

RESPONSE TO THE HEALTH AND AMBULANCE SERVICES COMMITTEE INQUIRE INTO THE POTENTIAL ROLE, SCOPE AND STRATEGIC DIRECTIONS OF A QUEENSLAND HEALTH PROMOTION COMMISSION. (DUE 20 NOV 2015)

1. The Queensland Health Promotion Commission to be the lead agency, accepting accountability and providing governance over multi level, multi disciplinary, population approaches to health promotion.

The health of Queenslanders is largely determined by factors outside the health sector, including housing, transport, the environment, education and employment. Addressing chronic disease will require collaboration between health and non-health sectors, in setting a common agenda and framework to guide mutually reinforcing activities. This relies on appropriate governance. Therefore it makes sense for a Health Promotion Commission with a remit to engage the commitment of, and hold to account all sectors of government, and to serve as a trusted leader in the community by accepting accountability for and strategically driving the integration functions for health promotion.

The future of health promotion requires an ethical approach, “Do No Harm”. Recent experience such at the establishment and disestablishment of the National Preventive Health Agency (NPHA), following the commencement of the Australian National Preventive Health Agency Act 2010, shows that despite a clear need to provide national capacity to drive preventive health policy and programs, sustaining the support for this is challenging.

National strategic leadership and partnerships with Commonwealth, state and territory governments, community organisations, industry and primary health care providers for preventive health progress in Australia is critical to major preventive health reform. Without sufficient commitment from state and federal policy to enable the implementation and sustainability of effective contemporary health promotion practice, it is unclear what benefits would be achieved through a new entity to deliver health promotion in Queensland.

2. It is imperative that a commitment to a new structure for Health Promotion leadership and governance in Queensland be backed by an appropriate contribution from the health budget.

A commitment to sustainable investments in health promotion strategies and the political will to achieve healthy public policy is needed if we are to address the rising prevalence of chronic disease and costs of managing these. Australia invests a smaller proportion (1.7%) of its health budget on public health, which includes health promotion initiatives, than most OECD countries.ⁱ Over the previous decade, the budget allocated to public health has fluctuated considerably, reflecting the highly politicised nature of the commitment to health promotion activities (appendix 1). New health promotion investments need be targeted at long-term, evidence informed interventions that seek to act on the underlying causes of poor health and wellbeing. Identifying evidence informed interventions suitable for Queensland target groups is a challenge in that funding cycles and regular changes in state and commonwealth governments over recent decades has meant that many programs with promise have been cut, often before evidence could be established or communicated.

Improvements to population health are often sustained over time, necessitating a parallel commitment, financially.

3. The Queensland Health Promotion Committee employs a multi-perspective scope and broad 'whole of life' spectrum of practice.

While high-level state and national initiatives are important, there is a need to ensure sustainability and continuity in health promotion by working in partnership with local government and community. This involves engaging both public and private sectors. The Gold Coast Active and Healthy Alliance is an example of a dynamic partnership that exists between Commonwealth, State and Local government, as well as private industry. As a strategic collaboration of organisations with a vested interest in active recreation, sport, nutrition and physical activity, the Alliance members work towards the delivery of the Gold Coast Physical Activity Plan 2010-2020(GCPAP) and are contributing to the planning of Commonwealth Games Legacy projects.

A broad scope of practice encompasses an equitable and life-span approach to health promotion practice. Without clear leadership, health promotion and prevention gets lost in both the commonwealth and state health portfolios because of the immediate and expanding pressures of caring for the sick.

In relation to Aboriginal and Torres Strait Islander Health key considerations include:

- the need for a specific arm of the Commission related to Aboriginal and Torres Strait Islander Health,
- a broad range of areas be addressed for Aboriginal and Torres Strait Islander Health including Immunisation, Environmental Health as well as Chronic Disease, Cancer etc,
- Aboriginal and Torres Strait Islander people employed to oversee and input into this arm of the Commission including good consultation with community members across Qld,
- capacity for the services / programs / promotional material developed etc by the Commission to be applicable and acceptable by communities across Qld and include the opportunity for adaptability across communities to allow for localisation,
- programs and services which are developed with adequate time to demonstrate achievements and that the Commission would support this work and the timeframes.
- ensuring good relationship building with the Aboriginal Community Controlled Health Sector and Primary Health Networks in terms of shared messages / promotion for the Community.

Shared responsibility and the development of strategic partnerships at all levels of government, industry, business, unions, the non-government sector, research institutions and communities is vital to health promotion success. A Health in All Policies approach would require the incorporation of targets related to health in all sectors of government and funding to enable the resources to achieve these collectively. While there is a need for coordination across portfolio boundaries to enable Queensland to address the determinants of health in a systematic way, considerable barriers remain without a national program to lead preventive health action.

4. Strategic leadership

Effective health promotion requires multiple strategies designed to effect change at a population level, guided by evidence and lead by experienced health promotion practitioners. Social marketing and lifestyle behaviour change approaches have limited efficacy, while supportive policy and legislation at the state and national level are key drivers for improved health outcomes. While Queensland Health has to date been the lead agency for health promotion, it has had limited capacity since the significant reductions of the health promotion workforce in 2012.

While resources to drive change are essential, a critical element to guide appropriate health promotion change management would be the effective recruitment of a national strategic health

promotion leader who has demonstrated significant health promotion policy and strategic direction setting in recent years.

5. Mandate to manage conflicting agendas

Health promotion advocacy aims to influence markets and develop coherent policies through taxation, responsive regulation, and through coherent and connected policies. Challenges to the National Preventive Health Agency and more recently the Healthway Program in Western Australia highlights the challenges and political pressures that arise when health promotion advocacy starts to challenge corporate practice.ⁱⁱ If a Health Promotion Commission in Queensland is to be successful, it will have to be established with a governance framework that will support it through such challenges.

While obesity remains one of the leading risk factors for disease in Australia, leadership agencies in this space are still being cut. Recent Commonwealth Government budget cuts resulted in the closure of the CO-OPS Collaboration which was established as a public health prevention intervention to increase knowledge translation and professional capacity building, driving national collaboration and increasing the quality and use of evidence in community based obesity prevention.

If the Commission is to take on funding provider role to promote local and or statewide initiatives it is essential the funding model supports the adoption of 'best practice' quality, effectiveness and sustainability and is not limited by short term funding cycles that undermine practice and evidence base development.

Many of the influences on individual behaviour are out of control of the individual. Marketing and the shopping environment influences what individuals choose to buy and economic environments determine where people can afford to live and access to goods and services.

Policy development and implementation is critical to successful health promotion. This can include legislation for food labelling and product content, tax concessions to healthy alternatives and conditions on point of sale product availability in workplace environments, reductions in public transport costs etc which can help make the healthy choice the easy choice. Setting a preventive agenda that seeks to establish lifestyle opportunity-promoters such as these has been shown to be a national challenge.

The political barriers to a commitment to prevention are significant. A Directive strength of power the corporate sector will apply to any moves to push back against unhealthy behaviours which are supported through corporate product sales. Understanding that a Queensland Health Promotion commission will take time to reach its full potential (five years minimum), it is essential that the establishment of such a body is given the leadership and capacity to develop and deliver a statewide approach to health promotion.

6. Evidence based practice challenges

Investing across the life span to promote and support healthy lifestyles and environments has been shown to be important for health outcomes. The Gold Coast Small Talk resource is an example of a strategy developed to support effective age paced parenting information dissemination. This resource was developed in consultation with the target group and is highly supported by the target group, but the project evaluation was ceased due to government changes before the evidence regarding level of effectiveness could be completed.

While statewide leadership for health promotion could provide many opportunities, without local supports there is a high risk of not effectively engaging people where they live, work and play; at home, in schools, workplaces and the community. Local networks can be effective in informing, enabling and supporting people to make healthy choices. A reliance on resources and programs which are offered generically with a high reliance on self-selection for participation, tend to be effective at engaging the 'worried well' and have little impact with the most disadvantaged or those

most at risk. While efforts to reduce inequity through targeting disadvantaged or marginalised groups is an important strategy both in terms of rationalisation of resources and equality, there are many challenges to this approach also. Effective health promotion leadership would help to effectively align evidence, insight and opportunity to traverse these challenges.

7. Responsibility divergence

Workplace healthy and safety program in Australia is an example of establishing a system to ensure health outcomes. This system relies heavily on legislation and shared responsibility. The main object of the Work Health and Safety Act 2011 is to provide for a balanced and nationally consistent framework to secure the health and safety of workers and workplaces by ...protecting workers and other persons against harm to their health, safety and welfare through the elimination or minimisation of risks arising from work or from particular types of substances or plant;...

Workplace Health and Safety Queensland (WHSQ) defines its responsibility as, improving work health and safety in Queensland, the intention of health and safety is primarily related to personal safety in the workplace rather than worker health.

A huge opportunity exists for business to improve performance through a focus on organisational health. Research indicates that in organisations where workplace health is managed well, financial performance increased by more than 2.5 times.

The concept of workplace health has developed and gained momentum in Australia since the late 1970's, undergoing a significant evolutionary process. The growth of the industry is due largely to the position it occupies at the confluence of political, economic, technological, safety, injury management and public health developments. This growth was expected to continue with the Council of Australian Governments National Partnership Agreement on Preventative Health, however it is unclear where this sits currently. In Australia, 1500 workplace health programs covering 400,000 employees were providing some sort of workplace health or preventative health program in 2010.

Queensland Government is the largest employer in Queensland and yet there has been a reluctance to effectively engage our workers through workplace health strategies at the macro level. Instead there has been a push to decision making and action at the local level and perception that Local Government is responsible for creating healthy community environments, not Health. This reluctance to implement reform at the State level does not send a message that the Queensland Government is committed to health promotion. The creation of Queensland Health Promotion Commission will not provide such commitment, without the direction to that agency to develop and implement policy effective policy at the state level for all state departments. Queensland Health and Hospital and Health Services must be ambassadors for healthy workplace policies if there is to be successful reorientation to primary healthcare towards prevention.

8. Drivers for change

There is a growing readiness for change within the community as seen through emerging vigorous engagement in online conversations around sugar use and consumption, advertising to children and other health issues. A recent study suggests support for a tax on sugary drinks is as high as 85% if the revenue was used to programs to reduce childhood and 84% if used to encourage children to play sportⁱⁱⁱ. This emerging groundswell for change is a potential catalyst for powerful reform if an effective reform platform is established. Establishing a health promotion structure that could coordinate and empower community action through collaborative efforts would build on the evidence being demonstrated around the world through collective action. Identifying and connecting with system navigators to optimise individual to community connections and promote population-level solutions will be important contributors to success.

Government public health agencies are well positioned to play lead roles as population health strategy integrators using both their legal and scientific authority, but can be limited or reinforced by the degree of legal and fiscal discretion directed to the agency. It is essential that a new Health Promotion Commission take leadership for strengthening the scientific authority of health promotion practice in Queensland by ensuring the development and use of reliable knowledge about the effectiveness of public health strategies and the “pay-offs” that can be expected. More comparative research that examines public health agency roles within population health strategies and the health and economic results that are achieved is required.^{iv}

While the Palaszczuk Government has reversed the gag on non-government organisations which receive government funding, the implementation of such conditions in service agreements by the previous government highlights the need for less political influence in the health promotion space. It is imperative that advocacy by non-government agencies on issues where improvements to the delivery of public health services be seen as effective public engagement.

An assessment of our current resources, including workforce capabilities, will need to be undertaken to determine gaps, ineffective investments, opportunities for enhancements and then work in collaboration with key partners to define goals and implement appropriate adjustments. Central to this would be the development of a clear shared vision with tangible action and deliverables for public and private sectors at both the policy/systems level and at the practice level to reach sufficient scale and commitment to produce reported outcomes. In addition, as a leadership body, the Health Promotion Commission would need the capacity to influence and innovate current and new funding sources that demonstrate the value of and incentivize disease prevention and health promotion, creating a continuous learning and improvement environment for the creation of population health solutions.

A clear vision, resourced strategic plan and realistic and informative performance indicators that enable the gathering, analysis and monitoring of health risk and outcome data at the individual and population level, as well as research to inform effective health promotion practice are keys to health promotion success.

ⁱ Australian Institute of Health and Welfare report, Australia’s Health 2010

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<https://www.wa.liberal.org.au/sites/default/files/mpnews/%5Buid%5D/WA%20Health%20Promotion%20Bill%202015%2018%20August.pdf>. Second reading. Accessed on 29/10/15

ⁱⁱⁱ Martin, J., (2015). Sugar-sweetened beverage (SSB) tax: Framing the message for public acceptability. 12th Behavioural Research in Cancer Control Conference; ‘Bridging the Gap’ between research evidence, and practice and policy. 12-15 May 2015, Sydney.

^{iv} <http://publichealtheconomics.org/2014/03/11/governmental-authority-and-collective-actions-to-improve-population-health/>