Public Health Association
AUSTRALIA

Public Health Association of Australia submission on the Healthy Futures Commission Queensland Bill 2017

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia. The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

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

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Preamble

PHAA welcomes the opportunity to provide input to the Healthy Futures Commission in Queensland. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

PHAA response to the draft Bill

1. The proposed role, scope and strategic directions of the Healthy Futures Commission (HFCQ)

1. The main functions of the commission are:
    a) To support the capacity of children and families to adopt a healthy lifestyle, including by promoting healthy eating and regular physical activity;
    b) To contribute to reducing health inequality for children and families;
    c) To advocate for the necessary social conditions and environments for matters mentioned in paragraph a) or b);
    d) To develop partnerships or other arrangements with entities the commission considers appropriate for performing a function mentioned in paragraphs a) to c);
    e) To give entities the commission considered appropriate grants relating to a matter in paragraphs a) to d). Examples of entities the commission may consider appropriate –
        - An industry or community organisation
        - A university or other educational or research institution
        - An entity carrying on a business
        - A local government
        - An instrumentality or agency of the Commonwealth, the State, another State or a local government
    f) To consult with entities the commission considers appropriate about a matter mentioned in paragraphs a) to d)
3. In performing its functions under this Act, the commission must take into account:
    a) The social determinants of health and the effects of the determinants on health inequality; and
    b) The views, needs and vulnerabilities of groups of persons experiencing health inequality, including –
        i. Aboriginal and Torres Strait Islander communities; and
        ii. Culturally and linguistically diverse communities; and
        iii. Regional and remote communities; and
        iv. Other communities affected by socioeconomic disadvantage

Population-wide scope

The proposed main functions of the HFCQ include ”to support the capacity of children and families to adopt a healthy lifestyle, including by promoting healthy eating and regular physical activity” and “to contribute to reducing health inequality for children and families”. The rationale for limiting the scope of the commission to children and families, rather than being population-wide, is unclear. There are many other parts of the community, including older people, who may not fit neatly within the ‘children and families’ category and who would appear to be excluded from the proposed functions of the HFCQ.

There is evidence to support health and wellbeing interventions being targeted at the ‘early years’ (0-5 years of age), however, an emphasis on families is usually linked with notions of ‘family-centred care’ and further associated with health services provision and the relationship between families and healthcare providers. It is not their relationship with health service providers alone that will improve health and health equity for Queenslanders - health is produced in all settings in which individuals and communities live and work, for example in schools and workplaces.

For all Queenslanders, not just children and families, population health and healthy behaviour are influenced by the complex interplay between social, environmental, educational and behavioural factors.

Limiting health improvement resources to a specific segment of the population may lead to further health inequality and result in outcomes counter to the spirit of the HFCQ. The PHAA recommend that the HFCQ include, in its main functions, a population-wide scope rather than limiting the focus to children and families.

Scope of health conditions

Section 1 part a) suggests that the proposed main functions of the HFCQ will be concentrated around obesity. It is not clear from the current Bill what role the HFCQ might have in other physical health conditions and particularly mental health. PHAA notes that the role and function of the Queensland Mental Health Commission (QMHC) seem to be different to that proposed for the HFCQ. While both entities establish partnerships, the QMHC prepares, implements and reports on the whole-of-government strategic plan in order to achieve its aim of driving ongoing reform in the mental health and substance misuse systems, whereas the HFCQ will allocate grants in order to achieve its aim. The role of the HFCQ is aimed at prevention of ill-health and reduction in health inequalities. Given that the role and function of the HFCQ has linkages to, but no apparent overlaps with other agencies such as the QMHC, PHAA believes these should not be restricted to obesity but should incorporate other health conditions including mental health. Issues such as the management of chronic disease have a large role in health promotion and healthy lifestyles.

The previously proposed Health Promotion Commission was more inclusive in its proposed aims and role, and it is not clear why this shift in focus has occurred.

Addressing social determinants and health inequalities and inequities

PHAA strongly supports the inclusion of “reducing health inequality” and “advocate for the necessary social conditions and environments” in the main functions of the HFCQ. However, it is notable that the first function listed focuses on behavioural determinants of health - individual responsibility and health education and promotion. Section 3 of the main functions states that “in performing its functions under this Act, the commission must take into account: a) the social determinants of health and the effects of the determinants on health inequality”. This further suggests that actually addressing social determinants of health is not a core function of the HFCQ. PHAA supports the inclusion of Section 3 part b) whereby the HFCQ “must take into account the views, needs and vulnerabilities of groups of persons experiencing health inequality” as a method by which to achieve the main function of reducing health inequalities. Addressing social determinants of health should be given similar clarity as a main function of the HFCQ in Section 1, with consultation and interaction with other areas of government, non-government organisations and population groups as a method of achieving this in Section 3.

Section 1 part b) of the main functions of the HFCQ refers to the reduction of health inequalities. PHAA notes that health inequity differs from health inequality. A health inequality arises when two or more groups are compared on some aspect of health and found to differ. Whether this inequality (disparity) is

inequitable, however, requires a judgement (based on a concept of social justice) that the inequality is unfair and/or unjust and/or avoidable. Inequity is a political concept while inequality refers to measurable differences between (or among, or within) groups.[1] Health inequity occurs as a result of unfair, unjust social treatment – by governments, organisations and people,[2] resulting in macro politico-economic structures and policies that create living and working conditions that are harmful to health, distribute essential health and other public services unequally and unfairly, preventing some communities and people from participating fully in the cultural, social or community life of society. The reduction of health inequities should be incorporated into the main functions of the HFCQ.

In order to promote healthy lifestyles, reduce health inequalities (and inequities) and address social determinants of health, it would be helpful for the HFCQ to have a clear role in promoting a health-in-all-policies approach in Queensland, as is the case in South Australia.

2. Governance of proposed Commission

- Section 13 – A board is established as the governing body of the commission.
- Section 16 –
    1) The board consists of 6 members appointed by the Governor in Council.
    2) The Minister may recommend a person for appointment as a member of the board only if the Minister is satisfied –
        a. The person has qualifications or experience in 1 of the following –
            i. Business or financial management
            ii. Law
            iii. Leading and influencing partnerships to bring about change
            iv. Assessing the impact of social conditions and environments on health equity, including for sections of the community experiencing health inequity or
        b. The person is otherwise appropriately qualified to perform the functions of a board member
- Section 41 – Healthy Futures Queensland Fund is established, including payments from an amount appropriated by the Parliament for this Act; and an amount paid into the fund at the direction of, or with the approval of, the Minister or the Treasurer. 4) The grant amounts paid in a financial year must make up at least 55% of the total amount paid into the Healthy Futures Queensland Fund in that year.
- Section 42 – Annual project funding plans required for approval by Minister.

The PHAA is pleased to note that the HFCQ will be established as an independent statutory authority, and that the legislation allows for community members with a variety of backgrounds, including public health specialists, to be eligible for Board membership. Consideration should also be given to allocating a Board position to a representative of the Aboriginal and Torres Strait Islander community.

Section 41 part 4) specifies that at least 55% of funding to the HFCQ must be used in allocating grants (under Section 1 part e). PHAA notes that this means the grants program, including allocating, monitoring and managing the grants, will make up the bulk of the work of the HFCQ. PHAA is concerned that this may mean the HFCQ is not adequately funded to undertake other activities in order to fulfil its aims.

Conclusion

We commend and congratulate the Queensland Government on its commitment to recognise the importance of health promotion through the establishment of the Healthy Futures Commission Queensland. PHAA is particularly supportive of the inclusion of social determinants of health and addressing health inequalities in the legislation supporting the establishment of the HFCQ.

However, we are disappointed that the scope of the proposed Commission has narrowed since the last Inquiry and are keen to ensure that the HFCQ is able to effectively promote good health and the reduction of health inequities for all Queenslanders. We are particularly keen that the following points are highlighted:

- The HFCQ should be population-wide rather than just children and families.
- The HFCQ not be restricted to addressing obesity. In keeping with a holistic view of health, healthy lifestyles will include addressing issues such as mental health, and alcohol and other drug use.
- Addressing social determinants of health should be clearly specified as a core function of the HFCQ.
- The HFCQ must be adequately funded.

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

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

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References

[1] Kawachi et al. (2002) 'A glossary for health inequalities'. Journal of Epidemiology and Community health. Vol. 56, pp. 647-652.
[2] Whitehead, M. (1990) The Concepts and Principles of Equity and Health. Copenhagen: WHO Regional Office for Europe.