Message from the Minister

The Hodgman Liberal Government came to office in 2014 with a goal to make Tasmania the healthiest population in Australia by 2025. This is a necessarily ambitious target, since Tasmanians currently experience some of the worst population health outcomes in the country, with high rates of chronic disease and health risk factors like smoking, obesity, poor nutrition, low physical activity levels, and risky alcohol consumption.

Ambition is important if we truly want to work together as a community to improve our health and wellbeing. Getting a good start to life in developing healthy habits early is critical for a healthy adulthood and healthy ageing. Keeping ourselves healthier for longer and managing our risk of chronic disease is an integral part of living happy, productive and fulfilled lives. It is also critical for the sustainability of the health system, which currently faces the challenge of ever-increasing demand on acute services. We need to do better at managing at both ends – a well-functioning health system is not only about delivering good hospital services, but also about supporting people to remain healthy and not require hospital care in the first place. This is an important point, which was clearly articulated in the White Paper on Delivering Safe and Sustainable Clinical Services under the One State, One Health System, Better Outcomes reform process.

Good public policy is one side of the equation; the other side is bringing people and communities together to rise to the challenge of taking more responsibility for their own health and wellbeing. Balancing this equation is the challenge the Tasmanian Government is seeking to address now and into the future. We're thinking boldly, as the ideas in this Consultation Draft of the Healthy Tasmania Five Year Strategic Plan demonstrate. We want to start a conversation at all levels of Government and in the community about how we can work together to improve preventive health.

I commend this Consultation Draft to you and encourage individuals, communities and organisations to talk to each other and to think outside the square about how we can change the way we manage preventive health for the benefit of all Tasmanians.

Hon Michael Ferguson MP
Minister for Health
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Have Your Say

This Consultation Draft of the Healthy Tasmania Five Year Strategic Plan poses questions about a proposed new approach to preventive health in Tasmania, including the Government’s priority areas for action and related initiatives that could be immediately implemented.

Stakeholder feedback will be used to test and refine principles and strategies that should underpin preventive health reform in Tasmania.

We are also seeking your opinion on the indicators and targets that the Tasmanian Government could set to drive change and whether you see value in the approaches we are proposing to drive the reforms, and ultimately, improve outcomes in the health of Tasmanians.

Community Forums

Community forums will be held in February 2016. They will be led by the Health Council of Tasmania. Dates for the forums will be published on the A Healthy Tasmania webpage: http://www.dhhs.tas.gov.au/about_the_department/our_plans_and_strategies/a_healthy_tasmania.

Stakeholder Submissions

Submissions are invited addressing the questions raised in the Consultation Draft. A full list of questions can be found at the end of the document. The closing date for submissions will be the 19th February 2016. Stakeholders are asked to forward submissions to:

Email: ahealthytasmania@dhhs.tas.gov.au
Address: A Healthy Tasmania
Department of Health and Human Services
GPO Box 125
Hobart TAS 7001

Please note that the content of submissions will be made public unless specifically identified as confidential. DHHS will publish a list of individuals and organisations that provide submissions on its website. If you do not wish to be included, please clearly indicate this in your feedback.
I. Overview

The Tasmanian Government has demonstrated its commitment to reforming Tasmania’s health system to one which provides safer and sustainable services to the Tasmanian community. These reforms include building better linkages across the primary, secondary and tertiary health sectors, through its One State, One Health System, Better Outcomes (One Health System) reforms. It has also progressed another important element of policy reform through the Rethink Mental Health Plan.

The next step in this process is overhauling our governance of, and investment in, preventive health and better integrating it within the broader health system. We need to work with the community to better target priority risk factors and population groups to prevent the development of chronic conditions. In doing so, we need to work with acute and primary care providers throughout Tasmania on referral pathways to direct at risk Tasmanians to effective and locally-based health and wellbeing programs, services and information.

The Tasmanian Government’s vision is for Tasmania to have the healthiest population in Australia. Taking effective action in preventive health is integral to achieving this vision. In recognition of this, the Tasmanian Government’s pre-election commitment, A Healthy Tasmania, focused on the need to develop a statewide, integrated approach to the promotion of good health and the prevention of chronic disease.

Health is multi-dimensional, encompassing physical, mental and social wellbeing, not merely the absence of disease or infirmity. Health promotion and disease prevention is, therefore, the responsibility of all Tasmanians – every individual, community and Government agency. Individuals and Governments have a mutual responsibility for achieving better health outcomes. Part of our shared task must involve targeting the risk factors which can influence our health at different levels in society. It must also include a commitment to delivering evidence based services and programs, to ensure that limited resources are directed to where they can be most effective in empowering Tasmanians to improve their overall health and quality of life.

This Consultation Draft of the Healthy Tasmania Five Year Strategic Plan makes the case for change and proposes new approaches for identifying, managing and evaluating preventive health programs. It also highlights the Government’s priority areas for action and suggests ideas for some key initiatives that could be implemented over the term of the five-year plan.

The Government is seeking the community’s response to this draft, which asks questions to prompt feedback. Your input will be considered by the Government when it finalises the Healthy Tasmania Five Year Strategic Plan, which will be released in 2016.
1.1 What is Preventive Health Policy?

Preventive health initiatives seek to prevent disease, prolong life and promote health through organised efforts and supporting informed choices by public and private organisations (public and private), communities and individuals\(^1\).

Preventive health functions encompass, but are not limited to, the following\(^2\):\(^3\):

- informing, educating and empowering people about health issues;
- mobilising community partnerships to identify and solve health problems;
- linking people with health and wellbeing information services and ensuring the provision of health care when otherwise needed; and
- evaluating the effectiveness, accessibility and quality of personal and population-based health services and supporting evidence-based investment in prevention.

Preventive health initiatives do not just seek to improve population health through the implementation of specific population-level interventions. They also contribute to improvements to the health care system by informing the need for different health care services.

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I.2 How Does the Tasmanian Government Currently Invest in Preventive Health?

The Tasmanian Government already significantly invests in prevention across Government Agencies. Examples include:

- the Premier’s Physical Activity Council and the ‘Find Thirty’ social marketing campaign (Department of Premier and Cabinet);
- Police and Community Youth Clubs (Department of Police and Emergency Management);
- the Swimming and Water Safety Program and School Nurses Program (Department of Education; and
- a wide range of activities covering areas such as mental health, alcohol and drugs and various elements of preventive health (Department of Health and Human Services).

Despite this, the comparatively poor health status of Tasmanians points to the need for change in the way we do things.

**Question**

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

Where do you see that the most effective changes could be made in terms of overall population health benefit?
2. Forging A New Direction

2.1 The Case for Change

The Health Indicators Tasmania (HIT) 2013 data report provides some helpful analysis of the state of Tasmania’s health. For example, Tasmania has higher rates of multimorbidity (defined as three or more self-reported chronic conditions) than any other jurisdiction, with associated low rates of physical activity and high rates of obesity, poor nutrition, smoking and alcohol consumption (including high rates of smoking and alcohol consumption by women while pregnant).

Tasmanians have shown less favourable improvements than other jurisdictions in the key preventive health outcomes associated with lifestyle risk factors. This is demonstrated in a comparison of key preventive health outcomes across jurisdictions between 2004-05 and 2014-15. This suggests that we need to rethink the way we target preventive health strategies and objectively scrutinise and reconsider activities where there is insufficient supporting evidence of directly related, measurable health improvement.

For example, although Tasmanian smoking rates have decreased significantly over the last decade, Tasmania still has the second highest smoking rate in the country (behind the Northern Territory).

Daily Smokers, 18 years and over age standardised rates

<table>
<thead>
<tr>
<th></th>
<th>2004/5</th>
<th>2007/8</th>
<th>2011/12</th>
<th>2014/15</th>
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<tbody>
<tr>
<td>NSW</td>
<td>21.0%</td>
<td>19.0%</td>
<td>14.8%</td>
<td>14.4%</td>
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<tr>
<td>Vic</td>
<td>21.1%</td>
<td>17.3%</td>
<td>16.8%</td>
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<tr>
<td>Qld</td>
<td>22.7%</td>
<td>21.6%</td>
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<td>SA</td>
<td>21.0%</td>
<td>20.2%</td>
<td>17.4%</td>
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<td>WA</td>
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Australian Health Survey First Results: 2014-15 cat. No 4364.0
The prevalence of overweight/obese adults steadily increased nationally between 1989-90 and 2011-12, from 38 per cent to 63.4 per cent. While the prevalence of overweight/obese adults slightly decreased nationally to 62.8 per cent in 2014-15, prevalence in Tasmania continued to increase to 65.9 per cent.

In addition, between 2007-08 and 2011-12, the combined prevalence of Tasmanian children aged five to 17 years who were obese and overweight increased significantly, from 18.6 per cent to 28.8 per cent. This was the largest increase of all jurisdictions over the three-year period, with the combined Tasmanian proportion of overweight/obese children in 2011-12 exceeded only by the Northern Territory.

![Graph showing Overweight/obese BMI, 18 years and over]

Australian Health Survey First Results, 2014-15, cat. No. 4364.0
For 2007/8, 2011/12 and 2014-15 rates are measured BMI and age-standardised; for 2004/5 rates are crude and self-reported (self-reported rates are ~5% below measured rates).
Between 2007-08 and 2014-15, the percentage of people with sedentary and low level exercise in the Tasmanian community reduced from 71.1 per cent to 67.0 per cent. All other jurisdictions demonstrated greater reductions over this time period.

In the same period, the proportion of people with inadequate fruit and vegetable intake in the Tasmanian community increased from 89.3 per cent to 93.0 per cent. This increase was greater in Tasmania than in other jurisdictions.

In addition, the proportion of adults in Tasmania at risk of long term alcohol related harm decreased only slightly from 19.3 percent in 2004-05 to 19.1 per cent in 2014-15. In the majority of jurisdictions this proportion has decreased by a significantly larger amount.

The burden of non-communicable diseases represents a major public health challenge that undermines social and economic development in Tasmania. The burden on the Tasmanian community from ill health impacts not only on people’s quality of life and the healthcare system, but also on the productivity of the public and private sectors.

There are clear productivity gains to be made across the economy through a more effective approach to preventive health. For example, the Tasmanian Auditor General recently found that personal leave (comprised of sick and carers leave) is directly costing the State Service $68 million per annum.

Fortunately, much of the disease burden affecting Tasmanians can be prevented. This can be done by encouraging communities and individuals to take action to address shared risk factors, supporting the health system to better respond to the health-care needs of people with chronic diseases and influencing public policies across Government.
2.2 The Need for Cost-Effective Action

All Australian governments are experiencing increasing fiscal constraints in a context of rising service costs. Health, in particular, is a major contributor to recent growth in government expenditure, with predictions that, by 2023, health expenditure could grow from 9.4 per cent of Gross Domestic Product to over 11 per cent. This is occurring in the context of the pressures of an ageing population and increasing rates of chronic diseases and health risk factors. These projections mean that we need to address demand for healthcare through enhancing our focus on preventive health actions. At the same time, it is clear that a new approach for preventive health is needed to ensure governance is effective and investments demonstrate ‘best buy’ in terms of targeting population health risk factors.

The need for an increased focus on the delivery of efficient and effective preventive health initiatives in Tasmania was supported by the findings of the Commission on the Delivery of Health Services in Tasmania, as articulated in its report released in April 2014. It has also been highlighted in a recent report to Government by the University of Tasmania (UTAS).

Ensuring that resources are directed to where they can be most effective in improving the health and quality of life of all Tasmanians reflects the most contemporary thinking on the role of prevention within health systems, as outlined in the University of Queensland and Deakin University Assessing Cost-Effectiveness in Prevention (ACE-Prevention) report (2010), one of the most comprehensive sources of evidence about cost-effectiveness and prevention.

This approach will enable the Tasmanian Government to:

- direct available resources towards best-practice cost-effective services
- modify services to improve their cost-effectiveness
- discontinue services that cannot be made more cost-effective or be justified on other compelling grounds, and
- target services to those in need, as opposed to people with low-risk profiles who are unlikely to benefit in a cost-effective manner.

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6 In December 2014, UTAS was commissioned to conduct an initial review of current preventative health activity and provide high-level advice on potential new strategic directions for preventive health in Tasmania.
8 Ibid.
Both the UTAS and HIT reports support a greater strategic focus on promoting health and wellbeing and an alignment of this work with that of the broader health system. Where there is evidence of significant health disparities based on socio-economic status, we need to work with communities that are the most disadvantaged and least engaged in healthcare to ensure people are empowered to take positive action for their own health and wellbeing.

There are clear benefits from getting preventive health right. Investments in prevention within and beyond the healthcare system have the potential to help reconcile high demands on public services and constrained resources. Spending on prevention can improve population health by:

- reducing the incidence of health problems (primary prevention);
- reducing the progression of health problems (secondary prevention); and/or
- reducing the impacts of disease (tertiary prevention).

Spending on prevention ideally should decrease public spending demands in the future by reducing avoidable health and social problems (so called “failure demand”).

\[9\] Ibid.
2.3 Principles, Strategies and Enablers For Reform

The UTAS report included a recommendation for a broad-based committee to produce a new direction for preventive health in Tasmania. In response, the Minister for Health established the Healthy Tasmania Committee (HTC) under the Health Council of Tasmania, and referred the UTAS Report to the HTC for consideration and advice on a five-year strategic plan for preventive health.

The HTC used this information to develop a framework of principles, strategies and enablers to underpin new directions for preventive health in Tasmania. The principles are:

- focus on people and communities;
- facilitate coordination, communication and collaboration between sectors to improve health outcomes;
- take action that promotes health through responsible partnerships;
- reduce inequities in health;
- make health information publicly accessible; and
- strengthen prevention by building the evidence-base and understanding of what works.

The four key strategies to form the foundation for developing priorities and actions identified out of the work of the HTC are:

- Concentrate on the early years – support families to give their children a healthy, positive start that has lasting health and wellbeing benefits;
- Create health where people live, learn, work and play – work with organisations and all parts of government to foster the conditions that support people to make healthy choices;
- Target health risk factors – reduce smoking and risky alcohol consumption, and improve nutrition, physical activity levels and mental health; and
- Focus on the health of vulnerable groups – target actions where evidence tells us there is the greatest risk of harm.
To achieve the Tasmanian Government’s goal, the HTC proposed that key leadership enablers be put in place to drive effective action:

- **Local action and choice** – people gain greater control of their own health by working in their own local community, with local community groups and organisations and local government;

- **Statewide leadership** – to inform and coordinate action and track progress towards meeting the healthiest population in Australia by 2025 goal;

- **Public access to information** – combine new and existing data to develop public and organisation understanding and the capability to act; and

- **Work in health promoting ways** – provide services and information in ways that promote health and wellbeing and are easy for individuals to understand.

These principles, strategies and leadership enablers underpin the potential reform priorities and approaches that are outlined in this Consultation Draft.

**Questions:**

- 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?
3. Improving Outcomes

3.1 Systems and Governance Reforms

The Tasmanian Government has identified a number of mechanisms that could be put in place to realign preventive health towards proven, evidence-based care, lifestyle risk factor reduction and the prevention and management of chronic diseases. This addresses two objectives; namely, to integrate prevention better into the broader health system and to draw the elements of work which take place across the public sector into a Whole of Government strategy.

Approaches include:

- Including preventive health indicators on HealthStats so that there is a single source of information for communities to track Tasmania’s health via key indicators and develop an understanding of the areas of highest need.
- Introducing a requirement that a cost-benefit analysis be applied to all relevant programs (either new or those proposed to continue). This will take a ‘best buys’ approach, to direct resources to where the greatest health gains can be made.
- Developing a Health Impact Assessment tool to be applied to all relevant major government decisions and policies.
- Implementing a preventive health commissioning model to bring organisations and sectors together to support people to have greater control over their own health and wellbeing and allow greater scope for localised or ‘place based’ solutions.
- Supporting prevention to be embedded in our Tasmanian Health Service, in primary care and a shift to anticipatory care.

3.1.1 HealthStats

HealthStats is an innovation that arose from the One Health System reforms and provides statistics on important aspects of the public health system. The Government intends to include additional key preventive health statistics on HealthStats to enable Tasmanians to track broad progress across the Tasmanian health system.

This will also allow Tasmanians to track performance against targets recommended by the HTC. Following advice from the HTC, the Tasmanian Government will:

1. Adopt the Australian Government commitment to a 25 per cent reduction in premature death from chronic disease by 2025, and will identify relevant data and indicators and establish relevant targets.
2. Endorse existing targets in Tasmania for:
   - smoking (Tobacco Control Coalition) and
   - physical activity (Premier’s Physical Activity Council).
3. Set new targets to reduce health inequities. The Government will consider setting new targets relating to smoking interventions (including reductions of smoking during pregnancy), “absolute risk” for cardiovascular disease, food security and nutrition (including increasing rates of breastfeeding).

It is anticipated that incorporating preventive health statistics into HealthStats will occur in mid-2016. Additional goals and targets will be made public as they are developed.

The addition of preventive health statistics into HealthStats will assist Tasmanian communities to gain an understanding of the areas of highest need within their communities. This will support communities to develop proposals for the most appropriate preventive health initiatives to respond to their unique needs.

Developing health intelligence capacity by measuring preventive health indicators will also increase accountability by providing transparent information on progress.

**Questions:**

- Do you think the targets will be effective in driving the change Tasmania needs to see in health outcomes?
- What targets would you like to see the Government adopt to reduce health inequities in the target areas outlined above?
- What indicators of health status provide the best picture of whether progress is being achieved and could be monitored on HealthStats?
- Are there ways we can better integrate the data on HealthStats into our work and use it to support the achievement of improved health outcomes?
3.1.2 Cost-Benefit Analysis - Embedding a ‘Best Buys’ Approach

This Consultation Draft has highlighted the need to align preventive health resources towards evidence-based services and programs that prevent and manage chronic conditions. Health services and the health and community care sector provide settings for preventive action, and future programs will be targeted to those most at risk.

In order to pursue the most effective use of limited resources, the Tasmanian Government intends that cost benefit analysis will form an important element of the evidence base for all relevant programs proposed for continuation, as well as being applied to any proposed new program.

For example, evidence from a February 2015\(^\text{10}\) study on the cost-effectiveness of various interventions to prevent childhood obesity, highlights that multiple strategies, rather than single-component interventions, have the most sustainable and beneficial effect on obesity prevention. Such strategies may focus on meals, classroom activities, sports, and play activities, and involve home, school or kindergarten, and community participants.

A cost benefit analysis methodology will be developed in 2016 that includes an assessment of the impact of programs on improving health risk factor reduction. This methodology will be principally based on the methodology developed by the ACE-Prevention report\(^\text{11}\).

Existing and potential new programs will undergo a cost-benefit analysis from 2016 to determine whether they will be implemented, should continue or should be modified.

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Using uniform messaging to increase outcomes

The Tasmanian Government sees value in the use of evidence-based social marketing to support future efforts in preventive health, as this will increase awareness and reach through image, message and branding. Any interventions or programs that are commissioned by Government should be required to feature common messages to reduce lifestyle risk factors for all Tasmanians. Resources will be directed to where the greatest health gains can be made.

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Taking a ‘best buys’ approach through the introduction of cost-benefit analysis will drive improvement in behaviours that are known to be the most common risk factors for chronic conditions, as the most cost effective strategies will be endorsed to meet them. Risky alcohol consumption is another example of a risk factor for which the Tasmanian Government would welcome proposals for a cost-effective approach.

3.1.3 The Preventive Health Commissioning Model

Community-led approaches are recognised to be of growing importance to improving health and reducing health inequalities. These involve building capacity within communities so that preventive programs are more aligned with the needs and preferences of local communities, empowering them to shape and build the services and programs they need and use.

We know that top-down approaches are not necessarily the best way to build capacity at a local level. To facilitate greater community involvement in the process for determining cost-effective and locally appropriate preventive health approaches, the Tasmanian Government will establish a preventive health commissioning model. The preventive health commissioning model will bring organisations and sectors together to support people to have greater control of their own health and wellbeing. Through the model, the Tasmanian Government would seek to work together with Primary Health Tasmania, local government and community sector organisations to support local communities to:

- identify and prioritise needs and opportunities for good health;
- work with relevant health service providers, research bodies such as UTAS and the community sector to pool knowledge and make information publicly accessible; and
- establish the evidence to inform locally driven health promotion programs and approaches.

Question:

What do you see as the benefits and opportunity costs of the Tasmanian Government pursuing a ‘best buys’ approach to preventive health?
People, places and communities can be another catalyst for bringing organisations and sectors together so that people have greater control of and responsibility for their own health and wellbeing. In this way, local government is a key to enabling a whole of community, whole of government approach to improving the health of Tasmanians and keeping Tasmanians healthier for longer\textsuperscript{12}.

Supporting community-led approaches to is a priority for the Tasmanian Government, PHT and local government.

The Tasmanian Government intends for the preventive health commissioning model to begin being implemented in the second half of 2016. Appropriate arrangements for governing the model will be considered in early 2016.

These arrangements will be devised at the conclusion of the consultation period following consideration and inclusion of all feedback. Further information on governance arrangements will be provided in the final Healthy Tasmania Five Year Strategic Plan, to be released in 2016. In the interim period, the Tasmanian Government encourages individuals and organisations to start talking to each other about how they might support each other to identify and implement programs for their community.

\textbf{Possible models: Southern Inland Health Initiative: Western Australia}

The Southern Inland Health Initiative is the largest investment into rural health care in Western Australia’s history, delivering $565 million of funding.

The initiative champions change, reform and improvement across the health system. This is clearly demonstrated by health promotion being part of focus of the initiative’s primary health care model, to facilitate a long term, sustainable change in the health of these communities.

This initiative seeks to build partnerships across government, private, not-for-profit and community sectors to allow communities to work together on agreed local health issues from a local perspective, rather than implementing a one size fits all approach.

\textsuperscript{12} The principal legislation establishing the powers and functions of councils is the Local Government Act 1993 (the Act). Section 20 describes the role of councils:
\begin{itemize}
  \item to provide for the health, safety and welfare of the community
  \item to represent the interests of the community
  \item to provide for the peace, order and good government of the municipal area
\end{itemize}
3.1.4 Health Impact Assessment

Health Impact Assessment is a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population. Recognition of the impact of other sectors on health has given rise to the global health-in-all-policies movement. A health-in-all-policies approach steps outside of what is considered to be the traditional responsibility of the health sector – which is healthcare – and moves into the drivers of good health and the systems that factor in the health status of populations. These drivers include employment, education, income, housing, transport, and education and create environments that support personal responsibility and individuals to make healthier choices. They are life factors for health and are often called the social determinants of health. This means that just about any policy or law that is likely to have an impact on health, whether it is paid parental leave, minimum wage, working hours or education, can undergo a Health Impact Assessment.

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Questions:

- Are there preventive health commissioning models used in other jurisdictions that could be effectively adapted to the Tasmanian context?
- What are the issues that we would need to address to effectively engage key stakeholders and community groups in the commissioning process?

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Example: Land Use Planning Act Amendments

During the consultation process for recently proposed amendments to the Land Use Planning Act, a number of groups in the health sector advocated for a health-in-all-policies approach. The Tasmanian Government supported an amendment to explicitly include references to promoting health and wellbeing within the Act.

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13 Definition developed by the European Centre for Health Policy (World Health Organization) in the 1999 Gothenburg consensus paper of Health Impact Assessment.
Tasmania can learn from the experience of other jurisdictions when it comes to implementing a health-in-all-policies approach.

**Possible models: the South Australian approach**

South Australia implemented a health-in-all-policies approach five years ago. The model includes two key elements:

- central governance and accountability; and
- a Health Lens analysis process.

The model captures the interactive and fluid nature of the approach. Beginning with clear governance and accountability it moves through a flexible Health Lens analysis process, leading to improved policy or outcomes.

The governance structure provides a mandate for horizontal collaboration and joined-up policy making, which underpins the health-in-all-policies work.

The model seeks agreement on the policy focus and utilises robust methods of assessment and analysis to explore the links between the policy area and health and wellbeing of the population.

Other broader public health investigative techniques are also employed in this model.

The Tasmanian Government will ensure that in 2016, all agencies work together to establish a new process for providing Health Impact Assessments of major government decisions to ensure an inclusive health-in-all-policies approach is taken in Tasmania. This will include further consideration of the scope of the Health Impact Assessment model and the appropriate level of engagement by Cabinet.

More than a superficial acknowledgement of health issues, the Tasmanian Government intends that the Health Impact Assessment process will provide a robust assessment of the health impacts and opportunities in all relevant proposals.

**Questions:**

- Do you see value in pursuing a health-in-all-policies approach in Tasmania? What are the costs, benefits, opportunities and risks?
- What other models for Health Impact Assessments could the Tasmanian Government consider?
3.1.5 Supporting A Shift To Anticipatory Care

Prevention can be divided into three categories:

- **Primary**: the promotion of health and the prevention of illness, for example, immunisation and making physical environments safe;
- **Secondary**: the early detection and prompt intervention to correct departures from good health or to treat the early signs of disease, for example, cervical screening, mammography, blood pressure monitoring and blood cholesterol checking; and
- **Tertiary**: reducing impairments and disabilities, minimising suffering caused by existing departures from good health or illness, and promoting patients’ adjustment to chronic or irremediable conditions, for example, prevention of complications\(^{15}\).

Prevention is therefore not only about working to maintain health, but also about slowing the progress of ill health by managing chronic conditions, thereby helping to avoid unnecessary hospitalisations. In 2016, the Tasmanian Government intends to prioritise work to identify and support high risk individuals and vulnerable groups and target the interventions that will best support them in their health. This area of work is known as ‘anticipatory care’.

This approach will ensure prevention is embedded in our Tasmanian Health Service and in primary care, including general practice. It picks up a key theme in the White Paper on Delivering Safe and Sustainable Clinical Services, which shifts focus to a greater emphasis on primary and community care.

Questions:

- How would a shift to anticipatory care models improve outcomes for patients and the delivery of health services?
- What are the enablers and barriers that exist within the current structure of the health system in Tasmania (that are the responsibility of the Tasmanian Government) that will need to be considered in supporting implementation of the new direction for preventive health outlined in this Consultation Draft?

3.1.6 Key Enabler: Health Literacy

At an individual level, health literacy represents the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and healthcare and take appropriate action.

Individual health literacy is facilitated by a supportive environment, which encompasses the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health related information and services16.

More than three out of every five Tasmanians do not have adequate health literacy. This means accessing, understanding or appropriately using health information is difficult for most people. This can lead to poorer health, more use of hospitals, difficulty controlling medical conditions, medication mistakes and greater health expenses.

Increasing health literacy rates will enable individual Tasmanians to take better control over their own health outcomes and actively participate in the processes outlined above, as well as community-based planning and programs that promote good health. The Government will be looking for ways we can better link health literacy into preventive health programs and initiatives, including through existing structures and services.

There are a number of lifestyle risk factors for chronic disease, including, but not limited to, smoking, obesity, physical inactivity, risky alcohol consumption and mental health.

The Tasmanian Government will provide opportunities for communities and other stakeholders to put forward suggestions for initiatives to address these, and other, risk factors through any new structures that will be established through this reform process.

The Government is also actively working to better support mental health through the Rethink Mental Health: Better Mental Health and Wellbeing Long-Term Plan for Mental Health in Tasmania 2015-25.

In the interim, the Tasmanian Government has identified that smoking and obesity will be its key priorities for the Healthy Tasmania Five Year Strategic Plan. These two risk factors and associated chronic diseases are responsible for a large burden of disease on the Tasmanian community. Effectively targeting these risk factors is likely to yield the greatest population health benefit, based on current data. By reducing smoking and obesity rates, we can reduce the development of associated chronic diseases. Combined with better care coordination for people who develop such conditions, we will reduce the burden of ill health that smoking and obesity present in the community.

The Tasmanian Government has identified some high-level ideas for the types of cost-effective initiatives it might seek to implement to address these two risk factors in the first five years of the strategy. Addressing these priorities through innovative new initiatives will ensure that no momentum is lost while longer-term structural and system reforms are implemented.

The Tasmanian Government recognises that there is a need to provide support and preventive action at all stages in life and in appropriate settings. Taking a life-stages approach to preventive health is critical to ensure that the benefits of our reforms are felt by all Tasmanians. This will help Tasmanians to establish good health and resilience early in life to ensure that good health continues into older age. The Government is therefore keen to ensure that future initiatives are tailored to the needs to priority groups at different stages of life.

Initiatives that address smoking and obesity, as well as options for addressing other risk factors, are highlighted below as ‘Potential Future Initiatives’. The Government welcomes feedback on these options through this consultation process. We also encourage individuals and groups to propose other ideas for preventive health initiatives through the processes outlined above, once they have been established. Initiatives could address any risk factors that are significant drivers of poor health, although as noted, the Government will focus action on smoking and obesity over the five year Healthy Tasmania Five Year Strategic Plan.
5. Potential Future Initiatives

With all preventive health initiatives, a key focus must be to find ways to work with individuals and communities so that they build capacity to better manage their personal health and wellbeing.

A range of potential future initiatives are highlighted in this section. They broadly focus on the Tasmanian Government’s key priority areas of smoking and obesity, health literacy as a key enabler, and provide examples of initiatives that are targeted at populations at different life stages. The Government welcomes your feedback on these ideas through this consultation process and encourages you to begin thinking about initiatives that could be implemented in your community to improve health outcomes.

5.1 Potential Future Initiatives To Target Obesity

**Potential Future Initiative No 1:**

Improving social marketing and developing knowledge about healthy nutrition and cooking skills can improve nutritional intake. A Local Council partners with a major Tasmanian producer of healthy foods and agency Non-Government Organisation to develop a program to improve knowledge about healthy nutrition, cooking skills, and access to healthy food in unemployed people who have food insecurity. This initiative then partners with food security programs and food retailers to find innovative ways to improve access to healthy food.
Potential Future Initiative No 2:

The Tasmanian Government also could look to develop new ways to incentivise increasing physical activity levels. This could include initiatives to encourage children, young people and families, particularly in lower socio-economic areas, to increase their physical activity levels and participate in more organised sport. Addressing inactivity and sedentary behaviours in this group will have positive impacts on the next generation.

Potential Future Initiative No 3:

Accessible and amenable physical environments and infrastructure are an important means to support and encourage people to increase their physical activity. The Government could increase its investment in sports and outdoor physical infrastructure to encourage people to participate in more organised sport and build more physical activity into their daily routine.
Potential Future Initiative No 4:

Interventions involving multiple strategies that improve physical activity and nutrition in childhood reduce the progression to adult obesity.

A team of paediatricians and allied health professionals, and consortium of Local Councils partner to develop a community paediatric obesity service in a number of adjoining Local Government Areas in Tasmania that have a high prevalence of childhood obesity.

The service engages with schools and community groups to develop programs that improve physical activity and healthy nutrition, and engage with the community to increase access to healthy foods. The service engages with GPs to strengthen the management of children who are overweight, and to support children with more complex problems to receive more intensive support.

Potential Future Initiative No 5:

Grassroots action is important in terms of increasing community ownership and shared responsibility for health and wellbeing. Community-led and developed preventive health plans are a responsive and flexible way to deliver programs and projects that help empower people to increase their physical activity, improve nutrition and make positive lifestyle changes.

The Government could invite submissions from community groups and local government to help implement collaborative Community Preventive Health Action Plans, thereby targeting the most relevant risk factors in tune with the needs of each community.
5.2 Potential Future Initiatives To Target Smoking

Tobacco smoking is one of the most serious public health challenges we continue to face as a society, despite substantial progress in recent decades. The Government is committed to thinking boldly about how we can better address this challenge.

The Tasmanian Government sees a clear need to target the smoke free message and related programs if we are going to significantly reduce rates of smoking.

The focus should be on reducing uptake of smoking amongst young people, smoking during pregnancy and reducing smoking rates. This is also an active agenda for QUIT Tasmania at the Cancer Council, the Heart Foundation Tasmania, PHT and the Tobacco Control Coalition.

Earlier in 2015, the Government commissioned a Discussion Paper, Options for a Public Health Response to e-Cigarettes. A report has been prepared for the Tasmanian Government based on that feedback, which will be considered as part of development of the final Healthy Tasmania Strategic Plan.

Current smoking statistics

The National Drug Strategy Household Survey 2013\(^\text{17}\), in comparing smoking rates of differing age groups based on self-reported data, found that 3.4 per cent of 12-17 year olds in Australia are daily smokers. Amongst 18-24 year olds, 13.4 per cent reported themselves to be daily smokers. This represents a 10 per cent increase – the largest increase between successive groups across the entire age spectrum.

Tasmania’s statistics are stark - in 2011-12, over 30 per cent of young Tasmanians aged 18-24 years were current (daily or occasional) tobacco smokers, compared with about 7 per cent of older Tasmanians aged 65 years and over: Further; in 2013, 15.1 per cent of all mothers and 33.4 percent of teenage mothers smoked. Only 1.5 per cent of women who reported smoking during the first 20 weeks of pregnancy did not report smoking during the second 20 weeks\(^\text{18}\).

Tobacco smoking is recognised as one of the largest preventable causes of death and disease in Australia. In 2004-2005, smoking was estimated to cost the country around $31.5 billion in social and economic costs, including to the health care system\(^\text{19}\). During the same period, smoking resulted in over 750,000 days spent in hospital and $670 million in hospital costs\(^\text{20}\).
Smoke-free generation

The Hon. Ivan Dean MLC first tabled the Public Health Amendment (Tobacco Free Generation) Bill in late 2014 in the Legislative Council. This has led the way on innovative thinking about how to better address the challenge of reducing smoking rates. The Government commends the intention of that Bill, as any initiative aimed at reducing smoking rates is laudable. However, the Government has consistently held concerns about its complexity and likely efficacy, which has prompted bold thinking about how we could achieve significant reductions in smoking rates in a practical, less complex way.

Potential Future Initiative No 6:

Smoking cessation in pregnancy improves the health of the unborn child. A Non-Government Organisation partners with a Primary Health Network and the Tasmanian Health Service on a program to reduce smoking rates in pregnancy.

The program identifies all women who are smoking at the diagnosis of the pregnancy and provides brief intervention in general practice, strengthens smoking cessation skills in doctors and midwives in antenatal clinics, and uses the patient information management system to ensure that clinical guidelines regarding smoking cessation in pregnancy are systematically implemented.

Potential Future Initiative No 7:

Raising the Minimum Legal Smoking Age

Extending the Minimum Legal Smoking Age (MLSA) beyond 18 through amendment to the Public Health Act 1997 could provide an opportunity to enact some far-reaching change. While it would be a national first, there is international research and practical evidence to support that increasing the smoking age and preventing uptake of smoking can lead to significant reductions in smoking rates with positive life-time effects.
Evidence for raising the MLSA

In 2015, the US Institute of Medicine (IoM) released an extensive report investigating the likely efficacy of increasing the national MLSA. The study reported that approximately 90 per cent of adult daily smokers in the US reported their first use of cigarettes before reaching 19 years of age, while almost 100 percent begin before the age of 25. It used mathematical modelling to estimate the relative effect of raising the MLSA from 18 to 19, 21 or 25.

The researchers concluded that if the MLSA were raised now, by the time today’s teenagers reached adulthood, within that cohort there would be a 3 per cent overall reduction in smoking prevalence if the MLSA were raised to 19, a 12 per cent overall reduction in smoking prevalence if raised to 21 and a 16 per cent overall reduction in smoking prevalence if raised to 25. These benefits would presumably carry through over time as a greater proportion of the population had been subject to such a law.

In 2015, Hawaii became the first US state to pass legislation to raise the MLSA to 21, which will take effect from 1 January 2016. Similar debates have recently been taking place at the state level in Washington and California.

While it may take some time before the full impact on smoking rates in Hawaii is able to be measured, a number of other US municipalities and counties have also raised the MLSA to 21, including New York City. The first city to do so was Needham, Massachusetts in 2005. Data from Needham showed that following this, tobacco use among high school students was reduced almost by half, and the rate of frequent tobacco use fell by 62 per cent – significantly faster than surrounding areas.

In the IoM study, one of the models used projected that if the MSLA were raised to 21 across the United States, there would be approximately 223,000 fewer premature deaths, 50,000 fewer deaths from lung cancer and 4.2 million fewer years of life lost for those born between 2000 and 2019.

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21 Institute of Medicine 2015, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products.
22 http://www.reuters.com/article/2015/06/20/us-usa-hawaii-tobacco-idUSKBN0P006V20150620
23 http://cph.osu.edu/sites/default/files/T21whitepaper3.2.15.pdf
Practical considerations

Any move to increase the MLSA in Tasmania would need to consider how to treat those within the relevant age cohort who are currently legally able to smoke at present, as well as those currently underage but who will attain majority before any change came into effect. One option would be to enact transitional arrangements for a defined period in order to promote and socialise new arrangements. However, the extent to which any agreed increase to the MLSA is delayed would represent continued increased risk of smoking addiction to the relevant age cohort.

There is also the matter of how such a law should treat international and interstate tourists coming to Tasmania under a higher MLSA. We need to consider whether tourists should be required to observe Tasmanian laws, as is the case with other laws which differ from other jurisdictions, or whether they might be exempted for purchasing and/or possession and use.

There is also the matter of what impact such a law may have on retailers. We can assume that there may be an initial modest impact on retail trade, which could increase over time with progressive decreases in overall smoking rates. Having a transitional or ‘phase-in’ period may have the added benefit of allowing businesses time to model and adjust for any anticipated impact on trade.

Questions:

Do you support increasing the minimum legal smoking age to 21? If so, do you support a phase-in arrangement with respect to those currently legally able to smoke in the 18-20 age cohort?

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

Do you support increasing the minimum legal smoking age to 25? If so, do you support a phase-in arrangement with respect to those currently legally able to smoke in the 18-24 age cohort?

What impact would there be on tourists and visitors to the State in increasing the minimum legal smoking age and how could these be alleviated?

Do you support maintaining the status quo? If so, what are the reasons?
5.3 Examples of Potential Future Initiatives That Are Tailored to Groups at Different Life Stages

Potential Future Initiative No 8:

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.

Potential Future Initiative No 9:

Elderly people are more likely to have multiple chronic diseases and be prescribed multiple medications. A family member or carer often informally coordinates the care for many elderly people in navigating the health system.

Poor coordination of care for elderly people with multiple chronic diseases can result in deterioration in health and avoidable hospitalisations.

A Non-Government Organisation providing community supports services to elderly people in Tasmania develops a training program to develop the knowledge and skills of informal care coordinators to improve their understanding and navigation of the healthcare system, and reduce health deterioration and avoid hospitalisation in elderly people with multiple chronic diseases.
5.4 Potential Future Initiatives to Increase Health Literacy Rates

Potential Future Initiative No 10:

Through this initiative, the Government could partner with a network of organisations and individuals working together to improve adult literacy and numeracy in Tasmania, to explore new health literacy initiatives within existing structures. This arrangement could be tailored to particular communities or groups to maximise efforts towards reducing health disparities.

5.5 Potential Future Initiatives to Support Anticipatory Care Models

Potential Future Initiative No 11:

Systematically implementing existing clinical guidelines in people at high risk of cardiovascular disease and diabetes reduces the development of these diseases. A Primary Health Network, a Non-Government Organisation, and a Local Council partner to develop a program to reduce the impacts of cardiovascular disease and diabetes in people at high-risk in a Tasmania Local Government Area with a high prevalence of these diseases. The program identifies people at high risk in the area by performing an absolute cardiovascular risk assessment and an AUSDRISK (Australian Type 2 Diabetes Risk) Assessment on all patients 40 years and over in general practices. Local referral pathways are developed and clinical guidelines implemented to prevent the progression to cardiovascular disease and diabetes in these high-risk people.
Questions:

What do you see as the potential benefits of the types of initiatives outlined in this Consultation Draft?

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

The Tasmanian Government welcomes your feedback on the initiatives and approaches outlined in this Consultation Draft. To assist you with this, a full list of the consultation questions are provided on the next page.

In February 2016, the Health Council of Tasmania will be leading public forums as part of this consultation process. More detail on the forums will be provided closer to the time.

The Government will consider your feedback when finalising its Healthy Tasmania Five Year Strategic Plan, which will be released in mid-2016.

It is anticipated that cost benefit analyses of current and potential initiatives will be undertaken and considered in the second half of 2016.
7. Full List of Consultation Questions

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

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

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?

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

What targets would you like to see the Government adopt to reduce health inequities in the target areas outlined above?

What indicators of health status provide the best picture of whether progress is being achieved and could be monitored on HealthStats?

Are there ways we can better integrate the data on HealthStats into our work and use it to support the achievement of improved health outcomes?

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

Are there preventive health commissioning models used in other jurisdictions that could be effectively adapted to the Tasmanian context?

What are the issues that we would need to address to effectively engage key stakeholders and community groups in the commissioning process?

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

What other models for Health Impact Assessments could the Tasmanian Government consider?

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

What are the enablers and barriers that exist within the current structure of the health system in Tasmania (that are the responsibility of the Tasmanian Government) that will need to be considered in supporting implementation of the new direction for preventive health outlined in this Consultation Draft?

Do you support increasing the minimum legal smoking age to 21? If so, do you support a phase-in arrangement with respect to those currently legally able to smoke in the 18-20 age cohort?

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

Do you support increasing the minimum legal smoking age to 25? If so, do you support a phase-in arrangement with respect to those currently legally able to smoke in the 18-24 age cohort?

What impact would there be on tourists and visitors to the State in increasing the minimum legal smoking age and how could these be alleviated?

Do you support maintaining the status quo? If so, what are the reasons?

What do you see as the potential benefits of the types of initiatives outlined in this Consultation Draft?

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