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Education, Employment and Small Business Committee

Via email: EESBC@parliament.qld.gov.au

To the Chair of the Committee

Thank you for providing AMA Queensland with the opportunity to provide a submission to the Education, Employment and Small Business Committee about Health and Wellbeing Queensland.

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. We are strong advocates for community-based initiatives designed to reduce the risk factors for chronic disease through behaviour change and ease the burden on the hospital system.

AMA Queensland is proud to support this whole-of-government approach that will not only address the health issues confronting thousands of Queensland but will boost healthy behaviours as well.

Where should the emphasis be for Health and Wellbeing Queensland (HWQ)?

- 1. Risk factors for chronic disease** - AMA Queensland agrees with the focus of HWQ being on reducing the risk factors of chronic disease due to burden of disease caused by poor nutrition, physical inactivity, smoking and alcohol consumption (at risky levels). Members of AMA Queensland, as the lead primary care source for the community are well placed to provide Queenslanders with the education, resources and practical tools they need to prevent chronic illness and lead balanced, healthy lives. The trust and understanding between a patient and a GP, lays the foundation for comprehensive care as it enables regular monitoring of conditions to help people live balanced healthy lives. This includes managing the risk factors for chronic disease, which often lead to health conditions such as stroke, heart attack and diabetes, which are major burdens on the health system.
- 2. Place-based approaches** - AMA Queensland believes HWQ should use a place-based approach to initiatives supported by HWQ including the promotion of healthy eating, physical activity, smoking cessation and reduction in the consumption of alcohol. People across Queensland are proud of where they live, very focused locally

and will be more likely to become involved if activities are managed and promoted locally by local agencies who understand the needs of the community.

Local consortium model – AMA Queensland would recommend HWQ utilise the model of procurement for their initiatives based on a consortia model with a lead agency and multi-sector local based agencies where each agency has a role and a funding allocation for the activity they wish to implement. The lead agency, needs to have a strong track record in multi-sector, multi-strategy approaches to lifestyle related initiatives (which lead to better health outcomes), engaging and collaborating with partners across sectors, contract management, evaluation and monitoring, and communication management in order to meet the commercial and operational requirements of the Invitation for Offer. AMA Queensland suggests research institutions; local government agencies or private sector agencies would be suitable for this role.

The lead agency should also have a strong understanding of the health status of differing sub-populations in the community (e.g. older people vs families), differing cultures (Indigenous vs non-Indigenous), and other demographics of the community. This knowledge is particularly important for initiatives in Aboriginal or Torres Strait Islander communities or for linguistically diverse communities.

Local agency role - AMA Queensland recommends local agencies become involved in HWQ initiatives as long as the activity which the agency manages contributes to the Goals and Objectives of the Invitation for Offer. The lead agency will be responsible for engaging and maintaining involvement of the multi-sector local agencies, negotiating their role and the funding required to enable them to action their activity. This should include the involvement of local GPs, as they have a very comprehensive understanding of the health of their patients, the health profile of the community in which they work and established relationships with other local health professionals needed to support multi-disciplinary approaches to comprehensive care.

AMA Queensland believes the involvement of multi-sector agencies would enable a greater reduction in risk factors for chronic disease across the Queensland population as the traditional health promotion approach of engaging primarily government, non-government agencies and research institutions with specific public health issue focus (e.g. heart disease, nutrition or diabetes) has not led to sustained behavior change.

AMA Queensland welcomes the involvement of sectors outside of health (housing, employment, recreation, sport and the arts sectors and private sector) in HWQ initiatives as they all have a role in reducing inequities by focusing their existing budgets on targeted projects for population groups whose health is poorest. This will not only increase the scope of HWQ initiatives beyond the allocated budget of HWQ, but may lead to more sustained improvement in the health and wellbeing of Queenslanders as they can strongly influence the social determinants of health.

Promoted locally – AMA Queensland would strongly encourage the use of local based print media combined with digital approaches including social media and the use of “apps”, which enable the initiatives to be personalised.

- 3. Focus on population groups in the community whose health is poorest** – AMA Queensland agrees with the focus for HWQ being on population groups in the community whose health is poorest. We believe the evidence of which population groups are impacted most by risk factors for chronic disease, whether this be in Charleville, Cairns, Mt Isa or the Torres Strait are well known and clearly elucidated in *The Health of Queenslanders 2018, Report of the Chief Health Officer*.

However, what is less well known is which interventions work (i.e. lead to behavior change) for the population groups in the community whose health is poorest State-wide.

- 4. HWQ project should be large-scale and at least three years in duration** - AMA Queensland would recommend all HWQ initiatives be of at least three years in duration (ideally five years) and involve at least \$500,000 in funding over a three-year period. This amount of funding, which should be match-funded by partners involved in the HWQ initiative, will be required to ensure sufficient scale of the interventions, coverage at the local level and ongoing engagement by key local agencies. The duration of the HWQ initiatives should be at least three years to ensure sufficient monitoring of short-medium term indicators of effectiveness, not only in project based measures but compared to impact measures already collected for *The Health of Queenslanders 2018, Report of the Chief Health Officer*. Projects of a sufficient duration also allow for sustainability measures to be implemented and for adaptations to project design to be made in response to the latest evaluation results.

HWQ initiatives should be based on the gaps in evidence

Evidence-based priorities and projects - AMA Queensland would strongly recommend all HWQ priorities and projects be evidence-based. Before the priorities of HWQ are decided, a systematic review of the evidence for the topic and the effectiveness of specific strategies for sub-populations (e.g. children, older people, mothers) of the community should be completed and the evidence gaps identified.

Ideally, the Queensland government should base their Invitation for Offers for HWQ projects on the gaps in evidence and/or on projects where the evidence from previous projects has been at least NHMRC III-2 level (i.e. Evidence from comparative studies with comparative controls and allocation not randomized, case control studies or community based interventions with a control group).

AMA Queensland believes there are some good examples of local based initiatives which could be promoted further, or the same idea expanded to other topics. e.g. park run, park gym, park volleyball.

AMA Queensland applauds the Queensland government for announcing HWQ, particularly the multi-sector approach to reducing inequities. This approach rightfully acknowledges the influence of other sectors on the public health of populations, and signals a change in direction to improving public health in Queensland. AMA Queensland looks forward to working closely with the Queensland government on this important initiative.

If you require further information or assistance in this matter, please contact Jeff Allen on (07) 3872 2262 or email policy@amaq.com.au.

Yours sincerely



A handwritten signature in black ink, appearing to read 'Dilip Dhupelia', is enclosed within a simple rectangular box. The signature is written in a cursive style.

Dr Dilip Dhupelia
President
Australian Medical Association Queensland