

Keynote Address

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I would like to acknowledge the traditional owners on whose land we meet today, the Yirrganydji people and any Elders of the people who lived here.

I also recognise those whose ongoing effort to protect and promote Aboriginal and Torres Strait Islander cultures will leave a lasting legacy for future Elders and leaders.

I would also like to acknowledge our upcoming keynote speaker, Dr Beth Woods, Director-General, Department of Agriculture and Fisheries, Queensland, who will be presenting later today.

Distinguished guests, ladies and gentlemen, good morning. It is wonderful to see so many familiar faces here today. I can also see many new faces too, and I am looking forward to meeting as many of you as possible during my time here.

I would like to start with some acknowledgements. Firstly, of course, I would like to respectfully acknowledge the traditional owners on whose land we meet today and their Elders, past and present.

I would also like to acknowledge my colleague Dr Beth Woods, the Director-General of the Department of Agriculture and Fisheries. Our two departments have been collaborating on a number of projects, particularly animal management projects, to bring about positive outcomes in environmental health in Indigenous communities.

I am delighted to be here today representing the Queensland Minister for Health, the Honourable Cameron Dick. Minister Dick sends his apologies; he is unable to join us because Parliament is sitting and he needs to be in Brisbane for that responsibility.

As Chief Health Officer for Queensland, one of my primary objectives is to continue to improve the health of all Queenslanders.

In 2016, my Division published the sixth report of the Chief Health Officer Queensland. I am pleased to report that we found there have been small but meaningful improvements in the health of Indigenous Queenslanders over the past decade - the life expectancy gap appears to have narrowed by one year, and declining death rates for diabetes, injuries and cardiovascular disease, in particular, are contributing to better outcomes.

However, I am sure it will come as no surprise to you that there are still significant inequities in the health status of Indigenous and non-Indigenous Queenslanders.

In 2014, there was a 21-year difference in the median age of death between Indigenous and non-Indigenous Queenslanders. In that year, there were 688 deaths of Indigenous Queenslanders. After adjusting for differences in age structure, this death rate was 54% higher than the non-Indigenous rate.

Coronary heart disease accounted for 83 deaths, a rate 50% higher than the non-Indigenous rate; diabetes accounted for 57 deaths, 5.2 times the non-Indigenous rate; and chronic lower respiratory disease accounted for 45 deaths, 2.9 times the non-Indigenous rate. Sadly, the leading causes of these deaths were largely preventable; for example, smoking.

Among Indigenous Queenslanders, smoking rates are more than double those of non-Indigenous Queenslanders, and maternal smoking rates are more than triple.

Queensland Health has introduced a number of programs to address smoking, such as B.Strong - an Indigenous Brief Intervention Training Program aimed at building the capacity, skills and confidence of Queensland's Indigenous health workers and other health and community professionals to deliver brief smoking, nutrition and physical activity interventions to Aboriginal and Torres Strait Islander clients.

However, the sixth report of the Chief Health Officer highlighted that, although tobacco smoking has diminished a little for Indigenous Queenslanders in some communities, the decreases are not widespread.

Statistics such as these highlight the need for action and this is where environmental health plays a role.

We have long since established the links between the burden of illness and disease in Aboriginal and Torres Strait Islander people and poor environmental health conditions.

Factors beyond the clinical setting, such as the provision of environmental health infrastructure, housing, sewerage and waste disposal facilities, safe water and food supply and air quality, all play a critical role in the health of both individuals and communities.

It is an unfortunate reality that residents of many Queensland rural and remote communities do not have the essential infrastructure and services required to support healthy living conditions and to facilitate community members choosing healthy lifestyle options. One of our ongoing challenges is making sure we target resources in order to improve health among such disadvantaged populations.

I believe we have made great inroads in managing mange in the dog population. Work in this area has greatly reduced (and, in the case of Wujal Wujal, eliminated) the main route of potential scabies exposure in the community.

I'm sure Dr Beth Woods will talk more about her department's involvement in this initiative, but I particularly wanted to highlight the achievements from a health perspective.

Positive outcomes such as these have led to increased partnerships and collaboration with other Queensland government agencies, such as the Department of Agriculture and Fisheries (DAF) and the Department of Housing and Public Works (DHPW).

Future work will include joint projects for healthy housing, such as good hygiene practices within the home that include the safe storage of food and basic hygiene to prevent cross contamination.

The theme for this conference is *Connecting environmental health through partnerships – a grassroots approach*. This theme contains two important elements. The first is the about creating partnerships and working together to make real changes in environmental health. The second element is to create these partnerships at a grassroots level. This means getting the resources, training, skills and education to the people, thereby supporting them to make a difference.

This is an approach that Queensland adopts because we know that it works.

For more than ten years, Queensland Health has had significant involvement in environmental health in remote Indigenous communities through the Aboriginal and Torres Strait Islander Public Health Program.

This program supports 16 Aboriginal and Torres Strait Islander local governments to improve environmental conditions in their communities, by providing resources and support and highlighting the relationship between environmental factors and health outcomes. The key focus of this program is to support and empower the local governments to deliver on their public health legislative obligations, in turn contributing to a reduction in the burden of disease within communities.

We recently secured funding to the value of \$24 million to ensure that the program continues for another five years. This is pivotal in allowing for the continued development and implementation of successful environmental health programs.

Another project I want to mention is the collaboration between Queensland Health, the Torres Strait Island Regional Council and the Department of Energy and Water Supply (DEWS) to improve drinking water quality in the Torres Strait Island Regional Council area under a pilot project.

Maintaining a safe and suitable supply of water is fundamental to environmental health practice and the overall health of a community.

The pilot project is focused on three Torres Strait island communities (Warraber Island, Poruma and Hammond Island) and has incorporated improvements to drinking water infrastructure and a significant skills and capacity building program for water treatment plant operators.

The skills and capacity building program has been delivered by Tropical Public Health Services within the Cairns and Hinterland Hospital and Health Service. It included the production of 15 training videos featuring employees of the Torres Strait Island Regional Council and six weeks of intensive onsite mentoring.

A key aim of the project is to build the capacity of Indigenous local government water treatment plant operators to sustainably operate water treatment plants to reduce health risks posed to their communities and to increase compliance with legislative requirements.

During 2017-18, the pilot project is to be expanded to other Torres Strait island and mainland Cape York communities and will also involve the Queensland Department of Infrastructure, Local Government and Planning.

Another successful collaboration in Torres Strait Islander communities involves the 'Asian Tiger Mosquito', *Aedes albopictus*, a notorious pest mosquito and a major vector of dengue and chikungunya viruses.

It is a highly invasive species and was first recognised in Australia in 2005, when established populations were discovered on some of the Torres Strait islands.

In response to this alarming discovery, the Commonwealth Government Department of Health and Ageing funds vector suppression program through Tropical Public Health Services (Cairns) Queensland Health, to eradicate *Aedes albopictus*.

But we still have more to achieve at both a local and national level.

Establishing and maintaining partnerships is the key to improving environmental conditions that have an impact on human health.

I understand that many of you have travelled from interstate, and I welcome you to our beautiful state here in Queensland. I hope you will have the opportunity to enjoy some of what our state has to offer. I can highly recommend a trip out to the Great Barrier Reef if you have time, or perhaps a trip to Kuranda via the scenic railway.

I'm sure that you will all have a fantastic time during the conference, and the knowledge you gain and contacts you make will help you in continuing to address your community's needs.