



Speech By  
**Leanne Linard**


**MEMBER FOR NUDGE**

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**HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND  
FAMILY VIOLENCE PREVENTION COMMITTEE**

**Report, Motion to Take Note**

 **Ms LINARD** (Nudgee—ALP) (12.05 pm): I move—

That the House take note of report No. 21 of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee into the establishment of a Queensland health promotion commission.

The establishment of a health promotion commission presents an opportunity to provide strategic leadership and direction on whole-of-government initiatives and partnerships with industry and community organisations to reduce risk factors of chronic illness in Queensland. The central aim of our government's 10-year vision and strategy for health, *Advancing Health 2026*, is to make Queenslanders among the healthiest people in the world.

The establishment of a health promotion commission, one of our election commitments, is about achieving that aim. This commitment stands in strong contrast to the over \$8 million in annual grants to help provide health prevention, promotion and early intervention and the 177 health promotion and prevention officers terminated under the previous LNP government.

The committee received a broad terms of reference to inquire into the potential role, scope and strategic directions of establishing a Queensland health promotion commission. Why focus on health promotion? The Australian Institute of Health and Welfare, in its report *Australia's Health 2014*, noted that a person's health and wellbeing are influenced by a number of intrinsically related biological, lifestyle, societal and environmental factors, many of which can be modified to some extent. Therefore, an important part of disease prevention is health promotion which impacts on these modifiable factors.

The committee found during its inquiry that there is strong support from stakeholders for the establishment of a Queensland health promotion commission. The committee sought written submissions, held a public hearing, travelled to Perth to meet with the Western Australian Department of Health and Healthway—the West Australian Health Promotion Foundation—and Melbourne to meet with the Victorian Department of Health and Human Services and VicHealth, the Victorian Health Promotion Foundation. Finally, we held a teleconference with the South Australian Department of Health and Ageing that outlined their HiAp approach. This allowed the committee to consider comparative health promotion arrangements across Australia.

Each jurisdiction spoke strongly of the importance of having a coordinated, strategic focus on health promotion and prevention efforts in addressing the social determinants of health, reducing risk factors of chronic disease and, in doing so, the significant cost of tertiary health care to the community. Each jurisdiction is employing a very different model to deliver on these health promotion and prevention efforts, from specific standalone agencies to whole-of-government policy frameworks. While, as I said

earlier, the committee agreed that there is strong support for the establishment of a Queensland health promotion commission, the committee was unable to agree on a particular model to recommend for establishment in Queensland.

The committee heard evidence that high-level policy support, coordination and leadership are essential elements of effective health promotion activities and that the government is in a unique position to provide these elements. There were a number of common themes apparent in the submissions received by the committee. These are that a health promotion commission will require the following: a high-level strategic, planning and coordination focus, particularly in ensuring the elimination of duplication and/or gaps; a commitment to work collaboratively and in partnership with both government and non-government agencies and other bodies; a determination to build community engagement and capacity; a strong commitment to evaluation of strategies, programs and the work of the commission; and, importantly, bipartisan support so that any agenda is long term and not at the whim of politicking and election cycles.

We all need to be committed to giving children, families and our Queensland community the very best chance at a healthy future. I believe a commission of this nature provides an opportunity to further that work. I appreciate that the Minister for Health is currently looking at how best to operationalise that commitment and the feedback of the committee. I look forward to seeing how this takes shape in the future. I know of his significant commitment and determination to see the Advancing Health 2026 vision become a reality in Queensland.

I also take the opportunity to thank the former deputy chair of the committee, the member for Moggill, who along with the members for Greenslopes, Thuringowa and Mudgeeraba as health professionals understand the vital importance of preventative health measures to the health of our community and the opportunity that this commission presents. I also acknowledge the current deputy chair, the member for Caloundra, who joined the committee and this inquiry very late in the piece but I believe took a very genuine approach to looking at what a workable model would look like. I look forward to their bipartisan support for the work of this important commission long into the future. I commend the report to the House.