches will not reflect multiple-disciplines and will be headed in the direction of past failures.

If the Queensland Government wishes to live up to its stated values of: ‘customers first’, ‘ideas into action’, ‘unleash potential’, ‘be courageous and empower people’,²⁶ then the first step is to name this new commission in a more innovative, holistic and meaningful way. Other commissions that share a similar vision are entitled:

- Healthcare Commission-UK²⁷
- The Commission to Build a Healthier America²⁸
- Health Quality and Safety Commission-NZ²⁹
- Commission on Social Determinants of Health-World Health Organisation³⁰
- The Commission on Wellbeing and Policy-Legatum Institute³¹
- Commission on Housing and Wellbeing-Scotland³²

As can be seen, none of these commission names involve health promotion. This review of similar commissions/organisations in different states and countries has informed our suggested alternatives:

- Queensland Health and Wellbeing Commission
- Queensland Healthy Lives Commission
- Queensland Healthy Lifestyle & Partnership Commission
- Queensland Innovative Health Commission

Recommendation: Adopt a name that reflects a multi-disciplinary and inclusive vision to encourage a systems approach across whole of government to improve the health and wellbeing of Queenslanders.

²⁶ <http://www.psc.qld.gov.au/about-us/about-the-public-sector.aspx>

²⁷ http://webarchive.nationalarchives.gov.uk/20090321165219/http://healthcarecommission.org.uk/_db/_documents/Healthcare_Commission_and_Wales_2004-08.pdf

²⁸ <http://www.commissiononhealth.org/>

²⁹ <http://www.hqsc.govt.nz/about-the-commission/>

³⁰ http://www.who.int/social_determinants/thecommission/finalreport/en/

³¹ <http://www.li.com/programmes/the-commission-on-wellbeing-and-policy>

³² [http://housingandwellbeing.org/-](http://housingandwellbeing.org/)

Appendix A- Calls for Multidisciplinary Public Health Approaches

Author	Health Behaviour	Explanation
(Goldstein, 2001)	Analysed three public health issues 1) Hepatitis C 2) Arsenic and 3) Ground water contamination	All three areas of public health were determined to need a multi-disciplinary and multi-organisational approach to address the problems.
(Sparling et al., 2000)	Physical Activity	Common themes found to improve physical activity initiatives include the development of theory-driven campaign design and evaluation as well as the inclusion of multi-disciplinary teams Analysed the Active Australia campaign launched in 1997, which included input from government, education, transportation and urban planning. “It is evident that if physical activity promotion is to succeed as a public health initiative, a multidisciplinary team approach is required”
(Kriebel and Tickner, 2001)	No behaviour specified	Explains that multiple disciplinary teams are useful as they avoid narrow disciplinary viewpoints, as well as identify innovative alternative solutions for developing and evaluating public health campaigns.
(Bodenheimer et al., 2009)	Chronic Disease	Explain that there is ample evidence that multidisciplinary teams in primary care have been proven to be successful. Further, disciplines outside of public health can provide assistant overcoming factors that can't be mitigated by public health. “Without a multidisciplinary team, consistently good chronic care is impossible”.
(Havas et al., 1995)	Food programs for Women, Infants and Children	Present a multidisciplinary team model for public health for Women, Infant and Children (WIC) food programs. Model includes collaborations among: governments, academics, private sector and voluntary agencies.
(Mercy et al., 1993)	Domestic Violence	To advance understanding of domestic violence to provide better prevention policies and programs a multidisciplinary approach is required
(Traeger et al., 2006)	Influenza vaccinations	Attributes the effectiveness of the Whiteriver Service Unit (WRSU) influenza campaign to a multidisciplinary approach-campaign exceeded the goal of 60% influenza vaccination rate among those aged 65 years and older in our community “We attribute these accomplishments to the multidisciplinary approach used in our vaccination program”

Author	Health Behaviour	Explanation
(Ojikutu and Stone, 2005)	HIV Prevention for Women	<p>Public health can be better served to address HIV prevention and wellbeing in women by using a multi-disciplinary approach.</p> <p>“Physicians can assist in this process by advocating a multidisciplinary approach to treatment and prevention that would address women’s life circumstances along with their medical need”</p>
(Kaye et al., 2000)	Pneumonia	<p>This study investigates Ventilator-associated pneumonia rates in the medical-surgical intensive care units.</p> <p>Results of the Critical Care Bug campaign show a drop in pneumonia rates</p> <p>Success of the campaign and study is attributes to multidisciplinary team</p> <p>“This study illustrates the effectiveness of a multidisciplinary team approach devised to reduce and stabilize ventilator-associated pneumonia rates in a medical-surgical intensive care unit”</p>
{Novilla, 2006 #53}	Family and Community Health	<p>Paper discusses that approaches to address group public health issues in families and communities that a “mutual bridge” is required between different disciplines to assist public health.</p> <p>Multidisciplinary approach is discussed as better serving public health issues and the public health system.</p> <p>“health issues and problems (that) are better managed through a collaborative, multidisciplinary approach”</p>