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www.amaq.com.au

88 L'Estrange Terrace
Kelvin Grove 4059

PO Box 123
Red Hill 4059

Ph: (07) 3872 2222
Fax: (07) 3856 4727

amaq@amaq.com.au

ACN: 009 660 280
ABN: 17 009 660 280

Health and Ambulance Services Committee
Parliament House
George Street
BRISBANE QLD 4000
By email: hasc@parliament.qld.gov.au

To the Research Director

Thank you for inviting AMA Queensland to provide a submission to the Health and Ambulance Services Committee regarding the proposed Queensland Health Promotion Commission (QHPC).

AMA Queensland is the state's peak medical advocacy group, representing over 6000 medical practitioners across Queensland and throughout all levels of the health system. Their skill, knowledge and experience have helped us to develop a five year advocacy plan which we have named the *AMA Queensland Health Vision*.

In the 2015 Queensland Budget papers, we note the purpose of the QHPC is to "provide strategic leadership for whole-of-government initiatives aimed at maintaining and improving the health and wellbeing of Queenslanders by preventing and slowing the increase of chronic illness." This whole-of-government focus on public health is highly similar to the whole-of-government public health plan which we advocated for in the first chapter of the *AMA Queensland Health Vision*. We are therefore pleased to offer the Health and Ambulance Services Committee advice on how the QHPC could operate.

Why is a whole-of-government public health plan required?

The AMA's public health position statement defines public health as follows.

> *"Public health is the organised response by society to minimise illness, injury and disability, and to protect and promote health. Public health is predicated on the measurement and analysis of the burden of disease. In a resource scarce environment, this analysis informs the decisions that are made regarding which health activities/services are cost-effective for the population's health."*[1]

Public health is an issue of vital importance if Queenslanders are to live healthy, productive lives. Sadly, growing health inequality and unhealthy lifestyles in both Queensland and Australia, especially in children, and an ageing population are increasing problems that are jeopardising the ability of our healthcare system to provide adequate care for Queenslanders.

Children make up 19 per cent of Australia's total population[2], but they are 100 per cent of Australia's future. With chronic disease continuing to grow in prevalence within Queensland, and armed with the knowledge that a poor start in life increases the chances of adverse health outcomes as an adult, we cannot continue to sit by while obesity, diabetes and other public health problems continue to plague our community and impact our health services.

Obesity in particular is reaching epidemic like proportions. To its credit, the Queensland Government has attempted to curb the rate of obesity and other chronic lifestyle related diseases over several successive terms of

[1] Australian Medical Association, *Public* Health, https://ama.com.au/position-statement/public-health-2006
[2] Australian Bureau of Statistics, *Population by Age and Sex, Regions of Australia, 2013,* http://www.abs.gov.au/Ausstats/abs@.nsf/mf/3235.0

government. But it appears to have had little to no impact with Queensland Health estimating 3 million Queenslanders are expected to be overweight or obese by 2020.[3]

AMA Queensland believes that part of the reason for this is a distinct lack of a coordinated, overarching, whole-of-government policy that tackles the best way to manage public health in a state as large and decentralised as ours. Each Government Department is seemingly left to its own devices to formulate policy in a silo-like approach, often without tying their work into the efforts of other Departments.

For example, Queensland Health may develop a policy designed to reduce obesity by getting people healthy and active. Meanwhile, Education Queensland may develop a policy to reduce obesity by targeting junk food in school tuckshops. At the same time, Aboriginal and Torres Strait Islander Partnerships may develop a policy designed to reduce obesity amongst Queensland's Indigenous population. The end result is several government departments essentially working toward the same goal but with potentially inconsistent messaging and different targets.

While all this work is going on, it ignores the work that may be occurring in Departments that are not typically associated with health issues, and the work being done outside the sphere of State Government. For example, the Department of Primary Industries may be developing a policy on how to improve the sale and distribution of fresh fruit and vegetables, but even though that policy could have a potential impact on lowering the obesity rate, it may not necessarily feed into work being undertaken by Queensland Health to help people make better choices about the food they consume.

Many local governments also take an active role in protecting and improving public health, but it is not apparent that the State Government policy development process feeds into or works with local government sector in any meaningful way. A public health initiative that targets obesity, for example, should not only acknowledge the excellent work of councils like Ipswich City Council to reduce obesity but should give them an active role in helping to develop a coordinated approach. Local councils could be incredibly effective if given the opportunity to assist in this way such as using their development powers to limit fast food restaurants from opening near schools.

AMA Queensland believes that a whole-of-government public health plan would help bring coordination to government policy development. The proposed Queensland Health Promotion Commission would be the ideal body to facilitate the development of the plan and bring coherence and coordination to Queensland's response to public health issues.

Learning From Other Jurisdictions

During the development of the *Health Vision,* AMA Queensland researched how other jurisdictions had coordinated their approach to public health policy. Members identified the South Australian whole-of-government public health plan[4] as a model for Queensland to adopt. AMA Queensland has modelled the plan in our *Health Vision* on South Australia's public health plan (SAPHP) called *A Better Place to Live*.

The work to create the SAPHP began in 2000 under Liberal Premier John Olsen. The development of the SAPHP is remarkable in the sense that between 2000 and the eventual release of the SAPHP in 2013, multiple changes to Government occurred[5] yet the plan continued to be developed and received bi-partisan support[6].

[3] Queensland Health. *The health of Queenslanders 2014. Fifth report of the Chief Health Officer Queensland*. Queensland Government. Brisbane 2014

[4] Department of Health and Ageing, South Australian Public Health Plan, http://bit.ly/1GfRH6H, Government of South Australia, Adelaide. 2013

[5] After John Olsen, Liberal Premier Rob Kerin led until he was defeated by the ALP under Premier Mike Rann. After Rann resigned, Labor elected a new leader; Jay Weatherall, whose Government released the SAPHP.

[6] Department of Health and Ageing, South Australian Public Health Plan, http://bit.ly/1GfRH6H, Government of South Australia, Adelaide. 2013

The South Australian Chief Public Health Officer at the time of the Plan's release explained the intent of the SAPHP as follows.

> *"The SA Public Health Act establishes a formal mechanism for identifying and including Public Health Partner Authorities within public health planning. These can be other state government departments and agencies, other parts of the healthcare system or non-government organisations. While South Australia already has good examples for collaboration and coordination, this new scheme will allow for the development of sustainable relationships and more robust coordination mechanisms, particularly between State and Local Governments."*

In discussions AMA Queensland has had with SA Health, the plan coordinates other State Government Departments not by dictating to them how to create health policy, but to find how health can be included in policies they are developing. They call this approach "health in all policies."

The SAPHP plainly sets out who does what in the context of this plan. For example, the State Government is tasked with setting broad strategic priorities to address the wider determinants of health and wellbeing, and Local Government is responsible for feeding in local community information into the Plan, providing support for local immunisation efforts and leading local public health regulation.

It has set four key priority areas to improve the state of public health in South Australia at the outset. They are:

- Stronger and Healthier Communities and Neighbourhoods for All Generations
- Increasing Opportunities for Healthy Living, Healthy Eating and Being Active
- Preparing for Climate Change
- Sustaining and Improving Public and Environmental Health Protection

The Plan outlines some interesting ways in which their "health in all policies" approach has yielded new approaches to public health policy development. For example, the "Stronger Communities" target includes Community Safety as a public health target. It shows how issues of community safety, from relatively simple issues such as graffiti and hazards in public spaces, all the way through to organised crime and suicide, can have an impact on health in South Australia. The plan outlines how community safety initiatives such as Neighbourhood Watch and State Government led initiatives such as organised volunteering can strengthen communities and improve public health.

AMA Queensland believes the SAPHP is an excellent basis from which Queensland could develop its own public health plan. We strongly recommend the Queensland Government consider developing its own whole-of-government public health plan, ideally as a core component of the work to be carried out by the Queensland Health Promotion Commission.

What Would a Whole-of-Government Public Health Plan Do?

In Queensland, there are a number of long standing public health crises which we believe could benefit from a whole of government approach to public health.

Social Determinants of Health (Generational Disadvantage): This refers to the situation in which multiple generations of the same family experience high and persisting levels of social exclusion, material and human capital impoverishment, and restrictions on the opportunities and expectations that would otherwise widen their capability to make positive choices.[7]

Generational disadvantage is a real and pressing concern in Queensland and its impact on the health system cannot be discounted. Its impact is particularly felt in Queensland's Aboriginal and Torres Strait Islander population, with evidence showing indigenous children are almost twice as likely to die between the ages of 0-4 as non-Indigenous children.[8] But even outside of these communities, around the fringes of the Brisbane local government area, there exist whole suburbs where anywhere between two and four generations of children have grown up without a working parent. [9]

There is relatively little evidence that Queensland's disjointed approach to public health policy over successive governments has taken the social determinants of health into account. The establishment of a QHPC could be an important step in beginning to turn around severely entrenched generational disadvantage in Queensland.

Obesity: Rates of overweight and obesity are reaching epidemic levels in Australia and Queensland. While this is a condition that can affect anyone, research shows that where you live can put you at greater risk of becoming overweight or obese. Households in low socio-economic areas have a greater prevalence of overweight or obese people. This can be due to a number of factors, including the cost of fresh and healthy food (which is often more expensive than less healthy options) and proximity to fast-food outlets.

AMA Queensland believes the epidemic facing our state requires a series of escalating responses to help Queenslanders achieve and maintain a slimmer waistline. Some of these initiatives would naturally be delivered by Queensland Health however others would be better delivered by other Departments and local councils. A whole-of-government public health plan delivered by the QPHC would be the ideal way to coordinate and deliver this work.

Aboriginal and Torres Strait Islander Health: Aboriginal and Torres Strait Islander health outcomes are among the worst in the developed world and they are disproportionately affected by chronic diseases such as diabetes. Aboriginal peoples and Torres Strait Islanders will not achieve equal health outcomes until their economic, educational and social disadvantages have been eliminated For these reasons it is vitally important that the QHPC consider how it can progress Queensland's efforts towards the National Close the Gap health targets.

Vaccination Rates: AMA Queensland welcomes the Queensland Government's '*Drive for 95'* campaign and its focus on delivering vaccinations via general practitioners (GP). This campaign also partners with local councils, who deliver a number of vaccination clinics in their communities. As noted earlier, a whole-of-government public health plan in Queensland would, ideally, form these kinds of partnerships as a natural part of its work, and we believe that the QHPC would be instrumental in helping to improve vaccination rates.

Smoking*:* Queensland's smoking rates are still relatively high, with the third highest proportion of smokers (17%) behind the Northern Territory (24%) and Tasmania (22%)[10]. The latest Australian Health Survey reveals diseases of the respiratory system, such as lung cancer, are the most prevalent form of disease in Queensland.[11]

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[7] Hancock, K. Edwards, B. Zubrick, S.R. Echoes of disadvantage across the generations? The influence of long-term joblessness and separation of grandparents on grandchildren, Longitudinal Study of Australian Children Annual statistical report, 2012

[8] Queensland Council of Social Services, Addressing Poverty and Disadvantage in Queensland, http://bit.ly/1EX28iu, March 2013

[9] Tanton, R. Gong, H. Harding, A. Multiple Generation Disadvantage. http://www.natsem.canberra.edu.au/storage/Multiple%20Generation%20Disadvantage.pdf, National Centre for Social and Economic Modelling. July 2011

[10] Australian Bureau of Statistics, Australian Health Survey: First Results, 2011-12, http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012011-12?OpenDocument

The Queensland Government has recently announced a number of planned changes to the *Tobacco and Other Smoking Products Act*, which has been welcomed by AMA Queensland and other stakeholders. We believe the QHPC could help further decrease our smoking rates, by working in partnership with local councils to enforce legislative changes and potentially delivering education programs through Education Queensland and the Department of Sport.

Alcohol Related Harms: There has been a sharp increase in dangerous levels of alcohol consumption in Queensland. In 2009, 10.6 per cent of persons, 11.9 per cent of males and 9.2 per cent of females, reported consuming alcohol in quantities that placed them in risky or high risk categories for harm in the long term.[12] By 2011, this had increased to 22.7 per cent of all adult Queenslanders drinking at dangerous levels, with 35.0 per cent of males and 10.6 per cent of females respectively.[13] This trend needs to be curtailed, not least because drink driving is the number one contributor as a factor in approximately 30 per cent of crashes in Queensland.[14]

We note that the Queensland Government has introduced a plan to combat alcohol fuelled violence with legislation currently before the Parliament. Despite alcohol consumption having a clear public health element to it, this legislation has been delivered by the Department of Justice and Attorney-General (JAG). AMA Queensland does not criticise the fact that JAG is delivering this legislation. Instead, we are highlighting how there are other Government Departments outside of Queensland Health who are responsible for, and deliver policies that have an impact on public health. While we are certain that Queensland Health would have been consulted in the development of this legislation, we note that a whole-of-government public health plan would help standardise and drive this kind of intra-government public health policy development into the future.

Mental Health: AMA Queensland welcomes the whole-of-government mental health strategic plan released by the Queensland Government in 2014. We believe that this underlines how whole-of-government public health initiatives can be successful. With the prevalence of poor mental health outcomes increasing, it is important that mental health be considered as part of the work of the QHPC and the whole-of-government public health.

Role of the Queensland Health Promotion Commission

AMA Queensland believes if a whole-of-government public health plan is the tool with which public health issues in Queensland are to be addressed, the Queensland Health Promotion Commission is the builder who could wield it.

The QHPC could strengthen Queensland's efforts to improve public health by coordinating collaboration and partnerships between Government Departments and external stakeholders. Where such partnerships already exist, the QHPC could strengthen these linkages and help normalise them, making them an intrinsic part of how Government does public health policy development. As already demonstrated effectively in South Australia, the QHPC would help ensure that health becomes a key consideration in most, if not all Queensland Government policies.

The difficulty for any organisation that is trying to bring together every Government Department and external stakeholders is the silo approach we referred to earlier. We are concerned that without sufficient authority to bring these organisations together, the QHPC could fail before it even begins. As a new Government body, it would lack much of the authority and imprimatur it would need to drive reforms across Government. And although Queensland Health is a large and powerful organisation, we are not sure that even it wields sufficient strength to help ensure that the QHPC is successful.

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[11] ibid

[12] Queensland Health. Alcohol Consumption in Queensland 2009, http://www.health.qld.gov.au/atod/documents/2009_alcoconsumpqld.pdf

[13] Queensland Health. Alcohol Consumption in Queensland 2011, http://www.health.qld.gov.au/epidemiology/documents/alcohol-2011-fs.pdf

[14] Centre for Accident Research and Road Safety. State of the Road: Drink Driving Factsheet, https://www.police.qld.gov.au/EventsandAlerts/campaigns/Documents/drink_driving_fs.pdf, 2012

Because of this, AMA Queensland strongly recommends that the QHPC be established as a statutory body that reports to the Department of Premier and Cabinet (DPC) itself. This level of authority would ensure that other Government Departments would feel compelled to contribute in a positive and proactive manner. Given that the DPC would be required to contribute to a whole-of-government plan, it makes sense that it be the lead agency in the development of the Commission, the setting of its strategic scope and the development of the whole-of-government plan.

If for whatever reason the Government does not take up this recommendation, AMA Queensland believes the second but less optimal version should be for the QHPC to be a statutory body that reports to the Department of Health.

Every Queensland Government Department should provide a representative to the development of the Commission and the Plan. Ideally this would be the Director-General or Deputy Director-General.

AMA Queensland also recommends the Government considers including, at a minimum, some of the following stakeholder organisations in the development of the Commission and the Plan.

- AMA Queensland
- Representatives from the QUT School of Public Health and other academic bodies
- The Public Health Association
- Stakeholders such as (but not limited to) the Heart Foundation, Cancer Council, Diabetes Queensland and so on
- Australian Health Promotion Association (Queensland Branch)
- Colleges such as the RACGP, College of Physicians
- The LGAQ
- Representatives from various Community Health Organisations and other NGOs

The SAPHP was developed in a bi-partisan manner, and AMA Queensland believes that if the QHPC is to survive Queensland's three year electoral cycle, it too will require bi-partisan support. While it is important that the QHPC and its work not be politicised by the involvement of a member of the Opposition (or Government), AMA Queensland believes it is important that the Opposition be given some way to have a meaningful contribution to the QHPC. Many of the public health issues the QHPC will be trying to address, such as generational disadvantage and Aboriginal and Torres Strait Islander health, will require a significant amount of time and effort to have any impact. Much like the SAPHP, the Queensland QHPC will need to enjoy bi-partisan support so as to ensure that it has the time it needs to complete its work, and finding opportunities for the Opposition to provide meaningful input into its development will help ensure it has this time.

AMA Queensland also recommends that the Queensland Government consider inviting representatives from *The Courier Mail* and *Brisbane Times* to help develop the Commission and the Plan. They represent community views and will be integral towards ensuring that the public understands the importance of the Plan. If they are involved in its development, they will have buy-in into the Plan and will be better able to explain its importance.

AMA Queensland believes in addition to its role in developing the whole-of-government public health plan, the QHPC should also collect, collate and hold evidence on public health interventions that work. It should advise the government on these interventions, and it should create a publicly accessible online clearinghouse that would also house this information.

Finally, it is also important to consider that the QHPC will need strong, intellectual leadership. AMA Queensland's preference is for someone with a medical background to lead the QHPC in its work. This role should be entitled Chief Public Health Officer (CPHO). This CPHO should be advised by a strong council comprised of health workers from other fields such as nurses, allied health and stakeholder organisations.

Conclusion

AMA Queensland recommends to the Committee and the Queensland Government that a Queensland Health Promotion Commission should be established. It's role should be as follows.

- Develop, implement and monitor the State Health plan
- Advise government on public health issues
- Act as a repository for evidence to inform evidence based policy
- Foster coordination and collaboration

It is important that the QHPC be given the authority and backing it needs to bring all stakeholders together, which is why it is vital that the QHPC be a statutory body that reports to the Department of Premier and Cabinet. Only the DPC has the authority and imprimatur to set the strategic direction of the QHPC and ensure full and fruitful cooperation from both within the State Government and external stakeholders.

Consultation and expert advice will still be needed to ensure the QHPC is able to develop and deliver a whole-of-government public health plan. Stakeholders such as AMA Queensland must be included in the development of both the Commission and the Plan to ensure it can achieve its objectives. The Queensland Opposition should also be included in its development in some capacity so as to ensure that the Commission and its work has bi-partisan support and survives the three year Queensland electoral cycle. It is also recommended media organisations such as *The Courier Mail* and *Brisbane Times* be included to help them to understand and eventually inform the public on the work of the Commission, the whole-of-government plan and its importance to the future of public health in Queensland.

With public health issues such as obesity, mental health, alcohol fuelled violence and chronic illness growing in prevalence and its impact on the Queensland public health system, the QHPC is an incredible opportunity to transform the way Queensland develops and delivers public health policy in this State. AMA Queensland commends the Queensland Government on this initiative and we recommend all stakeholders provide their full support to it so as to ensure it has the best possible chance at succeeding in its important work.

Yours sincerely

Dr Chris Zappala
President
Australian Medical Association Queensland

Jane Schmitt
Chief Executive Officer
Australian Medical Association Queensland