19 February 2015

Hon Cameron Dick MP
Level 19, State Health Building
147-163 Charlotte Street
BRISBANE QLD 4000
health@ministerial.qld.gov.au

Dear Mr Cameron Dick,

The Queensland branch of the Public Health Association of Australia writes to congratulate you on your appointment to the role of Minister for Health and Minister for Ambulance Services and to offer our support for policies and actions directed to returning Queensland to a state where good public health practice betters the lives of all Queenslanders.

About the Public Health Association of Australia

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 ecological and social determinants of health and equity principles.

The 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. This 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.

Key roles of the organisation include capacity building, advocacy and the development of policy. 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. The PHAA has been a key proponent of a preventive approach for better population health outcomes championing such policies and providing strong support for the government and for the NHMRC in their efforts to develop and strengthen research and actions in this area across Australia.

The 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 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 a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of
Public Health draws on individuals from within the PHAA who provide editorial advice, review and who edit the Journal.

**Key public health issues for Queensland**

As you are aware, there are a number of challenges which we must overcome to improve the health of Queenslanders. The following are issues which our membership has identified as requiring your immediate attention.

**Aboriginal and Torres Strait Islander health**

The PHAA commends the new Labor government for the creation of a Ministry for Aboriginal and Torres Strait Islander Partnerships and we welcome the support for reinstating the Local Fares Scheme for Far North Queensland. Aboriginal peoples and Torres Strait Islanders have experienced the greatest social, economic, political and cultural deprivation of all population groups in Australia - the health consequences of which have been profound.

While Queensland has a considerably large geographical diversity of Aboriginal and Torres Strait Islander communities, it is the only State that does not have a specific Aboriginal and Torres Strait Islander health policy or plan. What is needed is a plan that has a wide-ranging focus across rural, remote and urban areas to ‘close the gap’ especially in terms of infant mortality rates which is a National Closing the Gap target, in Cape York.

Aboriginal and Torres Strait Islander community-controlled health services have been instrumental in providing comprehensive primary health care within a self-determining framework; a community based, led and driven framework which aligns with the community’s cultural, gender, geographical and social constructs. Reinvesting into this existing community-controlled primary health care system, is a positive step towards closing the gap and is likely to lead to the greatest returns on the investment to date.

Substance use contributes significantly to the gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous people, with smoking being the major cause of chronic disease and alcohol a major contributor to high rates of injury and violence. Aboriginal and Torres Strait Islander people also continue to be over represented in the criminal justice system. Current funding cuts to the National Indigenous Drug and Alcohol Committee (NIDAC) and key areas within the Department of Social Services portfolio will impact disproportionately on Aboriginal and Torres Strait Islander communities and as such impact on the capacity of States to meet the Closing the Gap targets. Sub-optimal nutrition is the second greatest contributor to chronic disease rates; Aboriginal and Torres Strait Islander people experience a double burden of low birth weight, failure to thrive and higher rates of overweight and obesity than non-Indigenous Australians at every age range. Access to safe and affordable healthy food remains an issue. Funding decisions need to be based on the principal of enhancing – not diminishing – community capacity to address key issues and priority areas in Aboriginal and Torres Strait Islander health.

The PHAA further urges cross cabinet collaboration and action on issues related to Aboriginal and Torres Strait Islanders to be developed and implemented with key Aboriginal and Torres Strait Islander people and organisations, therefore, reducing social inequity and ameliorating the adverse effects of social disadvantage on health.
Obesity and diet-related disease

Diet is now Australia’s leading risk factor contributing to burden of disease. Two-thirds of adults and a quarter of children in Queensland are currently overweight or obese. Labor’s recent announcement about investment in a number of health promotion programs in Queensland is therefore most welcome to the PHAA.

Nutrition is best addressed using a range of strategies across the age continuum and across different settings, but Queensland is currently without an overarching plan for food and nutrition. Funding to evaluate the State’s previous nutrition strategy Eat Well Queensland was terminated by the previous government alongside the nutrition workforce - which went from 137 full time equivalents to 14. As a peak body for public health in Queensland, we urge your government to extend this vision further with policies and legislation to ensure that all Queenslanders have access to healthy, affordable, environmentally sustainable, and acceptable food. Food and nutrition policies should span agricultural, economic, food production and distribution, social, educational, and environmental factors across the lifecycle to not only prevent disease but also enhance health and wellbeing.

Some examples of legislation which will help facilitate healthy behaviours:

- Legislation requiring fast food chains to display the kilojoule content of their food and drinks to allow Queenslanders to make an informed decision on healthier choices. This needs to be supported by the roll out of education campaigns to help Queenslanders to be kilojoule aware.
- The marketing of unhealthy food and drinks has been linked to obesity, and legislation to ban all television food advertising during times when children are the target audience, is likely to have a positive impact in terms of reducing obesity rates in children. Broadcasting community service announcements that promote healthy eating messages when children are the main audience is also likely to be beneficial.

Water fluoridation and oral health

Oral health is fundamental to overall health. Fluoridation of drinking water remains the most effective and socially equitable means of achieving community-wide exposure to the dental decay prevention effects of fluoride. The previous State Government allowed Local Governments to decide whether or not to fluoridate their water supplies and as a consequence many have opted out of this. We trust that Labor will again take leadership on this issue and work with Local Governments to ensure that all Queenslanders, in communities with populations of 1000 or more have access to fluoridated water.

Sexual and reproductive health

We welcome Labor’s announcement that it develop a state-wide sexual health strategy. We urge you to expand this strategy to also consider reproductive health. The issues which an effective sexual and reproductive strategy should consider include:

- School-based education for safe, respectful relationships.
- Increasing health literacy with respect to contraception and prevention of unintended pregnancy.
- A social determinants framework which takes account of factors such as partner violence and access to financial resources.
• Service development and planning which ensures equitable access to good quality services.
• Workforce development for health professionals, educators and others.
• Monitoring, evaluation and research.

This policy needs to encompass the broader issues of sexual and reproductive health and not focus on single issues or diseases, mistakenly aiming to alter these outcomes in isolation. It must be developed with community participation and link with inter-dependent strategies (e.g. mental health, substance abuse). We also recommend that you take concerted action to facilitate a woman’s right to choose with regard to abortion, both in terms of law reform and service access. This is a health issue, and not one that should be regulated by criminal law. There are good quality, comprehensive, evidence-based guidelines to support abortion service delivery. Improvements in service delivery, within the context of a comprehensive sexual and reproductive health strategy, will optimise sexual and reproductive health outcomes.

Restitution of the public health workforce
We look forward to supporting you in the re-building of preventive health programs and services to help Queensland families live healthier lives and be less likely to need to go to hospitals with a chronic illness. We support Labor’s announcement that it will establish a state-wide Queensland Health Promotion Commission (QHPC) to direct whole-of-government initiatives and partnerships with industry and community organisations. We have included a document about the creation of a ‘Population Health Institute’ to effectively and efficiently deliver public health services across Queensland.

There are many other public health issues that PHAA is focused on but we wanted to highlight some of the key ones identified by our membership. We are very heartened that your government is committed to taking action to address some of these issues, as described in the Action for a Healthier Queensland policy, and are happy to provide assistance or advice with regards to these or other issues. We look forward to a positive working relationship over the coming years.

Yours faithfully,

Dr Paul Gardiner,  
Queensland Branch President,  
p.gardiner@uq.edu.au

Michael Moore,  
CEO,  
mmoore@phaa.net.au