



Speech By
Ros Bates

MEMBER FOR MUDGEERABA


Record of Proceedings, 2 May 2019

HEALTH AND WELLBEING QUEENSLAND BILL

Second Reading

Resumed from 1 May (see p. 1393), on motion of Dr Miles—

That the bill be now read a second time.

 **Ms BATES** (Mudgeeraba—LNP) (11.19 am), continuing: Queensland Health was a basket case under former Labor premier Anna Bligh, and it is now bedlam under Anastacia Palaszczuk and her hapless Minister for Health, Steven Miles. The health of Queenslanders is too important to risk. As a sign of how much Labor thinks about preventive health, it has taken over four years to debate these changes and the minister could only speak about the bill for four minutes last night. The LNP supports this bill because the LNP supports preventive health.

This bill seeks to establish a health promotion agency known as Health and Wellbeing Queensland, HWQ, as a statutory body. HWQ will contribute to improving the health and wellbeing of Queenslanders, reducing the risk factors associated with chronic disease and reducing health inequities. The creation of HWQ is a reaction to the well-publicised issue of chronic disease and its effects in Queensland. Chronic disease—including type 2 diabetes, cardiovascular disease, oral disease and some forms of cancers—is now the major health burden on individuals, communities, the health sector and governments in Queensland, Australia and globally.

The dominance of chronic disease in Queensland is a relatively recent phenomenon that looks likely to keep increasing into the future. This increase threatens to reduce the quality of life of Queenslanders and will place increased stress on the state's health system. Chronic disease causes up to 88 per cent of the health problems and early deaths in Queensland, with an excess borne by the disadvantaged in the community. 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. Queensland, like the rest of Australia, is facing an epidemic of overweight and obese children and adults. Sixty-four per cent of Queenslanders are overweight or obese with a further 23 per cent at risk of being overweight in the future.

There are large differences in the risk factors that lead to disease and premature death across the Queensland population. Obesity rates are: 49 per cent higher in socio-economically disadvantaged areas of Queensland compared to advantaged areas; 35 per cent higher in remote areas; 39 per cent higher in very remote areas of Queensland compared to major cities; and 39 per cent higher amongst Indigenous Queenslanders than non-Indigenous Queenslanders. Perhaps it is most troubling that 21 per cent of children aged between five and 17 years are overweight or obese. Excess weight is the largest cause of ill health and early death in Queensland, causing 8.5 per cent of the total health burden. Smoking is the second largest cause at 7.2 per cent.

We have all heard these worrying statistics, however, most chronic diseases are preventable. It is estimated that about 4,000 premature deaths each year in Queensland could be prevented by people modifying their lifestyle. *The health of Queenslanders 2018: report of the Chief Health Officer Queensland* indicated 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 effects 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.

The cost associated with these risk factors is 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 cost the Queensland healthcare system \$756 million in 2015. When the additional costs of absenteeism from employment, loss of productivity, loss of wellbeing and early death are included, the total financial impact on the Queensland economy was estimated to be \$11.2 billion. In socio-economically disadvantaged areas the rate of death due to lifestyle related chronic conditions was 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.

Improving the health of the community requires an effort across three tiers of national, state and local governments and a range of sectors—education, transport, employment, housing and industry—to develop and implement policies and strategies that influence people's everyday environments. Health is strongly influenced by the complex everyday environments in which people live, work and play. HWQ is seeking to address this in a way Queensland has not seen before. HWQ provides 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.

There is strong stakeholder support for the bill. Submissions were made by 33 organisations including the Cancer Council Queensland, the Stroke Foundation, Diabetes Queensland, the Heart Foundation and AMA Queensland. Last month the LNP hosted a preventive health round table at Parliament House with key public health advocates, and I want to publically thank and acknowledge those organisations for their attendance. The LNP supports this bill because the LNP supports preventive health. It is our hope that HWQ achieves all it sets out to achieve and that we begin to see a shift in statistics around obesity and the chronic disease crisis gripping Queensland.

There are several key issues I would like the minister to clarify in his reply to this second reading speech. Will there be whole-of-government input from the strategies that are developed through the board and new statutory body? How much of the overall budget of \$32.955 million will be distributed into grants to organisations as opposed to new bureaucracy? What will the staffing levels and wages budget for operating Health and Wellbeing Queensland be in their first budget? What will happen to the preventive health branch within Queensland Health? How much of the overall budget is new money as opposed to existing grants that are given to non-government organisations? What KPIs are going to be put in place to measure the outcomes from the grants that are distributed and the goals and strategies set by the board? We would like the minister to address these concerns. Preventive health is very important, but is just one part of the policy response to public health issues.

I want to conclude by saying that the minister's recent announcement about billboard advertising was very disappointing. If anything, the government should be upping the ante on what they spend to educate consumers and make them aware of certain food groups. The fact that Stadiums Queensland advertising was excluded from the announcement makes a complete mockery of the policy intent in the first place. The minister should be focused on more beds, not billboards.