




Speech By
James Lister

MEMBER FOR SOUTHERN DOWNS

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HEALTH AND WELLBEING QUEENSLAND BILL

 **Mr LISTER** (Southern Downs—LNP) (4.42 pm): I rise to make a contribution to the debate on the Health and Wellbeing Queensland Bill. The LNP and I are very supportive of the bill. I thank the committee, the submitters and the groups that contributed to the consideration of the bill. The objective of the bill is to establish the health promotion agency, known as Health and Wellbeing Queensland, as a statutory body, which will contribute to improving the health and wellbeing of Queenslanders, reducing risk factors associated with chronic disease and reducing health inequities.

The proposed functions of Health and Wellbeing Queensland are to facilitate and commission activities to prevent illness or promote health and wellbeing; to develop partnerships and collaborate across government and with entities such as businesses, industry organisations, community organisations, academics, local governments and individuals; to give grants for activities to further its objectives or carry out its functions; to monitor and evaluate activities to prevent illness or promote health and wellbeing; to develop policy and advise the minister and government entities about illness prevention or promotion of health and wellbeing; and to coordinate the exchange of information about activities to prevent illness or promote health and wellbeing. The bill also amends the Hospital Foundations Act 2018 to enable the establishment of a foundation to support Health and Wellbeing Queensland in the achievement of its objectives.

The health of Queenslanders 2018: report by the Chief Health Officer Queensland identified that the health system continues to face public health challenges, including high rates of obesity, an increasing chronic disease burden, disparity in the life expectancy and chronic disease burden for Aboriginal and Torres Strait Islander people; and the adverse effect of socio-economic factors. I would like to add mental illness there. I have not heard much emphasis today on mental illness. I would hope that Health and Wellbeing Queensland does have a focus that includes the awareness of mental health issues.

Many members have given their own personal story today. When I was in the military and I returned from my deployment to the Middle East I came back a different person. My wife scarcely recognised me in terms of my personality. In the Air Force we had a health promotions program, what one would call health education. My wife was able to identify exactly what was wrong with me and dragged me down to the doctor by my ear to get me some help. It is only because of that that I am able to be here today and be an effective member of parliament.

Opposition members: Hear, hear!

Mr LISTER: I absolutely encourage Health and Wellbeing Queensland to make sure it considers mental health awareness and suicide prevention because I think those are very important aspects of public health that need promotion. I acknowledge the 'hear, hears' I get from my colleagues in the chamber. I thank them for that. Combined with a growing and ageing population, these factors are negatively impacting the quality of life of Queenslanders, the capacity of the health system and the productivity of the 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 account for 43 per cent of deaths in Queensland. I acknowledge the contribution of my honourable friend the member for Condamine when he spoke about cholesterol control and having quit smoking and the benefits he has experienced and just how hard that was. We all have risk factors. It is great to hear the individual stories of members.

The costs associated with these risk factors are significant for individuals and the community. In adults, being overweight or obese frequently results in chronic diseases such as type two diabetes, heart disease and cancer, which can reduce life expectancy by up to 10 years. It is estimated that obesity related illness had an estimated cost on the Queensland healthcare system of \$756 million in 2015. That is a staggering sum. 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 at \$11.2 billion. That truly is a staggering sum.

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 in 2015. The disease and injury burden for Indigenous Queenslanders is 2.2 times that of non-Indigenous Queenslanders and rates of death due to lifestyle related chronic conditions is 70 per cent higher than in the non-Indigenous population. They are disappointing statistics for Indigenous populations.

My own electorate of Southern Downs is not that far from Brisbane. It is a maximum five-hour drive. It has fewer health services and higher incidences of heart disease, depression and chronic illnesses than a city electorate. Remoteness is something that ought to be taken into account. I would like to give a plug to Dr Rolf Gomes and Heart of Australia.

Mr Millar: Hear, hear!

Mr LISTER: I take that 'hear, hear!' from my honourable friend the member for Gregory. Heart of Australia operates a number of buses that tour Western Queensland and provide cardiology services to people who could not otherwise have them: busy farmers who put their health at risk by putting off visits to the doctor. I am sure that Dr Gomes would confirm that many lives have been saved through that marvellous service.

Mr Millar: The state government should fund that!

Mr LISTER: I take that interjection from the member for Gregory. It would be lovely to see the state government fund that. There are large differences in risk factors that lead to diseases and premature death across the Queensland population. Obesity rates are 49 per cent higher in socio-economically disadvantaged areas of Queensland compared to in advantaged areas, 35 per cent higher in remote areas, 39 per cent higher in very remote areas of Queensland compared to in major cities and 39 per cent higher among Indigenous Queenslanders than non-Indigenous Queenslanders.

This bill provides that the Health and Wellbeing Queensland board will be comprised of up to 10 members, a chief executive officer and staff. The board is responsible to the minister for the management and performance of Health and Wellbeing Queensland. A maximum of four members of the board will be chief executives of government departments. The other members will be persons with knowledge, skills or experience in business or financial management, law, public health, academia, community service organisations, the not-for-profit sector or another area that the minister considers relevant or necessary to support the board in performing its functions. I suggest it would be a wonderful thing to have an advocate or expert in mental health on the board. I pay tribute to the member for Buderim who spoke earlier in the House about the importance of looking after the mental health of veterans, in particular. That would be a good thing to do.

The bill will ensure there is flexibility to enable the board to be made up of members who bring a range of experiences and backgrounds, such as experience as a consumer representative or advocate. The bill requires that at least one person on the board must be an Aboriginal person or Torres Strait Islander. Board members will be appointed by the Governor in Council for periods not exceeding four years, although they but may be reappointed.

The cost is estimated to be \$32.955 million in 2019-20. Existing activities currently delivered by Queensland Health that are aimed at reducing chronic disease and improving nutritional and physical activity are to transition to Health and Wellbeing Queensland. However, it is unclear whether Queensland Health's preventive health branch will continue under the new arrangements. I hope that, in his summing-up, the minister will shed some light on that.

The sum of \$32.955 million is a significant amount of money. It is not at all a bad thing to devote a reasonable sum to this worthy objective. However, I urge the government to be careful in how the money is spent, to count the pennies and to not use the program as a way to splash money around. There are groups in the community that do fantastic work on the smell of an oily rag. It would be great to see that money spread as widely as possible, in the most efficient way possible, to get the maximum benefit for Queenslanders.

The only other thing I would say is that it took an awfully long time for the government to introduce the bill, but better late than never. I commend the bill to the House.