




Speech By  
**Hon. Mark Bailey**

**MEMBER FOR MILLER**

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Record of Proceedings, 2 May 2019

**HEALTH AND WELLBEING QUEENSLAND BILL**

 **Hon. MC BAILEY** (Miller—ALP) (Minister for Transport and Main Roads) (5.46 pm): I rise to support the Health and Wellbeing Queensland Bill 2019. In doing so, I would like to thank the health minister for his leadership in this important area. The bill will establish a health promotion agency, which will be known as Health and Wellbeing Queensland. It will contribute to improving the health and wellbeing of all Queenslanders and it will work towards reducing the risk factors associated with chronic disease and also the inequities in the health of different groups of Queenslanders.

Our health system in Queensland and no doubt throughout the country continues to face challenges in public health, particularly high rates of obesity, an increase in chronic disease, the adverse effect of socio-economic factors and also a disparity in the life expectancy and health outcomes of our first Australians. When these factors are combined with our growing and ageing population, the quality of life for Queenslanders is negatively impacted. This also leads to additional capacity requirements for the health system and there is an economic impact as well in terms of negative health outcomes that lead to a reduction in economic productivity. This is why the Palaszczuk Labor government is focused on preventive measures, and the agency that this bill seeks to establish will help to achieve those aims.

I note here the savage cuts by the previous Newman LNP government. Preventive health was one of their greatest targets. They gutted preventive health like there was no tomorrow and stripped it out of the health system. It is good to see—

**Mr Minnikin** interjected.

**Mr BAILEY:** An interjection from the member for Chatsworth? He is still here. He cannot get a question up in question time, but he goes for the interjection. Good on him! I give him 10 out of 10 for effort.

**Opposition members** interjected.

**Mr DEPUTY SPEAKER** (Mr Kelly): Order, members.

**Mr BAILEY:** We have to give him credit; he is still in there giving it a go.

Preventive health was gutted by the previous government. It is good that the opposition is supporting this bill. However, we all know that it would be at risk under any future LNP government and the cuts that would come with it. One hopes that its members will learn—

**Opposition members** interjected.

**Mr DEPUTY SPEAKER:** Order, members. I know there are other speakers who want to have a go, but if we have to stop the clock that may not occur.

**Mr BAILEY:** One hopes that the opposition will learn from their bitter experience of losing government after one term. Cutting things like preventive health certainly contributed to their failure to be re-elected.

Investing in our people through investing in prevention has huge benefits not only for individuals but also for the wider community, the health system and the economy. Studies have also shown that for every dollar invested in public health interventions there is an average return of \$14. Improving the health and wellbeing of Queenslanders over the longer term will be an important step in managing future health expenditure and increasing the government's ability to continue to invest in new services and infrastructure. This is a sign of a government and a minister who are committed to a medium- to long-term health vision—not cuts to preventive health systems, not cuts to the rail system and not sacking people left, right and centre.

**Mr DEPUTY SPEAKER:** Minister, I draw you back to the long title of the bill.

**Mr Minnikin** interjected.

**Mr DEPUTY SPEAKER:** I do not need your help, member for Chatsworth. The minister has the call.

**Mr BAILEY:** Thank you, Mr Deputy Speaker; I certainly take your advice. This is about investing, not about cuts. That is the difference between this side and the other side when it comes to the health system.

**Mr Boothman** interjected.

**Mr BAILEY:** Mr Deputy Speaker, they are getting a little tetchy over there on the other side. It is frustrating when your colleagues have forgotten about you, but nonetheless he does continue to plug along. A key challenge to Queensland is the significant health inequity that is often related to a person's socio-economic status—

**Mr Boothman** interjected.

**Mr BAILEY:** I will repeat that. A key challenge for Queensland is the significant health inequity that is often related to a person's socio-economic status, the remoteness of where they live and whether they are Indigenous. Queensland is one of the largest and most decentralised states, and we have the massive challenge of ensuring that all Queenslanders are able to live healthy lives. It is an alarming statistic that in socio-economically disadvantaged areas the rates of death due to some chronic conditions were 50 per cent higher than those in advantaged areas in 2015. As a large state with many regional and remote centres, the fact that the rates of death due to some chronic conditions in remote and very remote areas was 33 per cent higher than in major cities in 2015 is also something to be tackled head-on. I might add that, when you think about statistics like that in relation to regional and very remote areas, I think back to the savage cuts of the Newman LNP government and the impact they had. They really impacted—

**Opposition members** interjected.

**Mr DEPUTY SPEAKER:** Order! Pause the clock. Minister, I bring you back to the long title of the bill.

**Mr BAILEY:** For Aboriginal and Torres Strait Islander people levels of disease and injury are in fact 2.2 times that of non-Indigenous Queenslanders, and rates of death due to some chronic conditions are 70 per cent higher than the non-Indigenous population. They are very sobering and serious statistics that any government needs to address in terms of priorities and principles. I am proud to be part of a government that is doing that through this bill.

There are many factors that influence health outcomes for Indigenous people, including their connection to family, community and country; language and culture; racism; early childhood development; education; employment and income; housing and environment; infrastructure; interaction with government systems and services; law and justice; health status; and food security. It is imperative that we seek to address the disparities in health outcomes between Indigenous and non-Indigenous Australians. There are a complex mix of factors which are part of our everyday lives that can influence health outcomes. These can include societal, environmental, socio-economic and biological factors. It is true to say that most Queenslanders enjoy good levels of health by national and international standards, but that is certainly not true for all Queenslanders. There are very large disparities when you go to different communities across this very vast and decentralised state.

The health gap will continue to widen unless we take steps to address the social factors that drive these disparities. We must take action to ensure that equitable health outcomes are achieved for all Queenslanders. Preventing and reducing the risk factors associated with chronic disease requires more than a single intervention. The impacts of poor health continue to be addressed by the health system, but many of the underlying determinants of health sit outside the health system. To bring about

population-wide sustainable improvements in health and wellbeing requires a new multistrategy approach delivered in partnership with sectors not traditionally associated with health or healthcare services. I note that in my own area of Transport and Main Roads our focus on active transport is a really important part of that service—

**Mr DEPUTY SPEAKER** (Mr Kelly): Member, I will interrupt you there and ask you to take your seat, please. In accordance with the business program agreed to by the House, the question is that the Health and Wellbeing Queensland Bill be now read a second time.