

Our future

The way forward



Our future

Introduction

This report has provided a snapshot of the recent health status of Queenslanders and overall it is a good story. We have come a long way and made many positive strides forward to improve our health and wellbeing. We were in a strong position to address COVID-19 and by continuing to work together, and inclusively, our future will be a bright one.

Our future will be supported by Queensland confirming the right of everyone to the highest attainable standard of physical and mental health as an integral part of human rights.⁴⁰⁴ Core to that right being realised is a strong health system based on principles of equity. The passage of the *Human Rights Act 2019* makes Queensland the third Australian jurisdiction to implement human rights legislation, after the Australian Capital Territory in 2004 and Victoria in 2006. For the first time in Australia, the Queensland *Human Rights Act 2019* has included the right to health services (Section 37). Key principles of the Act include protecting and promoting human rights and building a dialogue and culture that respects those rights.⁴⁰⁵



Our people

We have ongoing change to the age distribution of Queenslanders, like most developed countries where advances in health and improvements in our environments mean we are living longer. Our fertility rate continues to decline, as it is in most developed countries of the world, slowing population growth. This is largely due to social and economic factors influencing the decision by young adults, particularly women, to have children.⁴⁰⁶ Immigration (from both interstate and overseas) is currently contributing the most to our population growth. If immigration patterns change markedly in the post COVID-19 era, particularly declines in working-age adults, this will place further pressure on the age distribution of our population, our workforce and the ability to care for our aged.

We are a diverse population and keeping us healthy means accounting for that diversity in our strategies to reduce the burden of disease. Initiatives that support rural and remote communities with respect to their health and overall wellbeing are important given the clear disparities that exist in health status and outcomes compared to their urban contemporaries. Some of the many ways in which this is being addressed is the

newly established Office of Rural and Remote Health which focuses on the health workforce in these regions. The health of Aboriginal and Torres Strait Islander people is improving and we recognise that Aboriginal and Torres Strait Islander people are best placed to advise what the needs and solutions are. This is why our focus will be targeted towards more community-based initiatives and partnering with Aboriginal and Torres Strait Islander people to ensure their voice is heard and implemented when it comes to the direction of government policies and programs.

Our health

By almost all international standards, the overall health and wellbeing of Queenslanders is at a high level, largely due to world-class health systems and long-term prevention efforts to reduce the burden of disease such as reducing smoking and improving maternal and child health. However, disparities persist and people living in Queensland's rural and remote regions and those in the most socioeconomically disadvantaged groups are experiencing excess burdens of disease and injury and barriers to achieving and maintaining healthy lifestyles.

There are some challenges we are facing that are influencing the prevention, onset and management of disease, disability and injury, not least the mental health and wellbeing of our people. More people are experiencing anxiety and depression, and more are accessing health care for those issues. There is now considerable evidence that the effect of stress on neurological and immunological development and responses (particularly chronic inflammation) is an important component cause in the pathway to chronic disease.¹⁷ At the severe end of the spectrum, suicide, drug and alcohol use, domestic violence and child abuse are concerning at any level. There are groups in our communities who are most at risk of poor mental health and wellbeing. These include our youth, the un- and under-employed, rural and remote communities, LGBTIQ+ people, Aboriginal and Torres Strait Islander people, our homeless, our carers and people arriving in Queensland through humanitarian programs. The effect of COVID-19 on our current mental health status is not yet fully known, however, emerging data suggest the impact may be profound and will continue to shape our mental health and wellbeing for years to come.



A major challenge is how to maintain our quality of life as non-fatal disease burden continues to rise. While we are living longer, we are living with more years of poor health and reduced wellbeing. Chronic diseases continue to be the leading contributors to disease burden, particularly when multimorbidities are present. Dementia, frailty, musculoskeletal disorders and haematological disorders will continue to increase as our population ages. It is estimated that 38% of the disease burden is due to modifiable risk factors.⁸² Unless major inroads into improving our diets and physical activity are made, lifestyle diseases such as diabetes and their sequelae will continue to rise sharply. This has numerous implications for society, the economy and health services. Further, increasing evidence supports the critical role of pre-natal, perinatal and postnatal influences on lifelong health trajectories and the development of chronic disease.¹¹⁸ While focus on the first 1000 days is doing much to positively influence these trajectories, and is now extending to the first 2000 days, greater emphasis is needed on pre-conception health, including that of fathers.

The 2019 influenza season, COVID-19 and the problems we face with growing antimicrobial resistance demonstrate the continuing importance of infections, many of which are largely preventable and disproportionately affect lower socioeconomic groups and those with underlying chronic conditions. With changing natural environments due to population pressures and climate change, we are likely to see more new infectious diseases emerge or existing ones extend into populations not previously affected, such as tropical mosquito-borne viruses.

We have made substantial progress in reducing the incidence of HIV and, in high-income countries, people infected are no longer dying of AIDS. Other sexually transmitted infections, however, are continuing to rise (for example, chlamydia and syphilis) potentially indicating new approaches to safe sex are needed. We need to maintain confidence in our world-leading immunisation programs and strengthen programs dedicated to improving coverage in disadvantaged and/or hard-to-reach children and adults in our communities. This will become increasingly important as new and better vaccines become available.

Remarkable achievements have been made in survival for our leading cancers (breast and prostate cancers) and in the prevention of some cancers (cervical cancer). We now have a cure for Hepatitis C, a leading cause of liver cancer and other chronic diseases.⁴⁰⁷ Elimination of Hepatitis C globally is possible if access to treatment is not limited by cost.⁴⁰⁸ However, there are still many cancers for which prevention, extended survival or a cure remains elusive. The rise of genomics and precision medicine offers new potential and Queensland researchers and health service providers are at the forefront of many of these advances supported by Queensland Genomics.⁴⁰⁹

Falls, road trauma and assault continue to dominate injuries in Queensland and are leading causes of long-term disability. The causal pathways are complex, but the safety and design of our physical environments are critical to falls and road trauma. Addressing the key factors associated with assault will involve examining our culture around gender and racial attitudes and beliefs, alcohol misuse, substance use and mental health.



As our population ages, the contribution of falls to overall burden of disease will continue to rise. Reducing that burden will involve addressing the safety of the physical environments in which our elderly live as well as other factors such as minimising the risk of medication errors which can lead to side effects as such as disorientation and dizziness.⁴¹⁰ Interventions that reduce the risk of osteoporosis and improve bone density will lower the risk of adverse fall outcomes such as fractures.⁴¹¹

We have substantially reduced the number of people dying on our roads but there are more crashes. Measures to improve pedestrian and cyclist safety, responsible use of motorised scooters and reducing driver fatigue and distractions will remain key strategies to reducing the health burden caused by road trauma.⁴¹²

Our health services

Approaches that will continue to feature prominently in Queensland in the coming years will include:

- active and meaningful consumer engagement in health service policy, planning and delivery
- harnessing new technologies to provide more people with high quality services at less cost and to better investigate health conditions to protect Queenslanders
- building the capability of our health workforce with respect to mental health and wellbeing, aged care and the needs of our culturally, linguistically and geographically diverse population
- continuing to enhance and provide equitable access to early intervention and high-quality care for rural and remote Queenslanders and Aboriginal and Torres Strait Islander communities.

There are many initiatives that have been implemented in Queensland over recent years to improve the quality and efficiency of health services, and many of these are detailed in Queensland Health's annual report and the annual reports of the various HHSs. There is a growing focus on patient reported outcomes, quality of life and managing patients outside of the hospital. The successes of Telehealth, 13 HEALTH (13 43 25 84), specialist outreach programs and "Hospital in the Home" illustrate how effective care can be safely delivered outside of a clinical setting. Our ambulance, aeromedical and retrieval services are continuing to expand their expertise in pre-and out of hospital care to reduce morbidity and mortality.

Our lifestyles

Queenslanders live in one of the best places in the world and our lifestyles reflect our diverse range of physical and social environments. We have extensive opportunities for maintaining and enhancing our wellbeing, not least being our great outdoors, the quality of our food and produce and our built environments that facilitate social interaction, physical activity and simply relaxing.

Through HWQld and other initiatives ranging from cross-government to local level approaches, Queensland is striving towards ensuring all Queenslanders can make healthy lifestyle choices.^{413,414} The focus is on good food choices, optimising physical activity and having safe and healthy environments in which we live, work and play. These initiatives are, by design, intended to be inclusive of all Queenslanders.

We have had remarkable successes in reducing the prevalence of tobacco smoking in Queensland and declines in disease burden attributable to smoking are now being realised. However, tobacco control efforts need to be strengthened, especially in groups with a high prevalence of smoking. The lesson from tobacco control is that supportive and proactive environments are essential to achieving reductions in overweight and obesity, increasing our physical activity, reducing harmful sun exposure and enabling time-out.

Our protective and risk factors for health and our health status are not simply “lifestyle choices”. They are influenced by genetic factors as well as a broad range of social, economic, environmental and political enablers and barriers across the lifespan. These will continue to be addressed in partnership with organisations, communities, families and individuals.

Technological advances are growing in demand, intelligence and capacity. There are, however, challenges with some technology, particularly online communication, we need to monitor carefully. While incredibly useful for disseminating information quickly, the downside is the rapid spread of misinformation and other issues such as the rise of cyber-bullying and a preoccupation with image and celebrity.

Focusing on healthy built environments so that they are connected, welcoming, and responsible for future generations will become increasingly important. COVID-19 has by necessity led to new ways of thinking about our spaces and how we maintain health and wellbeing for all Queenslanders in the “new normal”.



The final word

“Every child and many adults dream of a tree house. Somewhere, among the primeval genes that persist in us, are those that recall the arboreal life of our forebears. They persist in the indefinable feelings of identity, of adventure, even of sanctuary, which so many experience in a tree house.” Professor John Pearn, Queensland paediatrician, 2013⁴¹⁵

The first two decades of the 21st century have been ones of rapid change—socially, economically, politically and environmentally. The start of the third decade has possibly led many of us to seek out the simplicity of our tree houses as we navigate the “new normal”. Queensland has great communities for tree houses and great people to build them and to live, work and play in them. There are great services and communities to support them. We have some trees that need extra help and that is more than achievable.

