Tasmanian Chronic Disease Prevention Alliance

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

Tasmanian Chronic Disease Prevention Alliance

The Tasmanian Chronic Disease Prevention Alliance (TCDPA) is a group of seven non–government organisations which have expertise in the area of chronic disease prevention and management. All member organisations share a mission to reduce the premature death and suffering from chronic disease in Tasmania.

The Alliance commenced operating in 2002 and is comprised of the following member organisations (in alphabetical order):

- Arthritis and Osteoporosis Tasmania
- Asthma Foundation of Tasmania
- Cancer Council Tasmania
- Diabetes Tasmania
- Kidney Health Australia (Tasmania)
- National Heart Foundation of Australia (Tasmania Division)
- National Stroke Foundation (Tasmania)

Process to achieve the Government's vision of Tasmania having the healthiest population in Australia by 2025

29 February 2016

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Summary of recommendations

Recommendation 1: That the Government considers the submissions that were presented to the Joint Select Committee on Preventative Health Care when finalising the Healthy Tasmania Five Year Strategic Plan.

Recommendation 2: That a whole-of-government State Strategic Plan be developed for Tasmania.

Recommendation 3: That a State Policy for Healthy Spaces and Places (as advocated for by the Heart Foundation) could be introduced as one of the first components of the State Strategic Plan.

Recommendation 4: That (as outlined in the Heart Foundation's 2016-17 budget submission) the State Government increases the proportion of funding allocated for prevention, from 1.9% to 5% by 2020. This would be achieved by increasing funding for prevention (sourced through various streams of State Government funding) to the equivalent of 3.0% of the annual Department of Health and Human Services Budget in 2016-17, and increase by annual increments of 0.75% in 2017-18 and 2018-19 and by 0.5% in 2019-2020 (totalling the equivalent of 5.0% of the annual Department of Health and Human Services budget by 2019-2020).

Recommendation 5: That (as outlined in the Heart Foundation's 2016-17 budget submission) a transfer of 5% per annum of the infrastructure budget, is allocated to public transport, pedestrian and cycling infrastructure, equating to $1.5 million per annum (based on the 2015-16 infrastructure budget). This funding should be tied to matched funding from local government, equating to an investment of $12 million ($6 million form State and $6 million from local governments) over four years.

Recommendation 6: That a Health in All Policies approach be adopted in Tasmania, as outlined in the Health in All Policies Collaboration (of which the TCDPA is a member) submission to this consultation process, in order to drive the intersectoral action required to improve the health and wellbeing of Tasmanians.

Recommendation 7: That the HiAPC's proposed Intersectoral Board identify the measures, benchmarks, targets, surveillance, KPIs, performance measures that should be collected and monitored, giving consideration to those listed in this submission. These should be recommended to, and adopted by the Tasmanian Government, and the Government commit to their ongoing monitoring. This will provide the evidence base for policies and programs to be implemented, as well as provide a better understanding of the health of Tasmanians.

Recommendation 8: That among the targets that the Intersectoral Board sets, that similar targets for the proportion of patients receiving Integrated Health Checks (similar to those adopted in New Zealand), are applied to all publicly funded community/primary health services in Tasmania. That the Government work with Primary Health Tasmania to encourage the introduction of similar targets in general practice.

Recommendation 9: That amongst the targets set by the Intersectoral board, a target for smoking prevalence is set for Tasmania – and that the Government continues to invest in present successful evidence-based strategies as set out in the Tasmanian Tobacco Action Plan.

Recommendation 10: That tobacco control initiatives are funded to a minimum of $2.4 million per year over the four-year period 2016-17 to 2019-2020, with sufficient allocation of funding to achieve a minimum of 700 Target Audience Rating Points per month, every month as part of a comprehensive tobacco control program.

Recommendation 11: That among the targets set by the Intersectoral Board, similar targets for the proportion of patients receiving brief interventions for smoking (similar to those adopted in New Zealand), are set for all publicly funded hospitals and community/primary health services in Tasmania.

Recommendation 12: That the Intersectoral Board provide advice to the Government on what evidence-based initiatives should be implemented in Tasmania to work towards the goal of Tasmania being the healthiest population in Australia by 2025.

General Commentary

The Tasmanian Chronic Disease Prevention Alliance (TCDPA) is grateful for the opportunity to provide a submission to the *Healthy Tasmania Five Year Strategic Plan – Community Consultation Draft (Draft Healthy Tasmania Plan)*. The TCDPA commends the Government commitment to developing a plan that seeks to 'change the way we manage preventive health for the benefit of all Tasmanians[a]'.

We support the Social Determinants of Health Advocacy Network's submission to this consultation which articulates the absence of, and need for a core focus on the social determinants of health. We too urge the Government, in preparing the Healthy Tasmania Five Year Strategic Plan to consider the submissions that were presented by stakeholders to the Joint Select Committee on Preventative Health Care, and to engage in dialogue with the Committee as it prepares its report. The TCDPA (as a member of the Health in All Policies Collaboration) stands by the recommendations we presented to the Committee[1], all of which are relevant to developing the *Healthy Tasmania Five Year Strategic Plan*.

Much can also be gleaned from the final report of the previous Labor Government's Ministerial Health and Wellbeing Advisory Council – *A Thriving Tasmania*[2].

Recommendation 1: That the Tasmanian Government considers the submissions that were presented to the Joint Select Committee on Preventative Health Care when finalising the *Healthy Tasmania Five Year Strategic Plan.*

Current actions to prevent ill-health and to promote health and wellbeing of Tasmanians

There are a number of current actions that the Government has supported that aim to prevent ill-health and to promote the health and wellbeing of Tasmanians. These have included (although are not limited to):

- Improved investment into social marketing spend on tobacco control, along with other tobacco control measures such as increased smoke free areas and further tightening of tobacco control legislation,
- Population-based cancer screening,
- Immunisation,
- Legislation – not only through the *Public Health Act 1997*, but through other legislation (i.e. requirement to wear seatbelts - *Road Rules 2009*),
- Child and Community Centres,
- The Premiers Physical Activity Council,
- The Tobacco Control Coalition,
- The (ad-hoc) adoption of Positive Provision Policy for Cycling Infrastructure policy,
- Tasmanian Neighbourhood Houses, and
- Improving Health literacy.

[a] Hon Michael Ferguson MP, Minister for Health, *Healthy Tasmania Five Year Strategic Plan – Community Consultation Draft*, p. 1.

Blockers in improving the population health of Tasmanians

The current structure of the health system and siloed thinking in an entirely medical model is a major blocker to achieving better health and wellbeing outcomes.

Whilst the medical model approach as it relates to acute and anticipatory care (to prescribe lifestyle interventions and clinical therapies when required) is a key component of improving the health of individuals, we need to think outside of the model that health is only obtained through medical intervention and sourced from medical facilities.

Whilst the Department of Health and Human Services (DHHS) and Tasmanian Health Service (THS) particularly can play a major role and have the required expertise to "fix" ill-health (either permanently or halt the progress), we cannot afford to ignore the growing burden of chronic disease that will be further clogging our acute care system.

We also know that the DHHS can also be responsible for providing (through the THS run Community Health Services or District Hospitals) and/or through commissioning preventative health programs (in partnership with Primary Health Tasmania and other primary care providers) to prevent at-risk populations from progressing towards disease development or progression of disease (anticipatory care). However, improving the health of the population needs to be the business of all areas and layers of government, business and the community. Traditionally, the health of the population has been thought to be the responsibility of the DHHS. The reality is, that the building blocks of improving the health of the population sit outside of the DHHS.

We know that improving education outcomes improves the health of the population. We know that improving employment rates improves the health of the population, and the economy of the community. We know that when cities, towns and communities are planned to support access to healthy and affordable food, support people to be physically active as part of their daily lives, and support social inclusion, that these are the communities that have populations that are healthier. Unfortunately, the way that we have structured our government departments has resulted in siloed action (or in-action), siloed funding of programs and infrastructure. We have not put the health of the Tasmanian population front and foremost, and worked collaboratively across governments, across government departments and with business and the community, to drive the intersectoral action required to improve health and wellbeing.

Levers for improving the population health of Tasmania

What is currently missing is an overall whole-of-government State Strategic Plan for Tasmania that provides the overarching framework under which, more specific departmental plans can then be developed. 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. 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. Without this there will only ever be ad-hoc and coincidental consideration of health in the work being undertaken by other departments of Government.

In the first instance the State Strategic Plan should be based on a set of very simple principles including (but not limited to) a Health in All Policies approach and the intersectoral action required to address the social determinants of health. A State Policy for Healthy

Spaces and Places (as recommended by the Premier's Physical Activity Council to support increased physical activity, and as further extended to include improved access to healthy food and social inclusion by the Heart Foundation) could be introduced as one of the first components of the State Strategic Plan to demonstrate that this Government values the health and wellbeing of Tasmanians. The Heart Foundation's draft State Policy for Healthy Spaces and Places can be found here with the background advocacy document found here.

Recommendation 2: That a whole-of-government State Strategic Plan be developed for Tasmania.

Recommendation 3: That a State Policy for Healthy Spaces and Places (as advocated for by the Heart Foundation) could be introduced as one of the first components of the State Strategic Plan.

An increased investment in prevention is also required. We have, overall, a hospital system in Tasmania that delivers high quality care through dedicated and highly skilled clinicians, nurses and allied health professionals. We now also have a single Tasmanian Health Service that has an Implementation Plan, and a better statewide understanding of the requirements of running the system (through the role delineation work that has been undertaken). 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[3]. 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 2015-16, it appears that the government is continuing to focus primarily on the hospital system; with funding for prevention decreasing from just 1.9% of the total health budget in 2015-16 to just 1.4% in 2018-19. If the Tasmanian Government truly does want to see Tasmania as the healthiest population by 2025, it will be required to increase resourcing for prevention, not decrease the allocation.

Recommendation 4: That (as outlined in the Heart Foundation's 2016-17 budget submission) the State Government increases the proportion of funding allocated for prevention, from 1.9% to 5% by 2020. This would be achieved by increasing funding for prevention (sourced through various streams of State Government funding) to the equivalent of 3.0% of the annual Department of Health and Human Services Budget in 2016-17, and increase by annual increments of 0.75% in 2017-18 and 2018-19 and by 0.5% in 2019-2020 (totalling the equivalent of 5.0% of the annual Department of Health and Human Services budget by 2019-2020).

Similarly, the Tasmanian Government (with matched funding from local governments) could demonstrate its commitment to the goal of Tasmania being the healthiest population by 2025 through an increased investment into public transport, pedestrian and cycling infrastructure. This would provide a supportive environment that encourages a modal shift to walking and cycling. An environment that supports walking and cycling encourages people to be physically active as part of day-to-day life which in turn has health benefits.

Recommendation 5: That (as outlined in the Heart Foundation's 2016-17 budget submission) a transfer of 5% per annum of the infrastructure budget, is allocated to public transport, pedestrian and cycling infrastructure, equating to $1.5 million per annum (based on the 2015-16 infrastructure budget). This funding should be tied to matched funding from local government, equating to an investment of $12 million ($6 million from State and $6 million from local governments) over four years.

The need for Health in All Policies intersectoral action

As highlighted previously, Tasmania needs to have a whole-of-government State Strategic Plan, with the health of Tasmanian's being the key to Tasmania's economic, social, and environmental future. Whilst the Tasmanian Government's goal is for Tasmania to have the healthiest population in Australia by 2025, what are other departments within government (such as the Department of Premier and Cabinet, the Education Department, State Growth or Police and Emergency Management, Department of Primary Industries, Parks, Water and Environment or the Department of Treasury and Finance doing to meet the goal of Tasmanian having the healthiest population by 2025? Is meeting this goal solely the responsibility of the DHHS? DHHS currently has no oversight or control over what may enhance or impede the health of Tasmanians where it is delivered out of other departments. This is why we need a whole-of-government State Strategic Plan, and the intersectoral action required to deliver better health outcomes through a Health in All Policies approach.

The Health Council of Tasmania is not an adequate mechanism to drive intersectoral action across government. Its role currently is to advise the Health Minister only and lacks representation from other areas that can influence (positively or negatively) the health of Tasmanians.

The TCDPA, as a member of the Health in All Policies Collaboration has been calling for a Health in All Policies approach to be adopted in Tasmania for over five years. A *Health in All Policies* approach makes keeping people healthy everyone's business. An approach that could achieve *Health in All Policies* would be to enact a new Intersectoral Action Act (name to be determined) which would enable the establishment of an independent Intersectoral Board (name also to be determined). This Board would then advise the Premier on priority areas for action and funding which would address the complex health challenges, including addressing the social determinants of health, across portfolio boundaries. This requires a whole of parliament/whole of government approach that is cross-sectional and multi-level across the many portfolios that impact on health.

An overview of the proposed Health in All Policies approach can be found in the Health in All Policies Collaboration submission to this consultation process.

Recommendation 6: That a Health in All Policies approach be adopted in Tasmania, as outlined in the Health in All Policies Collaboration (of which the TCDPA is a member) submission to this consultation process, in order to drive the intersectoral action required to improve the health and wellbeing of Tasmanians.

A very recent example of how the "health and wellbeing" of Tasmanians has been considered in a government department other than the DHHS (and therefore a health in other policies approach), is with the amendment made to the *Land Use Planning and Approvals Act 1993*. The Act now has an objective "to promote the health and wellbeing of all Tasmanians and visitors to Tasmania by ensuring a pleasant, efficient and safe environment for working, living and recreation". This is the first time in Australia where planning legislation sets out an objective to promote the health and wellbeing of the community. This occurred through persistent and strong advocacy from the community sector, however in the proposed HiAPC's model for a HiAP approach, a process could be put in place so that any new or amended legislation would be reviewed prospectively to ensure that the health and wellbeing of Tasmanians was considered, and where possible, promoted.

Data, data, data – measures, benchmarks, targets, surveillance measures, KPIs, performance measures

Whether we use the terms measures, benchmarks, targets, surveillance measures, KPIs or performance measures, the necessity to collect timely, regular data cannot be understated to measure the effectiveness (or otherwise) of our interventions, and to give a sense of the health of our population.

Currently, the data provided on HealthStats does not actually provide an indication of the health of Tasmanians. Whilst the current data provides valuable operational information on waiting times to access services, this information (whilst it should continue to remain available for transparency) only provides limited information on how the predominately acute services are meeting or not meeting demands. The data provided does not give any indication on how healthy (or otherwise) our population is, nor does it provide information on how the non-acute services are performing in order to keep people well in the community and out of our acute system.

Historically, Tasmania had a world-leading system of community goal setting and measurement of progress, known as Tasmania*Together*. Tasmania*Together* was used to guide decision-making in the government, business and community sectors.

Whilst aspirational targets were developed and set, with measures across all departments of government, there was no accountability if the targets were not met – no one, or no organisation/s were responsible for achieving the targets. Instead, the mantra came back that it wasn't the Government's plan – it was the community's plan, and therefore couldn't be the responsibility of government. What it lacked was the intersectoral action and accountability built into funding agreements, KPI's, position descriptions etc. that is required to drive improvement in our environments (both natural and built) housing, education, health and well-being, equity, social inclusion etc. Whilst these limitations did hinder its success, it did at least provide an overarching, intersectoral vision for improving the communities in which we live. Despite the original intention under s8(d) of the now repealed *Tasmania**Together Progress Board Act 2001*, the Progress Board had a function "to develop coalitions of interest within and between various sectors of the community with respect to Tasmania*Together*"; in practice there lacked the mechanism to drive real accountability for government, business and the community sectors to work together and meet the targets set[4]. As a result, there were varying levels of commitment to the process, and there remained the ability for anyone involved to shirk any real responsibility for working together to meet the goals and targets. With the repeal of the *Tasmania Together Progress Board Act 2001* and the subsequent disbanding of Tasmania*Together*, it is even easier for departments and sectors to work in their silos and fail to give consideration as to how the decisions and actions they make in their "non-health" department may affect the health and wellbeing of Tasmanians.

The HiAPC's proposed Intersectoral Board should be tasked with developing the measures, benchmarks, targets, surveillance, KPIs, performance measures that should be collected and monitored. In determining what these may be, the Intersectoral Board could consider the following:

- Self-assessed health status (across various demographic profiles, including socio-economic status)
- Proportions of populations with various risk factors for disease (i.e. lower proportion with disease risk factors, likelihood of better population health). Risk factors could include:

    - Smoking and tobacco use
    - Physical activity/inactivity rates
    - Measures of diet (apart from obesity, such as Fruit and Vegetable intake)
    - Measures of food security
    - Overweight/Obesity rates
    - Sleep habits
    - Blood pressure/Cholesterol/other biomedical measures
    - Alcohol intake
    - Education
    - Employment
    - Socio-economic status
    - Birth weight and prematurity participation in screening (e.g. mammography, cervical, colorectal cancer screening)
    - Vaccination (e.g. childhood, pneumococcal, human papillomavirus)
    - Oral hygiene
    - Preventive interventions (e.g. seat belt use)
    - Exposure to various environmental factors
    - STI rates
    - Measures of housing affordability, mortgage stress and homelessness

- Proportion of population with overt chronic disease(s) such as cardiovascular disease, diabetes, chronic kidney disease and cancer which have a major impact on future as well as present health.
- The various measures (and benchmarks set) that were part of the (now defunct) Tasmania*Together* process. The compilation of this data at the time provided a rich one-stop-inter-departmental-shop overview of how Tasmania faired with the determinants that contribute to the health of the population.
- The targets set out in Chronic diseases in Australia: Blueprint for preventative health action policy paper[5].
- The THS could also determine benchmarks, measures and targets for various activities that could be the responsibility of their funded bodies to collect. For example:
    - The proportion of people attending THS-controlled health organisations that are provided a brief-intervention for smoking (discussed further in this submission), and
    - The proportion of people (in the target age group) attending THS controlled health organisations that have an Integrated Health Check[b] performed (discussed further in this submission).

Benchmarks and target measures need to be established prior to the commencement of the strategy in order to measure progress. A key enabler that will provide the impetus for ensuring intersectoral action is achieved, is to ensure that there is accountability (through KPIs, in position descriptions and performance reviews) at the highest levels of government. This also needs to filter down so that it doesn't matter which department, or at what level a public servant works at; that they know they are also responsible for maintaining the good health, or contributing to improving the ill-health of Tasmanians.

[b] Integrated Health Check refers to a combination of assessments that include an absolute cardiovascular risk assessment, diabetes assessment, and kidney check.

Recommendation 7: That the HiAPC's proposed Intersectoral Board identify the measures, benchmarks, targets, surveillance, KPIs, performance measures that should be collected and monitored, giving consideration to those listed in this submission. These should be recommended to, and adopted by the Tasmanian Government, and the Government commit to their ongoing monitoring. This will provide the evidence base for policies and programs to be implemented, as well as provide a better understanding of the health of Tasmanians.

'Best buys' and cost-effectiveness

When considering the 'best buys' approach, it is important to factor in the longer times required for initiatives to be in place before improvements in health can be seen at an overall population level. This is particularly the case for policy initiatives in the built environment.

The methodology used to determine the cost-benefit analysis for the best buys approach needs to be developed in consultation with the community sector who will ultimately be the ones applying for funding. They need to be able to have confidence in the methodology used. It is important to also ensure that the "cheaper" best-buys are not necessarily the ones chosen to fund. Cheaper does not always equate to better outcomes.

If a HiAP joined-up funding approach is used, there could be better utilisation of funding, with less likelihood of siloed-small-scale-project-funding.

This is a role for the Intersectoral Board established under legislation with a clear set of methodologies to make recommendations on the commissioning process. The Intersectoral Board could:

- Set targets (for the measures outlined in this submission),
- Determine evidence based interventions through outcomes and impact approach,
- Set priorities - mixture and depth, and
- Commission Health Impact Assessments.

It is also important to remember, that when considering cost-effective models for prevention, whilst some interventions may be highly cost-effective, they may have high up-front costs that don't fit in neatly to shorter-term government agendas or funding cycles[5]. The government of the day needs to be bold and demonstrate, not just the mantra that we want to make Tasmania have the healthiest population in Australia by 2025, but back it with the longer-term funding commitment that shows that the health of Tasmanians is important; but that it also provides the financial stability for interventions to be implemented at the required dose and reach.

Resourcing primary care and bringing communities with us

We need to resource our primary care sector to better-deliver to our communities so that we prevent hospital admissions, but we also need to bring our communities with us so that they better understand preventive health, and demand that they have access to it. It is clear that there is work to do in better informing the community of the benefits of preventing ill-health so that instead of the largely media-driven headlines about waiting lists for surgery, we would see headlines about the overwhelming demand for preventive health initiatives too. It is clear that from the preliminary report to the Australian Government and Tasmanian Government Health Ministers from the Commission on Delivery of Health Services in Tasmania[6], that both consumers and health providers want 'decisions about system funding and prioritisation to be made without the influence of 'political agendas', and for improvement in the accountability of health system management'. The full report which followed, also

determined that 'too many decisions are being made on the basis of what is politically convenient'[7].

The Intersectoral Board could facilitate community engagement opportunities (such as through the use of citizen's juries for example), in order to consider the views of the communities when determining what interventions might be required and appropriate, and in what settings.

Health Impact Assessments

A good description of Health Impact Assessments is provided by the National Collaborating Centre for Healthy Public Policy[8].

Whilst South Australia has been utilising Health Impact Assessments for some time, and much can be learned from their work, the South Australian HiAP approach to health impact assessments was opt-in. Their Health in All Policies unit within government didn't have the imprimatur to ensure that Health Impact Assessments were undertaken. Our HiAP model would see health impact assessments undertaken, to ensure (whilst not a tick and flick, and whilst also not too onerous for smaller projects) that the health impacts are considered by all sectors/departments.

Section 54 of the Quebec Public Health Act utilises a Health Impact Assessment process that is worthy of consideration. A summary of the implementation of section 54 of the Quebec Public Health Act is available here[9].

As previously stated, one of the roles of the Intersectoral Board could be to commission Health Impact Assessments.

Anticipatory care

Anticipatory care aims to prevent at-risk populations from progressing towards disease development or see further progression of their disease. This is an important component of secondary and tertiary prevention where the clinician can recommend the evidence-based intervention, and support individuals in managing their conditions.

Anticipatory care encourages people to make positive choices about what they should do themselves, and from whom they should seek support, in the event of a flare up or deterioration in their condition, or in the event of a carer crisis. An anticipatory care approach supports important outcomes[10]:

- Person centred care, dignity, choice and control,
- Effective co-ordination and communication between the individual, their family and the health and social care professionals involved, and
- Care at home where appropriate, or care which is more local and closer to home.

Whilst anticipatory care is useful and recommended for managing patients with existing disease (secondary and tertiary prevention), anticipatory care is also effective for decreasing peoples risk of developing disease. For example, performing an Integrated Health Check for people aged 45+ (or for Aboriginal and/or Torres Strait Islander people – age 35+) will determine their risk of cardiovascular disease, diabetes and kidney disease. The National Vascular Disease Prevention Alliance has developed Guidelines for the management of absolute cardiovascular disease risk[11] that aims to decrease a person's risk if found to be elevated. This prevents the progress of disease, and therefore decreases hospital admissions for cardiovascular disease, diabetes and kidney disease.

In New Zealand, the Ministry of Health has set targets for the proportion of the target population who have had an absolute risk assessment (similar to Integrated Health Checks). This has led to increased uptake of this assessment in New Zealand so that now 90% of the target population in New Zealand has been assessed[12]. There is potential for the State Government to apply similar targets for all publicly funded community/primary health services in Tasmania. There is also an opportunity to work with Primary Health Tasmania to encourage the introduction of similar targets in general practice.

Recommendation 8: That among the targets that the Intersectoral Board sets, that similar targets for the proportion of patients receiving Integrated Health Checks (similar to those adopted in New Zealand), are applied to all publicly funded community/primary health services in Tasmania. That the Government work with Primary Health Tasmania to encourage the introduction of similar targets in general practice.

Further tobacco control measures

The TCDPA has chosen not to answer the five separate questions in the consultation draft relating to smoking, but rather provide a response that outlines our position.

There are a range of proposals that have been suggested here in Tasmania, as well as nationally and internationally that are aimed at protecting people from the harms of tobacco. Some proposals aim to just control who is allowed to continue to purchase and use tobacco (which means there will always be tobacco available for those legally able to be supplied and to use), whereas other proposals go a step further – aiming to phase out tobacco either entirely (ban), or to an agreed accepted target (such as New Zealand's target of 5% by 2025).

The two proposals that have been topical in Tasmania include:

- the proposals put forward in the *Draft Healthy Tasmania Plan* discussion paper to raise the minimum legal smoking age to either 21 or 25
- the Hon. Ivan Dean MLC's proposal for a Tobacco Free Generation that phases out the sale of tobacco to those born from the year 2000 onwards

However, there are other proposals that have been discussed and debated both nationally and internationally[13]. These include (but are not limited to):

- an outright ban on the sale of tobacco (with or without it being legal to grow small amounts for personal use),
- continued increasing of the tax on tobacco
- smokers requiring a licence to smoke,
- smokers requiring a prescription to purchase, and
- reducing the number, location and opening hours of tobacco retailers.

When the TCDPA was approached to support the Tobacco Free Generation Bill, our position was:

> *"The Tasmanian Chronic Disease Prevention Alliance continues to encourage the Tasmanian Government to set targets for smoking prevalence in Tasmania and continue to invest in present successful evidence-based strategies as set out in the Tasmanian Tobacco Action Plan, and provide support of the proposed Tobacco Free Generation Bill as one of a number of emerging options that could be considered in the next suite of tobacco control strategies".*

This position has not changed, other than to suggest that along with the Tobacco Free Generation Bill proposed in Tasmania, we now have the Health Minister's proposal to increase the minimum legal smoking age to either 21 or 25 (as well as the other nationally and internationally developed proposals listed above) in the mix of "emerging options that could be considered in the next suite of tobacco control strategies".

Even if the minimum smoking age was increased to 25, there will remain approximately 71,100 Tasmanian smokers (using Australian Health Survey 2011-12 data) that remain, so it is essential to maintain our commitment to existing evidence-based approaches to assisting people to make quit attempts if we want to make Tasmania the healthiest population in Australia by 2025. This includes strategies such as supporting increases in tax, increasing smoke-free areas, providing support for those that need it to quit, and adequate funding of tobacco campaigns to achieve a minimum of 700 Target Audience Rating Points (TARPs) per month, every month.

The TCDPA still believes the key step is for the Tasmanian Government to set targets for smoking prevalence in Tasmania – and continue to invest in present successful evidence-based strategies as set out in the Tasmanian Tobacco Action Plan.

Of particular note, is the need to fund tobacco control to a minimum of $2.4 million per year over the four-year period 2016-17 to 2019-2020, with sufficient allocation of funding to achieve a minimum of 700 TARPs per month, every month as part of a comprehensive tobacco control program (as outlined in the Heart Foundation's 2016-2017 budget submission).

Recommendation 9: That amongst the targets set by the Intersectoral board, a target for smoking prevalence is set for Tasmania – and that the Government continues to invest in present successful evidence-based strategies as set out in the Tasmanian Tobacco Action Plan.

Recommendation 10: That tobacco control initiatives are funded to a minimum of $2.4 million per year over the four-year period 2016-17 to 2019-2020, with sufficient allocation of funding to achieve a minimum of 700 Target Audience Rating Points per month, every month as part of a comprehensive tobacco control program.

In addition, to the above recommendations, the TCDPA recommend that brief interventions for smoking should be part of daily practice for any health professional seeing a patient (not just pregnant women as discussed in the Consultation Draft) attending a health service (both in primary care by private GP or at a community health centre, and within our hospital wards and clinics).

The Ministry of Health in New Zealand has set targets for its District Health Boards for the proportion of patients receiving brief interventions for smoking[14].

The targets are:

- 90% of Primary Health Organisation enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.
- 95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.
- 90% of pregnant women who identify as smokers upon registration with a District Health Board-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.

Whilst recognising the differing funding arrangements for primary and acute care in New Zealand, at a minimum, the State Government could apply similar targets to publicly funded hospitals and community/primary health services in Tasmania.

Recommendation 11: That among the targets set by the Intersectoral Board, similar targets for the proportion of patients receiving brief interventions for smoking (similar to those adopted in New Zealand), are set for all publicly funded hospitals and community/primary health services in Tasmania.

Comment regarding the types of evidence-based initiatives outlined in the Consultation Draft and other proposed initiatives

As previously highlighted, the TCDPA believe that the HiAPC's proposed Intersectoral Board should be tasked with determining the most appropriate mix of initiatives that should be adopted in Tasmania. The Intersectoral Board would ensure that any proposed initiatives have an evidence-base that supports its implementation.

Recommendation 12: That the Intersectoral Board provide advice to the Government on what evidence-based initiatives should be implemented in Tasmania to work towards the goal of Tasmania being the healthiest population in Australia by 2025.

References

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