A Thriving Tasmania

Final Report of the Ministerial Health and Wellbeing Advisory Council
# Table of Contents

Message from the Chair................................................................................................................................. 4  
Executive Summary ........................................................................................................................................... 6  
Introduction ..................................................................................................................................................... 10  
   The Advisory Council’s Challenge................................................................. 10  
   Health Inequities ......................................................................................... 12  
   Causes of Health Inequities...................................................................... 14  
   The Advisory Council’s Approach............................................................ 16  
Communication and Engagement................................................................. 20  
Key Issues and Findings..................................................................................... 22  
   What Works? .............................................................................................. 22  
   Economic Analysis .................................................................................... 23  
   What's Already Happening in Tasmania? ................................................. 24  
   What’s Missing? ....................................................................................... 27  
   Shared Responsibilities ........................................................................... 30  
The Advisory Council’s Recommendations ................................................ 33  
   We Need to Act Together ........................................................................ 33  
   Place-Based Action ................................................................................ 35  
   Statewide Action ....................................................................................... 36  
   Evidence-Based Action .......................................................................... 37  
   Thrive Tasmania ...................................................................................... 38  
Delivering Change .............................................................................................. 41  
   Public Services ......................................................................................... 41  
   Workforce .................................................................................................. 41  
   Engaging Communities ........................................................................... 41  
   Community Sector .................................................................................. 42  
   Business .................................................................................................... 42  
   Resources ................................................................................................... 43  
   What Will Success Look Like? .................................................................. 43  
   Reviewing Progress ................................................................................ 46  
Appendix 1: Key Literature on Health Inequity ............................................. 47  
Appendix 2: Advisory Council Publications ................................................ 50
Message from the Chair

On behalf of the Health and Wellbeing Advisory Council (Advisory Council), I thank the Minister for Health the Hon Michelle O’Byrne MP and the Tasmanian Government for this important opportunity to help improve and shape the future health and wellbeing of Tasmanians.

With a cross-section of community leaders – and enthusiasm and commitment – the Advisory Council has made great gains in moving the preventive health agenda forward in Tasmania.

I am proud to report that Advisory Council members have influenced a great deal of the reforms underway in Tasmania’s healthcare system, from the Tasmanian Healthcare Assistance Package to the Tasmanian Joint Parliamentary Select Committee on Preventative Health Care to the redevelopment of Tasmania’s Health Plan.

The Advisory Council reported on large gaps and few connections across services in our Health and Wellbeing Mapping Report. We have observed an increasing awareness of the need for collaboration across the sectors that influence the social and economic conditions that determine health and wellbeing.

We also observed a strong appetite for the greater engagement of people and communities across Tasmania in identifying and addressing their own health and wellbeing needs.

To this end, the Advisory Council strongly recommends a community-driven model be established to bring all the players together locally who have a role in creating and maintaining health and wellbeing.

People need access to resources to be healthy. These include such basic living conditions as secure housing, suitable employment, supportive family and friends, a good education and literacy. Without these things it becomes very difficult to maintain a healthy lifestyle.

As the late Professor Gavin Mooney put it: “poverty kills people.” Thousands of Tasmanians are dying prematurely or unnecessarily, and struggling against ill-health and poor wellbeing to the detriment of their productivity and our community.

Prof Mooney delivered this stark but true message to Advisory Council members in late 2012 and it has not been forgotten. Prof Mooney dedicated his life to the pursuit of social justice and community empowerment as a means to better health for all – now is the time to realise this.

Beyond this, employment, education, creativity, community and participation drives health and wellbeing and vice versa. Investment in health is investment in the capacity of Tasmanians to participate in the economy and their community.
The consensus of responses to the Tasmanian Joint Parliamentary Select Committee on Preventative Health Care has demonstrated that Tasmanians are ready for big and bold action, for health to be a priority for the whole of government, for new ideas on illness prevention, to come together and make a difference. They are ready for a major commitment to a coordinated and integrated approach across health, education and social services for the future of their children and families.

I am pleased to deliver the Advisory Council’s final report to the Minister, Cabinet and Parliament of Tasmania.

Leonie Young  
Chair, Ministerial Health and Wellbeing Advisory Council
Executive Summary

For the past two years, the Ministerial Health and Wellbeing Advisory Council (Advisory Council) has considered the complex challenge of how to improve health outcomes and reduce health inequities in Tasmania. Their approach has been guided by existing knowledge and evidence of what works, as well as their collective experience across a diverse range of sectors.

The Advisory Council has observed that Tasmania ranks at or near the bottom compared with other states and territories on many important health and lifestyle measures and experiences higher levels of disease and disability. Where these differences occur because of social and economic factors, including but not limited to poverty and housing (often referred to as the social determinants of health) they are considered unfair and therefore a ‘health inequity’.

Poor health is costing Tasmanians dearly, not only in terms of lower quality of life and higher healthcare costs, but also in relation to the broader productivity and creativity of the Tasmanian economy. People need to be healthy and well in order to actively participate in the economy and their community. The benefits of good health and wellbeing extend well beyond the health sector.

As a social determinants of health approach is taken, future initiatives will develop capacity to better support local job creation and break the cycle of intergenerational disadvantage. This would provide a positive opportunity to increase productivity, employment and creativity and enable more Tasmanians to participate in the economy.

While a lot of good work is underway to improve health outcomes and reduce health inequity, these activities are carried out by a variety of organisations in the government and non-government sectors, and there is no overarching plan, formal linkages or governance structure to guide them.

Tackling the social determinants of health will require coordinated and sustained effort from the many parts of Tasmanian society that can build the conditions to keep Tasmanians healthy and well. All sectors of government, business and the community have a role to play because health and wellbeing is strongly driven by social and economic factors. This includes activities that influence the conditions of daily living at a national, state and local level.
The Advisory Council’s Recommendations

The Advisory Council calls for a 21st century prevention system that builds leadership at every level. At the heart of this prevention system is Thrive Tasmania, a community-driven model of health and wellbeing to support communities identify, address and evaluate their own needs. It is the Advisory Council’s vision for prevention at a local level.

The Advisory Council recommends a prevention system that combines place-based action and statewide action, underpinned by evidence-based action.

Place-Based Action

Recommendation 1: Deploy the Thrive Tasmania model of health and wellbeing in communities across Tasmania.

The Advisory Council recommends all stakeholders with a role in creating health and wellbeing in communities work together under Thrive Tasmania.

Priorities

1. Develop an agreed vision, principles and whole-of-government commitment to Thrive Tasmania.
2. Establish the evidence-base and proof of concept for the model in selected communities across Tasmania.
3. Support community-driven health and wellbeing strategies with information, knowledge, tools, resources and staff.
4. Foster and fund effective engagement strategies to inform local priority setting and build capacity for action.

Statewide Action

Recommendation 2: Support Thrive Tasmania with statewide action to create the conditions for health and wellbeing where people live, learn, work and play.

Thrive Tasmania communities must be supported by statewide policies and strategies to help Tasmanians maintain and improve their health and wellbeing.

Priorities

1. Redirect state government programs, policy and processes to drive local Thrive Tasmania partnerships and initiatives (e.g. streamlined grants).
2. Establish a state policy for healthy spaces and places under the State Policies and Special Projects Act 1993.
3. Support identified priorities such as the early years and mental health, through local or community partnership agreements and local government health promotion plans.
4. Provide health literacy and health equity training for frontline health and human services staff working with vulnerable or at risk groups.
Evidence-Based Action

Recommendation 3: Establish the evidence-base, leadership, commitment and support for action under the Public Health Act 1997.

Tasmania needs an evidence-base supported by high level leadership to make a real difference. A 21st century prevention system needs a strong understanding of how and where to act, and leadership across all sectors.

Priorities

1. Conduct three-yearly population health surveys, establish community indicators and evaluate the effect of interventions.
2. Establish a State Public Health Plan led by a Public Health Advisory Committee with an ongoing action plan and budget to address identified health issues.
3. Assess and make recommendations on the impact of major policy decisions and projects on health and equity.

Thrive Tasmania

The Advisory Council has described Thrive Tasmania, a strategically governed, community-driven model of health and wellbeing. This model has been designed to complement emerging and existing state and national prevention efforts, with place-based action driven by local communities. The aim of Thrive Tasmania is to bring a range of partners and resources together from across sectors, to equip and empower communities to promote health, wellbeing and equity.

The Thrive model will work by bringing evidence and information together as community health profiles that can be used by local communities to identify and prioritise their health and wellbeing needs. Then, local or community partnership agreements will bring partners and resources together to affect change and implement Thrive Tasmania programs in collaboration with local communities.

Delivering Change

Real change will only occur if communities are actively engaged in the process of improving their own health and wellbeing. Government needs to support communities to identify and address their own needs, rather than seeking to solve these issues on their behalf. Thrive Tasmania can release the local knowledge and capacity in both communities and government to achieve change.

There is also a role for government in providing more coordinated and collaborative services, and in supporting their workforce to work more effectively in this way. The community sector is also a key partner as a provider of many preventive health services in Tasmania; and the business sector is a potentially useful – but relatively untapped – resource for promoting better health and wellbeing.

As with any major social policy or intervention, success will be demonstrated over a number of decades rather than a number of years. Short-, medium- and long-term measures will need to be established to demonstrate progress for tackling inequities. Early indicators of success will be greater collaboration across government, community and business; more equitable healthcare and other services; more engaged communities and more connected local health and wellbeing initiatives.
Kickstart Arts – The Happiness Project

Kickstart Arts is an independent arts company based in Hobart, working statewide in partnerships to produce inclusive, innovative multi-arts projects with communities.

Between 1992 and 2011, the organisation has worked directly with 6 000 community members across Tasmania on over 250 events. A further 41 000 Tasmanians joined in as audience members.

For example, the three-year Happiness Project involved artists, health and community workers and educators working with community members to make beautiful films about what true happiness means to them.

Kickstart Arts worked with hundreds of people from Dover, Cygnet and Glenorchy in the south, Oatlands and Levendale in central Tasmania and Flinders Island in the north to make films exploring happiness.

The result is a collection of 37 Tasmanian stories told by young and old – they represent the quirky, the fun, the inspiring – and embody a powerful sense of community that so many people share in regional Tasmania.

During 2012 these films were screened around the state including Launceston, Glenorchy, Oatlands, Franklin, Flinders Island, Parliament House, Salamanca Lawns in Hobart and the Works Festival.

The films toured in The Happiness Pod; a purpose-built mobile solar-powered cinema, complete with bean-bags and geodesic artworks under the banner of the Fabric of Life.

Independent professional evaluations have shown Kickstart Arts has consistently achieved positive health and wellbeing outcomes for participants.
Introduction

The Advisory Council’s Challenge

The Advisory Council is a group of independent leaders appointed by the Minister for Health, the Hon. Michelle O’Byrne MP, to provide advice to the Tasmanian Government on how to improve health outcomes and reduce health inequities in Tasmania.

The Advisory Council was established in early 2012 in response to the Fair and Healthy Tasmania Strategic Review that identified health inequity as a major public health issue for Tasmania. Over the past two years, members have considered the significant challenge of how to improve health and wellbeing outcomes for all Tasmanians, how to address health inequity and make recommendations for action.

The Advisory Council recognises that health outcomes and health inequities follow a social gradient – the hierarchy that runs across all people and communities and measures their social and economic status in society.

A person’s chances of achieving and maintaining good health are strongly influenced by the social determinants of health – the conditions in which they are born, grow, live, work and age. This includes the position in which they sit within the social hierarchy and the extent to which they have money, power and resources.

The existence of the social gradient means that potentially everyone’s health can be lifted - not just the poor and disadvantaged.

The Advisory Council also recognises the consensus that tackling the social determinants of health needs action across all sectors with an influence to effect change that will endure. Success cannot be achieved by the health sector working in isolation. With this in mind, members have sought to identify practical actions for collaboration across and between sectors based on what works.

The Advisory Council is an initiative of A Healthy Tasmania, the Tasmanian Government’s strategic direction for the future of preventive health in Tasmania. With the submission of this final report to the Minister, Cabinet and Parliament of Tasmania, the Advisory Council will have met its remit under A Healthy Tasmania.
Kids Given Chance to Move Well Eat Well

Growing numbers of young Tasmanian children are lapping up learning in healthier environments thanks to Population Health’s exciting Move Well Eat Well Award Program.

Based on national and international research, Move Well Eat Well is offered to early childhood services and primary schools to promote healthy eating and physical activity as a normal and positive part of every child’s day.

This year, six primary schools were recognised with a Move Well Eat Well award for taking a sustainable whole-of-school approach to making water the preferred drink, promoting healthy eating and providing daily physical activity.

Since the primary school program launched four years ago, 155 schools have joined and of these one in five has achieved an award.

Albuera Street Primary School in Hobart is one of them.

Principal Kerry McMinn said her school’s award acknowledged how far the school had come and encourages them to do more around health and wellbeing.

“Move Well Eat Well is embedded across all classes and we live it on a day to day basis,” Kerry said.

“It is what our school is rather than a separate program – staff will say that it is ‘just the way we work’.”

Move Well Eat Well was extended in 2012 to Early Childhood Education and Care services – long day care, family day care schemes and kindergartens –where it has met with immediate success.

Picture courtesy of the State of Tasmania

Sense the excitement at www.movewelleatwell.tas.gov.au
Health Inequities

Many experience poor health because their life circumstances have made them vulnerable. Health inequities are differences in the health of people or groups that could have been avoided under fairer circumstances. Health inequities arise when vulnerability becomes entrenched, and learned helplessness and perceived lack of control over life circumstances become the norm in groups in society. This occurs through a breakdown in social structures and factors such as poverty, low educational attainment, unemployment and insecure housing. Not only are health inequities unfair, they are unjust and prevent many Tasmanians from reaching their full potential. Health inequities are a significant social and economic burden on Tasmania.

In 2013 the Director of Public Health released the latest State of Public Health Report for Tasmania that showed health inequities are still a big concern for Tasmania, which falls behind the Australian average on many important health and wellbeing measures.

Tasmania also experiences higher levels of disease and disability and has a number of vulnerable population groups at increased risk of poor health outcomes. This is evident in the clear social gradient across many Tasmanian health and wellbeing measures.

Key health inequities identified in the State of Public Health Report 2013 include:

- **Self-rated health** – Tasmanians in the lowest income households are less likely to rate their own health as very good or excellent and more likely to rate it as fair or poor than Tasmanians in the highest income households
- **Avoidable deaths** – A clear relationship exists between avoidable death rates and socioeconomic status, with a higher rate experienced by the most disadvantaged communities
- **Preventable hospitalisations** – Preventable hospitalisation rates are almost 30% higher for the most disadvantaged communities compared to the least disadvantaged
- **Health risk factors** – Smoking is about twice as common within the most disadvantaged communities compared to the least disadvantaged
- **Overweight and obesity** – A strong relationship exists between socioeconomic status and overweight and obesity. Obesity rates in the most disadvantaged communities are almost twice that of the least disadvantaged.

Significant differences exist between the health outcomes of Tasmanian Aborigines and the broader Tasmanian community. Tasmanian Aboriginal people experience higher rates of many chronic conditions, including heart disease, type 2 diabetes, respiratory diseases and kidney disease. As a result, Tasmanian Aboriginal people have a lower life expectancy, a greater rate of disability and poorer self-assessed health status. These health inequities have consistently been linked to socioeconomic disadvantages experienced by many Tasmanian Aborigines.

A more detailed analysis of the key health inequities experienced by Tasmanians is available in the State of Public Health Report 2013 and accompanying Health Indicators in Tasmania 2013.

---

1 These figures are based on the Socioeconomic Index for Areas (SEIFA) which classifies communities into quintiles ranging from the most disadvantaged to the least disadvantaged. SEIFA ratings are based on the average circumstances of people living in each area. It is important to note that not all people living in the same area experience the same circumstances. Inequity can be experienced in any community.
Aboriginal pregnancy support working

The Aboriginal Midwifery Outreach Project is improving access to culturally appropriate antenatal care for Aboriginal women, through a community-based pregnancy support and outreach service.

Increasing antenatal attendance and identifying health issues in pregnancy in turn leads to healthier mothers, babies and children.

The aim of the Aboriginal Midwifery Outreach Project was to develop and implement new systems and linkages between community and hospital services to support collaborative practice including increasing the capacity for community based pregnancy support.

The project grew out of consultation with Tasmanian Aboriginal community organisations and health professionals working at antenatal clinics in the three Tasmanian Health Organisations (THO).

A midwife was appointed in each THO to provide outreach antenatal care, based within participating Aboriginal organisations and targeted Child and Family Centres around Tasmania.

Non-Aboriginal midwives were recruited to supply clinical knowledge. An Aboriginal pregnancy support worker provided each midwife with community and cultural knowledge, working from a position of mutual respect.

Over the past two years, midwives and pregnancy support workers have reported significantly increasing antenatal attendance rates.

The DHHS Obstetrix Database reported an increase of young Aboriginal women under 20 years of age attending more than eight antenatal visits during their pregnancy – from 61.9% in the first half of 2012 to 82% in the same period in 2013.

A steady increase also continues in young pregnant Aboriginal women less than 20 years old with antenatal contact in the first trimester of pregnancy.

The program is one of many initiatives underway in Tasmania as part of the National Partnership on Indigenous Early Childhood Development.
Causes of Health Inequities

A lot of attention has been drawn to the role of the social determinants of health in recent years – the conditions in which people are born, grow, live, work and age. These are the conditions that a person lives in everyday that determine their chances of achieving good health. They include the community where an individual lives and the conditions in which they are employed. Not only do these factors determine health outcomes, they also determine health inequities.

Dahlgren and Whitehead’s Model of Health Determinants – one of the first attempts to describe these issues – identifies eight “socioeconomic, cultural and environmental conditions” (see Figure 1). Since this time, the World Health Organization and others have identified many more factors including early childhood, social exclusion, stress and addiction.

Figure 1. Dahlgren and Whitehead Model of Health Determinants

In 2012, the Tasmanian Council of Social Service, working with the Australian Health Promotion Association, identified 10 major social determinants of health in Tasmania:

- Poverty
- Housing
- Social exclusion
- Food
- Education and literacy
- Transport
- Work
- Aboriginality
- Gender
- Health and social services systems.

A series of fact sheets on these social determinants of health in Tasmania are available from the Tasmanian Council of Social Service www.tascoss.org.au.

---

2 Dahlgren, G & Whitehead, M 1992, Policies and strategies to promote social equity in health, Copenhagen, World Health Organization.
Bob and Anthony – Why Health is Inequitable

Bob is a 60-year-old disability pensioner with type 2 diabetes. He lives in a caravan park in a low socio-economic suburb and has no transport. He has not worked since his mid-30s due to a back injury when employed as a builder’s labourer. Bob is obese and does not exercise. He is a non-smoker and drinks alcohol occasionally.

Anthony is a 60-year-old engineer with type 2 diabetes. He lives in a mid-high socio-economic suburb in his own home. He runs his own business in Hobart as a structural engineer and drives a car. Anthony is obese and does not exercise. He is a non-smoker and drinks alcohol occasionally.

Both men need the same model of care for their type 2 diabetes. Both need lifestyle advice to see an ophthalmologist or optometrist every two years, to see a diabetes educator or dietician about their weight, to see a podiatrist for foot care if needed, to visit a dentist regularly and to be reviewed at least every three months by their general practitioner or practice nurse.

Both need care that focuses on prevention (of cardiovascular disease, by regularly checking their blood pressure, cholesterol and making sure they continue to not smoke), early detection (of damage to the eyes, kidneys, nervous system and blood vessels – the complications of diabetes) and early intervention (treating complications when they develop).

However, in reality, Anthony and not Bob will receive ‘integrated and collaborative preventive health care’ for his diabetes and most probably Bob will not receive care that focuses on prevention, early detection and early intervention. Why? Because Bob has a low income, inadequate housing, limited transport, is unemployed and is more likely to suffer the consequences of low health literacy.

Bob is at a higher risk of death and complications from his diabetes because of the social determinants of health! Even with recommended care, he will not have the same ability to control his blood sugar as Anthony does. Lower education decreases ability to adopt and adhere to complex new diabetes treatments. Lower income makes many of these treatments unaffordable. Lack of transport makes attending many clinical appointments more difficult.

Prevention in healthcare is important, but so is the action taken to influence health and healthy choices, building and strengthening capacity and promoting wellbeing.

Addressing inequities in early childhood development, in education and skills, in health and community services, and in employment and working conditions will have many benefits for the Tasmanian community that go well beyond the health sector.
The Advisory Council’s Approach

The Advisory Council’s approach to such a complex and challenging question as how to tackle health inequity has been guided by existing knowledge of what works. This has been gathered from briefings from public health experts, key literature and data analysis. Where gaps in the evidence-base exist, Advisory Council members have been guided by their own practical knowledge, gained through collective experience across a broad range of sectors and disciplines.

The membership of the Advisory Council is deliberately cross-sectoral (see Box 1) to align with the general consensus that health inequities cannot be solved by the health sector alone. Advisory Council members have brought together thinking from a range of sectors with an influence on the underlying social determinants of health.

Box 1. Members of the Health and Wellbeing Advisory Council

Advisory Council Members:

Leonie Young, beyondblue Ambassador and Consultant – Chair
Jami Bladel, Chief Executive Officer, Kickstart Arts
Maxine Griffiths AM, Chief Executive Officer, Lifeline Tasmania
John Hooper, Executive Officer, Tasmanian Association of Community Houses
Roger Jaensch, Executive Chairman, Cradle Coast Authority
Graeme Lynch, Chief Executive Officer, Heart Foundation Tasmania
Jim McCormack, Director, Whetstone
Tony Reidy, Chief Executive, Tasmanian Council of Social Service
Alison Venn, Deputy Director, Menzies Research Institute Tasmania

Ex-Officio Members:

Dr Roscoe Taylor, Director of Public Health, Chief Health Officer, Department of Health and Human Services
Siobhan Harpur, Director Population Health Operations, Department of Health and Human Services

Secretariat:

Amanda Daly, Senior Analyst Policy and Research, Department of Health and Human Services
Angela Holmes, Policy and Program Officer – Working in Health Promoting Ways, Department of Health and Human Services
The Advisory Council’s thinking has been shaped by the following evidence and experiences.

- **Review of key literature on health inequities:** One of the first activities of the Advisory Council was to review the key publications that already exist in Tasmania and elsewhere on how to tackle health inequities. A summary of the local, national and international literature considered by the Advisory Council during its early stages is included at Appendix 1.

- **Development of issues papers on priority areas:** In areas of particular interest, the Council developed issues papers that summarised the current thinking and evidence-base. A summary of the publications developed by the Advisory Council is available at Appendix 2.

- **Briefings from public health and others experts:** During the Advisory Council’s two-year sitting term, members received briefings from many public health experts and leaders in the health and wellbeing sector.

- **Mapping report and gap analysis on prevention:** Another early activity of the Advisory Council was to undertake a mapping exercise to document prevention efforts underway across Tasmania. This information was used to analyse strengths, issues and gaps within the existing system. A summary is included at Appendix 3.

- **Review of the population health outcomes of Tasmanians:** The Director of Public Health, Dr Roscoe Taylor, presented data on the distribution and causes of population health in Tasmania to Advisory Council members. This included key findings from the latest *State of Public Health Report 2013*.

- **Contribution to local health reforms:** The Advisory Council participated in many local health reform processes to align their recommendations with contemporary policy directions. Members acted on steering committees, attended public consultations and produced written submissions.
  
  Health reform processes most strongly relating to the work of the Advisory Council included the Joint Select Committee on Preventative Health Care, Tasmania Medicare Local service planning and the Commission on Delivery of Health Services in Tasmania.

- **Engagement with community services:** Advisory Council members visited a Child and Family Centre to understand the issues facing local Tasmanian communities and witness community-driven solutions first-hand. The Advisory Council also engaged with the community services sector through Neighbourhood and Community Houses and the Social Determinants of Health Network and Annual Forum, and organised a seminar for better coordination of children’s services.

- **Opportunities for Arts and Health:** The Advisory Council heard from Kickstart Arts; contributed to a national framework to strengthen the arts in health and wellbeing; supported a state conference on arts and health; and learnt from the Happiness Project.

- **Development of interim recommendations for 2012:** At the end of 2012, the Advisory Council delivered an interim set of recommendations to the Tasmanian Government as part of an Annual Report. Four overarching recommendations were identified as well as the initial concept of *Thrive Tasmania*:
  
  1. communicate and empower
  2. secure children’s wellbeing for life
  3. build connections across sectors
  4. invest in systems

  The Advisory Council’s final recommendations develop this thinking further into an integrated combination of actions for the Tasmanian Government.
Tasmania Medicare Local

Tasmania Medicare Local has received funding through the Australian Government Department of Health and Ageing for the Social Determinants of Health and Health Risk Factors Project.

This project is unique to Tasmania and offers an exciting new opportunity to explore innovative and evidence-based approaches, particularly through strong partnerships and shared vision.

As part of the Tasmanian Health Assistance Package this project will focus on improving the health of Tasmanians through:

- targeting known lifestyle-related health risk factors such as excessive alcohol consumption, smoking, physical inactivity and poor diet and nutrition
- addressing the social determinants of health such as social status, health literacy, housing and education.

The program will implement three main interventions from March 2013 to April 2016:

- the Exercise Treatment Initiative (March 2013 to April 2016)
- the Risk Factors Project (July 2013 to April 2016)
- the Social Determinants of Health Project (January 2014 to April 2016).

The guiding principles with which Tasmanian Medicare Local will work to achieve its aims and objectives are:

- acting as advocates for change
- working with key stakeholders
- developing trusting and respectful partnerships across multiple sectors
- committing to a coordinated approach to inform future policy development
- implementing an accountable and transparent governance structure.

To find out more visit www.tasmedicarelocal.com.au
The Advisory Council has developed a complete set of actions that will be most effective if implemented as a whole. The Advisory Council’s actions and recommendations are designed to work together on the most important underlying causes of health inequity. They also align strongly with a number of existing government and non-government activities, particularly: *Our Children Our Young People Our Future*, Child and Family Centres, *Working in Health Promoting Ways*, Tasmania Medicare Local, Neighbourhood and Community Houses and the Tasmanian Healthcare Assistance Package.

The Health and Wellbeing Advisory Council

*Left to Right: Dr Roscoe Taylor, Prof Alison Venn, Siobhan Harpur, Jami Bladel, Roger Jaensch, Leonie Young (Chair), John Hooper, Graeme Lynch and Jim McCormack. (Tony Reidy and Maxine Griffiths not present)*
Communication and Engagement

The Advisory Council is made up of representatives of the local government, social services, community development, arts, business, preventive health, mental health and research sectors. Members spent significant time engaging with representatives of other fields including health economics, social inclusion, primary health and acute health. They also met with the members of an Interagency Working Group made up of leaders from across the Tasmanian Government and sought guidance from the Department of Premier and Cabinet. The Council kept stakeholders updated on their progress at all times.

Each of these discussions has helped shape the Advisory Council’s findings and recommendations. Advisory Council members would like to thank the many individuals who have contributed.

Participants at an Arts and Health Forum sponsored by the Advisory Council in 2012
Better Housing Futures

Better Housing Futures is a major new step in the Tasmanian Government’s reform of the State’s social housing sector to establish more accessible and responsive services for tenants.

The initiative involves the transfer of tenancy and property management of up to 4,000 tenancies to the community housing sector – about 35 per cent of all public housing stock in Tasmania. This transfer is consistent with, and a requirement of, the Australian Government’s social housing reform agenda and the approaches underway in other jurisdictions.

The project is supported by and aims to complement Department reform initiatives to improve Tasmania’s housing help and homelessness services including:

- New supply
- System integration
- Support integration – Housing Connect.

Much research provides evidence of the social, environmental and economic impact of housing on people’s wellbeing. The target outcomes of Better Housing Futures are:

- Improved housing condition by delivering more property upgrades and maintenance works
- Healthier lifestyles and improved housing stability for people needing assistance by providing easier access to housing and support services
- Reduced social isolation by partnering with existing or new community initiatives and involving residents in decisions about their community and helping each other
- Reduced housing stress by offering greater diversity of housing types and more opportunities for social and affordable rental or home ownership.

The focus of Better Housing Futures is to deliver a sustainable and place-based approach in broad acre estates to improve property upgrades and access to housing help. Community engagement is central to the success of the project and achievement of project outcomes.

Better Housing Futures is being implemented in two stages.

The first stage started in early 2012 with the release of about 500 homes at Clarendon Vale and Rokeby. The successful community housing provider for stage one is Mission Australia Housing, which began services in the community on 18 March 2013.

The second stage involves the release of three regional-based portfolios of about 1,100 homes each scheduled for handover by 14 June 2013.

To better understand the social impact of housing, a forecasting analysis will be undertaken within each portfolio using an independently verified Social Return on Investment (see www.sroi-uk.org)
Key Issues and Findings

What Works?

The evidence-base on the effectiveness of policies to reduce health inequities is limited. Scientific, methodological and political challenges make it difficult to implement and evaluate interventions to tackle health inequities. Complex interventions are needed to influence the social determinants of health, and these need sufficient time to work.

Despite this, policy and systematic reviews have identified the characteristics of policies most likely to help reduce health inequities. A summary of these characteristics, together with practical examples of public health action, is presented in Box 2.

These policies can be implemented at a local, state and national level. It is important that public health intervention take place at each of these levels because action at a local level is as important as national action.

---

**Box 2. Characteristics of Effective Policies for Reducing Health Inequities**

1. **Structural changes in the environment** – for example, provide secure housing for families, water fluoridation, built environments that encourage active travel and access to healthy food, and safe play and recreation facilities in schools.
2. **Legislative and regulatory controls** – for example, implement controls on food advertising and marketing, tobacco control policies, seatbelt laws, and violence and bullying programs in schools.
3. **Fiscal policies** – for example, increase the tax on tobacco or alcohol, reduce the price of fruit and vegetables, tax sugar sweetened beverages, and free or subsidised health promotion services.
4. **Starting young** – for example, support families with young children living in disadvantaged areas, and pre- and post-natal support services.
5. **Community action** – for example, engage with local communities, support initiatives like local food cooperatives, and breast feeding support groups.
6. **Improving accessibility of services** – for example, address barriers to using local health services, develop outreach programs, and link health services with welfare and social services.
7. **Reorientations of health services** – for example, promote evidence-based preventive support, improve integration with health and relevant sectors and develop models of multidisciplinary care in communities.
8. **Prioritising disadvantaged groups** – for example, conduct health needs assessment and equity audits to target interventions at marginalised local populations.
9. **Offering intensive and tailored support** – for example, provide tailored and culturally appropriate clinical and preventive support to groups at greatest risk of poor health.

---

It is also important to consider the characteristics of policies likely to have no effect on health inequities or which may even increase inequity across a population. Evidence suggests the following types of interventions are less effective at reducing health inequities, particularly if implemented in isolation of other strategies:\(^4\)

- information-based campaigns (i.e. mass media campaigns)
- written materials (e.g. leaflets, posters)
- campaigns relying on people taking the initiative to opt in
- approaches involving significant price or other barriers
- housing or regeneration programs that raise housing costs.

**Economic Analysis**

Prevention saves lives. It reduces illness and disability, improves productivity and can free resources for use elsewhere. The social and economic benefits of prevention are profound. The benefits of good health and wellbeing extend beyond the state budget to the broader economy, employment, education, creativity and innovation. Well people are more creative, innovative and productive.

The economic case for investment in strategies to improve health outcomes and reduce health inequities is strong. A large and growing evidence-base supports the significant return on investment delivered by preventive approaches.

The most well-known example of this in Australia is tobacco control:

> “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 had been saved by 1998. Program spending on tobacco cessation over this period amounted to $200 million, but the subsequent savings in healthcare costs were estimated to be twice this amount: a financial return on investment to government of $2 for every $1 spent.”\(^5\)

Australian National Preventive Health Agency 2013, p. 165

When people struggle against ill-health and poor wellbeing, there is an indirect impact on the economy through lost productivity. These impacts may be less quantifiable, but are none-the-less very real. Innovation and creativity decreases, making it more difficult for local economies to thrive.

Despite the economic analysis, Australia invests less within the health sector on prevention than most other Organisation for Economic Co-operation and Development (OECD) member countries. In 2010–11 spending on prevention was just 1.7% of total health spending and less than 0.2% of gross domestic product (Australian National Preventive Health Agency 2013, p. 164).

Given the long history of under-investment in preventive health in Tasmania, further investment in prevention is needed to reduce, or even maintain, hospital and healthcare service demand.

---


What’s Already Happening in Tasmania?

A lot of good work is underway. The Advisory Council’s mapping identified a lot of preventive health activity across Tasmania. Broadly speaking, these preventive health services and programs in Tasmania are clustered in the following categories.

- **Healthy Choices** – interventions that target social and environmental conditions through strategies to help make healthy choices easy choices (e.g. smoking, nutrition, alcohol, physical activity).
- **Healthy Places** – programs and services that take place in early childhood facilities, schools and workplaces that promote health and wellbeing through policy, planning, program development and capacity building.
- **Healthy People** – interventions that target vulnerable or at risk populations (e.g. Aboriginal Australians, children and young people, refugees and asylum seekers).
- **Chronic Conditions** – interventions that target people living with a particular chronic condition (e.g. diabetes, heart disease, cancer) or at a high risk of developing a chronic condition.

The Mapping Report found these activities are carried out by many organisations in the government and non-government sectors, including Tasmanian Government agencies, community sector organisations, peak bodies, local councils, cultural organisations, the University of Tasmania, schools and workplaces. Often these organisations work together to deliver services and programs.

Population Health in the Department of Health and Human Services is the major provider and contractor of prevention services in Tasmania. In line with the *Public Health Act 1997*, Population Health’s aim is to protect and promote the health of communities, and to prevent and respond to illness and injury.

Population Health is guided by *A Healthy Tasmania*, the Tasmanian Government’s strategic direction for the future of preventive health in Tasmania. Population Health also responds to the five-yearly *State of Public Health Report* issued by the Director of Public Health, which identifies the biggest issues and opportunities for population health and wellbeing in Tasmania. A variety of other state and national plans and policies also provide direction.

A good deal of prevention activity in Tasmania is funded under the *National Partnership Agreement on Preventive Health (NPAPH)*, a joint Australian, state and territory government initiative. NPAPH is the major agreement between the Australian Government and states and territories that outlines how funding on preventive health is spent. Box 3 presents the key elements of NPAPH. The different elements are complementary and implemented at a local, state and national level.
<table>
<thead>
<tr>
<th>Box 3. National Partnership Agreement on Preventive Health (NPAPH) Key Elements(^6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Healthy Communities</strong> – supports community-based healthy lifestyle programs aimed at increasing access to physical activity, healthy eating and healthy weight activities for disadvantaged groups in 92 local government areas across Australia.</td>
</tr>
<tr>
<td>2. <strong>Healthy Children</strong> – delivering programs for children from birth to 16 years of age to increase levels of physical activity and improve the intake of fruit and vegetables in environments like child care centres, pre-schools and schools.</td>
</tr>
<tr>
<td>3. <strong>Healthy Workers</strong> – supports workplace health programs aimed at reducing overweight and obesity, increasing levels of physical activity and the intake of fruit and vegetables, supporting smoking cessation and reducing harmful levels of alcohol consumption.</td>
</tr>
<tr>
<td>4. <strong>Industry Partnership</strong> – developing and supporting partnerships between Governments and industry sectors to encourage changes in policies and practices consistent with the Government’s healthy living agenda. The partnerships are initially focused on the food industry, before extending to the fitness and weight loss sectors.</td>
</tr>
<tr>
<td>5. <strong>Measure Up</strong> – funding for this social marketing campaign to expand the reach to high-risk groups; raise awareness of healthy lifestyle choices, physical activity and nutrition; and increase awareness of the link with chronic disease risk (ended 2012-13).</td>
</tr>
<tr>
<td>6. <strong>Social Marketing</strong> – Tobacco funding for social marketing activities focused on increasing awareness of the health risks of smoking and supporting quit attempts.</td>
</tr>
<tr>
<td>7. <strong>The Australian Health Survey</strong> – funding to collect essential population health data including dietary intake, nutritional status, physical activity levels and the prevalence of chronic disease risk factors.</td>
</tr>
<tr>
<td>8. <strong>Enhanced State and Territory Surveillance</strong> – funding for the implementation of health, nutrition and physical activity monitory surveys in the states and territories.</td>
</tr>
<tr>
<td>9. <strong>Workforce Audit and Strategy</strong> – aimed at reviewing and developing the workforce needed to deliver the settings-based initiatives funded through NPAPH and ensuring long-term capacity.</td>
</tr>
<tr>
<td>10. <strong>Australian National Preventive Health Agency and Research Fund</strong> – drives the prevention agenda, providing advice to Health Ministers; supports the creation of evidence and data, and development of national guidelines and standards to guide preventive health activities.</td>
</tr>
<tr>
<td>11. <strong>Eating Disorders Collaboration</strong> – funded to help implement a comprehensive approach to eating disorder prevention and management.</td>
</tr>
</tbody>
</table>

Healthy Families Make Thriving Communities

In the 2013 budget the Tasmanian Government provided much needed funding to support families of young children with their health and wellbeing.

Families are often faced with a range of difficult health and social challenges that make it hard to access services and support.

Through the Thriving Communities – Healthy Families Project, the Tasmanian Association of Community Houses will support regional Community Houses over the next two years to reach out to those families most in need of support.

The project will appoint three regional community development family support workers to drive community-level activity from local Community Houses.

The community development workers will work from at least three Community Houses to engage families with young children (0-12 years) in existing health promotion, community development and parenting support programs.

One example of the type of work that can influence health and wellbeing is improving transport options to help families join playgroups and build community connections.

The project will use a place-based approach to involve families and community members in creating new programs and activities that respond to the specific needs of their community.

Community Houses will work with health-related service providers such as Child and Family Centres and the Tasmania Medicare Local to deliver services that improve outcomes for families.

The University of Tasmania will evaluate the project to capture important experience and learning that will inform place-based approaches in other communities.

Fifteen communities have expressed an interest in hosting a worker and the Tasmanian Association of Community Houses are working through the process of selecting the first communities to be involved.

Picture courtesy of the Tasmanian Association of Community Houses
What’s Missing?

Despite the significant prevention effort underway in Tasmania, the Advisory Council found a number of important elements need to be developed. The Advisory Council has based its recommendations on these areas of opportunity.

The Advisory Council’s mapping exercise showed while many good prevention services and programs exist in Tasmania; there is no overarching plan, formal links or governance structure to guide them. Prevention activity was also shown to focus much more on down steam determinants of health and wellbeing (e.g. smoking, nutrition, alcohol, physical activity) than up steam (e.g. early years, food security). Similarly, the Mapping Report found some population groups and life stages receive less support than others, despite being more likely to benefit. It also appears there is need for greater infrastructure and resources (e.g. legislation, data) in support of preventive health.

Areas of opportunity identified by the Advisory Council are:

- **Leadership and coordination for prevention** – No overarching plan or governance structure exists for the wide range of prevention activities underway across the government and non-government sectors in Tasmania. This increases the risk services and programs will become fragmented, that gaps and overlaps will appear and decision-making will not be evidence-based or in accordance with the greatest need.

- **Intersectoral action on the social determinants of health** – Too little prevention activity in Tasmania focuses on the up stream causes of health and inequity. Intersectoral action is needed to make a real difference to the social structures and factors that determine a person’s chances of achieving good health. Intersectoral action can also help achieve shared goals across diverse policy areas. Greater collaboration is needed, particularly across government, but also in the community. Ways to support intersectoral action include health equity impact assessment, health in all policies approaches, shared goals and plans.

- **Mental health promotion** – Much more could be done in mental health promotion, particularly during the early years. Mental health promotion programs are less visible and less accessible than programs targeting healthy behaviours like physical activity and nutrition. The influence of psycho-social factors on general health and wellbeing is well known and much can be gained by promoting better mental health and wellbeing.

- **Health intelligence** – Public health professionals need the right tools and information to assess and monitor health needs, choose the best intervention strategies and evaluate the results. Inadequate information is a real barrier to needs-based planning and evaluation of prevention activities in Tasmania, particularly at a local level. Access to regular population health surveys and community health and wellbeing indicators or profiles would significantly strengthen the Tasmanian prevention sector. The results of program evaluations must be shared more broadly so successful strategies can be embedded into practice.

- **Health equity impact assessment** – Health equity impact assessment can ensure policies do not create or perpetuate health inequities and identify opportunities to promote better health and wellbeing. With the right tools and resources, the healthcare system can reduce the negative impact of social determinants.
• **Place-based approaches** – While a good deal of prevention activity is embedded at a state and national level, activity at a local level has been hindered by a lack of integration and coordination. Many local councils and community sector organisations are actively promoting health and wellbeing in their local area, but this often inconsistent and ad hoc. Strong potential exists for place-based approaches in Tasmania driven and delivered by local communities, promoting creativity and community connectedness.

• **Infrastructure and resources** – Physical infrastructure, including the built and natural environment, can have a substantial influence on how people eat, move and connect with others. Environments are a major determinant of health and wellbeing. Public spaces and recreation facilities, public art, public transport, building and suburb layout and community gardens all have a positive impact. There is great potential for new and improved infrastructure in Tasmania, as well as better capitalisation of existing facilities within communities (e.g. in schools, clubs and services). Legislation can also be used to realise the benefits of healthy environments.

• **Support for families during the early years** – The World Health Organization identifies early childhood as one of 10 social determinants with the greatest impact on health. Children’s circumstances in the earliest years of life are crucial to future health outcomes. Tasmania has made substantial investment in supporting the early years through Children and Family Centres. More can be done to support this approach, including: high quality pre- and post-natal care, improving the interactions between parents and children during the very early years, targeted interventions for high risk children and centre-based care and support services.

• **Health promoting healthcare services** – Health promotion is important at each point in the healthcare continuum, from primary, to secondary, to tertiary care. Healthcare professionals have a great opportunity to deliver and support health promotion activities in their everyday work with individuals. Primary health services, in particular, are often an individual’s first point of contact with the healthcare system. More can be done to support healthcare professionals to work in health promoting ways.

• **Targeting population groups** – Some population groups have inequitable health and wellbeing, for example, long-term unemployed people or Tasmanian Aborigines. More can be done to help these groups maintain good health and wellbeing. Health needs assessments and equity audits can help direct services and programs to particular population groups.
Interagency Support Teams

Inter-Agency Support Teams (IASTs) were established by the Department of Police and Emergency Management to provide a collaborative cross agency response to support children, young people and their families with complex and multiple problems. IASTs focus on children and young people (aged five to 17 years) experiencing, or at significant risk of, two or more of the following problems or behaviours:

- Mental health issues
- Problematic alcohol and/or other drug use
- Family violence
- Neglect or other parenting issues
- Accommodation issues (including homelessness)
- Difficulties with engaging in learning and education
- Anti-social behaviour
- Offending.

Membership of IASTs varies across communities and depends on the availability of government services in the area and the circumstances of the child or young person being supported. An IAST may include the Departments of Police and Emergency Management, Education, Health and Human Services (including Child Protection, Youth Justice, Mental Health Services, Alcohol and Drug Services and Housing Tasmania) as well as local government and non-government organisations working with the young person and their family.

The IAST model builds networks between agencies and takes a collaborative, place-based approach. IASTs meet monthly or bimonthly and focus on meeting the needs of the child or young person and their family using locally available services.

IASTs have been operating in Tasmania for over 10 years and many young people and families have benefited during this time. A review found 602 children and young people were managed by 23 IASTs between July 2010 and June 2011. Out of these cases, 390 or 65% were closed because they no longer needed IAST support or support from a single agency was sufficient.

The program continues to look for new ways to improve outcomes for children and young people. IASTs are moving towards an early intervention model, identifying children and young people with a range of complex issues and behaviours, but not necessarily coming to the attention of police. The IAST Plus project will explore the practical processes and ways used by Glenorchy, Launceston and Devonport IASTs and trial ways to identify opportunities to strengthen interagency collaboration to improve outcomes for children young people and their families.

Picture courtesy of the State of Tasmania
Shared Responsibilities

During its two-year tenure, the Advisory Council identified several shared agendas across government, business and community in Tasmania. Even within the health sectors a number of clearly shared agendas are underway (see Box 4).

Much is to be gained by bringing shared agendas together.

Good health and wellbeing outcomes will help secure the broader social and economic goals of many sectors. Health underpins a person’s capacity to participate in education, employment and the community – and increasing healthy life expectancy will help promote sustainable economic growth in Tasmania.

Promoting coordination across diverse sectors to affect change can produce outcomes for all. The factors that build population health are the same as the factors that build wealth, safety, infrastructure, sustainability and vitality. For example, active transport strategies can produce beneficial outcomes for the health, environment and infrastructure sectors.

The Advisory Council identified many shared responsibilities over the past two years.

- Alcohol and drugs
- Children and young people
- Climate change
- Cost of living
- Creativity
- Crime and safety
- Economic development
- Education
- Employment and employability
- Food and nutrition/food security
- Health reform
- Human services
- Justice
- Literacy.
- Local Government
- Planning
- Social inclusion
- Transport.

Tasmania’s social, economic, business, infrastructure, planning and industry sectors can no longer be considered separately. Early childhood, education, housing and social inclusion factors have a far greater impact on the wellbeing of Tasmanians than health and hospital services ever will. So while health will always have its own role and responsibilities to optimise service performance and accountability, much will be gained by working across sectors; in fact, making a real impact on health and wellbeing demands it.

The key portfolio areas needed for success in driving this agenda are human services (housing, disability and child services), police, education, justice, planning, local government, economic development, treasury and finance, the arts, public transport, social inclusion, health, sport and recreation, infrastructure, parks and the environment.
Box 4. Securing Good Health Together – Tasmania Health and Healthcare Reforms

As the Advisory Council has developed its findings and recommendations, it has acknowledged many reforms are underway across the Tasmanian health system. It is crucial existing work is brought together in a way that delivers the best outcomes for the health of Tasmanians.

1. *A Healthy Tasmania* – *A Healthy Tasmania* is the Tasmanian Government’s strategic policy for a fairer and healthier Tasmania. It describes a long-term approach for building good health and wellbeing together with communities. *A Healthy Tasmania* is about keeping Tasmanians healthy, well and in control of what matters to them. *A Healthy Tasmania* was released in 2012 in response to the *Fair and Healthy Tasmania Strategic Review* that found leadership across sectors and place-based approaches are the best ways of improving health and reducing health inequity in Tasmania.

2. *Parliamentary Joint Select Committee on Preventative Health Care* – In 2013 a Parliamentary Joint Select Committee considered, among other matters, the need for an integrated and collaborative preventive healthcare model focusing on the prevention and early detection of chronic disease, and early intervention. A final report of the committee’s finding is expected in early 2014.

3. *Health Equity Framework* – Population Health is leading the development of a Health Equity Framework to help the Department of Health and Human Services and other organisations and services to work towards health equity. Components of the Framework include health equity capacity development, indicators, population profiling, impact assessment and best practice models.


5. *Tasmania Medicare Local* – The Tasmania Medicare Local has funding of $13.3 million over four years through the Tasmanian Health Assistance Package to implement a Program for Risk Factors and the Social Determinants of Health. Its aim is to improve the health of Tasmanians by addressing the social determinants of health such as social status, health literacy, housing and education, and targeting known lifestyle-related health risk factors such as smoking and poor nutrition.


7. *Tasmania’s Health Plan* – Development of a new planning framework and strategic direction for health and healthcare in Tasmania is underway. This includes a review of the original Tasmania’s Health Plan published in 2007.

8. *Tasmanian Primary Healthcare Framework* – The Framework sets a policy direction for primary healthcare in Tasmania. Its focus is on an integrated, consumer-focused primary healthcare system and improvements to access, equity, quality, safety, performance and accountability. The Framework is underpinned by a preventive health approach and a strong understanding of the social determinants of health. It is consistent with the National Primary Healthcare Strategic Framework and will inform the development of Tasmania’s Health Plan.
Healthy Parks, Healthy People

The Healthy Parks Healthy People philosophy is an integrated, multi-disciplinary, collaborative approach that acknowledges the bond between nature and human health. The Healthy Parks Healthy People program was developed by Parks Victoria in 2000 to encourage more visits to parks and gardens by highlighting their health benefits.

In addition to the obvious role parks and reserves play as places for physical activity with better health outcomes, these benefits extend to economic, educational, social and spiritual health. Natural environments are invaluable as a refuge from the stresses of urban living, a place to reconnect with our own natural heritage, as living classrooms for children to explore nature and as natural sanctuaries for spiritual nourishment.

Evidence suggests we experience a greater sense of health and wellbeing, connection and meaning, when immersed in the living systems that sustain us. With over a third of Tasmania protected in national parks and reserves, the state offers abundant opportunities for people to experience the benefits of being immersed in the natural environment.

Tasmania Parks and Wildlife Service has adopted the Healthy Parks Healthy People philosophy and is building partnerships that provide opportunities for its development.

The Service has partnered with the Heart Foundation to provide the Park Walks program, which encourages people to enjoy themselves in their local natural environments including reserves, national parks, recreation parks, beaches and botanic gardens.

It has also partnered with Wildcare Inc. and the Migrant Resource Centre to deliver the Get Outside and Connect to your Island Home Project (GO project). This aims to support people from cultural and linguistically diverse backgrounds to get outside and connect to Tasmania physically through experiences with nature and socially by connecting with Wildcare volunteers and each other.

The Healthy Parks Healthy People philosophy is promoted at a range of events and activities using the Share the Wonder campaign to exalt the benefits of natural resources.
The Advisory Council’s Recommendations

Thousands of Tasmanians are dying early, experiencing disease and disability, and living in hardship unnecessarily. Many cannot live life to the full because of their health and this is unacceptable. The Advisory Council calls for urgent action to improve health outcomes and reduce health inequity in Tasmania.

We Need to Act Together

The Advisory Council recognises the factors supporting healthy people and communities are the social determinants of health – the conditions of daily living in which people are born, grow, live work and age. Tackling the social determinants demands action across all sectors that influence these conditions. Success will be achieved by a coordinated, sustained and systematic commitment to build the conditions for all Tasmanians to be healthy and well.

Everyone has a role to play – all parts of government, business, the community and individuals have a responsibility and influence because health and wellbeing is strongly driven by social and economic factors (see Figure 2).

This presents the whole community with an exciting opportunity.

The conditions of daily living that support people to be healthy in the first place are influenced by activities at a national level (e.g. taxation), at a state level (e.g. transport) and at a local level (e.g. schools).

The Advisory Council calls for a 21st century prevention system that builds leadership at every level. Action at a state and national level will influence the political, economic and social factors that determine health and equity. Action at a local level will help give people greater opportunities for health across their lifespan, reduce barriers to good health and better protect people from the results of disease and injury.

The Advisory Council recommends a prevention system that combines place-based action and statewide action, underpinned by evidence-based action.

At the heart of this prevention system is Thrive Tasmania, a community-driven model of health and wellbeing designed to drive action at the local level (see Figure 2). Place-based action will help create more engaging and socially supportive environments, involve and help government to adapt its service delivery in communities, and most importantly, develop the personal skills, confidence and knowledge in people to improve their and their community’s health.

Bringing all parts of society together to work on the challenges shared by many will improve how Tasmania can position itself into the future as a whole-of-state. By acting together, there is greater capacity, knowledge and expertise to address problems more effectively, to improve cohesion and to reduce duplication of effort. Collaborative action produces beneficial outcomes for all.
Government cannot achieve social change alone. Policy directives do not create a movement. Addressing any complex social issue – be it smoking, obesity, economic development or literacy – needs partnerships with local governments, community organisations and communities themselves.

People must take a much bigger role in determining their own health and wellbeing. Citizens need to have a bigger role in setting health and wellbeing goals and priorities in their communities, and in developing and implementing actions to achieve them. Governments need to support people to achieve the outcomes they identify as important.
Place-Based Action

Recommendation 1: Deploy the Thrive Tasmania model of health and wellbeing in communities across Tasmania.

Many health and wellbeing programs are underway in communities across Tasmania, but there is little or no coordination to make the best use of prevention efforts. The Advisory Council recommends all the stakeholders with a role in creating health and wellbeing in communities work together under the shared agenda of Thrive Tasmania.

### Priorities

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop an agreed vision, principles and whole-of-government commitment to Thrive Tasmania.</td>
<td>• Develop a Joint Statement of Commitment to Prevention to which local government, community sector organisations, and other partners can commit.</td>
</tr>
<tr>
<td>2. Establish the evidence-base and proof of concept for the model in selected communities across Tasmania.</td>
<td>• Build partnership and collaboration for local action.</td>
</tr>
<tr>
<td>3. Support community-driven health and wellbeing strategies with information, knowledge, tools and resources, including personnel.</td>
<td>• Establish the Thrive Tasmania criteria under which all preventive health programs, activities and organisations can contribute to a shared vision.</td>
</tr>
<tr>
<td>4. Foster and resource effective engagement strategies to inform local priority setting and build capacity for action.</td>
<td>• Establish model for Thrive Tasmania communities, where priorities are identified by members of the community.</td>
</tr>
<tr>
<td>Establishing a shared commitment meets need for greater coordination for prevention, and a common purpose.</td>
<td>• Commence the Thrive Tasmania community model of health and wellbeing with a small number of test sites, with a view to building the number of Thrive Tasmania communities over time.</td>
</tr>
<tr>
<td>A means for a community-driven model for health and wellbeing, identifying resources and implementation plans.</td>
<td>• Develop responsibilities, planning and evaluation strategies for the Thrive Tasmania model.</td>
</tr>
<tr>
<td>Evidence informed strategies are needed to drive demand in local communities for wellbeing, sense of place and health promotion.</td>
<td>• Use local or community partnership agreements to bring all stakeholders together.</td>
</tr>
<tr>
<td>Effective engagement for community decision-making requires adequate resourcing, which could be targeted.</td>
<td>• Establish support mechanisms for local government and partner organisations to coordinate effort at a local level.</td>
</tr>
<tr>
<td></td>
<td>• Work with local government to develop and implement community development strategies to maintain and improve health and wellbeing.</td>
</tr>
<tr>
<td></td>
<td>• Ensure all services and parts of the Department of Health and Human Services contribute to Thrive Tasmania communities.</td>
</tr>
<tr>
<td></td>
<td>• Invest in strategies for participatory engagement such as local summits, citizen juries, group creative processes and structured discussion.</td>
</tr>
<tr>
<td></td>
<td>• Use community cultural development strategies to support communities to develop sound, evidence-based and creative responses to their situation.</td>
</tr>
<tr>
<td></td>
<td>• Work with and influence Tasmania Medicare Local to support local government and communities through the Tasmania Healthcare Assistance Package funding.</td>
</tr>
</tbody>
</table>
**Statewide Action**

**Recommendation 2: Support *Thrive Tasmania* with statewide action to create the conditions for health and wellbeing where people live, learn, work and play.**

*Thrive Tasmania* communities must be supported by statewide policies and strategies that will help Tasmanians maintain and improve their own health and wellbeing. Healthy choices can be the easy choices if schools, workplaces and communities become healthier places for people.

<table>
<thead>
<tr>
<th>Statewide Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Redirect state government programs, policy and processes to drive local <em>Thrive Tasmania</em> partnerships and initiatives (e.g. streamlined grants).</td>
</tr>
<tr>
<td>2. Establish a state policy for healthy spaces and places under the <em>State Policies and Special Project Act 1993</em>.</td>
</tr>
<tr>
<td>3. Support identified priorities, such as the early years and mental health, through local or community partnership agreements and local government health promotion plans.</td>
</tr>
<tr>
<td>4. Provide health literacy and health equity training to support frontline health and human services staff working with vulnerable or at risk groups.</td>
</tr>
</tbody>
</table>

There is a need to drive the priority for reducing avoidable inequities.

There is potential for greater integration of existing, successful programs, such as self-management, across the Tasmanian Health Organisations, Tasmania Medicare Local and other service providers.

Work is identified by the Premier’s Physical Activity Council to establish an Active Living Plan. There is potential to expand this to include other factors, such as land use for food.

Builds on place-based approaches across Government.

The early years are a focus through Child and Family Centres and Community Houses.

Parental mental health issues and deprivation during the early years significantly impact child health outcomes.

There is a need for greater awareness and understanding of issues surrounding the social determinants of health.

<table>
<thead>
<tr>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Actively engage health and human services including Tasmanian Health Organisations and Tasmania Medicare Local.</td>
</tr>
<tr>
<td>• Implementation of health promotion, self-management and health literacy plans.</td>
</tr>
<tr>
<td>• Establish an annual public health forum across whole-of-government to educate decision makers about the social determinants of health.</td>
</tr>
<tr>
<td>• Develop and implement a state policy for healthy spaces and places under the <em>State Policies and Special Projects Act 1993</em> to assist local governments to make urban planning decisions in support of health and wellbeing.</td>
</tr>
<tr>
<td>• Use local or community partnership agreements to bring all stakeholders together.</td>
</tr>
<tr>
<td>• Produce a <em>Thrive Tasmania</em> toolkit, based on principles of place-based approaches, and using existing resources to support local health promotion activities.</td>
</tr>
<tr>
<td>• Strong emphasis under <em>Thrive Tasmania</em> on the early years and mental health as a fundamental basis for good health and wellbeing.</td>
</tr>
<tr>
<td>• Enable staff to better understand and respond to vulnerable and at risk people.</td>
</tr>
<tr>
<td>• Written and oral communication takes account of low levels of literacy</td>
</tr>
<tr>
<td>• Provide health literacy and health equity training to health and human services staff, particularly frontline workers and decision-makers.</td>
</tr>
</tbody>
</table>
### Evidence-Based Action

**Recommendation 3: Establish the evidence-base, leadership, commitment and support for action under the *Public Health Act 1997*.**

Tasmania needs a clear *Thrive Tasmania* evidence-base supported by high level leadership to make a real difference. A 21st century prevention system needs a strong understanding of how and where to act, as well as leadership across all sectors. The *Public Health Act 1997* provides the governance structure to drive and support evidence-based action across all sectors in Tasmania.

<table>
<thead>
<tr>
<th>Evidence-Based Action</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct three-yearly population health surveys, establish community indicators and evaluate the effect of interventions.</td>
<td>• Establish an ongoing, three-yearly population health survey for Tasmania.</td>
</tr>
<tr>
<td>2. Establish a State Public Health Plan led by a Public Health Advisory Committee with an ongoing action plan and budget to address identified health issues.</td>
<td>• Use population health survey data to produce and explain community profiles and indicators in support of municipal health and wellbeing strategies.</td>
</tr>
<tr>
<td>3. Assess the impact of major policy decisions and projects on health and equity.</td>
<td>• Make these community profiles and indicators publicly accessible, well promoted and easily understandable for communities.</td>
</tr>
<tr>
<td>Provides access to and explanation of regular information to inform planning and decision-making for health and wellbeing. Responds to calls from local government and other stakeholders for community level health and wellbeing data.</td>
<td>• Develop and implement a State Public Health Plan for Tasmania in response to the five-yearly State of Public Health Reports tabled in Parliament.</td>
</tr>
<tr>
<td>Establishes high-level leadership and commitment across government. The <em>Public Health Act 1997</em> provides a legislative basis for the governance structure with which to drive these reforms.</td>
<td>• Establish a Public Health Advisory Committee made up of public health experts and heads of agencies to provide advice to government and drive action across portfolios.</td>
</tr>
<tr>
<td></td>
<td>• Develop criteria and methodology for health equity impact assessment across government.</td>
</tr>
<tr>
<td></td>
<td>• Commence health equity impact assessment on selected Government programs, policy and processes of social and/or economic significance.</td>
</tr>
<tr>
<td></td>
<td><strong>Health equity impact assessment</strong> commissioned by the Public Health Advisory Committee will help raise public awareness of the influence of all sectors on health and wellbeing.</td>
</tr>
<tr>
<td></td>
<td><em>Health equity impact assessment has been identified as a priority in the new Tasmanian Primary Health Framework.</em></td>
</tr>
</tbody>
</table>
**Thrive Tasmania**

The Advisory Council recognises that Tasmanians want and need a 21st-century prevention system for a thriving Tasmania. It also recognises that no matter how effective healthcare becomes, it cannot create health and wellbeing by acting alone because health and wellbeing is created in communities, in the conditions in which people live.

*Thrive Tasmania* is a community-driven model of health and wellbeing to help communities and their governments identify, prioritise, action and evaluate their own needs (see Figure 4). It is the Advisory Council’s vision for prevention at a local level. In this vision *Thrive Tasmania* would be facilitated by the Tasmanian Government as a part of a comprehensive state plan to improve health and reduce inequity in Tasmania.

- The *Thrive* model (see Figure 3) brings evidence and information together as community health profiles that can be used by local communities to identify and prioritise their health and wellbeing needs.
- Local or community partnership agreements bring together the partners and resources needed to affect change. *Thrive Tasmania* prevention programs and initiatives need to be delivered and evaluated in collaboration in local communities.
- All prevention programs, activities and organisations will be helped in working together to create environments that promote health, wellbeing and equity in communities across Tasmania. The model brings together people, resources and information from many sectors for the common goal of improving local health and wellbeing.
- The initiative focuses on creating links between new and existing work across the State. It incorporates statewide policies and strategies that support good health across Tasmania, as well as the locally-led *Thrive Tasmania* communities.
- For the first time, everyone with a role in creating good health and wellbeing can work together to help achieve the health and wellbeing needs of individuals and communities. It is through this combination of effort that *Thrive Tasmania* will make a difference.
- The *Thrive* model is supported by ongoing statewide and evidence-based action driven by the Tasmanian Government, while also aligning with national prevention priorities and activities.

Real change will only occur through resourceful, connected communities – where planning takes place locally with people in control of decisions that affect them. *Thrive Tasmania* can release the local knowledge and capacity within communities and government to achieve real, lasting change. The role of government in the *Thrive Tasmania* model is as an enabler, partner and facilitator. Government needs to support communities to address their own health and wellbeing needs, rather than seeking to solve these issues on their behalf.
Figure 3. *Thrive Tasmania* Community-Driven Model of Health and Wellbeing
Healthy Communities Initiative – Glenorchy on the Go

The National Partnership Agreement on Preventive Health is an Australian, state and territory government initiative. The Partnership’s Healthy Communities Initiative focuses on making healthy choices easier choices in local communities, especially for physical activity, healthy eating and policies, practices and environments that support healthy choices.

Through Glenorchy on the Go, many free physical activity and healthy eating/lifestyle programs have targeted adults not in the workforce, and fostered positive changes in the Glenorchy community. Out of those who participated in Heartmoves, Feel Good challenges, walking groups, health education sessions, the Growing Older & Living Dangerously program and other healthy lifestyle programs:

- 83% feel healthier
- 93% now take 150+ minutes of physical activity a week
- 59% now eat the recommended five serves of vegetables a day and 75% now cook healthier meals
- 17% have reduced their blood cholesterol levels.

Glenorchy on the Go has also increased the focus on health and wellbeing in the wider community:

- A Glenorchy Healthy Communities Framework is being developed to replace the current Glenorchy Recreation Plan.
- More organisations are working together to deliver programs and improve services and environments.
- The pool of trained facilitators in Glenorchy has grown with training provided for over 20 Heart Foundation Walk organisers, six Heartmoves facilitators, two Tai Chi for Arthritis instructors, 12 Mentor Ambassadors, six Cook Well Eat Well educators, four program providers for people with chronic ill-health and 12 Adaptive Sports facilitators.

For more information visit www.gog.gcc.tas.gov.au
Delivering Change

Public Services

Public services will be central to achieving the Advisory Council’s recommendations. Better coordination and collaboration across the wide range of public services with an influence on the underlying causes of health and inequity will be essential. This will need high level commitment to the prevention agenda from the Tasmanian Government and each of its agencies.

The Advisory Council is aware collaboration is already a Tasmanian Government priority. *Collaboration – A Tasmanian Government Response* was released in 2010 to promote better collaboration across agencies. The Framework identifies many critical success factors and structures for collaboration, such as shared aims or plans and whole-of-government committees. Other joined-up ways of working that can help facilitate interagency collaboration include shared budgets and decision-making, out-posted teams and staff members and accountability frameworks.

There is also a need within health and human services for greater coordination and collaboration. Prevention has a place at each point in the system, from primary to tertiary to secondary care. Healthcare providers have a great opportunity to deliver and support preventive healthcare given their wide community reach and contact with individuals. Healthcare providers can also help to reduce the negative impacts of social determinants, and ensure services do not create or perpetuate systemic barriers to people pursuing better health.

Workforce

The Advisory Council’s recommendations have significant implications for the roles and skills of staff working directly and indirectly with clients. Real change will need a preventive health workforce better equipped in working across organisational boundaries, thinking at a system level and understanding the social determinants of health and health inequity. Those dealing with clients in their everyday working lives need support to ensure services are equally accessible by disadvantaged people and processes exist to refer people to other services or agencies.

Current strategies such as health promotion training, health literacy training and education on the social determinants of health are making headway within the healthcare system. The Advisory Council feels these efforts should continue and broaden to other sectors where appropriate. Equity audits can be used to ensure agencies are supporting their staff to work in health promoting ways.

Engaging Communities

Success will come only if communities are actively engaged in the process of improving their own health and wellbeing. People and communities need help to develop the power to affect their own lives and life choices to achieve positive outcomes. Consistent and meaningful community engagement is essential for achieving lasting improvements to health and equity in Tasmania.

The *Thrive Tasmania* model is underpinned by a community capacity building approach, which increases the assets and attributes a community can draw on to take more control and improve the things that influence people’s lives. In health promotion, community capacity building refers to the
process of engaging the ability of a community to address their own health issues and concerns. This process relies heavily on collaboration and partnerships.

**Community Sector**

Reducing the negative effects of the social determinants of health is a familiar role for many community sector organisations dealing with the results of poverty and social exclusion. It is important this work is supported to continue within the context of the Advisory Council’s recommendations.

The community sector is also a key partner and provider of many preventive health services in Tasmania. Many organisations, small and large, are working to promote the health and wellbeing of Tasmanians. These groups will be key partners in implementing the Advisory Council’s recommendations. Greater coordination and communication between these services will help strengthen the prevention effort.

Community sectors organisations also have a strong capacity for consumer and community engagement. Organisations such as Community and Neighbourhood Houses are ideally placed to develop the community capacity building needed to drive change at a local level.

**Business**

Business is a resource for prevention that remains relatively untapped in Tasmania. There are some examples of successful initiatives underway, particularly the Healthy Workers Initiative under the *National Partnership Agreement on Preventive Health*, an Australian, state and territory government initiative. Another is the Premier’s Physical Activity Council, which has encouraged employers to support the health and wellbeing of their employees by making healthy choices easy choices in the workplace. However, much more can be done. Many instances of successful public-private partnerships exist in other jurisdictions. For example, celebrity chef Jamie Oliver and his Good Food Foundation has brought ‘Jamie’s Ministry of Food’, a network of local food centres and cookery teachers to Australia, with support from electrical retailer the Good Guys, as well as the New South Wales, Victorian and Queensland Governments. Jamie’s Ministry of Food teaches basic cooking and nutrition to youth and adults to change the way that they and their families eat, while targeting these programs towards disadvantaged communities.

Public-private partnerships deliver benefits to both sectors. It is well known that a healthy workforce boosts business productivity by reducing employee absenteeism and increasing presenteeism, and it leads to a reduction in workplace accidents. The corporate social responsibility movement is seeing a commitment from many businesses to behave ethically and to contribute to economic development, while improving quality of life for their workforce and families, and the local community and society at large. The Advisory Council recognises the desire of private business to give back to their community while building the economy as a significant opportunity.
Resources

The Advisory Council’s recommendations can only be implemented if existing resources are used better. This will require all levels of government, community sector organisations and business to direct their funds to shared plans and agreed action locally. The Advisory Council acknowledges this is a new way of working for all parties that will require significant change to organisational processes and cultures.

It is recommended that the Thrive Tasmania model be piloted in a small number of communities to establish proof of concept before broader implementation. Community or local partnership agreements are a mechanism that can facilitate this by tailoring existing government resources to better addressing specific local needs. Local partnership agreements have been successfully implemented by Tasmanian Governments within recent history and much has been learnt from the experience.

In addition to using existing resources better, further investment is needed in prevention. Progress to date has been hindered by a lack of adequate funding. However, in areas where real investment has occurred – smoking, immunisation and road safety – significant achievements have been made. Given the success demonstrated in these cases, the business case for further investment is sound. Additional resources will be needed if governments are realistic about making a difference.

What Will Success Look Like?

As with any major social policy or intervention, it is important to remember success is demonstrated over decades rather than years. The low smoking rates enjoyed by Australians today are the result of over 30 years of comprehensive public health interventions. Similarly, the steady decline in road fatalities has followed a sustained preventive health effort since the early 1970s.

For this reason, it is important to establish progress measures for tackling health inequities in the short, medium and long-term. Indicators of short and medium term progress will include more equitable health and healthcare services, less inequities in individual health related behaviours (e.g. smoking, nutrition, alcohol, physical activity) and less inequities in the social determinants (e.g. literacy, early years, housing).

The level of engagement of government, communities and business in place-based action is one short-term measure of success, as is the development of meaningful community or local partnership agreements. Measuring the impact of community or local partnership agreements on health and wellbeing is long-term; however, medium-term measurement of success of local initiatives is possible. It will be critical to evaluate action and share this with local communities.

Improvements to health intelligence will help public health professionals know whether they are on track. A three-yearly population health survey, supported by community indicators and evaluation of the effect of interventions will go a long way. Other tools can be used to assess the equity of healthcare and other services, such as impact assessment and equity audits.
Ultimately, the five-yearly State of Public Health Report will be the real measure of progress. These reports provide the most comprehensive measure of the health status of Tasmanians. They provide a detailed analysis of the trends, causes and consequences of Tasmania’s health and wellbeing. It is important that the Tasmanian Government remains committed to this surveillance and monitoring process and active in addressing the issues and opportunities it raises.
Food for All Tasmanians: The Development of a Food Security Strategy

In 2010 the Tasmanian Government appointed a Tasmanian Food Security Council to develop a Tasmanian Food Security Strategy.

An initiative of A Social Inclusion Strategy for Tasmania, the Council was chaired by the state’s Social Inclusion Commissioner. This set a focus on equity and access to a healthy, sustainable, affordable, appropriate and accessible food supply for all Tasmanians, particularly the most vulnerable.

The Tasmanian Food Security Council was supported by the Social Inclusion Unit in the Department of Premier and Cabinet and Population Health in the Department of Health and Human Services.

Evidence on which to set the strategic direction and content of the strategy was gathered through a consultative, collaborative and action-based approach.

Grants were allocated to coalitions of non-government and government organisations to mobilise interest across sectors and to gather evidence on the need to address food security with a cross sector approach.

Each coalition implemented community-based food security programs or developed tools for action. Tools for a monitoring and surveillance framework were also developed. The Tasmanian Food Security Council hosted an event to showcase this work.

The inclusive process provided a means for existing and newly funded food security activity to be considered as evidence. Food for All Tasmanians provides a blueprint for action to improve equity and access of the food supply with a focus on vulnerable groups and locational disadvantage.

It was launched by the Premier in 2012 and has guided further government and Tasmania Medicare Local investment in food security.

For more information visit www.dpac.tas.gov.au/divisions/siu

Picture courtesy of the State of Tasmania
Reviewing Progress

The Advisory Council has recommended a complete set of actions to improve health outcomes and reduce health inequity in Tasmania. The recommendations are designed to work together to tackle the underlying causes of health and wellbeing. There is also room for alignment with all of the major health reforms and preventive health activity already underway in Tasmania. If implemented as a whole, these recommendations will transform Tasmania’s preventive health sector.

The *Thrive Tasmania* community-driven model of health and wellbeing is a creative and innovative approach to addressing health inequity at a local level. Implementation will require a high level commitment from the Tasmanian Government and the active contribution of each of its agencies.

While the Advisory Council acknowledges the resources needed for statewide implementation may not be available in the current environment, it strongly encourages an initial pilot in selected *Thrive Tasmania* communities.

The Advisory Council would like to see a Tasmanian Government response to these recommendations. A formal response can be used to measure and review progress towards these recommendations or to identify where an alternative course of action is preferred. While the Advisory Council was a time-limited group that has completed its work, members are keen to remain involved, be it as members of a new governance structure, or more broadly as advocates within their own sectors and disciplines.
Appendix 1: Key Literature on Health Inequity

Local

**A Fair and Healthy Tasmania Strategic Review** - In 2012, the *Fair and Healthy Tasmania Strategic Review* recommended leadership across sectors and place-based approaches as the best ways of improving health and reducing health inequity in Tasmania.

<www.dhhs.tas.gov.au/about_the_department/our_plans_and_strategies/a_healthy_tasmania>

**A Fair and Healthy Tasmania Costs and Savings Analysis** - This cost and savings analysis informs the recommendations of the *Fair and Healthy Tasmania Strategic Review* by considering the burden that health and social inequity places on Tasmanians and the evidence of where improvements can be made to reduce this.

<www.dhhs.tas.gov.au/about_the_department/our_plans_and_strategies/a_healthy_tasmania>

**A Healthy Tasmania: Setting New Directions for Health and Wellbeing** – *A Healthy Tasmania* is the Tasmanian Government’s response to the findings of the *Fair and Healthy Tasmania Strategic Review*. It is a long term approach for building good health and wellbeing in collaboration with communities. *A Healthy Tasmania* identifies six streams of activity: leadership, health intelligence, supportive environments and policies, community-driven approaches, healthy messages and vulnerable Tasmanians.

<www.dhhs.tas.gov.au/about_the_department/our_plans_and_strategies/a_healthy_tasmania>

**Working in Health Promoting Ways: A Strategic Framework for DHHS 2009-2012** – The Framework is a mechanism for providing all DHHS staff with the policy direction, knowledge and tools needed to work in health promoting ways.

*Working in Health Promoting Ways* focuses on disease prevention, health promotion and early intervention, reducing health inequalities, and achieving effective and sustainable outcomes.

The Framework includes seven priority areas and eight principles of practice.

<www.dhhs.tas.gov.au/about_the_department/our_plans_and_strategies/a_healthy_tasmania>

**State of Public Health Reports** - The State of Public Health Reports (and accompanying Health Indicators Tasmania Reports) provide detailed statistical information about the health status and determinants of health in our population.

<www.dhhs.tas.gov.au/pophealth/epidemiology>
National

State of Preventive Health 2013 – A report by the Australian National Prevention Agency. It gives a comprehensive overview of the health challenges facing Australians, particularly in relation to chronic disease, and the associated risk factors including tobacco consumption, harmful alcohol use and obesity.


Senate Committee report on Australia’s domestic response to the World Health Organization’s (WHO) Commission on Social Determinants of Health report “Closing the gap within a generation” – Report on the outcomes of the Senate Standing Committee on Community Affairs’ inquiry into the Government’s response to “Closing the gap within a generation” and other relevant WHO reports. This includes consideration of the extent to which the Commonwealth is adopting a social determinants of health approach and the scope for improving awareness of such approaches.


Health Lies in Wealth – Health Inequalities of Australians of Working Age – A report by Catholic Health Australia. It conclusively finds that the health of working aged Australians is affected by socio-economic status. Household income, level of education, household employment, housing tenure and social connectedness are all shown to matter when it comes to health.


Healthy Societies: Addressing 21st Century Health Issues – The final report by Ilona Kickbush, Adelaide’s “Thinker in Residence” for 2007 sets out a comprehensive approach for health, wellbeing and opportunity for South Australians, with key recommendations under three guiding principles: health in all policies, health sustainability and health equity.


Assessing Cost-Effectiveness in Prevention – This five-year research study has evaluated the cost-effectiveness of 150 prevention interventions. A joint report by the University of Queensland and Deakin University with funding from the National Health and Medical Research Council, it is the most comprehensive evaluation of health prevention measures ever conducted world-wide.

<www.deakin.edu.au/strategic-research/population-health/reports>
International

_Closing the Gap in a Generation: Health equity through action on the social determinants of health_ – The Commission on the Social Determinants of Health was set up by the World Health Organization (WHO) in 2005 to gather the evidence on what can be done to promote health equity, and foster a global movement to achieve it. In 2008 the Commission released this report, calling on the WHO and all governments to lead global action on the social determinants of health with the aim of achieving health equity.

<www.who.int/social_determinants/thecommission/finalreport/en/index>

_Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010 (The Marmot Review)_ - In November 2008, Professor Sir Michael Marmot was asked by the Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. This Final Report presents the findings of the strategic review, which identified six policy objectives for reducing health inequalities.

<www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

_Systems Thinking for Health Systems Strengthening_ – The World Health Organization’s Alliance for Health Policy and Systems Thinking released this report to provide a practical approach to strengthening health systems through "systems thinking".

<www.who.int/alliance-hpsr/systemsthinking/en/index>

_The Health of Nations_ – Released by Professor Gavin Mooney in 2012, _The Health of Nations_ asks why ill-health and health inequity remains despite vast resources being expended on healthcare. Mooney argues that too little is done to address the social determinants of health and that health policy should be returned to the communities they serve.
Appendix 2: Advisory Council Publications

Terms of Reference – One of the Advisory Council’s first activities was to define their vision, desired action and key messages for health and wellbeing in Tasmania. These are set out in the Advisory Council’s terms of reference, which has guided the Advisory Council throughout its sitting period.

Communiques – Health and Wellbeing Advisory Council communiques provided a regular update to stakeholders on Advisory Council news and activities.

Issues Papers – The Advisory Council developed issues papers in selected areas of interest. They have been endorsed by the Advisory Council for use as resources to promote greater understanding of health and wellbeing:

   Arts and Health: The Evidence – Collaboration with the arts sector provides healthcare facilities with the opportunity to improve the quality of care and quality of life of people receiving their services. Working with arts can also help health professionals to promote health and wellbeing and build social connections amongst the broader community. This issues paper presents the evidence of these strategies in practice.

   Place-Based Approaches to Health and Wellbeing – Place-based approaches are one strategy to improve health and wellbeing in local communities. This issues paper shows that place-based approaches can and do bring the players together that are needed to make a difference.

Fact Sheets – The Advisory Council developed a number of fact sheets to help explain the causes and consequence of health and ill-health, why some people are at greater risk of ill-health than others, and possible ways of tackling this. They have been endorsed by the Advisory Council for use as resources to promote greater understanding of health and wellbeing.

Mapping Report – The Advisory Council undertook a mapping exercise to provide a clearer understanding of the breadth of prevention activity underway in Tasmania, as well as the opportunities to strengthen this.

Interim Report – In 2012 the Advisory Council delivered an interim set of recommendations to the Tasmanian Government as part of its Annual Report for 2013. Four overarching recommendations were identified, as well as the concept of Thrive Tasmania.

<www.dhhs.tas.gov.au/about_the_department/our_plans_and_strategies/a_healthy_tasmania/health_and_wellbeing_advisory_council>