




Speech By
Leanne Linard

MEMBER FOR NUDGE

Record of Proceedings, 17 September 2015

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

 **Ms LINARD** (Nudgee—ALP) (12.06 pm): I move—

That the House take note of report No. 2 of the Health and Ambulance Services Committee on personal health promotion interventions using telephone and web based technologies.

The referral charged the committee with inquiring into the evidence for the effectiveness of health coaching interventions to increase physical activity, improve nutrition and reduce weight, taking note of both the experience in other jurisdictions and potential opportunities for collaboration and cooperation.

As referenced in my foreword to the report, *The health of Queenslanders 2014* report of the Chief Health Officer, Dr Jeanette Young, states that Queenslanders enjoy one of the longest life expectancies in the world and our health continues to improve. However, while Queenslanders are living longer we are not always living longer in good health, with chronic disease, most notably type 2 diabetes, cancer and cardiovascular disease, causing approximately 80 per cent of deaths, hospitalisations and allocated expenditure in Queensland in 2012.

The evidence is well understood that increasing physical activity, reducing weight and improving nutrition reduces an individual's risk of developing chronic disease. Yet people are becoming less healthy generally. The reasons for this are many and varied. However, the economic burden of ill health due to non-communicable diseases like obesity, diabetes, heart disease and some cancers is alarmingly widespread. Health promotion presents an opportunity to positively influence the health behaviour of individuals and communities and in so doing enhance quality of life and reduce premature deaths.

During the inquiry the committee received 23 submissions, including contributions from the stroke and heart foundations, Diabetes Queensland, CSIRO, the Queensland University of Technology, the University of Queensland and the Australian Health Promotion Association. The committee found that there is evidence that personal health promotion interventions using telephone and web based technologies can deliver clinically appropriate and cost-effective outcomes and that effective health promotion requires a multistrategic approach, must be evidence based and can be strengthened by collaboration with stakeholders, clinicians, primary health networks and the private sector.

The committee made seven recommendations including that any investment in personal health promotion interventions be evidence based and subject to rigorous evaluation; that the government investigate options to draft standards or guidelines for personal health promotion interventions using telephone and web based technologies; and that the government encourage partnerships with the private sector, research institutes and primary healthcare networks for the development and delivery of such interventions. I was pleased to see the minister's tabled response and positive acceptance of these recommendations. I look forward to seeing progress with these initiatives in the future.

I take this opportunity to thank the minister for the reference and applaud the government's focus on not only the treatment of disease but also, vitally, the prevention of chronic conditions by promoting behaviours which support good health. I note the further reference received by the committee yesterday to further this work and inquire into the potential role, scope and strategic direction of a Queensland Health Promotion Commission and ways of reducing fragmentation in health promotion efforts and increasing shared responsibility across sectors. I look forward to the committee further reporting to the House on this work next year. I thank my fellow committee members for their contributions and the committee secretariat for their professional advice and assistance throughout the inquiry. I commend the report to the House.