

Vision for a *Healthy Tasmania:*

The Healthiest
Population in
Australia
by 2025



Recommendations by *The Healthy Tasmania Committee*

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Summary

The Government vision is for Tasmania to become the healthiest population in Australia by 2025.

The Healthy Tasmania Committee is an Advisory Group appointed by the Minister for Health to develop recommendations towards this goal.

The Healthy Tasmania Committee proposes new and existing targets to meet this goal:

1. The Tasmanian Government adopts the Australian Government commitment to a 25 per cent reduction in premature death from chronic disease by 2025.
2. There is endorsement of the existing targets in Tasmania for:
 - smoking (Tobacco Coalition)
 - physical activity (Premier's Physical Activity Council)
 - nutrition (statewide policy under review).
3. New targets are established to reduce health inequities such as a health literacy target.

To achieve these targets and the overall goal, the Healthy Tasmania Committee proposes to prioritise the following areas for action:

1. Concentrate on the early years because a well-established link exists between maternal health, the early years and long-term health outcomes.
2. Work to create health where people live, learn, work and play. Evidence shows if healthy choices are the easy choices people will adopt actions that promote good health.
3. Target risk factors we know lead to chronic disease – smoking, nutrition, risky alcohol consumption, physical activity and mental health.
4. Help health and community services workers work in health promoting ways by providing them with evidence-based strategies to do their work.

5. Focus on vulnerable groups to address the inequities and gaps in health outcomes that cost lives. Evidence shows action that reduces harm for all Tasmanians, regardless of income, education or background, works.

To establish the priorities for action in each of these areas, the Committee proposes that the following leadership enablers need to be determined:

1. **Statewide governance** – to lead, inform and coordinate action towards the goal and track progress towards meeting the targets.
2. **Public access to big data and evidence** – bring together new and existing data to inform progress, and develop public and organisational understanding and capability to take action.
3. **Local action and choice** – enabling people to have greater control of their own health by working with local government, community sector organisations and others.

The Healthy Tasmania Committee proposes the following principles:

- reduce inequities in health
- focus on people and communities
- direct resources into effective prevention and care
- take action that promotes health in partnership across organisations
- make information publically accessible
- build the evidence-base and understanding of what works.

The Healthy Tasmania Committee recommends developing a five-year preventive health action plan using the framework of these principles, the five priority action areas and the three enablers in consultation with the Tasmanian public.

Introduction

The Healthy Tasmania Committee commends the State Government for its goal of making Tasmania the healthiest population by 2025.

Tasmanians deserve nothing less.

Doing nothing will continue to drive up the cost of healthcare and place unsustainable demands on the health system.

Most importantly it will cause unnecessary harm, suffering and premature death among Tasmanians.

To achieve the Government's goal we must involve everyone in the process and take an approach that considers the impact on health of all government policies or a health-in-all-policies approach.

We all need to get behind the *Healthy Tasmania* vision and play whatever part we can to help all Tasmanians take more control of their health and wellbeing.

This report briefly sets out the principles and evidence for the proposed actions. We developed these from analysis and drawing on committee members' wealth of experience across many organisations and sectors. We also built on previous work.

In establishing the targets and action areas proposed to underpin the steps to a *Healthy Tasmania*, we have looked at evidence of what works and imagined what is possible in Tasmania.

Demographically, Tasmania resembles regional areas of Australia rather than urban areas and has similar chronic disease rates.¹

We have high rates of smoking, obesity, poor nutrition and risky alcohol consumption as well as low levels of physical activity. These lifestyle risk factors lead to poor health outcomes.

Tasmanians are at greater risk of poor health and have fewer resources to cope with the effects of ill health.

For Tasmanians to be the healthiest Australian population by 2025, we need to coordinate efforts to ensure the greatest effect.

At the same time we need to prevent and manage further ill health for high-risk individuals and vulnerable groups.

Establishing new targets to reduce avoidable health inequities will enable vulnerable groups to have an equal chance to access care.

We are at a point in history when we have an incredible opportunity to achieve our goal. We know people want change, they want good health and they are happy to do more for themselves where possible.

Strong State Government leadership, coordination and a clear commitment to achieving this 2025 vision is needed.

To make the vision a reality requires action in service delivery and essential service areas, coupled with effective use of big data, streamlining of effort and reducing red tape.

In reality, action to prevent chronic disease has lost funding over time and the evidence for what works is still emerging.

This means we must be agile and use the opportunities a small state presents to work across sectors and be innovative.

Of course it is not possible to do everything at once, but we will only see changes in health outcomes if we start now and plan to do things more effectively.

This report is the first stage. The next step is to take it to the public, and to listen and engage with their responses, so we can establish the right priorities for action.

There is work to be done to confirm and set the targets, the arrangements for governance and the other leadership enablers in terms of big data and local action.

We will need to identify review points to measure progress and adjust our plans as necessary.

I am pleased to present this report to the Minister for Health on behalf of the members of the Healthy Tasmania Committee.

The Healthy Tasmania Committee welcomes the opportunity and looks forward to taking this vision for *A Healthy Tasmania 2025* to the Tasmanian public and to developing the proposal further.

Dr Tim Greenaway, Chair, Healthy Tasmania Committee

¹ State of Public Health Report, Tasmania 2013

The state we're in

Worldwide, chronic diseases make up more than 80 per cent of healthcare costs.²

The hardest hit by poor health are those facing the most financial, social or demographic disadvantage.

In Tasmania, 64 000 people or 13 per cent of the population live below the poverty line (half the median household income)³ and are more likely to have poor health.

How and where people are born, grow up, live, work, age, and the systems in place to deal with illness all impact on the decisions individuals make about their health.

A wider set of influences, including politics, economics and public policy, shape these circumstances.⁴

Most of today's health problems are complex⁵ and can only be successfully tackled with long-term health promotion and protection approaches involving all areas of government, non-government organisations, businesses and communities.

For example, on current projections 45 per cent of primary school age children in Tasmania will be overweight or obese by adulthood.

We will need commitment and action by parents, schools, community organisations, government and business to avoid this outcome.

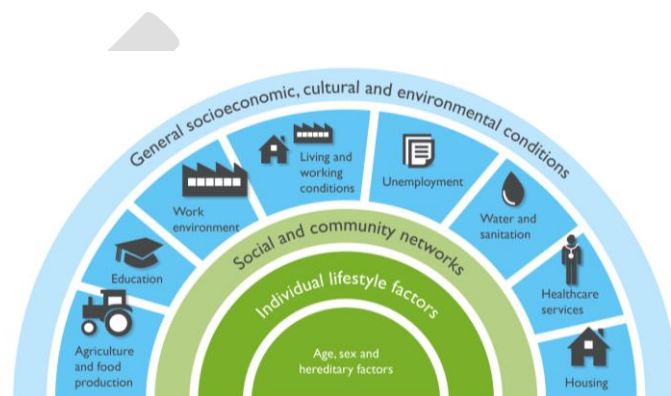
Our work, level of education and income, where we live, access to transport and many other factors, sometimes called 'the causes of the causes', can determine health.⁶

Health is not simply about behaviour or exposure to risk, but how social and

economic structures shape peoples' health (See Diagram 3 – A Social Model of Health⁷ Dahlgren and Whitehead).

The single strongest predictor of our health is our relative position on the social ladder.

Evidence shows everyone benefits if we close gaps and target investment while providing some services to everyone.



² WHO (2010) Global Status Report on Non-communicable diseases.
http://www.who.int/chp/ncd_global_status_report/en

³ Catholic Health Australia (2012) *The Cost of Inaction on the Social Determinants of Health*. Canberra, NATSEM

⁴ University of Tasmania (2015) *A Contemporary Population Health Service System for Tasmania*. Hobart, Australia

⁵ Head, Brian W., and John Alford. (2013) *Wicked problems: implications for public policy and management*. *Administration & Society*

⁶ WHO Commission for the Social Determinants of Health 2008.

⁷ Dahlgren G and Whitehead M (1991) *Policies and Strategies*

Prevention is better than cure

We know that prevention saves lives, and reduces illness and disability. It frees resources needed elsewhere.

For every \$1 invested in evidence-based health promotion programs an estimated \$5.60 in savings is delivered back into the community within five years.⁸

An estimated \$2.3 billion in opportunity cost savings nationally – including health sector savings and workforce participation and productivity – could be released through achievable reductions in six behavioural risk areas.

These are smoking, high-risk alcohol use, physical inactivity, intimate partner violence, obesity and inadequate diet.⁹

A healthy economy requires a healthy population to sustain it.

Addressing health inequalities is about creating environments that underpin personal responsibility and allow individuals to make better choices.

For example, vaccinating children, the elderly, and those with chronic illness or disability before the flu season protects the whole population and saves unnecessary and costly downstream healthcare intervention.

Participation by people and communities is essential to improving health outcomes. Health promotion and improved health literacy help individuals increase control over and improve their health.

Evidence shows comprehensive approaches to health promotion are most effective.¹⁰

A health-in-all-policies approach can create an environment that makes healthy choices for individuals easier choices to make.

Coupled with effective health promotion, this approach will help create resilient communities and empower individuals to take responsibility for their health.

Prevention is also about working to maintain health, avoid unnecessary hospitalisations and slow the progress of ill health.

There is work to be done to identify and support high risk individuals and vulnerable groups and target the interventions that will best support them in their health.

This area of work is identified as ‘anticipatory care’.

There will be other approaches to identify as we bring the focus toward the high-level goals provided in outline at this stage. In making identifiable progress we can begin closing the gaps in health outcomes for Tasmanians.

In developing the *Healthy Tasmania 2025* strategy we will draw on evidence-based, cost-effective, population-based and targeted public health approaches.

What's possible diagram to come

⁸ Trust for America's Health. *Prevention for a Healthier America: Investments in disease prevention yield significant savings, stronger communities*. Trust for America's Health: 2008.

⁹ Ibid.

¹⁰ University of Tasmania, *A Contemporary Population Health Service System for Tasmania*, January 2015

Meeting the challenge

Complex challenges have been widely considered in public health locally, nationally and internationally.

We already know many of the things that work but can learn from how others have implemented them.

Common themes for success include:

- long-term, cross-party commitment that recognises the complexity of the task
- leadership and capacity to provide direction and support coordination
- strong alignment across all levels and areas of government, focussed on clear direction and targets
- flexible, adaptable targets and strategies informed by performance data
- coordinated multi-sector, multiple-strategy action
- performance monitoring of progress toward key targets and indicators using an evidence base of data, knowledge and people's experience in practice
- governance decisions informed by citizens – particularly vulnerable people with lived experiences – balanced with expert advice to inform changes in strategies
- combined bottom up and top down approaches with strong leadership at every level.

To reach the Government's goal for Tasmania to have the healthiest population in Australia by 2025 we need sustainable solutions that include the following enablers:

1. Statewide governance – to lead, inform and coordinate action towards the goal and track the progress towards meeting targets.
2. Public access to big data and evidence – bring together new and existing data to inform progress and develop public and

organisational understanding and capability to take action.

3. Local action and choice – enabling people to have greater control of their own health by working with local government, community sector organisations and others.

This approach to promoting and protecting health will allow Tasmania to effectively integrate formal (government and non-government funded organisations) and informal (friends, family, neighbours) health provision.

Importantly, the strategy for *A Healthy Tasmania 2025* encourages Tasmanians to share in the responsibility for managing their own health by engaging in behaviours and activities that promote health and wellbeing.

The next part of the document expands on each of the five identified action areas.

It will be particularly important to establish the targets and to identify a sustainable set of indicators and measures that we can use to monitor and evaluate effectiveness.

This will be valuable information to share publicly, and to be used to inform and adapt our approaches as we gather new evidence for what works.

We will need high-level leadership and commitment and a sustained effort to reach the vision for Tasmania to become the healthiest population by 2025. There are great opportunities to develop and implement strategies for long term change.

We look forward to testing these principles and priorities for action with the public as part of the next steps forward.

Priority Action Areas

I. Concentrate on the early years

The link between maternal health, the early years and long-term health outcomes is well established.

Evidence shows a good start to life provides lifelong health and wellbeing benefits.

Early childhood development is influenced by the interaction between many factors, including genetics, positive and negative experiences, physical environments and relationships.

Evidence shows how we can build optimal health and wellbeing, resilience and strength.¹¹

We have the chance to move beyond addressing deficits in health to focus on providing a healthy, positive start to life that has lasting benefits for individuals and the future of our state.

Tasmania faces some specific challenges around the health of our children and young people.

Evidence shows children from poorer socio-economic groups have a higher risk of premature death as adults than those who started life in higher socio-economic groups.

This difference in outcome persists regardless of their socio-economic status as adults.¹²

Childhood overweight and obesity rates in Tasmania have increased significantly from 18 per cent in 2007-08 to 28 per cent in 2011-12.

Alarming, for every 10 primary school-age children, two will already be overweight or obese and another two will be overweight or obese by the time they reach adulthood.

Sustained weight loss once obesity is established is very difficult, so preventing children becoming overweight in the first place must be a major priority.¹³

To achieve this, we will need to adopt universal approaches that support all children to eat well and be physically active.

Successful prevention efforts will involve a range of partners, including the child health and parenting services, school nurses, GPs, childcare providers and schools, parents and communities.

Tasmania's Child and Family Centres are a good example of successful investment in bringing together services and approaches based on local community needs.

Partnerships must extend beyond the health and community services sector.

Local government, the childcare sector, the food industry and a range of other organisations can influence environments and approaches that could not be achieved by health and community services sector alone.

Strategies to help mothers reduce or quit smoking and alcohol consumption during pregnancy and to initiate and continue breastfeeding are important.

Ensuring high quality pre- and post-natal care, improving the interactions between parents and children during the very early years and targeting interventions for vulnerable children will also have positive impacts.

A stronger focus on the mental health of all children and young people is effective in improving educational achievement and social development, and reducing social and health problems.¹⁴

Better understanding the importance of transition points in a child's life will help us better target interventions.

¹¹ Australian Government (2015). Healthy, safe and thriving: National Strategic Framework for Child and Youth Health.

¹² Sweeney, K. (2014). The influence of childhood circumstances on adult health: Report to the Mitchell Institute for Health and Education Policy. Victoria Institute of Strategic Economic Studies, Victoria University.

¹³ Tasmanian Government (2013) *State of Public Health Report*. Hobart, Tasmania

¹⁴ Aust Govt (2015) *ibid*.

For example, evidence shows on transition from primary to high school, physical activity levels decline and overweight and obesity increases.¹⁵ Exploring effective ways to influence such transitions can help us to give our children and young people the best possible start in life.

We will know we have been successful when children have the best start in life as a foundation for future health and:

- self-reported smoking and alcohol rates during pregnancy decrease
- childhood immunisation rates increase
- children's oral health improves
- the number of children 'ready for school' by four years old increases.

Thriving Communities – Healthy Families

The Thriving Communities Healthy Families program is linking disengaged and at risk young families with their local Neighbourhood House in five socio-economically disadvantaged areas in Tasmania.

Together with a healthy families worker, families are encouraged to connect with Neighbourhood House networks, local community services to identify their needs and access services and supports to improve their health and wellbeing.

Families develop new skills, knowledge and confidence working with other community members, which in turn builds community resilience.

One year into the two-year pilot project, all Houses have successfully engaged with at risk families and local organisations, and have built strong supportive partnerships.

These families are now more aware of local services and more confident in accessing them and in dealing with organisations.

Families have also made new friendships and feel more socially connected and supported, and are more confident negotiating around their needs.

¹⁵ VicHealth (2015). Influencing children's health: critical windows for intervention.

2. Create health where people live, learn, work and play

Where healthy choices are easy choices the evidence points to increased participation in health promoting actions.

Many factors influence the health and wellbeing of individuals and communities.

These include safe and healthy places to live, learn, work and play, social networks and support services, opportunities for involvement in local decision-making and access to infrastructure such as public transport and green spaces.

Many organisations play a role in creating environments that make healthy choices the easy choices.

A deliberate health-in-all-policies approach will require government agencies to take joint action and coordinate efforts.

An example is to establish state policy for healthy design to foster consistent local access to active and healthy living.

Public health is a responsibility shared at all levels of government.

Evidence shows the health benefits achieved when all levels of governments work collaboratively and in consultation with the community.

Local governments play a key role in health promotion and creating healthy local environments.

While local governments may not automatically be recognised as health service providers, building resilient communities and promoting wellbeing is at the heart of what they do.

This may be through direct delivery of services like immunisation, health and fitness programs or providing and maintaining healthy spaces like walking/cycling paths, sports fields and parks.

Local governments manage and meet environmental health needs such as inspecting food businesses to ensure safe standards.

They have a central role in building resilient communities by involving residents in planning and decision-making.

We will know we have been successful when making healthy choices is easy in

Move Well Eat Well

Move Well Eat Well promotes a healthier Tasmania in which children can enjoy healthy eating and physical activity every day. It contributes to a healthy lifestyle and to the prevention of a range of chronic conditions such as obesity, diabetes, heart disease, some cancers and dental decay. Key messages:

- *Tap into water every day*
- *Plant fruit and vegetable in your lunchbox*
- *Limit occasional foods*
- *Move play and go*
- *Turn off switch and play*
- *Stride and Ride*
- *Health promoting school/organisation (curriculum, policy and families)*

There are 172 *Move Well Eat Well* member primary schools (86% of Tasmanian primary schools), and 121 member services (representing 76% of all long day care, 71% of family day care and 11% of kindergartens).

Move Well Eat Well has reached **over 35 000** Tasmanian primary school children (70% children 5 - 12 years) and **1 300** (45%) children 0-4 years in early childhood settings and their families. Plus it provided support and training to **1 800** (78%) early childhood educators.

schools, workplaces and other settings and when:

- schools and workplaces are healthy and productive places to be
- families and communities foster health and wellbeing
- health impacts are considered across all policy and budget initiatives for state government decisions
- community development approaches are evident across Tasmania.

3. Target health risk factors

Actions target smoking, nutrition, alcohol, physical activity and mental health, and acknowledge the common causal pathways to disease.

Targeting known health risk factors and the circumstances that underpin health will shape the success of the vision to make Tasmania the healthiest population by 2025.

Smoking, poor nutrition, alcohol overuse, physical inactivity and poor mental health are common risk factors for a number of chronic conditions like cardiovascular diseases and some cancers.

These risk factors tend to be more prevalent and have a greater impact among more vulnerable individuals.

For example, smoking is about twice as common within the most disadvantaged communities compared to the least disadvantaged.¹⁶

So, by focusing on reducing the common risk factors, especially for the most vulnerable, we can prevent many chronic conditions.

Targeting health risk factors can save lives, reduce illness and disability, improve productivity and free resources for use elsewhere.

The benefits of good health and wellbeing extend beyond the state budget to the broader economy, employment, education and innovation.

The economic case for investment in actions to improve health outcomes is strong with a significant return on investment.

Tasmania is already making progress on health risk factors.

For example, we were the first state to develop a whole-of-government food and nutrition statewide policy (in 1994).

This has recently been reviewed and development of an updated policy is in progress.

A whole-of-government approach to safe and healthy food and nutrition in Tasmania will require working with food industries, communities and government agencies.

We have active collaborative committees that target health risk factors including:

- The Premier's Physical Activity Council.
- The Tobacco Coalition Group.
- The Interagency Committee for Alcohol and Drugs.

The Premier's Physical Activity Council facilitates a coordinated, cross-sector and collaborative response to increasing and improving opportunities for physical activity in Tasmania.

It comprises a cross-section of representatives from the community sector, local government, UTAS, the Departments of Education, Premier and Cabinet, Health and Human Services, State Growth, and the planning sector.

The Tobacco Coalition oversees the Tasmanian Tobacco Action Plan. Members include representatives from federal, state and local governments, the community sector, UTAS, the Primary Health Network and the Tasmanian Aboriginal Centre.

Implementing the Tasmanian Tobacco Action Plan over the longer term has resulted in a positive downward shift in smoking rates across the population.

Evidence shows the two most effective interventions to reduce smoking rates are price increases and social marketing campaigns at sufficient reach and intensity¹⁷.

We will know we have been successful when people feel safe and supported to make informed choices about their health and:

- Tasmania's smoking rates decrease
- more people eat the recommended daily intake of fruit and vegetables
- fewer people are sedentary and physically inactive
- fewer people experience high levels of distress.

¹⁶ A Thriving Tasmania: Final Report of the Ministerial Health and Wellbeing Council, Hobart, Tasmania.

¹⁷ Australian National Preventive Health Agency, 2013, Tobacco control and mass media campaigns: Evidence brief. <http://www.anpha.gov.au/internet/anpha/publishing.nsf/Content/tobacco-mass-media-campaigns-evidence-brief> accessed 28/04/2015

Improving health makes economic sense

“Between 1974 and 1995, smoking prevalence among men was reduced from 45 per cent to 27 per cent, and among women from 30 per cent to 23 per cent. More than 17 000 lives were saved by 1998. Program spending on tobacco cessation over this period was to \$200 million, but the subsequent savings in healthcare costs were estimated as twice this amount: a financial return on investment to government of \$2 for every \$1 spent.”¹

Australian National Preventive Health Agency 2013,

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4. Work in health promoting ways

To support health and community services workers to understand and apply evidence-based strategies in their work.

Health promotion is about helping people increase control over and improve their own health. It is about improving the quality of life by acting on the causes of illness and the unpinning conditions for good health.

It recognises the root causes of illness and disease and seeks to address these at an individual, community and population level.

Health promotion is not just the work of those with that job description. All of us can and should work in ways that promote health and wellbeing, regardless of our job.

For example, Tasmania has led the way in Australia through its focus on health literacy that links to the National Safety and Quality Health Standards for accreditation.

Health literacy is the ability of a person to find, understand and use health information to make decisions about their own health and healthcare needs.

Health literacy underpins an individual's ability to make good decisions and take responsibility for their own health.

The ways in which health systems are set up and how healthcare providers communicate can make it easier or harder for people to find, use and understand information and services.

In 2006, the Australian Bureau of Statistics found only 37 per cent of Tasmanian adults (41 per cent nationally) had adequate health literacy.

It is essential to embed health promotion, early intervention, illness prevention and health literacy across our primary care, healthcare, general practice and community services system.

This diagram summarises the health promotion framework, Working in Health Promoting Ways.

The outer circle provides the principles that underpin the priority action areas in the circles inside. Each of these has indicators to track improvement.

When we work in ways that promote health, we create environments that help people be better informed, make better choices and take responsibly for their own health.



What are health-promoting hospitals?

Health promoting hospitals focus on not just treating illness and injury, but also on improving the health of the community. To do this they:

- increase patient skills and knowledge to act on their own health
- communicate in ways that patients and community can easily understand and act on
- provide environments that support healthy behaviours
- connect with the community
- ensure policies and procedures incorporate health promotion
- shift the focus of healthcare to include health and wellbeing.

We will know we have been successful
when all health and community care workers
aim for health literacy when dealing with
clients and patients and:

- work is commissioned to meet the goals and targets of a healthy Tasmania.
- more people have access to self-management programs
- self-assessed health status improves
- the number of people whose chronic disease is 'managed' increases
- fewer avoidable hospitalisations are reported.

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5. Focus on the health of vulnerable people

Inequities and health outcome gaps are costing lives and evidence is strong for targeting action to reduce further harm, regardless of income, education or background.

Some people are vulnerable to poor health because of their life circumstances.

Issues like poverty, low literacy levels, education, unemployment and insecure housing have an impact on health.

Tasmania falls behind the Australian average on a number of important health and wellbeing measures.

Tasmania experiences higher levels of disease and disability and has several vulnerable population groups at increased risk of poor health outcomes.

A focus on the health of vulnerable people means taking action on the underlying circumstances that help individuals get and stay healthy – like having access to knowledge, skills and resources.

It is also about having the appropriate services provided in appropriate ways and in appropriate places to support health and wellbeing.

This priority action area takes a health promotion approach to ensure underlying circumstances do not act as barriers to individuals and communities improving their health and wellbeing.

For example, *Eating with Friends* does more than just bring older people together for a nutritious meal.

It aims to strengthen communities, reduce social isolation and improve wellbeing.

Closing health outcome gaps

A focus on health promotion will:

- prioritise at-risk groups and those most in need and ensure access to services
- focus health promotion initiatives on the circumstances that underpin health
- use community development and community building initiatives to empower vulnerable communities and promote health and wellbeing
- consider health impacts in policy and planning so individuals, families and community groups may benefit from living, learning and working in a health-supporting environment
- work in partnership with other organisations.

We will know we have been successful when vulnerable groups have an equal chance of accessing information and care and achieving and maintaining good health and:

- health risk factors are improved among vulnerable groups and people at greatest risk of illness or deterioration
- health and community services are culturally appropriate and sensitive
- chronic disease rates improve for vulnerable groups
- people have access to healthy, sustainable, affordable and appropriate food.

Bob and Anthony

Bob's a 60-year-old disability pensioner with type 2 diabetes. He lives in a caravan park and has no transport.

He hasn't worked since his mid-30s because of a back injury sustained as a builder's labourer. He's obese and does not exercise. He's a non-smoker and drinks alcohol occasionally.

Anthony is a 60-year-old engineer with type 2 diabetes. He lives in his own home, runs his own business and drives a car. He too is obese, doesn't exercise and is a non-smoker who drinks alcohol occasionally.

Both need to see a diabetes educator to understand their condition, a dietitian about their weight, a foot specialist, an eye doctor or optometrist every two years, a dentist regularly and a doctor at least every three months.

Both need care to avoid heart disease and early detection to protect their eyes, kidneys, nervous system and blood vessels. They'll both need early intervention if complications develop.

In reality, Anthony is more likely to get healthcare for his diabetes and most probably Bob will not.

This is because Bob has limited transport, and is more likely to suffer the adverse results of low health literacy so he may not realize the consequences of missing appointments or changing symptoms with his diabetes.

Sadly, even with care Bob won't have the same ability to control his blood sugar as Anthony because he has less ability to adopt and stick to complex new diabetes treatments.

Lower income also makes many of treatments too costly and lack of transport makes it harder to get to clinical appointments.

So Bob is more likely to die prematurely or to face complications from his diabetes before Anthony.

Recommendations

To meet the Government goal of making Tasmania the healthiest population by 2025, infrastructure, resources and systems need to be in place to enable effective action.

The Healthy Tasmania Committee recommends the following targets:

1. The Tasmanian Government adopts the Australian Government commitment to a 25 per cent reduction in premature death from chronic disease by 2025.
2. Support existing targets in Tasmania for smoking, physical activity and nutrition.
3. Establish targets to reduce health inequities such as in food security and health literacy.

To implement these targets, the Healthy Tasmania Committee recommends priorities be established in the **five action areas** outlined in this body of this report and that **three leadership enablers** are implemented to underpin these priorities.

In summary, the **five action areas** that form the foundation from which priorities and strategies will be developed are:

1. **Concentrate on the early years** - The link between maternal health, the early years and long-term health outcomes is well established.

We will know we have been successful when children have the best start in life as a foundation for future health.

2. **Create health where people live, learn, work and play** - Where healthy choices are easy choices the evidence points to increased participation in health promoting actions.

We will know we have been successful when making healthy choices is easy in schools, workplaces and other settings.

3. **Target health risk factors** - Actions target smoking, nutrition, alcohol, physical activity and mental health and acknowledge the common causal pathways to disease.

We will know we have been successful when people feel safe and supported to make informed choices about their health.

4. **Work in health promoting ways** - To support health and community services workers to understand and apply evidence-based strategies in their work.

We will know we have been successful when all health and community care workers aim for health literacy in their dealings with clients and patients.

5. **Focus on the health of vulnerable people** - Inequities and health outcome gaps are costing lives and evidence is strong for targeting action to reduce further harm, regardless of income, education or background.

We will know we have been successful when vulnerable groups have an equal chance of accessing information and care and achieving and maintaining good health.

The Healthy Tasmania Committee recommends developing a five-year preventive health action plan using the framework of these principles, the five priority action areas and the three enablers in consultation with the Tasmanian public.

Leadership enablers

The key leadership enablers are:

- 1. Statewide Governance** – to lead, inform and coordinate action towards the goal and track progress towards meeting the targets.
- 2. Public access to big data and evidence** – bring together new and existing data to inform progress, and develop public and organisational understanding and capability to take action.
- 3. Local action and choice** – enabling people to have greater control of their own health by working with local government, community sector organisations and others.

Statewide Governance – to lead, inform and coordinate action towards the goal and track progress toward meeting the targets.

Collaboration and Partnerships – Effective government leadership and coordination of action across portfolios, sectors and communities will be key to successful implementation of priorities in the five action areas.

Effective collaboration and partnerships across all sectors and levels of government will be important, as well as using key expert groups and committees.

Health-in-all Public Policy – To become the healthiest population by 2025 will need a health-in-all-policies approach to raise the understanding of other sectors' impact on the health of Tasmanians, and to seize opportunities to promote health and wellbeing outside of healthcare settings.

Taking a health-in-all-public-policy approach will help to foster positive collaborations and vibrant partnerships across sectors while putting a healthy Tasmania front of mind in State Government decision-making, policy and program development.

A health-in-all-policies approach puts a health focus on decision-making across government departments.

It means health impacts should be considered when government policy and budget decisions are made across a range of areas from education to the built environment and state planning for healthy places and spaces.

Public access to big data and evidence – bring together new and existing data to inform progress and develop public and organisational understanding and capability to take action.

Big data is a term used to refer to extremely large data sets that may be analysed to reveal patterns, trends and associations, especially in human behaviour and interactions.

An investment in evidence and big data is essential to drive accurate needs assessment and decision-making, evaluate progress against key performance measures and invest in programs and approaches with a track record of success.

There is global recognition of the importance of monitoring and evaluation in improving public health.

Effective setting and use of measures and targets will need sustained resources for monitoring and evaluation.

Accurate, timely information about health, health risks and health services is needed for planning and evaluating health policies and healthcare.¹⁸

A recent WHO summit developed *The Roadmap for Health Measurement and Accountability* and *the 5-Point Call to Action*.

These were overwhelmingly endorsed by countries, global health leaders, civil society and development partners.

The roadmap and call to action set out a shared strategic approach to support effective measurement and accountability systems for health programs at the country level.¹⁹

The *5-Point Call to Action* proposes priority actions and specific targets for health measurement and accountability for post-2015 that will allow countries to monitor implementation of *The Roadmap*.

The WHO key action areas align with the big data plan to which the State Government has committed.

¹⁸ Hetzel, Glover. At last, a national health measurement survey program for Australia! *Med J Aust*; 2010; 193(6): 315-316

¹⁹ <http://ma4health.hsaccess.org/roadmap>

Reporting, monitoring and quality assurance – To continually monitor health status as an integral part of government priorities, policies and funding systems and ensure the adoption of best practice will need a sustained commitment of resources.

This element is critical as it will underpin implementation, evaluation and recalibration of the strategy and supporting plans.

Improved monitoring and surveillance across the board in health is necessary to identify health gaps and effectively target funding and effort.

Tasmania is involved nationally in gathering and analysing data. For example, we have evidence to underpin the impact of alcohol on injury.

The use of big data and evidence to underpin the Healthy Tasmania Strategy will mean we can adapt plans and actions in response to ongoing evaluation.

The recent addition of the Tasmanian Population Health Survey, based on the National Health Survey, has improved local data collection.

However, this survey is conducted ad hoc and does not have recurrent funding.

The addition of a routine Tasmanian Population Health Survey program and sentinel site surveillance (for location and focus areas) would allow greater assessment of local program effectiveness and better targeting of programs.

Local action and choice – giving people greater control of their own health by working with local government, community sector organisations and others.

Setting targets around health outcome gaps and determinants such as food security and health literacy help individuals make better behavioural choices and take more responsibly for their own health.

It also helps build resilience and self-reliance in communities by giving people access to the tools to take care of themselves and change their behaviours.

By working with local government, the community sector and individuals where they live, learn, work and play, we can help them make decisions about their health and wellbeing.

This will mean they become less dependent on the healthcare system and can participate in their communities and Tasmania's economy.

Targets

The three broad targets identified in the recommendations section are underpinned by more specific measures for each target area:

1. Adopt the Australian Government commitment to a 25 per cent reduction in premature death from chronic disease by 2025.

This target area asks the Tasmanian Government to adopt a commitment already made by the Australian Government.

It is consistent with the international commitment to the WHO *Global Action Plan* target of a 25 per cent reduction in premature mortality from chronic diseases by 2025.

2. Support existing targets in Tasmania for smoking, physical activity and nutrition.

This target includes specific measures for smoking and alcohol consumption during pregnancy and in the general population.

It also sets physical activity targets for children, adolescents and adults, and food and nutrition targets including fruit and vegetable consumption, breastfeeding and the proportion of daily kilojoules from discretionary foods.

3. Establish targets to reduce health inequities such as in food security and health literacy.

Measures in this area begin to target the underlying causes of health inequities and the ability of individuals to take more responsibility for their health and wellbeing.

Examples of specific targets and measures are highlighted on the next page.

We have included these measures because of sound evidence for their contribution to chronic disease prevention and overall population health.

Additional measures may be identified during development of the broader strategy for *A Healthy Tasmania 2025*.

Ideally, many key measures and targets for *A Healthy Tasmania 2025* will support health improvements across many action areas.

For example, reducing the use of tobacco, alcohol and other drugs across the population targets health-risk factors *and* supports an early years health focus by reducing their use during pregnancy.

Other existing measures and targets

Focus on the Early Years

Measure: Self-reported tobacco smoking during pregnancy in public patients

Baseline: 21.4% (2012) *Target:* 10%

Measure: Proportion of mothers attending CHAPS Child Health Assessments breastfeeding exclusively at eight weeks

Baseline: 52.8% (2013) *Target:* 55%

Fruit and vegetable consumption

Measure: Proportion of population 18 years and over who eat at least five serves of vegetables daily.

Baseline: 13.9% (2011-12)

Target: 20% by 2020

Measure: Proportion of population 18 years and over who eat at least two serves of fruit daily.

Baseline: 43.1% (2011-12)

Target: 70% by 2020

Measure: Proportion of population 5-17 years meeting recommended daily serves of vegetables*.

Baseline: 18.2% (2011-12)

Target: 40% by 2020

Measure: Proportion of population five to 17 years meeting recommended daily serves of fruit.

Baseline: 60.2% (2011-12)

Target: 70% by 2020

*Note: baseline for vegetables based on 4+ serves a day not the recommended 5+ serves per day due to data availability.

Targeting Physical Activity

Measure: % of children aged five to 12 physically active for at least 60 minutes a day

Baseline: 62% (2009) *Target:* 72%

Measure: % of students aged 12-17 physically active for at least 60 minutes a day

Baseline: 15% (2008) *Target:* 25%

Measure: % of people aged 18 and over physically active at least 30 minutes at least five days/week

Baseline: 27% (2007-8) *Target:* 37%

Targeting health risk factors

Measure: Percentage of total energy consumed from 'discretionary foods' for people two years and over.

Baseline: 38% (2011-12) *Target:* 30%

Measure: Proportion of adults 18 years and over who are daily smokers.

Baseline: 22% (2011-12) *Target:* 10%

Baseline: 49% (2011-12) *Target:* 40%

Measure: alcohol consumption exceeding lifetime risk

Baseline: 23% (2011-12) *Target:* 15%

Food security

Measure: Proportion of population two years and over living in a household that ran out of food and couldn't afford to buy more (food insecurity)

Baseline: 5.8% (2011-12) *Target:* 3.5%

Infrastructure, resources and systems

Measure: frequency of Tasmanian Health Surveys

Target: every two years

