




Speech By
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HEALTH AND AMBULANCE SERVICES COMMITTEE: REPORT, MOTION TO TAKE NOTE

 **Mr KELLY** (Greenslopes—ALP) (12.15 pm): That is perfect timing. I support this report and its recommendations. I thank the chair and my fellow committee members. I am appreciative of the submissions that were made and the hard work done by the secretariat. I am very pleased that our committee was able to reach agreement on recommendations and that the Minister for Health and Minister for Ambulance Services has responded to those recommendations positively.

This week is National Stroke Week. Stroke is one of the leading causes of death and acquired disability in Australia. On current rates, 14.3 members of this House will suffer a stroke during our lifetime. Statistically, stroke will kill more people in this House than breast cancer or prostate cancer. In 2012, there were about 130,000 people living in the community with the effects of stroke under the age of 65. These effects could be reduced mobility, loss of arm movement, cognitive changes, speech and swallowing problems. Many of these impacts will see survivors of stroke requiring high levels of care for the rest of their lives.

The good news is that we know what causes stroke and we know how to avoid it. All we have to do is eat more fruit and vegetables; drink less alcohol; cut out smoking; get more exercise; deal with our stress; monitor our blood pressure; visit the GP; and, for people with diabetes, make sure we manage that properly. That all sounds pretty easy. The challenge is that we live in a world that delivers us an immense array of alternative foods to fresh fruit and vegetables. Alcohol is cheap, easy to obtain and culturally acceptable to consume in high levels. Smoking, while at record low levels, is incredibly hard to stop for those who take it up. Finally, we have made major amazing technological advances that have made us more sedentary.

However, the same technology that creates the challenges can also form part of the solution. We can connect health professionals and individuals, whether they live in the remotest part of Queensland or in the busiest part of Brisbane. We can use phone coaching, web based technology, phone apps and other technology to assist individuals to change behaviour. Changing behaviour is what this is really all about. It is very hard to do but the research shows us that it can be done and that technology can play an important role.

There is much being done in this space already by the government. Also, non-government organisations like the National Stroke Foundation, the Heart Foundation, the Queensland AIDS Council and Diabetes Australia are already making significant contributions. Private sector involvement is significant and growing. No doubt someone in this chamber is wearing a Fitbit. If so, you are using technology to change your behaviour to stay healthier. We need to ensure that we coordinate all of this activity, and a statewide Health Promotion Commission will greatly assist with that.

There are a few key points that I want to highlight from our deliberations. First, changing behaviour requires a range of strategies across all sectors. Technology is a big part of the solution, but it is not a silver bullet. Second, we need to ensure that advice and interventions offered are evidence based and involve a clinician. It is very easy to build an app or website and develop a slick ad campaign. It is much harder to read a research paper and offer advice or interventions based on evidence, years of clinical experience and a code of ethics and practice.

Third, evidence confirms that changing behaviour in areas such as diet, exercise and alcohol and smoking cessation will have a positive impact on a wide range of chronic diseases such as diabetes, heart disease and macular degeneration. Fourth, we know that this is cost effective. Finally, the evidence for the use of web based technology and phone coaching to achieve lasting behavioural change is incredibly strong.

Before I finish, I particularly want to acknowledge the leadership of the National Stroke Foundation. Stroke prevention, care and rehabilitation have all shifted massively since I started my nursing training over a quarter of a century ago. We educate more people about stroke thanks to the foundation. They have contributed to changing the way we care for people with a stroke, with care now starting the moment you phone an ambulance and being guided by strong, evidence based care right through the rehabilitation process.

The member for Buderim says that it will be rare that he and I will agree, but it seems that we have had one of those rare moments. The member could not have been more correct than when in the committee he said, 'We know this stuff works. Let's just get on with it.' I support these sentiments and commend this report to the House.