Submission to the Healthy Tasmania Five Year Strategic Plan Consultation Draft

The suggested recommendations contained in the following submission prepared by the Heart Foundation aim to support the Tasmanian Government achieve its goal to make

Tasmania the healthiest population in Australia by 2025

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Introduction

The Heart Foundation, as the Chair and Secretariat of the Tasmanian Chronic Disease Prevention Alliance (TCDPA) has been responsible for authoring and coordinating the input into the TCDPA’s and Health in All Policies (HiAP) Collaboration’s submissions to this consultation.

We do not intend to repeat all of the information contained within the TCDPA and HiAP Collaboration’s submission, but wish to advise that we are in full support of the submissions provided, and the recommendations made by the TCDPA and the HiAP Collaboration in their submissions.

We therefore support the recommendations from the TCDPA’s submission which are repeated on the following page.

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 (totaling 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 from State and $6 million from local governments) over four years.

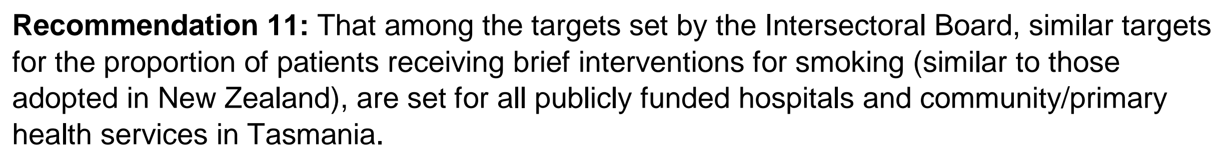
Recommendation 6: That a *Health in All Policies* approach be adopted in Tasmania, as outlined in the Health in All Policies Collaboration (of which the TCDPA is a member) submission to this consultation process, in order to drive the intersectoral action required to improve the health and wellbeing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

In addition to the above recommendations, the Heart Foundation would also like to offer the following examples of activities (drawn from some of the proposals in the Heart Foundation's 2016-2017 State Budget Submission and the TCDPA and Public Health Association of Australia's joint submission to the Green Paper[1]), that the HiAP Collaboration's proposed Intersectoral Board (once established) could consider when determining initiatives for the Healthy Tasmania Five Year Strategic Plan.

These activities are provided as examples of where some short, medium and long-term gains could be made. It should be noted that these recommendations all impact on lower socioeconomic groups and are progressive in their nature and involve joined-up and collaborative action by multiple agencies.

[1] Tasmanian Chronic Disease Prevention Alliance and Public Health Association Australia (2015) Submission to the One Health System, Better Outcomes Green Paper. Found: https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0004/186871/TCDPA_and_PHAA.pdf Accessed 28/02/2016

Examples of activities to be considered by the Intersectoral Board

1. SHORT TERM GAIN

As recommended by the TCDPA submission, invest in tobacco control to a minimum of $2.4 million per year over the four-year period 2016-2017 to 2019-2020 with sufficient allocation of funding from this to achieve a minimum of 700 Target Audience Rating Points (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 year[2].

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[3] in Tasmania in 2011-12 was 23.2% which is well above the national average of 18.1%[4].

In 2010, Tasmania had the second highest proportion of women (23%) who smoked during their pregnancy. Maternal smoking continues to be more prevalent among younger women; particularly those aged less than 20 years (35.7%) and between 20-24 years (30.8%)[5].

The now defunded 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 2011-2015[6].

There has recently been significant tightening of the tobacco control legislation in Tasmania, for which the Government is commended. There has also been increased funding in recent years to enable increased investment in media and social marketing campaigns (one of the most effective strategies to reduce smoking rates), along with the provision of additional support to those who require it to quit.

In 2013-2014 the Department of Health and Human Services committed just over $1.7 million to help Tasmanians give up smoking[7]. Whilst the commitment for 2013-14 was

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[2] Australian Institute of Health and Welfare, The burden of disease and injury in Australia 2003, Canberra, 2007.

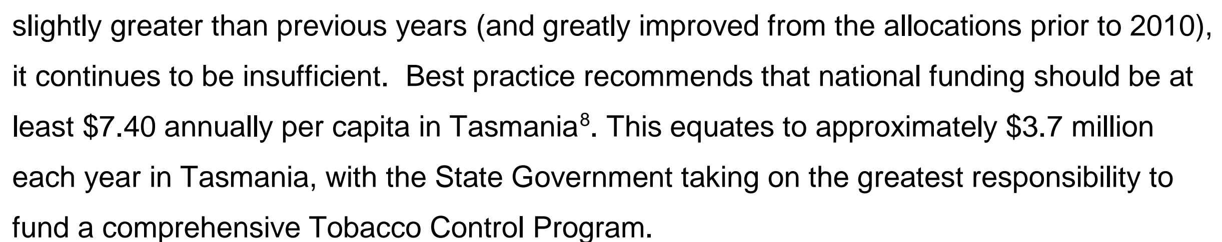
[3] Includes daily smokers, current smoker weekly (at least once a week) and current smoker less than weekly.

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

[5] Care reform. 2011. Council of Obstetric and Paediatric Mortality and Morbidity Annual Report 2011. DHHS.

[6] Tobacco Action Coalition. 2010. *Tasmanian Tobacco Action Plan 2011-2015.* DHHS

[7] Tobacco Control Coalition (2016). *Tasmanian Tobacco Action Plan | Year 4 Report.* DHHS Found: http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0007/175777/Tobacco_Action_Plan_Year_4_Report.pdf Accessed 28/02/2016.



slightly greater than previous years (and greatly improved from the allocations prior to 2010), it continues to be insufficient. Best practice recommends that national funding should be at least $7.40 annually per capita in Tasmania[8]. 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 later[9]. The Preventative Health Taskforce Report recommends campaigns should be high enough to achieve at least 700 TARPs per month. The Tasmanian Tobacco Action Plan and the A Healthy Tasmania policy documents now recognise this level of media saturation. It appears that the current level of funding (achieved by both funding from the Department of Health and Human Services and the Tasmanian Medicare Local) has now been able to achieve this every month, assuming that the national tobacco campaign advertising continues to be aired at the levels it has been aired previously. The Commonwealth Government recently reduced its funding for the national anti-tobacco television campaign, and in recent months, campaigns have not been aired nationally. Our proposal of $2.4 million per year over the four-year period 2016-2017 to 2019-2020 would ensure that we can maintain the reach of a minimum of 700 TARPs per month, every month, and would also provide increased capacity to enable other supporting tobacco cessation and control activities in Tasmania.

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, 4,740 less cases of new disease, 150 less deaths, and 2,130 disability adjusted life years saved[10]. These savings far exceed the investment.

We also reaffirm our support for Recommendation 11 of the TCDPA position - That among the targets set by the Intersectoral Board, similar targets for the proportion of patients

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

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

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

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.

2. SHORT TO MEDIUM TERM GAIN

That, as recommended by the TCDPA submission, the Government, through recommendations provided by the Intersectoral Board, develop a range of health indicators, set health targets based on these indicators, and commit to regularly monitoring and reporting against these indicators.

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*[11] report confirming this, where it is stated that Tasmania is the only jurisdiction in Australia without access to adequate local data about the determinants of health and wellbeing and how they affect different population groups.

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.

In consultation with the community and the health sector, the Intersectoral Board needs to develop a set of performance indicators and health surveillance measures which will provide an indication of the health of Tasmania's population which it can recommend to, and be adopted by Government. The types of indicators are identified in the TCDPA's submission to this consultation. Targets for improvement should also be set. There then needs to be a commitment, as well as capacity to collect/analyse and monitor these data regularly in order for Tasmanians to have an open and transparent picture of our health and wellbeing status, as well as improvements or otherwise against the baseline measures.

Joined-up funding and resourcing approaches should be brokered between (including but not limited to) the Commonwealth and State Government, University of Tasmania, Not-for-Profit sector, private sector, the Tasmanian Health Service, Primary Health Tasmania and the Tasmanian Data Linkage Unit (operating from the Menzies Research Institute Tasmania). Epidemiologists and health economists should be resourced and funded to work

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

across all the collaborating parties and this data be reported against transparently, and regularly.

That, as outlined in the TCDPA's submission to this consultation, models for anticipatory care need to be implemented. The Heart Foundation believes there will be specific short to medium term benefits to implementing better referral and participation in cardiac rehabilitation, as well as better anticipatory care management of those with heart failure.

In the TCDPA's submission (Recommendation 8) we reiterate our support for similar targets for the proportion of patients receiving Integrated Health Checks (similar to those adopted in New Zealand), being applied to all publicly funded community/primary health services in Tasmania as a key initiative of providing anticipatory care. It is also recommended that the Government work with Primary Health Tasmania to encourage the introduction of similar targets in general practice.

In addition to this recommendation, the Heart Foundation calls for the strengthening of cardiac rehabilitation and heart failure management services in Tasmania.

Cardiac Rehabilitation

There is a major issue relating to the inability to collect and collate data regarding cardiac rehabilitation referral, attendance and completion in Tasmania. Each site collects varying levels of information, however it is not consistent, cannot be collated at a State level, and therefore the true picture of cardiac rehabilitation referrals, attendance and completion is unknown. Data analysis is also an issue with limited, if any, support to input and analyse the information collected. This is a key area for service improvement. Whilst there will be the potential to at least capture data relating to referral to cardiac rehabilitation, a component of the new ACS Clinical Care Standard, this is not current practice, and should be expanded to include waiting times, attendance and completion data.

It is strongly recommended that a state-wide minimum data set be developed in Tasmania whereby all programs collect the same information regarding their service that can be benchmarked against like programs both intrastate and interstate. Minimum data collected should include: the number of eligible patients, number referred to programs, number who attend a comprehensive pre-program assessment and the number completing the program. Clinical data collection regarding patient outcomes: smoking status, physical activity, biomarkers (lipids, BP) and medications, should also be included. Support to collect, input and analyse data should also be provided ideally at each service location but as a minimum by a designated person to manage all data for the state. Time points for data collection: at

pre- and post-program completion and at 6 and 24 months to assess adherence. Cardiac rehabilitation services should be adequately resourced to achieve this goal.
Chronic disease programs managed in primary care practices should also be acknowledged and supported to collect minimum data regarding outcomes.

Heart Failure

People with heart failure are often older and have comorbidities that make their care more complex and increases the length of time required to care for their needs while in hospital. People with heart failure also have high rates of readmission to hospital and re-presentation to emergency departments. Chronic heart failure is a major public health issue. The prevalence remains high with poor clinical outcomes and associated health costs place a burden on the health budget. In 2010 is was estimated the cost to be over $1 billion annually. There is a higher prevalence and risk factor burden among the population in non-metropolitan and lower socio-economic areas. Aboriginal and Torres Strait Islander peoples are more significantly likely to die from heart failure than other Australians.

Multidisciplinary heart failure management programs led by specially trained heart failure nurses and with ready access to clinicians trained in heart failure management have been shown to reduce the rates of hospitalisation and death[12,13]. Tasmanians living with moderate or severe heart failure should have access to these programs to support them to take a more active role in managing their own health. Yet despite evidence of efficacy, only a small proportion of people with heart failure are able to participate in programs such as this.

To improve access and participation, models of care must address service barriers, maximise available resources and increase self-management capacity. Opportunities to redesign programs or establish new models of care will target interventions and enhance support for patients in the home environment, including using telehealth and other technologies allowing patients to be monitored remotely. Collaboration between patients, general practices, community service providers and hospital staff is essential to ensure a multidisciplinary approach to heart failure care is maintained and avoidable use of hospital services is minimised.

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[12] Strömberg A, Mårtensson J, Fridlund B, Levin LA, Karlsson JE, Dahlström U, 2003. *Nurse-led heart failure clinics improve survival and self-care behaviour in patients with heart failure. Results from a prospective, randomised trial*, European Heart Journal, no. 24, pp. 1014–1023.

[13] de la Porte PW, Lok DJ, van Veldhuisen DJ, van Wijngaarden J, Cornel JH, Zuithoff NP, Badings E, Hoes AW, 2007. Added value of a physician-and-nurse-directed heart failure clinic: results from the Deventer–Alkmaar heart failure study, Heart; no. 93, pp. 819-825 doi:10.1136/hrt.2006.095810.

The Royal Hobart Hospital (RHH) is the only hospital in Tasmania that has a heart failure service. The heart failure service at the RHH is a model that could, if well resourced, be reciprocated in the north of the state. The RHH service is coordinated by a specialist heart failure nurse (nurse practitioner) working collaboratively with cardiologists with referral pathways to allied health professionals. The service manages both in-patients and out-patients providing support and education to patients and families promoting self-management strategies and skills. Telephone support and timely follow-up in clinics are part of the service with the nurse specialist expediting appointments at the time of discharge. Medication up-titration to maximum tolerated doses (as per guidelines) and the monitoring of renal function contributes to reduced readmission rates. Liaison with the patient's general practitioner is imperative. Home tele-monitoring is also available for suitable patients and this is viewed daily and triaged as the need is identified by Integrated Living. There is a strong link with the cardiopulmonary rehabilitation program to refer patients for exercise management and to grief counselling for psychological support.

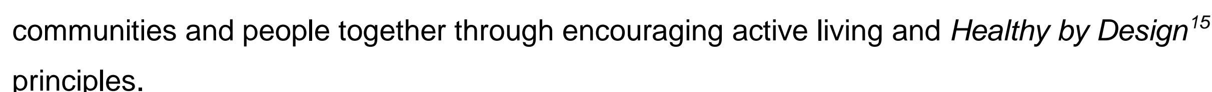
3. MEDIUM TO LONG TERM GAIN

That, as outlined in the TCDPA's submission to this consultation, 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. This will support active living (such as walking, cycling and public transport), and will go towards the vision of Tasmanians becoming the healthiest population in Australia by 2025.

Significant economic and community benefits can be gained by improved investment in sustainable transport infrastructure, including public transport, cycling and pedestrian facilities[14]. Transport policy should be re-oriented to prioritise planning and promotion for sustainable transport options (walking, cycling and public transport), as has been identified in the Tasmanian Walking and Cycling for Active Transport Strategy.

In the Heart Foundation's state budget submission 2016-2017 to 2019-2020, 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/cycling/public transport infrastructure to bring

[14] National Heart Foundation of Australia, The built environment and walking position statement, 2009



communities and people together through encouraging active living and *Healthy by Design*[15] 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, food secure 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:

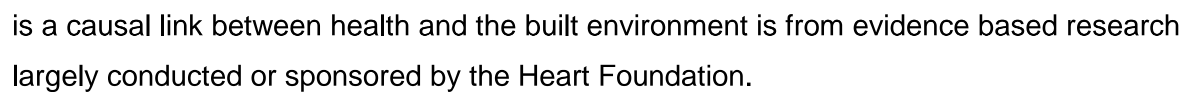
- higher density, mixed-use zoning
- interconnected (walkable) streets
- access to public transport
- reduced traffic
- parks and open spaces.

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.

That, as outlined in the TCDPA's submission into this consultation, 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

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



is a causal link between health and the built environment is from evidence based research largely conducted or sponsored by the Heart Foundation.

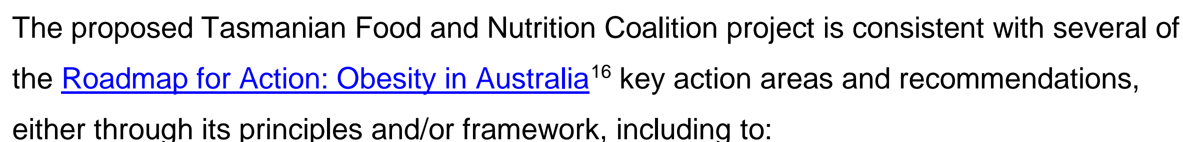
Despite the consultation and advocacy by the Heart Foundation on this issue to date, until recently, the linkages between health and the built environment have not been embodied into the planning system in Tasmania. Whilst the Heart Foundation was successful in its advocacy to amend the *Land Use Planning and Amendments Act 1997* to include an objective that promotes the health and wellbeing of Tasmanians, the Heart Foundation contends that, to put this issue into the broader 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. A State Policy would also facilitate improved access to healthy food, and promote social inclusion.

A draft State Policy for Healthy Spaces and Places can be found here, along with supporting advocacy document here.

That a Tasmanian Food and Nutrition Coalition is established in Tasmania

The Heart Foundation supports the joint submission of the Healthy Food Access Tasmania Project (prepared on behalf of the Heart Foundation, University of Tasmania and Local Government Association of Tasmania) for a Tasmanian Food and Nutrition Coalition to be established. The submission regarding the Tasmanian Food and Nutrition Coalition should be considered by the Intersectoral Board as a potential initiative to fund. It aims to develop solutions that will increase access to affordable, fresh (and preferably locally produced) fruit and vegetables to local communities around Tasmania.



The proposed Tasmanian Food and Nutrition Coalition project is consistent with several of the Roadmap for Action: Obesity in Australia[16] key action areas and recommendations, either through its principles and/or framework, including to:

- *drive change within the food supply to increase the availability and demand for healthier food products, and decrease the availability and demand for unhealthy food products,*
- *embed healthy eating in everyday life,*
- *support low income communities to improve their levels of healthy eating,*
- *create web-based resources for institutional plans and achievements and conduct surveys of barriers and enablers,*
- *encourage people to improve their levels of healthy eating through comprehensive and effective social marketing*[17]*, and*
- *build the evidence base, monitor and evaluate the effectiveness of actions.*

[16] National Preventative Health Taskforce, 2009, The Roadmap for Action: Obesity in Australia – A need for urgent action, in Australia: the healthiest country by 2020

[17] The current 'VegitUp' campaign run by Eat Well Tasmania could be used in variety of community settings (schools, workplaces, canteens, family and child centres, community events etc.) to promote eating vegetables in the local government sites for intensive action

Heart Foundation's role and functions

The National Heart Foundation of Australia (Tasmania Division) is a company limited by guarantee, with approximately 85% of our funding coming from donors. 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.

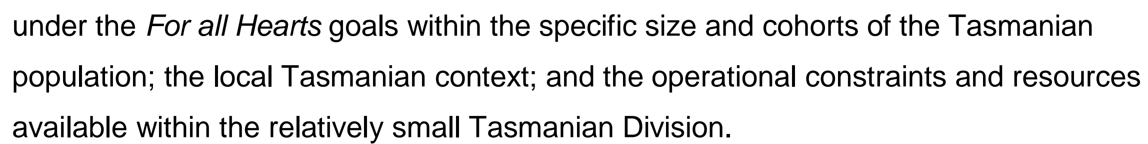
Our purpose is reduce premature death and suffering from heart, stroke and blood disease.

We are currently implementing our 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 thanks the Government for the opportunity to provide this submission and would welcome the opportunity to discuss our submission further.

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