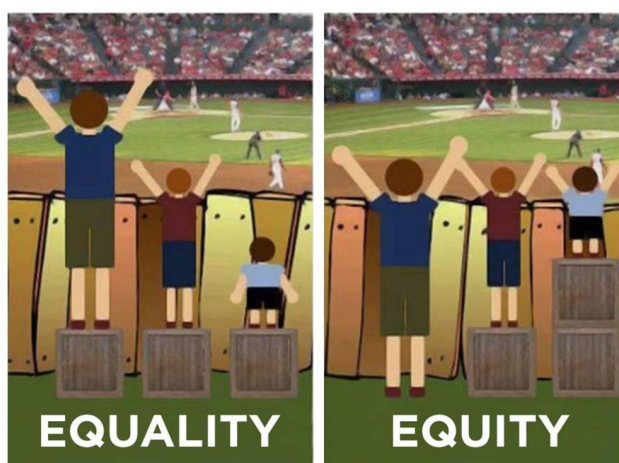2016

Parliament of Tasmania

EQUALITY   EQUITY

JOINT SELECT COMMITTEE INQUIRY INTO PREVENTATIVE HEALTH

REPORT

Members of the Committee:

Legislative Council

Hon Ruth Forrest MLC (Chair)
Hon Mike Gaffney MLC
Hon Adriana Taylor MLC
Hon Rob Valentine MLC

House of Assembly

Mr Guy Barnett MP
Mr Roger Jaensch MP
Ms Cassy O'Connor MP
Ms Rebecca White MP (Deputy Chair)

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Improvement in health and wellbeing is important for all Tasmanians. Wellness promotion, illness prevention and chronic disease management are integral to quality health care. Health care has historically focussed on the provision of acute care. This Report focuses on preventative health measures and the need for a significant increase in funding as part of the overall State budget. As part of a long term strategy, recurrent base funding is necessary for effective preventative health programs.

Statistically Tasmanians experience poorer health and wellbeing outcomes than the national average. In order to address these poor outcomes, a preventative health strategy is required. Such a strategy should set short, medium and long term goals to address a range of health related challenges and risk factors as outlined in the Committee's recommendations.

Inequalities in health and wellbeing are often determined by factors external to the health system. There is a fundamental relationship, and statistical correlation, between the health of Tasmanians and the social determinants of health, such as socio-economic status, housing, education and employment. These are the guiding principles and basis for the key recommendation of this Report. Continuous improvement in addressing these determinants must be the highest long-term priority of the current and successive governments.

The difference between equality and equity of access to health care must be clearly articulated in the public discourse on health. This relates to preventative, primary and acute health care.

Evidence shows Tasmanians have low levels of health literacy. Low health literacy has an adverse impact on lifestyle choices, either through a lack of knowledge and information, and/or the inability to comprehend the health promotion and illness prevention messages and advice that is provided. Improving the health literacy of Tasmanians will empower individuals to improve their own health and the health of their families.

An effective communication strategy using inclusive language is required to engage, educate and promote to the community, the difference that lifestyle choices can make to address the impacts of the social determinants of health.

The Committee recommends the adoption of a 'Health in All Policies' approach to improving the health and wellbeing of Tasmanians. This will require an evidence-based coordinated effort across agencies providing guidance and benchmarking on policies to address the social determinants of health. A robust

legislative framework is required to ensure the long term sustainability of such a policy, with the Department of Premier and Cabinet being the co-ordinating Agency responsible for the development, implementation and ongoing management of the 'Health in All Policies' approach.

Greater collaboration between State and Federal Government Departments responsible for health programs and initiatives would make better use of limited human and financial resources.

Preventative health screening and early intervention are crucial in responding to current and emerging health challenges. Addressing the shortage of, and access to, allied health professionals is an integral component in meeting these challenges.

The Committee recognises the link between health and the built environment. Liveability principles must be embedded in all Government policy decisions relating to the built environment including but not limited to transport, infrastructure and land use planning.

Building Tasmania's health intelligence provides an opportunity to improve understanding, planning and evaluation of illness prevention and health promotion strategies. Reliable, meaningful data consistent with national definitions is needed to help build health intelligence and inform policy decisions.

A variety of key stakeholders provided evidence to this Inquiry. There may be gaps in evidence in areas where stakeholders were contacted to provide submissions to the Committee but declined to do so, for example in the area of housing, education, youth health and Aboriginal issues.

Hon Ruth Forrest MLC
Committee Chair
11 March 2016

RECOMMENDATIONS

The Committee makes the following recommendations:

1. That successive governments accept the fundamental relationship, and statistical correlation, between the health of Tasmanians and their underlying socio-economic status, housing, education, employment and other factors, referred to as social determinants of health, and that continuous improvement in addressing these determinants be the highest long-term priority.

2. The Government adopt a 'Health in All Policies' approach to improving the health and wellbeing of Tasmanians.
   a. This requires a coordinated effort across agencies providing guidance and benchmarking on policies to address the social determinants of health;
   b. The 'Health in All Policies' approach needs to be evidence-based, long term and sustainable; supported by a robust legislative and administrative framework; and
   c. The Department of Premier and Cabinet coordinate the development, implementation and ongoing management of the 'Health in All Policies' approach.
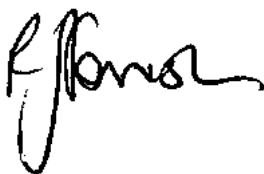
3. Government adopt a preventative health strategy recognising and resourcing a range of health related areas including:
   a. the importance of maternal health and wellbeing;
   b. the needs of older Tasmanians through a focus on healthy ageing;
   c. appropriate support for individuals living with a disability;
   d. the positive relationship between the arts and health and wellbeing;
   e. the important role of local government in achieving preventative health outcomes through consultation, communication and strategic planning;
   f. improving mental health and wellbeing through the promotion of protective factors and mitigation of risks;
   g. the importance of good mental health in children with a focus on early intervention to strengthen social/emotional competencies in children;
   h. recognise the connection between substance abuse and mental ill health and the growing challenge of drug and alcohol misuse;

<li type="i" start="9">
the health impact of wood smoke and the need for effective management of domestic wood heating and improved notification and timing of planned forestry burns;

<li type="i">
the detrimental health impact of allergies and the need for a coordinated approach to reduce the incidence and manage symptoms; and

<li type="i">
the importance of active lifestyles, healthy eating and physical activity to improve the health and wellbeing of Tasmanians.

4. The Government's health and wellbeing policies are reflected in the Tasmanian Planning System and transport infrastructure policy.
   a. Government adopts a state-wide planning policy that ensures liveability principles are embodied in all planning decisions;
   b. Government ensures transport infrastructure planning and policy decisions embody liveability principles; and
   c. Provisions in the new state-wide planning scheme give consideration to active transport links (e.g. walking and cycling), especially within and between urban communities.

5. Government proactively address equity of access to health services across both primary and acute health care.
   a. Improving the health literacy of Tasmanians be a priority of Government.
      i. Government develop an effective communications strategy for health promotion and service delivery using an inclusive approach, avoiding language that ostracises or stigmatises; and
      ii. School curriculums be reviewed to ensure health literacy is an integral component of a student's education.
   b. An increased emphasis be placed on the use of information and communications technology in health care.
      i. Telehealth technology be used more extensively to improve health care access in rural and remote areas;
      ii. Use of electronic health records be expanded; and
      iii. Government promote the use of suitable mobile health apps.
   c. Government pursue further opportunities to expand the scope of practice of Nurse Practitioners and Pharmacists to improve access to a range of health services;
   d. Government investigate options to support and improve access to healthy affordable food and healthy lifestyles for all Tasmanians; and

> e. Government address the shortage of Allied Health professionals, including Endocrinologists, Podiatrists, Allergists and Dietitians.

6. Data collected relating to the health and wellbeing of Tasmanians be reviewed to ensure it is adequate to guide policy development, consistent with national data definitions, and is reliable and meaningful.
   a. The Department of Premier and Cabinet has a coordinating role in the collection, collation and dissemination of data;
   b. The Department of Premier and Cabinet ensures agencies report on the health outcomes of policies that respond to this data; and
   c. The Government collect, record and benchmark data regarding Tasmanian children's health and wellbeing.

7. Funding be significantly increased for preventative health measures to improve the long term health and wellbeing of Tasmanians through the following:
   a. Government establish recurrent base funding for effective preventative health programs;
   b. Government ensure evidence-based initiatives and programs addressing social determinants are given priority in Agency budgets;
   c. Government establish a community health and wellbeing grants program with an outcomes focus as part of a health and wellbeing promotion strategy with simplified reporting requirements;
   d. Agencies report annually on current and ongoing health initiatives and programs using outcomes based performance measures;
   e. Government investigate streamlined reporting/acquittal requirements where funding is received from more than one public funding source;
   f. Government seek greater collaboration between State and Federal Agencies in the promotion and provision of preventative health programs to maximise participation, the effective use of resources and to improve health outcomes in Tasmania; and
   g. Government significantly increase investment in financial and human resources in the area of screening and early intervention to address emerging and current health challenges including mental health, obesity, cancer, diabetes, hypertension and kidney, cardio-vascular and respiratory disease.

FINDINGS

TERM OF REFERENCE 1

Tasmanian Health Characteristics

1. The health of the Tasmanian population is significantly poorer than the national average with regard to several of the major indicators including death rates, chronic disease, risky behaviours and mental health.

2. Compared with the national average, the percentage of Tasmanians: completing year 12 education is significantly lower; the median gross weekly income is substantially less; more Tasmanians are reliant on government income support; and Tasmanian children experience higher levels of socio-economic disadvantage.

Social Determinants of Health

3. There is a range of living conditions that are referred to as the social determinants of health.

4. Tasmanians experience poorer health and wellbeing outcomes as measured by the social determinants of health.

Equality and Equity

5. Inequalities in health and well-being are often determined by factors external to the health system. Health inequity is a reflection of social inequity and there is a direct correlation across the socio-economic gradient. People who are disadvantaged socially and/or economically are more likely to experience serious illness and/or premature death.

Inequity in Health Care

6. Equity of access to primary and acute health services and wellness programs is necessary to ensure Tasmanians are not unfairly disadvantaged in achieving improved health outcomes.

7. Access to health care is a greater challenge to Tasmanians living in the urban fringe, rural and regional areas.

8. Mobilisation of the broader community and coherent responses across all levels of government is necessary to reduce health inequalities.

9. Further expansion to the role of pharmacists and nurse practitioners in preventative health care models can deliver positive health outcomes and improve access to primary health care.

10. The use of inclusive language when discussing health equality and health equity is important in engaging the community.

Targeted Intervention Programs

11. Intervention programs that target specific groups in the community have been shown to be beneficial to the health and wellbeing of individuals with specific needs that may not be addressed in broader population health programs.

Telehealth Technology

12. Telehealth technology can be used to improve equity of and timely access to, health advice and care in both primary and acute healthcare.

13. Telehealth technology is underutilised in Tasmania.

Capacity to Meet the Needs of the Population

14. Tasmanian health care providers face challenging socio-economic, cultural and environmental conditions that present barriers to achieving optimal health for all Tasmanians. This challenge is exacerbated by Tasmania's small and highly dispersed population, with more socially disadvantaged people living in remote areas.

15. To overcome these barriers, Tasmania needs a governance framework that will deliver more effective and efficient health outcomes for the individual and the community.

16. To deliver this framework, there needs to be cooperation and collaboration across Local, State and Federal Governments.

Mental Health and Wellbeing

17. Substance abuse and mental ill health are significant issues affecting Tasmanian communities.

18. There is a need for early intervention to strengthen social and emotional competencies in children from a young age.

19. The promotion of good mental health needs to be included in any future preventative health strategy.

20. A preventative health strategy addressing mental health and wellbeing requires the development of sustainable, connected communities, the promotion of protective factors and mitigation of the risks.

21. Early intervention is essential to prevent or significantly reduce the occurrence of mental ill health.

Built Environment

22. The built environment is a significant contributor to improving longer term health and wellbeing outcomes.

23. There is a need to recognise the link between health and the built environment, and this needs to be embodied into State policy and the Tasmanian Planning System.

Access to Health Information and Services

24. Lack of access to primary care services, medical specialists and dental services in rural and isolated areas is a barrier to the implementation of a collaborative and integrated preventative health care system.

25. Multiple intervention pathways are required to increase choice and improve health outcomes for individuals and the broader community.

Nutrition

26. There are a number of initiatives, including the Tasmanian Government's Move Well Eat Well program, that play an invaluable role in promoting good nutrition in schools and facilitating behavioural change from an early age.

27. The Move Well, Eat Well, Glenorchy on the Go and the School Canteen Association programs were defunded as a result of the cessation of funding for the National Partnership Agreement on Preventative Health.

28. There is an opportunity for hospital catering services to become exemplars of affordable, healthy food and change is needed in hospitals in order to achieve cultural change and move towards seeing nutrition as therapy.

29. Dietitians play an important role in the planning and delivery of food services within hospitals, and the provision of healthy food choices in hospitals.

30. It is important that people have access to healthy affordable food.

Health Literacy

31. Tasmania has low levels of health literacy.

32. Low health literacy is having an adverse impact on lifestyle choices individuals make either through a lack of knowledge and information and/or the inability to comprehend the health promotion and illness prevention messages and advice that is provided.

33. The modifiable risk factors associated with preventable diseases for example diabetes, obesity and a number of common cancers, can be reduced through improved health literacy.

34. Higher educational attainment and effective community engagement for both children and adults are vital to improving health literacy and health outcomes.

35. In discussions regarding health policy and/or service delivery, it is important to use language that all stakeholders can understand.

36. Using the arts as an alternative form of communication can improve the understanding of health messages.

TERM OF REFERENCE 2

Current Focus on Treatment Rather than Prevention

37. The Tasmanian health care system has historically been designed and funded with a greater emphasis on treatment of illness, more so than prevention.

38. Historically State and Federal governments have not made long term investments in preventative health strategies to improve health outcomes.

39. Some members of the community can and do have an understanding of the multifaceted nature of health and wellbeing.

40. Broad community support and understanding of the need for a focus by governments toward preventative health is important and necessary.

Limited Inter-sectoral Collaboration

41. A greater degree of collaboration is required between health and other departments, including environment, infrastructure, planning, housing, the arts and education.

42. For the development of sound primary health care policy, community engagement is essential to fully inform the process.

43. The legitimacy and sustainability of any program resulting from primary health care policy depends on understanding the views and meeting the needs of the broader community.

44. Inadequate inter-sectoral collaboration and coordination of service delivery presents particular challenges in the provision of services to individuals or groups with complex and/or multiple health needs.

Short Term Focus on Health Planning

45. Short term health planning and dependence on funding cycles are barriers to inter-sectoral collaboration and the implementation of a sustainable integrated preventative health care model.

Personal Health Records

46. Currently in Tasmania there is no system that enables the sharing of individual patient health records which can be accessed electronically by health professionals involved in that patient's care.

47. The absence of such a system presents a barrier to an integrated preventative health care model.

48. It is important that any centralised patient records system is consistent with the Privacy Act.

Allergies

49. Allergies should be recognised and included in a preventative health care approach.

50. Healthy lifestyles can assist in preventing or minimising the adverse health impacts of some allergies.

51. Breastfeeding for a minimum of four months and good nutrition are important measures in allergy prevention and mitigation.

Ageing

52. A preventative health strategy requires the incorporation of the needs and issues of older Tasmanians through a focus on active ageing and the promotion of healthy lifestyles.

53. Tasmanians over the age of 60 currently equate to more than one fifth of the State's population and Tasmania also has the most rapidly ageing population.

Arts and Health

54. There is a growing body of evidence showing the positive connection between participation in the arts and health and wellbeing.

55. The arts provides an opportunity for people to contribute to and engage in their community.

56. Governments generally do not fully appreciate the positive relationship between the arts and health and wellbeing.

57. Investment in the arts can provide a potential cost saving to government.

Role of Local Government

58. Local government plays an important role in achieving preventative health outcomes through consultation and communication, developing a sense of place and strategic planning to support the health and wellbeing of their communities.

59. Local government provide a broad range of health and wellbeing related services.

Shortage of Specialists

60. There is a shortage of key personnel, for example Endocrinologists, Allergists, Podiatrists and Dietitians, which impacts on patient outcomes in the context of preventative health.

TERM OF REFERENCE 3

State-wide Strategic Plan

61. Future health planning requires a long term strategy in order to be effective and to demonstrate long term commitment to addressing the social determinants of health. Any strategy needs to be removed from the influences of the short political cycle.

62. Any preventative health strategy should be broad based and provide targeted support to disadvantaged, marginalised or at risk groups. Such a strategy should set short, medium and long term goals to address risk factors such as tobacco addiction, childhood obesity, alcohol misuse, poor nutrition and physical inactivity.

63. A multi-disciplinary advisory body comprising members from the medical and allied health professions, health and welfare advocacy, not-for profit organisations, government agencies and other stakeholders may assist in developing a preventative health strategic plan.

Funding Reform

64. To achieve an adequately resourced preventative health model, significant reform to the structure and funding of preventative health is required across government to effectively address the social determinants of health.

65. The current models of 'siloed' funding on an ad hoc basis can be counterproductive to the delivery of integrated services and positive health outcomes.

Structural Reform

66. There is broad support for the adoption of a Health in All Policies approach to improve the health and wellbeing of Tasmanians.

67. A Health in All Policies approach focuses on the social determinants of health and requires government leadership; including policies, interventions and actions beyond the health sector.

68. The Department of Premier and Cabinet would be the appropriate lead Agency for a Health in All Policies approach.

69. A Health in All Policies approach needs to be supported by an effective governance structure and an appropriate legislative framework.

Health Intelligence and Baseline Data

70. Health intelligence refers to the capture and utilisation of knowledge, information and data that can inform decision-making regarding the health of the population.

71. Health intelligence in Tasmania is currently limited and requires the capture of reliable data that conforms with national data sets.

72. Building Tasmania's health intelligence provides an opportunity to improve understanding, planning and evaluation of illness prevention and health promotion strategies.

73. The breadth and quality of publicly available data regarding the health and wellbeing of Tasmanian communities is inadequate.

Current Health Challenges

74. There are significant health challenges in Tasmania.

75. Health conditions such as obesity, diabetes, stroke, kidney disease, heart and vascular disease are challenges that respond to targeted intervention. These conditions can be delayed, prevented or managed through lifestyle changes.

76. The incidence of obesity and the related morbidities continue to increase in Tasmania and this has significant adverse financial implications for Tasmania's health care system.

77. Diabetes and related complications are responsible for approximately one third of all hospital attendances.

78. There are effective intervention programs that address risk factors and behaviours, targeting at-risk individuals, for example the Life! program in Victoria.

TERM OF REFERENCE 4

79. There is evidence that the membership of some Government committees and advisory groups include community sector representatives who have expertise and experience in the social determinants of health.

80. Within government, a broad understanding of the theory of social determinants of health is generally associated with sections of the Department of Health and Human Services (DHHS).

81. The Social Inclusion Unit and Commissioner for Tasmania were important contributors to the understanding of the impacts on health and wellbeing of Government policy decisions.

TERM OF REFERENCE 5

82. Research into the social determinants of health and health inequities provides for a more robust and responsive evidence based health care system.

83. It is difficult to identify the level of funding allocated each year for research related to the social determinants of health.

84. Further research into the social determinants of health should not take the place of action; there is enough evidence to act now.

85. Research into and evaluation of the effectiveness of policy measures to reduce health inequalities through action on social determinants is a key recommendation of the World Health Organisation.

Inefficient Grant Acquittal Process

86. The grant application process can be time consuming and complicated.

87. There is a lack of efficiency and continuity in the grant application process.

88. Short term funding is not effective in addressing preventative health issues that require a longer term commitment.

89. Due to funding being accessed from different sources grant acquittal processes can be complex and lack consistency and clarity.

Lack of Synergy between State and Federal Funding

90. There are instances of a lack of collaboration and coordination between State and Federal preventative health programs.

91. A lack of collaboration and coordination leads to an inefficient use of resources through duplication of effort at all levels of government.

92. A lack of collaboration and coordination in marketing and messaging results in confusion of message and/or failure to engage the target audience.

TERM OF REFERENCE 6

Air Quality

93. The impact of wood smoke is a significant health issue with serious implications for Tasmanians.

94. There is a correlation between exposure to wood smoke and an increase in respiratory illness requiring medical intervention and hospitalisation.

95. Wood smoke reduction, to improve air quality, is an important preventative health measure in order to reduce the burden of related chronic disease.

96. The long term health issues associated with wood smoke come primarily from living in smoky environments predominantly caused by wood heaters, rather than episodic events such as fuel reduction burns and wild fires.

97. In Tasmania, routine fuel reduction burns are undertaken to reduce the risk of wildfire. Effective management, including notification and timing of planned burns, is important.

98. Education is crucial to addressing the negative impact of wood smoke, including the correct operation of wood heaters, the use of suitable alternatives such as pellet fires, and permitted domestic burn-offs.

99. The EPA currently offers a domestic smoke management program and provides an air particle monitoring system in Tasmania.

Water Quality

100.   Access to clean drinking water is an important preventative health consideration.

101.   In the interest of public health, TasWater has a responsibility to provide clean drinking water in the systems it manages.

Electronic Cigarettes

102.   There is insufficient evidence demonstrating the safety, quality and efficacy of electronic cigarettes (e-cigarettes) as a less harmful alternative to smoked tobacco products.

ABBREVIATIONS

ANMF   Australian Nursing and Midwifery Federation

ATDC   Alcohol, Tobacco and other Drugs Council

APHCRI   Australian Primary Health Care Research Institute

DAA   Dietitians Association of Australia

DHHS   Department of Health and Human Services

DPAC   Department of Premier and Cabinet

EPA   Environment Protection Authority

HiAP   Health in All Policies

LGAT   Local Government Association of Tasmania

PIA   Planning Institute of Australia

PHT   Preventative Health Taskforce

PROP   Prisoner Release Options Project

PSA   Pharmaceutical Society of Australia

RFDS   Royal Flying Doctors Service

SDOHAN   Social Determinants of Health Advocacy Network

SEIFA   Socio-Economic Index for Areas

SHAID   Specialist Healthcare for Adults with Intellectual Disability

TasCOSS   Tasmanian Council of Social Service

THS   Tasmanian Health Service

TML   Tasmania Medicare Local

UTAS   University of Tasmania

WHO   World Health Organisation

INTRODUCTION

On Thursday, 22 November 2012 the House of Assembly and the Legislative Council resolved that a Joint Select Committee be appointed to inquire into and report upon the subject of preventative health.

The Membership of the Committee established in 2012 comprised Paul O'Halloran MP (Deputy Chair), Jeremy Rockliff MP and Rebecca White MP of the House of Assembly, and Ruth Forrest MLC (Chair), Adriana Taylor MLC and Rob Valentine MLC of the Legislative Council.

Forty-three submissions were received by the Committee in 2013 and public hearings were held in Hobart on 22 and 23 October and 22 November 2013. Fifteen groups or individuals gave verbal evidence to the Committee at these hearings. The final meeting of that Committee was held on 4 December 2013 prior to the prorogation of the 47th Tasmanian Parliament on 12 February 2014.

After the Parliament reconvened in May 2014, on Tuesday 26 August 2014 and 29 October 2014 respectively, the House of Assembly and the Legislative Council resolved that a Joint Select Committee be appointed, to inquire into and report upon: —

1. The current impact of inequalities in the major social determinants of health on the health outcomes, including mental health outcomes, of Tasmanians and the capacity for health and community services to meet the needs of populations adversely affected by the social determinants of health;

2. The challenges to, and benefits of, the provision of an integrated and collaborative preventative health care model which focuses on the prevention and early detection of, and intervention for, chronic disease;

3. Structural and economic reforms that may be required to promote and facilitate the integration of a preventative approach to health and wellbeing, including the consideration of funding models;

4. The extent to which experience and expertise in the social determinants of health is appropriately represented on whole of government committees or advisory groups;

5. The level of government and other funding provided for research into the social determinants of health; and

6. Any other matters incidental thereto.

The Membership of the Committee of the 48th Parliament comprised Ruth Forrest MLC (Chair), Mike Gaffney MLC, Rob Valentine MLC and Adriana Taylor MLC of the Legislative Council and Guy Barnett MP, Roger Jaensch MP, Cassy O'Connor MP and Rebecca White MP (Deputy Chair) of the House of Assembly.

The Committee of the 48th Tasmanian Parliament resolved to accept all evidence and papers received on this subject by the Joint Committee in the previous Parliament.

Thirty-two submissions were received by the Committee in 2015 and public hearings were held in Launceston on 14 April 2015, and in Hobart on 6, 7, 13, 25 May and 19 June 2015. Thirty-one groups or individuals gave verbal evidence to the Committee at these hearings.

The Hansard transcripts of these hearings are available at http://www.parliament.tas.gov.au/ctee/Joint/PHC1.htm. The transcripts should be read in conjunction with this report.

This Report provides a summary of the key findings contained in evidence presented during the Committee through the written submissions (provided in 2013 and 2015) and verbal evidence provided to the Committee during the public hearings.

BACKGROUND

According to the Ministerial Health and Wellbeing Advisory Council (Advisory Council) in the 2013 *'A Thriving Tasmania'* report, Tasmania ranks at or near the bottom compared with other states and territories on many important health and lifestyle measures and experiences higher levels of disease and disability.[1]

Poor health comes at a great cost to Tasmanians, not only in terms of lower quality of life and higher healthcare costs, but also in relation to the broader productivity and creativity of the Tasmanian economy. People need to be healthy and well in order to actively participate in the economy and their community. The benefits of good health and wellbeing extend well beyond the health sector.[2]

Tasmania currently faces the significant challenge of managing rising healthcare costs at a time of tight fiscal circumstances, and particularly in light of the decision by the Australian Government to cease the *National Partnership Agreement on Preventative Health*. Modelling indicates that if no action is taken to address rising healthcare costs, healthcare will consume the entire State Budget within the next few decades.[3]

New and additional funding cannot be relied upon as the solution. Rather, existing resources should be redirected so they are targeted in a way that enables them to work smarter and more positively to assist places and people to secure a fair and healthy future.[4]

The Tasmanian Government recognises that preventative health is a key component of a balanced health care system and investment into prevention offers the potential to reign in predicted growth in healthcare expenditure, and generate substantial social and economic benefits for the broader community. It is critical that any approach to preventative health includes a strong evidence base to ensure the most effective and sustainable use of resources.[5]

---

[1] Department of Health and Human Services (DHHS), '*A Thriving Tasmania'*, 2014, Hobart, Government of Tasmania, p. 6.
[2] Department of Health and Human Services (DHHS), '*A Thriving Tasmania'*, 2014, Hobart, Government of Tasmania, p. 6.
[3] Department of Health and Human Services (DHHS), '*Tasmanian Government Response to the Final Report of the Ministerial Health and Wellbeing Advisory Council,*' 2014, p. 28.
[4] Department of Health and Human Services (DHHS), 'A *Fair and Healthy Tasmania Strategic Review'*, Hobart, Government of Tasmania, 2011, p. 2; Department of Health and Human Services (DHHS), '*Tasmanian Government Response to the Final Report of the Ministerial Health and Wellbeing Advisory Council,*' 2014, p. 28.
[5] Tasmanian Government, *Submission*, 27 February 2015, p. 1.

The 2010 '*Assessing Cost Effectiveness*' Report (the ACE Report[6]) presents the findings of a major five-year study funded by the National Health and Medical Research Council (NHMRC), and run under the auspices of the Centre for Burden of Disease and Cost-Effectiveness at the University of Queensland and Deakin Health Economics at Deakin University.

The ACE report evaluated the cost-effectiveness of 150 preventative health interventions, addressing areas such as mental health, diabetes, tobacco use, alcohol use, nutrition, body weight, physical activity, blood pressure, blood cholesterol and bone mineral density, and it shows the possibilities of evidence-based decision-making on prevention. The ACE Report also clearly shows where more research is needed.[7]

The findings of the ACE Report are intended to be the foundation for a more effective system for health. The research underpins a comprehensive analysis of the value of many health advancement strategies to address the burden of preventable death and disease in Australia.

> *Importantly, the findings demonstrate how to achieve not only a more efficient system of health, but also a fairer system. The report's focus on deeply entrenched health inequalities facing Indigenous Australians paints a striking picture - we simply must do more to improve the physical and mental health of those experiencing social, economic or geographical disadvantage.[8]*

Better knowledge of the impact of the social determinants of health and how 'social gradients' and disparities in these determinants can in themselves adversely affect health outcomes, is shifting the focus from changing health risk factors, towards more effective approaches that take into account the deeper causes of health related behaviours and choices.

As a social determinants of health approach is taken, future initiatives will develop capacity to better support local job creation and break the cycle of intergenerational disadvantage. This would provide a positive opportunity to increase productivity, employment and creativity and enable more Tasmanians to participate in the economy.[9]

---

[6] Theo Vos, Rob Carter, Jan Barendregt, Cathrine Mihalopoulos, Lennert Veerman, Anne Magnus, Linda Cobiac, Melanie Bertram, Angela Wallace, *Assessing Cost-Effectiveness in Prevention*, ACE – Prevention, September 2010.
[7] *Ibid.*, p. iv.
[8] *Ibid*.
[9] Department of Health and Human Services (DHHS), '*A Thriving Tasmania*', 2014, Hobart, Government of Tasmania, p. 6.

> *Tackling the social determinants of health will require coordinated and sustained effort from the many parts of Tasmanian society that can build the conditions to keep Tasmanians healthy and well. All sectors of government, business and the community have a role to play because health and wellbeing is strongly driven by social and economic factors. This includes activities that influence the conditions of daily living at a national, state and local level.[10]*

Interest in the social determinants of health and health inequity has grown in Tasmania, particularly since the launch of the Health in All Policies Approach (HiAP) of South Australia in 2010.

The Tasmanian Government initiated the '*Fair and Healthy Tasmania Strategic Review*' in 2010 in order to establish the most effective means of improving health outcomes and reducing avoidable health inequities in Tasmania. At the same time, the Health in All Policies Collaboration and the Social Determinants of Health Advocacy Network (SDOHAN) were established in the community sector, both of which have been active in raising the profile of the social determinants of health.[11]

Towards the end of 2011, the Tasmanian Government responded to the findings of the '*Fair and Healthy Tasmania Strategic Review*' with the release of *A Healthy Tasmania: Setting New Directions for Health and Wellbeing* (*A Healthy Tasmania*) Policy.

In early 2012, the Advisory Council was established as an initiative of *A Healthy Tasmania*, the Tasmanian Government's strategic direction for the future of preventative health in Tasmania. The Advisory Council considered the significant challenge of how to improve health and wellbeing outcomes for all Tasmanians, how to address health inequity and make recommendations for action. The Advisory Council presented its final report *A Thriving Tasmania* in November 2013.

The current Government has a goal to make Tasmania the healthiest population in Australia by 2025, and under the *A Healthy Tasmania* policy, the Government has been working to develop a five year strategic plan for preventative health in Tasmania. As part of this process, an initial analysis has been undertaken by the University of Tasmania to evaluate the effectiveness of the existing preventative health strategy across the Tasmanian Government. The recommendations made by the previous Health and Wellbeing Advisory Council and the more recent report by the University of Tasmania are intended to inform the ongoing work of

---

[10] *Ibid*.
[11] Tasmanian Government, *Submission*, March 2013, p. 7.

the Health Council of Tasmania in determining the future direction of preventative health plans in Tasmania.[12]

The Tasmanian Government has indicated that the work of the Parliamentary Joint Select Committee into Preventative Health will be considered in developing its five year strategic plan and in the context of the current *One State, One Health System, Better Outcomes (One Health System)* reforms.[13]

Research undertaken in Tasmania in 2015 by Miriam Vandenberg and Michael Bentley for the Social Determinants of Health Advocacy Network (Tasmania) (SDOHAN) sought to understand more about the general public's understanding of these matters. The Report titled "*Just* words .... what we talk about when we talk about health" provides many interesting insights.

> *In Tasmania, particularly in recent times the term 'social determinants of health' has gained increasing prominence - both in the community sector and to a lesser extent in government policy. But just how well are such terms understood - and importantly how are they understood by those who are experiencing the very things we are talking about? This study used a qualitative research design and recruited people in the community across Tasmania who had little prior knowledge of the language of social determinants of health to participate in focus groups or interviews.[14]*

The report noted:

> *Participants in this study said the words were difficult to understand and created a barrier to engagement.*
>
> *... Canadian researchers have found that labelling populations contributes to the creation of an 'us and them' phenomenon. This leads to victim blaming, stigmatisation and greater power imbalances. Moreover, defining population groups by a single characteristic (e.g. low-income, refugee, unemployed, low literacy) oversimplifies people's situations - "There is always more diversity with a population group than our language can capture."[15]*

---

[12] http://www.premier.tas.gov.au/releases/a_healthy_tasmania
[13] Tasmanian Government, *Submission*, 27 February 2015, p. 4.
[14] Miriam Vandenberg and Michael Bentley, Just Words…What we talk about when we talk about Health, August 2015, p. 3.
[15] *Ibid*., p. 16.

Key findings from this report indicated that participants:

- *recognised that equality in health (i.e. equal health outcomes) is not possible, but that there are health inequities (i.e. unfair and unjust inequalities) in Tasmania, and these health inequities matter;*

- *clearly identified the relationship between ill health and social conditions and resources that are available;*

- *believed that it is morally wrong to have low-income communities that trap individuals in 'containers' of disadvantage that separate them from the larger social system and deny them the resources that are necessary to live a healthy life;*

- *if they were from advantaged communities, were just as likely to be concerned about health inequities as people with more lived experience of vulnerability;*

- *identified that their concerns about health inequities related to fairness and justice, cost, stigma and discrimination;*

- *believed that all levels of society had a role to play in addressing health inequities;*

- *saw little value in utilising commonly used terms in health policy and academia such as 'essential services', 'social determinants of health', 'health inequities', 'social gradient in health', 'entrenched disadvantage' and 'vulnerable Tasmanians'. Participants described these words as being impersonal and vilifying, contributing to the stigma and blame, and they considered those who use the terminology were disconnected and out of touch;*

- *said that it was inappropriate to simply name up health problems in this way, without actually doing something to address the problem to which the words relate;*

- *recognised that health is influenced by many factors, which are interrelated and complex, and that access to the best possible health is a human right. They regarded Tasmanians' health problems as being far more complex than is suggested by the current Government's policy of "Creating the healthiest population by 2025";*

- *identified that the health journey can follow a convoluted path, that it is not as simple as making bad decisions, and that the concepts of perceived*

control and self-efficacy play a key role in personal decision-making and self-responsibility.[16]

The report further noted:

- *there are more doctors and health services available in high income neighbourhoods than there are in low income neighbourhoods;*

- *65% of people with mental illness do not access any treatment;*

- *Aboriginal and Torres Strait Islander people live around 10-11 years less than non-Indigenous people;*

- *the likelihood of being obese is influenced by our income, education and jobs;*

- *living in unsafe, unaffordable or insecure housing increased the risk of many health problems;*

- *people living in lower income neighbourhoods are twice as likely to smoke as people in the highest income neighbourhoods;*

- *a good job can promote better health, self esteem and social contacts. With a good job we have a sense of belonging;*

- *every day, at least six Australians die from suicide and a further thirty people will attempt to take their own life;*

- *Aboriginal and Torres Strait Islander people are more than three times more likely to report having some form of diabetes than non-Indigenous people;*

- *warm and supportive parenting can help protect children for the negative impacts of poverty, including poor health; and*

- *there is growing evidence that investing in education is a highly effective step we can take to improve health outcomes. One study estimates that having quality education available to all could save eight times as many lives as medical advances.*[17]

---

[16] *Ibid.*, pp. 3-4.
[17] *Ibid.*, p. 7.

EVIDENCE

TERM OF REFERENCE 1

> **The current impact of inequalities in the major social determinants of health on the health outcomes, including mental health outcomes, of Tasmanians and the capacity for health and community services to meet the needs of populations adversely affected by the social determinants of health.**

Tasmanian Health Characteristics

The health of the Tasmanian population is significantly poorer than the national average. Indicators include higher death rates (6.5/1000 versus 5.4/1000 persons in 2013); the highest prevalence of chronic conditions such as diabetes (5.3% versus 4.9% nationally)[18], hypertensive disease (12.1% versus 10.2% nationally); respiratory system disease (33.4% versus 28.7% nationally); musculoskeletal disease (29.8% versus 27.7% nationally) and arthritis (17.2% versus 14.8% nationally); adverse risk behaviours such as smoking (26.5% versus 20.3% male current smokers); the second highest rates of teenage pregnancy in Australia, and a higher proportion of individuals with poor mental health than the national average, with the second highest level of diagnosed mental health issues and behavioural problems in adults (14.9% versus 13.6%).[19]

In addition, the percentage of Tasmanians gaining a year 12 education is significantly lower than the national average (29% versus 38%), the median gross weekly income is substantially less ($934 versus $1234) and more Tasmanians are reliant on income support than the general Australian population (31% versus 23%).[20] Tasmanian children in general experience the highest levels of socio-economic disadvantage of children in any state in Australia.[21]

Findings:
1. The health of the Tasmanian population is significantly poorer than the national average with regard to several of the major indicators including

---

[18] Mercury, 'New Diabetes Australia Figures show 27. 261 cases diagnosed in Tasmania', 27August 2015, retrieved from http://www.themercury.com.au/news/tasmania/new-diabetes-australia-figures-show-27261-cases-diagnosed-in-tasmania/story-fnj4f7k1-1227500973665.

[19] Dr Seana Gall, *Submission*, 16 February 2015, p. 2.

[20] *Ibid*.

[21] *Ibid*.

> death rates, chronic disease, risky behaviours and mental health.
>
> 2. Compared with the national average, the percentage of Tasmanians: completing year 12 education is significantly lower; the median gross weekly income is substantially less; more Tasmanians are reliant on government income support; and Tasmanian children experience higher levels of socio-economic disadvantage.

Social Determinants of Health

The social determinants of health are the conditions of everyday living that affect and impact on a person's health. They are the conditions in which people are born, grow, live, work and age.

Some of the social determinants that impact on health include:

- access to quality health services (including peri-natal health care);
- disability (physical and intellectual);
- discrimination and lack of social support;
- early childhood development;
- ecosystem sustainability;
- employment;
- ethnicity (particularly Aboriginality);
- financial security;
- food and water security;
- housing status;
- income;
- level of education;
- sex and gender;
- social inclusion;
- social welfare;
- quality of the built environment; and
- rurality/settlement patterns.[22]

Social determinants can positively or negatively influence and significantly impact on health inequities.[23] The social determinants of health are sometimes

---

[22] TML *Submission*, 16 February 2015, p.9, 30; Hobart Women's Health Centre, *Submission*, 16 February 2015, p.3; Robyn Wallace, *Submission*, 21 January 2015, p. 2; PIA, *Submission*, 13 February 2015, p. 5; ANMF, *Submission*, 7 May 2015.

[23] Tasmania Medicare Local, *Submission*, 16 February 2015, p. 9.

referred to as 'the causes of the causes' because they are the underlying reasons why people experience poor health.[24]

Statistically Tasmanians experience a greater number of negative impacts of the major social determinants of health in comparison with individuals from other States and Territories.[25]

> **Findings**:
>
> 3. There is a range of living conditions that are referred to as the social determinants of health.
>
> 4. Tasmanians experience poorer health and wellbeing outcomes as measured by the social determinants of health.

Equality and Equity

According to Dr Seana Gall, Senior Research Fellow, Menzies Institute for Clinical Research noted in her submission:

> S*ocio-economic factors are the major determinant of health and mental health outcomes in Australia and give rise to a potential inter-generational cycle of developmental, emotional, and social problems.*[26]

Inequalities in health are largely determined by factors outside the health system, and good health can be compromised by social position, cultural background or geographic location.[27] Research has confirmed there is a broader range of social determinants, as reflected in the model of health by Dahlgren and Whitehead (Figure 1), which demonstrates that Tasmanians are at an increased risk of poor health outcomes.[28]
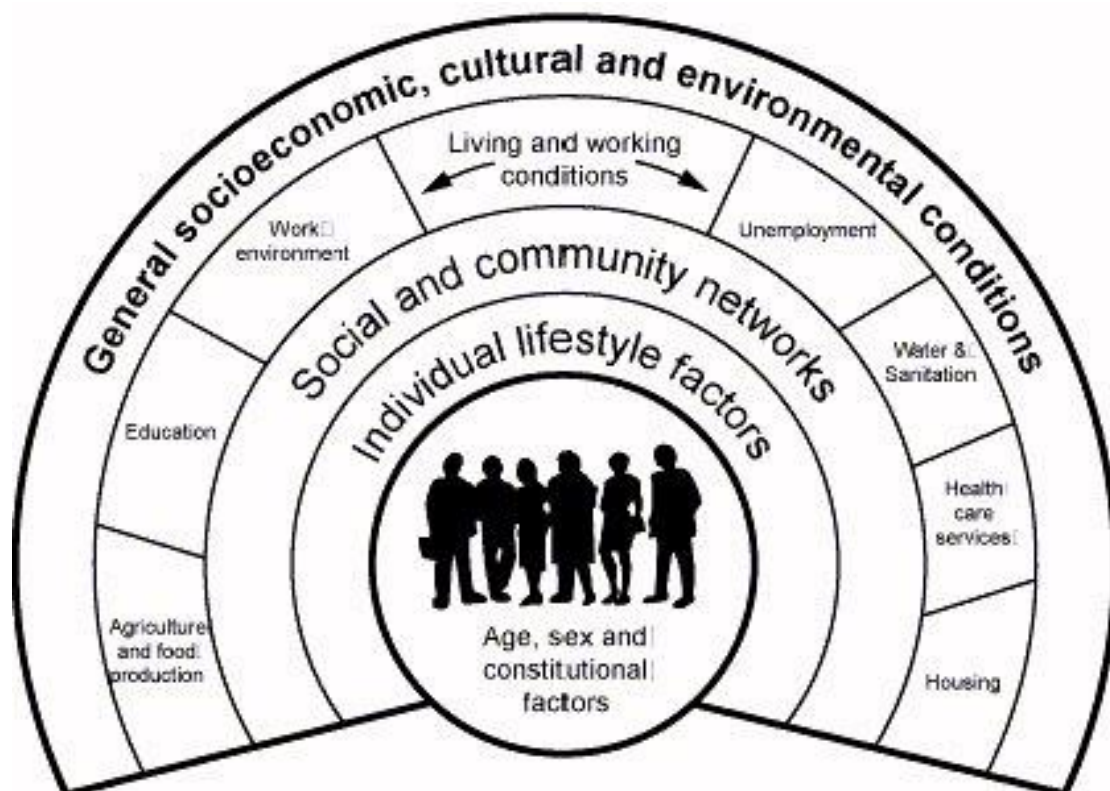
---

[24] Miriam Vandenberg and Michael Bentley, Just Words…What we talk about when we talk about Health, August 2015, p. 5.
[25] Dr Seana Gall, *Submission*, 16 February, 2015, p. 2.
[26] *Ibid*.
[27] Health in All Policies (HiAP), *Submission,* 16 February 2015, p.4.
[28] Tasmania Medicare Local, *Submission*, 16 February 2015, p.10.

Figure 1: Dahlgren and Whitehead's model of the Social Determinants of Health[29]

The Dahlgren and Whitehead model of the social determinants of health demonstrates the determinants of health as layers of influence, starting with individual factors including age, sex and constitutional factors, and extending to general socioeconomic, cultural and environmental conditions, including agricultural and food production, education, work environment, unemployment, water and sanitation, health care services and housing.

Health inequity is a direct reflection of social inequity and there is a direct correlation across the socio-economic gradient.[30] This social gradient in health means that people who are disadvantaged socially and/or economically usually run a much higher risk of serious illness and premature death than people at the other end of the social gradient.[31] This social gradient contributes to inequalities in health, not only in relation to life expectancy but also access to health care, the prevalence of chronic conditions and associated risk factors, and the distribution of health resources.[32]

---

[29] Dahlgren and Whitehead 1992, Policies and Strategies to Promote Equity in Health, WHO.

[30] Australian Nursing and Midwifery Federation (ANMF), *Submission*, 7 May 2015, p. 6.

[31] HiAP *Submission*, 16 February 2015, pp.4-8; Stewart Millar, *Submission*, 16 February 2015, p. 2; COTA, *Submission*, 27 February 2015, p. 7; TasCOSS, *Submission*, 16 February 2015, p. 3; and Tasmania Parliamentary Greens, *Submission*, 27 February 2015, p.5.

[32] Health in All Policies (HiAP), *Submission,* 16 February 2015, p.4.

The most recent Tasmanian Population Health Survey conducted by the Department of Health and Human Services (DHHS):

> *Showed large disparities in health outcomes and behaviours between those with the least and most disadvantage, using an Australian Bureau of Statistics indicator known as the Socioeconomic Index for Areas (or SEIFA).*[33]

Evidence shows that people living in the most socio-economically disadvantaged areas are more likely to smoke (18.7% versus 9.1% overall Tasmanian population), be obese (32% versus 18%) or have high psychological distress (16% versus 8%). The highest rates of teenage pregnancy occur in socio-economically disadvantaged areas. Similar disparities are evident within the Aboriginal and Torres Strait Islander community compared to the overall Tasmanian population: smoking (30% versus 15%), obesity (37% versus 24%) and psychological distress (18% versus 11%).[34]

Findings:
5. Inequalities in health and well-being are often determined by factors external to the health system. Health inequity is a reflection of social inequity and there is a direct correlation across the socio-economic gradient. People who are disadvantaged socially and/or economically are more likely to experience serious illness and/or premature death.

Inequity in Health Care

The SDOHAN (Tasmania) research paper '*Just* words ...what we talk about when we talk about health' noted:

> *Health inequity matters to 'everyday' Tasmanians. Equity is not the same as equality ... equity is an ethical principle that encompasses the notions of justice and fairness. It is not fair that there are communities in Tasmania that do not have ready access to resources necessary to live a healthy life, such as easily accessible health care services, grocery stores with fresh healthy foods and places to exercise safely. Health inequalities are pervasive and not easily eliminated but we can, and should do something about health inequity if we recognise that health is a 'resource for everyday life' - a human right – then it is unjust to deny people these rights.*[35]

---

[33] Dr Seana Gall, *Submission*, 16 February, 2015, p. 2.
[34] *Ibid*.
[35] Miriam Vandenberg and Michael Bentley, *Just* Words…What we talk about when we talk about Health, August 2015, p. 6.

Furthermore the SDOHAN research suggests:

> *We should focus on how social determinants affect all Tasmanians (not just specific groups or socioeconomic classes). In doing so we should identify people by shared experiences rather than by socioeconomic deficits. Using inclusive language (we, our, us) prevents artificial distancing between groups (them, they).*[36]

Tasmania often falls behind the nation on several important health and lifestyle measures including the health risk factors. It is important to understand and address equity of access to primary and acute health services in order to ensure that Tasmanians are not unfairly disadvantaged in achieving improved health outcomes.

The Tasmania Medicare Local (TML) submission suggested that an approach that considers equity of access to health care can ensure services and resources are provided to the right people at the right time in the right way. A 'health equity lens' is key to redesigning services, reallocating resources, improving the social gradient and improving health outcomes,[37] and such an approach:

> *Has the potential to re-orientate organisations and services and focus on longer term outcomes.*[38]

Mr Millar suggests reducing health inequalities can only be met by broad mobilisation and coherent responses across the whole of society and all levels of government.[39]

For this to be achieved, equity of access to health care needs to be understood and addressed. As Figure 2 provided by HiAP illustrates, equality of access is not the same as equity of access.
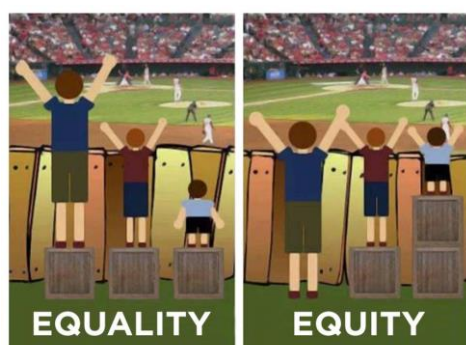
Figure 2: Health Equity vs Equality

---

[36] *Ibid*.
[37] Tasmania Medicare Local, *Submission*, 16 February 2015, p. 20.
[38] *Ibid*.
[39] Stewart Millar (Allied Health Interest Group), *Submission*, 16 February 2015, p.3.

Equity of access to health care can be achieved in a variety of ways.

According to the 2013 Tasmanian Council of Social Service (TasCOSS) Submission, access to and utilisation of health care is vital to good and equitable health:

> *More equal income distribution has proven to be one of the best predictors of better overall health of a society.*
>
> *People living on low incomes:*
> - *die earlier than those who are wealthier - they run at least twice the risk of serious illness and premature death as those with more income and resources;*
> - *have poorer access to health services;*
> - *have less capacity to develop healthy behaviours like eating well, exercising regularly or stopping smoking;*
> - *are more likely to experience social exclusion, stress and anxiety; and*
> - *are more likely to suffer from chronic health conditions such as mental ill health, heart disease, cancer, diabetes, injury and respiratory diseases such as asthma.[40]*

The 2013 COTA submission highlights the challenges of access in the context of older Tasmanians:
> *There are a myriad of factors impacting on the health and wellbeing of older people. In examining many of these factors it is evident that older people experience inequities in not only some of the key social determinants of health, but also in access to basic health care and other services.[41]*

According to Dr Robyn Wallace from the Specialist Healthcare for Adults with Intellectual Disability (SHAID) clinic at Calvary Hospital, access is also a challenge for adults with an intellectual disability:

> *It is well known that adult patients with intellectual disabilities are vulnerable in terms of their health. They endure significant preventable morbidity and mortality, in part because of problems in accessing optimal healthcare.[42]*

Access to health care is also a challenge for Tasmanians living in regional centres and rural areas.

---

[40] TasCOSS, Submission, 4 March 2013, p. 14.
[41] COTA, *Submission*, 6 March 2013, p.5.
[42] Dr Robyn Wallace (SHAID), *Submission*, 21 January 2015, Appendix 2.

According to the ACHPRI submission:

Tasmanians from rural areas live in a different physical environment, are more likely to [be] poorer, older, and less educated, have poorer oral health, and suffer from poorer access to dental care than their metropolitan counterparts.[43]

The Pharmaceutical Society of Australia (PSA) submission identifies that pharmacists are well positioned to contribute to equity of access to health care, particularly where access is limited or problematic:

While their primary expertise revolves around medication management issues, pharmacists also have training and good grounding in broader health and scientific issues. Pharmacists are ideally placed to offer healthy lifestyle advice to consumers, not only when dispensing their prescriptions but when dealing with requests for non-prescription products or treatment of minor ailments.[44]

In Australia there is a well-established network of community pharmacies to support equitable access for Australians to medicines, health information and professional advice, in most cases without the need to make an appointment. It has been quoted that every person in Australia visits a pharmacy on average 14 times a year … Pharmacists are often the first health professional that a consumer interacts with to discuss health issues.[45]

The PSA submission identified the diverse role of pharmacists including being involved in:
- population level education and awareness campaigns;
- targeted or tailored interventions for individuals; and
- engagement and interaction with consumers about a wide spectrum of health care needs ranging from prevention, early detection and screening stages through to treatment and palliation.[46]

The PSA submission suggested that:
Harnessing the skills of pharmacists, and the ancillary staff within their own communities to champion preventive health initiatives large and small will benefit the entire community especially those that are the most disadvantaged. Pharmacists are located within many of our most

---

[43] Leonard Crocombe (APHCRI), *Submission*, 27 January 2015, p.2.
[44] PSA, *Submission*, 14 March 2013, p.1.
[45] PSA, *Submission*, 16 February 2015, p.2.
[46] *Ibid*, p.3.

> *disadvantaged communities offering a range of programs that support populations adversely affected by the social determinants of health.*[47]

The Australian Nursing and Midwifery Federation (ANMF) also suggested there is a greater role for nurse practitioners in preventative health models. The ANMF submission suggested that the role and scope of practice of nurses could be further expanded in primary health care, including:

- expansion of diagnostic, screening and referral privileges for nurse practitioners employed in the public sector;
- formal recognition of collaborative arrangements with pharmacists in the health care team particularly in relation to mental health care, health promotion and screening;
- further regulatory reform in the areas of pharmaceutical prescribing by nurse practitioners in specialist services;
- ongoing investment in nurse-led and midwifery-led programs and models of care that have demonstrated positive health outcomes;
- identification of and nurse-led case management of 'at risk' families and individuals; and
- introduction of tele-health clinics led by nurses and/or midwives.[48]

Findings:

6. Equity of access to primary and acute health services and wellness programs is necessary to ensure Tasmanians are not unfairly disadvantaged in achieving improved health outcomes.

7. Access to health care is a greater challenge to Tasmanians living in the urban fringe, rural and regional areas.

8. Mobilisation of the broader community and coherent responses across all levels of government is necessary to reduce health inequalities.

9. Further expansion to the role of pharmacists and nurse practitioners in preventative health care models can deliver positive health outcomes and improve access to primary health care.

10. The use of inclusive language when discussing health equality and health equity is important in engaging the community.

---

[47] *Ibid*, p. 4.
[48] PSA, *Submission*, 14 March 2013, p. 6; ANMF, *Submission*, 2013, pp. 7-8.

Targeted Intervention Programs

The Committee recognised instances where targeted intervention programs may be beneficial.

Mr Patrick Carlisle, CEO Bethlehem House identified one particular program - the Prisoner Release Options Project (PROP):

> *The Post Release Options Project reduces criminality by changing social environments and motivational conditions of ex-prisoners through targeted intensive transitional support, with those identified as being at high-risk offending. Reintegration is achieved in collaboration with the Justice Department, Tasmanian Prison Service, Community Corrections, Parole Board, community agencies and families.[49]*

According to Mr Carlisle, the PROP has been a successful area of targeted intervention:

> *During the period of the project we had about 44 men come out of prison. In the last year of the project, the number of men that didn't re-offend was almost double the normal population. So we were able to give them purpose, and change things for them.[50]*

The Committee heard that positive health outcomes can be achieved when support and intervention is made at an early stage, and in fact, preventative measures can build resilience and protective factors that help keep people well.

In relation to targeted interventions in the context of people with a physical or intellectual disability, Dr Wallace suggested:

> *A proactive approach to specifically searching for common problems which occur in patients with particular disabilities comprises part of the health promotion and disease prevention in this population. For example, specifically looking for gastro-oesophageal reflux in patients with cerebral palsy in whom reflux is known to be more common, may prevent the later onset of gastro-oesophageal bleeding, stenosis, vomiting and oesophageal cancer. Another example of preventive healthcare is screening and treatment of Helicobacter pylori, a very common infection in this population compared to the general population, and a strategy which would prevent development of peptic ulcer disease and gastric cancer.[51]*

---

[49] http://www.bethlehemhouse.org.au/bethlehem/?c=47
[50] Patrick Carlisle (Bethlehem House), *Transcript of Evidence*, 25 May 2015, p. 25.
[51] Dr Wallace (SHAID Clinic), *Submission*, p.2.

Targeted interventions at this early stage can address the common problem of presentation of patients with a disability late in a disease, when treatment is much more complex and costly.[52]

> **Findings:**
> 11. Intervention programs that target specific groups in the community have been shown to be beneficial to the health and wellbeing of individuals with specific needs that may not be addressed in broader population health programs.

Telehealth Technology

According to Ms Shearing, telehealth technology is a tool that can be widely used to improve equity of access and timely access to health advice and care in both primary and acute healthcare. Currently, this technology is not being fully utilised in Tasmania.

> *Quality of current technology re tele health/video conferencing needs to improve and this will hopefully increase the number of people accessing and using these resources as this also provides valuable opportunities to access interstate specialists in a more timely manner with better outcomes because of this.[53]*

In order to be effective, this technology must be of adequate standard at both ends which may present challenges in rural areas.

> **Findings**:
> 12. Telehealth technology can be used to improve equity of and timely access to, health advice and care in both primary and acute healthcare.
>
> 13. Telehealth technology is underutilised in Tasmania.

Capacity to Meet the Needs of the Population

Tasmanian health care providers face challenging socio-economic, cultural and environmental conditions that pose barriers to achieving optimal health for all Tasmanians,[54] particularly in light of the challenges posed by the geography of the State. Tasmania's small and highly dispersed population is compounded by the location of the more socially disadvantaged living in remote areas.

---

[52] Dr Wallace (SHAID Clinic), *Submission*, p.4.
[53] Lisa Shearing (Community Options Service North), *Submission*, 10 February 2015, p. 3.
[54] *Ibid*.

According to Dr Gall:

> *At present, Tasmania lacks an overarching framework that can integrate health and community services across the federal, state and local government, as well as non-government organisations and those in the private sector.*[55]

Mr Graeme Lynch, on behalf of the Health in All Policies (HiAP) collaboration, supported this view. Mr Lynch suggested that in order for Tasmanian health and service providers to address the specific needs of all Tasmanians, a governance framework that will deliver more effective and efficient health outcomes is essential at the Commonwealth, State, Local Government and individual community levels.[56]

The HiAP Collaboration submission suggested that with the appropriate governance model in place:

> *The capacity for Commonwealth, State and Local Government and individual communities will be enhanced and provided with a framework to work collaboratively across all sectors to build the required capacity for health and community services to meet the needs of populations adversely affected by the social determinants of health.*[57]

Dr Gall's submission indicated there is a need for the implementation of structural and economic reforms to create a sustainable health care system. Dr Gall also noted there is a need to recognise that a health care system predominantly focused on the delivery of acute care is unsustainable:[58]

> *Modelling suggests that a health care system designed to provide mostly acute care is unsustainable, with spending on healthcare predicted to exceed the entire revenue of state governments by 2045.*[59]

Many submissions received in 2013 expressed a view that a single state-wide health organisation was needed. Several witnesses agreed that the Tasmanian Government has made positive progress toward creating a single state-wide health organisation.[60] It was also noted that a shift is required in the Government's focus on the delivery of acute services to greater focus on health

---

[55] *Ibid*, pp. 2-3.
[56] Health in All Policies (HiAP), *Submission,* 16 February 2015, p.7.
[57] Health in All Policies (HiAP), *Submission,* 16 February 2015, p.7.
[58] Dr Seana Gall, *Submission*, 16 February, 2015, p. 3.
[59] *Ibid*.
[60] *Ibid*.

promotion, prevention of and early intervention in disease and addressing population health inequities.[61]

The Heart Foundation reiterated its support for the HiAP findings and submitted:

> *In transitioning to a single Tasmanian Health Service, state-wide population level health planning and resource allocation for preventative health services – as with acute clinical services – becomes an integral and valued component of plans for the future direction of the provision of health services in Tasmania.[62]*

Findings:

14. Tasmanian health care providers face challenging socio-economic, cultural and environmental conditions that present barriers to achieving optimal health for all Tasmanians. This challenge is exacerbated by Tasmania's small and highly dispersed population, with more socially disadvantaged people living in remote areas.

15. To overcome these barriers, Tasmania needs a governance framework that will deliver more effective and efficient health outcomes for the individual and the community.

16. To deliver this framework, there needs to be cooperation and collaboration across Local, State and Federal Governments.

Mental Health and Wellbeing

The Committee heard that prevention of mental ill health is a broad community health issue that needs to be addressed in any future preventative health strategy in Tasmania.

According to the Mental Health Council of Tasmania (MHCT):

> *It is clear that health promotion and prevention of illness have gained strong acceptance within public health, but it is noteworthy… that they have often failed to incorporate mental health components within their framework. Considering the evidence of strong linkages between mental and physical health it is surprising that this is still a deficit. A greater understanding of the links between mental well-being and physical health is needed by policy-makers, program and service providers and the community at large.*

---

[61] Social Determinants of Health Advocacy Network (SDOHAN), 16 February 2015, *Submission*, p. 1.
[62] Heart Foundation, *Submission*, 16 February 2015, p.3.

While the socioeconomic determinants of mental health require more study, research so far indicates that in general, people who are more socially isolated and people who are disadvantaged have poorer health than others; more socially cohesive societies are healthier, with lower mortality; and there are strong positive health outcomes associated with social connectedness.[63]

The MHCT believes that the basis for the promotion of good mental health and the prevention of mental illness in society requires the development of sustainable, connected communities, the reduction of risk factors, the promotion of protective factors, and necessitates addressing the following key points:

1. Support greater priority given to mental health and wellbeing, better public understanding and awareness

There is a need to work for a culture shift to make public mental health 'everybody's business' starting with a public anti-stigma campaign. In addition, the field of mental health should be advanced by developing the concept of population mental health, and funding of research projects to target gaps in mental health data.[64]

2. Promote meaning and purpose and social connectedness

There is abundant evidence that mental health status is strongly correlated with levels of participation in social and community life. The amount of emotional and practical social support people receive varies by social and economic status. Poverty can and does contribute to social exclusion and isolation. People who receive less social and emotional support are more likely to experience depression.[65]

3. Ensure a positive/equitable start in life

There is ample evidence that the early stages of life (from birth to the age of three) are more critical for development in mental, social, and physical functioning than in any other period across an individual's lifespan and that what happens during this period influences how the rest of childhood and adolescence will unfold. Additionally, backing this up with high quality education and interventions throughout the school years to support children and families is shown to increase resilience and reduce the longer term need for crisis services. Programs which target the wellbeing of families, including the alleviation of economic hardship, family-friendly policies at the workplace, or access to child

---

[63] Mental Health Council of Tasmania, *Submission*, 7th March 2013, pp. 7-8.
[64] *Ibid.*, pp. 8-11.
[65] *Ibid.*, pp. 12-13.

care, can lead to overall mental and physical health improvements in children and future adults.[66]

Mr Robert Waterman, CEO Rural Health, identified the major issues affecting rural and regional communities as substance abuse and mental ill health:

> *Substance abuse is a good example, and mental illness, are probably the two that I see as really big issues for us at Rural Health. One in four youth are now experiencing mental illness. It is preventable. We know what the key indicators for future mental illness are. We know how to change those at a young age and we know how to prevent or significantly reduce the occurrence of mental illness.*
>
> *Those key indicators for mental health and substance abuse are present in just about every case... Things like poor emotional regulation. If I talk about the protective and risk factors, there are secondary or external risk factors and then there are primary protective factors and they are the internal ones we have. That is emotional intelligence, social and emotional competencies, is a person has good emotional regulation, can take responsibility, is objective-resilient, those types of behaviours. We are generationally losing that because parents have lost that now. We have lost one generation, so now the parents are unable to pass that emotional intelligence education onto their children. They might be having two, three or four children so we are getting that explosion of poor emotional intelligence in families.[67]*

The loss of such capacity to pass these skills through generations may be the result of poverty, disadvantage, homelessness, family violence, mental health and addiction. Mr Waterman highlights the need for early intervention to rebuild those social and emotional competences in kids at a young age:

> *We know that by the time a child is seven they have very ingrained patterns of behaviour and as they get older they become more and more difficult to change.[68]*

According to the MHCA, as far as suicide – in particular youth suicide in Australia is concerned, according to the Hunter Institute of Mental Health:

> *In recent years (2006-2010) the Northern Territory (20.2 per 100, 000) and Tasmania (14.5 per 100, 000) have the highest rates of standardised death rates by suicide, followed by Western Australia (13.2 per 100, 000). In Tasmania, it is notable that no suicide "hotspots" have been recognised and this prevents any prevention measures to be put in place in those areas*

---

[66] *Ibid.*, p. 14.
[67] Robert Waterman (Rural Health), *Transcript of Evidence*, 7 May 2015, p. 65.
[68] *Ibid.*, p. 71.

where suicides are more likely to occur. This is an issue that requires further investigation.

Considering all causes of death, suicide accounted for 23% of deaths among 15-19 year old males and 24.5% of deaths among 20-24 year old males in 2010. The corresponding percentages for females in both of these age groups are 16.6% and 25.7% respectively.

Mental disorders such as major depression, psychotic illnesses and eating disorders are associated with an increased risk of suicide especially after discharge from hospital or when treatment has been reduced.[69]

A 'suicide hotspot' has been defined as a *'specific, usually public, site which is frequently used as a location for suicide and which provides a means or opportunity for suicide.'*[70]

It is crucial that emphasis is placed on:
- Early identification and the extension of early intervention services to children and young people with any type of mental ill health;
- Services for young people with particular needs or vulnerabilities;
- Adequate funding of child and adolescent mental health services;
- Support for parents/carers who have children with mental ill health;
- Support for all parents during the perinatal period;
- Support for parents, particularly for those with mental ill health; and
- Investigation of current and potential suicide 'hotspots' in Tasmania.[71]

4. Build resilience and a safe, secure base

A whole-of-government approach is required to bring together a range of sectors that impact on the mental health of individuals, such as housing, education, welfare and justice. Partnerships with these other sectors must be fostered, in order to develop a broader, whole-of-government approach to mental health that promotes positive reforms.[72]

5. Integrate physical and mental health and wellbeing across population groups and settings.

According to the National Report Card on Mental Health and Suicide Prevention:

---

[69] *Ibid*., p.15.
[70] Preventing Suicide at Suicide Hotspots, 2012, Centre for Health Policy, Programs and Economics, University of Melbourne, p. 5 in MHCA, *Submission*, 7th March 2013, p. 15.
[71] Mental Health Council of Tasmania, *Submission*, 7th March 2013, pp. 16-17.
[72] *Ibid*, p. 17.

The physical health of people living with a mental health difficulty is worse than the general community. For people living with a severe and enduring mental illness their health is much worse – people with illnesses such as bipolar disorder or schizophrenia have heart-related problems, diabetes and obesity at much higher rates than the rest of the community.[73]

Consequently, there is a need to integrate physical and mental health and wellbeing across population groups and settings to provide early intervention when symptoms first arise in adolescence and prior to that for early childhood and family support.[74]

The Committee noted reference made by the MHCT to South Australia's Mental Health and Wellbeing Policy 2010 – 2015 which was prepared for the Department of Health, Government of South Australia. South Australia's Mental Health and Wellbeing Policy provides a vision for the future of mental health care in South Australia, outlining the key objectives, principles and broad strategies for the ongoing reform of the mental health care system into the next decade:[75]

South Australia's Mental Health and Wellbeing Policy also recognises that good mental health and wellbeing depends on a wide range of factors and that a holistic, whole of community approach is essential to prevent and reduce the impacts of mental illness and help people who are experiencing mental ill-health achieve their recovery goals.

As a result, the policy emphasises the importance of promoting and developing environments, relationships and services that enhance our individual and collective capacity to promote and sustain good mental health and facilitate the recovery journey for everyone who experiences mental ill-health. The development of this policy is based on an understanding that feeling positive about life and being able to deal with the challenges and difficulties we face is important to everyone in our community.

The implementation of this policy will be supported by the development of more detailed strategies, plans and frameworks aimed at promoting

---

[73] National Mental Health Commission, 2012, A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention, Sydney NMHC, p. 28 in Mental Health Council of Tasmania, *Submission*, 7th March 2013, p. 19.
[74] Mental Health Council of Tasmania, *Submission*, 7th March 2013, p. 20.
[75]
http://www.sahealth.sa.gov.au/wps/wcm/connect/3ae2ab80430c70968be5db2cf7cfa853/sahealthmental healthandwellbeingpolicy-conspart-sahealth-30062010.pdf?MOD=AJPERES&CACHEID=3ae2ab80430c70968be5db2cf7cfa853

positive mental health and progressing mental health care reform in South Australia.[76]

According to Mr Waterman, understanding by government of the social determinants of health and early intervention is essential in order to prevent or significantly reduce the occurrence of mental ill health:

> *There is a poor understanding of how socially and economically beneficial intervening at an early stage in a person's life can be in comparison to waiting until they have been through 20, 30 years of pain and suffering and then the massive social, emotional and financial costs to that person to have to go through that longevity of pain and suffering, when we could act early.[77]*

According to Ms Jami Bladel, Artistic Director of Kickstart Arts, participation in arts can play a vital role in addressing health inequities in Tasmania:

> *Providing targeted programs that engage disadvantaged people in programs designed to promote self-esteem and optimism; improve mental, emotional and physical health; build creative capacity; develop community networks and teach new skills (eg: literacy, use of technology, language etc.) and provide pathways into education and employment.*
>
> *Kickstart Arts is committed to challenging systemic disadvantage and supporting vulnerable and marginalised people throughout Tasmania to reach their full potential. Since our inception, Kickstart Arts has worked with many disadvantaged communities including: people with disabilities; refugees; culturally and linguistically diverse communities (CALD) ; isolated rural and remote communities; children in out-of-home care; disengaged youth; people living with mental illnesses, Tasmanian Aborigines. Our work is proven to be highly beneficial in promoting a greater level of health and wellbeing amongst participants.[78]*

Ms Maginnis also supports participation in arts, and concludes that involvement with and participation in the arts can be achieved in all locations throughout the State and is not reliant on large population bases to achieve a positive outcome. Through these types of activity, health benefits can be widespread.[79]

---

[76] South Australia's Mental Health and Wellbeing Policy: 2010 – 2015, p. 3.
[77] Robert Waterman (Rural Health), *Transcript of Evidence*, 7 May 2015, p. 64.
[78] Jami Bladel, *Submission*, 25 May 2015, p. 1.
[79] Jacquie Maginnis, *Transcript of Evidence*, 19 June 2015, p.15.

Findings:

17. Substance abuse and mental ill health are significant issues affecting Tasmanian communities.

18. There is a need for early intervention to strengthen social and emotional competencies in children from a young age.

19. The promotion of good mental health needs to be included in any future preventative health strategy.

20. A preventative health strategy addressing mental health and wellbeing requires the development of sustainable, connected communities, the promotion of protective factors and mitigation of the risks.

21. Early intervention is essential to prevent or significantly reduce the occurrence of mental ill health.

Built Environment

In Tasmania the built environment is an important contributor to improving longer term health and wellbeing outcomes.

According to the Planning Institute of Australia (PIA):

> *The built environment contributes to inequalities in Tasmanian communities and is a major factor in improving the social determinants of health.[80]*

According to the Heart Foundation, behavioural changes towards a more active lifestyle need to occur with a minimum amount of effort. People who have access to safe places for recreational pursuits, physical exercise and live in safe neighbourhoods that encourage walking and cycling are more likely to be active.[81]

The Cancer Council submission concludes there is increasing evidence that the built environment influences obesity rates. Previous COAG-agreed initiatives to promote increased physical activity must be enhanced by:
- Reorienting transport policy to prioritise walking, cycling and public transport;

---

[80] Planning Institute of Australia (PIA), *Submission*, 13 February 2015, p. 2.
[81] Heart Foundation, *Submission*, 16 February 2015, p.9.

- Building and retrofitting neighbourhoods to provide infrastructure and services for recreational physical activity and to encourage walking or cycling to work, shops, public transport etc. instead of focussing on cars;
- Developing national guidelines for health planning and mandating physical activity/health impact assessments on all planning and policy decisions;
- Ensuring usable accessible public open space is available to cater for different target groups to encourage walking and recreational activity; and
- Enhancing planning for current and future social marketing campaigns to encourage increased physical activity, by improving integration with other related initiatives.[82]

The Heart Foundation stated that linkages between health and the built environment are crucial to ensure neighbourhoods are characterised by higher density, mixed-use zoning, interconnected (walkable) streets, access to public transport, parks and open spaces and reduced traffic. [83] The Heart Foundation continues to advocate for the linkages between health and the built environment to be embodied into the planning system in Tasmania.[84]

Findings:

22. The built environment is a significant contributor to improving longer term health and wellbeing outcomes.

23. There is a need to recognise the link between health and the built environment, and this needs to be embodied into State policy and the Tasmanian Planning System.

Access to Health Information and Services

According to Mr Kirwan, rurality and lack of access to primary care services, medical specialists and dental services is a barrier to the implementation of a collaborative and integrated preventative health care system.[85]

According to the Diabetes Australia submission:

One of the issues impacting on how a person identified at high risk is assisted to lower their level of risk is the availability and access to evidence

---

[82] Cancer Council, *Submission*, 24 May 2015, p. 2.
[83] Heart Foundation, *Submission*, 16 February 2015, p.9.
[84] Heart Foundation, *Submission*, 16 February 2015, p.10.
[85] John Kirwan (Royal Flying Doctors Service) *Submission*, 16 February 2015, p.15.

based risk factor reduction and lifestyle modification programs. In Tasmania access to these types of programs is limited.[86]

The Diabetes Australia submission suggests that in order to have the biggest impact and to meet individual needs there needs to be a number of different interventions available. Multiple intervention pathways for prevention is required as opposed to a one size fits all. This might include lifestyle (face to face groups, telephone, webinars, commercial programs); medications (such as metformin); or surgery (as for those with severe obesity).[87]

The pharmaceutical body (PSA) recognised that:

> *The sector offers a cost effective channel for the dissemination of key public health messages as it combines local accessibility, immediate access to health professional advice, availability of therapeutic products, and high quality professional service.*[88]

Access to podiatry services was identified by Dr Claire Schuringa and Dr Vanessa Ireland (DHHS), as facing equity of access challenges for Tasmanians living in rural areas:

> *There is high demand for public podiatry services across southern Tasmania in rural and regional areas. This demand is increasing. Private podiatrists do not work in many of these rural regions. Access to specialised podiatry services for wound care is also often not available outside of Hobart, forcing patients to travel to Hobart to receive this care. When comparing accessibility for clients between podiatry services in large centres and rural centres, an inequity of service availability and level is seen.*[89]

And further:

> *While high quality public podiatry services exist in southern Tasmania, challenges do exist to meet the needs of the rural population. Many patients compromised by ill health find appointments 44km away, and relying on irregular public transport, too difficult. They require these services in their local area. Not attending clinics can lead to further ill-health and complications including foot and lower limb infection, ulceration, amputation, reduced quality of life and a decrease in life expectancy. Low income, poor public transport and access to health and social services have*

---

[86] Diabetes Tasmania, *Submission*, 16 February 2015, p.7.
[87] Diabetes Tasmania, *Submission*, 16 February 2015, p.7.
[88] Pharmaceutical Society of Australia (PSA), *Submission*, 16 February 2015, p.3.
[89] Claire Schuringa and Vanessa Ireland, *Submission*, 20 February 2015, p.4.

adverse health effects on people living in rural and regional areas. The need for services, including podiatry, is not diminishing, but is increasing.[90]

> **Findings***:*
>
> 24. Lack of access to primary care services, medical specialists and dental services in rural and isolated areas is a barrier to the implementation of a collaborative and integrated preventative health care system.
>
> 25. Multiple intervention pathways are required to increase choice and improve health outcomes for individuals and the broader community.

Nutrition

The Committee heard evidence regarding the importance of good nutrition in schools and early intervention in improving the health outcomes for Tasmania's young children.

Ms Meerding, from the Dietitians Association of Australia (DAA) (Tasmania Branch), noted the cultural shift that has occurred within schools and school canteens:

> *Back 10 or 15 years ago there was soft drink sold in all school canteens, hot chips, lollies. There is a real cultural shift where things are changing. There is resistance. It comes from all different areas. That resistance might not come from whom you might think it might come from. It might not come from the canteen manager; it might come from the parent body, it might come from the teachers, and so it is different for each school.*
>
> *The model that we use in Tasmania is an accreditation program where a non-government organisation, Tasmanian School Canteen Association, supports the schools to try to make changes and get around these barriers or whatever they are for that particular school.[91]*

There are a number of initiatives, including the Tasmanian Government's *Move Well Eat Well* program, that play an invaluable role in facilitating behavioural change from an early age. The Move Well Eat Well Program:

> *Supports the healthy development of children and young people by promoting physical activity and healthy eating as a normal, positive part of every day. It is managed by Public Health Services, in the Department of*

---

[90] Claire Schuringa and Vanessa Ireland, *Submission*, 20 February 2015, p.5.
[91] Natasha Meerding (DAA), *Transcript of Evidence*, 7 May 2015, p. 43.

> *Health and Human Services, with the cooperation and support of a range of partner organisations and services.[92]*

This program recognises the importance of embedding healthy behaviours, both in terms of good nutrition and the provision of healthy environment in the settings that children are learning, playing and growing up.[93]

The Committee noted the impact of the cessation of funding for the National Partnership Agreement on Preventative Health, where successful programs, including *Move Well, Eat Well*, Glenorchy on the Go and the School Canteen Association were defunded.[94]

The Committee heard that hospital food provides another health promotion opportunity.

According to the DAA (Tasmania Branch), hospital catering services need to become exemplars of affordable, healthy food and change is needed in hospitals in order to achieve cultural change and move towards seeing nutrition as therapy.[95] The Committee noted the important role of dietitians in the planning and delivery of food services within hospitals, and the important of providing healthy food choices in hospitals.[96]

Annette Byron, DAA, highlighted the frustrations of dietitians in ensuring the needs of patients are met while also catering to the specific nutrition needs:

> *My last clinical position was at the Royal Adelaide Hospital and we were feeding 600 or 700 people at a time. There are ongoing challenges to satisfy what people expect to eat. At one time, for example, I was in one of the orthopaedic wards talking to a young chap who was telling me that he was very unhappy about the food and described his [inaudible] response quite graphically. I was around in the kitchen two minutes later and there was somebody who had been in the process of leaving the hospital, they were discharged and they wanted to pop around to the kitchen to say how much they had enjoyed the food.*
>
> *Sometimes food services do patient surveys and that is sometimes a way to get a gauge on meeting patient expectations.[97]*

In relation to changing the food and expectations regarding diet in the care environment, Ms Meerding stated:

---

[92] Siobhan Harpur (Move Well Eat Well), *Submission*, p.1.
[93] *Ibid.*
[94] Pauline Marsh (TasCOSS), *Transcript of Evidence*, 7 May 2015, p.29.
[95] Natasha Meerding (DAA), *Transcript of Evidence*, 7 May 2015, p. 44.
[96] *Ibid.*
[97] Annette Byron (DAA), *Transcript of Evidence*, 7 May 2015, p. 44.

If it is going to happen, it is going to be very gradual and happen incrementally with changes that will have a lot of resistance, I imagine... You will find that some older patients really like that food and that is what they are used to.

The other resistance really comes from the food service department. There are often a lot of financial constraints, there are skill level constraints.[98]

It is important that people have access to healthy affordable food.[99] Several witnesses cited the example of the Waterbridge Food co-op in Bridgewater and Gagebrook. The aim of that project is to develop a food co-op in community houses to help open the access to healthy and affordable food. It will involve community gardens, cooking classes, a people's pantry and pop-up markets. It is organised by Jordan River Services, SecondBite, Colony 47, Centacare, Workskills and Dr Bridgette Watts (local GP and Urban Farming Tasmania founder). It is funded by a *Social Determinants of Health grant* through Tasmania Medicare Local.[100]

Findings:

26. There are a number of initiatives, including the Tasmanian Government's *Move Well Eat Well* program, that play an invaluable role in promoting good nutrition in schools and facilitating behavioural change from an early age.

27. The *Move Well, Eat Well, Glenorchy on the Go* and the *School Canteen Association* programs were defunded as a result of the cessation of funding for the National Partnership Agreement on Preventative Health.

28. There is an opportunity for hospital catering services to become exemplars of affordable, healthy food and change is needed in hospitals in order to achieve cultural change and move towards seeing nutrition as therapy.

29. Dietitians play an important role in the planning and delivery of food services within hospitals, and the provision of healthy food choices in hospitals.

30. It is important that people have access to healthy affordable food.

---

[98] *Ibid.*
[99] Dietitians Association of Australia, *Transcript of Evidence*, 7 May 2015, p. 43.
[100] Waterbridge Food Co-Op, 19 June 2014, http://urbanfarmingtasmania.org/2014/06/19/waterbridge-food-co-op/

Health Literacy

Evidence shows that health literacy is low in Tasmania.[101] The WHO defines health literacy as follows:

> *Health Literacy has been defined as the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health. Health Literacy means more than being able to read pamphlets and successfully make appointments. By improving people's access to health information and their capacity to use it effectively, Health Literacy is critical to empowerment.*
>
> *Defined this way, Health Literacy goes beyond a narrow concept of health education and individual behaviour-oriented communication, and addresses the environmental, political and social factors that determine health.[102]*

The Australian Bureau of Statistics (ABS) defines health literacy as:

> *A necessary precondition for influencing the health outcomes of the Tasmanian community is the knowledge and skills of individuals to be able to understand and use the information to influence lifestyle choices. Health literacy is comprised of a range of cognitive, social, affective and personal skills and attributes.[103]*

ANMF raised concern that low health literacy is having an adverse impact on lifestyle choices individuals make either through a lack of knowledge and information and/or the inability to comprehend the health promotion and illness prevention messages and advice that is provided. In many cases poor health is the outcome of poor choices made as a result of low health literacy.[104]

According to the ANMF submission:

> *It is currently estimated that nearly two in three Tasmanians aged 15-74 (63 per cent) do not have adequate health literacy to meet the demands of every day modern life. Inadequate health literacy increases with relative socioeconomic disadvantage with the most disadvantaged within a community experiencing a health literacy disadvantage of 74%. This is particularly relevant in the Tasmanian context where 15% of people live in*

---

[101] Australian Bureau of Statistics, Health Literacy in Australia, ABS cat.no.4233.0, ABS Canberra, 2006; Australian Nursing and Midwifery Federation (ANMF), *Submission*, 7 May 2015, p. 4.

[102] World Health Organisation, Health Literacy, http://www.who.int/healthpromotion/conferences/7gchp/track2/en/

[103] Australian Nursing and Midwifery Federation (ANMF), *Submission*, 7 May 2015, p. 4.

[104] *Ibid*.

poverty and the incidence of child poverty is higher than the national average at 15.8%. 31% of Tasmanian Households relying on income support including aged, disability and sole parents support.[105]

In the context of preventable cardiovascular disease, the Stroke Foundation submits:

Many high risk individuals are unaware of their risk status and are therefore unlikely to undergo comprehensive, absolute risk assessment in an unprompted manner in primary care. The shared risk factors that contribute to these diseases; high blood pressure, obesity, smoking, high cholesterol, poor diet and exercise are all modifiable and the earlier they are assessed and subsequently managed, the greater the chance of avoiding or minimising an event occurring.

The chronic disease burden in Tasmania is growing. Research shows that early intervention to stop chronic conditions from developing, in particular those that are preventable, is the most effective way to lower the incidence of cardiovascular, diabetes and kidney disease; the most costly chronic diseases in Tasmania.[106]

In the context of cancer screening, according to Ms Gail Ward, State Manager, Cancer Screening and Control Services, improved health literacy is vital if individuals are to understand the risks and identify the signs and symptoms of cancer in a timely manner. Enhancing and improving health literacy is essential to enable the implementation of effective preventative care models.[107]

According to Ms Ward's Submission, health literacy challenges must be overcome:

Particularly in relation to improving reducing modifiable risk factors that are associated with a number of common cancers, if we are to continue to make progress in cancer control.[108]

According to the Cancer Council submission, at least one in three cancers is preventable and the number of cancer deaths could be reduced significantly by choosing a cancer smart lifestyle.[109]

Health promotion and cancer prevention messaging and actions are a priority. It is well supported that healthier communities will reduce the cost

---

[105] *Ibid.*
[106] Stroke Foundation, *Submission*, 16 February 2015, p. 5.
[107] Gail Ward (Cancer Screening and Control Services), *Submission*, 17 February 2015, p.3.
[108] *Ibid.*
[109] Cancer Council, *Submission*, 24 May 2015, p. 5.

> *impost on the health system and provide positive economic outcomes to*
> *individuals and to the governments.[110]*

The Cancer Council submission continued in suggesting poor nutrition and physical inactivity are major contributors to overweight/obesity and associated increases in chronic disease levels in Australia, therefore combating obesity is a particular target in health education:

> *Unless rates of obesity/overweight are reduced, common cancers such as*
> *bowel cancer and breast cancer are set to surge, while rarer forms may*
> *become common, given that:*
>   - *two in three Australian adults and one in four Australian*
>   *children are now overweight or obese with prevalence even*
>   *higher among disadvantaged groups;*
>   - *Australia's adult obesity rate is the fifth highest amongst OECD*
>   *countries; in 2008, obesity alone was estimated to afflict 3.8*
>   *million Australians and to cost Australia $58bn, including $8.3bn*
>   *in financial costs; and*
>   - *based on past trends, and without effective interventions in place,*
>   *6.9 million Australians are likely to be obese by 2025.[111]*

The HiAP Collaboration stated that enhanced community engagement and improved education outcomes for both children and adults are vital to the achievement of improved health literacy as more educated individuals have better health outcomes.[112]

According to the PSA, using appropriate language in a manner that health care consumers can understand is vital to ensure meaningful engagement in health policy discussions, development and implementation.[113]

According to Ms Ward's submission:

> *The CSCS Recruitment and Community Engagement Unit (RACE) is*
> *investing in improved outcomes and reduced incidence and mortality from*
> *cancer through education of the community about the importance of*
> *healthy behaviours, regular screening, improving health literacy through*
> *awareness of signs and symptoms to improve early detection, and*
> *supporting the population to make informed decisions about health*
> *choices.[114]*

---

[110] *Ibid*.
[111] Cancer Council, *Submission*, 24 May 2015, p. 6.
[112] HiAP, *Transcript of Evidence*, 7 May 2015, p. 3.
[113] PSA, *Submission*, 16 February 2015, p.2.
[114] Gail Ward (Cancer Screening and Control Services), *Submission*, 17 February 2015, p.5.

In addition to health literacy, Mr Robert Waterman CEO of Rural Health Tasmania outlined the benefit of emotional regulation, and the need to intervene early in a person's life to build social and emotional competence from a young age.[115]

Ms Maginnis explained how participation in the arts can use alternative forms of communication through the arts to engage in health promotion when health literacy is low:

> *It is this opening up of new ideas and new ways of thinking. The next part is about the fact that arts can present very conflicting and complex ideas. This is linked very much to health literacy. Health literacy is a huge issue in Tasmania and other parts of the world, but particularly here because we have such low literacy rates. If you use the arts to help people to understand, then you are making it more accessible and memorable.[116]*

Findings*:*

31. Tasmania has low levels of health literacy.

32. Low health literacy is having an adverse impact on lifestyle choices individuals make either through a lack of knowledge and information and/or the inability to comprehend the health promotion and illness prevention messages and advice that is provided.

33. The modifiable risk factors associated with preventable diseases for example diabetes, obesity and a number of common cancers, can be reduced through improved health literacy.

34. Higher educational attainment and effective community engagement for both children and adults are vital to improving health literacy and health outcomes.

35. In discussions regarding health policy and/or service delivery, it is important to use language that all stakeholders can understand.

36. Using the arts as an alternative form of communication can improve the understanding of health messages.

---

[115] Mr Robert Waterman, *Transcript of Evidence*, 7 May 2915, p. 71.
[116] Jacquie Maginnis, *Transcript of Evidence*, 19 June 2015, p.16.

TERM OF REFERENCE 2

> **The challenges to, and benefits of, the provision of an integrated and collaborative preventative health care model which focuses on the prevention and early detection of, and intervention for, chronic disease.**

The majority of witnesses stressed the need for an integrated and collaborative health care model. The ongoing focus on acute health care in health reform discussions and considerations has meant that primary health care is often overlooked or not fully appreciated within budgetary considerations and may not be well understood within the broader community.

Mr John Kirwan, CEO Royal Flying Doctor Service (RFDS) Tasmania provided an information paper titled *'Health Care Status and Access in Rural and Remote Tasmania'*, that provided a more detailed analysis of more specific challenges to providing care in remote areas. The paper noted the importance of primary health care as part of an integrated and collaborative health care system.

> *The World Health Organization (WHO) defines primary care as the first point of contact with the health system. In Australia it is generally applied to a particular approach to care which is concerned with prevention, treatment and support with a focus on early detection and illness prevention. More recently, in the context of health care reform, primary care has come to mean care provided outside of hospitals and includes health promotion, illness prevention and treatment. For the purposes of this study, the latter definition will be used.*

> *There is considerable agreement among national policy-makers in Australia and internationally that primary care should be the centre of an effective and efficient health care system as primary care improves health and reduces illness (morbidity), death (mortality) and hospitalisation. Primary care is provided by an array of people, including general practitioners, nurses, pharmacists, allied health professionals, dentists and many other providers across the local, state and federal government sectors, nongovernment organisations and the private sector.[117]*

The implementation of a preventative health care model that can achieve equitable outcomes in prevention, early detection and intervention to prevent chronic disease faces a number of challenges. The primary challenges are outlined as follows.

---

[117] Royal Flying Doctor Service Tasmania, Health Care Status and Access in Rural and Remote Tasmania, Information Paper, 2013, p.2.

Current Focus on Treatment rather than Prevention

The Tasmanian health care system is designed and funded to treat disease rather than prevent it.[118]

According to the HiAP submission:

> *We have, overall, a hospital system in Tasmania that delivers high quality care through dedicated and highly skilled clinicians, nurses and allied health professionals, but the cost of running this has come at the expense of investment in the "front end" of our health system. Indeed for many years we have seen primary care service systematically eroded to cover acute care funding, and preventive health has played second-cousin to our hospitals. Continuing to primarily focus on the hospital system to deal with ill-health will not stem the tide of the growing prevalence of chronic disease.*

> *In the Tasmanian Budget 2014-15, it appears that the government is continuing to focus primarily on the hospital system; with funding for prevention decreasing from just 2.6% of the total health budget in 2014-15 to just 1.7% in 2017-18. Whilst the Health Minister has mentioned that there will be an announcement soon regarding the Government's plans for prevention (termed A Healthy Tasmania), at the time of writing this submission, the plans have not been announced.* [119]

This focus on treatment at the expense of prevention can be illustrated by using the example of oral health.

Oral health is an area that also requires a preventative approach. According to Mr Leonard Crocombe on behalf of the Australian Primary Health Care Research Institute (APHCRI) Centre of Excellence in Primary Oral Health Care:

> *Oral Health is fundamental to overall health and quality of life. Poor oral health can disrupt speech, sleep and productivity, erode self-esteem, psychological and social wellbeing, and impact relationships and general quality of life.*[120]

Mr Crocombe's submission noted that oral disease is one of the four most expensive Australian preventable chronic diseases. Research demonstrated closer links between oral and general health including coronary heart disease,

---

[118] Dr Seana Gall, *Submission*, 16 February, 2015, p. 3.
[119] Health in All Policies (HiAP), *Submission*, 16 February 2015, p.9.
[120] Professor Leonard Crocombe (APHCRI), *Submission*, 27 January 2015, p.2.

rheumatoid arthritis and diabetes mellitus and more than 63,000 Australians are hospitalised each year for preventable dental conditions.[121]

Mr Crocombe stated that the primary focus of any system of oral health care should be on the prevention of disease. Dental Directors face challenges such as maintaining and/or ensuring sustainable funding, providing quality care and the movement towards a pay-for-performance model.

Mr Crocombe's submission noted a consequence of this approach:

> *The current service delivery targets required of Oral Health Services Tasmania, where clinical care such as extractions and restorations carry more weight than preventive care, limits the ability of Oral Health Services Tasmania in investigating the use of preventive approaches both within the dental surgery and within the Tasmanian community.*[122]

Dr Gall's submission noted the focus on treatment over prevention is partially attributable to an unwillingness of governments and the community to make investments in prevention when improved health outcomes will not be realised for many years.[123]

Ms Lucy Byrne, Active Tasmania, suggested this challenge is further compounded by the difficulties in demonstrating outcomes in the short term, which makes justification of spending on preventative health programs challenging at the outset.[124]

In response to this challenge to governments, Dr Gall outlined the benefits of investment in preventative health care in this context:

> *A world-class study, conducted by researchers at Deakin University and The University of Queensland used economic modelling to quantify the benefits of 150 different health interventions, of which 123 were preventive. The study, called 'Assessing Cost Effectiveness (ACE)' study, found that if the Australian Government were to implement the top 20 health interventions it would cost Australia $4.6 billion over 30 years.*
>
> *However, this is offset by the potential cost savings of $11 billion due to reduced acute care costs and increased productivity. Such a program was predicted to pay for itself in just 10 years and result in gains of 1 million years of healthy life across the population. The top 20 interventions included those across taxation, regulation, health promotion and clinical*

---

[121] Professor Len Crocombe (APHCRI), Submission, 27 January 2015, p.2.
[122] *Ibid*, p.4.
[123] Dr Seana Gall, *Submission*, 16 February, 2015, p. 2.
[124] Lucy Byrne (Active Tasmania), *Transcript* of *Evidence* 14 April 2015, p. 1.

intervention thereby echoing the need for inter-sectoral action to tackle disease prevention and facilitate a more sustainable health care system. We therefore believe that investment in prevention makes sense from both an economic and health perspective, despite the challenges it presents.[125]

SDOHAN research reported in the 2015 paper '*Just* words ... what we talk about when we talk about health' noted the following observations:

When we commenced this study we believed that governments, politicians, public policy analysts and the media were largely preoccupied with a very limited definition of health - one that focuses on the medical and hospital services. It is not uncommon to hear politicians justifying their focus on illness, disease and health care in terms of 'voter demand'.

....

We found that study participants recognised that health is influenced by many factors, which are interrelated and complex, and that access to the best possible health care is a human right.

....

In contrast to how health and its determinants are often portrayed in the media, study participants spoke far less about hospitals and health care than they did about other factors such as housing, education, social connection and so forth.[126]

Findings:

37. The Tasmanian health care system has historically been designed and funded with a greater emphasis on treatment of illness, more so than prevention.

38. Historically State and Federal governments have not made long term investments in preventative health strategies to improve health outcomes.

39. Some members of the community can and do have an understanding of the multifaceted nature of health and wellbeing.

40. Broad community support and understanding of the need for a focus by governments toward preventative health is important and necessary.

---

[125] Dr Seana Gall, *Submission*, 16 February, 2015, pp. 2-3.
[126] Miriam Vandenberg and Michael Bentley, *Just Words…*What we talk about when we talk about Health, August 2015, p. 18.

Limited Inter-sectoral Collaboration

A number of witnesses said there needed to be a greater degree of collaboration between health and other portfolios, including environment, infrastructure, planning, housing, the arts and education.

There is a perception that health outcomes and policy are not considered to be a priority for the other portfolios and that this presents a major challenge to the provision of an integrated preventative health care model.

According to Dr Gall's submission:

> We believe that having a whole-of -government intra-agency approach to health can help to overcome this challenge with the outcome being the improved wellbeing of Tasmania in terms of both its health and economic functioning.[127]

Mr Stewart Millar, on behalf of Allied Health North, supported this view:

> Inter-sectorial collaboration is required involving economic, social, health and environmental sectors at all levels: community, business, local, state and national governments.[128]

According to the ANMF submission, community engagement is a central requirement to effective collaboration across organisations and sectors, because:

> The legitimacy and sustainability of any major primary health care policy decision depends on how well it reflects the underlying values and views of the community. Community engagement and participation requires the opportunity for the community as well as nurses and midwives and other health providers and managers within the health sector to assess evidence, develop priorities and develop and implement plans to improve health and health care according to those priorities.
>
> Community controlled health services provide a model for primary health care where power is explicitly vested in local communities. Such models should be considered where this level of local community participation has the potential to improve the health of individual people and the community as a whole, and where other models may be less successful. Other Partnerships should also be forged between the community, health providers and other services impacting on the social determinants of health

---

[127] *Ibid.*, p. 3.
[128] Stewart Millar (Allied Health Interest Group), *Submission*, 16 February 2015, p.3.

in the community, that are outside traditional health services including non-government organisations.

Making integrated care happen requires collaboration across organisations and sectors which to date has proven almost impossible. There remains a gap between intentions and impact due to insufficient commitment and lack of funds to support execution and implementation.[129]

Ms Jacquie Maginnis from *Arts and PALS Network* and Ms Kim Boyer from the *Arts and Health Network* discussed the evidence linking health and wellbeing outcomes with engagement and participation in the arts and the need for a collaborative approach between health and the arts sector.

Ms Maginnis stated:

We know a lot about arts and health and wellbeing; we know a lot about the physical benefits of arts, music, drama, theatre and the direct health benefits.[130]

Ms Boyer referred to the need for a collaborative approach and framework between the health and arts sectors:

It is the linking of the two and the coordination of the two... to have a dedicated resource in both health and the arts, and a very small budget to facilitate in areas where there is nothing at the moment - to identify gaps and look at the strategic planning framework, some of which has already been done by arts.[131]

The barrier posed by limited inter-sectoral collaboration is particularly obvious in the context of providing health care services to people with an intellectual disability, especially when those people have a cluster of negative determinants of health.[132] According to Dr Robyn Wallace from the SHAID clinic:

In the disability sector, there is no guiding hand to their services as to what is required for their clients entering health systems; in the health system, there [is] no disability expert body to guide and advise health professionals in disability values and practices. Both sectors necessarily need to work together and talk often.[133]

According to the HiAP collaboration's submission:

---

[129] Australian Nursing and Midwifery Federation (ANMF), *Submission*, 7 May 2015, p. 7.
[130] Jacquie Maginnis, *Transcript of Evidence*, 19 June 2015, p.15.
[131] *Ibid*., p.21.
[132] Dr Robyn Wallace, *Transcript of Evidence*, 7 May 2015, p. 50.
[133] Dr Robyn Wallace (SHAID Clinic), *Submission*, 21 January 2015, p.5.

What is currently missing is an overall whole-of government State Strategic Plan for Tasmania – not just plans specific to each departmental area. In order to realise the required action to address the social determinants of health, as well as strengthen our preventive health efforts, there needs to be a comprehensive vision for Tasmania. Currently, there is no overarching vision of what the people, through parliament, want for Tasmania, and how it will ensure everyone works together to achieve this vision.[134]

Findings:

41. A greater degree of collaboration is required between health and other departments, including environment, infrastructure, planning, housing, the arts and education.

42. For the development of sound primary health care policy, community engagement is essential to fully inform the process.

43. The legitimacy and sustainability of any program resulting from primary health care policy depends on understanding the views and meeting the needs of the broader community.

44. Inadequate inter-sectoral collaboration and coordination of service delivery presents particular challenges in the provision of services to individuals or groups with complex and/or multiple health needs.

Short-term Focus on Health Planning

The Committee heard that short term health planning and dependence on funding cycles are barriers to inter-sectoral collaboration and the implementation of an integrated preventative health care model.

According to Ms Byrne's submission:

Short term projects have the risk of duplicating previous projects and they also risk the loss of the engagement of community if projects keep changing based around funding cycles.[135]

This view was supported by Mr Kirwan who stated:

I think funding for these programs shouldn't be subject to the vagaries of treasuries and politicians. These are long-term investments that should have bipartite or tripartite support. It is not a lot of money in relative terms

---

[134] Health in All Policies (HiAP), *Submission,* 16 February 2015, p.10.
[135] Active Tasmania, *Submission*, 12 February 2015, p.5.

to the Health budget, but you do need a model that isn't subject to variations. … On a three- or four year funding cycle or electoral cycle you end up with a history of just a cargo-cult mentality - another project, another report and a lot of half-finished work. If we are serious about making a difference, particularly in the cold hard yards of smoking, lifestyle and others, we have to put investment in that goes past political cycles or media cycles or treasury cycles.[136]

According to the Alcohol, Tobacco and other Drugs Council (Tas) Inc. (ATDC) submission:

One of the biggest barriers faced by the community sector is short term non recurrent project funding. Funding projects which impact service delivery and capacity on a temporary or pilot basis always leads to a difficult reduction in services on completion of the funding cycle. It makes long term budgeting and project planning difficult for organisations, but also has a significant impact on consumers of services who often find a vital service they access and require is suddenly stopped or drastically altered when funding is stopped. The Australian Social Inclusion Board noted that 'short term funding cycles can undermine the effectiveness of an investment.'…

The sector understands that acute care spending needs to be protected to ensure those in need of emergency or acute health care receive the services they require. However it is also well understood that in the long term, by funding preventative health programs, acute health spending will decrease. This is true for alcohol, tobacco and other drug treatment programs, as much as it is for other areas of health prevention such as obesity, diabetes or heart health. By shifting the focus of the health system from one which treats preventable conditions to one that prevents them occurring in the first place, greater population health gains will be made. These changes will be long term and beyond the timeframes of regular political cycles.[137]

According to the Australian Nursing and Midwifery Federation (ANMF) submission:

Durability, consistence and reliability are integral to sustaining healthy communities and the integration of preventative health strategies. The long standing practice of initiating "pilot" projects as politically expedient responses is totally unacceptable. This process leads to community mistrust,

[136] Mr John Kirwan (RFDS), *Transcript of Evidence*, 14 April 2015, p.10.
[137] Alcohol, Tobacco and Other Drugs Council (Tas) (ATDC), *Submission*, 12 February 2015, p. 9.

> *disintegration of goodwill, and decay of professional and intellectual capital.[138]*

According to Mr Millar's submission, health planning needs to be longer term and:

> *Not just about medical issues and technologies, but also about our environmental context and trends including climate change and the aging population for example.[139]*

Findings:
45. Short term health planning and dependence on funding cycles are barriers to inter-sectoral collaboration and the implementation of a sustainable integrated preventative health care model.

Personal Health Records

Currently there is no system that enables an individual's health record to be electronically shared, accessed and updated by health professionals involved in that person's care. An individual's privacy is an important consideration in this process.

Such a system would enable health records to be viewed electronically, shared and updated in a timely manner by health practitioners, hospitals and other healthcare providers in order to provide the best possible care. Information included on the record may include information such as medications, hospital discharge summaries, allergies and immunisations.[140]

Ms Lisa Shearing (Community Options Service) stated:

> *A centralised health information system is essential in ensuring everyone is accessing and using the same information and would provide a level of consistency across Tasmania.[141]*

Ms Shearing said the absence of such systems presents a barrier to an integrated preventative health care model, particularly where:

> *There are multiple entrance points into the health system, (community and inpatient) and all services have funding and standards requirements to provide all the required information to the patient/client including privacy*

---

[138] Australian Nursing and Midwifery Federation (ANMF), *Submission*, 7 May 2015, p. 8.

[139] Stewart Millar (Allied Health Interest Group), *Submission*, 16 February 2015, p.3.

[140] Australian Government, Department of Health, '*The Personally Controlled EHealth Record System*' http://www.ehealth.gov.au/internet/ehealth/publishing.nsf/Content/faqs-individuals-gen.

[141] Lisa Shearing (Community Options Service North), *Submission*, 10 February 2015, p. 2.

and confidentiality, advocacy, rights and responsibilities, complaints as well as vital information regarding the patient's condition, treatment or medication.[142]

Ms Shearing further stated that in order to overcome these barriers, there is a need for:

Complex case management services within the new health system with the aim of having a central contact and coordination service (especially for those consumers with more complex needs, chronic health conditions and low socio-economic backgrounds who require linkages with multiple health and community services pre and post discharge).[143]

Further, Ms Shearing added acute systems discharge processes need to be reviewed and improved and:

There needs to be a policy in place that ensures the patient is never discharged from hospital until the required supports are in place to ensure that person's safety and this process needs to be actively monitored to ensure it occurs.[144]

Findings:

46. Currently in Tasmania there is no system that enables the sharing of individual patient health records which can be accessed electronically by health professionals involved in that patient's care.

47. The absence of such a system presents a barrier to an integrated preventative health care model.

48. It is important that any centralised patient records system is consistent with the Privacy Act.

---

[142] *Ibid*.

[143] *Ibid*., p. 5.

[144] *Ibid*, p. 4.

Allergies

Dr Nick Cooling, Allergy Specialist discussed the detrimental health impact of allergies in Tasmania and the need for a collaborative, coordinated approach to address this health issue.

> *Allergies are not discussed a lot. It has a fairly low profile and yet it has a huge impact in terms of prevalence. About one in five Tasmanians has some sort of allergy.[145]*

> *These [allergies] tend to occur a bit more in clusters around groups that are socioeconomically challenged. They also have less resources to sort out those problems. Smoking levels are higher in that population; access to health care is more difficult; their rates of breast feeding are less - maybe because of various issues with health promotion messages; their access to healthy fruit and vegetables - so a healthy lifestyle generally in the first few years of life is less accessible. [146]*

Dr Cooling called for recognition of allergies as a preventative health issue that requires attention as there are currently only two Allergists in Tasmania:

> *Mostly, we need to have a public drug allergy system and also a better system for testing and challenging kids for food allergies. We have that in Hobart but not in Launceston and it is very limited in the north-west. We do have a little clinic there run by Heinrich Weber, one of the paediatricians.*

> *What we need is a clinic that is linked between the four major teaching hospitals who can refer to each other. Wherever a person lives, they can access that service, a statewide service, from their public hospital system and it can then link in. We could move nurses and practitioners around that whole service and it would be more flexible if it was one system. That is the way to go.[147]*

According to Dr Cooling, allergies can be prevented:

> *We do not have a preventative strategy that is perfect for allergies unless you change people's genetics. It is very genetic-driven, as you know. There are some things to do both in utero and in early childhood that can prevent the development of allergies, particularly generic things such as smoking, and that has been proven. I know you have been discussing smoking a lot.*

---

[145] Dr Nick Cooling, *Transcript of Evidence*, 19 June 2015, p. 1.
[146] *Ibid.*, p. 2.
[147] Dr Nick Cooling, *Transcript of Evidence*, 19 June 2015, p. 10.

Avoiding smoking both in pregnancy and during early infancy from secondary smoke is evidence-based to prevent allergies.[148]

Dr Cooling suggested that healthy lifestyles generally prevent allergies.

Having good nutrition and particularly breast feeding is the very big key. We know that children who are breast-fed have fewer allergies by a significant amount, and often half.[149]

According to Dr Cooling, breastfeeding for a minimum of four months is recommended.[150]

Dr Cooling provided evidence on the role of gut flora in allergy prevention:

There is a lot increasing evidence that getting healthy germs in your bowel early in life prevents allergies and this is to do with the stories with probiotics and things like that.

There have been lots of studies now, where we are adding additional bugs, apart from what is in breast milk, to infants. The data is not completely in yet. There have been some very good studies but we cannot go to the community and say, 'You should all be having probiotics', but it looks promising and I think that is something we will be looking at in the future. Maybe some natural probiotic such as dairy products and other healthy Tasmanian food may be a very useful thing in that regard.

We know all the foods you get in the dairy section now - Yakult and all those yoghurts that have high levels of lactobacillus ... are a very useful thing to have in the first few months of life. After you are weaning the child, you won't be using them usually until after four months of age.[151]

Findings:

49. Allergies should be recognised and included in a preventative health care approach.

50. Healthy lifestyles can assist in preventing or minimising the adverse health impacts of some allergies.

51. Breastfeeding for a minimum of four months and good nutrition are important measures in allergy prevention and mitigation.

---

[148] Dr Nick Cooling, *Transcript of Evidence*, 19 June 2015, p. 2.
[149] *Ibid.*, p.3.
[150] *Ibid.*
[151] *Ibid.*, p.4.

Ageing

According to the COTA submission, a preventative health strategy should give consideration to the needs and issues of older Tasmanians who currently equate to more than one fifth of Tasmania's population:

> *COTA's concern regarding preventative health focuses on the issues that are particularly important for older people. With people 60 and older making up a major group using health services and with their proportion of the population nearing 20 per cent and growing, it is important to ensure that this significant population group maintain their health and independence throughout most, if not all of their last decades of life.[152]*

COTA identified a number of issues that are central to healthy ageing:

- Social inclusion;
- Social support and connections;
- Nutrition;
- Obesity;
- Transport;
- Unemployment;
- Depression and anxiety;
- Age discrimination;
- Physical activity;
- Health literacy;
- Dental health;
- Prevalence of chronic disease; and
- Access to health services.[153]

COTA approaches preventative health policy through the framework of a commitment to active ageing and the promotion of healthy lifestyles and interventions that enable older Australians to age well and age in place:

> *Government should try to think laterally about health and not just think within the health budget. One of the things that COTA is very strong on is development of an aged-friendly community in Tasmania, and a number of councils are already working towards that aim. Clarence is our first aged-friendly community in Tasmania. That is looking at putting things in place that can help older people's health by creating safe communities where older people are valued and considered in the planning for their own communities.*

---

[152] COTA, Submission, 27 February 2015, p. 3.
[153] *Ibid.*, pp. 4-18.

I note that the Heart Foundation have put forward a proposal to get a state policy on healthy places and spaces. We feel that that would go a long way to creating environments that are safe and accessible for older people to get out and do some of the simple lifestyle measures that can make a lot of difference towards preventative health… We know that simple lifestyle measures such as getting out and doing some gentle exercise such as walking, and if people have a safe environments to be able to do that in, then you can have some significant inroads into preventative health for things such as diabetes, hypertension and heart disease.[154]

COTA also highlighted the work undertaken in terms of falls prevention:

We have made several budget submissions based on our peer education model. This [is] about involving older people directly in spreading healthy messages about what you can do for preventative health. We know that there is really good material developed by Population Health in the area of falls prevention. We had some initial discussions with the department under the previous government. We wish to take those resources that are well developed in falls prevention. Again, simple messages about good levels of exercise and doing a little bit of strength training and some simple messages that can be delivered through a peer education model to prevent falls. We do know that if you can keep people out of hospital, you save a lot of money.[155]

Findings:

52. A preventative health strategy requires the incorporation of the needs and issues of older Tasmanians through a focus on active ageing and the promotion of healthy lifestyles.

53. Tasmanians over the age of 60 currently equate to more than one fifth of the State's population and Tasmania also has the most rapidly ageing population.

---

[154] Sue Leitch (COTA), *Transcript of Evidence*,7 May 2015, p.88.
[155] *Ibid*. p. 89.

Arts and Health

According to Jacquie Maginnis, there is a strong connection between participation in arts and health and wellbeing as art enables people to contribute and engage in society more fully which leads to positive impacts on one's health.

> *I have chosen four ways the arts can do that, and it challenges our mainstream ideas. I think some of you will have been involved in the MOFO education forum. That challenges and opens up space for critical thinking of different ways of doing things. The arts also is (sic) able to present complex information that is difficult to understand and address in a way that is very accessible. The arts brings hope to people and it can transform individuals and communities. Lastly, it tells powerful community stories, especially from people who don't have their stories told. It helps us to understand other people's experiences.[156]*

Ms Kim Boyer stated that at present governments are not fully recognising the connections between arts and health. Ms Boyer suggested that in order to be effective, implementation of the National Arts Framework through a top down approach would be required:

> *My submission to you goes strongly on the basis that this is an excellent framework and provides the potential for the 'top down' rather than the 'bottom up' approach to how to implement an appropriate arts and health program or set of programs in the state. The dilemma that this was adopted in 2012-13 by arts and health ministers across the nation, including this state. However, there was nothing put in place about evaluating its progress, about having strategic plans for its implementation, or having resources dedicated to it. If your committee could make one recommendation, having appropriate resources put in both the arts and health bureaucracies to implement this national framework would be one of the most wonderful things that could happen.[157]*

Ms Boyer suggested the implementation of such a program would to need to start with a state-by-state strategic planning framework, which would need to be appropriately costed and have resources dedicated to it, but the level of the resources is clearly up for discussion.[158] At present Tasmania has both the artistic riches and the coordinating capacity but it is the linking and the coordination of the two that is required through a dedicated resource in both health and the arts.

---

[156] Jacquie Maginnis, *Transcript of Evidence*, 19 June 2015, p. 19.
[157] Kim Boyer, *Transcript of Evidence*, 19 June 2015, p. 18.
[158] Kim Boyer, *Transcript of Evidence*, 19 June 2015, p. 20.

Ms Maginnis suggested the coordinated approach would also enable philanthropic opportunities:

> *There are philanthropic opportunities, but because we do not have a coordinated approach and a plan, these opportunities are much harder to get. We also need to train people. In Tasmania there is no training whatsoever for artists who want to work in community art. That is appalling. If you have artists or musicians who want to work with people with Alzheimer's or work in rural communities and they do not have the skills, there is no way you can train them.[159]*

The '*Arts and Healthcare 2009 State of the Field Report*' demonstrates how investment in the arts can provide cost saving to government, however it remains largely anecdotal at present:

> *New evidence has emerged that demonstrates that these programs also have an economic benefit. When patients require shorter hospital stays, less medication, and have fewer complications, it is more than a good news story for that patient. It also means a reduction of cost for those services.[160]*

There is a growing body of evidence showing both health and wellbeing and economic benefits associated with participatory arts in health care.

> *Arts in healthcare programs and creative arts therapies have been applied to a vast array of health issues—from post-traumatic stress disorder to autism, mental health, chronic illnesses, Alzheimer's and dementia, neurological disorders and brain injuries, premature infants, and physical disabilities—to improve patients' overall health outcomes, treatment compliance, and quality of life.*
>
> *New evidence is emerging that demonstrates that these programs also have an economic benefit. Data show that such programs result in patients requiring shorter hospital stays, less medication, and having fewer complications—all of which translates to a reduction in healthcare costs. However, much of the research focused on the economic benefits of arts in healthcare is anecdote rich and data poor. It is hoped that future analysis of the economic benefits of arts in healthcare programs will advance policy conversations about using the arts to simultaneously reduce health costs and raise the quality of care.*
>
> *Conversely, there is a rich and growing body of research connecting arts in healthcare programs to improved quality of care for patients, their families,*

---

[159] Jacquie Maginnis, *Transcript of Evidence*, pp.21-2.
[160] Arts in Healthcare, 2009 State of the Field Report. Washington DC: Society for the Arts in Healthcare, p.1.

and even medical staff. Studies have proven that integrating the arts into healthcare settings helps to cultivate a healing environment, support the physical, mental, and emotional recovery of patients, communicate health and recovery information, and foster a positive environment for caregivers that reduces stress and improves workplace satisfaction and employee retention.[161]

Findings:

54. There is a growing body of evidence showing the positive connection between participation in the arts and health and wellbeing.

55. The arts provides an opportunity for people to contribute to and engage in their community.

56. Governments generally do not fully appreciate the positive relationship between the arts and health and wellbeing.

57. Investment in the arts can provide a potential cost saving to government.

Role of Local Government

The Submission provided by the Local Government Association of Tasmania (LGAT) outlined the role of Local Government in delivering health protection activities, and noted the focus has shifted in recent years from delivering services to properties to delivering services to people:

> *This shift is evident in Tasmania with most councils playing a more significant role in supporting community recreational and cultural needs. Councils are increasingly providing services, facilities and programs that support community capacity building and which promote a sense of place and health and wellbeing.[162]*

In the context of this Inquiry, LGAT suggested that Councils' primary roles are:

1. Working with their communities to develop a sense of place through branding, promoting and enhancing local identity, and promoting social cohesion and health and wellbeing; and

---

[161] State of the Field Committee. (2009). State of the field report: Arts in healthcare 2009. Washington, DC: Society for the Arts in Healthcare. p.1
[162] LGAT, *Submission*, 17 August 2015, p. 59.

2. Working with communities to create an environment that guides the use of land to balance economic, environmental and community/social values, and to support the health and wellbeing of their communities.[163]

Several councils across Tasmania deliver a broad range of health and wellbeing related services with preventative health outcomes to their communities. Some of these programs and activities have a direct statutory basis and provide direct preventative health outcomes, including:

- Food safety, including registration and inspection of food premises, promotion of food safety and food handler training;
- Immunisation programs;
- Registration and inspection of health risk premises e.g. tattoo studios; and
- Provision of 'no smoking' areas.

Other programs have more indirect preventative health outcomes:

- Parks and playgrounds;
- Walking and bike tracks;
- Swimming pools;
- Men's sheds;
- Community gardens, food and cooking security programs; and
- Healthy workplace programs.[164]

The LGAT submission noted that in the context of financial sustainability and pressure to keep rates down, some Councils find it difficult to take on non-statutory roles. In addition, Councils point out that they are often challenged by the health and wellbeing role of other levels of government, ad-hoc, poorly coordinated and one-off funding for initiatives and duplication of effort.[165]

> *This dilemma is well illustrated in the provision of non-statutory preventative health care services and programs. It can be argued that Local Government is the closest level of government to the people and is uniquely place [sic] with its knowledge of, and interaction with, the community to deliver such services. However, it is not unanimously accepted that this is the core business of councils, particularly in smaller councils. There is concern at the financial implications when, after receiving one-off or short term funding, there is an expectation for council to maintain programs. There is also concern about the staffing implications both in terms of capacity and workload. For councils overall to feel more accepting about*

---

[163] *Ibid*., pp. 4-6.
[164] *Ibid*., pp. 6-7.
[165] *Ibid*., p.5.

participating in this area, far greater clarity on long-term resourcing will be required.[166]

The LGAT submission also noted:

Land use planning plays an important role in creating public and private spaces to support the health and wellbeing of local communities.[167]

LGAT concluded by suggesting that there are opportunities for councils to play a greater role in supporting the health and wellbeing of communities by assisting in the coordination of activities with key stakeholders and actively supporting local initiatives.[168]

Finding:
58. Local government plays an important role in achieving preventative health outcomes through consultation and communication, developing a sense of place and strategic planning to support the health and wellbeing of their communities.

59. Local government provide a broad range of health and wellbeing related services.

Shortage of specialists

Dr Anne Corbould, Endocrinologist, Launceston General Hospital, in her submission, brought to the attention of the Committee a shortage of key personnel which impacts on patient outcomes in the context of preventative health:

The common theme in the preventative programs currently in operation is that of committed medical and allied health professionals working in an environment characterized by significant under-resourcing in the setting of high patient demand. The Committee should be aware that with adequate resourcing, much more could be done to improve outcomes for patients with diabetes.[169]

According to Dr Corbould, the workload of the diabetes team will increase with Tasmania's ageing population. Dr Corbould highlighted a shortage of specialist Endocrinologists, particularly in the north and north-west of the State, given that

---

[166] *Ibid.*, p.9.
[167] *Ibid.*, p. 5.
[168] *Ibid.*, p.5.
[169] Dr Anne Corbould, *Submission*, 23 March 2015, p. 5.

Endocrinologists play a vital role in preventing diabetes and associated complications.[170]

Similar concerns were raised in relation to the number of allied health professionals including podiatrists[171] and dietitians.[172]

Ms Annette Byron and Ms Natasha Meerding from Dietitians Association of Australia raised concerns regarding cuts to dietitian positions and services in public hospitals. Ms Byron noted in addition to these cuts:

> *...there are very few dietitians in private practice. Even if people could afford or chose to see somebody as a private patient, their options are limited. We know the figures for Tasmania, going on our membership base, we can see that there are 13.5 dietitians per 100 000 people in Tasmania compared to 20 per the same population nationally. Tasmanians are not getting the access they need to keep themselves healthy.[173]*

Finding:
60. There is a shortage of key personnel, for example Endocrinologists, Allergists, Podiatrists and Dietitians, which impacts on patient outcomes in the context of preventative health.

---

[170] Dr Anne Corbould, *Transcript of Evidence*, 14 April 2015, p. 21.
[171] Claire Schuringa, *Submission*, 20 February 2015, p. 4.
[172] Dietitians Association of Australia, *Transcript of Evidence*, 7 May 2015, p.46.
[173] Dietitians Association of Australia, *Transcript of Evidence*, 7 May 2015, p.46.

TERM OF REFERENCE 3

> **Structural and economic reforms that may be required to promote and facilitate the integration of a preventative approach to health and wellbeing, including the consideration of funding models.**

A number of areas of structural and economic reform have been identified.

State-wide Strategic Plan

Mr Millar, Allied Health Interest Group, suggested that, in order to be effective and to demonstrate long term commitment to addressing the social determinants of health, future planning requires a long term strategy. This strategy needs to be removed from the political influences of the relatively short political cycle. A long term strategy is required to ensure that there is sufficient time to embed processes, services and models of care such that results can be fully evaluated across an extended period.[174]

The Health in All Policies (HiAP) submission stated that a State-wide strategic plan is required to develop and deliver an integrated health care system that considers all areas of health care including primary, acute, mental and dental health, as many chronic illnesses share risk factors and remedies:

> *In the first instance the State Strategic Plan could be based on a set of very simple principles including (but not limited to) Health in All Policies and action to address the social determinants of health, and social inclusion principles as cornerstones. A state policy for Healthy Spaces and Places, for example could be introduced under the State Policies and Projects Act 1993. In developing a State Strategic Plan for Tasmania (and in the absence now of the Tasmania Together goals and targets) it is imperative that performance indicators and health surveillance measures be identified across the whole of government.[175]*
> *...*
> *A new approach to improving the health and wellbeing of the population and reducing inequity that leads to ill-health is needed. Health in All Policies is such an approach that facilitates intersectoral action to address the social determinants of health.[176]*

---

[174] Stewart Millar (Allied Health Interest Group), *Submission*, 16 February 2015, p.6.
[175] HiAP, *Submission*, 16 February 2015, p.11.
[176] *Ibid*.

In the area of oral health, Mr Crocombe on behalf of the APHCRI Research Centre of Excellence in Primary Oral Health Care noted the connections between oral health and general health and wellbeing.

Many factors 'cause' oral diseases. Economic, political and environmental conditions influence the social and community context, which in turn affects oral health-related behaviour. The oral disease risk factors (such as high sugar diets, poor hygiene, smoking and excessive alcohol intake) are also risk factors for obesity, diabetes, cancers, heart disease and respiratory diseases. Incorporating oral health promotion into general health promotion by taking a 'common risk factor' approach is likely to be more efficient and effective than programs targeting a single disease or condition.

While oral diseases share common risk factors with general health indicating an integrated approach is appropriate, certain specific oral health promotion aspects also require addressing.[177]

According to the Tasmanian Parliamentary Greens' submission, a preventative health strategy would target vulnerable or at risk populations, and:

Provide long term direction and set short, medium and long term goals to reduce tobacco addiction, childhood obesity, alcohol misuse, poor nutrition and physical inactivity. This in turn would contribute to the reduction of rates of chronic illnesses such as cardiovascular disease, diabetes and cancer.[178]

The Tasmanian Parliamentary Greens further suggested that a Preventative Health Taskforce (PHT), comprising of members from the medical and allied health profession, stakeholders, health and welfare advocacy and not-for profit organisations and government agencies, would be required to develop and implement the strategic plan.*[179]*

---

[177] Professor Leonard Crocombe, *Submission*, 27 January 2015, p. 4.
[178] Tasmanian Parliamentary Greens, *Submission*, 20 February 2015, p. 12.
[179] *Ibid*.

Findings:

61. Future health planning requires a long term strategy in order to be effective and to demonstrate long term commitment to addressing the social determinants of health. Any strategy needs to be removed from the influences of the short political cycle.

62. Any preventative health strategy should be broad based and provide targeted support to disadvantaged, marginalised or at risk groups. Such a strategy should set short, medium and long term goals to address risk factors such as tobacco addiction, childhood obesity, alcohol misuse, poor nutrition and physical inactivity.

63. A multi-disciplinary advisory body comprising members from the medical and allied health professions, health and welfare advocacy, not-for profit organisations, government agencies and other stakeholders may assist in developing a preventative health strategic plan.

Funding Reform

Dr Gall noted there is a requirement for significant reform to structure and funding across government, not just the health care sector, to achieve a preventative health care system.[180]

According to the ATDC:

> *While government and the sector have for a long time spoken about breaking down the 'silos' clients experience in seeing (sic) services and support, our current funding structure perpetuates and entrenches silos further. Government departments should be enabled to collaboratively fund community sector organisations to provide broad ranging holistic support and treatment to individuals. This would lead to better population health outcomes, putting individual client outcomes at the focus of funding decisions. Current models of 'siloed' funding on an issue by issue basis are counterproductive to holistic service provision and health outcomes.* [181]

The major recommendation made by Active Tasmania was for:

> *The Tasmanian State Government to work in partnership with providers, via a contribution of recurrent funding for effective preventative health care*

[180] Dr Seana Gall, *Submission*, 16 February, 2015, p. 4.
[181] Alcohol, Tobacco and Other Drugs Council (Tas) (ATDC), *Submission*, 12 February 2015, p. 9.

initiatives. Well managed services and programs can be the ultimate hospital avoidance measure that we are all looking for, and it is commonly accepted a much cheaper and more efficient option.[182]

The Committee heard that the integration of acute care facilities into a single system is a positive development and a step in the right direction .[183] Witnesses believed this will only be effective if supported by a state-wide plan for the provision of primary to tertiary services to ensure that services are available where needed.[184]

Dr Gall presented a number of approaches to the funding of preventative health care:

In other states, health promotion bodies, such as Healthway in Western Australia or VicHealth in Victoria are funded through state-based taxes on tobacco. These bodies then either run their own prevention programs or fund other non-government organisations to do so or to conduct research. They also provide sponsorship for events and sporting teams therefore providing a real alternative to more traditional forms of sponsorship such as alcohol or fast food companies.

If place based action, as referred to the in the (sic) Thrive Tasmania report is supported, then there are opportunities for the private sector to provide funding for preventive health care. For example, workplaces can provide health and wellbeing programs for their employees. Research being conducted jointly by the Tasmanian Government, Menzies Institute for Medical Research and other parts of the University of Tasmania show that employers want to provide such programs for their employees and that they can result in gains in employee health and wellbeing.

Furthermore, taking a whole of Government approach and recognizing the health benefits of decisions made by non-health parts of government, like planning and education, can result in health gains without any new investment. For the population to support the reforms that are necessary, they will need to place significant value on maintaining health across the life course, not just at discrete periods in time. To achieve this we would encourage the wide consultation of the Tasmanian community, which is referred to as necessary in reports of the health care system in Tasmania (Commission on delivery of health services in Tasmania).[185]

---

[182] Active Tasmania, *Submission,* 12 February 2015, p. 5.
[183] Australian Nursing and Midwifery Federation (ANMF), *Submission*, 7 May 2015, p. 8; Dr Seana Gall, *Submission*, 16 February, 2015, p. 4.
[184] Dr Seana Gall, *Submission*, 16 February, 2015, p. 4.
[185] *Ibid*.

Findings:

64. To achieve an adequately resourced preventative health model, significant reform to the structure and funding of preventative health is required across government to effectively address the social determinants of health.

65. The current models of 'siloed' funding on an ad hoc basis can be counterproductive to the delivery of integrated services and positive health outcomes.

Structural Reform (Health in All Policies)

The adoption of a Health in All Policies (HiAP) approach to address the social determinants of health in Tasmania is widely supported. A HiAP approach means that all policy determinations and decisions include consideration of how the policy can or does impact on the health and wellbeing of Tasmanians and the efficient and effective delivery of health services.

> *Health in All Policies aims for major prevention gains and health advances by bringing about changes and improvements in our social, physical and economic environments. It promotes policies for improved health across all areas of government. It is a way of encouraging all sectors to consider the health, wellbeing and equality impacts of their policies and practices. It acknowledges that health is a priority for government and that a healthier population can make a significant contribution to achieving the goals of all sectors of government.*

> *Health in All Policies focuses on the determinants of health. Health determinants are factors that most significantly influence health, including biological factors, lifestyle factors, environments, culture, societal structure and policies. These determinants are often better addressed through policies, interventions and actions outside the health sector. For example, we can improve health through environments that invite people to be physically active, through a shift towards a healthier food supply, through low rates of unemployment, job and housing security, good social support systems, or through the education of parents who lay the foundations for the health of the next generation. Thus, in order to effectively prevent illness and to improve the conditions which promote health, a partnership is needed between the health sector and other sectors of government, who have the major influence over these conditions.*

> *It requires a shift in our thinking from associating "health" with illness and hospitals to thinking about health as a positive concept that requires a*

holistic approach – with contributions to the health of all Tasmanians coming from all sectors and departments.

In general, disadvantaged groups do not benefit as quickly from improvements in health determinants as advantaged groups do. Compared to other Australians, Tasmanians have some of the poorest health outcomes and socio-economic indicators. An explicit focus on the determinants of inequalities in health is necessary in order to ensure improved equity in health.[186]

According to the HiAP collaboration, by incorporating a focus on population health into the policy development process of different agencies, the government is able to better address the social determinants of health in a systematic manner:

For Health in All Policies to work there is a need for joint effort within and between spheres of government, communities and businesses with an approach that fits logically into these already existing strategic frameworks. A mechanism [to provide] "joined-up" funding to facilitate "joined-up" action is required.[187]

There was broad support for this form of approach including a dedicated lead Agency within Government. The majority of witnesses suggested that the lead Agency should be the Department of Premier and Cabinet (DPAC).

Mr Kirwan of the Royal Flying Doctor Service, expressed the view that the Health Department needs to be responsible and held to account for the purchasing of health outputs and health outcomes.[188] He stated:

For the bigger issues of social determinants of health I think it is a whole-of-government issue. Whether it rests well in Premier and Cabinet or not ... It has to fit where they are going to make it work and they are going to want to believe to make it work. It does go to retention rates at school, employment, to making sure we have good, safe roads, that we have safe water, safe air and all of those other areas that do affect it. They are not Health. The cold hard reality is that is (sic) not an investment at the LGH, whether it is needed or not. They are investments in keeping kids at school and making sure they have a good job to go to. That is a broader issue because it includes Education. It also includes Justice and everybody else; it is not one size fits all.[189]

---

[186] Health in All Policies (HiAP), *Submission*, 16 February 2015, p.13.
[187] *Ibid*, p. 14.
[188] Mr John Kirwan (RFDS), *Transcript of Evidence*, 14 April 2015, p.19.
[189] *Ibid*.

Mr Kirwan believed it is important that such an approach does not just result in "*another page on (sic) a Cabinet submission that you fill in and everyone ignores.*"[190]

Mr Lynch, speaking on behalf of the HiAP collaboration, stated:

> *We believe the best way to achieve this is through an act of Parliament that creates an intersectoral board or agency that is able to deliver long-term advice to government to drive long-term change. We see that this act would do a number of things. It would firstly look to research information, tools, how we would go about evaluating the strategies that would be put in place. It would identify and recommend priorities to government, and we see this board reporting directly to the Premier because it is only in the Department of Premier and Cabinet that you can drive change across all of government. It will not happen in a silo, in the Health department, it needs to be across all of government.*[191]

One potential model of the HiAP approach is demonstrated in Figure 3.
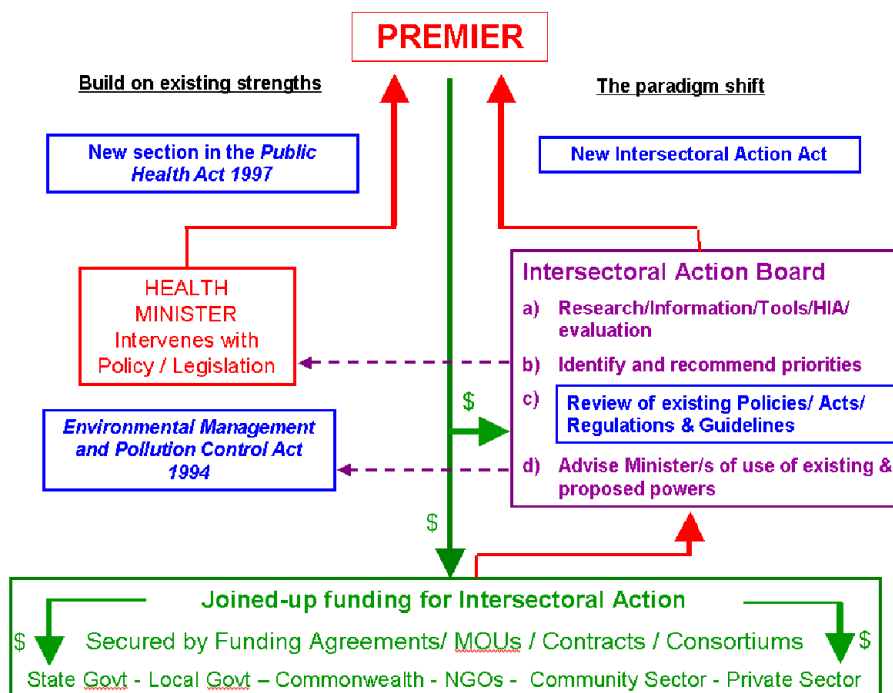
Figure 3: HiAP Model[192]

The above model would include the enacting of an Intersectoral Action Act, the establishment of an Intersectoral Action Board and the establishment of a

---

[190] *Ibid.*
[191] HiAP, *Transcript of Evidence*, 7 May 2015, p.6.
[192] HiAP, *Submission*, 16 February 2015, p.16.

Population and Social Health Information and Research Centre and a Health in All Policies Unit.[193]

The HiAP approach has already been adopted in many European countries and by the South Australian Government in 2010.[194] The model proposed by the HiAP Collaboration responds to the learnings of the South Australian experience, where an absence of a governance structure/legislative framework led to the loss of traction and ultimate failure to implement the preventative health model.

Tasmania Medicare Local (TML) suggested that DPAC may be an appropriate leadership body for the whole-of-system HiAP approach in order to address the social determinants of health both within and external to the health system:

> *The maturation of the health sector's social determinants program of work over time provides the opportunity for this body of work to be transitioned to a leadership body, such as the Department of Premier and Cabinet, who has overarching responsibility for whole of government action in the many policy areas that affect social determinants of health. This transition should occur with clear mandate, priorities and accountabilities for leading this important work that flow to the multiple agencies involved in this whole of government approach.*
>
> *This transition provides the opportunity and requirement for the health system to continue to demonstrate leadership in this area, but as a key system partner, not in isolation. Additionally, it provides opportunities to drive partnership with broader private, non-government and community partners in addressing the social determinants of health.[195]*

According to the HiAP collaboration, critical to the success of policy initiatives is the implementation approach. The HiAP not only provides an opportunity for shared leadership and accountability for improvement, the whole of system approach also lends itself to change being implemented using place-based approaches.[196]

> *The rationale for using place-based approaches advocates that places shape people's health and wellbeing. Feeling connected and having social networks contributes to wellbeing and locational disadvantage can lead to a disabling social environment and the collapse of the economic environment in some locations.*

---

[193] *Ibid*.
[194]http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Health+reform/Health+in+All+Policies/
[195] Tasmania Medicare Local, *Submission*, 16 February 2015, p. 26.
[196] *Ibid.*, p. 27.

Place-based approaches:
- *are designed in response to the unique needs of locations*
- *engage local stakeholders across all sectors in collaborative decision making and governance*
- *seize opportunities particularly local skills and resources*
- *evolve and adapt to new learning and stakeholder interests*
- *are transparent and accountable to local communities*
- *encourage collaborative action by crossing organisational borders and interests*
- *pull together assets and knowledge through shared ownership*
- *attempt to change behaviour and/or social norms in a location*
- *should be supported by social policy and legislative interventions that help build supportive environments.[197]*

The combination of poor health outcomes in particular locations across Tasmania and the social determinants of health associated with these areas suggest that addressing locational disadvantage is a necessary and valid objective. Similarly where complex issues occur, multiple agencies and community members should combine in a collaborative process to work towards making a difference.[198]

The success of place-based approaches is dependent on:

- *sufficient resourcing;*
- *strong relationships between stakeholders;*
- *community participation, ownership and leadership;*
- *skill and capacity building;*
- *adequate time for outcomes and impacts to occur;*
- *support by government; and*
- *respond (sic) to local needs and must be measured and evaluated.[199]*

Findings:

66. There is broad support for the adoption of a Health in All Policies approach to improve the health and wellbeing of Tasmanians.

67. A Health in All Policies approach focuses on the social determinants of health and requires government leadership; including policies, interventions and actions beyond the health sector.

68. The Department of Premier and Cabinet would be the appropriate lead

---

[197] *Ibid.*
[198] *Ibid.*
[199] *Ibid.*

> Agency for a Health in All Policies approach.

69. A Health in All Policies approach needs to be supported by an effective governance structure and an appropriate legislative framework.

Health Intelligence and Baseline Data

Health intelligence may be defined as the output of the processes of analysing, interpreting and reporting information.[200] Health intelligence refers to the capture and utilisation of knowledge and is required to support decision-making to improve the health of the population.

According to Ms Miriam Herzfeld, Co-Convenor, Social Determinants of Health Advocacy Network (SDOHAN):

> *We would also like to highlight while we are in a position to be able to make the representation today there are many people, including those who we recognise as being first in the queue to be harmed, who are not able to raise their voices in a forum like this. We really want to urge you, in addition to gathering evidence through this formal process, to talk to the people who can tell us what it is really like to live with poor health as a result of societal conditions in which they live. Their voices matter as much, if not more, as those of us who are able to be here today.[201]*

Subsequently research has been undertaken by the SDOHAN and the '*Just Words… What we talk about when we talk about health*' report further explores this area.

The Committee was informed that the gathering of health data in Tasmania is limited and inconsistent. There is a need for the capture of reliable and accessible data that conforms with consistent national data sets to support decision-making at a policy level.

In Tasmania, there is currently no centralised health information system that is accessible to the consumers, the Department of Health and Human Services (DHHS), all Tasmanian Health Service (THS) staff, GPs and specialists/clinicians, non-government and private providers.

---

[200] NHS Dumfries and Galloway, Health Intelligence Unit Operational Plan.
[201] Miriam Herzfeld, Co-Convenor, Social Determinants of Health Advocacy Network:, Transcript of Evidence, 13 May 2015. .

According to Mr Millar, a number of reports and studies have called for the increased 'evidence' of disadvantage in terms of the social determinants of health:

> *A framework by which data can be collected and assessed for reporting on the state of Tasmanians would be a useful starting point. It is noted other states, for example South Australia, Northern Territory, Queensland and Victoria have moved to develop [data collection] frameworks. South Australia in particular has developed a data collection/assessment tool.[202]*

According to the Heart Foundation submission:

> *Much of our information comes from nationally driven surveys and indicators (often with limited sample sizes which don't allow deeper analysis), with the 'A Fair and Healthy Tasmania' report confirming this, where it is stated that Tasmania is the only jurisdiction in Australia without access to adequate local data about the determinants of health and wellbeing and how they affect different population groups.*

> *In consultation with the community and the health sector, the Government needs to develop a set of performance indicators and health surveillance measures which will provide an indication of the health of Tasmania's population. Among other indicators, these would include smoking rates, overweight and obesity levels, levels of physical activity, fruit and vegetable intake to name just a few. Targets for improvement should also be set. There then needs to be a commitment, as well as capacity to collect/analyse and monitor these data regularly in order for Tasmanians to have an open and transparent picture of our health and wellbeing status, as well as improvements or otherwise against the baseline measures.[203]*

According to the 2014 '*A Thriving Tasmania*' report, building Tasmania's population and social health intelligence is a major area of opportunity to improve capacity for understanding, planning and evaluating prevention activities in Tasmania.

> *Effective preventive health action is dependent on an enabling infrastructure that includes research, monitoring and evaluation, information, a strong workforce and leadership. Without these essential elements, public health practitioners cannot know when, where and how to act. For this reason, the World Health Organization's Commission on the*

---

[202] Stewart Millar (Allied Health Interest Group), *Submission*, 16 February 2015, p.4.
[203] Heart Foundation, *Submission*, 16 February 2015, pp.8-9.

Social Determinants of Health identified 'knowledge, monitoring and skills' as the 'backbone of action' to reduce health inequity.[204]

According to the 2011 '*A Fair and Healthy Tasmania Strategic Review*':

Population and social health information and research refers to the resources and activities that provide the health intelligence and knowledge necessary to identify health equity issues, support effective action, and monitor changes in health and social outcomes over time. Little information is currently available about how the social determinants of health and health inequity play out at the local level or how they affect different population groups in Tasmania. This is a real barrier to needs based planning and the evaluation of health services and health promotion activities in Tasmanian communities. Access to adequate information will allow community members working with researchers and professionals to identify strengths and resources, to monitor and understand barriers and evaluate the effects of different interventions.

According to the '*A Fair and Healthy Tasmania*' report, DHHS will:

Work to increase its research capacity by collaborating with the University of Tasmania to develop and trial an applied social action research methodology for involving health and community service workers and their clients in the design and evaluation of health services. Learning from the trial will help pursue national research grants funding for further applied social research on improving health outcomes and reducing health inequity. There is also a significant opportunity to improve the breadth and quality of information available about the health and social outcomes of Tasmanian communities.

A number of advancements are also improving the quality of demographic information available to assist service planning and development:
- *Kids Come First is a whole-of-government initiative that has established a database of key indicators of the health, wellbeing, safety, development and learning outcomes of Tasmanian children. The database measures children from birth to age 17 and allows analysis at a locality/suburb level.*
- *The Tasmanian Web-Epi System is a web-based epidemiological reporting system that houses the latest data about hospitalisations, cancer incidence, infectious diseases and mortality in Tasmania.*

---

[204] Department of Health and Human Services (DHHS), '*A Thriving Tasmania*', 2014, Hobart, Government of Tasmania, p. 23.

- *The Data Linkage Project is a partnership between the DHHS and the Menzies Research Institute of Tasmania that is bringing together and enabling cross-referencing of a range of different health and other social data sets.*
- *The Departments of Education, Health and Human Services and Police are developing Data Warehouses that centralise multiple reporting sources into a single location.[205]*

The Tasmanian Council of Social Service (TasCOSS) supports the efforts of DHHS to link up with the Menzies Research Institute, the Australian Bureau of Statistics and Australian Institute of Health and Welfare staff through the establishment of a Health Intelligence Network.[206]

Findings:

70. Health intelligence refers to the capture and utilisation of knowledge, information and data that can inform decision-making regarding the health of the population.

71. Health intelligence in Tasmania is currently limited and requires the capture of reliable data that conforms with national data sets.

72. Building Tasmania's health intelligence provides an opportunity to improve understanding, planning and evaluation of illness prevention and health promotion strategies.

73. The breadth and quality of publicly available data regarding the health and wellbeing of Tasmanian communities is inadequate.

Current Health Challenges

The Committee heard from several witnesses that there are significant health challenges in Tasmania. These challenges are associated with health conditions that respond to targeted intervention, including but not limited to obesity, diabetes, stroke, kidney disease, heart and vascular disease. Many of these health conditions can be delayed, prevented or managed through lifestyle changes.

According to Connie Digolis from the Stroke Foundation:

> *Heart, stroke, kidney disease and diabetes contribute significantly to the burden of disease of Tasmanians, and the economic implications of this are*

---

[205] Department of Health and Human Services (DHHS), A *Fair and Healthy Tasmania Strategic Review*, Hobart, Government of Tasmania, 2011, p37.

[206] TasCOSS , *Submission*, 4 March 2013, p. 22

escalating. Tasmania has the highest prevalence of heart and vascular disease in Australia. In 2011-12 there were 114 000 Tasmanians living with heart and vascular disease, and over 22 000 Tasmanians living with type 2 diabetes. In addition to this, we know that we have one in six Tasmanians with diagnosed kidney disease. They are the people who we know are unwell.

What I would like to do is put that to one side for a moment and talk about the people who are at high risk, literally a heartbeat away from any or all of these conditions. If we again look at the population of Tasmania, we know that over 30 per cent of Tasmanians have a high blood pressure. We know that nearly 40 per cent of our population has high cholesterol, over 21 per cent smoke, and nearly 65 per cent are overweight or obese.

There are also estimated to be 10 000 Tasmanians living with diabetes that are as yet undiagnosed, and 45 000 with pre-diabetes. All of these indicators point to Tasmania having the poorest health outcomes in the country. We have the highest chance of developing a chronic disease, yet we have no system in place to make Tasmanians aware and empowering them to not only understand their level of risk, but what they can do about it. This does not have to be the case.

If we had the right systems in place, the right measures, not just individuals in Tasmania but also their children and their grandchildren can take better control of their health, not because the system is doing it for them but because they understand where they can make different choices and how that will benefit them. [207]

Ms Digolis encouraged the Government to:

Stick to their goal of ensuring Tasmania is the healthiest population by 2025 by establishing targets, implementing systems to increase awareness, identifying people's risk, and to see that necessary interventions are in place to lower and manage an individual's risk of cardiovascular disease, diabetes or kidney disease.[208]

According to Greg Johnson, CEO Diabetes Australia, diabetes (and its complications) is responsible for approximately 32% of all hospital

---

[207] Connie Digolis, *Transcript of Evidence*, 7 May 2015, pp. 22-23.
[208] *Ibid*.

attendances.[209] Further, in Tasmania there are currently 45 000 individuals who are at a high risk of developing type 2 diabetes in the next five to 10 years.[210]

According to Mr Johnson:

> *We know that you can intervene, you can delay or prevent the onset of type 2 diabetes by diet and lifestyle activities. That is dietitians, exercise and sport physiologists working together but it is also working with other community workers and GPs to effect that change and stop the increased rates of diabetes.*

> *This is where a sensible public health policy says if we are going to put scarce dollars into this, focus on that high-risk group, because the ones who are low-risk firstly don't need that. What they need is sensible public health policy. They just need the food environment and the food that is available to be a bit healthier. They need to have public education about healthier choices. They need better labelling of food. That should be done for everyone. These are the high-risk people where we know if we do this well we can stop the progression to type 2 diabetes in 60 per cent of them.[211]*

Mr Johnson spoke of the successful *Life*! Program in Victoria which addresses high risk individuals through structured social marketing:

> *The Life program is based on very strong evidence that started coming out in 2003 after three big randomised controlled trials around the world - one in the US, one in China and one in Finland - that all came out with the same result. It was startling and it surprised the world. It said that if you invest in a strong dose of behaviour change - which is helping people change their diet and what they eat, change their physical activity - and sustain that through building sustainable skill change, goal-setting, motivational techniques, then you get a strong prevention effect - 58 per cent.*

> *What you do is triage. You start with an initial interview and then you either go to the group one or the telephone one and now we are developing a web-based one, which is not there yet but is not far away. It is not one size fits all. Some people are going to work well in the group thing, some people need the telephone thing and there are different reasons why. It maybe time, cost or lots of things. The web one we think will be without borders in terms of being able to bring people together in a webinar, and there are limits to size. You need multiple channels of delivery and this is now one of the biggest in the world.[212]*

---

[209] Greg Johnson (Diabetes Australia), *Transcript of Evidence*, 7 May 2015, pp. 78.
[210] *Ibid*., p.81.
[211] *Ibid*.
[212] *Ibid*., pp. 80 -1.

Similarly, according to the '*State of Public Health 2013*' report obesity continues to increase in Tasmania with adverse implications for Tasmania's health care system:

> *Given the poor evidence for sustained weight loss once obesity is established, prevention of overweight in children has to be a major priority for preventive action before they go on to face a shortened lifetime complicated by the health risks of obesity.*

> *The so-called "behavioural" risk factors of physical inactivity, over-nutrition, smoking and harmful alcohol consumption continue to be major contributors to the burden of preventable disease.[213]*

In addition, there is evidence that the proportion of Tasmanian adults living in areas with the greatest disadvantage who were obese (25.8%) was almost twice that of adults living in areas with the least disadvantage and reporting to be obese (13.2%).[214]

According to the '*State of Public Health 2013*' report, multiple strategies are needed to address these risk factors, including the means to regularly measure progress against them:

> *Many of the strongest interventions and policy levers to reduce health risk factors are national. Tasmania has much to gain from supporting concerted national endeavour in areas such as food system regulation, tobacco control and alcohol harm reduction, where tremendous scope exists to redress existing market failures. The public interest case for this is stronger than ever.[215]*

Findings:
74. There are significant health challenges in Tasmania.

75. Health conditions such as obesity, diabetes, stroke, kidney disease, heart and vascular disease are challenges that respond to targeted intervention. These conditions can be delayed, prevented or managed through lifestyle changes.

76. The incidence of obesity and the related morbidities continue to increase in Tasmania and this has significant adverse financial implications for Tasmania's health care system.

---

[213] Department of Health and Human Services (Population Health), *State of Public Health 2013*, Hobart, Tasmanian Government, p, 3.
[214] *Ibid.*, p. 21.
[215] *Ibid.*

77. Diabetes and related complications are responsible for approximately one third of all hospital attendances.

78. There are effective intervention programs that address risk factors and behaviours, targeting at-risk individuals, for example the Life! program in Victoria.

TERM OF REFERENCE 4

> **The extent to which experience and expertise in the social determinants of health is appropriately represented on whole of government committees or advisory groups.**

According to Dr Gall's submission, the Menzies Research Institute is:

> *Privileged to have many of its researchers sitting on government committees and advisory groups such as the Premier's Physical Activity Council, the Tobacco Control Coalition and Rethink Mental Health.*
>
> *This has mutual benefits for policy makers and researchers. On the one hand it gives researchers a 'real world' perspective to their work and on the other hand it gives policy-makers access to up to date information on the evidence base. The Ministerial Health and Wellbeing Advisory Council was established to improve health outcomes and reduce inequalities in Tasmania. As such it included members from the health and community sectors, as well as academics and service providers.*
>
> *The report from this body provided a blueprint for action and is testament to the fact that the necessary experience and expertise does exist within Tasmania. The challenge is for the work of such bodies to be implemented by the government. Only through implementation will the investment of resources by all individuals who have contributed to or participated in such activities be realised. We are a small state that can and should take advantage of the close relationships between the various sectors supporting the health of Tasmanians.[216]*

The ATDC's submission stated there is generally some knowledge and experience in the understanding of the social determinants of health within the State Government, but this knowledge and experience is limited to certain areas within the DHHS:

> *There are representatives within the Population Health Division of the DHHS who understand the theory well. In addition many of the policy committees hosted by Population Health have community sector representatives who also have an excellent understanding of the theories of social determinants of health and health in all policies. However it is imperative that this knowledge and experience is extended across all other departments, agencies and levels of government. To achieve this will mean a*

---

[216] Dr Seana Gall, *Submission*, 16 February, 2015, p. 4.

fundamental shift in approach to policy across all government agencies. It is not reasonable to expect one division of one Department (Population Health for example) to be responsible for providing their expertise in this area to other agencies alone. Rather, it will be necessary to provide training and access to expertise to policy staff across government to foster a focus on the social determinants in their policy work.[217]

However, according the HiAP collaboration, it is not known if there is "*any mechanism in place that encourages the identification of experience and expertise in social determinants of health amongst representatives on whole of government committees or advisory groups.*" The HiAP Collaboration "*would suggest that encouraging this practice could only assist in broadening the knowledge of non-health representatives on these groups. It is hoped that in the government's plan for A Healthy Tasmania, this need will be addressed.*"[218]

Mr Millar supported community development and health promotion principles that recommend the inclusion of the voice of a range of stakeholders who have formal authority, resources and skills to transfer, and/or are affected or potentially affected by policies or planned change:[219]

> *Some high profile organisations are tasked with representation in Tasmania:*
> - *The Social Determinants of Health Advocacy network has a high profile with allied health professionals and is a source of information, encouragement and information about Social Determinants of Health.*
> - *NGOs such as Anglicare and TASCOSS carry out research and advocacy for many who are impacted by policies and societal actions designed to assist some sections of the communities but which simultaneously disadvantage others…*
> - *Tas Medicare Local – is charged with increasing awareness around social determinants of health…*
> - *In Tasmania, excellent training for health care professionals has been provided via our DHHS health promotion unit – underpinned by the Alma Ata (sic) (1974) and subsequent charters. There are many experienced 'front line' practitioners who work from a social determinants framework underpinned by primary health care principles.*
> - *Local Councils, community progress associations, organisations such as community houses, community bodies representing education,*

---

[217] Alcohol, Tobacco and Other Drugs Council (Tas) (ATDC), *Submission*, 12 February 2015, p. 10.
[218] Health in All Policies (HiAP), *Submission*, 16 February 2015, p.18.
[219] Stewart Millar (Allied Health Interest Group), *Submission*, 16 February 2015, p.6.

housing, food and income security and family safety, provide platforms for voicing local issues.[220]

In the context of experience and expertise in the social determinants of health, the ATDC expressed disappointment at the loss of the position of the Social Inclusion Commissioner for Tasmania and the Social Inclusion Unit:

The ATDC was supportive of the establishment of the Unit and the position of Commissioner. We were encouraged by the work undertaken by the Unit and Commissioner David Adams. In particular the focus on implementation of measures increasing social inclusion across all government agencies was very important. It is disappointing that the position of Social Inclusion Commissioner is no longer to be filled. By losing this position, Government loses a valuable resource, but also loses the philosophy behind a commitment to a whole of government approach.[221]

Findings:

79. There is evidence that the membership of some Government committees and advisory groups include community sector representatives who have expertise and experience in the social determinants of health.

80. Within government, a broad understanding of the theory of social determinants of health is generally associated with sections of the Department of Health and Human Services (DHHS).

81. The Social Inclusion Unit and Commissioner for Tasmania were important contributors to the understanding of the impacts on health and wellbeing of Government policy decisions.

---

[220] *Ibid*., p.5.
[221] Alcohol, Tobacco and Other Drugs Council (Tas) (ATDC), *Submission*, 12 February 2015, p. 10.

TERM OF REFERENCE 5

> **The level of government and other funding provided for research into the social determinants of health.**

A number of witnesses highlighted the importance of health promotion and the need for research into the social determinants of health, and ongoing and clearly identified funding is necessary.

According to the HiAP collaboration submission:

> *Since the inception of the HiAP Collaboration, we have highlighted that it is near impossible to identify what level of funding is allocated within the Tasmanian State Budget each year to programs of a preventative nature. It is even harder to identify what funding has been allocated by government specifically for research addressing social determinants of health.[222]*

The HiAP collaboration submission also recognised:

> *The significant funding contracts entered into by the current Tasmania Medicare Local and the Australian Government to address social determinants of health and health risk factors through the Tasmanian Health Assistance Package. The HiAP Collaboration eagerly awaits further information as to whether these strategies will continue under the new Primary Health Network, and the outcomes of their evaluation. It is critical that in future funding initiatives, that this work would be linked up with the work of the Inter-sectoral Board proposed in the HiAP Collaboration recommendations.[223]*

The Tasmania Medicare Local submission suggested that:

> *Overall Tasmania does not have a strong track record when it comes to gathering data on the social determinants of health. This has contributed to ill-informed decision making and a lack of long-term vision for health and wellbeing in Tasmania.*
>
> *An area of investment typically lacking and often cut in times of crisis is that of health research. Working closely with academic institutions both within and external to Tasmania and investing in research and evaluation will build a more robust and responsive system, a system focussed and based on evidence and outcome, and one less susceptible to the vagaries of political influence or inheritance.*

---

[222] Health in All Policies (HiAP), *Submission,* 16 February 2015, p.19.
[223] *Ibid*.

Sound research and deepening of our understanding of integrated primary health care models and the social determinants of health and health inequities is always welcomed, however it must not take place of action, but inform and evaluate the action taken.[224]

According to Dr Gall from the Menzies Institute, more funds for research are needed at the national level for health and medical research across Australia, with modelling showing that investment in medical research provides good returns*:*

At local level, we advocate very strongly for the Tasmanian government to continue to fund the 3 yearly population health surveys. Data collection such as this is vital if we are to understand the needs of the Tasmanian population and, importantly, whether current programs are having an impact. We also strongly encourage the government to ensure the adequate sampling of Tasmania in national data collection efforts, such as the Australian Health Survey and the National Health and Wellbeing Survey.

Without an adequate sample size, as has occurred in the past as with the National Mental Health Survey we are unable to conduct analyses with any certainty, particularly if analyses stratified by socioeconomic status or region are required. The Tasmanian Data Linkage Unit (TDLU), a node of the Population Health Research Network Australia (http://www.phrn.org.au), is based at the Menzies Institute for Medical Research. The TDLU was established with the backing of the Australian Government as part of the National Collaborative Research Infrastructure Strategy. It will require long-term local support to ensure that is sustainable and able to serves (sic) Tasmania's needs.

The TDLU offers important new opportunities for innovative health research through its partnership with Tasmanian State Government agencies, other data linkage units and research facilities throughout Australia. 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.[225]

In its 2013 submission, TasCOSS stated that while it is not able to comment on the current level of government and other funding for research addressing the social determinants of health:

---

[224] Tasmania Medicare Local, *Submission*, 16 February 2015, p. 32.
[225] Dr Seana Gall, *Submission*, 16 February, 2015, p. 5.

The World Health Organisation (WHO) has made recommendations regarding monitoring, research and training on the social determinants of health. It also clearly states that there is enough evidence about the social determinants of health to act now.

Research into the effectiveness of policy measures to reduce health inequalities through action on social determinants is a key recommendation of the WHO. This is especially relevant at a state level and to programs across government, which should include evaluation of health equity impacts of policy. The development of social action research projects on policies addressing the social determinants of health that involve community members, professionals and researchers should also be encouraged.[226]

Pauline Marsh from TasCOSS further noted the impact of the decrease in funding as a result of the cessation of the National Partnership on Preventative Health:

That would be the point to make. As a state we can't look at this in isolation on our little island. These current services that have been providing preventative health measures in the broadest sense are impacted on by a decrease in funding from the Federal Government that is directly aligned with cessation of the National Partnership on Preventative Health.[227]

The Committee noted that evidence received by the Committee focused primarily on government funding, and no evidence was received regarding private funding.

Findings:

82. Research into the social determinants of health and health inequities provides for a more robust and responsive evidence based health care system.

83. It is difficult to identify the level of funding allocated each year for research related to the social determinants of health.

84. Further research into the social determinants of health should not take the place of action; there is enough evidence to act now.

85. Research into and evaluation of the effectiveness of policy measures to reduce health inequalities through action on social determinants is a key recommendation of the World Health Organisation.

---

[226] TasCOSS, *Submission*, 4 March 2013, p. 22.
[227] Pauline Marsh (TasCOSS), *Transcript of Evidence*, 7 May 2015, p. 29.

Inefficient Grant Acquittal Processes

According to Ms Byrne from Active Tasmania, valuable research resources are being wasted on onerous grant application processes, which would be better spent on implementing preventative health programs:

> *Government and other funding body resources are wasted paying wages of personnel to continue to seek funding and write grant applications. In terms of preventative health and in particular physical activity, there are limited options for seeking government funding and often a complicated process which again takes valuable time and resources away from servicing the community.[228]*

Ms Byrne spoke of her frustrations with the grant application process as there is not always continuity regarding funding. She also noted that the acquittal process lacks consistency in the reporting requirements:

> *It chops and changes all the time - which grant do I have to apply for this year? This grant funding will be here this year and then next year it will be gone. Processes change and I understand in other states there is preventative health care funding that is sustainable and ongoing. Programs like ours will just have rolling funding that comes through this bucket of money. Then they will acquit that process; if they are not doing the right thing the funding will be taken. It is an ongoing sustainable revenue stream rather than having to fight for it every two or three years.*

> *Also, every department I apply to has a different acquittal process and a different application process. With one of the last grants through the Department of Health and Human Services we had to meet every three months, we had to have an interview, we had to fill out forms based on that department's key performance indicators, and write an onerous report at the end of that, alongside all the financial reports that we have to submit.[229]*

Ms Byrne noted that while she had the support of UTAS behind her:

> *Other small organisations don't have that support and it is an onerous task. The last grant I received, which was through Tasmanian Health Organisation North, was less onerous. The reporting process for that was more in line with what we have to do for the university so therefore the time that took was reduced. Through Sport and Recreation Tasmania, they had a different process. It is the time it takes to work the system and negotiate*

---

[228] Active Tasmania, *Submission*, 12 February 2015, p.5.

[229] Lucy Byrne (Active Tasmania), *Transcript of Evidence*, 14 April 2015, pp. 5-6.

*your way through the system and ensure you are up to date with what's
available, what different policy there is at the time.[230]*

Findings:

86. The grant application process can be time consuming and complicated.

87. There is a lack of efficiency and continuity in the grant application process.

88. Short term funding is not effective in addressing preventative health issues that require a longer term commitment.

89. Due to funding being accessed from different sources grant acquittal processes can be complex and lack consistency and clarity.

Lack of synergy between State and Federal Funding

Ms Ward from Cancer Screening and Control Services brought to the attention of the committee the problem of poor funding choices, and in particular, a lack of synergy between State and Federal funding in the context of bowel cancer screening services:

> *The National Bowel Cancer Screening Program is a Commonwealth Government initiative which Tasmania supports in the in-principle agreement for Tasmanians to receive invitations from the Commonwealth Government to screen. One of the challenges in the design of the screening program is that it is all done by mail. There are no alternate-entry pathways for people to participate in the screening program. With breast screening and cervical screening you can request a screening test at a convenient point in your lifetime many times over.*

> *But the bowel screening program is dictated by when the Australian Government sends the invitation. You then have a window of three months and if you don't take the test then, you can't for another how many years until they send you the test again. The states and territories have been lobbying for a no-wrong-door approach where people can pick up kits from the chemist, their doctor or wherever. However, at this point in time the design model for the National Bowel Cancer Screening Program is set by the Commonwealth Government.[231]*

---

[230] *Ibid.*, p. 6.
[231] Gail Ward, *Transcript of Evidence*, 25 May 2015, p.49.

According to Ms Ward, bowel cancer can be prevented if the pre-cancerous cells are detected and treated early and so investment in bowel screening programs across the State is critical:

> *My concern with the bowel screening program is that because of the method of delivery and the health literacy required of participants… the Commonwealth Government appears to be targeting the program - at the wealthy, worried well who have health literacy and who are able to understand the kit and take it in their own home. We have some significant program delivery issues that need to be worked through with the Commonwealth Government about access for people from rural, remote and socioeconomically disadvantaged areas.[232]*

Ms Ward highlighted that bowel screening programs could be delivered more effectively and provide a greater return through a collaborative approach between the State and Federal Government:

> *The challenge with the bowel screening program is that it is not a joint program of Commonwealth, state and territory as the other programs are. What happens with the breast and cervical screening programs is that we have collaborative initiatives across the jurisdictions in marketing and health promotion campaigns around breast and cervical screening. You probably recall seeing the 'Don't just sit there' with the bottom half of women sitting in a chair.*
>
> *The bowel screening program is completely controlled by the Commonwealth Government as far as social marketing is concerned. My team work with individuals, encouraging them to take the test but we do not have capacity to do any other form of social marketing, which is a great shame. We have it on our website but we can't advertise or market.[233]*

Furthermore, any strategy promoting an increase in the uptake of screening results in greater demand on follow-up health services.[234]

Findings:

90. There are instances of a lack of collaboration and coordination between State and Federal preventative health programs.

91. A lack of collaboration and coordination leads to an inefficient use of resources through duplication of effort at all levels of government.

---

[232] Gail Ward, *Transcript of Evidence*, 25 May 2015, p.42.
[233] *Ibid.*, p. 51
[234] *Ibid.*

92. A lack of collaboration and coordination in marketing and messaging results in confusion of message and/or failure to engage the target audience.

TERM OF REFERENCE 6

Any other matters incidental thereto.

Air Quality

Wood smoke reduction and minimisation was identified as an important preventative health measure in Tasmania.

According to Mr Mark Corrigan:

> *There are a number of sources of wood smoke in Tasmania. Wood heaters and stoves, burn-offs by Parks, burn-offs by Forestry, private burn-offs, council burn-offs, agricultural burn-offs, backyard burns, and burning of land-clearing for development and incinerators. As you are aware, the vast majority of councils still allow burning of rubbish of waste by incineration with land blocks over 2 000 square metres. Our council even explains how to construct an incinerator in the local by-laws.*
>
> *Where does all this smoke go? ... We as a community breathe it in... If you do not have a wood heater, you are probably breathing in your neighbour's wood smoke. This is passive smoking for the rest of the community.[235]*

According to Mr Corrigan, Tasmania has the highest rate of wood fire ownership in Australia:[236]

> *As for the state that claims to be clean and green, here we have some of the worst health outcomes in Australia. We have the highest rate of heart disease, the highest rate of lung disease, the highest rate of stroke, and the highest rate of asthma. Tasmania currently has approximately 65 000 registered asthma sufferers. If the New South Wales report states it will cost an extra $8 billion in 15 years for New South Wales, what will be the cost for Tasmania?*
>
> *The world has solutions from colder countries than Tasmania. Montreal in Canada has banned the installation of wood heaters and is phasing out existing wood heaters by 2020. Montreal takes wood smoke seriously.[237]*

Education is crucial to addressing the issue of wood smoke, particularly in informing people how to correctly operate a wood heater, and how to retain heat

---

[235] Mark Corrigan, *Transcript of Evidence*, 25 May 2015, p. 2.
[236] *Ibid*., p. 3.
[237] Mark Corrigan, *Transcript of Evidence*, 25 May 2015, p. 3

through insulation and improvements to the internal living environment. There are also viable alternatives to wood heaters, such as the use of pellet fires which take the human error element out of loading a wood heater:

> *Pellets are made here in Tasmania. I am not pushing them as an alternative, but they are an alternative. They are dry. They are efficient, and it is the equivalent of being a furnace. When you drop those pellets in, you are not able as an individual to put those pellets into the fire. They go via a hopper and the furnace starts, and then they will automatically go in electronically. It takes the human error out of stacking wood. It is just purely a one-kilo bag, you put it into the hopper, and off it goes. It is like an electric heat pump with a flame. You can thermostatically control it by remote control.[238]*

The Committee heard evidence from GP and Allergy Specialist Dr Nick Cooling in relation to the correlation between smoke and asthma:

> *There are Canadian models and models in Australia and there have been some studies in Tasmania which Faye [Johnstone] has done which show that the smoke does increase to 30-50 per cent your chance of having an asthma attack, so it is a large amount.*
>
> *We also looked at wood burnings so burn-offs and fuel reduction burns from Forestry Tasmania. There is some good data there on how that has increased the access to emergency departments on those days and the need for GPs on those days.[239]*

Dr Cooling also noted the link between wood smoke and presentations at the hospital:

> *Certainly the micro-environment of a house is much worse than the particulate matter in the stratosphere which tends to rise and have less effect, although it certainly is still correlated to some extent.[240]*

Mr Wes Ford, Director Environment Protection Authority (EPA) outlined the impact of smoke in the Tasmanian context:

> *Smoke predominantly in the Tasmanian context has three distinct periods of potential impact. Firstly, there is the fuel reduction plantation burning seasons, which will predominantly occur during the autumn period. Then we have the wood smoke from heaters and domestic air pollution that is predominantly a winter problem, and early into the spring. Later in the*

---

[238] *Ibid*, p. 4.
[239] *Ibid*., p.7.
[240] *Ibid*.

spring, we have regeneration and fuel reduction burning issues again. During the summer period we also have wild fire issues but they tend to be far more episodic. As to smoke generation, the largest volume of smoke generation comes from the large-scale burning. While those episodic events affect individuals particularly with pre-conditions such as asthma, the long-term health issues associated with smoke are living in smoky environments that have long-term smoke generation, which is driven by wood heaters.[241]

According to Mr Ford, the EPA runs two smoke management programs:

We have a domestic smoke management program, which is where we work predominantly with local government. We look at monitoring what is happening in a number of areas across the state regarding wood smoke production... Within that scope of our domestic smoke management program, we run a program called 'Burn Brighter this Winter'. That started off with a bit of community education. It is a monitoring program as well.

In Tasmania we have three standard receiving or monitoring stations that are permanent and they collect particles out of the air on a regular basis through a filter paper. Those filter papers are collected and weighed and that is how you get the weight.

We all have a system in Tasmania called the BLANkET system... it is a laser beam optical analysis of particles. From that we can get a moveable set of monitoring equipment; it is more portable or cost-effective but it has to be calibrated against our standard stations across the state. From that we can have a very good picture of what is happening on any given night with smoke in Tasmania.[242]

Mr Bob Hyde, Air Specialist EPA, noted Housing Tasmania's policy of not replacing wood heaters:

When we did the survey it turns out that in the area where there are more Housing Tasmania residences, whilst there is (sic) still high levels of smoke, they are not as high as those in other areas of Ravenswood.[243]

[241] Wes Ford (EPA), *Transcript of Evidence*, 19 June 2015, p. 50.
[242] *Ibid.*, p. 51.
[243] Bob Hyde (EPA), *Transcript of Evidence*, 19 June 2015, p. 53.

Findings:

93. The impact of wood smoke is a significant health issue with serious implications for Tasmanians.

94. There is a correlation between exposure to wood smoke and an increase in respiratory illness requiring medical intervention and hospitalisation.

95. Wood smoke reduction, to improve air quality, is an important preventative health measure in order to reduce the burden of related chronic disease.

96. The long term health issues associated with wood smoke come primarily from living in smoky environments predominantly caused by wood heaters, rather than episodic events such as fuel reduction burns and wild fires.

97. In Tasmania, routine fuel reduction burns are undertaken to reduce the risk of wildfire. Effective management, including notification and timing of planned burns, is important.

98. Education is crucial to addressing the negative impact of wood smoke, including the correct operation of wood heaters, the use of suitable alternatives such as pellet fires, and permitted domestic burn-offs.

99. The EPA currently offers a domestic smoke management program and provides an air particle monitoring system in Tasmania.

Water Quality

The Committee identified clean drinking water as an important preventative health consideration particularly in more remote areas. TasWater recognises that it has a very serious responsibility for public health.[244]

Mr Mike Brewster, CEO TasWater, provided some context in relation to drinking water quality in Tasmania:

> *If you go back to 2009, since the commencement of the water corporations, prior to TasWater, and we have had three years of the water corporations and two years of TasWater, 48 towns have been identified as requiring major drinking water quality or supply issues to be resolved. That excludes fluoridation upgrades for major cities. I have targeted this a bit at the small towns.*

---

[244] Mike Brewster (TasWater), *Transcript of Evidence*. , p. 20.

Of those, 13 towns have received major upgrades that have resulted in potable drinking water solutions since the commencement of the corporations in 2009. There are 23 more towns with drinking water solutions underway right now. That will be completed in the next two years and there are two about to go to the board for approval.

That leaves us with 10 small towns in two years' time to be dealt with and they will have to be dealt with as a program and that is what we are doing at the moment. The reason for that is there are a small number of connections and the cost per connection is quite high to resolve the quality issue. Connection [is via] a 20 mil (sic) pipe that goes into the house.

To round out the picture, there are currently 26 towns subject to boiled water notices or public health alerts. By the end of the next regulatory period, that is June 2018, we will have a maximum of eight. Largely that eight is those small towns I talked about with high cost to resolve the water quality issues because of a very small number of connections.[245]

Mr Lance Stapleton of TasWater, outlined TasWater's monitoring programs:

We have designed monitoring programs around all of the drinking water systems that TasWater manages and we monitor the raw water and we monitor the reticulated water as a minimum. There are a range of programs. The main thing is with potable systems we monitor in the reticulation weekly, as a minimum, for e coli, microbiological, and then there are other programs that come in quarterly for things like metals, pesticides, and things like that.

We are not monitoring for everything at every point all of the time but there is a program that has been put in place. That program has been designed around the principles of the Australian Drinking Water Guidelines and it is something that we keep going back to and fro with the Department of Health and Human Services for their endorsement. We would beef up a program if we had a particular concern so we could gather some more data to help with the solution or if we have a particular issue. There is a base line program and then it varies up above the program depending on the issues of that town.[246]

---

[245] *Ibid*, p. 23.
[246] Lance Stapleton (TasWater), *Transcript of Evidence*, 19 June 2015, p. 26.

Findings:

> 100.   Access to clean drinking water is an important preventative health consideration.
>
> 101.   In the interest of public health, TasWater has a responsibility to provide clean drinking water in the systems it manages.

Electronic Cigarettes

The Committee considered evidence regarding the use of electronic cigarettes (e-cigarettes) as an alternative to tobacco products.

According to the Summary Paper prepared by DHHS:

> *Whilst e-cigarettes simulate the act of smoking and produce a vapour, they do not contain tobacco and appear to provide lower exposure to certain toxic chemicals found in combusted tobacco products.*
>
> *There is some preliminary evidence to support the view that e-cigarettes are less harmful than tobacco cigarettes, particularly in the short term. However, while they may contain a lower concentration of a range of constituents, there are other ingredients that remain unknown. Furthermore some studies have found e-cigarettes and tobacco cigarettes produce similar levels of formaldehyde. The actual level of risk for individuals using e-cigarettes, as opposed to tobacco cigarettes, can therefore not be determined at this stage.*
>
> *Harms from long term use are also unknown. The World Health Organisation (WHO) states that conclusive evidence about the association of e-cigarettes with diseases of interest (such as cancer) will not be available for years, even decades. Evidence of the long term health effects of second hand exposure to emitted or exhaled vapour is also inconclusive. Some research evidence indicates there are short term risks relating to exposure to propylene glycol such as eye and respiratory irritation. There are also concerns that exposure to propylene glycol may form toxic or cancer-causing compounds when heated and vaporised and that products with nicotine may passively expose non-users to nicotine and other potentially harmful constituents. This includes flavoured chemicals which may be safe when ingested but unsafe when inhaled.[247]*

The Committee recognised the current position of the WHO which advises that:

---

[247] Department of Health and Human Services, Options for a Response to Electronic Cigarettes: discussion Paper, p. 5.

Consumers should not use e-cigarettes until they are deemed safe, effective and of acceptable quality by a national regulatory body. E-cigarettes and their cartridges have not been evaluated for quality, safety or performance nor approved by the Australian Therapeutic Goods Administration (TGA). This includes the contents of vapour emissions.[248]

At present, there is insufficient evidence about the extent of the potential harms of nicotine free e-cigarettes. Health authorities should act to manage the risk of potential harms until evidence of safety, quality and efficacy can be produced.[249]

Findings:
102.   There is insufficient evidence demonstrating the safety, quality and efficacy of electronic cigarettes (e-cigarettes) as a less harmful alternative to smoked tobacco products.

---

[248] *Ibid*
[249] *Ibid*, p. 10.

APPENDIX A: LIST OF REPORTS TABLED OR REFERENCED BY THE COMMITTEE

<u>**Referenced Reports:**</u>

Department of Health and Human Services. A Fair and Healthy Tasmania Strategic Review. Hobart, Government of Tasmania: 2011.
http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0010/115201/Fair_and_Healthy_Tasmania_2011.pdf

Department of Health and Human Services (DHHS) *State of Public Health 2013 – Population Health,* Hobart, Tasmanian Government.
http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0017/132263/State_of_Public_Health_2013_LR.pdf

Department of Health and Human Services (DHHS), A Thriving Tasmania – Final Report of the Ministerial Health and Wellbeing Advisory Council, Hobart, Tasmanian Government.
http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0015/150081/HWAC_Report_Full_Length_V1.0.pdf

Royal Flying Doctor Service Tasmania, Health Care Status and Access in Rural and Remote Tasmania, Information Paper, 2013.

University of Queensland/ Deakin University Australia, Assessing Cost-Effectiveness in Prevention – ACE-Prevention – September 2010,
 http://www.sph.uq.edu.au/docs/BODCE/ACE-P/ACE-prevention_final_report.pdf

Miriam Vandenberg and Michael Bentley, *Just Words…*What we talk about when we talk about Health, August 2015.

World Health Organization (WHO), 2008, *Primary Health Care – Now More Than Ever*, Geneva.

<u>**Tabled Reports:**</u>

Allied Health North
- South Australian HiAP documents (Health in All Policies: Evaluating the South -Australian Approach to Inter-sectoral Action for Health; Evaluation of Health in All Policies: concept, theory and application; MoE between DPTI and the Department for Health and Aging for Better Health, Better Planning,; Proposal for a 90 Day Project on Joined-up Policy delivery; and signed copy of the HiAP), provided by Ingrid van der Mei via email on 13 May 2015

- South Australian data collection tool provided by Stewart Millar via email on 13 May 2015 –
  http://som.flinders.edu.au/FUSA/SACHRU/Toolkit/PDF/5.pdf

Asthma Foundation
- Asthma Foundation Health Committee discussion points', provided by Guy Dow-Sainter, Asthma Tasmania, via email 21 May 2015.

Community Options Service (Lisa Shearing)
- DVD – Person centred care case studies

COTA
- Co-design and Co-production (Helen Anderson and Associates, UK).
- Brochure – 'Facing the Future' – A baseline profile on older Tasmanians.
- 'Living Longer Living Stronger' report provided by Debra Lewis (COTA) via email 15 May 2015.

Diabetes Tasmania
- Australian Government – National Health and Medical Research Council – Research Translation Faculty – 'Case for Action – Proposal to NHMRC – A comprehensive type 2 diabetes prevention program.
- Copy of Paper published in the Medical Journal of Australia – 19.1.2015

Department of Health and Human Services
- Health and Wellbeing Indicators, DHHS
- Move Well Eat Well brochure
- Move Well Eat Well – 'What are Tasmanian principals saying about Move Well Eat Well?'
- Move Well Eat Well – 'Move Well Eat Well Award Program'
- Options for a Public Health Response to Electronic Cigarettes – Discussion paper – 12 June -24 July 2015

Dr Nick Cooling
- Allergy and Immunology CAG – Response to Green Paper
- Allergy and Immunology CAG – Response to Green Paper
- Allergic to commitment
- Ascia – Allergy Prevention in Children
- Position Statement – MJA – Volume 182 Number 9 – 2 May 2005
- Asthma Foundation – AirRater – An air sensing network to protect Tasmanians' Health
- LEAP study results
- REVIEW – New insights into the allergic march
- Prevention of Allergies

EPA
- BLANkET Technical Report 28

- Aerial photo – surveys of Launceston – air quality
- Indicative real-time Tasmanian Air Quality data
- A guide to locating Air Quality information on the EPA Division

Heart Foundation
- Catering Resources Table
- RIST-HF Buyers Guide
- Workplace catering
- Healthier Serve
- Healthier catering
- 3-Step Guide

HiAP Collaboration
- Health in All Policies Collaboration – Oral Submissions 7 May 2015 – Bev's story - Exhibit A and Exhibit B
- National Stroke Foundation – summary document 7 May 2015

Tasmanian Government
- A Fair and Healthy Tasmania Strategic Review – Final Report – A Report and Call to Action from the Fair and Healthy Tasmania Strategic Review in 2011.
  http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0010/115201/Fair_and_Healthy_Tasmania_2011.pdf
- Assessing Cost-Effectiveness in Prevention – ACE-Prevention – September 2010 – University of Queensland/Deakin University Australia
  http://www.sph.uq.edu.au/docs/BODCE/ACE-P/ACE-Prevention_final_report.pdf
- A Thriving Tasmania – Final Report of the Ministerial Health and Wellbeing Advisory Council – DHHS
  http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0015/150081/HWAC_Report_Full_Length_V1.0.pdf
- *State of Public Health 2013 – Population Health, DHHS*
  http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0017/132263/State_of_Public_Health_2013_LR.pdf

Time To Be Creative
- Quantifying and Valuing the Wellbeing Impacts of Sport and Culture
- Quantifying the Social Impacts of Culture and Sport---
- Demonstrating the value of Arts in criminal justice
- The Art of Economic Development – Community Colleges for Creative Economies
- Wellbeing in all four policy areas – Report by the All-Party Parliamentary Group on Wellbeing Economics – September 2014 (UK)
- Arts in Healthcare - 2009 / State of the Field Report

- Measuring the economic benefits of arts and culture – practical guidance on research methodologies for arts and cultural organisations (Arts Council – England)
- Unlocking Value - The economic benefits of the arts in criminal justice
- PowerPoint presentation
- Package -
  - National Arts and Health Framework
  - National Youth Week poster
  - Arts in the Criminal Justice System
  - Arts with Conviction – The Future
  - Do you like to sing? (Stroke Foundation)
  - Arts in Health Care
  - Arts and Mental Health Promotion

Royal Flying Doctor Service
- *Recommendations to the Green Paper(Attachment 4)*
- *Key findings - fact sheets*
- *Update of the 2013 report "Provision of Primary Health Care Services Strategic Study" – February 2015*
- *The CIE – Final Report – March 2015*
- *Dental Health and RFDS Tasmania*