

**Question on Notice**  
**No. 179**  
**Asked on 18 March 2014**

MR HOLSWICH asked the Minister for Health (MR SPRINGBORG)-

QUESTION:

Will the Minister advise how the State Government is working to provide positive health outcomes for Indigenous Queenslanders, including those in the Pine Rivers Electorate?

ANSWER:

I thank the Honourable Member for Pine Rivers for his question.

In Queensland, there have been some positive steps toward achieving the COAG targets, with the Queensland Indigenous life expectancy gap reduced from 11.8 years for males and 10 years for females in 2005-2007, to 10.8 years for males and 8.6 years for females in 2010-2012.

It is recognised that, while heartening, these gains are only the first step in achieving the very challenging target of addressing the gap in life expectancy between Indigenous and non-Indigenous Queenslanders. This is exactly why the Newman Government has made a firm commitment to improving health outcomes for Indigenous Queenslanders and have committed to a strategy of sustained investment to support the delivery of targeted and evidence-based health services designed and delivered in collaboration with Aboriginal and Torres Strait Islander people.

In real numbers, this unprecedented long term government investment will see at least some \$60 million being injected each year in the broader health system in Queensland to make the best possible use of the existing service delivery capacity across the public, private and NGO health sectors.

It is known that a top contributor to the excess burden of disease affecting our Indigenous people is chronic disease. This leads to not only a human cost for the people affected, but also a much shorter life expectancy, and unsustainable costs for the public hospital system. In fact, Queensland Health has calculated that the excess hospital cost brought about by the excess burden of disease suffered by our Indigenous Queenslanders is in the order of \$210 million every year.

The Government will continue to support the expansion of multi-disciplinary health teams targeting chronic diseases in the community and across the life span. The clinical evidence is that the origin of many chronic diseases affecting adults can be traced back to childhood and even pregnancy.

Chronic diseases can start to get a foothold during adolescent and juvenile years when young individuals frequently engage in lifestyle and risky behaviours that will result in severe health conditions later. There is a focus on ensuring that individuals remain engaged with the health system in a positive way and understand and get the support they need for a healthy transition to adulthood.

The Government will also continue to invest in services to support adults who already have, or are at risk of contracting, chronic diseases. The evidence tells us that by supporting effective health services capable of engaging individuals to have regular health checks, adhering to treatment plans and improving their lifestyle behaviours, we can expect to see improvements in their life expectancy, a reduction in preventable hospital admissions and a reduction in presentations to emergency departments due to poorly managed chronic diseases.

To illustrate the broad range of targeted actions that are being put in place across the State, outlined below are examples of some initiatives currently happening in 2013-2014 which assist Aboriginal and Torres Strait Islander people in the Pine Rivers electorate:

- the Metro North Hospital and Health Service is delivering the Ngarrama program. This is a child and maternal health service based on three public hospitals in the Brisbane metropolitan north region, including Caboolture Hospital. While hospital-based, the program delivers both in-hospital and home-visiting health services before and after birth, with dedicated midwives and Indigenous health workers that positively engage with clients and have the capacity to refer them to a wide variety of specialist health services as the need arises;
- approximately \$2.8 million has been allocated to the community-controlled non-government health sector to deliver a range of local programs that will focus both on improving access to specialist health services and on providing health services at general-practitioner clinics, including some based in the areas of Lawton/Strathpine and adjacent areas;
- approximately \$170,000 has been allocated to the Metro North Hospital and Health Service to deliver and to purchase services to address identified gaps and barriers faced by Indigenous patients as they move between public and non-public health services; and
- \$400,000 has been allocated to the Metro North Hospital and Health Service to undertake initiatives to improve the cultural competence of its mainstream health services, thus making existing services more engaged and accessible for Aboriginal and Torres Strait Islander patients.