1. In April 2009, the Social Development Committee (the Committee), a select Parliamentary Committee, was directed by the Queensland Parliament to conduct an inquiry considering the impact of chronic diseases on Queensland communities and the steps that could be taken to reduce the incidence of chronic diseases in Queensland communities.
2. The Committee tabled its report (the Report) in Parliament on 29 January 2010. The Report makes 34 recommendations that the Committee believes will assist to tackle the growing rates of chronic disease in the community, which align to five action areas:

* target the entire population and sub-population using a combination of legislation and regulation; social marketing; environmental change; organisational and community development; and research and surveillance;
* concentrate on the major modifiable risk factors for chronic disease including tobacco smoking, obesity and risky alcohol use;
* move efforts across the whole-of-government, in all jurisdictions, in partnership with the private and non-government sectors as well as the general community;
* move efforts beyond the health system into other sectors such as transport, housing, welfare and education; and
* provide greater focus on ‘at risk’ groups (including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, lower socio-economic communities and rural and remote communities).

1. The Committee noted that the preventive health policy agenda is currently evolving rapidly and therefore many issues that they were asked to examine are part of, or have been considered, in recent reviews or under national and state reforms.
2. The Report recommendations focus on four risk factors: alcohol, tobacco, obesity and mental health due to their combined burden of disease, amenability to modification and the opportunities under new reform agendas to maximise value and return on investment.
3. Recommendations include direct actions for the Queensland Government as well as indirect actions where Queensland has a strong advocacy role in pushing for policy change under the national health reform agenda.
4. In the main, the Queensland Government response supports the majority of the Committee’s recommendations, however at times alternative approaches to policy development and implementation have been proposed to better align with existing Government commitments, initiatives and national and state reform agendas.
5. Cabinet endorsed the Government response to the Social Development Committee’s report and recommendations, *Chronic Diseases in Queensland*.
6. *Attachments*

* [Governmental Response to the Social Development Committee’s *Chronic Diseases in Queensland* report](Attachments/Chronic%20Disease%20report%20Govt%20response.pdf).