One State, One Health System, Better Outcomes

Healthy Tasmania Five Year Strategic Plan – Community Consultation Draft

January 2016
Australian Nursing & Midwifery Federation (Tasmanian Branch)

Organisation Overview

The Australian Nursing and Midwifery Federation (ANMF) is both the largest nursing and midwifery union and the largest professional body for the nursing and midwifery teams in Tasmania. We operate as the State Branch of the federally registered Australian Nursing and Midwifery Federation. The Tasmanian Branch represents over 7,500 members and in total the ANMF across Australia represents over 240,000 nurses, midwives and care staff. ANMF members are employed in a wide range of workplaces (private and public, urban and remote) such as health and community services, aged care facilities, universities, the armed forces, statutory authorities, local government, offshore territories and more.

The core business of the ANMF is the industrial and professional representation of nurses, midwives and the broader nursing team, through the activities of a national office and branches in every state and territory. The role of the ANMF is to provide a high standard of leadership, industrial, educational and professional representation and service to members. This includes concentrating on topics such as education, policy and practice, industrial issues such as wages and professional matters and broader issues which affect health such as policy, funding and care delivery. ANMF also actively advocates for the community where decisions and policy is perceived to be detrimental to good, safe patient care.

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Introduction

The Australian Nursing and Midwifery Federation (Tasmanian Branch) (ANMF) welcomes the opportunity to comment on the *Healthy Tasmania Five Year Strategic Plan – Community Consultation Draft*.

It is a primary objective of the ANMF to provide considered and constructive feedback on key issues affecting the health of the Tasmanian community and the contributions the nursing profession may make in influencing positive outcomes.

The current climate for health reform in Tasmania offers a unique opportunity to refocus our health policy and funding strategies and this includes the promotion of health, prevention of disease and injury and the decrease in health inequality of Tasmanians.

This submission has been developed following consultation with ANMF members via a membership survey, review by the ANMF Tasmanian Branch Council and staff as well as reiterating opinions expressed in the ANMF (Tas Branch) *Joint Select Committee Inquiry: Preventative Health Care Submission, March 2013* and the *Joint Select Committee: Preventative Health Care May 2015 Addendum to March 2013 Submission*.

Executive Summary

The durability, consistency and reliability of Tasmania’s health system are integral to sustaining healthy communities and the integration of preventative health strategies.

A lack of community based services in Tasmania to support people after a period of acute illness, coupled with a lack of focus on early intervention, is increasing the prevalence of chronic disease within the community. This limited out of hospital care also means that Tasmanians need to use hospital based services even if they do not really require 24 hour care.

It is well established that there is a direct correlation between health outcomes and public access to health education and resources. The affordability of and ready access to health services significantly increases the inequality experienced by many Tasmanians compared to their interstate counterparts, particularly in rural and remote areas.

The Healthy Tasmania Five Year Strategic Plan – Community Consultation draft touches on some structural, ‘or upstream’ social determinates of health such as educational status of the Tasmanian community. However the papers approach to targets and initiatives focus mostly on intermediary determinants of health, and focus on the symptoms of socioeconomic inequity in Tasmania. If Tasmania is to achieve its goal of being the healthiest population in the country by 2025, and have the greatest impact on the Tasmanian population, any preventative health strategy in Tasmania must have a greater focus on the ‘upstream’ social determinants of health.

This focus should include not only the education of the Tasmanian community but address inequities in social determinants such as economic participation, employment opportunities, social class and gender, which are all shown to impact on health outcomes in communities. Any future government policy that does not address decreased levels of economic involvement and employment opportunities within the Tasmanian population along with ensuring access to quality education and health recourses will only look to reinforce health inequities through poor dispersion of health literacy within the Tasmanian community.
ANMF members have been asked to respond to the questions in the Consultation Draft. Their response has identified a number of specific focus areas when considering approaches to preventative health in Tasmania. These are discussed in this submission below.
1. **Effective Current Actions on Prevention and Promotion of Improving Health of Tasmanians**

Effective current actions include:

- Initiatives on the issue of obesity within the community, such as the ‘Find Thirty’ campaign and the “Move well, eat well” campaign for young Tasmanians are good targeted programs aimed to tackle a Tasmanian health issue.

- The increasing scopes of health practitioners, especially nurse practitioners and advanced practice nurses within the Tasmanian community are enabling the early screening of patients for acute and chronic health conditions. The benefits of early screening and nurse-led interventions could be amplified by the Tasmanian Government lobbying the Federal Government for expansion of Medicare rebate provider options. For example, the Australian Association of Smoking Cessation Professionals (AASCP) provides accreditation to nurses to be approved Tobacco Treatment Specialists. Yet, whilst psychologists and medical practitioners with the same accreditation receive Medicare rebates, nurses do not.

- The policing of smoking laws within the state, including smoke free areas within the city and minimum smoking age when coupled with federal government initiatives such as ‘Quitline’, plain packaging and ‘out of sight’ cigarettes in stores are having a positive effect on the number of young Tasmanians taking up smoking (Quit Tasmania, 2012). However, these strategies appear to be more successful for the female population. A comparison of smokers aged 14 years or older showed a reduction in the Tasmanian female population from 15.8% in 2010 to 13.1% in 2013. For the same period though, the Tasmanian male population experienced an increase from 16.1% in 2010 to 19.8% in 2013 (Department of Health, Australian Government, 2013).

2. **Areas for Most Effective Changes in Terms of Overall Population Health Benefit Education**

The educational status is a well-researched social determinant of health within a population. Concentrating on the early childhood development including physical, cognitive, linguistic and social-emotional development along with compulsory primary and secondary school are proven to improve health outcomes in communities (Marmot 2008). A well-educated population is able to understand the health information available to them and make use of it to improve their health status. An educated adult population has impacts on the wellbeing of the next generation. An indicator of the success of a well-planned early childhood and educational system is numeracy and literacy within a population. The most recent figures released by the ABS on numeracy and literacy rates in Tasmania demonstrate that the state is behind the national average with only 36.6% of Tasmanians having

> ‘sufficient health literacy skills to understand and use information relating to health issues such as drugs and alcohol, disease prevention and treatment, safety and accident prevention, first aid, emergencies, and staying healthy, compared with 40.5% for Australia.’ (ABS, 2006)

To ensure any policy in preventative health in Tasmania has an overall population health benefit it must have an emphasis on life-long health and lifestyle changes.
This should come in the form of a government initiative that outlines a health education plan for Tasmanians from early childhood to adulthood. This must be coupled with a commitment to increase the educational status of the population through equity in education access and quality for all Tasmanians.

ANMF member observations on question 2

Early childhood intervention should include the introduction of key child health checks at 4, 8 and 18 months of age. Such checks are vital at ensuring that parents have the right information on ‘food in the first year’ healthy eating and play. Prevention of obesity must start with education from birth. Reductions in numbers of early childhood nursing positions (CHaPs nurses) since 2013 has reduced the services ability to provide the 4, 8 and 18 month age group checks. Fully funded benchmarking of the CHaPs service must be a priority to ensure these checks are available to Tasmanians.

There needs to be an expansion of the school nurse program within Tasmania, with mobile dental care and education in all schools. Attention needs to be given to health education within schools that focuses on healthy diet choices and nutrition, the benefits of exercise and the importance of good hygiene practices. School programs should also focus on the early identification of health risks such as children with exposure to smoking at an early age.

Adolescent programs should reinforce healthy lifestyle choices. Education on how life choices can put them at greater risk of chronic disease and the impact such a disease, such as diabetes, would have on their lifestyle can be valuable. Increased health literacy amongst adolescents will aide in empowering them to take ownership of their own health. Adolescent programs should continue to focus on sexual health, addictions and risk behaviours, physical health, and mental health with early intervention strategies designed to increase resilience.

Adult programs should be two-fold in that they should deliver necessary treatment for disease processes in conjunction with holistic ongoing education to increase health literacy in preventative health measures. Educational sessions such as ‘how to eat well for less’ and basic cooking skills could encourage healthier life choices.

A targeted and strategic approach should be developed for people with mental health issues. Members of the community with mental health issues often may lack the insight and capacity to understand the implications of smoking and obesity. A targeted approach to these community members will allow them to gain better insight and understanding of healthy lifestyle.

**Diet and Exercise**

Greater regulation of the food industry is needed; however it is recognised that this may require a Federal approach. This could include legislating against the availability of high energy density foods as well as the transparency of marketing and packaging of the nutritional value of foods. The state could perhaps impose requirements on mandatory school canteen standards (healthy snacks and meals only with the promotion of water rather than soft drinks), and a fact sheet with suggestions for ‘healthy choices for lunches’ (if not already available) could be provided to parents/carers at the start of each school year.

Increase the availability and affordability of nutritional advice programs being available in the community e.g. free education in community centres and schools around growing your own produce and healthy meal preparation for individuals and families. Community gardens should be supported and encouraged.
Offer affordable exercise programs linked to local gyms, councils and schools and ensure sport is part of the curriculum in schools rather than an after school activity for some. Improvement of the public transport system and better incentives for people to walk and cycle either to or from school/work and/or transportation may also increase activity levels within the community.

Patients awaiting lap band surgery should be required to consult with an exercise specialist, dietician and psychologist, obesity clinics with links to General Practitioners should be considered.

**Access to General Practitioners (GPs) and Clinics**

Thought should be given to programs that increase the availability of timely appointments with a GP or health practitioner for monitoring of chronic health issues and the promotion of preventative health. This is a particular issue for people living in rural areas, where access to a GP or locum GP can be difficult. To counter the decreasing availability of GP appointments, the implementation of advanced practice nurse run clinics within community centres should be considered to provide preventative advice and health monitoring of community members with a chronic illness, decreasing the need for regular GP visits.

The implementation of further after hours super clinics would provide more access for consumers to access health care in a timely manner. Ensuring bulk billing is available within these clinics will also reduce Emergency Department presentations. The possibility of afterhours GP or Nurse led clinics being attached to major emergency departments should be considered.

**Primary Health Care for the elderly**

Develop a system geared to deal with an elderly population who recover slowly with limited support at home such as longer stay and supportive care facilities. Increase the amount of larger clinics designated to deal with multiple comorbidities in the elderly who often do not understand their medication or health problems. These clinics should incorporate nursing, allied health and pharmacy services.

**Political Will**

For there to be positive changes to the health of Tasmanian communities there needs to be the political will for this to take place. Currently there appears to be a lack of political will within Tasmania for preventative health strategies to be successful. Health practitioners and health leaders in the community are ready for change, but change requires a multi-pronged approach. However the consultation paper initiatives suggest that the government is not ready to make the long term commitment to Tasmanians through initiating policy that will address the underlying health inequities. Instead the consultation paper puts forward potentially simplistic band-aid solutions such as raising the legal smoking age.

**Utilise and Employ Social Capital as a Change Catalyst**

Tasmania fares statistically poorly in terms of: government welfare dependence (highest in Australia in 2014); greater difficulty accessing service providers (high at 32% in 2014); and low levels of Year 12 completion in a parent or guardian (females 17% and males 15% in 2014). Tasmanians (in 2014) also experience a greater likelihood of a long term health condition (67%), core activities affected by a disability (24%) and self-reported mental health conditions (23%). But, even with these seemingly poor social determinants of health, Tasmanians have comparatively higher levels of community participation, volunteering and feeling networked to other members of their community. (ABS, 2014)

The potential of this social capital in creating change in how Tasmanian’s engage with their personal health could be much better explored. For instance, community
gardens strengthened to increase the impacts on healthy eating, installing nurses in more social community settings and harnessing the capacity for positive reciprocity.

3. **Alternate Governance Principles, Strategies or Enablers to Support the Shift to a More Cost-Effective Model for Preventative Health in Tasmania**

**Investment in Nursing-led Healthcare**
Invest in health by continuing funding for nurse and midwife led programs and models of care proven to produce quality outcomes. These programs include the placement of Nurse Practitioners in the community and advanced practice nurses working in chronic disease management.

Identify and develop opportunities for collaborations and outreach programs led by nurses and midwives across sectors outside of traditional health services to improve the rates of health literacy e.g. ‘pop-up’ clinics at significant events, rural and remote areas, caravan parks.

Identification and nurse led case management of ‘at risk’ families and individuals through the concepts of health equity in action (particularly important for children). There are positive results with family centred-care for families at risk in the primary health setting (Kua, 2015)).

Expand funding for Clinical Nurse Specialist/Consultants and Nurse Practitioners to work with the community within areas that will have positive impact on chronic disease management such as Diabetes, Infectious Diseases, Sexual Health, Wound management, Nurse Led Walk in Centres.

4. **Effectiveness of Targets in Driving the Change Tasmania Needs to See in Health Outcomes**

The target areas identified by the consultation paper of tobacco use and obesity, both found to be at higher rates in Tasmania than national average, are symptoms of underlying socioeconomic issues. Currently only 12% of unemployed persons in Tasmania are actively seeking work (ABS, Nov 2015). Although there a number of reasons why the unemployed may not be seeking work including study, caring responsibilities or other family activities, evidence shows a correlation between heavy smoking and obesity rates in people who have limited further education, are economically inactive, or not participating in the labour market (Yang, 2008). Such research suggests that programs aimed at increasing community participation in the labour market and encouraging ongoing education will lead to better health outcomes in these communities. The government should adopt an approach to setting targets that encompasses an entire socioeconomic view of preventative health, while implementing programs through a health-in-all-policies approach. This will allow for a sustainable improvement in the health of Tasmanians, enabling communities to take informed responsibility of decisions about their own health and lifestyle.

In order for the targets to be effective, tactics need to be proactive, focused, accessible and affordable and educate communities in such a way that will change the mindset of people who may be ‘stuck in old habits’.

5. **Targets for the Government to Adopt to Reduce Health Inequities in the Outlined Target Areas**

To reduce health inequities in Tasmania government policy must first take a health-in-all policy approach to preventative health within the state. Targets must be set recognising that improvements to community health will only come through higher levels of access to quality education and health promotion and preventative services.
A target should be set for health literacy rates within Tasmania to be at least to the national average by the year 2025 as this will enable other initiatives outlined in the consultation paper to be more successful. If Tasmania wishes to be the healthiest state in Australia by 2025, health literacy rates must be at least the same, if not greater, than the national average.

A major change in culture and mindset is required as well as a more accessible and cost effective health care system. An example of an issue facing Tasmanian communities is that the high cost of seeing a GP leaves some Tasmanians unable to access this service. Tasmanians are left to use emergency services for non-emergencies or to allow their health to decline. Targets should be set around access to GP services for individuals of a lower socioeconomic standing. A suggested target is that all communities should have access to a bulk billing GP, or a nurse practitioner or advanced practice nurse available seven days a week.

6. Indicators of Health Status that Provide the Best Picture of Whether Progress is Being Achieved that could be monitored on HealthStats

As chronic disease management in the community improves through increasing health literacy rates in Tasmania and better access to community health practitioners becomes available there are a number of indicators that will point to improving health literacy and equity in access to community health services.

ANMF members suggest that statistics be kept on:

- Hospital admissions compared to GP visits. This will give an indicator on health literacy, as communities become educated about the most appropriate service to use, and also highlight the equity of access to GPs for different Tasmanian communities.
- Reasons for hospital presentation for health issues that could have been addressed by a health practitioner in the community. For example, availability of appointments, costs involved, awareness of appropriate service usage.
- Repeated emergency admissions to hospital for chronic illness/condition which has become acute due to poor servicing, or the inability of a person with a chronic illness to access a health professional in the community.
- Unplanned return to hospital following discharge due to poor access to community health professionals and services.
- Changes in childhood obesity, Type II diabetes incidence and incidence of cardiovascular changes in children and young adults.

7. The Benefits and Opportunity Costs of the Tasmanian Government Pursuing a ‘Best Buys’ Approach to Preventative Health

As the ACE in prevention report suggests, it is widely accepted that that a move by government to impact on preventative health should be cost affective and advantage the highest number of Tasmanians at the least cost per capita.

However, although some of the initiatives in the ACE for Prevention research paper that have a positive cost-benefit analysis have been encompassed in the consultation draft, there is a swing away from politically sensitive subjects such as a volumetric taxation on Alcohol, a 10% tax on unhealthy foods and mandatory salt limits in foods such as bread, margarines and cereals. In fact the government’s initiative to increase the minimum smoking age to 21 years of age is not part of the analysis provided by the ACE report, and the 5 year plan fails to provide an assessment of this initiative using the methodology encompassed within the ACE in prevention report.
8. Preventative Health Commissioning Models Used in Other Jurisdictions that could be Effectively Adapted to the Tasmanian Context

The PARTY (The Prevent Alcohol and Risk-related Trauma in Youth) program

The PARTY program is a program run by Royal Perth hospital in Perth. The approach sees at risk young adults aged 14 to 18 undergo a program to help them identify potential injury-causing behaviours. Program participants visit the hospital and are taken through the common cause of injury and treatment (and rehabilitation) of someone involved in trauma. The course is delivered through a number of techniques, including lectures, videos and tours of intensive care unit and emergency departments along with a visit from a trauma survivor (Western Australian Department of Health, 2015)

This initiative has been adapted for school groups in Tasmania to allow students to understand the implications of risk taking behaviour such as excess alcohol consumption and tobacco use. Members of a community who have been affected by the ill health effects of these behaviours may also participate in the future. The program is currently being run on a voluntary basis in conjunction with University of Tasmania and the Royal Hobart Hospital with funding from the Tasmanian Injury Prevention and Management Foundation, Motor Accident Insurance Board (MAIB) but additional government funding for this cost effective outreach initiative would ensure its future.

Number of contacts by CHaPs in line with evidence based Victorian service standards.

Service standards of Maternal and child health in Victoria see CHaPs nurses make contact with Parents on their return home from hospital as a home visit, then further contact is made at 2 weeks, 4 weeks, 8 weeks, then 4 months, 8 months, 12 months, 18 months and 2 years (Department of Education and Early Childhood Development Victoria, 2009).

Appropriate staffing of the Tasmania CHaPs service is necessary to allow the 2, 4 and 8 week contacts. This should be initiated by the Tasmanian government to allow new parents to give their children the greatest opportunities to a healthy life.

Comprehensive school health model Pilot Program – Ottawa Canada (a health literacy project)

A public health nurse in Ottawa Canada ran a pilot program in an urban public school to introduce the concept of comprehensive school health. This was achieved through the creation of a wellness council that included mostly students but also teachers, parents and community members. This school was linked with the local health department to carry out a comprehensive needs assessment in which students were asked share their current health behaviours such as smoking, drinking and physical activity. From this data, the council worked to create school specific awareness campaigns around preventative health measures such as nutrition, tobacco use and self-esteem. With the involvement of parents this education spread from classrooms to households and communities (LaCasse, 1999).

9. Issues to Address to Effectively Engage Key Stakeholders and Community Groups in the Commissioning Process

Members of the community who are working on the ground such as nurses, police and ambulance officers along with members of the public should be consulted and engaged during the commissioning process. The use of appropriate language for each stakeholder group along with specific examples of each issue builds an
understanding of the Health Policy as it addresses each issue. Engaging members of the community help to build the political will for initiatives to take effect.

10. The Value in Pursuing a Health-in-all-Policies Approach in Tasmania - the Costs, Benefits, Opportunities and Risks

It is disappointing that the government appears to be asking the value of pursuing a health-in-all-policies approach in Tasmania. It is the understanding of the ANMF that this was a commitment to the people of Tasmania given by the current government. As has been mentioned above, health-in-all-policies is important as it will ensure that all policy is aimed at reducing health inequities across Tasmania as stated in the Health in all Policies (HiaP) Collaboration submission to the Joint Select Committee inquiring and reporting on preventative health care

‘it is often the governments actions outside health sector that can most significantly reduce health inequities’ (HiaP, 2015)

As aforementioned there are a number of determinants leading to health inequities within Tasmania. A health-in-all-policy approach to decreasing these inequities is required if the proposed strategies of the consultation draft are to be successful. The ANMF is in full support of a health-in-all-policy approach be maintained in Tasmania.

11. How a Shift to Anticipatory Care Models could Improve Outcomes for Patients and the Delivery of Health Services

Evidence suggests that a move to an anticipatory care model with communities, especially those communities with lower income, health literacy and access to health services will improve community health. A study in Scotland funded nurse case managers, project nurses and outreach workers in general practices to train practice nurses to undertake health checks assessing for the risk factors to cardiovascular disease on people aged between 45 to 64 years of age. The study saw increased skill levels in practice nurses providing the checks, and reported patients, who would not normally attend a general practice, being provided with a targeted health plan. The study found that participants had good health outcomes in the form of weight loss, increasing activity levels and improved cardiovascular risk (Carver et al, 2012).

Tasmania should look to adopt the 'keep well program' and use nursing resources in disadvantaged communities to run programs and checks to improve health literacy around risk factors for not only cardiovascular disease but other chronic illness such as renal disease and diabetes. Community leadership by nurses engages nurses at a preventative level, using their knowledge of health and community trust to drive government initiatives within the Tasmanian community.

12. Enablers and Barriers that Exist Within the Current Structure of the Health System in Tasmania (that are the responsibility of the Tasmanian Government) to be Considered in Supporting Implementation of the new Direction for Preventive Health outlined in this Consultation Draft

There is a current lack of appropriately directed funding from the health care budget into preventative health strategies that will address the underlying social deterrents of health. Programs such as those mentioned above in school nurse programs and nurse led clinics are proven ways of providing holistic care to communities in a cost effective manner.

Current community-based health initiatives, do not take on a holistic approach, for example addressing other risk taking behaviour and risky activities such as smoking
or consuming excess alcohol implementation of a program such as the aforementioned PARTY program should be considered.

The impacts of Mental Ill-health as a comorbidity to smoking should be considered. In Western Australia, it is noted

‘In Australia, as many as 88% of people with a mental illness smoke compared with 25% for the general population. In 2005 we surveyed public mental health inpatient services and found that over 43% of patients smoke but in Western Australians 15.5% aged over 14 years smoke’ (Department of Health WA, 2007).

With Tasmania having a larger proportion of smokers per capita, and a finding from the 2004-05 National Health Survey that in Tasmania ‘11.7% of people had a long-term mental or behavioural problem’ (ABS, 2008), the issues surrounding smoking and mental health clearly affect a substantial proportion of our population.

In terms of mental health, whilst “failed discharges” from an inpatient admission are recorded at intervals of within 7 days and 28 days, a register that captures completed suicides within the same intervals from date of discharge should commence. The aim of this should not be about apportioning blame, but rather to identify system issues and gain insight into how future deaths may be prevented. Such registers do exist interstate and overseas and when certain clusters occur, joint coronial inquiries are triggered.

A multidisciplinary health consortium could be bought together to take on the responsibility of engaging local stakeholders within a community to create individual and targeted community plans for the implementation of preventative health programs. Targeted plans would help to address individual needs within a particular community and overcome resistances. This would allow preventative health planning to move away from the current cumbersome top down approach, and avoid policy decisions that ‘reinvent the wheel’.

Government policy, as mentioned above that addresses social determinants to health such as unemployment, poverty and access to quality education will also enable preventative health strategies within communities to be more successful.

13. Increasing the Minimum Legal Smoking Age to 21 (With Phase-in Arrangement With Respect to Those Currently Legally Able to Smoke) / Subsequently Increasing it to 25 Later Based on Evidence OR Increasing Straight to Age 25 (With Phase-in for Those Legally Able to Smoke)

As addressed above, the government’s own framework, the ACE in Prevention Framework, for Cost Effective Preventative Health strategy does not recognise that raising the legal smoking age is a cost effective initiative to reduce smoking rates in Tasmania. Evidence suggests that enforcing a legal age, or reducing the legal availability of cigarettes, may not impact in smoking rates in adolescents in a population (Rigotti, 1997).

One in five smokers in Australia report an awareness of the availability of illegal tobacco of these, 60% report having smoked it. Illegal tobacco is known to carry more toxins than commercially produced tobacco (Bittoun, 2004). This evidence would suggest that a law enforcement policy aiming to reduce the supply of illegal tobacco, hence raising its cost and lowering its availability, would also be required to fully recognise the benefits of raising the legal smoking age.
Coupled with governmental policy that looks to address health inequities within Tasmania, there must be evidence based cessation programs run for those community members already smoking. It is suggested that intensive practice nurse led intervention is more successful than Quitline or GP led cessation programs (Zwar, 2014).

14. **What are some examples of other evidence based initiatives the Government could consider to effectively target key risk factors and chronic diseases in the community?**

As this submission has addressed there are a number of nurse led initiatives that could be considered by government to target the key risk factors of chronic illness within the Tasmanian community, from birth to later life.

More frequent visits in the early weeks of a child’s life will allow Child health and parenting nurses to fully support young and new families, and supporting parents to give Tasmanians the best start to life.

School nurses in each school who are implementing initiatives that improve health literacy of students of all ages, as well as parents and using school programs to educate and engage communities in preventative health programs.

Practice and public health nurses can be used to reach into the community through targeted individualised smoking cessation programs and implementing screening programs for chronic illness in those who visit clinics and creating outreach programs for those in the community that do not.

Nurse leaders within Tasmanian communities are ready for change. Using these leaders at a grass root level will help to implement government preventative health policy in Tasmanian communities. However, there needs to be the political will to create strong policy that faces the facts of the social wellbeing of all Tasmanians and looks to reduce health inequities amongst the population, before this valuable resource can be efficiently mobilised.
References


