



Submission to the Joint Select Commission on
Preventative Health Care

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Recommendations

- 1. That a whole-of-government State Strategic Plan for Tasmania be developed, as detailed in the Health in All Policies Collaboration's submission.**
- 2. That a Health in All Policies approach be adopted in Tasmania. This approach would include the enacting of an Intersectoral Action Act (name to be determined), the establishment of an Intersectoral Action Board (name to be determined), and the establishment of a Population and Social Health Information and Research Centre and a Health in All Policies Unit, as detailed in the Health in All Policies Collaboration's submission.**
- 3. That Tasmania immediately transitions to having a single Tasmanian Health Organisation to facilitate better population level health planning and resource allocation, as detailed in the Health in All Policies Collaboration's submission.**

Heart Foundation's role and functions

The National Heart Foundation of Australia (Tasmania Division) is a company limited by guarantee. The business is managed by the Chief Executive Officer (CEO) who reports to the Tasmanian Board of Directors. The Board has the responsibility for determining strategy and the corporate governance of the Tasmanian business.

The organisation known as the National Heart Foundation of Australia is a federation of related entities operating together under the provisions of a Federation Agreement. Those entities are the National Heart Foundation of Australia ACN 008 419 761 (National); and the separate National Heart Foundation entities operating in each of the States and Territories of Australia. In 2009 the National Heart Foundation celebrated its fiftieth anniversary. The National Heart Foundation operates under a group services model.

The operations of the federation are overseen by the Executive Management Group (**EMG**), chaired by the National Company CEO and also comprising the National Company Secretary, the National Company Chief Financial Officer, the National Company Chief Operating Officer Health & Research and the CEOs of eight divisions. The EMG operates under its Terms of Reference as set out in the Federation Agreement and under an EMG Charter. The EMG conducts regular teleconferences and meets face-to-face on at least four occasions each year.

Our purpose is reduce premature death and suffering from heart, stroke and blood disease.

In 2013 we are implementing our new five year strategy *For all Hearts: Making a difference to Australia's heart health (For all Hearts)*. *For all Hearts* focuses our work on four key goals:

- Healthy Hearts
- Heart Care
- Health Equity
- Heart Foundation Research

We will deliver on our strategy through financial strength, our people, advocacy, data and evaluation, reputation and relevance, innovation, integration, business systems and governance.



The Tasmanian Strategic Plan has been developed to align with *For all Hearts* to provide a strategic focus for the work of the Heart Foundation in Tasmania. Our goal is to deliver the best possible outcomes under the *For all Hearts* goals within the specific size and cohorts of the Tasmanian population; the local Tasmanian context; and the operational constraints and resources available within the relatively small Tasmanian Division.

The Heart Foundation is grateful for the opportunity to provide this submission to the Joint Select Committee on Preventative Health Care in Tasmania.

Response to the terms of reference

The Heart Foundation, as a key member of the Tasmanian Chronic Disease Prevention Alliance has contributed significantly to the Health in All Policies (HiAP) Collaboration's submission to this inquiry.

We do not intend to repeat all of the information contained within the HiAP Collaboration's submission, but wish to advise the Joint Parliamentary Select Committee that we are in full support of the evidence provided, and the Recommendations made by the HiAP Collaboration in their submission.

The Heart Foundation therefore recommends:

- 1. That a whole-of-government State Strategic Plan for Tasmania be developed, as detailed in the Health in All Policies Collaboration's submission.**
- 2. That a Health in All Policies approach be adopted in Tasmania. This approach would include the enacting of an Intersectoral Action Act (name to be determined), the establishment of an Intersectoral Action Board (name to be determined), and the establishment of a Population and Social Health Information and Research Centre and a Health in All Policies Unit, as detailed in the Health in All Policies Collaboration's submission.**
- 3. That Tasmania immediately transitions to having a single Tasmanian Health Organisation to facilitate better population level health planning and resource allocation, as detailed in the Health in All Policies Collaboration's submission.**

In addition to this, we would also like to offer the following examples of activities that are drawn from some of the proposals in the Heart Foundation 2013-2014 State Budget Submission that the Health in All Policies Collaboration's proposed Intersectoral Board (once established) could consider when determining work to be funded to address the social determinants of health. These activities are provided as examples of where some

short, medium and long-term gains could be made. The Committee will note that these submissions all impact on lower socio economic groups and are progressive in their nature and involve joined-up and collaborative action by multiple agencies.

Examples of activities to be considered by the Intersectoral Board

1. SHORT TERM GAIN

Increased investment in tobacco control to an additional \$600,000 per year over the four-year period 2013-2014 to 2016-2017 with sufficient allocation of funding from this to achieve a minimum of 700 TARPS per month, every month.

Tobacco is the single largest cause of preventable death and disease in Australia and is accountable for 15,000 deaths each year¹.

Data from the Australian Bureau of Statistics shows that Tasmania has the highest proportion of current smokers of all states and territories. The proportion of people over the age of 18 who reported that they were current smokers in Tasmania in 2011-12 was 23.2% which is well above the national average of 18.1%².

The proportion of mothers smoking during pregnancy in 2009 in Tasmania was 24% which is higher than the reported rates from most other states. Maternal smoking continues to be more prevalent among younger women; particularly those aged less than 20 years (35%) and between 20-24 years (40%)³.

The National Partnership Agreement on Preventive Health's target to reduce the prevalence of daily smoking to 10% by 2018 is an ambitious one and is mirrored in the Tasmanian Tobacco Action Plan 2011-2015⁴.

There has recently been significant tightening of the tobacco control legislation in Tasmania, for which the Government is commended. However it is well documented that among the many tobacco control interventions, one of the most effective strategies to reduce smoking rates is through investing more funding in media and social marketing campaigns, along with the provision of additional support to those who require it to quit.

¹ Australian Institute of Health and Welfare, *The burden of disease and injury in Australia 2003*, Canberra, 2007.

² ABS (Australian Bureau of Statistics), *4364.0 - Australian Health Survey 2011-12*, Australian Bureau of Statistics 2012

³ Care reform. 2011. *Council of Obstetric and Paediatric Mortality and Morbidity Annual Report 2009*. Department of Health and Human Services.

⁴ Tobacco Action Coalition. 2010. *Tasmanian Tobacco Action Plan 2011-2015*. Department of Health and Human Services

In 2010-2011 the Department of Health and Human Services committed just under \$1.5 million to help Tasmanians give up smoking⁵. The commitment identified for 2011-12 was not available at the time of writing this submission. Whilst the commitment for 2010-11 was an increase from the previous years, it continues to be insufficient. Best practice recommends that national funding should be at least \$7.40 annually per capita in Tasmania⁶. This equates to approximately \$3.7 million each year in Tasmania, with the State Government taking on the greatest responsibility to fund a comprehensive Tobacco Control Program.

This is still a conservative recommendation as the Australian National Tobacco Strategy 2004-2009 recommends that \$7.40 per capita be spent annually in Tasmania as a minimum, and that up to \$14.80 should be spent, which would equate to approximately \$7.4 million each year.

It is known that well funded media campaigns can reduce smoking prevalence. Exposure of the highest rate of Gross Rating Points (GRPS) at about 838 has contributed to smokers being four times more likely to have quit two years later⁷. The Preventative Health Taskforce Report recommends campaigns should be high enough to achieve at least 700 Target Audience Rating Points (TARPs) per month. The Tasmanian Tobacco Action Plan and the A Healthy Tasmania policy documents now recognise this level of media saturation, however the level of funding allocated to achieve this in 2010-2011 (\$392,000 which was not solely for media placement, but included salaries, media purchasing, evaluation, health promotion and purchase of advertisements) failed to achieve this every month, and only achieved it in the months that the national tobacco campaign advertising was on air. The Commonwealth government recently reduced its funding for the national anti-tobacco television campaign. This makes it more important for us to ensure that enough money is invested in Tasmania to reach the 700 TARP minimum.

Even if we were able to reduce smoking rates in Tasmania to 15%, there are potential annual savings of up to \$14.7 million in healthcare costs, \$12.5 million in lost production and leisure, 4740 less cases of new disease, 150 less deaths, and 2130 disability adjusted life years saved⁸. These savings far exceed the investment.

⁵ Population Health. 2011. Investment in Tobacco Control 2010-2011. Department of Health and Human Services

⁶ Commonwealth of Australia, *National Tobacco Strategy 2004-2009*, Ministerial Council on Drug Strategy, Commonwealth of Australia 2005

⁷ National Preventative Health Taskforce, *Australia: The healthiest country by 2020: Technical Report No. 2 - Tobacco control in Australia: making smoking history*, 2009

⁸ By applying Tasmania's proportion to the modeling found in *The health and economic benefits of reducing disease risk factors Research Report*. VicHealth, 2009

2. SHORT TO MEDIUM TERM GAIN

Increased investment into data collection and health indicator monitoring to ensure we are capturing what we should be, at the level we should be, as often as we should be, in order to better monitor the health and wellbeing of Tasmanians.

It has been known by health groups for some time that the available information and data that helps to provide “health intelligence” is limited in Tasmania. 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 groups⁹.

The Heart Foundation calls for a joined-up approach to data collection enabling more regular collection and larger samples in order to provide the essential information to plan intersectoral action and evaluate outcomes of strategies recommended for action by the Intersectoral Board in local communities.

Joined-up funding and resourcing approaches should be brokered between the Commonwealth and State Government, UTAS, Not for Profit sector, private sector, the Tasmanian Health Organisations, Tasmanian Medicare Local and the Tasmanian Data Linkage Unit (operating from the Menzies Research Institute Tasmania). Epidemiologists and health economists should be resourced and funded to work across all the collaborating parties.

3. MEDIUM TO LONG TERM GAIN

That 5% per annum of the infrastructure budget from roads be transferred to public transport infrastructure that supports active living (such as walking, cycling and public transport), to support Tasmanians to be Australia’s healthiest people and contribute to reducing our carbon footprint.

Significant economic and community benefits can be gained by improved investment in sustainable transport infrastructure, including public transport, cycling and pedestrian facilities¹⁰. Transport policy should be re-oriented to prioritise planning and promotion for

⁹ Department of Health and Human Services, *A Fair and Healthy Tasmania Strategic Review*, 2011.

¹⁰ National Heart Foundation of Australia, *The built environment and walking position statement*, 2009

sustainable transport options (walking, cycling and public transport), as has been identified in the Tasmanian Walking and Cycling for Active Transport Strategy²⁴.

In the Heart Foundation's state budget submission 2013-14 to 2016-17, we called for the Tasmanian Government to develop a program of matched funding grants to local government (i.e. 50% from local government and 50% from the Tasmanian Government) for developing pathways and other walking infrastructure to bring communities and people together through encouraging active living and *Healthy by Design*¹¹ principles.

Build and retrofit neighborhoods to provide infrastructure and services for recreational physical activity, as well as accessibility for pedestrians and cyclists to shops, workplaces, public transport and services, rather than focusing on the mobility of motor vehicles.

Well-planned communities that increase the ability for people to walk or cycle to shops, schools, parks, services and public transport contribute to the creation of physically active and socially vibrant communities. Healthier communities also contribute to improving the social determinants of health.

Behavioral changes towards a more active lifestyle need to occur with a minimum amount of effort. People who have access to safe places for recreational physical activity and live in neighborhoods that encourage walking are more likely to be active.

Walking, cycling and recreational physical activity depend on neighborhoods that are characterised by:

- higher density, mixed-use zoning
- interconnected (walkable) streets
- access to public transport
- reduced traffic
- parks and open spaces.

A whole-of-government approach is crucial to the creation of 'walkable' communities in new and existing developments. However, access alone does not guarantee use – good communication and promotion of available facilities are also needed. Integration of environmental approaches with media campaigns is essential.

¹¹ National Heart Foundation of Australia, *Healthy by Design: A guide to planning and designing environments for active living in Tasmania*, 2009

4. LONG TERM GAIN

That a State Policy for Healthy Communities be adopted in Tasmania.

The Heart Foundation nationally and in Tasmania has been instrumental in drawing links between health and equity issues - the social determinants of health, particularly with regard to the built environment. These links have been presented in publically disseminated user-friendly documents, presented at conferences and training sessions and through involvement in a range of committees and health advocacy groups. The position that there is a causal link between health and the built environment is from evidence based research largely conducted or sponsored by the Heart Foundation.

Despite the consultation and advocacy by the Heart Foundation on this issue to date, the linkages between health and the built environment have not been embodied into the planning system in Tasmania. The Heart Foundation contends that to put this issue into a policy context a State Policy for Healthy Communities is required. A State Policy under the *State Policies and Projects Act 1993* would require planning schemes to be prepared in accordance with the policy. Such a policy would then provide the context for subsequent codes, planning directives etc. to deal with such issues as urban consolidation, diversity of housing, mixed use as well as standards, for instance, on bicycle and pedestrian facilities to promote physical activity and improve accessibility.

In addition to the State Policy relationship to planning schemes, the Heart Foundation contends that such a policy would provide a policy umbrella for strategies and undertakings in diverse areas such as urban transport, climate change and from Commonwealth-State agreements.

The Premier's Physical Activity Council has a Built Environment Working Group that has been endorsed by that Council to assist in progressing the consideration of a policy as a priority and is working with Heart Foundation Senior Policy Officer planning on this project.

The Heart Foundation thanks the Joint Select Parliamentary Committee for the opportunity to provide this submission and would welcome the opportunity to appear as a witness before a Committee Hearing.

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