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Health, Communities, Disability Services and Domestic  
and Family Violence Prevention Committee  
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**Submission to the Healthy Futures Commission Queensland Bill 2017  
referral to the Health, Communities, Disability Services and Domestic and Family  
Violence Prevention Committee**

The Stroke Foundation is writing in support of the Health Futures Commission  
Queensland Bill 2017.

As highlighted in the 2016 Chief Health Officer Report, *The health of Queenslanders*,  
the health system faces a number of challenges due to a rise in chronic health  
problems often caused by lifestyle-related behaviours and influenced by a mix of  
societal, environmental, socioeconomic and biological factors.

Statistics by the Stroke Foundation confirm these findings. High blood pressure, atrial  
fibrillation (irregular heartbeat), high cholesterol and physical inactivity are all  
modifiable risk factors for stroke. Yet, a significant proportion of Queenslanders are  
living at risk of stroke and other chronic diseases. Many of these live without  
awareness of their risk, and without the understanding that stroke and chronic disease  
can be prevented.

With respect to the impact of stroke in Queensland:

- › There are more than 90,000 stroke survivors living in QLD - 19% of Australia's  
stroke population. More than 59,000 of these people are estimated to be living  
with a disability;
- › In QLD this year more than 10,000 will have a stroke;
- › More than 850,000 people are living with high blood pressure;
- › More than 2.2 million do not get enough exercise;
- › Nearly 1.3 million people have high cholesterol; and
- › Nearly 90,000 have atrial fibrillation

The Stroke Foundation provided a submission during the Committee's community consultation phase in November 2015. We are pleased to see these recommendations have been incorporated into the enabling legislation, namely:

- › The Commission 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;  
*(Clause 6 - Establishment)*
- › The Commission should have a mandate to engage and work collaboratively with NGOs and Industry to achieve its objectives;  
*(Clause 9 – Functions of the commission)*
- › 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;  
*(Clause 9 – Functions of commission)*
- › The Commission 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;  
*(Clause 29 – Establishment and function of committees)*
- › A clear plan to ensure engagement of NGOs in the activities of the Commission should be in place, including involvement in priority setting, various committees etc;  
*(Clause 42 – Annual project funding plan)*
- › The Commission must take broader systems approach to health promotion and not just be a body that administers grants;  
*(Clause 9 – Functions of commission)*
- › The Commission needs to have a budget to allow it to make a difference through its activities and to support system level change;  
*(Clause 41 – Healthy Futures Queensland Fund)*
- › The Commission needs a data and monitoring framework to ensure it can demonstrate the impact it is making;  
*(Clause 56 – Review of Commission)*
- › The area of focus for the Commission 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.  
*(Clause 9 – Functions of commission)*

- › The Commission should review the work done in Victoria and adapt it as necessary to reach as many people as possible.  
(*Explanatory Memorandum – p.12*)

In addition, the Stroke Foundation would also like to make the following observations on the Bill as drafted:

- › The Stroke Foundation supports the mandated allocation of at least 55 percent of the Commission’s total budget to the provision of grants and sponsorships and welcomes the commitment to take a broader systems approach to health promotion in Queensland;
- › The Stroke Foundation would highlight the need for the Commission to clearly consider the issue of sustainability of funded projects when providing grants and sponsorships;
- › The Bill has a clear objective to support “children and families”. Whilst the Stroke Foundation understands that the initial scope of the Commission is defined, we believe that other targeted strategies should not be precluded in the future;
- › While the Bill focuses on activities to encourage healthy eating and regular physical activity, programs supporting the reduction of other risk factors, such as tobacco use, alcohol and drug use, and mental wellbeing would also be welcomed;
- › That mechanisms to ensure adequate strong stakeholder and community engagement inform key processes such as the development of the annual forward plan.

Once again, the Stroke Foundation commends the Queensland Government on its decision to establish the Healthy Futures Commission. Around Australia, the Stroke Foundation has worked with similar bodies in other States, and in particular VicHealth.

We look forward to working closely with the Healthy Futures Commission to build on the activities that the Stroke Foundation is already undertaking and to collectively implement strategies to address the prevention of chronic disease and improve the social determinants of health for Queenslanders.

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

Yours sincerely



**Libby Dunstan**  
State Manager - QLD/NT