27 November 2015

Research Director
Health and Ambulance Services Committee
Parliament House
George Street,
Brisbane Qld 4000

To whom it may concern,

Australian Health Promotion Association response to Establishment of Queensland Health Promotion Commission Inquiry

The Australian Health Promotion Association (AHPA) is the peak professional body for health promotion in Australia. It is a member based national not-for-profit organisation with a national Board of Directors, National Committees and State Branches. It provides a forum for the exchange of ideas, knowledge, information, and advocacy for population health and health promotion. AHPA's objectives include providing opportunities for professional development, increasing public and health professional awareness of the roles and functions of health promotion practitioners; advocacy, and contributing to discussion, debate and decision-making on health promotion policy and programs.

AHPA welcomes the opportunity to provide a submission for the Inquiry into the establishment of a Queensland Health Promotion Commission (QHPC). AHPA believes that the establishment of a QHPC is an opportunity to guide and support the strategic direction of health promotion across Queensland, and reduce fragmentation in the sector. AHPA advocates for the QHPC to be based on a Health in All Policies Approach and to consider the important role of Local Governments in health promotion and prevention. This collaborative approach will ensure all levels of Government and all Departments are involved in prevention and health promotion efforts and in making an impact on the social determinants influencing health. We all need to work together to improve the health of Queenslanders and have strong leadership to guide this process.

Please see attached for AHPAs response to the Terms of Reference outlined by the Health and Ambulance Services Committee. Thank you for the opportunity, and we welcome the opportunity to discuss our proposal further at the public hearing. We look forward to working with you to improve the health of Queenslanders. I can be contacted on 0422 642 711 to discuss further or via email qldbranch@healthpromotion.org.au

Kind regards,

Elisha McGuiness
Queensland Branch President

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

AHPA believes the core role of the QHPC should be to develop a comprehensive, evidence-based health promotion policy agenda and workforce across Queensland. AHPA recommends the following core functions:

- Lead strategic direction setting and joint planning on key health promotion priorities;
- Lead and facilitate effective stakeholder engagement across sector partnerships in key priority health areas;
- Develop a whole-of-government Health Promotion strategic framework, in partnership with all levels of government, non-government organisations (NGOs), academic institutions, peak bodies, including Primary Health Networks, Aboriginal and Torres Strait Islander Health Services, community groups, and industry sectors that have an interest in and impact on the health and wellbeing of communities;
- Develop a business case for a whole-of-government health promotion workforce, which includes development of and support for ongoing workforce capacity within all levels of government and organisations;
- Develop, support implementation, and monitor the Strategic Plan's deliverables;
- Advocate for effective quality assurance systems, when planning, implementing and evaluating for use by the health promotion sector, including Queensland Health and non-Government agencies to ensure cost-effective and evidence based outcomes to improve the health and wellbeing of Queenslanders;
- Review best practice health promotion evidence, apply to the Queensland context and disseminate to relevant partners (as listed above) to inform health promotion approaches;
- Support stakeholders and partners to undertake quality translational research and;
- Gather and collect, if needed, population level health data to inform the whole of government Health Promotion strategic action plan and future health promotion strategic directions and priority setting.

AHPA anticipates that the current allocated budget for the QHPC will not allow, for direct health promotion service delivery. Further, AHPA anticipates that the current allocated budget does not allow for funding contributions for health promotion initiatives delivered by other parties. Therefore, it is essential that the QHPC lead and advocate for the reinvigoration of health promotion across Queensland and drive policy agendas amongst all relevant sectors, including the Queensland Government, to ensure that health promotion is acknowledged and considered an elevated priority on policy agendas.

1b) the effectiveness of collaborative, whole-of-government, and systems approaches for improving and sustaining health and wellbeing, including:
i. models used in other jurisdictions (including specific agencies or whole-of-government policy frameworks)

Health promotion practice is guided by the Ottawa Charter[5], which recognises that the major social and environmental determinants of health, such as education, income, social inclusion and access to services, lie outside of the health system. Subsequently, the health promotion workforce collaborate with identified stakeholders and agencies to ensure best practice approaches are undertaken, thus contributing to improving the everyday lives of Queenslanders. Stakeholders and agencies who have previously been identified to support the effectiveness of health promotion initiatives include local government, education, workplaces, community groups and key state agencies, such as the Department of State Development and the Department of Transport and Main Roads.

Community based health promotion initiatives and interventions involving the creation of supportive environments for health, policy and regulatory frameworks and legislation, have a strong history of producing favourable, cost-effective behaviour change at a primary and secondary prevention level. AHPA recommends QHPC consider population level strategies that are based on a comprehensive approach and implement deliverables across all five actions areas of the Ottawa Charter.

It is imperative that the QHPC considers the Social Determinants of Health (SDoH), which reflect the conditions in which people are born, grow, live, work and play that influence health. The SDoH inequities are those conditions and structural processes that are unequally distributed in society and in turn disproportionately affect the health of some populations more than others. To effectively address SDoH, health promotion initiatives and interventions must consider and influence i) socioeconomic, political and cultural contexts; ii) daily living conditions and iii) individual health related factors.

Settings approaches is a popular approach used to plan health promotion initiatives and interventions in priority populations. AHPA acknowledges that addressing inequity requires not only initiatives and interventions that address individual behaviour change within disadvantaged groups but also addresses structural changes within surrounding settings that impact on health outcomes of specific populations. Hence, approaches, such as Health in All Policies (HiAP), are recommended to supplement behaviour change approaches, and contribute to a cost-effective whole-of-government approach[4].

There have been various health promotion models implemented across other parts of Australia. Appendix 1, illustrates the merits and weaknesses of health promotion models implemented in other jurisdictions. After careful consideration, AHPA recommends the QHPC consider implementing the following two models;

1. Health in all policies (HiAP):

- The HiAP framework should underpin the deliverables of the commission, to be applied practically by considering government's mandate to work across whole-of-government on identified health promotion priorities
- HiAP addresses inequity through initiatives and interventions addressing behaviour change within disadvantaged communities, as well as addressing structural changes of the social, economic, cultural and environmental settings that impact on the health and wellbeing of these priority population

2. Local Government – Health & Wellbeing models:

- Increase workforce and funding capacity of Queensland's Local Governments and their role in health promotion.
- Local Governments within other State and Territories have strong roles in health promotion action. QHPC has an opportunity to make a significant contribution to health promotion by mandating that all LGAs develop a 'Public Health and Well Being Plan' specific to their catchment and accountable to their constituents

Both these models effectively consider best practice in addressing the social determinants of health and consider the Queensland population's diverse characteristics.

1 b) ii. Population-based strategies, other than personal interventions delivered by telephone or ICT

It is important for QHPC to consider population-based strategies that have previously or are currently implemented by the Australian and Queensland Governments to prevent duplication of health promotion initiatives and consider their effectiveness (including cost-effectiveness) where appropriate. AHPA recommends the QHPC consider the current gaps in population-based strategies. Further, AHPA acknowledge and advocates for sustainable funding models of population-based strategies to ensure these strategies are maintained beyond short term funding periods. This will ensure that a consistency, evidence informed and cost-effective approach. QHPC must consider appropriate quality assurance and governance frameworks when implementing best practice population-based strategies. Aligning with state and national health priorities, some of these population-based strategies include:

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1. Promote healthy eating and active living:

- Scaled-up programs that embed healthy eating and physical activity into the curriculum and daily activities of all schools and early childcare services.
- Create healthy built environments by working with local government, planning agencies and developers to ensure population health (including physical activity, social inclusion and food security) is prioritised in all urban planning and development processes
- Active transport programs within schools, workplaces and local government to increase rates of walking, cycling and public transport and reduce car dependency
- Restrict junk food and sugary drink advertising and sponsorship through legislation

2. Reduce smoking rates:

- Expand smoke-free public spaces through legislation
- Implement smoke free hospitals policy and related by-law
- Health protection and compliance activities
- Targeted tobacco control programs with Aboriginal people, young people and other priority populations such as those with mental illness.

3. Prevent alcohol related harm:

- Reduce the supply of alcohol to minors through greater community awareness of (and compliance with) secondary supply legislation
- Restrict the proliferation of liquor outlets through liquor licensing controls
- Restrict alcohol advertising, sponsorship and donations through legislation
- Partnership projects with police, local government, liquor accords and community groups to reduce alcohol related harm

Please not this is not an exhaustive list of possible initiatives and that significant consultation should be undertaken with the State's Public Health Unit's, NGOs, Academic sector and other relevant industry and Association partners.

2a) Approaches to addressing the social determinants of health

Best practice suggests that any approach to health promotion be underpinned by an understanding of the social determinants of health and inequities in health outcomes. Social determinants of health include low education and income, racism and discrimination, poor housing and working conditions, low quality community environments and health illiteracy. All of which increase an individual's risk of developing chronic disease, and leads to poorer health outcomes.

In addressing inequities it is useful to think of adopting whole of community approaches with increasing levels of support for those individuals with greater needs[6]. Thus an approach to mental health could promote mental health broadly for the whole community including positive parenting, building resilience etc. whilst also ensuring the provision of targeted support services for those with greater needs e.g. teenage parents.

AHPA urges the consideration of health promotion practice, which acknowledges the wider SDoH, which includes the -
- offsetting the disadvantaged on the social gradient by focussing on those most disadvantaged, for example to reduce the impact of economic determinants of health i.e. unemployment
- reduction of stress and other mental health issues including addiction; and
- creation of social supports within communities which reduce social exclusion

It is important to work towards researching evaluating and promoting comprehensive social strategies that address the SDoH and not just the modifiable risk factors - healthy eating, physical activity, smoking cessation and alcohol consumption that contribute to chronic diseases.

Scope for improving Social Determinants in the Community

There are increasing economic and social costs on society to keep Queenslanders healthy and out of hospital. By creating and developing healthy and sustainable physical and social environments that support and provide greater opportunities for individuals and populations to engage in health promoting actions we are able to reduce this burden. AHPA recommends that the QHPC should advocate for the SDoH to be prioritised on the QHPC strategic agenda through the whole-of-government health promotion strategic framework. It is vital to increase awareness that health and wellbeing is more than hospitals and waiting lists. Strategies in partnership with the media promoting the role of prevention of illness are needed.

Improving the SDoH in communities requires specific action by community and broader government agencies to build and enhance capacity among individuals and within communities. Generally this is a key role for the preventive and health promotion workforce, health services and NGOs, as well as politicians and the media to assist individuals and communities to understand the implications of the SDoH and how these aspects can be improved. This could be enhanced by utilising and implementing existing capacity building models that include action at a number of levels: organisational development, workforce development, resource allocation, leadership and broader intersectorial partnerships.

Scope for improving Social Determinants within Government initiatives

Ensuring equitable access to health services, population health and community programs in tandem with improving communication between government and NGOs has the potential to improve the awareness of the SDoH and improve delivery of health services. Acknowledging the differing social complexities within communities and allowing flexibility of funding and resource distribution within government programs will also allow response to community needs and implementation of a localised approach that supports local level ownership of these programs. The QHPC could achieve this through a Local Government Health and Wellbeing approach mentioned in section 1a.

A number of policies and strategies to promote health and prevent illness are the responsibility of sectors other than health eg transport, environment, community services, agriculture. Working in partnership with these sectors (eg using a Health in All Policies approach) can have win-win outcomes for health and other sectors.

Social determinants and workforce implications

To effectively address the SDoH it is imperative to have a knowledgeable and skilled workforce. In 2012, approximately 70 health promotion practitioners, and 80 public health nutritionist roles were lost in the Queensland Government job cuts. This important health function has been missing in Queensland since this time. It is necessary that the QHPC starts to address this gap by developing a business case for a much needed health promotion workforce.

As mentioned previously, to address the SDoH it is imperative to focus on the underlying causes of that disadvantage some population groups more than others through a lack of education, employment, poor housing, etc. Therefore to build capacity it is important to up skill the workforce in sectors such as education, housing, local government etc whom the QHPC will lead and provide direction to via the development of the whole-of-government health promotion strategic framework.

Social Determinants amongst health and community service providers

The social determinants of health should underpin all health service delivery and be reflective of community need and local level context. Policies that protect and maintain a skilled health promotion and population health workforce should be paramount in any QHPC action plan. From a sustainable and equitable perspective, AHPA recommends that the health promotion workforce should be independent of any one political party's values. The health and wellbeing of Queenslanders is too important to be influenced by unequitable influencers.

Health in All Policies (HiAP) in Action (South Australia Overview)

HiAP originated and was progressively implemented in Europe and has been progressed significantly in South Australia (SA).

HiAP provides a strategic mechanism to achieve health and wellbeing outcomes as well as the outcomes of other sectors such as housing, transport and economic development. It is based on the understanding that health outcomes are influenced by a wide range of social, cultural, political, educational, economic and environmental determinants (collectively the social determinants of health) and improving health outcomes requires attention to these determinants. By using the HiAP approach to work collaboratively across whole-of-government with the departments that have the policy levers and programs to address these determinants there is an opportunity to both achieve population health and wellbeing outcomes and also achieve targets of importance to other departments.

In practice in SA, the HiAP approach involves two key elements:

1. Governance with a central government mandate to work across whole-of-government on identified policy priorities with joint leadership from the Departments of Health and Premier and Cabinet
2. Implementation of Health Lens analysis, which is a methodology that uses robust assessment methods and analysis to clarify the links between the policy area and the health and wellbeing of the population.

A small Health in All Policies unit provides content and process expertise, technical support and active facilitation of the process. Health Lens project focus areas have included: broadband use through sustainable regional communities, regional migration, active transport and obesity.

QHPC could build on the SA work by embedding a HiAP approach into their modus operandi.

More information is available at:
http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies

2b) Population groups disproportionately affected by chronic disease

The burden of ill health and increased risk factors are not equally distributed throughout the Queensland population. Health promotion interventions need to target those disproportionately affected by chronic disease and at risk of developing chronic disease based on known risk factors (such as smoking, alcohol, overweight/obesity, sedentary lifestyle). Socioeconomic disadvantage has the greatest outcome on poor health outcomes, resulting in 2,500 premature deaths annually [1]. Amiss Effective health promotion strategic planning must consider the most vulnerable populations at risk of poor health outcomes and consider the social determinants of health to achieve improved health outcomes for all. The 2014 Chief Health Officer Report1 acknowledges higher burden of ill health and/or chronic disease is identified within the following populations:

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- *Socioeconomically disadvantaged* - Socioeconomic disadvantage is prevalent throughout Queensland and is the major cause of health inequality. The association between socioeconomic status and life expectancy, mortality and risk factors has been well established and demonstrated within Queensland as well as nationally and internationally. Statistics show 1 in 5 Queenslanders are in the most disadvantaged quintile, increasing to 1 in 3 for regional areas, and 1 in 2 for remote areas and amongst Indigenous Queenslanders. In 2014, the prevalence of selected risk factors in adults was higher in disadvantaged communities compared to advantaged communities. For example 87% higher rates of smoking daily, 80% higher rates of obesity, and 33% higher rates of insufficient fruit intake were noted among disadvantaged communities. In 2013, the prevalence of childhood obesity in disadvantaged areas was double that in advantaged areas.

- *Indigenous Queenslanders* - Indigenous Queenslanders carry a greater burden of ill health and early death than non-Indigenous Queenslanders and the disparity is greater than any other population group. In 2007 the per capita burden of disease and injury for Indigenous Queenslanders was double that of non-Indigenous Queenslanders (2.1 times). The leading causes of burden for Indigenous Queenslanders were mental disorders (17% of total), cardiovascular disease (15%), diabetes (10%) and chronic respiratory disease (9%).

- *Regional Queenslanders* - Remote and outer regional populations carry a higher health burden based on death rates, hospitalisation rates and risk profiles. In 2006, the burden rate in remote areas of Queensland was 50% higher than the major urban rate. The main causes that contributed to this difference were cardiovascular diseases, diabetes and unintentional injuries. Hospitalisation rates 17% higher in remote and very remote areas than major cities.

- *Mothers and babies* - The antenatal and neonatal environment is critical in the prevention of chronic disease and the promotion of wellbeing over the life course. Long-term health of some infants is compromised by harmful exposures during the fetal and neonatal period, such as smoking and alcohol consumption during pregnancy and insufficient dietary habits and antenatal care.

- *Children* - Not all Queensland children have a healthy start, particularly those living in disadvantaged and remote areas, who have a higher burden than those in urban areas. Statistics show that these children are also more likely to be obese and eat less fruit. There is sound evidence that supports prevention initiatives during the early years of life to allow for development of foundations for a healthy and productive life throughout childhood and into adulthood.

- *Young people* - The very high consumption of energy-dense, nutrient-poor foods among young people is particularly concerning. The latest statistics show that 45% of total daily energy intake of the average young person was derived from sugary drinks, alcoholic drinks, cakes, snacks, confectionery and other discretionary foods. In the long term, evidence supports the prevention of rapid weight gain as young people move from their teen years to their twenties and thirties.

- *Older people* - Cardiovascular disease is the greatest killer in older people and results in substantial costs on the individual and healthcare system.. Improving the nutrition and exercise status of older people and managing their weight will also help to reduce the risk of chronic disease and disability adjusted life years.

- *Males* - The burden rate of Australian males in 2010 was approximately 15% higher than the female rate, with the premature death burden rate about 40% higher. The two most important risk factors for chronic disease burden are smoking and overweight and obesity—and the male adult prevalence is approximately 40% and 20% higher respectively than in females.

The QHPC can ensure that populations disproportionately affected by ill health are targeted by being understanding population level health data and effectively understanding and using this to inform priority actions.

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2c) Economic and social benefits of strategies to improve health and wellbeing

Health promotion is considered to be the 'front line' service that prevents social burdens and increased financial impact on Hospital and Health Services and the Queensland Government. The development and implementation of whole of population health promotion strategies is a cost-effective approach to preventing the escalating prevalence of chronic and preventable diseases. [3] Health promotion contributes to the development of long term healthy lifestyle behaviours, which contributes to enabling Queenslanders to stay healthy and reduces the number of patient admissions burdening the healthcare system. Health promotion strategies that target children have been identified as having a higher cost benefit due to the longer time-frame over which health benefits and health behaviours can transpire. The cost benefits and effectiveness of health promotion strategies may take several decades to be identified, for example the impacts on obesity prevention, whereas other health promotion strategies are cost effective in the short term. Currently, there is limited evidence investigating the cost benefits and effectiveness of health promotion strategies in Australia and Queensland. The lack of longitudinal studies and monitoring and surveillance activities in Queensland regarding health promotion prevents specific strategies being recommended.

Cost-effective health promotion interventions utilise broad behaviour-change levers that reach the whole population, such as legislation, public policy, educational curriculum and the built environment. Traditional health service-based prevention activities such as patient education, information and early intervention are considered best practice approaches for clinical services. However, these activities have been identified as having a relatively high cost and low population-reach therefore rendering these activities as cost-ineffective from a population health perspective. The AHPA infographic illustrates the cost-effectiveness of prevention, refer to Appendix B.

2d) Emerging approaches and strategies that show significant potential

As noted previously health promotion demonstrates its potential to provide health cost savings and population level health improvements when implemented comprehensively and effectively. The emerging approaches that demonstrate significant potential exist within our current evidence base. Health promotion practice must be implemented using a multifaceted approach with a commitment to addressing the social determinants of health underpinned by the principles of the Ottawa Charter.

The approach adopted from the 1980's toward reducing tobacco related harm is one such example of pioneering best practice. The combination of approaches across the areas of education and awareness, environmental regulation and both policy and legislation have yielded incredible success. Smoking rates have declined from approximately 35% of the Australia population in 1980 to 20% in 2010[7]. Australia is the world leader in reducing rates of smoking and smoking related harm and it is in credit to the strong health promotion leadership and implementation of evidence based practice of that time, continuing through until now.

When applied in entirety, the comprehensive approach of applying all five action areas of the Ottawa Charter provides significant potential. The Queensland developed Active Healthy Communities[8] package began to demonstrate significant potential in partnering with the Heart Foundation and the Local Government Association of Queensland to support a health promotion planning agenda within local governments. This project was on the cusp of widespread roll out across the state in 2012 when the decommissioning of the health promotion services within Queensland Health occurred. Due to these changes, the roll out and subsequent evaluation was unable to be finalised. It is considered imperative that as an immediate priority the QHPC would review this initiative with a view to it being a cornerstone of strategies being implemented in partnership with local governments as an emerging approach to improving the health and wellbeing of Queensland populations.

Historically governments have gravitated towards education and information sharing initiatives disproportionately. Social marketing campaigns are often favoured for their far reaching and high profile approach. However their

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time limited reach and their inability to support long term, sustainable behaviour change and risk modification mean they require parallel health promotion strategies to improve their efficacy. More recently, evidence has grown around health promotion communications known as 'Education-Entertainment' or 'Edutainment'[9, 10]. Specifically in the Australia context, Being Brendo (formerly Queer as F#*k) an education entertainment initiative using webisodes and social networking site support has shown significant benefits in improving recall and resonance of HIV prevention messaging with men who have sex with men[11]. Given our changing digital world it is essential that the QHPC considers the benefits of using education entertainment in health promotion communications due to their ability to increase message recall and resonance in particular populations.

2e) Ways of partnering across government and with industry and community including collaborative funding, evaluation and research

AHPA proposes that a core function of the QHPC is to lead and facilitate effective cross-sector stakeholder engagement, with the goal of establishing the whole-of-government strategic action plan for health promotion in Queensland. It is essential that in the development of the strategic plan, engagement occurs between all levels of government, non-government organisations (NGOs), academic institutions, peak bodies, including Primary Health Networks, Aboriginal and Torres Strait Islander Health Services, community groups and industry sectors to establish a clear direction and evaluation framework for health promotion deliverables.

Developing a clear engagement framework is essential to ensuring effective partnerships are established and harnessed across Government and with industry and community organisations. The process needs to consider the purpose for the engagement, who to engage, how to engage and evaluate the process. Based on the South Australian learnings of implementing HiAP, the process takes time and a strong facilitator is required to ensure that the engagement process and priority setting is realistic, stakeholders commit to implementation of the plan and progress is monitored and evaluated.

Primary Healthcare Networks (PHNs) in Queensland are important stakeholders to consider as they are working to reduce fragmentation and duplication of health services and reduce avoidable hospital admissions. PHNs are in a suitable position to be a conduit to engage between the health sector and the community sector and be involved in facilitating localised health promotion and prevention action. PHNs have strong existing relationships with General Practices, allied health, nurses, practice support and managers, Hospital and Health Services, universities and community-based organisations. PHN's are considered to be strong local advocates for health promotion within their regions.

2f) Ways of reducing fragmentation in health promotion efforts and increasing shared responsibility across sectors

In order to reduce fragmentation in health promotion efforts it is essential that the QHPC undertakes a strong leadership and coordination role within and across the sector. The implementation of a health promotion quality assurance framework would support the easy identification of successful and effective initiatives and enable the dissemination of this information to inform both funding allocations and opportunities for collaboration and translation into other settings or locations.

Whilst the establishment of 17 independent Hospital and Health Services governed by locally run Boards provides autonomy and the opportunity for local health leadership in response to local needs, it does unfortunately create inequities in service provision capacity. Particularly in relation to health promotion and public health services. Not all HHSs have the capacity to employ their own health promotion workforce and as a result it is often not a priority across many of the HHSs, large and small. The lack of a centralised departmental function or support structure for health promotion means that it is essential that the QHPC undertakes the roles of

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capacity building with HHSs (and other service providers), strategic direction setting, coordination and quality assurance.

The development of the across government and sector action plan would benefit from a charter or agreement that stakeholders sign onto, noting their commitment to a health promoting agenda and acknowledging their responsibility to deliver on actions agreed to. If there is a coordinated and collaborative approach to reporting on organisational activities by each stakeholder with oversight by the QHPC, it is hoped that duplication and fragmentation could be vastly reduced with the QHPC providing a service linkage role. A Health Promotion strategic framework developed in partnership and lead by the QHPC would reduce the risk of fragmentation and increase shared responsibility across sectors.

Final Comments:

AHPA believes that the establishment of a QHPC is an opportunity for Queensland to guide and support the strategic direction of health promotion across Queensland, and reduce fragmentation in the sector. AHPA advocates for the QHPC to be based on a Health in All Policies Approach and consider the role of Local Governments in health promotion and prevention. This collaborative approach will ensure all levels of Government and Departments are involved in prevention and health promotion efforts and in making an impact on the social determinants of health. We all need to work together to improve the health of Queenslanders and have strong leadership to guide this process.

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Appendix A: Models used in other jurisdictions (including specific agencies or whole-of-government policy frameworks)

Model/Framework	Collaborative	Whole of gov't	Systems approach	Strengths	Limitations	Opportunities for Queensland
Health in all policies (HiAP) Health in All Policies (HiAP) is about promoting healthy public policy and is based on the understanding that health is not merely the product of health care activities, but is influenced by a wide range of social, economic, political, cultural and environmental determinants of health. HiAP is an approach to working across government to better achieve public policy outcomes and simultaneously improve population health and wellbeing.	Y	Y	Y	-Whole of Government approach Promotes intersectorial partnerships -Considers SDoH, not solely healthy lifestyles - Considers the SDoH which reflect the conditions in which people are born, grow, live, work and play which influence health	Long process that requires commitment and good facilitator to guide discussion, review evidence and develop solutions	Framework to underpin the work of the commission – applied practically by considering Governance mandate to work across government on identified priorities Addressing inequity requires not only interventions that address individual behaviour change within disadvantaged groups, but also interventions which change the structure of the setting that is impacting the health of that population
Local Government (Victoria) The Municipal Public Health and Wellbeing Plan (MPHWP) is a strategic plan that sits alongside and integrates with: the corporate plan of the Council; the Council land use plan and other local plans of community partners with an interest in local public health. The plan outlines action to prevent or minimise public health dangers, as well as to enable people to achieve maximum health and wellbeing. The plan required of councils under the Act to protect and promote municipal public health and wellbeing. Healthy Together Communities – chronic disease prevention program investing in efforts to embed positive health behaviours in	Y	N	Y	-Requirement of Local Government under the Act to have a MPHWP with detailed goals and priorities - Focus on enhancing environments where people grow, live, work and play - Integrated into community development models which create engaged and empowered communities. - Local Councils involved	Healthy Together Communities had large budget and resource allocation, which has not been sustainable post 3-year government term	Increase capacity of Queensland LGAs role in health protection and promotion Opportunity for commission to advocate for legislative requirements for LGAs to have a role in health promotion

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early childhood settings, schools, workplaces and communities. 14 LGAs selected to build a local prevention workforce, establish partnerships, roll out targeted programs, support health-promoting policies and programs, and contribute to research and evaluation.				strongly in health promotion, illness prevention and health protection.		
Local Government (New South Wales) Local Government has statutory responsibilities in health protection such as food safety, microbial control and blood borne disease control and capacity for significant involvement in health promotion to prevent chronic disease. In addition to the statutory activities in public health, councils also undertake a range of other activities intended to protect and promote the health of communities. Councils also have a role in considering how planning the built environment can be undertaken in a way that promotes health, and have a growing focus on considering the social determinants of health and health inequity.	Y	N	Y	-Statutory responsibility of local government to protect and promote health -Focus on build environment and planning -Increasing consideration of SDoH		Increase capacity of Queensland LGAs role in health protection and promotion
Australian National Preventive Health Agency (ANPHA) Established in 2011 to be the catalyst for strategic partnerships, including the provision of technical advice and assistance to all levels of government and in all sectors, to promote health and reduce health risk and inequalities, and to initiate actions to promote health across the entire Australian community. Lead work on national priority areas – smoking, alcohol and obesity. Provided funding for high level system focussed preventive health projects working with a range of partners and stakeholders.	Y	N	N	Provided high level leadership with direct access to Minister and CE; combined policy, strategic partnerships and implementation in key areas; supported enabling infrastructure eg data, research, workforce development	Short lived	
VicHealth VicHealth was previously funded through a dedicated tax, however now receives core funding from the Department of Health. VicHealth periodically receives special funding from various Government agencies to deliver specific programs. - Independent statutory authority with multipartisan support - Provide comprehensive, inclusive approach to health – including better public policy and healthy urban environments to more	Y	N	Y	- Former funding model unique and redirected Tobacco tax into preventive health - Underpinned by robust evidence - Provide advice across governments as industry leaders and experts	High cost, service provider model	Broad and collaborative partnerships across Government and other sectors Strong research and evaluation

inclusive and respectful communities. -Innovation - work is underpinned by robust evidence, and is integrated with evaluation, practice and dissemination. - Partnerships - work in partnership with governments, organisations, communities and individuals in a broad range of sectors, including sport, recreation, community, urban planning, research, transport, local government, education, arts and business.				- Strong focus on partnerships		
Healthway Healthway is a Health Promotion Foundation in Western Australia, which works in partnership to address broader determinants of health. It is recognised that Health promotion is not the sole responsibility of any one agency in WA, and acts as an agent for change in moving community thinking and action into a healthier direction for WA challenging community norms and encouraging individuals and organisations to change their behaviour and practices. Core functions of Healthway include Health promotion advocacy, project grants, research grants and sponsorship.	Y	N	N	-Focus on social determinants of health -Leadership and engagement with focus on advocacy - Sits outside of Government – can challenge norms	High cost – funds required for grants and sponsorship Limited integration across governments	Provide strong leadership and engagement
Health Promotion Queensland (HPQ) Funded large scale, innovative health promotion research initiatives in practice. Across various health promotion priority areas including physical activity, nutrition, sexual and reproductive health, falls etc. Ceased in June 2011	Y	N	N	Projects were funded for 3 years with significant dollars to enable high quality research in practice to be undertaken.	High cost Very low uptake of successful initiatives post research pilot and lack of funding to continue implementation post completion of research cycle. Not well resourced enough to provide appropriate support to grant recipients to ensure high quality outcomes were always achieved.	Important to review evidence developed during HPQ lifecycle. Consider need for Queensland based research in fields that are nuanced and specialised to the state or otherwise missed in other jurisdictions. Could be a body to support translational research rather than evidence development.

How can the Australian Government save
thousands of lives and billions of dollars, every year?

INVEST IN HEALTH PROMOTION

...it makes good cents!

Health Promotion works before people get sick and need medical care.

SMOKING

34%
1984

15%
2012

Smoking Rate

This downward trend will continue with health promotion strategies like Quitline, plain cigarette packaging and smoke-free public places.

Every 4% reduction in tobacco smoking

SAVES 3000 LIVES in Australia per year.

OBESITY

OBESITY COSTS $120 BILLION every year in Australia.

SCHOOLS
Every dollar invested in pre-schools saves as much as $13 in future costs.

WORKPLACES
Our economy benefits by more than $14 every time a person cycles to work.

COMMUNITIES
People living in walkable neighbourhoods are on average 3kg lighter than those in non-walkable neighbourhoods.

$13 SAVING   **$14** BENEFIT   **3KG** LIGHTER

Health Promotion increases physical activity & healthy eating within schools, workplaces & communities.

ALCOHOL MISUSE

ALCOHOL MISUSE COSTS $36 BILLION every year in Australia.

Health Promotion can help prevent
14000 HOSPITALISATIONS every year due to alcohol misuse.

Health Promotion works to reduce the supply of alcohol to minors, restricts alcohol advertising and reduces binge drinking.

Health Promotion benefits those most in need.

HEALTH EQUALITY

Reducing disadvantage & promoting mental health can:
Create **170000 JOBS** and generate **$8 BILLION** in earnings

SAVE $2.3 BILLION in hospital expenditure every year.

Health Promotion can keep **HALF A MILLION** Australians out of hospital every year by **PREVENTING CHRONIC DISEASES** like diabetes, cancers, stroke and depression.

Health Promotion is our 'front-line' in health services.

HEALTH PROMOTION

Yet, Health Promotion **RECEIVES** LESS THAN **0.5%** of the health budget

=

Every $1 invested in prevention can save over $5 in health spending

We call on political parties to commit
to greater investment in best practice health promotion.

You can help by supporting policies that **prioritise health promotion.**
Find out where our parties stand: www.prepoll.com.au

Australian **HEALTH PROMOTION** Association

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