

1 Making Queenslanders healthier

Effective and efficient health promotion, illness prevention and early intervention

Objectives

- 1.1 Increase action on the promotion of good health, illness prevention and early intervention.
- 1.2 Encourage healthy behaviours and lifestyle choices to reduce rates of overweight and obesity, smoking, risky drinking, unsafe sun exposure, anxiety and depression and falls by older people.
- 1.3 Protect the health of Queenslanders by providing access to effective services for the management of preventable environmental health hazards, and the prevention and control of communicable diseases.
- 1.4 Provide access to effective population screening services for breast, bowel and cervical cancers.
- 1.5 Work with partners to address factors outside the health system that support health and wellness.

Key strategies

- 1.1.1 Promote healthy behaviours in pre-school, school, workplace and community settings through collaboration with private, public, non-government sectors, to implement programs addressing risk factors.
- 1.1.2 Continue to implement A Better Choice strategy by providing a range of targeted promotions. This will empower consumers to make healthier food and drink choices.
- 1.2.1 Provide a range of targeted promotion prevention and early intervention programs, focussing on:
 - improving nutrition and increasing physical activity
 - reducing population rates of obesity and overweight, smoking, heavy drinking and unsafe sun exposure
 - improving resilience to anxiety and depression
 - preventing falls by older people.
- 1.3.1 Maintain or increase vaccination coverage for Indigenous Queenslanders, areas of low coverage and four-year-old children.
- 1.3.2 Improve compliance with water quality standards.
- 1.3.3 Enhance the prevention and control of mosquito-borne diseases.
- 1.3.4 Improve the coordination of responses to outbreaks, natural disasters and other environmental hazards.

- 1.4.1 Improve the capacity of the BreastScreen Queensland program to meet participation targets through completion of the digital mammography project and workforce strategies.
- 1.4.2 Continue to implement the bowel and cervical cancer screening programs.
- 1.5.1 With our partners, develop and implement an annual target delivery plan to cut by one-third obesity, smoking, heavy drinking and unsafe sun exposure.

Key performance indicators

- Percentage of the Queensland population who:
 - are overweight and obese
 - consume recommended amounts of fruit and vegetables
 - engage in levels of physical activity for health benefit
 - consume alcohol at risky and high risk levels
 - smoke tobacco daily
 - adopt ultraviolet (UV) protective behaviours.
- Percent and number of fall-related hospitalisations for older people in Queensland.
- Vaccination rates at designated milestones for all children aged two years.
- Percent of target population screened for breast cancer, bowel cancer and cervical cancer.

Public Health Report

The Public Health Report is published in accordance with Section 454 of the *Public Health Act 2005*, which requires annual reporting on public health issues for Queensland.

Chronic disease

Chronic disease is the major cause of premature death and illness in Queensland, causing 85 per cent of the total burden of disease and injury in the state. In 2004–2005, chronic disease cost more than 86 per cent of the allocated national healthcare expenditure, or \$37 billion. Based on the national proportion of spending on chronic disease, it is estimated that approximately \$20 billion was spent in Queensland treating chronic disease in 2009–2010.

Much of chronic disease is preventable.

Recent figures demonstrate the challenges in preventing chronic diseases from occurring. In 2011:

- 57.4 per cent of Queensland adults were overweight or obese
- 14.8 per cent of Queensland adults smoked tobacco daily
- 22.7 per cent of Queensland adults drank alcohol at levels associated with risk of alcohol-related harm over a lifetime
- 50.3 per cent of Queensland adults consumed the recommended two or more serves of fruit on a daily basis with an average intake of 1.6 serves daily
- 9.1 per cent of Queensland adults consumed the recommended five or more serves of vegetables on a daily basis, with the average being 2.4 serves daily.

Diabetes is the fastest growing chronic disease in the world and is the disease with the largest potential for prevention with more than two-thirds due to the joint effect of high body mass and physical inactivity. An estimated 60 new cases of type 2 diabetes are diagnosed each day in Queensland. In 2010, up to 300 000 Queenslanders aged 25 years or over were estimated to have type 2 diabetes, and a similar number are likely to be at risk or undiagnosed. Type 2 diabetes significantly increases the risk of cardiovascular diseases and can lead to serious complications such as blindness, kidney failure, and lower limb amputation.

By 2016, a combination of lifestyle-related conditions such as poor diet, physical inactivity and obesity

are predicted to lead to a 17 per cent increase in the burden of type 2 diabetes and, by 2033, the number of Queenslanders with type 2 diabetes is expected to double. Lifestyle changes involving food choices, physical activity and maintaining a healthy weight are essential to the prevention of type 2 diabetes. Queensland Health funded and implemented many initiatives to address these diabetes risk factors.

Injury

Injuries account for 7.1 per cent of the total burden of premature death and disability in Queensland (latest available data is for 2007). An injury is damage occurring to a person's body in a physical sense such as a graze, bruise, sprain, strain or broken bone in a short period of time. Injury is the third largest cause of premature death in Queensland with 1062 premature deaths or 11 per cent of all premature deaths. Falls were the most common fatal injury in Queensland in 2007, causing 485 deaths, where 461 or 95 per cent were of people aged 65 years and older.

Long-term disability, ongoing treatment, rehabilitation and physical impairment can also result from injury. More than one in five Queenslanders (21.5 per cent) reported in 2008 that at some time, they or a member of their immediate family had been injured in a way that permanently affected their lifestyle, work or leisure activities. In 2010–2011, there were 115 238 injury-related hospitalisations in Queensland.

Communicable diseases

Communicable diseases continue to pose a public health risk in Queensland. In 2011–2012, Queensland experienced a number of communicable disease outbreaks requiring a dedicated public health response.

- There were 13 incidents of Hendra virus infection in horses. These incidents required immediate public health responses to identify and manage nearly 80 human contacts. Fortunately there were no human infections.
- North Queensland has experienced increasing numbers of dengue outbreaks during the past decade. The dengue mosquito, *Aedes aegypti*, is widespread in Cairns and Townsville. It is also established in many towns across the state, but not in South East Queensland. Another dengue vector, *Aedes albopictus*, is established in the Torres Strait and poses a real risk of incursion onto mainland Australia. An incursion of either of these vectors into South East Queensland could result in large dengue outbreaks due to high numbers of people

with overseas acquired dengue notified in this area. In the period 1 July 2011 to 30 June 2012, there were 225 dengue cases in Queensland, 209 of which were overseas acquired. Queensland Health is leading a program to decrease the risk of incursion into South East Queensland.

- The rates of notifications of whooping cough (pertussis) increased significantly from 2008 when an outbreak started in Australia. Analysis of data showed the increase in notifications was substantially affected by increased testing and the increased use of a test that is more sensitive in identifying infections. Consequently, milder cases of whooping cough are now being identified. There has been a decreasing trend in the number of notifications since the end of 2011.

Rise in Sexually Transmissible Infections (STI) across Queensland

The numbers of notifications of the majority of STI have continued to rise in recent years in Queensland.

- In 2011, there was a 43 per cent increase in the number of gonorrhoea notifications in Queensland (2879) compared to 2010. Brisbane Metro North region had the highest number of notifications (530) followed by Cairns and Hinterland (515).
- Chlamydia is the most commonly notified STI in Australia and Queensland. The number of Queensland notifications reached a plateau in 2011 at 18 320. This was a 53 per cent increase over the 11 973 notifications recorded in 2006, and is consistent with national trends. Young people aged 15 to 24 years make up approximately two-thirds of notifications, and approximately two-thirds of annual notifications are females.
- Indigenous status on notifications for both chlamydia and gonorrhoea is under-reported and consequently actual case numbers are unknown. The data available suggest rates of chlamydia in some Indigenous communities in Queensland may be up to five times higher than for non-Indigenous Queenslanders and up to 11 times higher for gonorrhoea. STIs such as chlamydia and gonorrhoea substantially increase the risk of HIV transmission. Given the high prevalence of STIs in some Indigenous communities, HIV infection would be difficult to control should it become established.
- Syphilis infection remains a serious public health issue, especially for Queensland's Indigenous population. In 2011, there were 340 notifications of

infectious syphilis in Queensland, which is higher than the average 220 cases reported in the previous four years. A specific syphilis outbreak has been ongoing throughout 2011 in far west Queensland, requiring a prolonged clinical and public health response.

- The HIV notification rate in Queensland increased from 2.9 per 100 000 in 1998 to a peak of 5.3 per 100 000 in 2010, and was 4.9 per 100 000 in 2011. There were 222 new HIV notifications in 2011, compared with 239 in 2010. Of those who were first diagnosed with HIV in Queensland in 2011, 89 per cent (174) were men. Male-to-male transmission remains the most common risk factor for HIV transmission. HIV notifications in the Indigenous population were similar to the rate in the non-Indigenous population.

Antimicrobial stewardship

Inappropriate prescribing of antibiotics internationally is contributing to the emergence of multi-drug resistant organisms. The development of new more effective antibiotics is declining. To ensure availability of effective drugs in the future, strategies to reduce their inappropriate use are imperative.

An organised antimicrobial management program known as antimicrobial stewardship (AMS) has been shown to improve antimicrobial use in hospitals. The primary goal of AMS programs is to improve patient care by promoting judicious use of antimicrobials, including appropriate antimicrobial drug selection, dosage, route, and duration of treatment. This is achieved by incorporating multiple strategies within the hospital setting including education (both passive and active), clinical guidelines, pre-prescription approval, and post-prescription review.

Fluoridation

The Queensland Water Fluoridation Program (QWFP) implements the *Water Fluoridation Act 2008* which allows public potable water supplies serving over 1000 people to be fluoridated at a prescribed concentration. Before the QWFP commenced in 2008, less than five per cent of Queenslanders had access to fluoridated drinking water. That has now risen to approximately 87 per cent, with South East Queensland and the larger regional centres now completed. Queensland is now in line with water supply fluoridation in other Australian states and territories.

Under proposed amendments to the *Water Fluoridation Act 2008*, those public potable water suppliers that have not yet implemented fluoridation will have the option of proceeding with fluoridation or not. This will not affect the continuation of water fluoridation in those water supplies where it is currently operating.

Queensland Health has worked closely with local governments and the Department of State Development, Infrastructure and Planning to safely and cost effectively conclude the program.

Health promotion, illness prevention and early intervention

Queenslanders want to be better informed on how we can live longer, have healthy lives and how we can prevent ill health. Through health promotion, preventative measures and early intervention, the department can contribute to a healthier and more resilient community.

Health promotion

Social marketing provides communities with the information they require to make healthier choices in their lives. In 2011–2012, social marketing campaigns promoted healthy living messages and information on how to access useful services, including 13 HEALTH (13 43 25 84), 13 QUIT (13 78 48) and BreastScreen Queensland. The department, in partnership with the Commonwealth, delivered the *Swap It Don't Stop It* campaign. This second phase of the *Measure Up* campaign aims to show people how to change their lifestyle to help keep their waistlines in check.

An awards program, organised by Keep Australia Beautiful Queensland, recognised the healthiest community, school and workplace in Queensland, with winners sharing a \$1.6 million prize pool. Winners in 2011 were:

- **Healthiest community**—Dalby: The community ran community fun sporting events, weight loss programs, boot camps and fit mind and body programs. The prize money will support the development of the Myall Creek Master Plan and its inclusive strategy focussing on whole of community involvement in fitness and the arts to further build Dalby as a healthy community.
- **Healthiest school**—Eumundi State School: The school ran a healthy food options program which includes edible school gardens, a daily fruit fix for

all students, *Smart Choices* in the tuckshop and daily running programs. Plans for the prize money include a new open air classroom in surrounding bushland for intensive learning; garden facilities for growing and harvesting fresh food and cooking meals daily in the class kitchen; and additional sports facilities for participating in daily exercise.

- **Healthiest workplace**—Charters Towers Neighbour Centre Incorporated: The funds will be used for the renovations of Buffalo Hall which will house a staff and community health centre to implement regular sports ability sessions and healthy cooking lessons.

In collaboration with the National Heart Foundation and the Local Government Association of Queensland, the department implemented the *Active Healthy Communities Initiative* across Queensland. This initiative, which aims to enhance local government planning, policy and practice to create environments that facilitate opportunities for physical activity and healthy eating by the community, was awarded the Healthcare Improvement Award 2011 for acute and chronic disease prevention: promoting better community health and wellbeing.

A number of initiatives were implemented in 2011–2012 to reduce unsafe sun exposure. A social marketing campaign aimed to raise awareness of the five sun safety behaviours (wearing protective clothing, hat, sunglasses and sunscreen; and seeking shade). This campaign ran between December 2011 and March 2012 and consisted of television, cinema, radio and online promotions.

The youth sun safety campaign, *Sunburn Fail*, aimed to raise awareness of the risk of everyday and incidental sun exposure, with the key message that you don't have to get sunburnt to get skin cancer in Queensland. The campaign ran from January to June 2012, with the focus predominately being online communication channels.

The positive falls prevention *Stay On Your Feet*[®] message was successfully promoted to older Queenslanders during April No Falls Month through the release of a specific webpage and the provision of 320 kits to support educational and social activities across Queensland, which has seen a 15-fold increase since 2010.

Tobacco control initiatives in 2011–2012 included the implementation of two social marketing campaigns. The 13 QUIT (13 78 48) campaign was designed to promote the Quitline and encourage smokers with young families to consider their smoking behaviour. The *My Smoking* campaign targeted 18 to 29 year

olds and featured a range of media using young Queenslanders to encourage their peers to think about their smoking and quitting. Environmental health officers across the state continued to monitor and enforce the *Tobacco and Other Smoking Products Act 1998*, including implementing the tobacco display provisions and the sale of smoking products to children.

Health promotion initiatives in 2011–2012 to improve the participation of men in bowel cancer screening included:

- *Pit Stop* men's preventive health program
- workplace-based initiatives
- new educational resources for General Practitioners (GPs), carers and people with a disability.

Healthy Bodies, Healthy Minds is a health promotion resource for early childhood education and care services that includes fact sheets and step-by-step guides for families and educators. In 2011–2012, 866 resources were purchased and distributed through the early childhood sector and community.

Illness prevention

Healthy cooking programs are part of Queensland Health's multi-strategy approach towards the prevention of chronic disease through improved nutrition and physical activity. *Jamie's Ministry of Food* program aims to improve nutrition and health by providing basic cooking skills and food literacy. This can help to limit the risk of overweight and obesity. The program targets adults and children who have limited cooking skills, particularly those in low socioeconomic and at-risk groups. Demonstrations and cooking classes are conducted from a mobile food truck that visits Queensland communities and schools.

The Good Foundation, in partnership with Queensland Health, operated a *Ministry of Food* Centre in Ipswich and a mobile outreach truck to take the program to regional communities. As at 31 March 2011, 615 participants had commenced and/or completed the 10-week cooking program at the Ipswich Centre. From January 2012, the food truck was stationed at Logan for 11 weeks, with 230 participants enrolled and/or completing the 10-week course by March 2012. The *Cook for Life* program provides healthy cooking classes to improve diet quality and overall health outcomes for groups at risk of chronic disease. In 2011–2012 Queensland Health funded Institutes of TAFE across Queensland to deliver 25 programs in 12 locations with 263 participants.

The *Healthy Foods (Store Nutritionist)* program enables stores operating in remote Aboriginal and Torres Strait Islander communities to improve the community's nutrition. Since 2010, a nutritionist has been employed by two remote store groups to assist with food and drink stocking practices, store layout, in-store healthy food promotions and labelling, developing nutrition policy and guidelines, staff training, and engaging with community partners.

A Better Choice strategy aims to increase the supply of healthy food and drink to staff, visitors and the general public in Queensland Health facilities. Communication and resource development has continued to ensure that healthy food and drink are available and promoted in food outlets, catering, vending machines and fundraising. The policy and guidelines for *A Better Choice* are now available on the internet to assist hospital and health services to implement this policy.

The *Know Your Numbers* program provides an opportunity for people to have free checks of their blood pressure at participating pharmacies. People with above normal readings are referred to their GP for a more in-depth assessment and treatment as appropriate. *Know Your Numbers* increases community understanding of the consequences of high blood pressure, including the risk of stroke and cardiovascular disease. In April 2011, *Know Your Numbers* was expanded to include blood glucose testing for type 2 diabetes.

The immunisation coverage of four-year-old children in Queensland continued to be maintained at 89 per cent to 90 per cent. Queensland Health continues to investigate opportunities to Close the Gap in rates between Indigenous and non-Indigenous children. While the rates are comparable for older children there is currently a seven per cent point gap between 12-month old Indigenous and non-Indigenous cohorts.

The Queensland Centre for Mental Health Promotion, Prevention and Early Intervention works in partnership with state and national program leaders to access initiatives that are proven to be effective in the prevention and early intervention of depression and anxiety and associated mental illnesses. This includes oversight of the \$3.2 million five-year subscription (2010–2015) to *beyondblue*—the national depression initiative which aims to raise community awareness, enhance protective factors, reduce risk factors, and reduce stigma and discrimination associated with depression, anxiety and related disorders. Funding was also provided to MATES in Construction to maintain and deliver resilience education and

training to building and construction industry apprentices through the Lifeskills Toolbox program and occupationally-specific mental health literacy resources.

The Queensland Centre for Perinatal and Infant Mental Health promotes accessible and responsive services for optimum mental health and, social and emotional wellbeing for women, their infants and families during the perinatal period. The centre leads Queensland's partnership in the National Perinatal Depression Initiative which is working on prevention and early detection of antenatal and postnatal depression and providing better support and treatment for expectant and new mothers experiencing depression.

A breastfeeding promotion initiative, *12+months on the breast*, supported accreditation of maternity and child health services under the UNICEF *Baby Friendly Health Initiative*.

Queensland Health, in partnership with Cancer Council Queensland, provided statewide Sun Smart Grant Scheme funding to more than 350 Queensland not-for-profit organisations, to enable them to enhance sun protection for the children in their care. This was complemented by work undertaken locally with a range of agencies, including local government, child care sector, and community organisations, to support the uptake of policies and programs supportive of skin cancer prevention.

Queensland Health continued its partnership with the Australian Drug Foundation to expand the *Good Sports* program in Queensland. A network of *Good Sports* officers work with community-based amateur sporting clubs to improve responsible management of alcohol practices and change harmful drinking cultures through a structured accreditation program. In 2011–2012, more than 650 clubs were participating or registered in the program.

The *10,000 Steps* program disseminates physical activity information, resources and support via the interactive *10,000 Steps* website (www.10000steps.org.au). Since 2004, organisations and community groups have adopted and implemented *10,000 Steps* to promote physical activity. Individuals use the interactive step log to record and monitor their physical activity. As of April 2012, more than 190 000 individuals and 7300 organisations and community groups were registered with the website. In total, more than 98 billion steps have been recorded.

Healthy Active Ageing Collaboratives delivered a range of strategies to communities across the state to promote health and wellbeing among older

Queenslanders, including physical activity initiatives designed to maintain strength and balance and help prevent falls.

Queensland Health Public Health Units worked with a wide range of government and non-government agencies to support the delivery of healthy lifestyle programs, including:

- Get Active Gold Coast Physical Activity Alliance and local government Healthy Communities projects
- Lighten Up to a Healthy Lifestyle Programs
- Living Strong, a healthy lifestyle program developed specifically for Aboriginal and Torres Strait Islander populations and a mentoring program for Aboriginal health workers
- Nutrition in Early Life Health Worker Manual and Growing Strong Training Programs for health staff
- Healthy Jarjums, a healthy food choice resource for primary schools
- Logan Beaudesert Food Security Project, to increase the capacity of emergency food relief agencies to provide healthier food to clients in need.

A Queensland Health collaboration with the Ethnic Communities Council of Queensland resulted in:

- a culturally and linguistically diverse (CALD) *Swap It* program and Living Well Multi-cultural Group Based Healthy Weight Program for new emerging communities (Bhutanese and Afghani)
- 60 Living Well Multi-cultural Lifestyle Modification Programs conducted with approximately 495 participants across targeted CALD communities
- Certificate IV Primary Health and Community Care (Multicultural) Competencies with accreditation granted in November 2011
- CALD diabetes project for the Middle Eastern community and Pacific Islanders living with diabetes type 2 (in partnership with Diabetes Queensland).

Screening

Queensland Health provides breast cancer screening services that aim to reduce deaths from breast cancer and are targeted to women aged 50 to 69 years. The program is delivered through BreastScreen Queensland screening and assessment services, including 22 satellite locations and seven mobile vans covering more than 200 locations. In 2011–2012, digital mammography equipment was implemented in all services, including three new satellite services at Maroochydore, Kirwan and Gladstone and has taken

delivery of six of the eight new digital mobiles. Service capacity increased with the commissioning of the sixth digital mobile in April 2012 and the establishment of an additional 10 new mobile screening sites. Approximately 20 per cent of the program's screening is delivered by mobile vans.

Digital image quality can be checked immediately, improving the capacity to screen more women, particularly in rural and remote areas through substantial reduction in technical repeats. In 2011–2012, 668 000+ digital screenings were performed. Since the introduction of digital imaging in 2008 over 10 600 patient-related technical recalls have been avoided (with 743 avoided in 2011–2012). In addition, the ability to have two radiographers working on each of the seven BreastScreen Queensland (BSQ) digital mobiles can deliver an efficiency gain of 60 per cent with 40 women screened a day instead of 25.

Of the 5811 people who underwent a colonoscopy in a Queensland Health facility between August 2006 and June 2011, a pre-cancerous adenoma was detected in 2296—49 per cent of cases. This demonstrates the significant impact of the program on the prevention and early detection of bowel cancer. New E-Health systems were implemented to automate patient records and support timely clinical decision-making for bowel cancer screening programs in Queensland Health hospitals and facilities. In 2011–2012, over 85 000 procedures were captured, stored and retrieved from a centralised database (Endoscopy Services Information System Solution—ESISS).

The Queensland Cervical Screening Program (QCSP) aims to prevent cervical cancer. The target group for cervical screening is women aged 20–69 years and the recommended screening interval is every two years. In the 2009–2010 biennial period (latest available reporting period), 55.3 per cent of eligible women in Queensland participated in cervical screening. Cervical cancer incidence and mortality rates have halved in Queensland over the last 20 years with screening being a major contributing factor.

The QCSP has implemented a range of strategies to enhance access to cervical screening services for rural and remote women and Aboriginal and Torres Strait Islander women including:

- Healthy Women's Initiative
- Mobile Women's Health Service
- Rural Women's GP Service.

Early intervention

Brief intervention (nutrition and physical activity) training provides health staff working directly with Aboriginal and Torres Strait Islander clients with the necessary skills to provide a brief intervention for nutrition and physical activity. Between August 2011 and April 2012 the training was delivered in eight sites across Queensland, with 107 participants trained. Where possible, Queensland Health has been working collaboratively with the Queensland Aboriginal and Islander Health Council (QAIHC) in the promotion and delivery of this training.

Queensland Health launched an online Alcohol, Tobacco and Other Drug Brief Intervention Training Program to help nurses and allied health professionals develop skills and confidence in providing brief interventions with their clients and patients about alcohol, tobacco and drug use. The program includes a specific module to address pregnant and breastfeeding clients, and one for the general population.

To reduce high tobacco smoking rates among Aboriginal and Torres Strait Islander people, frontline health professionals were trained in techniques in smoking cessation under the Tackle Smoking Program.

In 2011–2012, 27 161 calls were handled by Quitline including 4185 referrals from health professionals. Quitline is a telephone counselling service dedicated to helping smokers quit. The Quitline's new Customer Relationship Management System became operational in December 2011 and supports an environment of ongoing quality assurance with sophisticated data collection, telephony and reporting capability.

Across the state, at least 30 Queensland Health nurses and physiotherapists have been trained to deliver the Safe Recovery Training Program, which is an evidence-based multimedia, falls prevention in-patient education program. Seventy-nine health and exercise professionals from across the state have also been trained to deliver the effective falls prevention program, the Otago Exercise Programme, to Queenslanders aged over 80 years.

Interventions for school-aged children and youth include the *Ed-LinQ* Initiative which works to improve linkages between the education sector, the primary care sector and the mental health sector, with the goal of improving early detection and access to intervention for students with emerging mental illness. The *Ed-LinQ* approach recognises that supporting the mental health and wellbeing of all students is a core focus of the education sector, and works with

primary and secondary schools in the government, independent and Catholic school systems.

People living with and caring for individuals with depression are being supported through the Queensland implementation of the Partners in Depression initiative. The BRiTA Futures Program (Building Resilience in Transcultural Australians groups) was developed to build resilience towards acculturation stress in people with culturally and linguistically diverse backgrounds. It has three components—the primary school version for children aged 9 to 12 years, the adolescent version for young people aged between 12 and 18 years, and the adult and parent version.

Environmental health

Queensland Health provides health risk advice to Queensland's Coordinator-General on mining, major infrastructure and industrial development projects regarding potential environmental health impacts and hazards. This includes issues such as air quality, contaminated soil and water quality.

During 2011–2012, health risk assessments of 23 state significant projects and nine other developments were undertaken.

In 2011–2012, enhanced laboratory capacity enabled better coordination and faster analytical support for environment investigations including:

- the Paddock to Reef Integrated Monitoring, Modelling and Reporting Program
- Gladstone Harbour fish sampling and testing
- establishing any potential community impact of coal seam gas processes
- pesticide levels threatening the Great Barrier Reef and South East Queensland dams.

Draft water quality standards were developed to address public health risks associated with releases of coal seam gas associated water which have a material impact on drinking water supplies. Advice was provided on environmental impact statements, environmental authorities, and transitional environmental programs for proposed coal seam gas water releases.

Recommendations from an independent, external review aimed at enhancing systems around the role, responsibility and accountability of Queensland Health and its partners in managing drinking water-related public health risks were actioned. The standards in the Public Health Regulation 2005 for recycled water were

revised to reflect emerging public health issues and new national standards were progressed.

On 1 January 2012, Queensland Health, in collaboration with its interagency partners, established a single point of contact for asbestos-related complaints and enquiries to ensure a consistent and efficient response. This includes a telephone contact 13 QGOV (13 74 68) and web-based services (www.asbestos.qld.gov.au).

Three reports were completed following the summer storm season of 2010–2011:

- Review management of public health risks in drinking water (November 2011)
- Management of food safety risks in Queensland (June 2011)
- Draft health protection—after action report.

In response to these reports, the following actions were undertaken or were nearing completion:

- review of public health information needed in natural disasters. This information included the development of six posters with key public health messages and resources to assist agencies to manage public health risks when planning evacuation centres. Resources that were complete were used successfully during the South West floods in February 2012
- developing the Natural Disaster and Severe Weather Event website
- formalising multi-agency arrangements for the management of food safety incidents, water quality incidents and asbestos incidents
- development of the Public Health Incident Management (internal) website to support health protection staff to manage public health incidents.

Environmental health officers were deployed to protect the public and emergency services personnel involved in the South West Queensland floods by assessing and managing public health risks associated with food preparation and handling at evacuation centres and temporary food businesses, drinking water quality, waste disposal, and the control of mosquitoes and black flies.

National partnership agreements

National Partnership Agreement on Preventative Health

The National Partnership Agreement on Preventative Health (NPAPH) commenced in 2009–2010 and provides funding for Queensland to further augment current initiatives to address preventable chronic diseases. Queensland will receive \$68.62 million in funding over the six years of the agreement.

The NPAPH seeks to address the rising prevalence of lifestyle-related chronic disease by promoting healthy behaviours and developing implementation plans for social marketing, healthy children and healthy workers.

1. Healthy children

The *Healthy Children Queensland Implementation Plan* aims to increase healthy eating and physical activity in a range of settings where children live, learn and play through the following programs:

- Good Start—a program for Pacific Islander and Maori children, delivered through community organisations and families to encourage healthy eating and physical activity
- Need for Feed—a healthy cooking program for young people in state high schools, delivered after school, on weekends or during school holiday periods by Diabetes Australia
- working with families and early childhood care settings, including supported playgroups and outside school hours care services to improve nutrition and physical activity
- supporting schools and sporting clubs to improve the supply and promotion of healthy food and drinks
- working with the Department of Transport and Main Roads and Local Governments to increase the number of children being active on the journey to and from school
- providing grants to community groups to improve healthy eating and physical activity levels in local settings.

2. Healthy workers

The *Queensland Healthy Workers Implementation Plan* aims to promote healthy lifestyle programs in workplaces over four years—from July 2011 to June 2015.

The following healthy worker initiatives are being supported:

- ten targeted strategies for identified high-risk or hard-to-reach workplaces
- five centralised support strategies for best practice workplace wellness, including the provision of resources and tools through a web portal; telephone and web-based information, and services to support individual behaviour change; and funding support to help workplaces implement comprehensive workplace wellness programs.

3. Social marketing—MeasureUp

The *Queensland Implementation Plan for Social Marketing—MeasureUp* raises awareness of the impact of lifestyle risk factors and chronic disease. Four activities are being delivered to extend the reach of the national *Swap It, Don't Stop It* campaign:

- Queensland Health coordinated more than 90 nutrition and physical activity programs, including TAFE Cook for Life; *10,000 Steps* and Heart Foundation Walking; and Cancer Council Queensland Relay for Life.
- The Ethnic Communities Council Queensland delivered *Swap It, Don't Stop It* Programs through trained multicultural health workers.
- The Queensland Aboriginal and Torres Strait Islander Health Council delivered the Hero Rewards, Good Quick Tukka Programs and capacity building initiatives in the community controlled sector.
- Diabetes Australia (Queensland), in partnership with the Heart Foundation, Cancer Council Queensland and Nutrition Australia Queensland collaborated in supporting the national *Swap It, Don't Stop It* campaign with health promotion and public relations activities.

4. Enhanced surveillance

The Queensland Health self report health status surveillance system, established in 2009–2010, continued to provide annual assessment and reporting of the prevalence of preventative health indicators for adults, and assessment for children every two to three years. In 2010–2011, prevalence of these indicators for adults and children was assessed and reported in a suite of seven reports released on the Queensland Health website.

National Partnership Agreement on Essential Vaccines

In August 2009, the Council of Australian Governments established the National Partnership Agreement on Essential Vaccines (NPAEV) to:

- minimise the incidence of major vaccine preventable diseases in Australia
- maintain and, where possible, increase immunisation coverage rates for vulnerable groups with a focus on minimising disparities between Indigenous and non-Indigenous Australians
- enable all eligible Australians to access free, high-quality essential vaccines in a timely manner through the National Immunisation Program
- increase community understanding and support for the public health benefits of immunisation.

The NPAEV allows Commonwealth-funded vaccines to be distributed to vaccine service providers, and contains four performance benchmarks to evaluate the agreement's effectiveness:

1. maintaining or increasing vaccine coverage for Indigenous Australians—Queensland has met this benchmark and coverage is being maintained
2. maintaining or increasing coverage in agreed areas of low immunisation coverage—Queensland has no areas classified as low immunisation coverage
3. maintaining or decreasing wastage and leakage—Queensland has met the benchmark
4. maintaining or increasing vaccination coverage for four-year-olds—Queensland has met the benchmark and coverage is being maintained.