Menzies Institute for Medical Research
University of Tasmania

Submission to the
Healthy Tasmania Five Year Strategic Plan –
Community Consultation Draft

February 19, 2016
Executive Summary
(responses to specific questions begin on page 4)

The Menzies Institute for Medical Research (Menzies) commends the commitment of the Tasmanian Government to achieving the healthiest population in Australia by 2025. We applaud the recognition of the importance of effective preventive health approaches and welcome the opportunity to provide feedback for the Government in these endeavours.

The Government has set an ambitious goal that will require bold leadership and strong engagement from the community and all sectors. While the challenges in Tasmania are very significant, they are similar to those faced by many other governments in circumstances of limited resources. We encourage the Tasmanian government to develop a strategic plan that:

- is evidence-based;
- emphasises initiatives that can be uniquely led by government;
- recognises the costs of not acting on prevention;
- has a focus on the whole life-span;
- and that is innovative, equitable and sustainable.

Historically prevention initiatives and health promotion have been inadequately resourced. If demonstrable gains in health outcomes are to be achieved, any preventive health strategy developed by the Tasmanian Government will require far greater funding than is currently allocated in the health budget.

Menzies recommends that the Minister considers the findings from the Tasmanian Government’s Joint Select Committee into Preventive Health Care when planning preventive health approaches. It would be desirable that the evidence that was presented to the committee was taken into consideration as part of the development process for the Government’s Strategic Plan to ensure recommendations are aligned.

We consider the current draft strategy could be strengthened by:

- Ensuring the principles outlined on page 12 in the current strategy are reflected throughout the document. For example, proposed initiatives need to address health inequities, and frameworks or approaches promoting communication and collaboration between sectors need to be included.
- Better linking of the Tasmanian strategic plan to relevant national and international strategies and policies in preventive health and incorporating recommendations that
have been made by expert groups and organisations after comprehensive reviews of the evidence. For example:

a) the Federal government is currently developing a National Strategic Framework for Chronic Conditions that is due to be released in 2016 and is likely to incorporate preventive approaches.

b) the Lancet’s series on obesity (Kleinert and Horton, The Lancet 2015);


d) Obesity Australia’s ‘Weighing the cost of obesity’ report (2015).

e) the National Tobacco strategy 2012-2018

f) Tasmania’s Rethink Mental Health Better Mental Health and Wellbeing – A Long-Term Plan for Mental Health in Tasmania 2015-25.

• More accurately reflecting the established impact of social and environmental factors that influence individual health behaviours and health outcomes. Within Tasmania there are social gradients in health risk, protective factors, incidence of disease, prevalence of disease and mortality, as reported in The State of Public Health 2013 report. With respect to obesity, the proportion of Tasmanian adults living in areas with the greatest disadvantage is almost twice that of adults living in areas with the least disadvantage (25.8% versus 13.2%). Tobacco smoking is almost twice as prevalent within the most disadvantaged communities compared to the least disadvantaged areas (20.6% versus 10.9%), demonstrating a clear social gradient. The current initiatives outlined in this strategic plan to address the priority areas of obesity and tobacco fail to address the underlying social and environmental factors that impact on people’s health. The strategic plan appears to adopt a program-centric approach that is unsustainable and unlikely to have the whole-of-population effect that is needed. It does not recognise other important issues of concern to Tasmanians such as poor mental health and excessive alcohol consumption.

• Menzies recognises the importance of investing in the early years, but given Tasmania’s ageing population and the opportunities to effectively promote health at all ages, we believe a focus on prevention across the life-course is needed.

• Improvements in the key priority areas of obesity and tobacco will positively impact Tasmania’s health, but this focus should not preclude action on other key areas of preventive health such as; alcohol and drugs, vitamin D, iodine, reproductive health and sexual health. For example: the National HIV strategy 2014 – 2017 aims to achieve the virtual elimination of HIV transmission in Australia by 2020; The Tasmanian Drug Strategy 2014 – 2018 outlines a framework to address the use of alcohol, tobacco and other drugs.

• Given the lengthy time frames required to bring about real and sustainable change at a population level we strongly recommend developing interim targets to monitor progress towards the 2025 goal.
Responses to specific questions in the strategic plan

Where do you think the current actions we are taking on prevention and promotion have proven effective in improving the health of Tasmanians?

The State of Public Health 2013 reports improvements in health outcomes and risk factors:

- The health of Tasmanians is improving with longer life expectancy and good self-reported health. The past 25 years have seen further increases in life expectancy.
- A substantial decline in coronary heart disease death rates attributed to declining levels of tobacco smoking and the availability of better primary health and hospital care. Evidence from other countries attributes improvements in risk factors and treatments in about equal proportions.
- Potentially preventable hospitalisations have not increased over the last decade and appear to compare favourably with the rates of other jurisdictions.
- Smoking rates for secondary students have declined significantly since 1984, from 22% down to 6% for 12-15 year olds in 2011, and from 31% down to 16% among students aged 16-17 years. However, with 21.8% of adults smoking daily, Tasmania continues to have higher rates of smoking than all other states and territories except the Northern Territory.
- Alcohol consumption during pregnancy has halved, from 18.3% in 2005 to 9.2% in 2010, with the majority of these women reporting less than one drink per day on average.

However, in other areas the State of Public Health report highlights a decline in outcomes or protective health factors:

- The proportion of Tasmanian adults eating at least two pieces of fruit a day has fallen from 53.7% in 2004 to 43.1% in 2011.
- Physical activity levels remain low, with 69.4% of Tasmanian adults reporting inadequate levels of activity (comparable to the Australian figure of 67.5%). While there are no data available for younger Tasmanian children, only around 17% of Tasmanian students aged 12-17 years meet national physical activity recommendations.
- The age-adjusted rate of overweight/obesity in Tasmanian adults in 2011-12 was 65.6%, which is similar to the Australian rate of 63.4%. Since 2007-08, the prevalence of measured overweight/obesity has increased by about 2% for both Tasmania and Australia as a whole. During the same period, overweight/obesity among Tasmanian children aged 5-17 years increased significantly from 18.6% to 28.8%, a rate only exceeded by the Northern Territory.
The positive changes in tobacco use in Australia have occurred through a comprehensive whole-of-population approach as outlined in *Australia: the healthiest country by 2020. Technical Report No 2. Tobacco control in Australia: making smoking history.* This approach has included regulatory initiatives, campaigns (e.g. community education, social marketing), programs, treatment approaches (e.g. QUIT line, nicotine replacement therapy), research, evaluation and monitoring and persistent advocacy efforts resulting in profoundly changed cultural values. Governments at a Federal and State level have supported a range of initiatives despite strong industry and community resistance. They have focused their action on the factors over which they have jurisdiction such as taxation, regulating access and restricting advertising and promotion. Despite the apparent success of measures to reduce tobacco use it is critical that governments do not become complacent and continue to support initiatives addressing tobacco use (see detailed comments on tobacco initiatives below). Similarly, obesity is a complex problem with biological, social and environmental influences and will require whole-of-population efforts to address effectively (World Health Organisation *Final Report of the Commission on Ending Childhood Obesity 2016*). See Diagram A and Diagram B. Such whole-of-population strategies are yet to be adopted.

Diagram A: Public Health England
Menzies is aware of a number of obesity prevention initiatives over the past 5-10 years in Tasmania, for example, **Move Well Eat Well** (early childhood and primary schools), **Family Food Patch** and the **Schools Canteen Accreditation** program. These programs are evidence-informed and based on best practice principles in health promotion and prevention. However, programmatic approaches alone in the absence of the broader government-driven approaches such as taxation and regulation, restrictions on access and limiting advertising and promotion of unhealthy foods, are unlikely to bring about the desired population health changes.

In addition, the impacts of many of these initiatives have been limited by a lack of funding and resources, both for implementation and evaluation. For example, resources and support for the **Premier’s Physical Activity Council** has reduced significantly in recent years, limiting the Council’s ability to action many initiatives and resulting in a loss of numerous successful activities. Despite this, the council has continued to prioritise the evaluation of the reach and impact of its social marketing campaign, has substantial high-level support from a range of sectors and agencies, and has been acknowledged in the international literature as a best practice model (see Ball et al 2015 Health Promotion International).

We commend the focus in the proposed strategic plan on tobacco control. There is a great deal of evidence regarding the ‘best buys’ in tobacco control. We very strongly recommend that the DHHS continues to fund, at an adequate level, the programs that are known to be effective in reducing tobacco uptake and increasing cessation. The cornerstone of this is mass media advertising, with current evidence suggesting that at least 700 Target Audience Rating Points (TARPs) per month are required. The **Tobacco Action Plan** formulated by the **Tobacco Control Coalition** has provided excellent guidance on the priorities for tobacco control in Tasmania for the Government over many years based on the best available evidence. The Tobacco Control Coalition includes individuals from the DHHS, as well as the Menzies and other NGOs such as the Heart Foundation and the Cancer Council.

The decreases in smoking prevalence among adolescents from 2011 to 2014 (the most recent data is at [http://www.cancertas.org.au/wp-content/uploads/2013/03/Tasmanian-Smoking-Rates.pdf](http://www.cancertas.org.au/wp-content/uploads/2013/03/Tasmanian-Smoking-Rates.pdf)), as demonstrated by the recent Australian Secondary Students Drug and Alcohol Survey, is also likely to be, in part, related to increased mass media campaigns. These are known to affect smoking prevalence among young people (National Cancer Institute).

Tasmania has unacceptably high levels of smoking, with 22% of adults currently being daily smokers, higher than the national average of 16.3%. In some groups, the levels of smoking are alarming - for example, 37% of Tasmanian males aged 25 to 44 years are current daily smokers. Although these figures are worryingly high, we must also acknowledge that
prevalence of current smoking, from the most recent national data, has significantly declined from 2007-8 levels (25% to 22%). Adequate funding for campaigns coincided with these reductions and most certainly contributed to these declines.

We therefore very strongly recommend that the Government ensure funding for Quit Tasmania to deliver mass media campaigns targeted at smoking for at least 700 TARPs. This organisation does an excellent job delivering these campaigns to Tasmania with very limited resources. This is only possible due to their close relationships with other Quit organisations around the country and local stakeholders, including media organisations, many of which provide in kind support and services. A greater level of funding would possibly allow advertisements better tailored to our target groups, such as younger men and women.

Where do you see that the most effective changes could be made in terms of overall population health benefit?

The Global Burden of Disease Study 2010 found that non-communicable (largely chronic) diseases accounted for about 85% of the total burden of disease in Australasia, while injuries accounted for 10%. The leading risk factors were diet (11% of the total burden), high body mass index (9%) and smoking (8%) http://www.aihw.gov.au/overweight-and-obesity/burden-of-disease/. These risk factors are known to be associated with many diseases, and Menzies supports the focus on obesity and tobacco control outlined in this strategic plan.

Are there any alternative governance principles, strategies or enablers that would better support the shift to a more cost-effective model for preventive health in Tasmania? What evidence supports these alternatives as helping us achieve better health outcomes?

The strategies outlined in this strategic plan focus on changing individual behaviours and programmatic responses to addressing these issues. Many health outcomes and health enhancing behaviours are shaped by broad social and environmental factors that lie outside the health sector. In order to bring about broad-scale population change there needs to be a focus on broad-scale system change, alongside these programmatic approaches (see World Health Organisation Final Report of the Commission on Ending Childhood Obesity 2016.

An emerging public health approach to particularly challenging and entrenched problems is known as ‘collective impact’. Collective impact approaches aim to bring about transformative change at the community level through cross-sector collaboration rather than the isolated intervention of individual organisations (Kania and Kramer 2011, Collective Impact). Evidence of impact is limited as the timeframe for achieving measurable outcomes is medium to long term, but there is some evidence of its positive impact in improved
education outcomes. In Australia, the Logan Together initiative in Queensland has adopted this approach to drive improvements in the health and education of children aged 0-8 years. In Tasmania, the Premier’s Physical Activity Council provides an example of cross-sector collaboration that encompasses some of the components of this approach.

A variety of approaches exist that facilitate greater community engagement in health policy decision making. These include activities such as citizen juries, citizen committees, community profiling, focus groups and fishbowl approaches. In 2015 VicHealth conducted a citizen’s jury on obesity (report here). The findings from the citizens’ jury indicate that the Australian community is supportive of the type of government action identified internationally as important in supporting healthy food preferences (Hawkes et al 2015 How can governments support healthy food preferences?). This included restricting visibility and accessibility of ‘red traffic light’ drinks and foods at the point of sale; bans on ‘junk food’ and beverage marketing to children under the age of 16 years; healthy food education and increasing the level of taxation on sugar-sweetened beverages. See Diagram C.

Menzies is supportive of the focus on tobacco and obesity as priority areas for action, but not at the exclusion of routine public health programs or core health promotion activities. It is essential that governments provide bipartisan support to promising programs and initiatives where there is evidence of effectiveness (e.g. the Get Healthy Coaching service) to ensure program sustainability and to reduce waste of resources.
Feedback on this question in relation to the stated obesity initiatives

In general the five initiatives outlined to address obesity focus on individual behaviour change and have limited focus on how accessibility, social and cultural norms, and the environment influence the behaviours of individuals. An international review of programs and initiatives undertaken to prevent and manage obesity was published in The Lancet in 2015. The five papers included in this substantial review of approaches propose a reframing of obesity “as a consequence of the ‘reciprocal nature of the interaction between the environment and the individual’ where feedback loops perpetuate food choices and behaviours.” (Kleinert and Horton 2015). Initiatives should reflect that ‘individuals bear some personal responsibility for their health, but that, on the other hand, environmental factors exploit biological, psychological, social, and economic vulnerabilities that promote overconsumption of unhealthy foods’ (Roberto et al 2015).

A range of approaches and initiatives are outlined in The Lancet series and include some of the cross-sector approaches already outlined in this strategic plan (e.g. health in all policies). In addition The Lancet review encourages a focus on ensuring:

- Strategies to tackle obesity need to avoid increasing the risk of undernourishment; a so-called healthy growth strategy is needed. Nutrition security in childhood includes the provision of a supply of healthy foods and assurance that children’s consumption of healthy foods is not jeopardised by the promotion of competing and less nutritious products.
- Bottom-up efforts that mobilise policy action are needed to increase popular demand for health. Strategies to increase popular demand include refinement and streamlining of public information and identification of effective frames of obesity.
- Global and national food systems need to create sustainable diets, which are not only secure and economically viable, but also promote health, equity and environmental sustainability.

Initiative 1

Social marketing and programs to improve cooking skills in particular population groups are all potential approaches to these issues. Access and affordability of healthy foods are of particular concern in some areas of Tasmania.
The VicHealth Citizens’ Jury 2015 supported the development of an all-inclusive healthy eating campaign sending messages to all segments of society that was easily recognisable and served as a vehicle for teaching the ‘how’ not just the ‘what’. The campaign was to be a politically neutral and non-judgmental community announcement to be run by commercial and non-commercial channels. The Lancet obesity series also identifies restricting marketing to children and the provision of healthy eating education in schools as key strategies.

Initiatives 2 and 3:

Tasmania has a Physical Activity Plan 2011-2021 that was developed following extensive consultation with the Tasmanian community and stakeholders. This plan contains four clear goals supported by three-year implementation and action plans developed by the Premier’s Physical Activity Council. Any physical activity initiatives in this strategic plan should clearly align with this existing plan. In addition the Federal Government is currently funding the Sporting Schools Initiative that promotes and supports involvement in organised sport in schools.

The initiatives outlined here focus largely on organised sport and organised sporting facilities. The 2014 International Report Card on Physical Activity for Children and Young People indicated that Australia was currently doing well at engaging young people in organised sport, but was less well placed with respect to active transport and unstructured forms of physical activity.

Promoting and supporting unstructured physical activity commonly requires a focus on improvements to broad environmental/infrastructure supports such as pedestrian access, walk/cycleways, links with public transport, and improvement of existing spaces/facilities, particularly in areas of socioeconomic disadvantage and limited accessibility.

Initiative 4

Menzies supports the development of a community paediatric obesity service as there is currently no service available to parents and families who are faced with addressing or managing this issue. However, we do not believe that this initiatives fits within the scope of this prevention strategy.

Initiative 5

We consider the approach outlined in initiative five to be more of a principle and approach to developing prevention initiatives, and this will be a key element in ensuring community
support for prevention initiatives. The role of State Government is primarily not in the development or delivery of community-based programs, but in ensuring regulations and resources support the development of such initiatives at a local community level. Local government will be best placed to support such initiatives that may include the development and implementation of Community Preventive Health Action Plans, thereby targeting the most relevant risk factors in tune with the needs of each community.

Establishing healthy habits in early childhood and adolescence is crucial to living a healthy adult life. A key way to help young people to develop those habits is to focus on the places where they learn and play on a day-to-day basis. The Government could work with the community sector to determine how we could strengthen and leverage existing programs to improve our reach to young people in these settings, and consider ideas for new initiatives to boost physical activity and improve health literacy in young people.

As previously mentioned a number of prevention initiatives currently exist in Tasmania. For example, Move Well Eat Well (early childhood and primary schools), Family Food PATCH and the Schools Canteen Accreditation program. These programs are examples of cross-sector initiatives that have the potential to impact on children’s health and wellbeing. A further example of an existing program delivered through the private sector partnering with schools and aimed at improving dietary habits in young people is Mona’s 24 Carrot Gardens program, which has leveraged local business and some State Government support to develop or sustain existing kitchen garden programs in 12 schools from lower SES areas in Southern Tasmania.

**Feedback on this question in relation to Health Literacy**

The current strategy highlights the importance of health literacy as a key enabler in preventive health and improvements in this area would contribute to the goal of addressing health inequities. However, no specific frameworks or initiatives are identified addressing this important factor.

Menzies is aware that collaborative efforts have commenced between DHHS, the Primary Health Network Tasmania and the Faculty of Health at the University of Tasmania, with the establishment of a Health Literacy Network, training and workshops, capacity building sessions and other initiatives. This project focuses on the way health services are delivered and the way information is communicated. It provides practical ways for workers to improve their practice. In addition, the new [National Curriculum in Health and Physical Education](#) aims to improve health literacy across the six priority areas of food and nutrition, physical activity, safety, alcohol and drugs, mental health and wellbeing, and relationships and sexuality.
Menzies feels that health literacy should be included at a higher level in this document, such as incorporation into the guiding Principles, Strategies and Enablers listed on page 12 of the strategic plan. It is critical that these cross-sector initiatives are supported and broadened beyond the health sector.

Do you think the targets will be effective in driving the change Tasmania needs to see in health outcomes?

Menzies has long supported the collection and dissemination of health statistics and data in Tasmania and currently manages Tasmania’s Cancer Registry and the Tasmanian Data Linkage Unit (TDLU), a node of the Population Health Research Network Australia based at Menzies. The TDLU was established as part of the National Collaborative Research Infrastructure Strategy, funded by the Commonwealth Government. It will require long-term local support to ensure that is sustainable and able to serve Tasmania’s needs. The use of anonymised linked administrative data from government and non-government sources, and from within and outside the health sector, protects individuals’ privacy while providing new insights into population health and its social determinants to inform policy, service planning and evaluation.

Menzies considers targets important for driving action and for measuring the impact of initiatives. However, resources are required in order to collect the data required to inform the establishment of targets or capture changes over time. For example, the Tasmanian Physical Activity Plan 2011-2021 has set targets with respect to children’s physical activity levels, but there is no commitment to collect the data that will assess whether these targets have been achieved. We consider it is imperative to include targets for improving diet quality, given the strong link between poor diet and chronic disease, including obesity. Targets for increasing fruit and vegetable consumption would be a good option and this information has been routinely collected in the Tasmanian Population Health Surveys. Other targets could include reducing consumption of takeaway foods and sugar-sweetened beverages.

In 2015 the Australian Health Policy Collaboration (AHPC) released a report called Targets and indicators for chronic disease prevention in Australia. The report proposes a set of national chronic disease targets and indicators to measure progress and enhance accountability for action. It identifies the data required to track progress. The report includes targets for physical activity, tobacco use and obesity. However, targets on fruit and vegetable consumption were not identified. The proposed targets and indicators for halting obesity are reproduced below:
Menzies recommends incorporating the indicators identified in the Targets and Indicators report when setting targets for this strategic plan. In order to effectively monitor progress in Tasmania, Menzies advocates very strongly for the Tasmanian government to continue to fund the 3-yearly population health surveys. We also strongly encourage the government to ensure the adequate sampling of Tasmania in national data collection efforts, such as the Australian Health Survey, the National Health and Wellbeing Survey, and the National Mental Health Survey. Unfortunately, past iterations of these have not had an adequate sample size in Tasmania, meaning we are unable to conduct analyses with any certainty. This issue is exacerbated and particularly problematic when analysis involves examining data across socioeconomic or regional strata, which are often variables of interest.

Including preventive statistics in an easily accessible format such as Department of Public Health Services’ (DHHS) Health Stats would greatly assist in the planning and evaluation of prevention initiatives across all levels of government and the community sector in Tasmania. It is imperative that an agreed minimal data set is identified based on key priorities and the needs of the community. Data collection and presentation needs to be flexible in order to provide the regional level data the community sector and local government require when assessing the needs of their communities and evaluating outcomes of local initiatives.

What do you see as the benefits and opportunity costs of the Tasmanian Government pursuing a ‘best buys’ approach to preventive health?

We are supportive of a ‘best buys’ approach to interventions. However, this should not be the only measure used in decision making about expenditure. Many current prevention initiatives do not have the capacity or resources to conduct cost benefit analysis and this needs to acknowledged and reflected in decision making about strategies and initiatives. Unfortunately this approach has not always been effective in the past. For example, the Get

---

**Target** | **Indicators** | **Data needed to track progress**
--- | --- | ---
Halt the rise in obesity | • Age-standardised prevalence of normal weight, overweight and obesity class I, II, III in persons 18 years or older | • Regular national measurement of children and adults through the AHIS with data collection at five-year intervals (or more often)
| • Prevalence of normal weight, overweight and obesity in children and adolescents | • Use cut-points for childhood growth curves as specified by both WHO and IOF
| • Age-standardised proportion of total energy intake from discretionary foods in persons aged 18 years or older and in children and adolescents (2-17 years) | • National Nutrition and Physical Activity Survey (AHIS) measured regularly at five-year intervals. Use ABS-defined list of discretionary foods
| • Prevalence of breastfeeding and exclusive breastfeeding | • National Infant Feeding Survey with ongoing data collection at regular five-year intervals
Healthy Coaching service was available in Tasmania between 1 July 2010 and 31 December 2012. Despite evidence of the positive impact for those who participated in the program, positive impact on accessibility and reaching those who may be identified as higher needs, this program is no longer available in Tasmania. In addition to cost-effectiveness, evaluations should also consider reach, sustainability and impact.

Do you see value in pursuing a health-in-all-policies approach in Tasmania? What are the costs, benefits, opportunities and risks?

We are broadly supportive of a health-in-all-policies approach in Tasmania. While this approach is likely to be lengthy and the benefits difficult to measure, the theoretical and anticipated benefits are likely to be substantial and sustainable, and will contribute to reductions in inequalities in health and health behaviour. Preliminary data from South Australia, where a health-in-all-policies approach was adopted in 2007, suggest strong support from senior decision-makers from across government and evidence of sustainability (see Baum, Health Promotion International 2014).

Do you support increasing the minimum legal smoking age to 21, and subsequently increasing it to 25 later, based on evidence of impact?

The proposal suggests a strategy of raising the legal age of smoking from 18 to 21 and then 25 years over a period of several years. We commend the government for thinking boldly and concur that there is some evidence that this has had some effect on smoking prevalence in other jurisdictions. However, in several ways this policy option is inferior to the Tobacco Free Generation amendment to the Public Health Act that was tabled by Mr Ivan Dean MLC last year. The reasons for this are:

- The implementation is likely to be much more difficult than that needed for the Tobacco Free Generation (TFG) Bill. Raising the minimum legal age will require more onerous checking of identification to check that the person is over the age of 21 or 25. In contrast, the TFG only requires confirmation that the person is born before the year 2000.

- Raising of the minimum legal smoking age has been supported by the tobacco industry. This is an immediate red flag that this is likely to be unsuccessful and contrasts sharply with the efforts of the tobacco industry to strongly oppose the TFG in Tasmania.

- The raising of the minimum legal smoking age continues to perpetuate the myth smoking is a ‘rite of passage’. The notion of smoking as an adult
behaviour is played on by the tobacco industry. The TFG on the other hand corrects the misperception that smoking is safe at any age.

- The proposal for raising the minimum legal smoking age continues to penalise smokers. The TFG puts the onus back on the tobacco industry and suppliers of this highly addictive and harmful substance.

In summary we advocate for adequate funding for existing evidence-based programs as the cornerstone of tobacco control for Tasmania. We agree that tackling the supply of tobacco through age-based measures is a good idea but believe that the TFG is a superior policy that is likely to have greater benefits into the future.

How would a shift to anticipatory care models improve outcomes for patients and the delivery of health services?

Menzies would support putting a fracture liaison service in every hospital (public and private) to provide evidence-based and effective secondary fracture prevention as a ‘potential future initiative to support anticipatory care models’. The evidence strongly supports both effectiveness and cost-effectiveness (Seibel 2011). The International Osteoporosis Foundation has developed information on fracture liaison services at http://www.capturethefracture.org/fracture-liaison-services.

Conclusion

The suggestions in this submission are based on the relevant peer reviewed research and on the evaluation of existing or historic programs and initiatives. What is evident here is that a huge amount of research, Government expenditure and community effort have been devoted to preventive health, and we have the data and expert review that explains the success or otherwise of this effort. This strategy needs to incorporate this knowledge and act on it. It should be integrated with the relevant national and international strategies and policies and should act on previous recommendations from expert groups and organisations who have comprehensively reviewed the evidence.

We believe the strategy should more accurately reflect the established impact of social and environmental factors on individual health behaviours and health outcomes. Within Tasmania there are social gradients in health risk, protective factors, incidence of disease, prevalence of disease and mortality – this must be acknowledged.

We have seen positive changes in tobacco use in Australia and it must be stressed that these successes have come about through a comprehensive whole-of-population approach.
Governments at a Federal and State level have supported a range of initiatives despite strong industry and community resistance. They have focused their action on the factors over which they have jurisdiction such as taxation, regulating access and restricting advertising and promotion. Despite the apparent success of measures to reduce tobacco use these efforts must continue. We very strongly recommend that the DHHS continues to fund, at an adequate level, the programs that are known to be effective in reducing tobacco uptake and increasing cessation.

A variety of approaches also exist to facilitate greater community engagement in health policy decision making around obesity. However programmatic approaches alone in the absence of the broader government-driven approaches such as taxation and regulation are unlikely to bring about the desired population health changes.

We reiterate our commendation of the Government for acknowledging the seriousness of the health challenge facing Tasmania. Menzies exists to perform internationally significant medical research leading to healthier, longer and better lives for Tasmanians, and we would welcome the opportunity to bring this expertise into further engagement with the Government as it undertakes the development and implementation of the Healthy Tasmania Five Year Strategic Plan.

**Contributors to this submission**

Professor Alison Venn, Menzies Director  
Dr Verity Cleland  
Dr Seana Gall  
Professor Graeme Jones  
Dr Kim Jose  
Ms Miranda Harman  
Ms Michelle Kilpatrick  
Professor Wendy Oddy  
Mrs Melanie Sharman  
Dr Kylie Smith  
Professor Tania Winzenberg
References


Family Food Patch http://www.familyfoodpatch.org.au/

Schools Canteen Association http://www.tascanteenassn.org.au/

Tobacco Action Plan

Tobacco Control Coalition

http://cancercontrol.cancer.gov/brp/tcrb/monographs/19/index.html

Global Burden of Disease Study

Australian Institute of Health and Welfare, Burden of Overweight and Obesity

http://ssir.org/articles/entry/collective_impact

Logan Together

Victorian Citizen’s Jury on Obesity


Tasmania’s Plan for Physical Activity 2011 -2021


National Curriculum in Health and Physical Education
http://www.australiancurriculum.edu.au/health-and-physical-education/curriculum/f-
Tasmanian Cancer registry

Tasmanian Data Linkage Unit

Population Health network Australia

Tasmanian Physical Activity Plan


ABS Australian Health Survey

Tasmanian DHHS Health Stats

Get Healthy Coaching


Baum F (2014) Evaluation of Health in All Policies: concept, theory and application Health Promot Int 
http://heapro.oxfordjournals.org/content/29/suppl_1/i130.full.pdf?keytype=ref&ijkey=RlXomXuKVFzKA2e

Seibel M (2011) No more excuses: fracture liaison services work and are cost-effective Medical Journal of Australia 195 (10) 