



**Public Health Association**  
AUSTRALIA

**Public Health Association of Australia**  
*Submission to Finance and Administration  
Committee on the Queensland Plan Bill 2014*

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## Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. The PHAA has a vision for a healthy region, a healthy nation and healthy people living in a healthy society and a sustaining environment while improving and promoting health for all.

### Public Health

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

### The Public Health Association of Australia

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include the development of policy, capacity building and advocacy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA supports a preventive approach for better population health outcomes by championing appropriate policies and providing strong support for Australian governments and bodies such as the National Health and Medical Research Council in their efforts to develop and strengthen research and actions in public health. The PHAA is an active participant in a range of population health alliances including the *Australian Health Care Reform Alliance*, the *Social Determinants of Health Alliance*, the *National Complex Needs Alliance* and the *National Alliance for Action on Alcohol*.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as providing a close involvement in the development of policies. In addition to these groups the PHAA's Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

### Advocacy and capacity building

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of governments and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

## Preamble

The Queensland Branch of the PHAA welcomes the opportunity to provide input to the Inquiry for the Queensland Plan ('the Plan') Bill 2014 by the Queensland Government. The Queensland Branch of the PHAA supports the broad direction of the Plan and congratulates the Government on the breadth of their vision. This submission is focused on two foundation areas of importance to PHAA: health and wellbeing, and; environment.

The Queensland Branch of PHAA believes this to be a strong and progressive draft Plan and believes it is aligned with the principles of our organisation including PHAA National policies. The Plan appears to largely cover the required landscape for expansion and consideration of contemporary issues.

## Response to Inquiry into the Queensland Plan Bill 2014

While there is mention of healthy communities and active lifestyle in the vision for our State (p.ii of the Plan) we believe that health should be included as a term highlighted in bold to reflect the importance of this element of the Plan. Perhaps it could be included as "In 30 years Queensland will be home to **vibrant, healthy** and **prosperous** communities" or "We will be the **healthiest** state in which to live, work and play...".

### a) Health and wellbeing

The vision for this foundation area seems somewhat reflective of an individualistic approach. It may only apply to the select few who are truly able to make a free choice, thus not representative of those who are most vulnerable. It places blame squarely on people with 'lifestyle diseases'. Indirectly it gives a message that 'Queenslanders choose to live a healthy life, so if you do not live healthily it's your choice and it's your fault if you get sick'. It somewhat distracts from, or is even contradictory to, the other parts that address the government's role in "making the healthier choice the easier choice" as per the Ottawa Charter.<sup>1</sup> We suggest removing the term "personal responsibility". While we acknowledge that there is certainly a place for individuals' informed and responsible choices, the government's role in creating a supportive environment for healthier choices should be equally emphasised, through the provision of preventive health care by an appropriately skilled workforce. Support is needed beyond the healthcare system to make these healthy choices, and could include other areas such as, town planning, civic amenity, sport and recreational utility and social inclusion. There should also be measures to increase people's ability to make healthier choices by minimising barriers including reducing the pressures for unhealthy choices (e.g. widespread promotion of unhealthy choices).

### Vulnerable populations

While we applaud the target that regional and Aboriginal and Torres Strait Islander Queenslanders have the same life expectancy as other Queenslanders, no mention is included of the life expectancy of regional Queenslanders in the measures of success or baseline data. Furthermore, in line with PHAA national policy on Health Inequities and the concept of health for all, there are other vulnerable populations that we believe could be more explicitly outlined within the text of this section, such as refugees, recently arrived migrants and those who are more vulnerable due to disabilities, mental illness and age. It would also make sense to acknowledge the greater burden of disease in Indigenous and other vulnerable populations and include outcome indicators around these issues.

### Sexual and reproductive health has an impact on the health of children born and the development of chronic disease as an adult

The definition of reproductive health and reproductive rights within the Programme of Action of the 1994 International Conference on Population and Development<sup>2</sup> (chapter 7.2) states that:

*“Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.”*

Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.<sup>3</sup>

Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.<sup>2</sup>

For example, parental preconception affects the health of children born and their risk of developing chronic illnesses later in life. For example, if either parent is obese, the baby is likely to be born larger and have a propensity for obesity in adulthood. If men and women can optimise their preconception health, this will reduce the health risk for their children and costs to the healthcare system. Additional indirect cost savings to the healthcare system will come from the benefits of a healthier lifestyle for men and women (increased activity, healthier diet and quitting smoking with a reduction in diabetes, cancer, stroke and heart disease). The psychosocial impact of infertility for those that wish to have children is difficult to measure economically. For those requiring assisted reproductive treatment, there is an associated emotional and financial cost. Timely information provides the opportunity for some people to avoid the need for assisted reproductive treatment and associated costs.

### **Oral health is fundamental to overall health, well-being and quality of life**

A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment. Fluoridation of drinking water remains the most effective and socially equitable means of achieving community-wide exposure to the caries prevention effects of fluoride.<sup>4</sup> Some areas of Queensland were early adopters in fluoridating their water supply, i.e. Townsville continuously since 1964. This has resulted in children in Townsville being much less likely to have cavities or decay than children without access to fluoridated water.<sup>5</sup> Unfortunately the Plan is completely silent on this issue.

### **Physical activity and sedentary behaviour are important and distinct modifiable behaviours for health**

Goal 16 of “we are physically and mentally healthy” says that success looks like regularly engagement in healthy activities, yet this is not included as a secondary measure of success. Furthermore, an important modifiable behaviour associated with chronic conditions and premature mortality is missing from the Plan. Sedentary behaviour (or prolonged sitting) impacts on health across the lifespan, from childhood to old age<sup>6-8</sup> and has been incorporated into the latest recommendations from the Australian Government on Physical Activity.<sup>9</sup> Given that Queensland has some of the leading researchers in this area; it would be prudent to include this in the Plan.

### **Measuring success**

The Plan is a long-term one, and therefore it is understandable to aim high. However with the exception of the target around life expectancy of “Regional and Aboriginal and Torres Strait Islander Queenslanders have the same life expectancy as other Queenslanders” there are limited targets to gauge the success or otherwise of the Plan.

There are also no targets or monitoring suggested for immunisation and sun protection. We also suggest that deaths from injury are separated out from other potentially avoidable deaths.

It might be prudent to implement a Health Impact Assessment for this area of the Plan, in line with previous Previous Government recommendations were to achieve an “established process within Queensland Health and other government departments for the systematic consideration of the health impacts of state and local policies and major developments”.<sup>10</sup> A Health Impact Assessment was conducted to assess the Whitsunday, Hinterland and Mackay (WHAM) Regional Plan.<sup>11</sup>

**b) Environment**

The Queensland Branch of PHAA supports the vision “guardian of a sustainable natural environment that inspires an active lifestyle and supports healthy communities”. It is encouraging that agriculture and ecotourism are seen as important parts of the economic sector along with minerals, but the Plan is silent on the place of coal, currently the biggest export item, and the effects on mid to longer term agriculture and ecotourism impacts of taking this coal out of Queensland. Queensland’s environmental, industry and agricultural policies exist in a global context and must recognise the direct and indirect effects on human health from ecological destabilisation that is occurring through global environmental change.<sup>12</sup>

While the Plan acknowledges biodiversity loss and the risk to other species from climate change and human impact, the impact on the human species should also be acknowledged and how it may affect how we live, work and play.

In terms of Target 15, it would also be useful to explicitly acknowledge that the “balance of environmental protection and economic development” covers the ecological basis for fresh air, clean water, agricultural outputs, and the tourist potential of the Great Barrier Reef.

The Plan is also silent in relation to targets and goals on how we can utilise “one-third of Australia’s solar power capacity” that is in Queensland.

## Recommendations

This submission from the PHAA to the Finance and Administration Committee makes the following recommendations:

- Incorporate **health** more prominently into the vision of the Plan
- Acknowledge the greater support needed from a range of services to help people make healthy lifestyle choices and the important role of skilled workforce in delivering preventive health services
- Incorporate *oral health* and *sexual and reproductive health* into the Plan as success factors for health and wellbeing
- Have more defined measures for success and explicitly include *physical activity, sedentary behaviour, deaths from injury, sun protection, and immunisation* as secondary measures of success of the Plan
- Ensure that any success factors and outcome measures are based on evidence and scientifically sound predictive models
- Adopt a more rigorous evaluation of the Plan such as a Health Impact Assessment
- Acknowledge the potential environmental impact of exporting Queensland's natural resources
- Include more consideration into the impact of climate change
- Include targets or goals around solar energy

## Conclusion

The PHAA appreciates the opportunity to make this submission and looks forward to the possibility of further participation in the inquiry to the Queensland Plan Bill 2014.

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



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