



A Submission To

Joint Select Committee Inquiry:

Preventative Health Care

Presented by the Tasmanian Parliamentary Greens

On

20 February, 2015

List of Abbreviations

Cool CAP	<p>‘Cool’ Canteen Accreditation Program</p> <p>Tasmanian School canteen Accreditation program ran by the Tasmanian School Canteen Association</p>
DALY	<p>Disability Adjusted Life Year</p> <p>A unit of measurement expressing time lost due to illness that factors in premature death and long term periods of illness weighted by severity.</p>
FFP	<p>Family Food Patch</p> <p>Program that trains community volunteers to train community members in proper child nutrition.</p>
GOLD	<p>Getting Older Living Dangerously</p> <p>Glenorchy on the Go program targeting senior citizens.</p>
ISP	<p>Individual Support Package</p> <p>Individualised support payments, in the context of this report refers to Disability Individual Support Packages.</p>
NDIS	<p>National Disability Insurance Scheme</p> <p>Government initiative providing individualised life-long support for people with permanent and significant disability.</p>
PHT	<p>Preventative Health Taskforce</p> <p>Proposed taskforce charged with delivering the Tasmanian Preventative Health Strategy 2030</p>
TSCA	<p>Tasmanian School Canteen Association</p> <p>A Tasmanian group with the mission statement “to promote and facilitate the provision of a nutritious and healthy food service in school canteens”.</p>
YMCA	<p>Young Men’s Christian Association</p> <p>Worldwide organisation advocating health minds, bodies and spirits.</p>

Summary of Recommendations

In order for Tasmania to reach the Government's target of being the healthiest state in Australia by 2030 it is recommended that the following measures be adopted:

1. The State Government step in and provide funding for innovative and successful programs and services that are jeopardised by the cessation of The National Partnership Agreement on Preventative Health including:
 - a) Move Well Eat Well
 - b) Family Food Patch
 - c) Glenorchy on the Go
 - d) The Tasmanian School Canteen Association
 - e) The Tasmanian Anti Smoking Media Campaign
2. A Tasmanian Preventative Health Strategy 2030 be developed to reduce an unsustainable financial burden on the health system, improve the health and wellbeing of Tasmanians, promote health equity across Tasmania, and ensure Tasmania is the healthiest state in Australia by 2030.
3. Establishment of a Preventative Health Taskforce (PHT) charged with the development of the Tasmanian Preventative Health 2030 Strategy and Implementation Plan as well as:
 - a) Administering a contestable grants scheme targeting organisations delivering preventative health initiatives and services.
 - b) Advising Cabinet and Parliament on the co-ordination and implementation of a whole-of-government approach to disease prevention, building healthy communities, healthy living and health promotion.
 - c) Developing a State Policy for Health Spaces and Places, a State-wide Cardiac Services Plan and a State-wide Tackling Obesity Plan.
4. Funding for a Tobacco Control Program, supporting Tasmania's proven and highly effective education and social marketing campaigns.

Background

Chronic Disease

Chronic health disorders are a leading cause of death in Australia and are responsible for a significant healthcare burden. Chronic disease is often lifelong, and rarely completely resolved.¹ Our current healthcare policies and measures are proving incapable of addressing the burden of chronic disease.

Prevention, intervention and early detection of chronic disease are methods proven to significantly contribute to improved health outcomes, standards of living, and long-term healthcare savings. A preventative health strategy is not only advisable but entirely necessary in order to deliver successful early intervention and detection aimed at long term reduction of chronic disease rates in Tasmania.

The Statistics on chronic disease rates in Australia, and Tasmania in particular, are staggering:

- 8.3% of Tasmanians reported being diagnosed with cancer² compared to the national average of 2%.³
- 5.1% of Tasmanians reported being diagnosed with *diabetes mellitus*⁴ compared to the national average of 4%.⁵
- In Tasmania 17.8% of males and 27.8% of females reported depression,⁶ significantly higher than the national average of 6% and 9% respectively.⁷
- 22.8% of Tasmanians have cardiovascular disease, compared with the national average of 16.9%.⁸

Chronic disease is responsible for 80% of the health burden in Australia. Furthermore the prevalence of chronic disease is on the rise; particularly diabetes, which has more than doubled in the past 20 years. These figures are due in part to lifestyle and behavioural changes which increase the risk of chronic disease and the burden on our communities.⁹

Health Risk Behaviours

According to a recent Heart Foundation publication, modifiable behaviours are significant contributors to the global burden of non-communicable diseases.¹⁰ Specifically these modifiable behaviours are smoking, alcohol misuse, inactivity, and unhealthy diets. All of these factors are significant influences in Tasmania, for example:

- Tasmania has the second highest rate of smoking in Australia next to the Northern Territory, with 20.06% of adults smoking daily compared to the national average of 16.1%.¹¹
- Tasmanians are at a higher risk of alcohol related harm compared to the national average (22.7% compared to 19.5%), the proportion of Tasmanians at risk of alcohol related harm doubled between 1995 and 2009.¹²
- 34.5% of Tasmanians engaging in sedentary levels of exercise and 33.7% engage in low levels of exercise (which is relatively consistent with the national average of 35.4% and 31.5% respectively).¹³

- 92.2% of Tasmanians do not meet the recommended daily fruit and vegetable intake, slightly better than the national average of 94.5%.¹⁴
- 28% of Tasmanian adults are obese and 37% are overweight, slightly higher than the national average of 28% and 35% respectively.¹⁵

The impact of these health risk behaviours can be measured using Disability Adjusted Life Years (DALYs). DALYs are a unit of measurement designed to express time lost due to illness factoring in premature death and long term periods of illness weighted by severity.¹⁶ In Australia smoking accounts for 16.6% of all lost DALYs, inactive lifestyles 20.4%, and unhealthy diets 10.4%.¹⁷ These figures illustrate the significance of these issues in Tasmania, and highlight the need for preventative health responses as well as a more strategic, sustained approach to tackling the social determinants of health.

Social Determinants of Health

The issue of health risk behaviours and chronic disease have considerable implications for equity. Chronic disease is disproportionately represented in vulnerable populations including low income households, rural communities, indigenous and ethnic groups, as well as people with mental illness. The link between particular social groups and health inequalities is well established and, in the case of Australia, there are some particularly pertinent trends:

- Chronic disease is significantly over-represented in low income households, the indigenous population, and females.¹⁸
- There are significant differences in health risk factors, health behaviours, and utilisation of health services associated with income, employment status, level of education, occupation, rurality, ethnicity (particularly Aboriginality) and gender.¹⁹
- There is a distinct socio-economic gradient in life expectancy. This is particularly noticeable among the Aboriginal population, who have a life expectancy 17-19 years lower than the non-indigenous population.²⁰
- People with mental illness have a much higher mortality rate than the general population. They are significantly more likely to die from chronic disease, accidental death or suicide.²¹
- People with disabilities are far more likely to be affected by physical illnesses that have no physiological connection with their disability. They are also far more likely to engage in risk factors associated with chronic disease.²²

Social determinants of health have significant implications for practical responses to health issues. The determinants of health inequalities are predominantly outside the health system and are caused by a range of environmental and social factors.²³ This suggests that preventative health responses are required to address the health concerns of these populations.

Immediate Impacts of the Health Funding Budget Cuts

The 2014-15 Federal Budget marked significant funding cuts to health. These cuts included:²⁴

- Changes to public hospital funding arrangements.
- Cessation of the National Partnership Agreement on Improving Public Hospital Services.
- The cessation of the Health and Hospitals Fund.
- The deferral of the National Partnership Agreement for Adult Public Dental Services.
- The cessation of the National Partnership Agreement on Preventative Health.
- The Abolition of the National Preventative Health Agency.

Several highly successful programmes now have been defunded due to the lapse of The National Partnership Agreement on Preventative Health including:

- Move well Eat Well.
- Family Food Patch.
- Glenorchy on the Go.
- The Tasmanian School Canteen Association.
- The Tasmanian Anti-Smoking Media Campaign.

Each of these programs have been proven effective through consistently received positive feedback, as well as commendations from third party research. Furthermore, each of these programs have strong linkages with other programs and provide significant support in various forms. The loss of these programs will likely have significant negative flow on effects into other programs, and in turn have negative consequences for the health and wellbeing of Tasmanians. These programs being defunded will be a significant step away from making Tasmania the healthiest State in Australia by 2030.

Move Well Eat Well

Move Well Eat Well is one of the programs that has been defunded due to the lapse of the National Partnership Agreement on Preventative Health. The Move Well Eat Well program was designed to encourage healthy eating and physical activity as a normal part of the day for young children. At its peak the Move Well Eat Well program reaches 36,000 children and their families in Tasmania.²⁵

Move Well Eat Well was designed based on thorough evidence and research.²⁶ The program has been evaluated as a highly successful example under the International Union for Health Promotion and Education guidelines for establishing health promotion settings, and as such has been recommended as a successful case study and learning opportunity for other programs.²⁷

Defunding the Move Well Eat Well program has further implications for social equality. The Tasmanian food Security Council notes that one in ten children in Tasmania experience food

insecurity on a regular basis. Move Well Eat Well helps link families to a variety of programs, and without whole-of-school initiatives such as Move Well Eat Well, a wide range of Tasmanian school programs are likely to be one-off and significantly less successful.²⁸ Move Well Eat Well Schools, for example, collaborated with Family Food Educators to start a vegetable seed planting initiative involving 500 students.²⁹

Family Food Patch

The Family Food Patch (FFP) initiative has trained significant numbers of “Family Food Educators”; volunteer parents or community members. These volunteers inform and train parents in relation to healthy dietary and exercise habits for their children.³⁰ Volunteers are educated in child nutrition, physical activity and recommended screen time. The volunteers spread ideas for healthy recipes, packed lunches and methods to encourage child engagement,³¹ as well as providing advice for more specific problems such as managing fussy eaters³². FFP Educators support each other and the program by providing feedback and sharing their experiences and details of successful educational methods.

FFP Educators have also been utilised outside of the project. Family, Child and Youth Health Service nurses, for example, have been encouraged to use Family Food Patch educators in their nutritional education sessions.³³ Educators brought the skills they obtained through FFP into other groups as well. Two educators who were involved in a wider group of grandparent primary carers began catering for their group events, for example.³⁴ Other educators have also been instrumental in influencing canteen options, playgroup morning teas and various other school-based healthy eating policies.³⁵

The program has demonstrated increases in the level of nutritional knowledge and skills of volunteer peer educators, confidence and frequency of nutritional education conducted by family food educators and an increase in the number of Tasmanians receiving nutritional information through peer educators.³⁶

In 2003, the program was expected to deliver two long term outcomes: increased strength of community action on nutrition, and sustainability through ongoing partnership with the Child Health Association and Playgroups Tasmania.³⁷ These expected outcomes are supported by recent evidence. Feedback from those involved in the program suggests that Family Food Patch was instrumental in starting long term, healthy lifestyle changes in individuals through community action.³⁸ Furthermore Family Food Patch retained strong partnerships, including the Tasmanian School Canteen Association,³⁹ Eat Well Tasmania,⁴⁰ the Child Health Association and Population Health Services.⁴¹

In an independent study into nutrition and physical activity programs Family Food Patch was evaluated as one of the most innovative programs and was deemed to have the most potential for making positive change out of 13 programs Australia wide.⁴²

Glenorchy on the Go

Glenorchy on the Go facilitated low cost programs for Glenorchy City residents who are not in the fulltime workforce. Outer area residents were also encouraged to participate in programs and activities that do not have participant limits. Glenorchy on the Go programs were facilitated by a broad host of volunteers, professionals and facilities including: fitness professionals, sporting and recreation clubs, qualified cooking tutors, trained volunteers, medical professionals and project

staff.⁴³ Glenorchy on the Go was a response to alarming rates of obesity, chronic disease and unemployment in Glenorchy.⁴⁴

Glenorchy on the Go aimed to:⁴⁵

- Promote the importance of physical activity and healthy eating.
- Provide local, affordable opportunities for participation in appropriate physical activities, healthy eating and healthy lifestyle programs.
- Increase participation in effective community based health and wellbeing programs.
- Utilise existing resources to facilitate the expansion of programs.
- Develop a pool of trained program facilitators.

In 2012 considerable progress was reported towards these goals.⁴⁶

One of the most successful programs to come out of Glenorchy on the Go was Heartmoves. The program was established through partnerships with community-based organisations, mainly community houses and neighbourhood centres that could provide venues for Heartmoves classes. These venues were provided free of charge and allowed for free participation from members. A participant from each class was appointed as an Ambassador, who was responsible from promoting their class and welcoming new members. These Ambassadors attended training sessions in adult learning and mentoring.⁴⁷

The Heartmoves Program was extremely successful. By 2013, ten classes were being held each week, 140 people attend heartmoves classes each week at an average of 1.8 sessions per week. Through social connections and promotion of other programs people involved in Heartmoves were able to move into other activities as well, such as walking and running groups, yoga classes and gym classes. Heartmoves participants also started a swimming program. Other services offered by the Heartmoves venues were also utilised, such as YMCA equipment and computer classes. Extensive participant feedback was overwhelming positive.⁴⁸

Glenorchy on the Go promoted, supported and initiated a host of programs targeting specific at risk populations, including:

- Growing Older, Living Dangerously (GOLD), a program targeting older people and attempting to get them engage in new activities.⁴⁹
- Mums and Bubs heartmoves sessions for new mothers who want to get back in shape.⁵⁰
- BEAT IT, an exercise and lifestyle management program designed to assist people at risk of diabetes and other chronic diseases.⁵¹
- Dad's Day Out, a program aimed at promoting the importance of relationships between children and father figures, as well as providing information on sporting leisure and healthy lifestyle activities.⁵²
- Tai Chi for Arthritis sessions.⁵³

Over 4880 people (More than 10% of the population of Glenorchy)⁵⁴ participated in Glenorchy on the Go programs.

Tasmanian School Canteen Association

The Tasmanian School Canteen Association (TSCA) was established in 1994 with the mission statement *“to promote and facilitate the provision of a nutritious and healthy food service in school canteens”*. The TSCA provides support and education to schools (government and non-government) in regards to canteen foods, policy, links to the curriculum, marketing, promotion, financial management and food safety and hygiene. This includes workshops and seminars for canteen managers and school communities. The TSCA operates in partnership with health and education agencies, local government, parent bodies and other non-government bodies in the food industry.⁵⁵

The TSCA runs an accreditation program known as the 'cool' Canteen Accreditation Program (Cool CAP), offering a model of best practise for school canteen management. This program is available to all primary, district, secondary and college canteens in Tasmania. Cool CAP addresses the issues associated with safe provision, preparation and service of food for schools. In addition to providing menu advice Cool CAP also assists to provide high standards of hygiene, curriculum support, the marketing and promotion of healthy food choices to the school community and ongoing support for canteen policy development and accreditation maintenance.⁵⁶ In 2008, 56.5% of Tasmanian school canteens were either Cool CAP accredited or working towards accreditation.⁵⁷

Cool CAP workshops have received highly positive feedback:⁵⁸

- 88% of workshop participants were satisfied with the quality of the Cool CAP workshop content.
- 92% of workshop participants were satisfied with the quality of the Cool CAP kit.
- 96% of workshop participants were satisfied that the style and content of the workshops would be suitable for future workshops.
- 56% of workshop participants were TSCA members, and of the 44% that were not 71% wished to join the TSCA following the workshop.

When asked if the Government has a policy regarding the operation of school canteens the Leader of Government in the Legislative Council, Dr Goodwin, responded:

*“No, the Government does not have a policy on the operation of school canteens. However, schools are encouraged to become members of the Tasmanian School Canteen Association Inc and work towards accreditation.”*⁵⁹

The lack of a healthy food Government policy in this area makes the work of the TSCA and of Cool CAP essential.

Tasmanian Anti-Smoking Media Campaign

In 2014, the Australian Medical Association awarded Tasmania a joint achievement award due, in part, to their anti smoking media campaign.⁶⁰ Since then, Quit Tasmania has developed the “Real Stories Campaign”, the first Tasmanian designed anti-smoking media campaign. The campaign follows real stories of real Tasmanians.⁶¹ The design is similar to the thoroughly researched TIPS campaign in America⁶² which was extremely successful.⁶³ This media campaign also contains elements which evidence suggests will be likely to be effective in influencing lower socio-economic audiences.^{64,65}

In addition to budget cuts affecting Tasmanian Government anti smoking advertising, the 2014-2015 Federal budget the Government announced that the Australian Government would be ceasing the next stage of the National Tobacco Campaign, replacing it with an online and social media campaign, for a projected saving of \$2.9 million.⁶⁶ Studies on the effectiveness of online and social media campaigns are limited. One study suggests that these campaigns offer smaller effect for a lower price.⁶⁷ Another study suggests that these campaigns may not reach target audiences, and also points out that lower socio-economic groups, who are more likely to smoke, are less likely to have internet access.⁶⁸

In contrast, many studies have been conducted on the effectiveness of traditional media anti tobacco campaigns, overwhelming indicating that these programs are successful.^{69,70,71,72} Studies have also suggested television media campaigns are by far the most effective traditional media medium.^{73,74} Television campaigns have various other related benefits as well:

- Television campaigns significantly increase calls made to Quitlines.^{75,76}
- Some people find no other form of quitting assistance helpful.⁷⁷
- Smoking campaigns influence social norms, making smoking seem less acceptable. This in turn helps to reduce rates of smoking.⁷⁸

Anti smoking media campaigns need to be maintained in order to sustain repeat attempts at quitting smoking, thus increasing the likelihood of an attempt to last longer (or permanently).⁷⁹ Therefore it is likely that cessation of media campaigns will not only negatively impact on future smoking rates, but also reduce the potential effectiveness of the preceding media campaign.

In 2013, Tasmanian smoking rates were 20.06%,⁸⁰ ahead of the National Partnership Agreement on Preventative Health target of 21.4%.⁸¹ If progress is to continue, maintaining Tasmania's award winning anti smoking media campaigns will be necessary.

The Future of Preventative Health in Tasmania

In order for Tasmania to reach the Government's target of being the healthiest state in Australia by 2030 there needs to be significant investment in preventative health programs. A comprehensive Tasmanian Preventative Health Strategy will also need to be developed. There are many existing services and infrastructure that can be utilised in order to support such programs.

Neighbourhood houses are facilities run by volunteer community members. The program provides communities with the resources to determine what opportunities and needs exist in their community. Neighbourhood Houses Tasmania provide the facilities, training, and act as an advocate for collective issues identified by the groups.⁸² These facilities have and can be used effectively to help promote, support and/or deliver community based programs such as Glenorchy on the Go.

Child and Family Centres provide a supportive environment for families with children from birth to age 5. The centres aim to improve the health and education outcomes for young children, provide a range of support services, build family and community strength, increase participation in early years programs and respond to family and child needs.⁸³ These centres could be used to help deliver programs aimed at early child health education.

The **Tasmanian Aboriginal Centre** supports the indigenous community by delivering an extensive array of programs and services such as: aged care programs, children's services, chronic disease prevention, treatment and management, exercise and nutrition programs, family support programs, health services, pregnancy support programs, substance abuse programs and sexual health programs.⁸⁴ The indigenous population have higher rates of health risk factors, lower use of health services,⁸⁵ and have a life expectancy 17-19 years lower than the non-indigenous population.⁸⁶ Utilisation of the Tasmanian Aboriginal Centre when delivering broad preventative health programs or population targeting preventative health programs could help bridge the gap.

Various facilities exist for senior citizens around Tasmania; for example **Mathers House** and **Criterion House** in Hobart. These facilities focus on offering seminars, activities and programs for seniors. Activities are developed through consultation with a focus on the health and wellbeing of older people. The houses are managed by coordinators and supported by volunteers. The facilities offer fact sheets and information on age tailored activities, various educational programs on healthy aging, and a range of exercise classes.⁸⁷ Similar facilities exist across Tasmania; such as **Bellevue House** in Clarence.⁸⁸ These facilities could be utilised in order to deliver preventative health programs and services to seniors. Youth centres such as the **Latrobe & Districts Youth Centre** provide similar services for young people,⁸⁹ and could be used in a similar fashion.

The **National Disability Insurance Scheme** (NDIS) is a new initiative that provides community linking and individualised long term support for people with permanent and significant disability. The NDIS provides life-long support and assists in helping participants achieve their goals.⁹⁰ This personalised and supportive initiative has significant potential for providing linkages to preventative health programs for a significantly at risk population.

Tasmanian Preventative Health Strategy 2030

If Tasmania is to be the healthiest state in Australia by 2030 it is necessary to develop a strategic plan. A Tasmanian Preventative Health Strategy will aim to reduce the significant burden placed on our health system by preventable disease by shifting the focus to primary prevention. By focusing on reducing modifiable health risk behaviours, Tasmanians can better avoid becoming sick in the first

place. A Tasmanian Preventative Health Strategy will 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 will reduce rates of chronic illnesses such as cardiovascular disease, diabetes and cancer.

The strategy will have a core focus on equity in health and wellbeing. There are significant differences in preventable disease rates and health risk behaviour associated with income, rurality, ethnicity, Aboriginality, disability and gender. As such it is important for preventative health policies to target vulnerable or at risk populations in the interests of both public health and equity. Collaboration with experts, stakeholders and relevant community groups, non-for-profit organisations and government agencies will help to ensure policies appropriately consider at risk groups.

Tasmania has alarming preventable disease statistics. Not only are the rates of chronic disease in Tasmania significantly higher than the national average; rates of health risk behaviours are higher as well. This creates a significant loss of human potential and health care burden.

The growing cost of healthcare in Australia is unsustainable; this is largely due to chronic disease, which is responsible for 80% of the health burden in Australia.⁹¹ A holistic and integrated approach is required to address this.

A Tasmanian Preventative Health Strategy will help to significantly reduce an unsustainable financial burden on the health system, improve the health and wellbeing of Tasmanians, promote health equity across Tasmania, and ensure Tasmania is the healthiest state in Australia by 2030.

Preventative Health Taskforce

A Preventative Health Taskforce (PHT) will be required to develop the Tasmanian Preventative Health 2030 Strategy and Implementation Plan. The PHT would include members from the medical and allied health profession, stakeholders, health and welfare advocacy and not-for profit organisations and government agencies. The Taskforce would be co-chaired by the Greens' proposed Chief Health Economist and the Director of Public Health. It is proposed that the PHT be based in the Office of Public Health.

The PHT would be responsible for:

- Ensuring the 2030 strategy draws on the most up to date research, evidence and experience – utilising both national and international cases.
- Administering a contestable grants scheme. This scheme would target organisations delivering preventative health initiatives and services.
- Advising the Premier and Cabinet on the co-ordination and implementation of a whole-of-government approach to disease prevention, building healthy communities, healthy living and health promotion.

The PHT will co-ordinate the development of a **State Policy for Healthy Spaces and Places**. This policy will provide the framework to deliver agreed national positions affecting community health and wellbeing. A significant part of this policy will include building and developing the environment of our cities and towns; as well as ensuring the way in which we plan and build urban infrastructure,

and plan public transport options and liveability will contribute to ongoing improvements in the health and wellbeing of Tasmanians.

It is also essential to establish a **State-wide Cardiac Services Plan**. 22.8% of Tasmanians have cardiovascular disease, 6% higher than the national average. Cardiovascular disease is the leading cause of death in Tasmania, and cost \$5.9 billion in 2004-05, 11% of health system expenditure.⁹² Due to Tasmania's particularly high rates of smoking,⁹³ alcohol risk factors,⁹⁴ low rates of exercise,⁹⁵ and obese and overweight Tasmanians⁹⁶ many Tasmanians are at risk of cardiovascular disease.

The State-wide Cardiac Services Plan will bridge the gaps between the stages of cardiac care from primary care and acute care to cardiac rehabilitation. This will result in a reduction in avoidable hospital admissions. The PHT will be responsible for communication, promoting and making available the plan and specific details regarding heart health care.

65% of Tasmanian adults are obese or overweight.⁹⁷ Developing a **State-wide Tackling Obesity Plan** is required to tackle this issue. Given the difficulty involved with weight loss once obesity is established, funding for early intervention programs⁹⁸ such as Move Well Eat Well, Family Food Patch and the work of the Tasmanian School Canteen Association will be essential resources. The PHT will consult with the community sector, child-care stakeholders and government agencies in order to develop a State-wide Tackling Obesity Plan.

Tobacco Control Program

Tobacco is the leading cause of preventable death and disease in Australia,⁹⁹ and accounts for 16.6% of all lost DALYs.¹⁰⁰ Tasmanian statistics are particularly worrying:

- Tasmania has the second highest rate of smoking in Australia next to the Northern Territory.
- 20.06% of adults in Tasmania smoking daily compared to the national average of 16.1%.¹⁰¹
- The rate of mothers smoking during pregnancy in Tasmania is higher than the national average.¹⁰²

Additional funding for programs focusing on tobacco control interventions, particularly for the proven and highly effective education and social marketing campaigns, is essential for the future health of Tasmanians.

Conclusion

Tasmanian rates of preventable disease and health risk behaviour are significant contributors to the comparatively poor health and wellbeing of Tasmanians, health inequity, and an unsustainable health system. In order for Tasmania to reach the Government's target of being the healthiest state in Australia by 2030 there needs to be significant investment in preventative health programs and in tackling the social determinants of health.

There exist many excellent programs, services and organisations in Tasmania that help to reduce the burden of preventable illness. Some of the most promising programs are under threat as a result of the 2014-2015 Federal Budget. Action needs to be taking in order to ensure the continuation and funding security of these programs.

The development of preventative health initiatives and a broad whole-of-government Tasmanian Preventative health Strategy must be a matter of government priority. There is much existing infrastructure and services in Tasmania that could be increasingly utilised to deliver and promote future initiatives such as Neighbourhood houses, Child and Family Centres, the Tasmanian Aboriginal Centre, the National Disability Insurance Scheme as well as various community centres such as Mathers House, Criterion House, Bellevue House and the Latrobe & Districts Youth Centre.

It is recommended that the following measures be adopted:

1. The State Government step in and provided funding for innovative and successful programs and services that are jeopardised by the cessation of The National Partnership Agreement on Preventative Health including:
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4. Funding for a Tobacco Control Program, supporting Tasmania's proven and highly effective education and social marketing campaigns.

Bibliography

- 1 "Chronic Disease." The Australian Government Department of Health. Last modified 26 September, 2012.
<http://www.health.gov.au/internet/main/publishing.nsf/Content/chronic>.
- 2 Tasmania Local Medicare Limited, *Primary Health Indicators Tasmania Report 5* (2012), 6.
<http://www.tasmedicarelocal.com.au/sites/default/files/PHIT-Vol-5-Issue-1-Apr-2012.pdf>.
- 3 "Long-Term Conditions." *National Health Survey: Summary of Results, 2007-2008 (Reissue)*, The Australian Bureau of
Statistics. Last modified 25 August, 2009.
[http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4364.0Main%20Features32007-2008%20\(Reissue\)?opendocument&tabname=Summary&prodno=4364.0&issue=2007-2008%20\(Reissue\)&num=&view=](http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4364.0Main%20Features32007-2008%20(Reissue)?opendocument&tabname=Summary&prodno=4364.0&issue=2007-2008%20(Reissue)&num=&view=).
- 4 Tasmania Local Medicare Limited, *Health Indicators*, 6.
- 5 "Long-Term Conditions." *National Health Survey*.
- 6 Tasmania Local Medicare Limited, *Health Indicators*, 6.
- 7 "Long-Term Conditions," *National Health Survey*.
- 8 Heart Foundation. *Heart Foundation 2014-2015 to 2017-2018 State Budget Submission* (2013), 3.
http://www.heartfoundation.org.au/driving-change/current-campaigns/local-campaigns/Documents/FINAL_Heart_Foundation_2014_2015_State_Budget_submission.pdf.
- 9 "Improving the prevention and management of chronic conditions". The Tasmanian Government Department of Health and
Human Services. Last modified October, 2014. http://www.dhhs.tas.gov.au/healthpromotion/wihpw/priority_areas/improving_the_prevention_and_management_of_chronic_conditions.
- 10 Heart Foundation, *Australian Heart Disease Statistics 2014* (2014): 74.
http://www.heartfoundation.org.au/SiteCollectionDocuments/HeartStats_2014_web.pdf.
- 11 "Tobacco Smoking." *Australian Health Survey: Updated Results, 2011-2012*, The Australian Bureau of Statistics. Last modified
7 June, 2013. <http://www.abs.gov.au/ausstats/abs@.nsf/lookup/E3E02505DCAF230CCA257B82001794EB?opendocument>
- 12 Tasmanian Government Department of Health and Human Services, *Tasmanian Alcohol Report 2013* (2013): 4.
http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0011/138359/FINALTasmanianAlcoholReport20132.pdf.
- 13 "Exercise." *Profiles of Health, Australia, 2011-13*, The Australian Bureau of Statistics. Last modified 29 October, 2012.
<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4338.0main+features112011-13>.
- 14 "Daily Intake of Fruit and Vegetables." *Profiles of Health, Australia, 2011-13*, The Australian Bureau of Statistics. Last modified
7 June, 2013. <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4338.0~2011-13~Main%20Features~Daily%20intake%20of%20fruit%20and%20vegetables~10009>.
- 15 National Health Performance Authority, *Overweight and Obesity Rates Across Australia, 2011-12* (2013), 4.
[http://www.nhpa.gov.au/internet/nhpa/publishing.nsf/Content/Report-Download-HC-Overweight-and-obesity-rates-across-Australia-2011-12/\\$FILE/NHPA_HC_Report_Overweight_and_Obesity_Report_October_2013.pdf](http://www.nhpa.gov.au/internet/nhpa/publishing.nsf/Content/Report-Download-HC-Overweight-and-obesity-rates-across-Australia-2011-12/$FILE/NHPA_HC_Report_Overweight_and_Obesity_Report_October_2013.pdf).
- 16 Water Research Australia, *Disability-adjusted life years (DALYs): What are they and how are they used?* (2013), 1-2.
<http://www.waterra.com.au/publications/document-search/?download=539>.
- 17 Heart Foundation, *Australian Heart Disease Statistics 2014*, 43.
- 18 Tasmania Local Medicare Limited, *Health Indicators*, 10.
- 19 Public health Association of Australia, *health Inequities Policy* (2006), 1.
<http://www.phaa.net.au/documents/policy/HealthInequities.pdf>.
- 20 ibid
- 21 Lawrence, David and Rebecca Coghlan, "Health Inequalities and the Health Needs of People With Mental Illness", *NSW Public Health Bulletin* 13 (2002), 155-156. http://www.publish.csiro.au/?act=view_file&file_id=NB02063.pdf.
- 22 VicHealth, *Disability and health inequalities in Australia* (2012), 3-4.
http://disabilityemployment.org.au/file/3c98910c97782a8d4f6bf3ef6c3d207901fb6fd4/vh_disability_summary_web1.pdf.
- 23 Public Health Association of Australia, *Health Inequities Policy*, 1.
- 24 ibid

25 "Move Well Eat Well." Accessed 11 February, 2015. Tasmanian Department of Health and Human Services.
<http://www.dhhs.tas.gov.au/mwew>.

26 ibid

27 Dymont, Janet, Sherridan Emery, Theresa Doherty, Sue Moir, Mary Eackhardtband Sue Frendin. "Settings-Based Health
 Promotion." In *Health and Wellbeing in Childhood*, edited by Garvis, Susanne and Pendergast, Donna, 269-70. Melbourne:
 Cambridge University Press, 2014.

28 Tasmanian Food Security Council, *Food for all Tasmanians: A food security strategy* (2012), 34.
[http://webarchive.linc.tas.gov.au/20130111042946/http://www.dpac.tas.gov.au/_data/assets/word_doc/0009/159912/Food
 for all Tasmanians - A food Security Strategy.DOC](http://webarchive.linc.tas.gov.au/20130111042946/http://www.dpac.tas.gov.au/_data/assets/word_doc/0009/159912/Food_for_all_Tasmanians_-_A_food_Security_Strategy.DOC).

29 "Seeds for Schools." National Science Week. Accessed 17 February, 2015. <http://www.scienceweek.net.au/seeds-for-schools/>.

30 "What is Family Food Patch?" Family Food Patch. Accessed 17 February 2015. <http://www.familyfoodpatch.org.au/>.

31 Sargent, Aryelle. "Serving up ideas for good family health." *The Advocate*, April 15, 2014.
<http://www.theadvocate.com.au/story/2219679/serving-up-ideas-for-good-family-health/>.

32 "Family food Patch Project". Australian Indigenous HealthInfoNet. Last modified January, 2015.
<http://www.healthinfo.net.au/key-resources/programs-projects?pid=79>.

33 Ward, Alison, Julie Williams, Dorothy McCartney and Judy Seal. "Developing innovative and flexible community nutrition
 service delivery in rural Tasmania." Paper presented at the 7th National Rural Health Conference, Hobart, March 2003, 5.
<http://nrha.org.au/7thNRHC/Papers/general%20papers/ward.pdf>.

34 Minchin, Christine, "Reaching into the community", *Health Voices* 4 (2009), 9-10.
<https://www.chf.org.au/pdfs/hvo/hvo-2009-4-reaching-into-the-community.pdf>.

35 ibid

36 Ward et al., "nutrition service delivery", 5.

37 Ward et al., "nutrition service delivery", 5.

38 Sargent, "good family health".

39 "Partnerships." Tasmanian School Canteen Association. Accessed 17 February, 2015.
<http://www.tascanteenassn.org.au/partnerships.html>.

40 "Partnership Links." Eat Well Tasmania. Accessed 17 February, 2015. <http://www.tascanteenassn.org.au/partnerships.html>.

41 "What is Family Food Patch?"

42 "Child Health Association Inc." ourcommunity.com.au. Accessed 17 February, 2015.
<http://www.ourcommunity.com.au/directories/listing?id=1239>.

43 "About Glenorchy on the Go." Glenorchy City Council. Accessed 17 February, 2015.
<http://gog.gcc.tas.gov.au/content/about-glenorchy-go>.

44 Glenorchy City Council. "Healthy Communities Initiative: Local Government Area Grants Phase 2 June 2011 - June 2014."
 Report submitted to PPAC Local Government Forum, May, 2014, 3.
http://www.getmoving.tas.gov.au/_data/assets/pdf_file/0004/86548/2014_PPAC_GOG_presentation.pdf.

45 ibid

46 Glenorchy City Council, *Glenorchy City Council's Sports and Recreation E News Bulletin* 24 (2012), 5.
<http://www.tennis.com.au/glenorchy/files/2012/08/Glen-Council-Sport-Rec-News-Edition-24-July-12.pdf>.

47 Heart Foundation, *Case Study 7: Implementation of Heartmoves in Glenorchy LGA TAS* (2013).
http://www.heartmoves.org.au/assets/pdf/case_study_7_july_2013.pdf.

48 ibid

49 Glenorchy City Council, *Glenorchy City Council's Sport and Recreation E news*, 8.

50 ibid, 7.

51 ibid

52 "Dads have the best day out." Glenorchy Gazette. Last modified may, 2013, <http://glenorchygazette.com.au/?p=43>.

53 Glenorchy City Council, "Healthy Communities Initiative", 14.

54 ibid, 3,4.

- 55 "What is the TSCA?" Tasmanian School Canteen Association. Accessed 17 February 2015. <http://www.tascanteenassn.org.au/>.
- 56 "Canteen Accreditation Program (CAP)." HealthInfoNet. Last modified 29 January, 2015. <http://www.healthinonet.ecu.edu.au/key-resources/programs-projects?pid=78>.
- 57 "Tasmanian School Canteen Association." ourcommunity.com.au. Accessed 17 February, 2015. <http://www.ourcommunity.com.au/directories/listing?id=6533>.
- 58 Setter, Tracy, Antigone Kouris-Blazos and Mark Wahlqvist. *School-based healthy eating initiatives: Recommendations for success*. Victoria: Monash University, 2000. <http://apicn.nhri.org.tw/server/bookstore/reports/school.pdf>.
- 59 "Tasmanian State School Canteens." Hon. Ruth Forrest MLC Independent Member for Murchison. Last modified 20 August, 2014. <http://www.ruthforrest.com.au/index.php/parliament/questions/2014-questions/1296-tasmanian-state-school-canteens-20-august-2014>.
- 60 "AMA/ACOSH Dirty Ashtray Award 2014." Australian Medical Association. Last modified 23 May, 2014. <https://ama.com.au/media/amaacosh-dirty-ashtray-award-2014>.
- 61 "Real Stories Campaign." Quit Tasmania. Last modified 28 December, 2014. <http://www.quittas.org.au/latest-news/real-stories-campaign>.
- 62 Rigotti, Nancy A and Melanie Wakefield. "Real People, Real Stories: A New Mass Media Campaign That Could Help Smokers \ Quit." *Annals of Internal Medicine* 157 (2012): 907-909. Accessed 19 February, 2015. doi: 10.7326/0003-4819-156-1-201201010-00541.
- 63 McAfee, Tim, Kevin C Davis, Robert L Alexander Jr, Terry F Pechacek and Rebecca Bunnell. "Effect of the first federally funded US antismoking national media campaign." *The Lancet* 382 (2013): 2003-2011. Accessed 19 February, 2015. doi: 10.1016/S0140-6736(13)61686-4.
- 64 Durkin, Sarah J, Melanie A Wakefield and Matthe J Spittal. "Which types of televised anti-tobacco campaigns prompt more quitline calls from disadvantaged groups." *Health Education Research* 26 (2011): 998-1009. Accessed 19 February, 2015. doi: 10.1093/her/cyr048.
- 65 Niederdeppe, Jeff, Matthew C Farrelly, James Nonnemaker, Kevin C Davis and Lauren Wagner. "Socioeconomic variation in recall and perceived effectiveness of campaign advertisements to promote smoking cessation." *Social Science & Medicine* 72 (2011): 773-780. Accessed 19 February, 2015. doi: 10.1016/j.socscimed.2010.12.025.
- 66 Australian Government. *Budget Paper no. 2: Budget Measures*. (Part 2: Expense Measures, Health). Budget Measures 2014-15. http://www.budget.gov.au/2014-15/content/bp2/html/bp2_expense-14.htm.
- 67 Cugelman, Brian, Mike Thelwall and Phil Dawes. "Online Interventions for Social Marketing Behaviour Change Campaigns: A Meta-Analysis of Psychological Architectures and Adherence Factors." *Journal of Medical Internet Research* 13 (2011). Accessed February 19, 2015. doi: 10.2196/jmir.1367.
- 68 Civljak, Marta, Lindsay F Stead, Jamie Hartmann-Boyce, Aziz Sheikh and Josip Car. "Internet-based interventions for smoking cessation." *Cochrane Database of Systematic Reviews* 7 (2013). Accessed February 19, 2015, doi: 10.1002/14651858.CD007078.pub4.
- 69 Durkin, Sarah and Malanie Wakefield. "Comparative responses to radio and television anti-smoking advertisements to encourage smoking cessation." *Health Promotion International* 25 (2010). Accessed February 19, 2015. doi: 10.1093/heapro/dap044.
- 70 Pierce, John P, Petra Macaskill and David Hill. "Long-term effectiveness of mass media led antismoking campaigns in Australia." *American Journal of Public Health* 80 (1990): 565-569. Accessed February 19, 2015. doi: 10.2105/AJPH.80.5.565.
- 71 Popham, William James, Lance D. Potter, Dileep G. Bal, Michael D. Johnson, Jacquolyn M. Duerr and Valerie Quinn. "Do anti-smoking media campaigns help smokers quit?" *Public Health Reports* 108 (1993): 510-513. Accessed February 19, 2015. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1403416/>.
- 72 Miller, CL, M Wakefield and L Roberts. "Uptake and effectiveness of the Australian telephone quitline service in the context of a mass media campaign." *Tobacco Control* 12 (2003): ii53-ii58. accessed 19 February, 2015. doi: 10.1136/tc.12.suppl_2.ii53.
- 73 Durkin, "Comparative responses to radio and television anti-smoking advertisements to encourage smoking cessation."

74 Siegel, Michael and Lois Biener. "The impact of an antismoking media campaign on progression to established smoking: results
of a longitudinal youth study." *American Journal of Public Health* 90 (2000): 380-386. Accessed 19 February, 2015.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446163/>.

75 Miller, "Uptake and effectiveness of the Australian telephone quitline service in the context of a mass media campaign."

76 Biener, Lois, Rebecca L Reimer, Melanie Wakefield, Glen Szczypka, Nancy A Rigotti and Gregory Connolly. "Impact of
Smoking Cessation Aids and Mass Media Among Recent Quitters." *American Journal of Preventative Medicine* 30 (2006): 217-
224. Accessed 19 February, 2015. doi: 10.1016/j.amepre.2005.10.026.

77 ibid

78 Baha, M and A L Le Faou. "Smokers' reasons for quitting in an anti-smoking social context." *Public Health* 124 (2010): 225-231.
Accessed 19 February, 2015. doi: 10.1016/j.puhe.2010.02.011.

79 Wakefield, M A, M J Spittle, H-H Yong, S J Durkin and R Borland. "Effects of mass media campaign exposure intensity and
durability on quit attempts in a population-based cohort study." *Health Education Research* 26 (2011): 988-997. Accessed 19
February, 2015. doi: 10.1093/her/cyr054.

80 "Tobacco Smoking." *Australian Health Survey: Updated Results, 2011-2012*.

81 Tobacco Coalition. "Tasmanian Tobacco Action Plan." *Department of Health and Human Services* (2010), 11.
http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0009/53793/Tasmanian_Tobacco_Action_Plan_2011-2015.pdf.

82 "About Neighbourhood Houses Tasmania Inc." *Neighbourhood Houses Tasmania*. Accessed 18 February, 2015.
<http://nht.org.au/home/neighbourhood-houses-in-tasmania/>.

83 "Child and Family Centres." *Tasmanian Government*. Accessed 18 February, 2015.
http://www.education.tas.gov.au/parents_carers/early_years/Programs-and-Initiatives/Pages/Child-and-Family-Centres.aspx.

84 "About Us." *Tasmanian Aboriginal Centre Inc.* Accessed 19 February, 2015. <http://tacinc.com.au/about-us/>.

85 Public health Association of Australia, *health Inequities Policy*, 1.

86 ibid

87 "Older People." *Hobart City Council*. Accessed 19 February, 2015. http://www.hobartcity.com.au/community/older_people.

88 "Leisure, Living and Learning." *Clarence City Council*. Last modified 3 October, 2011.
<http://www.ccc.tas.gov.au/page.aspx?u=1608>.

89 "Latrobe & Districts Youth Centre." *Latrobe Council*. Accessed 19 February, 2015. <http://www.latrobe.tas.gov.au/youthcentre>.

90 "Fact sheet: Participating in the NDIS – Tasmania." *National Disability Insurance Scheme*. Accessed 19 February, 2015. <http://www.ndis.gov.au/document/239>.

91 "Improving the prevention and management of chronic conditions."

92 Heart Foundation, *Heart Foundation 2014-2015 to 2017-2018 State Budget Submission*, 3.

93 "Tobacco Smoking."

94 Tasmanian Government Department of Health and Human Services, *Tasmanian Alcohol Report 2013*, 4.

95 "Exercise."

96 National Health Performance Authority, *Overweight and Obesity Rates Across Australia*, 4.

97 ibid

98 *State of Public Health 2013*. Department of Health and Human Services, 3.
http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0017/132263/State_of_Public_Health_2013_LR.pdf.

99 Heart Foundation, *Heart Foundation 2014-2015 to 2017-2018 State Budget Submission*, 16.

100 Heart Foundation, *Australian Heart Disease Statistics 2014*, 43.

101 "Tobacco Smoking." *Australian Health Survey: Updated Results, 2011-2012*, The Australian Bureau of Statistics. Last modified
7 June, 2013. <http://www.abs.gov.au/ausstats/abs@.nsf/lookup/E3E02505DCAF230CCA257B82001794EB?opendocument>.

102 Heart Foundation, *Heart Foundation 2014-2015 to 2017-2018 State Budget Submission*, 16.