



strokefoundation

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To Whom it May Concern,

**Re: Inquiry into the establishment of a Queensland Health Promotion Commission**

Thank you for the opportunity to make a submission in response to the inquiry into the establishment of a Queensland Health Promotion Commission.

The National Stroke Foundation (NSF) strongly supports and endorses the establishment of the Queensland Health Promotion Commission (QHPC) and is looking forward to the important contribution it will make in preventing the onset of chronic disease.

There is a strong and compelling case to support a QHPC which focuses effort and supports a coordinated approach on preventing the burden of chronic disease.

The case for a QHPC

The burden of chronic disease continues to grow in QLD and there are increasing numbers of Queenslanders at high risk of cardiovascular disease (CVD) and other chronic diseases. Cardiovascular disease (CVD) is the “largest cause of death in Queensland and the largest cause of health system expenditure”. CVD is highly preventable with about 67% of CVD deaths in Queensland due to the joint effect of modifiable risk factors in 2007. More than two-thirds of Queensland adults (71%) had some exposure to one or more of the main risks for CVD, based on measurement of diabetes, high blood pressure, abnormal lipids and obesity in 2011–12.<sup>1</sup>

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<sup>1</sup> Queensland Chief Health Officer Report 2014. The Health of Queenslanders 2012: advancing good health. [https://www.health.qld.gov.au/cho\\_report/2014/cho-2014.asp](https://www.health.qld.gov.au/cho_report/2014/cho-2014.asp)

Chronic diseases accounted for about 85% of the total burden of disease in Australia in 2010, and are a leading cause of illness, disability and death in Australia, accounting for 90% of all deaths in 2011.<sup>2</sup> In Queensland, chronic diseases cause 80-90% of deaths, hospitalisations and costs.

In 2014, 9,443 people had a stroke in Queensland. This equates to 200 per 100,000 people.

In 2012, the Australian Institute of Health and Welfare released its report, *Risk factors contributing to chronic disease*, in which it examined the prevalence of individual risk factors in the community and the most common combinations of risk factors. The report found that most people have at least one risk factor, while having more risk factors increased the likelihood of having some chronic diseases.

In Queensland, more than 800,000 people (19% of the population) have high blood pressure, 1.2 million (26%) have high cholesterol, 1 in 12 has diabetes, 3 in 10 people are obese, with an additional 3-4 people being overweight and over 500,000 still smoking.<sup>3</sup> These statistics are damning, especially when you consider the financial impact of chronic disease. The health system costs of treating cardiovascular disease, type 2 diabetes, cancer and chronic kidney disease are projected to triple over the next 20 years.

There is also significant evidence that investing in the prevention of chronic disease delivers economic benefits. Reducing the incidence of disease has the potential to lower health system costs and improve productivity.

One-third (31%) of disease burden in Queensland and 43% of premature deaths are associated with 13 modifiable risk factors. CVD is the largest cause of death and the most expensive to treat. It is therefore imperative that every effort is made to prevent it. Significant reduction in the prevalence of CVD will come from a renewed focus on treating and preventing high blood pressure, high cholesterol, high blood glucose, obesity, smoking and physical inactivity. Productivity losses from obesity comprise 44% of the \$8.3 billion in financial costs nationally.

### Recommendations to underpin the formation of the QHPC

The NSF believes the following recommendations should underpin the establishment and operation of the QHPC:

- In order for the QHPC to play the leadership role required of it, it should be set up as an independent company, that has its own board and the ability to make recommendations that will be respected by all stakeholders;

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<sup>2</sup> *Australia's health 2014*. 2014. <http://www.aihw.gov.au/australias-health/2014/>

<sup>3</sup> *Australia's health 2014*. 2014. <http://www.aihw.gov.au/australias-health/2014/>

- The QHPC should not only have independence from the Queensland Government, but a mandate to engage and work collaboratively with NGOs and Industry to achieve its objectives;
- The scope of its activities should be broader than the health portfolio, so as to allow it to connect with, and influence, a broad range of stakeholders integral to putting health promotion strategies into action;
- The QHPC should leverage and embrace the role that industry and NGOs can play in health promotion and to build on work already being undertaken by these groups;
- A clear plan to ensure engagement of NGOs in the activities of the QHPC should be in place, including involvement in priority setting, various committees etc ;
- The QHPC needs to take broader systems approach to health promotion and not just be a body that administers grants;
- The QHPC needs to have a budget to allow it to make a difference through its activities and to support system level change;
- The QHPC needs a data and monitoring framework to ensure it can demonstrate the impact it is making;
- The QHPC should become a leader to the sector with a focus on prevention – establishing a strong systems approach that will impact on the acute sector in the long term and deliver positive benefits for all of Queensland.

### Response to the Terms of Reference

The NSF provides the following specific responses to the questions raised in the Terms of Reference (ToR):

#### **ToR 1a. The potential role, scope and strategic directions of a Queensland Health Promotion Commission (QHPC)**

As mentioned above, the NSF recommends the QHPC should have a level of independence from Government. It should engage and collaborate with industry and stakeholders and provide leadership across the system around the prevention of chronic disease.

The NSF strongly recommends that the QHPC's scope include collaborating with non-government organisations (NGOs) already working towards the prevention of chronic disease. This could include collaboration with Commonwealth funded organisations such as Primary Health Networks to leverage opportunities.

The NSF sees a valuable role for the QHPC on coordinating common messages and approaches building on work already undertaken by NGOs in their campaigns and programs.

NGOs in Queensland have a strong knowledge of what is happening on the ground and have often worked with the Queensland Government to deliver valuable services. They also understand the demographic variability across Queensland and have intimate knowledge of many communities. The NSF would recommend that the QHPC invite these state offices to provide input into its scope and priorities during its formative stage.

**ToR 1b. the effectiveness of collaborative, whole-of-government, and systems approaches for improving and sustaining health and wellbeing, including:**

- **models used in other jurisdictions (including specific agencies or whole-of-government policy frameworks); and**
- **population-based strategies, other than personal interventions delivered by telephone or ICT.**

Learnings from other jurisdictions

The NSF would draw the committees attention to work that has been done across other jurisdictions to support whole-of-government, and systems approaches for improving and sustaining health and wellbeing.

Recent efforts by state governments such as Victoria towards improving health and wellbeing have so far yielded positive results and shown that the public can respond positively to health promotion messages. The results to date have shown that there is clearly a role for the QHPC to play in Queensland and that money invested in health promotion is money well spent.

The Victorian health promotion organisation – VicHealth – was established to increase awareness of programs for promoting good health in the community and to fund activity related to the promotion of good health and research and development activities.

One notable example is the *Victorian public health and wellbeing plan 2015–2019*. This document outlines the many challenges facing the state and the priorities it needs to pursue to meet those challenges.

The challenges identified include the increasing impact of chronic disease, persistent inequalities in health status, demographic trends requiring new approaches and environmental sustainability and health protection.

As a result, the priorities identified include healthier eating and active living, tobacco free living, reducing harmful alcohol and drug use, improving mental health, preventing violence and injury, and improving sexual and reproductive health.

In particular, the health and wellbeing plan acknowledges the impact that increasing obesity levels have had on the state, along with low levels of physical activity. The plan looks at encouraging people to eat healthier and engage more in physical activity. It also looks at how open spaces can encourage more people to get outdoors and exercise.

Behind the Victorian health and wellbeing plan is the *Healthy Together Victoria* prevention platform. This platform uses a whole-of-systems approach to target chronic disease and has been operational since 2012, when 12 Healthy Together Communities were trialled. To date, over 1.3 million Victorians have been targeted through schools, early childhood services and medium to large workplaces.

It has been found that these Healthy Together Communities have been able to reach more people directly and therefore enable many of them to identify their level of chronic disease risk.

VicHealth's model employed for health promotion is being received well and showing positive results.

The NSF recommends that the QHPC review the work done in Victoria and adapt it as necessary to reach as many people as possible. By pay particular attention to the effect of high rates of obesity and low levels of physical activity in Queensland, the QHPC will be well placed to decrease the level of chronic disease and improve the lives of Queenslanders.

**ToR 2. That, in undertaking the inquiry, the committee should consider:**

- **approaches to addressing the social determinants of health;**
- **population groups disproportionately affected by chronic disease;**
- **economic and social benefits of strategies to improve health and wellbeing;**
- **emerging approaches and strategies that show significant potential;**
- **ways of partnering across government and with industry and community including collaborative funding, evaluation and research;**  
**and**
- **ways of reducing fragmentation in health promotion efforts and increasing shared responsibility across sectors.**

The NSF would recommend that area of focus for the QHPC should be addressing the social determinants of health and to address those population groups that are disproportionately affected by chronic disease e.g. Aboriginal and Torres Strait Islanders.

It is important to address the social and cultural determinants of health as there are many drivers of ill health that lie outside the direct responsibility of the health sector.<sup>4</sup>

Between one third and one half of the life expectancy gap between indigenous and non-indigenous people may be explained by differences in the social determinants of health.<sup>5</sup> They affect the health of people and can also influence how a person interacts with health and other services. For example, Aboriginal and Torres Strait Islander adults are less likely to smoke if they have completed Year 12, are employed and if they have higher incomes. Additionally, higher levels of education are associated with healthier lifestyle choices and improved health literacy.<sup>6</sup>

With regards to chronic disease, recent data indicates that chronic diseases, such as cardiovascular disease, cancer, diabetes and kidney disease contribute to two-thirds of the health gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians.<sup>7</sup> Data from the Australian Bureau of Statistics also shows that about 80% of the mortality gap between Aboriginal and Torres Strait Islander people and non-Indigenous people can be attributed to chronic diseases.<sup>8</sup>

The QHPC will need to work with some organisations that are not directly health related in order to achieve a holistic approach to the prevention of chronic disease.

The National Stroke Foundation has a clear priority and current initiatives that targets the prevention of stroke and other chronic diseases. We can demonstrate strong economic benefits of our health promotion activities such as through the NSF's Know Your Numbers (KYN) program in Queensland. This program has been delivered in over 80% of QLD LGAs with great success. In 2015, NSF will have undertaken over 60,000 opportunistic health checks in Queensland raising the awareness of individuals risk of chronic disease. Using modelling by Deloitte Access Economics, this is estimated to contribute to almost \$3 million in savings attributable to fewer hospitalisations and other health costs.<sup>9</sup>

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<sup>4</sup> Close the Gap Steering Committee 2012, *Submission to the Australian Government for the development of a National Aboriginal and Torres Strait Islander Health Plan*.

<sup>5</sup> Booth, A & Carroll, N 2005, *The health status of Indigenous and non-Indigenous Australians*, Centre for Economic Policy Research, Australian National University, Canberra; DSI Consulting Pty Ltd & Benham, D 2009, An investigation of the effect of socio-economic factors on the Indigenous life expectancy gap, DSI Consulting Pty Ltd.

<sup>6</sup> Australian Health Ministers' Advisory Council 2012, *Aboriginal and Torres Strait Islander Health Performance Framework 2012*, Canberra.

<sup>7</sup> Australian Health Ministers' Advisory Council (2012) *Aboriginal and Torres Strait Islander Health Performance Framework 2012*, Canberra; and ABS 2009, Cat. 3302.55.003, in Department of Health and Ageing (2012)

<sup>8</sup> Australian Institute of Health and Welfare (2011b), *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011*. Cat. no. IHW 42. Canberra: AIHW.

<sup>9</sup> The Economic Impact of Stroke in Australia. 2013. [Deloitte Access Economics](#).

The NSF would welcome the opportunity to collaborate with the QHPC to build on the activities that we are already undertaking and to collectively implement strategies to address the prevention of chronic disease.

The NSF congratulates the Queensland Government on its decision to establish the QHPC.

The NSF looks forward to working closely with the QHPC in the future to support strategies to prevention chronic disease in QLD.

For further information please feel free to contact me on 3084 6384.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Libby Dunstan', is placed on a light blue rectangular background.

**Libby Dunstan**  
**Executive Officer – Queensland**