




Speech By
Patrick Weir

MEMBER FOR CONDAMINE

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HEALTH AND WELLBEING QUEENSLAND BILL

 **Mr WEIR** (Condamine—LNP) (12.35 pm): I rise to make a brief contribution to the Health and Wellbeing Queensland Bill. The LNP will not be opposing the bill. However, we will raise several issues as part of the debate including the delays in implementing the election commitment. The LNP supports preventive health from both a public health and economic perspective. The objective of the bill is to establish a health promotion agency, known as Health and Wellbeing Queensland, as a statutory body. Health and Wellbeing Queensland will contribute to improving the health and wellbeing of Queenslanders, while reducing the risk factors associated with chronic disease.

Health and Wellbeing Queensland will provide a new way of working by investing in innovative projects generated by local community partnerships to create environments that support the health and wellbeing of Queensland communities. It will use flexible funding models to source private and non-government revenue streams such as corporate partnerships and sponsorships.

Our Future State has a target to increase the portion of Queenslanders with a healthy body weight of 10 per cent by 2026, but *The health of Queenslanders 2018: report of 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; difference in the life expectancy and chronic disease burden for Aboriginal and Torres Strait Islander people; and the adverse effect of socio-economic factors. 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 credited to avoidable risk factors such as poor nutrition, obesity, high blood pressure and smoking—which account for 43 per cent of deaths in Queensland. I am probably guilty of one or two of those myself—not the obesity one so much but I am an ex-smoker. I grew up in an era when smoking was very common. I smoked for a number of years. I know what a difficult addiction it is to overcome, but giving up certainly does bring a lot of health benefits. The public is much more aware of the impact of smoking these days, and there is a decreasing proportion of the population who smoke.

It may surprise some to know that, as far as cholesterol levels are concerned, even with my build my natural cholesterol levels are very, very high—8.8 was my original reading—so I take a tablet to control my cholesterol. I was told no amount of dieting would fix it. It is a hereditary condition. For the last 12 months we have been trying to control my blood pressure. I had my blood pressure tested over in the Undumbi Room the other day. This is probably not a very good venue to get your blood pressure checked because it was not so good, so we still have more work to do in that space.

There are a number of things that we can do ourselves to improve our health and exercise as well, and I am attempting to do all of those.

Mr Nicholls: How's the grog going?

Mr WEIR: Everybody has one weakness, I am afraid, member for Clayfield. The cost associated with these risk factors is significant for individuals and the community. Adults being overweight or obese frequently results in chronic disease such as type 2 diabetes, heart disease and cancer which can reduce life expectancy by up to 10 years. Obesity related illnesses had an estimated cost on the Queensland healthcare system of \$756 million in 2015. When the additional costs of non-attendance at work, losses to productivity, loss of wellbeing and early deaths are included, the total financial impact on the Queensland economy was estimated to be \$11.2 billion.

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 much higher than that of non-Indigenous Queenslanders and rates of death due to lifestyle related chronic diseases is 70 per cent higher than the non-Indigenous population.

One of the pleasing outcomes I have had in my time as a member of parliament was when Dalby was in the seat of Condamine and I was approached to assist the community get a dialysis machine in Dalby Hospital. That took some time, but before the redistribution we finally delivered that. There were two dialysis machines installed in Dalby Hospital, and that was a great relief to patients who had to travel to Toowoomba twice a week to have dialysis treatment. We heard the member for Gregory talk about the importance of it in his area. While this bill talks to preventive measures, the impact that those dialysis machines had on those affected in Dalby was enormous. We support this bill and I will be very interested to see the outcomes of it. Implementing this program is one thing; getting the necessary outcomes is another. I look forward to seeing that in the future.