




Speech By
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HEALTH AND WELLBEING QUEENSLAND BILL

 **Mr HARPER** (Thuringowa—ALP) (12.42 pm): I rise to support the Health and Wellbeing Queensland Bill 2019. I start by thanking all members of the Education, Employment and Small Business Committee who were given this bill that is before us today. The bill is the result of a significant body of work. I thought I would give a little bit of background on how we arrived here today, but before I do I want to particularly thank fellow chair Leanne Linard MP, member for Nudgee, for her work as chair of the former health committee in the 55th Parliament. I was also a member of that committee so I had an excellent mentor who examined the then inquiry into the establishment of the Queensland health promotion commission. A report was subsequently tabled in 2016, and as a result in May 2017 the Healthy Futures Commission Queensland Bill was introduced into the Assembly to establish a health promotion commission. The bill lapsed when the parliament was dissolved in October 2017. Quite a significant body of work was conducted in engaging with many stakeholders and meeting representatives. We travelled to Victoria to meet VicHealth and compared a similar model in Western Australia, the Healthway model.

I am really pleased to see this bill before the House. We have much work to do in the health space for all Queenslanders. With an ageing population and chronic issues with obesity, diabetes and cardiovascular disease, we have an obligation to get this right. As chair of the current health committee, we know the challenges around health literacy for all Queenslanders. More must be done to educate and inform all Queenslanders of positive health promotion and health initiatives.

The Health and Wellbeing Queensland Bill 2019 was introduced to the Assembly and referred to the committee on 28 February 2019. The bill delivers on the Palaszczuk government's election commitment to establish a health promotion agency known as Health and Wellbeing Queensland, or HWQ, to contribute to improving the health and wellbeing of Queenslanders in reducing the risk factors associated with chronic disease and health inequity.

The objective of the bill is to establish a health promotion agency as a statutory body. HWQ will contribute to improving the health and wellbeing of all Queenslanders, reducing the risk factors associated with chronic disease and reducing health inequities. The latest 2018 Chief Health Officer report found that 2.5 million adults and 224,000 Queensland children are overweight or obese. That is two in three adults and, sadly, that is one in four children.

I want to comment on health literacy for a moment. I strongly believe that people need to acquire the knowledge, skills and information to make healthy choices, for example, about the food they eat and the healthcare services they need. Despite the Queensland government's health prevention and promotion program showing some gains, *The health of Queenslanders 2018: report of the Chief Health Officer Queensland* also identified that the health system continues to face public health challenges including high rates of obesity, increasing chronic disease burden, disparity in life expectancy and chronic disease burden for Aboriginal and Torres Strait Islander people, and adverse effects of socio-economic factors. I might well add challenges in aged care as well.

These factors combined with a growing and ageing population are negatively impacting the quality of life of Queenslanders, the capacity of the health system and the productivity of our Queensland economy. One-third of the burden of disease is attributed to preventable risk factors such as poor nutrition, obesity, high blood pressure and smoking which accounts for 43 per cent of deaths in Queensland. The costs associated with these risks are significant for individuals and the community. In adults, being overweight or obese frequently results in chronic diseases such as type 2 diabetes, heart disease and cancer which can reduce life expectancy by up to 10 years. It is estimated that obesity related illness has an estimated cost on the Queensland healthcare system of \$756 million. That was in 2015. When the additional costs of absenteeism from employment, losses to productivity, loss of wellbeing and early death are included, the total financial impact on the Queensland economy was estimated to be \$11.2 billion.

A key challenge for Queensland is the significant health inequity that is related to a person's socio-economic status, the remoteness of where they live, or whether they are Indigenous. The Chief Health Officer report highlighted an opportunity to improve health outcomes for these Queenslanders through a stronger focus on prevention. In socio-economically disadvantaged areas, the rates of death due to lifestyle related chronic conditions were 50 per cent higher than those in advantaged areas in 2015.

Remoteness is also a key factor in Queensland, with rates of death due to lifestyle related chronic conditions in remote and very remote areas 33 per cent higher than in major cities. The disease and injury burden for Indigenous Queenslanders is 2.2 times that of non-Indigenous Queenslanders, and the rates of death due to lifestyle related chronic conditions is 70 per cent higher than the non-Indigenous population.

What will the commission do? It will adopt a multisector approach to improving health and wellbeing, drawing on expertise from public health, sport, recreation, primary care, social behaviour, marketing and other fields. It will coordinate illness prevention and health and wellbeing promotion activities focused on reducing risk factors of chronic diseases such as eating well, being more active and creating environments that make healthier choices easier, and develop partnerships and engage with sectors outside the health system to identify key leverage points and facilitate new opportunities to improve health and wellbeing. I believe that the commencement of Health and Wellbeing Queensland is a giant step forward in better health outcomes in Queensland. I commend the bill to the House