

**Health and wellbeing in the Huon Valley
2015: priorities and progress**

Prepared for Tasmania Medicare Local

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knowledge into practice

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Health priorities for the Huon Valley

The priority areas where action to improve health and wellbeing in the Huon Valley is required are to:

1. Improve coordination of care for people living with chronic conditions
2. Provide effective, locally based and comprehensive community transport services
3. Address common lifestyle risk factors at all ages
4. Target health and wellbeing strategies to meet the specific needs of priority groups
5. Improve socio-economic status within the Huon Valley
6. Meet the care and support needs of older people living in the Huon Valley
7. Improve the provision of comprehensive primary health care

Terms and abbreviations used in this report

COPD

Chronic obstructive pulmonary disease

COTA

Council on the Ageing

CVD

Cardiovascular disease

GPLO

General Practice Liaison Officer

HVHSAC

Huon Valley Health Service Advisory Committee

LGA

Local Government Area

NMSC

Non-melanocytic skin cancer

TML

Tasmania Medicare Local

THO-S

Tasmanian Health Organisation South

WHO

World Health Organization

YIN

Youth Interagency Network

Introduction

In January 2001, at the time of the closure of the Huon District Hospital and transfer of acute beds to Huon Eldercare, the Minister for Health and Human Services indicated that the resulting savings would be retained for the establishment of new or expanded health and related services in the Huon Valley municipality.

Accordingly, in 2008, a Huon Valley Health Services grants program was established, to expend the savings resulting from the reallocation of acute beds from Huon District Hospital. The Huon Valley Health Service Advisory Committee (HVHSAC) was tasked with the administration of the grant program. The HVHSAC was established to improve the health and well-being of the Huon Valley community, and ensure community participation in the development, delivery and evaluation of health services. The initial value of the grants program was \$250,000 per year but was reduced to \$200,000 per year in August 2011.

The grants program was initially funded by the former Primary Health Services South, and then by the Tasmanian Health Organisation South (THO-S). Grant applications were invited, assessed, prioritised and approved by the HVHSAC, then recommended to the CEO of THO-S for confirmation of funding. Approved funding was provided directly from THO-S to the grant recipient organisations. A review of the program in 2014 concluded that it was a well-managed program that delivers significant benefits to the Huon Valley community (see Attachment 2).¹

The grants were targeted according to priorities established through a health needs study for the Huon Valley conducted in 2006 and updated in 2010.²

The Huon Valley Health Needs Assessments (2006 and 2010)

The 2006 Huon Valley health needs assessments were a comprehensive evaluation of the health needs of Huon Valley residents.

Health and wellbeing priorities were described according to four main domains of action:

- 1 Prevention and health promotion;
- 2 Care and support for the elderly and those with chronic conditions or disability; and
- 3 Provision of health services; and
- 4 Transport.

Key target groups for health action were identified as:

- Adolescents and young adults;
- School-aged children;
- Infants; and
- Pregnant women.

The 2010 update reviewed these priorities in a focus group session and individual interviews.² The majority of participants reported that the priorities identified in the 2006 Study remained priorities for residents of the Huon Valley with few exceptions. The 2010 update specified that the focus of local level action should be the delivery of holistic, coordinated initiatives to increase the promotion of health and well-being, and prevent disease from developing within the community. In particular, health and well-being priorities identified for residents of the Huon Valley were:

- Settings-based health and well-being initiatives, including in schools, child care facilities and workplaces.
- Improved health and well-being in key target groups, including adolescents and young adults, school-aged children, infants and pregnant women.

The Huon Valley Health and Wellbeing coordinator role

In the 2010 Huon Valley Health Needs Study Review, the authors recommended that *“the most urgent priority that remains to be addressed from the 2006 Health Needs Study is the need for a dedicated position to improve the promotion of health and community services in the Huon Valley, and to coordinate a “whole of community” approach to improving health and well-being.”*

As a result, the HVHSAC established a Huon Valley Health and Wellbeing coordinator position in mid-2011.

Background to this project

This project was commissioned by Tasmania Medicare Local (TML). TML is a non-government, not-for-profit primary health care organisation working to help coordinate and connect primary health care services for local communities. TML aims to identify local health care needs, work to address any service gaps and make it easier for Tasmanians to access the health services they need closer to home.

Tasmania Medicare Local (TML) Streamlined Care Pathways is undertaking a project titled *Integrated Models of Aged and Community Care* in the Huon Valley. This project has taken a community development approach working with local service integration issues and local solutions. From this project four short-term initiatives have been identified, including the two addressed in this report:

- An updated health needs assessment for the Huon Valley (Appendix 1); and
- An evaluation of the Huon Valley Health and Wellbeing program coordinator position (Appendix 2).

The update to the health needs assessment and the review of the coordinator position are being undertaken for the purpose of:

- Enhancing the regional evidence base with the intent of information future planning related to service integration; and
- Providing evidence of project processes, outputs and outcomes to support the rationale for further funding to the Huon Valley Health and Wellbeing program.

KP Health were engaged by Tasmania Medicare Local (TML) to update the Huon Valley Health Needs Assessment (last updated in 2010) and to conduct an evaluation of the Huon Valley Health and Wellbeing program coordinator position.

This report describes the health status of the Huon Valley population, examines how the Huon Valley Health and Wellbeing program coordinator position has contributed to improving health and wellbeing in the Huon Valley and identifies emerging health priorities for Huon Valley residents.

Project methods

The updated health needs assessment (Appendix 1) was prepared from an analysis of current epidemiological data, critical appraisal of community consultations that have been undertaken in

the Huon Valley since the 2010 needs assessment and targeted consultation with key stakeholders in the Huon Valley.

The evaluation of the Huon Valley Health and Wellbeing coordinator position (Appendix 2) was conducted through a desktop review of governance and administrative documentation, a review of Health and Wellbeing Program materials and consultation with key stakeholders.

The current health status of residents of the Huon Valley

The demographic characteristics of the Huon Valley population have changed since the 2006 needs assessment.

The size of the Huon Valley population is increasing. By June 2013, the Huon Valley had an estimated population of 16,159 persons. The population increased by 12.4% between the 2001 and 2011 Census, and is projected to continue to increase.

The average age of the Huon Valley population is increasing. Between the 2001 and 2011 Census, the proportion of the Huon Valley population aged under 45 declined, and the proportion of those aged 45 and older increased. In particular, the proportion of people aged 65 years and over increased from 11.5% to 15.0% of the population. This increase is projected to continue.

The Huon Valley has a higher proportion of residents who identify as Aboriginal and / or Torres Strait Islander compared with other regions of Tasmania. In 2011 almost 9% of the Huon Valley population identified as Aboriginal, Torres Strait Islander or both.

Residents of the Huon Valley experience higher rates of socio-economic disadvantage compared with residents of Tasmania as a whole. Median weekly individual and household incomes are lower, and unemployment higher than Tasmania as a whole. Education levels are markedly lower than the national average.

The major chronic diseases affecting residents of the Huon Valley are cancer, cardiovascular disease, arthritis and musculoskeletal conditions, mental health problems, type 2 diabetes, asthma and chronic obstructive pulmonary disease (COPD), and dementia.

The proportion of the adult population who report having multiple chronic diseases is increasing over time. According to most recent estimates, 16.9% of adult residents in the Huon Valley report having three or more chronic conditions.

The main causes of death of residents in the Huon Valley are cardiovascular disease and cancer. The principal reasons for hospital admission are kidney dialysis and cancer, in both males and females. Other leading causes of hospitalisation for residents of the Huon Valley are cardiovascular disease, digestive diseases, complications due to pregnancy, injury and poisoning conditions, musculoskeletal diseases and genitourinary diseases.

Disability is highly prevalent in the Huon Valley, with 6.3% of residents reporting requiring assistance to carry out core activities.

Other significant health issues in the Huon Valley are poor oral health, and high rates of injury from falls, intentional self-harm, and transport accidents.

Lifestyle risk factors for chronic disease are very common in the Huon Valley population. The main behavioural risk factors for poor health affecting Huon Valley residents are as follows:

- 1 in 4 adults smoke;
- 22% of adults drink alcohol at harmful levels;

- 90% of adults have inadequate vegetable intake;
- 33% of adults are insufficiently physically active; and
- 18% of adults are obese.

Residents of the Huon Valley also have sub-optimal rates of preventive screening (blood pressure, blood cholesterol, blood sugar) and screening tests for cancer (breast, bowel, cervical).

Infant and child health and wellbeing indicators leave much room for improvement. Smoking and alcohol use in pregnancy remains well above national levels, the proportion of children and young people notified to Child Protection Services remains high and the teenage fertility rate remains well above national levels.

Stakeholders report that lifestyle risk factors and the health needs of children, young people and families continue to be priorities in the Huon Valley. However, meeting the health needs of older people and people with complex, chronic conditions are becoming a larger issue for the community. Community transport, both within the community and from the community to Hobart, was identified as a priority in both the 2006 and 2010 needs assessments and continues to be an urgent priority for the community.

The health priorities of Huon Valley residents

In 2015 the priority areas where action to improve health and wellbeing in the Huon Valley is required are to:

1. Improve coordination of care for people living with chronic conditions

The number of people in the Huon Valley that are living with chronic conditions, particularly those with multiple, complex, chronic conditions and disability, has increased significantly since the last needs assessment was conducted.

People with chronic conditions need individual skills to assist them to self-manage their condition(s) as best they can. They also need ready access to high quality, integrated and comprehensive primary care that can facilitate the coordination of specialist service access where this is required, and can contribute to communication, information sharing and comprehensive care planning between providers to ensure the patient's needs are met.

2. Provide effective, locally based and comprehensive community transport services

Living with chronic conditions necessitates the need for many patients to have ready access to medical, nursing and allied health specialists. These specialist services are generally not available locally within the Huon Valley. As a result, access to community transport services that can support patients to travel to specialist services is important.

Transport services are also important to enable people to remain connected to one another in the community, to enhance their personal wellbeing and their mental health. A deficit in community transport services has been identified through multiple consultations as a significant issue in the Huon Valley and is an issue that has persisted since the 2006 needs assessment.

This suggests that much more needs to be done to address the transport issues affecting Huon Valley residents. However, the Huon Valley is not alone in this regard. The Tasmanian Government has released an Issues Paper and Green Paper that proposes a role delineation framework for Tasmania's public sector acute and subacute health services. A White Paper was

released in March 2015 that outlines a service capability framework for Tasmania's public sector acute and rural hospitals. Both the Green and White Papers were accompanied by extensive community consultation. The single biggest priority for consumers state-wide was access to better transport services to facilitate access to services.

Effective representation of Huon Valley residents in State health consultation and planning activities is essential to ensure the clinical transport service needs of Huon Valley residents are addressed. The Huon Valley Health and Wellbeing Advisory Council is well placed to effectively represent the Huon Valley in these discussions as to advocate for improved community transport resources and supports.

3. Address common lifestyle risk factors at all ages

The health of the Huon Valley population is adversely affected by lifestyle risk factors for chronic disease, including smoking, nutrition, alcohol, physical inactivity, obesity and mental health. These lifestyle risk factors lead to chronic disease and multimorbidity (particularly cardiovascular disease, diabetes, cancer, musculoskeletal conditions and injury).

The burden of non-communicable diseases constitutes a major public health challenge that undermines social and economic development in the Huon Valley. Fortunately, much of the disease burden affecting residents of the Huon Valley is preventable through developing people's personal skills in maintaining a healthy lifestyle, strengthening community action to improve opportunities for healthier lifestyles and creating a supportive local environment that gives people greater opportunities to lead a healthy lifestyle.

There is a vast body of knowledge and experience regarding improving lifestyle risk factors.

One of the most comprehensive sources of evidence about the effectiveness and cost-effectiveness of prevention of lifestyle risk factors is the *Assessing Cost-Effectiveness in Prevention* (ACE-Prevention) study (2010)¹. There is relatively strong evidence on the cost-effectiveness of individual-level health promotion interventions.

In the table below, interventions classified as 'dominant', 'very cost effective' and 'cost effective' are both effective and have the potential to reduce future demand for health services as a result of preventing or mitigating poor health. Interventions classified as 'not cost effective' are, in contrast, less likely to be effective in improving lifestyle risk factors in the Huon Valley.

Interventions whose strength of evidence is classified as 'likely' or 'sufficient' have published evidence demonstrating their effectiveness. Those classified as 'limited', 'inconclusive', 'weak', 'may be effective', 'no evidence' or 'none' have less evidence in support of their effectiveness and should be evaluated should stakeholders in the Huon Valley wish to pursue them.

¹ Vos T, Carter R, Barendregt J et al. for the ACE Prevention team. *Assessing Cost-Effectiveness in Prevention*. Final Report. Melbourne: University of Queensland, Brisbane and Deakin University; September 2010.

ACE Prevention cost-effectiveness estimates for alcohol, tobacco, physical activity and obesity

Topic area	Cost-effectiveness	Intervention	Cost per disability adjusted life year (DALY) averted	Strength of evidence
Alcohol	Dominant	Taxation	Dominant	Likely
		Advertising bans	Dominant	Limited
	Very cost-effective	Increase minimum legal drinking age to 21	Dominant	Limited
		Licensing controls	3,200	Likely
		GP Brief intervention	3,800	Sufficient
Cost-effective	GP Brief intervention with telemarketing support	7,500	Sufficient	
	Drink drive mass media	14,000	Limited	
	Random breath testing	23,000	Likely	
Tobacco	Dominant	Taxation	Dominant	Likely
	Very cost-effective	Cessation aid: varenicline	5800	Sufficient
Physical activity	Dominant	Cessation aid: bupropion	7700	Sufficient
		Cessation aid: NRT	8900	Sufficient
		Pedometers	Dominant	Sufficient
	Very cost-effective	Mass media	Dominant	Inconclusive
		Internet info and advice	2,400	Sufficient
	Cost-effective	GP Prescription	9,500	Limited
		GP referral to exercise physiologist	21,000	Limited
Body mass	Not cost-effective	Travelsmart	21,000	May be effective
	Dominant	School walking bus ²²	760,000	Weak
		Front of pack traffic light nutrition labelling	Dominant	No evidence
		Unhealthy food tax 10%	Dominant	May be effective
		Banning advertisement of energy-dense food ²²	Dominant	Limited
	School-based education programme to reduce television viewing ²²	Dominant	Inconclusive	

			Dominant	Limited
Dominant	Multi-faceted school-based programme including nutrition and physical activity ²²		Dominant	Limited
	School-based education programme to reduce sugar sweetened drink consumption ²³		Dominant	Limited
Very cost-effective	Family-based targeted programme for obese children ²³		Dominant	Sufficient
	Multi-faceted school-based targeted child healthy weight programmes ²³		Dominant	Limited
	Gastric banding – adolescents ²³	4,400		Sufficient
	Family-based GP-mediated programme ²³	4,700		Limited
	Laparoscopic adjustable gastric banding BMI>35	5,800		Sufficient
Cost-effective	Orlistat for adolescents ²⁴		11,000	Limited
	Multi-faceted targeted school-based programme without an active physical activity component ²³		21,300	Limited
Not cost-effective	Diet and exercise for BMI>25		28,000	Sufficient
	Low-fat diet for BMI>25		37,000	Limited
	Active After Schools Communities Programme ²³		82,000	None
	Weight watchers		84,000	Sufficient
	'Lighten up' combined weight loss, diet and physical activity for adults		94,000	May be effective
	Sibutramine for BMI>30		230,000	Sufficient
	Orlistat for BMI>30		700,000	Sufficient

4. Target health and wellbeing strategies to meet the specific needs of priority groups

The priority groups identified in this needs assessment are older people, men, infants and pregnant women and children and young people. Each of these groups has specific health and wellbeing needs. The needs of one group are not necessarily the same as the needs of others.

To date, actions and strategies to meet the health needs of specific groups have not been specifically planned, with the possible exception of older people where organisations such as the Council on the Aged (COTA) have taken active steps to prioritise action in the Huon Valley. As a result, there is a significant risk of duplication of programs and activities that are developed to meet specific target group needs.

A health priority for the Huon Valley that emerges from this needs assessment is the requirement for specific strategies to be developed, implemented and evaluated that specifically meet the needs of each target group that is identified in this needs assessment.

The methods that should be applied to strategy development must include supporting people within the target groups themselves to take leadership in solving the health and wellbeing issues affecting their target group. The Huon Valley Health and Wellbeing coordinator position should play a central role in convening groups with specific target groups to support strategy development processes.

5. Improve socio-economic status within the Huon Valley

The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. The socio-economic status of communities is a component of the social determinants that affect their health.

Strategies that address the social determinants health are considered to be effective and cost-effective^{†‡§}. The most effective strategies take place outside the health system. Responsibility for action sits with a large number of organisations and groups at different levels of government, across a wide range of public and private sector services. Importantly, it also rests with communities themselves^{**}.

Evidence supports the effectiveness and cost-effectiveness of the following broad categories of preventive actions and strategies to improve socio-economic status within communities^{††}:

- Job creation reduction in unemployment with a particular focus on vulnerable population groups;
- Education retention programs and activities;
- Parenting, family and early years programs.

Many corresponding actions are required across the whole population but community-led approaches are recognised to be of growing importance to improving health and reducing health inequalities. These involve building on the assets within communities so that preventive programmes are more aligned with the needs and preferences of local communities, empowering them to shape and build the services they need and use.

[†] NHS. Best preventative investments in Scotland – what the evidence and experts say. December 2014.

[‡] NATSEM. The Cost of Inaction on the Social Determinants of Health. 2012.

[§] WHO. Closing the Gap Within a Generation. WHO, Geneva.

^{**} Ibid

^{††} Ibid

6. Meet the care and support needs of older people living in the Huon Valley

The median age of the population in the Huon Valley is increasing. The number of older people living at home and who have formal care and support needs is also increasing.

The care and support needs of older people living in the Huon Valley include enhanced independent living options for older people and the provision of day respite and centre-based respite services for residents. However, care and support needs also include to assist older people to maintain their social connections, family and friendships.

In some cases the range of available services is sufficient, however geographical and functional (e.g. transport, cost) barriers to access result in older people being unable to utilise existing services.

Existing programs and services should ensure that, where possible, they plan to meet the needs of older people living in the Huon Valley, including to assist older residents of the Huon Valley to:

- Manage their health conditions as best they can;
- Address their lifestyle risk factors for chronic disease;
- Support older people to maintain their social networks and social contact with other people;
- Provide access to transport where required;
- Be linked to appropriate services and educational opportunities; and
- Assist older people to continue living at home.

7. Improve the provision of comprehensive primary health care

Primary health care is the provision of first contact personal and social care, health promotion and illness prevention and the delivery of illness and chronic disease management services to individuals, their families and the community.

When delivered well, primary health care involves a range of health and social professionals working with individuals, their carers and the community to deliver care that is patient-centred, characterised by meaningful partnerships between providers and that is well coordinated.

The core providers of primary health care in the Huon Valley are viewed by stakeholders as general practice providers (general practitioners, practice nurses), private allied health professionals, public sector community nurse and allied health care providers, residential aged care providers and consumer support groups. The ancillary providers are viewed by stakeholders as schools, local government and providers who address social determinants of health (e.g. neighbourhood houses, transport, housing and social support providers).

The primary health system in the Huon Valley is viewed as currently delivering a broad range of services that are poorly coordinated. Duplication of some services exists and service gaps exist in other areas. The workforce is not well aligned with consumer need.

Priorities for improving the provision of comprehensive primary health care in the Huon Valley are to:

- Improve the health literacy of people living in the Huon Valley;
- Harness the 'voice' of consumers and better advocate for their primary health care needs, with a particular focus on attracting additional resources and supports for primary care, with a particular focus on dental, antenatal and postnatal, child and adolescent mental health and family support services; and

- Support coordination of services through continuing the role of the Huon Valley health and wellbeing coordinator.

The role of the Huon Valley Health and Wellbeing coordinator

The Huon Valley Health and Wellbeing Program currently comprises a community grants program and a liaison officer / coordinator position. The purpose of the overarching program is to "improve the promotion of health and community services in the Huon Valley, and to coordinate a "whole of community" approach to improving health and well-being". The community grants program component was the subject of a recent review and was outside the scope of this project*.

The coordinator position was initially funded through the Huon Valley Health Services grants program, and subsequently with contributions from Huon Eldercare.

The core activities facilitated by the 0.6 FTE coordinator position are:

- Health and Wellbeing website. A key information access point for service providers and community members. There are currently 171 members listed on the site and is most commonly used by service providers to assist in referring clients to local services.
- Service provider networks. An up-to-date distribution list of service providers for (approximately) monthly e-newsletters to share information on upcoming events, new services and funding opportunities. There were 254 members of the service provider network in April 2015.
- Service provider networking lunches. Held monthly, attracting over 20 services each session. These promote collaboration between local service providers.
- Youth Interagency Network (YIN). A group of over 50 individual service providers. Meetings provide a forum for southern Tasmanian non-government and government youth service providers to network across the Huon Valley region, advocate on behalf of young people, identify goals and coordinate actions in response to and with young people.

Key findings from the evaluation indicate (Appendix 2):

- The position contributes to improved integration of health and community services and facilitates sharing of information with and between providers and consumers; and
- The need for the role identified in the 2010 health needs assessment continues.

The role should be maintained and be tasked with consolidating and further developing relationships between service providers, with a view to improving collaboration and partnerships, reducing duplication in service delivery and minimising waste.

The role should also be tasked with attracting new funding to the Huon Valley to support the continuation of the Huon Valley community grants program.

* An external review of the grants program in 2014 found that it was a well-managed, successful program focused on the health and wellbeing needs of the Huon Valley community. However, funding of the grants program has been suspended by Tasmanian Health Organisation – South (THO-South). THO South have not indicated their intention to resume funding the program at this stage. As a result, the future of the Health and Wellbeing program and coordinator position are now uncertain.

Appendix 1: Huon Valley Health Needs Assessment, 2015

Background and context

Health can be defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.³ Therefore, health priorities for any community may include but not be limited to medical needs related to specific diseases or conditions.

The general determinants of health are defined in various ways. Human biology, environment, lifestyle, and healthcare services all influence the standard of health experienced within a population.⁴ Thus, health is maintained and improved not only through the advancement and application of health science, but also through the efforts and intelligent lifestyle choices of the individual and society.

Determinants of health can also be considered according to health risk factors - characteristics that increase a person's risk of developing a particular disease or condition.

The known risk factors for poor health include:

- Chronic diseases and conditions;
- Social determinants of health (that is, the conditions of daily living that determine a person's chances of achieving good health. A safe environment, adequate income, meaningful roles in society, secure housing, higher level of education and social support within communities are associated with better health and wellbeing. Lower socioeconomic status, whether measured by income, educational attainment or occupation, is associated with poorer health, higher rates of chronic disease and their risk factors and higher use of health and human services.);
- Psychological risk factors such as depression, anxiety and low self-esteem;
- Behavioural risk factors such smoking, poor nutrition, physical inactivity and substance abuse; and
- Physical risk factors such as obesity, high blood pressure, high cholesterol and genetic factors.⁵

In order to understand the factors influencing the health of residents of the Huon Valley, it is therefore necessary to appraise a range of information sources including:

- Socio-demographic data, including population trends, income and employment;
- Chronic diseases affecting Huon Valley residents;
- Causes of death in Huon Valley residents;
- Major conditions affecting health services usage; and
- Mental health and behavioural information sources.

Available information sources relating to each of these factors are provided below. In analysing epidemiological information sources, a range of data sources are often available for review. In preparing this review of available data, the most robust, up-to-date and specific data describing the Huon Valley population has been compiled.

In some cases, no data is available that relates specifically to residents of the Huon Valley. This is particularly the case for health and wellbeing of children and young people and for Aboriginal and / or Torres Strait Islander peoples living in the Huon Valley.

Comparisons with other local government areas, and with the Tasmanian population as a whole, are provided where appropriate to enable comparisons to be made between the Huon Valley population and other population groups.

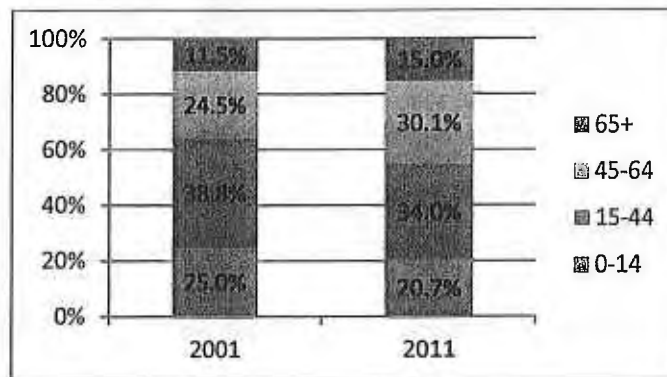
Epidemiology of the Huon Valley Population

The Huon Valley LGA covers 5,507 square kilometres and is the southern-most LGA in Australia. The estimated total population (as at 30 June 2013) is 16,159 persons, which is 3.1% of Tasmania's population.⁶

The median age of the population in the Huon Valley is 42 years, compared with 40 years in Tasmania and 37 years for Australia as a whole.⁷⁻⁹ The resident population of the Huon Valley is increasing in size, and aging rapidly, with decreased numbers of residents in younger age groups (0-44 years) and increased numbers of residents in older age groups (45+ years)¹⁰:

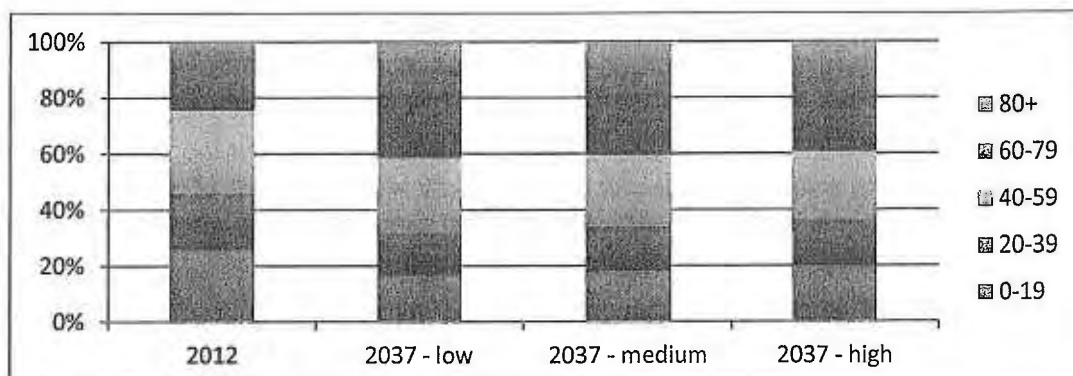
- Between the 2001 and 2011 Census, the Huon Valley population increased in size by 12.4%;
- From 2001 to 2011 the proportion of children aged 0-14 years decreased from 25.0% to 20.7% and the proportion of those aged 15 to 44 years decreased from 38.8% to 34.0%;
- Over the same period, the proportion of those aged 45 to 64 years increased from 24.5% to 30.1% and the proportion of people aged 65 years and over increased from 11.5% to 15.0% (see Figure 1).

Figure 1: Change in age profile of Huon Valley, 2001-2011¹⁰



In 2014, the Tasmanian Department of Treasury and Finance released population projections for all LGAs to 2037. Projections for the Huon Valley vary depending on whether low, medium or high growth assumptions for the state are applied, but the total population of the Huon Valley is projected to further increase under all three scenarios; by 4.9% (low), 25.1% (medium), or 47.3% (high).¹¹ Regardless of which assumption is applied, the change in population profile to a decreased proportion of younger age groups and an increased proportion of older age groups is projected to continue (see Figure 2).

Figure 2: Projected change in age profile of Huon Valley, 2012-2037 under low, medium and high growth assumptions¹¹



These statistics have significant implications for the health needs of Huon Valley residents. The increased number of residents overall will lead to increased demand for health services. Further, as the prevalence of chronic conditions and associated need for health services increases significantly within older age groups, particularly after age 65 years, the ageing of the population in the Huon Valley will further increase health services demand.¹²

Aboriginal and / or Torres Strait Islander peoples comprise a higher percentage of the Huon Valley's population than other LGAs. Approximately 8.6% of the population of the Huon Valley identified as Aboriginal, Torres Strait Islander or both in the 2011 Census,⁷ which is higher than the 4.0% of Tasmanians⁸ and 2.5% of Australians as a whole.⁹

Table 1: Indigenous population size, June 2011

	Huon Valley ⁷	Tasmania ⁸	Australia ⁹
Total Population	15,140	495,354	21,507,719
Indigenous	1,306	19,627	548,371
%	8.6%	4.0%	2.5%

Indigenous Australians have poorer health outcomes than non-Indigenous Australians. Aboriginal and / or Torres Strait Islander peoples continue to have a lower life expectancy than the general population. The self-assessed health status of Indigenous Australians continues to compare unfavourably with that of non-Indigenous Australians. Disability is more common in Indigenous Australians, with a rate of profound or severe activity limitations almost three times that of non-Indigenous Australians. Indigenous Australians also have high smoking rates, high rates of overweight and obesity and high rates of risky drinking.¹³

Indigenous Tasmanians have poorer health outcomes than non-Indigenous Tasmanians. Tasmanian Aboriginal and / or Torres Strait Islander peoples continue to have a lower life expectancy than the general population. The self-assessed health status of Indigenous Tasmanians continues to compare unfavourably with that of non-Indigenous Tasmanians, with only 71.7% reporting excellent, very good or good health in 2008. Disability is more common in Indigenous Tasmanians, with a rate of profound or severe activity limitations of 12% - almost three times that of non-Indigenous Tasmanians (4.7%). Indigenous Tasmanians also have high smoking rates (39.1% in 2011-13), high rates of overweight and obesity (68.9%), and high rates of risky drinking (18.1%)[‡].

Data regarding the health and wellbeing of Aboriginal and / or Torres Strait Islander peoples living in the Huon Valley were unavailable in the public domain or from stakeholders consulted for the purposes of this project.

Social determinants of health

Socio-economic disadvantage is a significant risk factor for poor health. People who are socio-economically disadvantaged experience poorer health, a higher incidence of chronic conditions, and higher levels of health services usage.¹⁴

Socio-economic disadvantage can be measured in a number of ways, including by measuring income, employment levels or education. According to these measures, the Huon Valley

[‡] COAG Reform Council. Indigenous reform 2012-13: Five years of performance. Canberra: COAG Reform Council, 2014 30 April 2014

population experiences socio-economic disadvantage compared with both Tasmania and Australia as a whole.

Median individual and household incomes for residents of the Huon Valley are below Tasmanian and Australian income levels (see Table 2).

Table 2: Median weekly incomes, Huon Valley, 2011

	Huon Valley ⁷	Tasmania ⁸	Australia ⁹
Median weekly individual income	\$441	\$499	\$577
Median weekly household	\$868	\$948	\$1,234

The percentage of people on income support payments in the Huon Valley is 23%, higher than the Tasmanian rate of 21%. A total of 33% of residents are either Health Care Card or Pension Concession Card holders, above the Tasmanian level of 29%.¹⁵

The rate of full-time employment in the Huon Valley is generally lower than Tasmanian and Australian averages (see Table 3).

Table 3: Levels of employment, Huon Valley, 2011

	Huon Valley ⁷	Tasmania ⁸	Australia ⁹
Unemployed (%)	6.6%	6.4%	5.6%
Full time employed	50.5%	54.5%	71.6%
Part-time	36.5%	32.9%	17.8%

The major employment sources in the Huon Valley are agriculture, forestry and fishing; healthcare and social assistance; retail trade; construction and manufacturing (see Table 4).⁷

Table 4: Employment sources, Huon Valley, 2011

	Age group in years									
	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total
Agriculture, forestry & fishing	39	49	178	236	198	129	45	11	3	888
Health care & social assistance	5	23	83	162	227	159	17	0	0	676
Retail trade	80	61	107	111	113	93	24	3	0	592
Construction	40	69	110	139	134	72	8	0	0	572
Manufacturing	29	43	80	118	116	93	11	0	0	490
Public administration & safety	7	19	80	139	165	77	9	0	0	496

Like most of Tasmania, the Huon Valley has lower levels of education than Australia overall, with a high proportion of the population who did not complete Year 12 (see Table 5). The need to travel to access Year 11 and 12 contributes to this.

Table 5: Highest year of school completed (among people 15 years and over who are no longer attending school), Huon Valley, 2011

	Huon Valley ⁷	Tasmania ⁸	Australia ⁹
Year 12 or equivalent	39.1%	36.5%	49.2%
Year 9-11 or equivalent	50.9%	49.6%	35.5%
Year 8 or below	6.5%	3.1%	6.8%

In the 2011 Census, 25.6% of private dwellings in the Huon Valley had no internet connection, similar to the 26.2% Tasmania-wide, but more than the 19.7% for Australia overall.⁷⁻⁹

Causes of death in the Huon Valley

Causes of death statistics are a key source of information on the health status of residents of the Huon Valley. Causes of death information provide insights into the diseases and factors contributing to reduced life expectancy. Causes of death statistics are one of the oldest and most comprehensive set of health statistics available in Australia. Statistics on causes of death are compiled from information on death certificates, completed by treating doctors and forwarded to Births, Deaths and Marriages. The Australian Bureau of Statistics compiles the statistics and codes causes of death using information from State databases and coroners reports.

Tasmania has the second lowest life expectancy of all states and territories, after the Northern Territory. Tasmanian males can expect to live for 78.8 years and females for 82.6 years.¹⁶ Aboriginal and Torres Strait Islander peoples have a much lower life expectancy than the general population. Life expectancy estimates are not available for indigenous Tasmanians, but nationally, there is a gap to non-indigenous life expectancy of 10.6 years for men and 9.5 years for women.¹³

While Tasmania's death rate is improving over time, it is improving more slowly than all other states and territories, and Tasmania still has the second highest death rate in Australia, second only to the Northern Territory.¹⁷ The most common causes of death in Tasmania are:

- Cancer,
- Ischaemic heart disease (heart attacks),
- Dementia,
- Cerebrovascular disease (strokes),
- Other heart diseases (heart failure),
- Chronic lower respiratory diseases (emphysema),
- Diabetes mellitus,
- Injury (falls, violence and car accidents) and poisoning,

This profile is very similar to the rest of Australia, as can be seen in Table 6.

Table 6. Leading causes of death in Australia, 2011¹⁷

	NSW	Vic.	Qld	WA	SA	Tas	ACT	NT	Aust
Cancer	177.7	173.3	175.1	166.6	170.6	189.5	146.5	220.3	174.5
Circulatory	177.5	161.8	160.3	153.1	171.3	190.4	151.5	201.4	171.6
Respiratory	49.5	46.3	49.9	42.1	45.9	53.3	42.8	83.5	48.0
External causes	34.1	36.0	42.7	44.2	37.6	45.5	31.5	60.5	38.1
Mental & behavioural	27.9	27.3	27.3	23.7	35.4	40.6	26.5	51.6	27.9
Nervous system	23.8	27.8	23.3	30.5	28.4	29.5	32.2	30.9	26.0
Endocrine	20.9	24.8	23.7	23.4	24.8	34.1	20.0	60.1	23.5



Significant improvement



Significant worsening

Notes: Broad causes include, for example: Circulatory (heart attack & stroke); Respiratory (pneumonia & COPD); External causes (transport accidents, falls and intentional self-harm); Mental & behavioural (dementia); Nervous system (Alzheimer's & Parkinson's); Endocrine (diabetes).

There were 147 deaths in the Huon Valley in 2013.¹⁶ Leading causes of death vary between males and females, however in both sexes the vast majority of deaths between 2006 and 2010 were due to cardiovascular disease and cancer. In males, cancer was the leading cause of death whereas in females, cardiovascular disease was the leading cause of death (see Table 7).¹⁸

Table 7: Leading causes of death in males and females, Huon Valley, 2006 to 2010¹⁸

Males	Females
<ul style="list-style-type: none"> • Cancer (82 deaths) • Cardiovascular disease (74 deaths) • All other cancers (56 deaths) • Ischaemic heart disease (45 deaths) • Lung cancer (26 deaths) • Injury and poisoning (25 deaths) • Respiratory diseases (15 deaths) • Organic psychotic conditions (12 deaths) • Stroke (11 deaths) • Suicide and self-inflicted injury (11 deaths) 	<ul style="list-style-type: none"> • Cardiovascular disease (94 deaths) • Cancer (67 deaths) • Ischaemic heart disease (44 deaths) • All other cancers (31 deaths) • Organic psychotic conditions (30 deaths) • Other forms of heart disease (20 deaths) • Stroke (17 deaths) • Lung cancer (13 deaths) • Respiratory diseases (12 deaths) • Chronic obstructive pulmonary disease (12 deaths) • Colorectal cancer (10 deaths)

Compared with state rates, only the number of male deaths due to other accidents, and female deaths due to organic psychotic conditions were greater than expected.¹⁸

In summary, the leading causes of death for Huon Valley residents are:

- Cancer; and
- Cardiovascular disease.

Reasons for hospitalisations in residents of the Huon Valley

Hospitalisations data are a key source of information on the health status of residents of the Huon Valley. Statistics on hospitalisations are compiled from information provided by public and private hospitals to the Department of Health and Human Services, Tasmania.

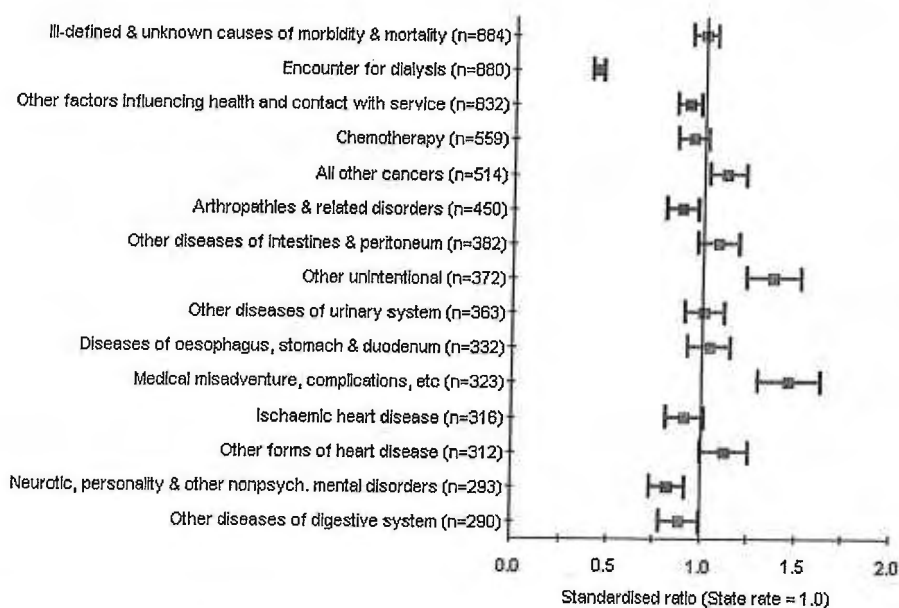
Leading causes of hospitalisations vary between males and females. Kidney dialysis and cancer were responsible for the most hospitalisations in males and females.¹⁸

In summary, the leading causes of hospitalisations in Huon Valley residents are:

- Kidney dialysis;
- Cancer;
- Cardiovascular disease;
- Digestive diseases;
- Complications due to pregnancy;
- Injury and poisoning conditions;
- Musculoskeletal diseases; and
- Genitourinary diseases.

Overall, hospitalisation rates in the Huon Valley were similar to state rates for most conditions. In males, rates of hospitalisation due to other forms of heart disease, medical misadventure/complications, other unintentional injury, and all other cancers were significantly higher than rates for Tasmania as a whole (identified in red in Figure 3).

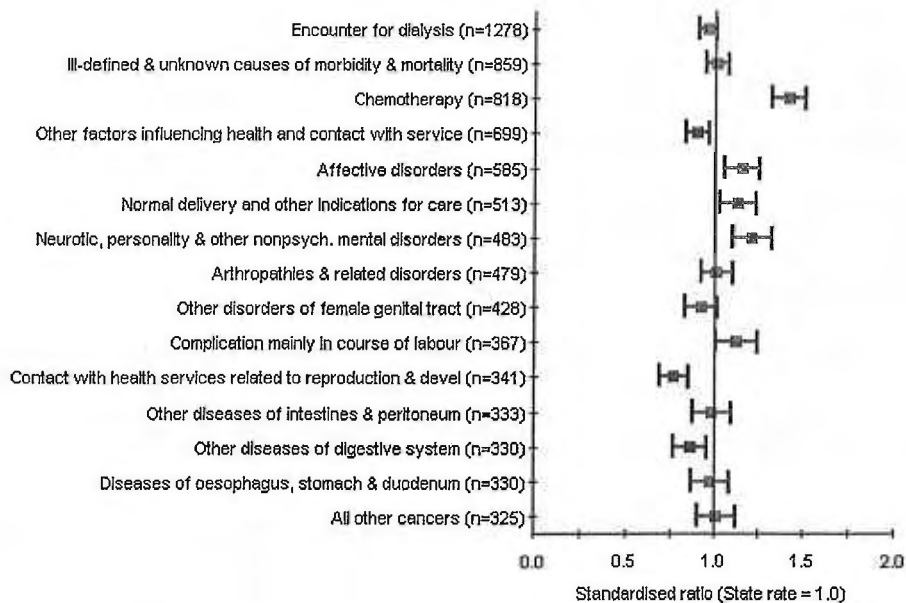
Figure 3: Male standardised hospitalisations ratios for Huon Valley LGA residents (2009 - 2013)



Note: The error bars represent the 95% confidence intervals of the ratio. Red lines are significantly higher than the State rate while blue lines are significantly lower.

In females, hospitalisations due to complications mainly in course of labour, neurotic, personality & other nonpsychotic mental disorders, normal delivery and other indications for care, affective disorders, and chemotherapy were greater than expected (see Figure 4).

Figure 4: Female standardised hospitalisations ratios for Huon Valley LGA residents (2009 – 2013)



Note: The error bars represent the 95% confidence intervals of the ratio. Red lines are significantly higher than the State rate while blue lines are significantly lower.

Disability

The 2012 Survey of Disability, Ageing and Carers (SDAC) estimated that 4.2 million Australians, or 18.5% of the population, had a disability.¹⁹ SDAC defines disability as any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to last, for at least six months. In Tasmania, 24.6% of the population reported having a disability.

In the 2011 Census, 6.3% of residents of the Huon Valley reported requiring assistance to carry out core activities, as compared with 5.8% for Tasmania and 4.6% for Australia.

Chronic health conditions

A chronic disease is a serious medical condition or illness that is long lasting or recurrent. It is defined as a disease which has lasted or is expected to last for at least six months. The most common chronic diseases in Tasmania include:

- Cardiovascular diseases (CVD);
- Cancer;
- Type 2 diabetes;
- Chronic obstructive pulmonary disease (COPD);
- Mental health problems;
- Dementia;
- Arthritis and musculoskeletal conditions (including osteoarthritis and osteoporosis); and
- Chronic kidney disease.

The World Health Organization (WHO) has noted that chronic diseases are the major cause of death and disability worldwide.²⁰ Australia reflects the global situation, with chronic diseases

estimated to be responsible for almost 80% of the total burden of disease and injury,¹⁴ and 90 per cent of all deaths in 2011.²¹

The economic costs are also high, due to the combined effects of health-care costs and lost productivity from illness and death. Estimates based on allocated health-care expenditure indicate that the 4 most expensive disease groups are chronic—cardiovascular diseases, oral health, mental disorders, and musculoskeletal—incurring direct health-care costs of \$27 billion in 2008–09. This equates to 36% of all allocated health expenditure.²¹

Chronic diseases often come in clusters. For example type 2 diabetes can lead to heart disease, stroke and kidney problems. Many chronic diseases also share common risk factors, including smoking, high dietary salt intake, inadequate consumption of fruit and vegetables, physical inactivity and alcohol consumption.²² These chronic diseases also have a disproportionate impact on some population groups, particularly Aboriginal and Torres Strait Islander people.

Tasmania has higher rates of multi-morbidity (defined here as three or more self-reported chronic conditions) than any other jurisdiction, with one in five Tasmanians (19.2%) reporting three or more (of hypertension, diabetes, asthma, arthritis, heart disease, stroke, cancer, osteoporosis, and depression/anxiety).²³ The Huon Valley has similar rates of multi-morbidity to the state as a whole, with 16.9% reporting three or more chronic conditions.²³

Cancer

Cancer is a disease that affects a significant number of Australians at some stage in their life. Cancer also represents one of the major causes of death.²⁴ Cancer control was identified as a National Health Priority Area in 1996.

“Cancer is a disease of the body's cells. Normally cells grow and multiply in a controlled way, however, if something causes a mistake to occur in the cells' genetic blueprints, this control can be lost. Cancer is the term used to describe collections of these cells, growing and potentially spreading within the body. As cancerous cells can arise from almost any type of tissue cell, cancer actually refers to about 100 different diseases.”²⁵

Cancer is a leading contributor to the overall burden of disease amongst Australians (16-19%).²⁴ Cancer (excluding non-melanocytic skin cancer, and national population screening programs) accounted for \$4,526 million in 2008-09, which was 7% of total health system expenditure on chronic disease.²⁶ An additional \$511 million was spent on diagnosis, treatment and pathology of the two most common non-melanocytic skin cancers (2010).²⁷

The most common cancer (excluding non-melanocytic skin cancer) diagnosed in males in Tasmania between 2005 and 2009 was prostate cancer (34.2% of all cases). Colorectal cancer (13.6%) and lung cancer (9.6%) were the second and third most commonly diagnosed cancers in males.¹⁴

The most common cancer (excluding non-melanocytic skin cancer (NMSC)) diagnosed in females in Tasmania between 2005 and 2009 was breast cancer (25.8% of all cases). Colorectal cancer (16.8%) and melanoma of the skin (9.8%) were the second and third most commonly diagnosed cancers in females.¹⁴

There is little variation for cancer incidence and mortality across Tasmania by local government area, and the rates for the Huon Valley are similar to Tasmania as a whole. Compared with the State rates, there were no cancers where the number of male or female cases were greater than expected (see Figures 5 and 6).²⁸

Figure 5: Male standardised cancer incidence data ratios for Huon Valley LGA residents (2008 - 2012) **

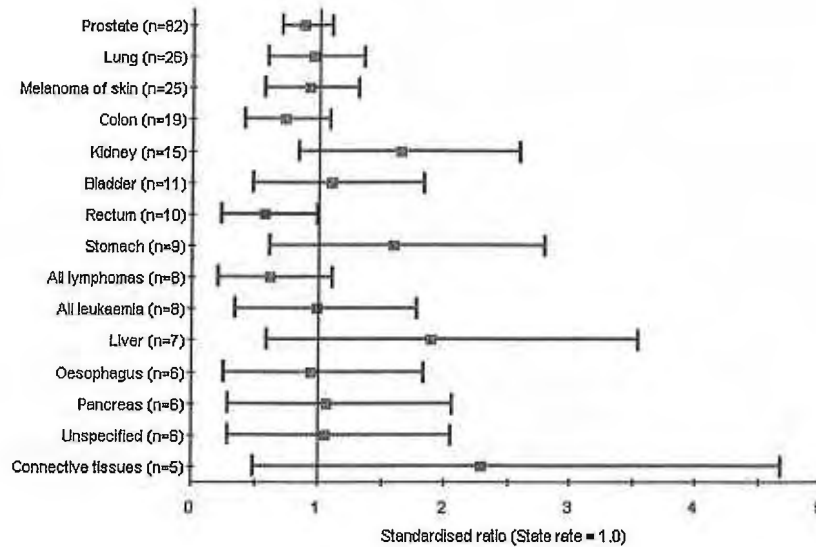
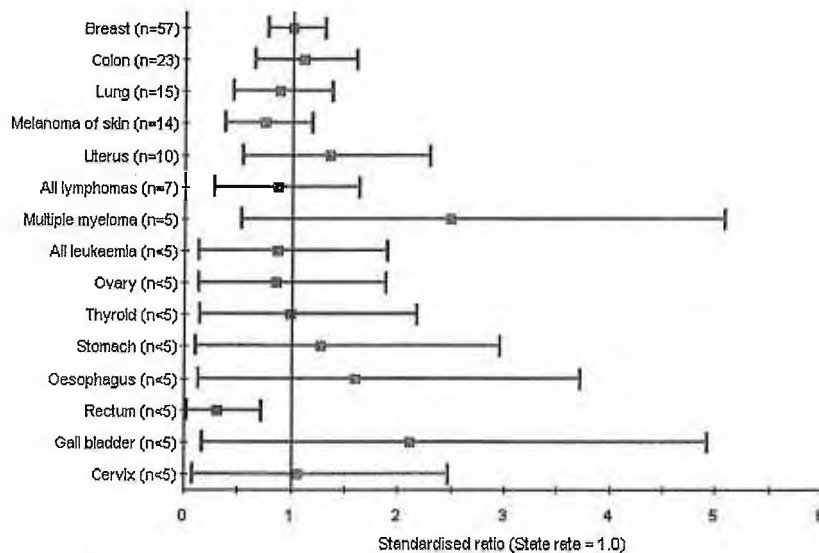


Figure 6: Female standardised cancer incidence data ratios for Huon Valley LGA residents (2008 - 2012)

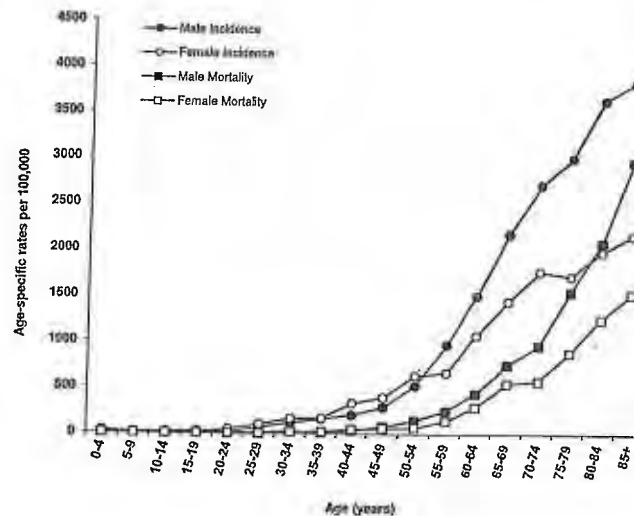


The error bars represent the 95% confidence intervals of the ratio. Red lines are significantly higher than the State rate while blue lines are significantly lower.

** <http://www.menzies.utas.edu.au/article.php?Doo=ContentView&id=920>

The incidence of cancer increases with increasing age (see Figure 3). Cancer incidence and mortality rates are similar among males and females until around age 40-55 years, after which overall cancer incidence and mortality among males becomes much greater than among females.

Figure 7: Age specific incidence and mortality for all cancers (excluding NMSC) 2011²⁸



The incidence of cancer in Tasmania is predicted to increase over the next four decades, mainly because of population ageing. Because the population in Tasmania is ageing at a rate faster than the national rate, the rate of increase in cancer incidence is predicted to be greater in Tasmania than for Australia as a whole.¹⁴

Cardiovascular disease

Despite steady improvement over the last three decades, cardiovascular disease remains one of the biggest causes of death in Australia and continues to generate a considerable burden on the population in terms of illness and disability. Cardiovascular health was identified as a National Health Priority Area in 1996. In relation to direct health care expenditure, cardiovascular disease is the most expensive health condition, costing 12% or \$7,605 million of the total allocated health system expenditure in 2008-09.²⁹ The incidence of cardiovascular disease increases with age and the number of people with cardiovascular disease may increase in the future as the number of older Australians increases.³⁰

Cardiovascular disease (CVD) including heart, stroke and vascular diseases is a leading cause of mortality and a significant cause of morbidity and disability in the Tasmanian community. Tasmania also has the highest rate of high blood pressure of all States and Territories with 13.6% of the population affected, compared with 10.2% nationally.¹⁴

The major modifiable risk factors for cardiovascular disease are tobacco smoking, physical inactivity, a high-fat and energy rich diet, obesity, high blood glucose, high cholesterol, and hypertension (high blood pressure). A high dietary salt intake may also influence risk of CVD in some individuals.³¹ In addition, Australian statistics show a consistent socioeconomic gradient in mortality and hospitalisation rates for cardiovascular with the most disadvantaged people experiencing the highest rates of CVD.³⁰

Arthritis and musculoskeletal conditions

Arthritis and musculoskeletal conditions are defined as conditions of the bones, muscles and their attachments, and include joint problems such as arthritis. Although there are more than one hundred musculoskeletal conditions the most common are osteoarthritis, rheumatoid arthritis, osteoporosis and back pain.¹⁴ Arthritis and musculoskeletal conditions were added to the National Health Priority Areas in 2002.

Arthritis and musculoskeletal conditions are identified as the most prevalent group of main disabling conditions among Australians with a disability in 2009.³² They are a major area of health expenditure, with in excess of \$5,690 million spent on the conditions in 2008-09.³³

- Arthritis is characterised by inflammation of the joints, often resulting in pain, stiffness, disability and deformity. The two most common types of arthritis are osteoarthritis and rheumatoid arthritis.
 - Osteoarthritis is a degenerative joint condition affecting the weight-bearing joints such as the hips, knees and ankles as well as the hands and spine. In the initial stages pain occurs in the joints during and after activity but as the condition progresses pain may be experienced from minimal movement or during rest.³¹
 - Rheumatoid arthritis is an auto-immune disease causing chronic inflammation of the joints. It most commonly affects the hand joints and can lead to deformities of the hands.³¹
- Osteoporosis is a condition whereby there is a progressive loss of bone density and decrease in the strength of the skeleton with a resultant risk of fracture.³¹
- Chronic back pain can be attributed to numerous causes including muscle strain or the displacement of an intervertebral disc.³⁴

In Tasmania, 28.1% of the population in 2013 reported having been diagnosed with arthritis, and 6.8% reported the diagnosis of osteoporosis. However, as both of these conditions are under-diagnosed, the true prevalence of each is likely to be greater.²³

The prevalence of musculoskeletal conditions is statistically significantly higher in Tasmania than for Australia as a whole. This is most likely because the prevalence of musculoskeletal conditions as a whole increases with age and Tasmania has an older population than Australia.¹⁴

Mental health problems

Good mental health is fundamental to the wellbeing of individuals, their families, and the whole population. Conversely, mental health problems and mental illness are among the greatest causes of disability, diminished quality of life, and reduced productivity. People affected by mental health problems often have high levels of morbidity and mortality, experiencing poorer general health and higher rates of death from a range of causes, including suicide. These conditions are significant in terms of prevalence and disease burden, and have far-reaching impacts for families, carers and others in the community.³⁵ Mental health was identified as a National Health Priority Area in 1996.

Mental illnesses are among the ten leading causes of disease burden in Australia, accounting for 13% of the total burden of disease.²¹ Long-term mental disorders include:

- Clinical depression – a group of illnesses characterised by excessive depressed mood which affects the person's life.
- Anxiety disorders – a group of illnesses characterised by feelings of high anxiety, including panic disorder, post-traumatic stress disorder, obsessive compulsive disorder, agoraphobia and other phobias, social anxiety, generalised anxiety disorder and other conditions.
- Substance use disorders – characterised by dependence on, or harmful use of alcohol, drugs or other substances.
- Schizophrenia – a psychotic disorder typically characterised by hallucinations, disorganised thinking and impairment in functioning.
- Schizoaffective disorder – a mental illness where the person has symptoms of a mood disorder (either mood swings, or depression) along with other symptoms similar to those found in schizophrenia.
- Bipolar disorder – a psychotic disorder that involves extreme mood swings, from depression and sadness to elation and excitement.

More than one in seven Tasmanians (15%) are estimated to have been diagnosed with a mental or behavioural problem at some time in the past, higher than any other jurisdiction except the Australian Capital Territory (15.5%).¹⁴ The most common mental disorders in Australia are depression, anxiety and substance use disorders.²¹

The Australian Psychological Society directory currently lists only two clinical psychologists who work in some areas of the Huon Valley.³⁶

Diabetes mellitus

Diabetes is a chronic condition in which blood glucose levels become too high due to the body producing little or no insulin, or not using insulin properly. Insulin is a hormone produced by the pancreas to assist the body to use glucose.³⁰ Diabetes can result in many long term health conditions, including heart disease, stroke, kidney failure, blindness and lower limb amputation. Diabetes may be prevented or delayed in many people by lifestyle interventions, including weight loss (of overweight or obese), improved nutrition, and regular physical activity.³⁷ Diabetes was added to the National Health Priority Areas in 1997.

In 2013, 7.6% of Tasmanians reported having diabetes.²³ However, a limitation of self-reported diabetes data is many people affected by diabetes are unaware they have the condition. According to the Australian Diabetes, Obesity and Lifestyle Study (AusDIAB) 2012 data, the prevalence of diabetes mellitus in the Australian population was 12.0% in 2011-12.³⁸ This implies around half of diabetics in Tasmania remain unaware that they have the condition.

Consistent with worldwide trends, the self-reported prevalence of diabetes has increased in Tasmania since 1995, from 1.8% to 4.6% in 2011-12. Diabetes rates increase with increasing age – over 14% of persons aged 60 years and over report having a diagnosis of diabetes.¹⁴

Asthma

Asthma is a chronic inflammatory disease causing episodes of wheezing, breathlessness and chest tightness due to widespread narrowing of the airways within the lungs and obstruction of airflow. Symptoms are more prevalent either at night or in the early morning. The symptoms of an episode are usually reversible, either spontaneously or with treatment.²¹ Asthma was added to the National Health Priority Areas in 1999.

In Tasmania, in 2013, 22.4% of people reported having been diagnosed with asthma by a doctor.²³ In the Southern region, females have higher hospitalisation rates for asthma than males.¹⁴

Dementia

Dementia is a major health problem in Australia, and was added to the National Health Priority Areas in 2012. Dementia is not a single specific disease. It is an umbrella term describing a syndrome associated with more than 100 different diseases that are characterised by the impairment of brain functions, including language, memory, perception, personality and cognitive skills. Although the type and severity of symptoms and their pattern of development varies with the type of dementia, it is usually of gradual onset, progressive in nature and irreversible. The most common types of dementia are Alzheimer disease, vascular dementia, dementia with Lewy bodies, and fronto-temporal dementia.³⁹

It has profound consequences for the health and quality of life of people with the condition, as well as for their families and friends. Because dementia is generally a progressive condition, its impact increases with the growing severity of the condition. Eventually, people with dementia become dependent on their care providers in most, if not all, areas of daily living (unless they die from another condition first).³⁹

In 2011, dementia was the third most common underlying cause of death in Australia at 7% of all deaths.²¹ Twice as many women as men died from dementia. Dementia is much more common

in older ages groups; while 1 in 77 Australians (1.3%) had dementia in 2011, this figure was 1 in 11 (9%) for those aged 65 and over, and 3 in 10 (30%) of those aged 85 and over.³⁹ There are no data available to show whether the prevalence of dementia varies geographically across Australia.

In summary, the major chronic diseases affecting residents of the Huon Valley are:

- Cancer;
- Cardiovascular disease;
- Arthritis and musculoskeletal conditions;
- Mental health problems;
- Diabetes mellitus;
- Asthma, and;
- Dementia.

Risk factors for poor health

Oral health

Dental health needs to be considered separately to other health issues because dental services were excluded when Medicare commenced and still remains somewhat outside of the mainstream public health system. Cost can be a barrier to dental care, and around one third of Tasmanians report having avoided or delayed visiting a dental professional due to cost.⁴⁰

Tasmania has some of the worst dental health in Australia with the highest rate of complete tooth loss, the greatest number of dentures, the highest average number of missing teeth and the greatest number of people who haven't seen a dentist in the last five years.⁴⁰

Tasmania has the lowest number of dentists per population (40 per 100,000 people) in Australia (national average is 65 per 100,000 people).⁴¹

Injury

Injury is a significant health issue resulting in a significant proportion of hospitalisations in the Huon Valley. The principal injury types of concern are falls, intentional self-harm, and transport accidents.

Injury prevention and control was identified as a National Health Priority Area in 1996.

There are several risk factors that contribute to the risk of injury including alcohol consumption and work.

- Alcohol is an important risk factor for both fatal and non-fatal injuries while some occupations, such as manual work, increase the risk of injury occurring.
- The highest rates of occupational injury are reported by labourers and related workers, and the highest industry incidence rates are recorded in transport and storage; agriculture, forestry and fishing; and manufacturing industries.⁴³ Men are more likely to be injured at work than women, and the incidence of serious workers' compensation claims increases with employee age.⁴³

Lifestyle risk factors

Many risk factors for chronic disease are avoidable, particularly:

- Poor nutrition;
- Physical inactivity;

- Overweight and obesity;
- Tobacco use; and
- Harmful alcohol use.

Most of these risk factors are common to all the major chronic, non-communicable diseases: diabetes, cancer, cardiovascular diseases, chronic respiratory diseases, and neurological and mental diseases. A major focus of efforts to reduce chronic disease rates is targeting population rates of these modifiable risk factors for poor health. With some exceptions, risk factor levels in the Huon Valley are high, and similar to Tasmania as a whole.

Smoking

Tobacco smoking is the leading cause of all preventable disease and death in Tasmania. The main diseases associated with smoking are lung cancer, chronic obstructive pulmonary disease (including chronic bronchitis and emphysema) and cardiovascular disease (including heart disease and stroke).⁴⁴ Tobacco use contributes to more deaths and drug-related hospitalisations than alcohol and illicit drugs combined.⁴⁵

One in six Tasmanian adults smokes (15%); in the Huon Valley, this figure is 25.3%.^{18, 23} Reductions have been achieved in Tasmania's high smoking rates since 2009; however, Tasmania still has the second highest smoking rate in the nation, following the Northern Territory. This culminates in the high hospital admissions for Tasmanians due to Chronic Obstructive Pulmonary Disease.¹⁸

Smoking prevalence has declined in Tasmania for every age group since 2009. Smoking is most common in younger age groups, and smoking rates for males and females are now similar (see Table 8).²³ The rates of Aboriginal and Torres Strait Islanders who are current smokers for are significantly higher than the rates for the total population (30% vs 15%).²³ Smoking continues to be more prevalent in lower socio-economic areas, with approximately one in five (18.7%) adults residing in the most disadvantaged areas (1st quintile) reporting to be current smokers, compared with less than one in ten (9.1%) of those residing in areas with the least socio-economic disadvantage (5th quintile).²³

Table 8: Current smokers by age and sex, Tasmania, 2013²³

Age (years)	Males		Females	
	%	95% CI	%	95% CI
18-24	18.9%	[10.7%,31.2%]	20.6%	[12.5%,32.2%]
25-34	24.8%	[16.3%,35.7%]	20.2%	[14.0%,28.1%]
35-44	19.0%	[14.6%,24.4%]	14.9%	[11.8%,18.7%]
45-54	15.8%	[12.1%,20.2%]	16.6%	[13.7%,20.0%]
55-64	11.5%	[8.9%,14.6%]	12.9%	[10.7%,15.6%]
65+	7.1%	[5.6%,9.0%]	6.9%	[5.7%,8.5%]
Total	15.5%	[13.3%,17.9%]	14.5%	[12.8%,16.4%]

Alcohol

Excess alcohol consumption is responsible for a variety of short and long-term harms including various cancers, liver disease, falls, road trauma, violence, neurological disease, cardiovascular disease, gastrointestinal disorders, mental health problems, and injury. In addition, excess alcohol consumption is associated with social costs including reduced paid and unpaid labour, crime and health costs.²¹

The most recent Tasmanian alcohol prevalence data are from the 2013 Population Health Survey (6,301 Tasmanians participated).²³ The rate of consuming alcohol at high risk of causing harm on a single occasion (>4 drinks) was 22.1% in the Huon Valley, and 20.4% in Tasmania overall. Rates of consuming alcohol at single occasion risk and at lifetime risk (>2 standard drinks daily; 4.6%) have decreased in Tasmania since 2009.

Risky levels of alcohol consumption are more common among males than among females (28.5% vs 12.5%), and are more common among younger people (see Table 9).

Table 9: Alcohol consumption at high risk of causing harm on a single occasion by age, Tasmania, 2013²³

Age	%	95% CI
18-24	50.4%	[41.9%,58.9%]
25-34	25.1%	[19.4%,31.7%]
35-44	24.4%	[21.1%,28.1%]
45-54	18.7%	[16.0%,21.8%]
55-64	13.4%	[11.4%,15.6%]
65+	5.2%	[4.2%,6.4%]
Total	20.4%	[18.8%,22.1%]

Nutrition

A nutritious diet is essential for optimum health. Australian dietary guidelines from the NHMRC recommend consumption of a wide variety of nutritious foods, including consumption of a minimum of one to three serves of fruit and two to five serves of vegetables, depending on age and sex.⁴⁶ Poor nutrition is a risk factor for a range of chronic conditions, including cardiovascular disease, type 2 diabetes and some cancers.²¹ In reviewing the evidence, the World Cancer Research Fund recommends eating mostly foods of plant origin, for protection against cancer.⁴⁷

The most recent Tasmanian nutrition data for adults are from the 2013 Population Health Survey,²³ for adolescents are from the National Secondary Students' Diet and Activity Survey 2009-10¹⁴ and for children aged 4-12 are from the Tasmanian Child Health and Wellbeing Survey 2009.⁴⁸ According to the survey results, 89.9% of adults in the Huon Valley (90.2% of Tasmanian adults) have inadequate vegetable consumption, and 57.0% (55.8%) had inadequate fruit consumption in 2013.²³ Among adolescents aged 12-17, 78% of Tasmanian had inadequate vegetable consumption, and 61% had inadequate fruit consumption in 2009-10.¹⁴ Among children aged 4-12, 63% had inadequate vegetable consumption, and 14% had inadequate fruit consumption in 2009.⁴⁸ This is likely partly due to availability and affordability; it is more difficult for people shopping in Tasmanian regions where there is limited or no access to major

supermarkets to purchase an appropriate range of healthy food at affordable prices.⁴⁹ This is likely the case in the Huon Valley, with only one major and one minor supermarket.⁴⁹

Males are more likely than females to have inadequate fruit and vegetable consumption (see Table 10). Fruit consumption varies with socio-economic status, with Tasmanians residing in areas with the least socio-economic disadvantage more likely to consume adequate fruit.²³

Table 10: Fruit and vegetable consumption by sex, Tasmania²³

	Males		Females	
	%	95% CI	%	95% CI
Inadequate vegetable consumption	94.1%	[92.8%,95.2%]	86.5%	[84.9%,87.9%]
Inadequate fruit consumption	63.2%	[60.3%,66.1%]	48.5%	[46.2%,50.8%]

Physical inactivity and sedentary behaviour

Regular physical activity provides people of all ages and conditions with a wide variety of physical, social and mental health benefits. Insufficient physical activity is a risk factor for cardiovascular disease, obesity, type 2 diabetes, cancer and mental health problems.⁴⁴

The Australian National Physical Activity Guidelines recommend people be physically active and limit sedentary behaviour every day, accumulating 150 to 300 minutes of moderate intensity physical activity each week. Children aged 5-17 should be active for at least 60 minutes per day.⁵⁰

The most recent Tasmanian physical activity data for adults are from the 2013 Population Health Survey,²³ for adolescents are from the Australian Secondary Students' Alcohol and Drug (ASSAD) survey 2011¹⁴ and for children aged 4-12 are from the Tasmanian Child Health and Wellbeing Survey 2009.⁴⁸ According to the survey results, 32.8% of adults in the Huon Valley (31% of Tasmanian adults) had insufficient physical activity for health benefit in 2013 (are sedentary or have low levels of physical activity).²³ Only 18% of Tasmanian students aged 12-15 and 17% of those aged 16-17 met the physical activity recommendations in 2011.¹⁴ Only 62% of children aged 5-12 met these recommendations in 2009.⁴⁸

Among adults, physical inactivity levels increase with increasing age.²³ Physical inactivity is also associated with socio-economic status. In Tasmania, 33.3% of people in the lowest socio-economic quintile are physically inactive, compared with 27.7% in the highest socio-economic quintile.

Overweight and obesity

Overweight and obesity are defined by the World Health Organisation according to a persons' body mass index (BMI) (weight in kilograms divided by height squared). According to this definition, overweight is a BMI between 25 and 29.9, and obesity is a BMI of 30 or above.⁵¹

Overweight and obesity are risk factors for a range of health problems, including cardiovascular disease, type 2 diabetes, cancer, fertility problems, mental health problems, arthritis and musculoskeletal conditions, gallbladder disease and liver disease. Obesity is more risky to health than being overweight.⁴⁴ Obesity was added to the National Health Priority Areas in 2008.

The fundamental cause of obesity and overweight is an energy imbalance between calories consumed, and calories expended. Globally, and nationally¹⁴, the rates of overweight and obesity within the population are increasing. This is attributed to a number of factors including:

- A shift in diet towards increased intake of energy-dense foods that are high in fat; and

- An increase in physical inactivity due to the increasingly sedentary nature of many forms of work, changing modes of transportation, and increasing urbanization.⁵¹

The most recent Tasmanian body weight data for adults are from the 2013 Population Health Survey.²³ According to the survey results, 18.2% of adults in the Huon Valley report being obese.²³ Among Tasmanian adults overall, 23.6% report being obese and 37.6% of Tasmanian adults report being overweight (total 61.2%).²³ This likely represents a small degree of under-reporting, as the Australian Health Survey which measured height and weight in 2011-12 found that 28.5% of Tasmanian adults were obese, and 37.2% were overweight.⁵² The 2011-12 Australian Health Survey also found that 18.3% of Tasmanian children aged 5-17 were overweight, and 10.5% were obese, higher than the proportion nationally.

Age strongly influences overweight and obesity rates – rates increase with increasing age (see Table 11). Overweight is more common in Tasmanian males than in females.

Table 11: Levels of overweight and obesity by age group, Tasmania, 2011-12⁵²

Age	Males	Females	Persons
5-17	n/a	n/a	28.8%
18-24	39.1%	44.4%	41.5%
25-34	60.6%	55.5%	58.0%
35-44	70.5%	59.1%	64.7%
45-54	78.6%	59.0%	68.8%
55-64	82.2%	76.1%	79.2%
65+	78.2%	67.9%	72.8%
Total	69.8%	61.5%	65.6%

In summary, the main risk factors for poor health affecting Huon Valley residents (Table 12) are:

- High rates of socio-economic disadvantage;
- 1 in 4 adults smoke;
- 22% of adults drink alcohol at harmful levels;
- 90% of adults have inadequate vegetable intake;
- 33% of adults are insufficiently physically active; and
- 18% of adults are obese.

The majority of these risk factors are more prevalent in men.

Table 12: Lifestyle risk factors, Huon Valley and Tasmania, 2013^{18, 23}

	Huon Valley		Tasmania	
	%	95% CI	%	95% CI
Current smoker (includes daily and occasional smokers)	25.3%	[15.4%,38.5%]	15.0%	[13.6%,16.5%]
Single occasion alcohol risk (2009 guidelines)	22.1%	[12.9%,35.1%]	20.4%	[18.8%,22.1%]
Adequate fruit (2+ serves daily)	43.0%	[32.2%,54.6%]	44.2%	[42.4%,46.1%]
Adequate vegetables (5+ serves daily)	10.1%	[4.5%,21.3%]	9.8%	[8.8%,10.8%]
Insufficient physical activity	32.8%	[23.3%,44.0%]	31.0%	[29.3%,32.7%]
Obese BMI (self-reported)	18.2%	[10.6%,29.5%]	23.6%	[22.0%,25.2%]

Screening

The aim of health screening is to reduce the burden of disease, which may include a reduction in the morbidity and mortality of a number of common conditions, particularly heart and kidney conditions, and cancers. There is a tendency for residents of the Huon Valley to be somewhat less likely to have had key preventive screening tests than the Tasmanian population overall (see Table 13).

Table 13: Preventive screening prevalence 2013, Huon Valley and Tasmania, 2013^{18, 23}

	Huon Valley		Tasmania	
	%	95% CI	%	95% CI
Blood pressure checked within last 2 years	75.1%	[62.0%,84.7%]	83.3%	[81.6%,84.9%]
Blood cholesterol checked within last 2 years	49.0%	[37.9%,60.2%]	57.2%	[55.6%,58.8%]
Diabetes/high blood sugar levels check within last 2 years	43.8%	[33.3%,54.9%]	52.7%	[51.0%,54.3%]

Population-based screening involves the systematic use of tests to identify individuals not showing any symptoms of the diseases for which they are being screened. Population-based screening currently covers breast cancer, bowel cancer, and cervical cancers.

In Tasmania, 58.4% of the eligible target group of women aged 50-69 years participated in breast screening for the two years from 2009-10, the highest rate in Australia, but which still falls far short of full population screening.¹⁴ The bowel cancer screening rate in Tasmania was also higher than the national rate, at 42.5% of the eligible population, again with much room for improvement, given the incidence and mortality rates of this group of cancers. The Tasmanian screening rate for cervical cancer of 57.4% is the same as the Australian rate.

Stakeholder views regarding current and future priorities

Individual and group discussions were conducted with a range of stakeholders in the Huon Valley, including representatives from Huon Eldercare, the Huon Community Health Centre, Meals on Wheels, Huon LINC, Huon Valley Council and the HVSAC.

Stakeholder views were also identified through an analysis of other community and health provider consultations that have occurred in the Huon Valley since the 2010 needs assessment was completed. These include:

- The Huon Valley Council Positive Ageing Strategy 2012
- Council on The Ageing (COTA) Key Issues for Older Tasmanians 2013
- Youth Interagency Network Collaborative Planning Session 2013
- Commission on Delivery of Health Services in Tasmania 2014
- The TML Streamlined Care Pathways Program in 2015

Findings from individual and group discussions

Stakeholders described a more cohesive, coordinated health professional network had developed in the Huon Valley since the 2010 needs assessment was conducted. This translated into a range of perceived strengths of the Huon Valley community in responding to the health needs of the community.

Key strengths identified by stakeholders include the region's infrastructure and facilities. In particular, central facilities (e.g. Huon Linc, Huon Valley Health Centre, GeCo) act as hubs, promoting social support and interaction as well as reducing stigma by allowing people to access services more anonymously. Further, the excellent residential facility run by Huon Eldercare, which some stakeholders suggested may partly contribute to the increase in older people moving to the area.

In addition, a range of health and wellbeing programs are in operation in the region, including youth-focussed programs such as Y for Health and Rev Up Your Health.

Stakeholders described high levels of community connectedness, strong commitment to fundraising for things needed in the community and a general awareness by consumers that services exist as additional assets that reflect the capacity of the Huon Valley community to address health needs affecting its residents.

The Huon Valley Health and Wellbeing Coordinator was identified as a particular strength of the Huon Valley as this role connects service providers and addresses a range of health and wellbeing issues, as well as acting as a first point of call for information and networking for organisations considering health-related projects in the Valley.

The community grants program has led to a number of successful projects that have continued to run following initial small project funding, such as Women on Water.

The HVSAC is viewed as a unique model involving the community in some of the decision-making around health and wellbeing priorities and projects.

However, a range of factors were described that negatively affect health and wellbeing in the Huon Valley. Transport issues were described by the majority of stakeholders as a key issue, both within the Valley to access services and reduce isolation, and between the Valley and Hobart for specialist and hospital access.

Stakeholders felt that a lack of integration of some service providers, including GPs and poor electronic communication between services negatively impact the quality of health services that people receive and lead to duplication of some services, and service gaps in other areas

(particularly in mental health, drug and alcohol services, oral health and health and wellbeing programs for primary school aged children and their families). A lack of affordability of some services, particularly oral health services, creates functional access barriers to the providers that do deliver services in the Huon Valley.

Local community members are affected by poor health literacy, intergenerational poverty and a pervasive drug and alcohol culture that have a detrimental impact on the health of Huon Valley residents. Social isolation is prevalent among older people and people with disabilities and a lack of availability of suitable community housing continues to be an issue affecting residents.

Although funding to address local health priorities is welcomed, short term project funding has led to competition between organisations, inconsistency in staffing, as well as lower awareness of new projects among service providers and the community and unwillingness to engage with activities that may not exist long term. A lack of resources (time, skills, experience, awareness) among service providers to be able to apply for grants for additional funding, and to facilitate collaborative work compounds resource limitations.

Findings from other consultation processes

Huon Valley Council Positive Ageing Strategy 2012

The Huon Valley Council Positive Ageing Strategy 2012 was developed following extensive community consultation by the Huon Valley Positive Ageing Advisory Committee with the assistance of consultant, Janine Combes of Community Focus.⁵⁴ The following summary is taken from the Positive Ageing Strategy document, available from huonvalley.tas.gov.au.

The Huon Valley Positive Ageing Strategy was developed during the period March to September 2012 in conjunction with the Positive Ageing Advisory Committee of Council. The process for developing the Strategy involved:

- Five community forums – one in each of the key townships across the Valley
- A stakeholder forum for service providers and community group representatives
- Fact Sheets
- Surveys
- Letters to community groups and stakeholders
- Regular Positive Ageing Advisory Committee meetings
- Opportunities for local residents to provide written responses
- A workshop with Councillors
- A draft Positive Ageing Strategy being made available for a level 4 public consultation during August 2012.

The key issues identified during the consultation process were:

- Opportunities for social contact (group and individual based)
- Feeling useful and valued
- The need for improved coordination and promotion of available transport options
- Information: knowing what services are available and who to contact for assistance
- Access to affordable, local educational opportunities
- Assistance to continue living at home

- Access to affordable, ongoing physical activity programs
- Access to health services
- Having local, affordable accommodation options for those who can no longer live at home.

Council on the Ageing (COTA) Key Issues for Older Tasmanians 2013 Community Consultations

In 2010-11, COTA distributed reply paid postcards to explore older Tasmanians' perceptions of social inclusion.⁵⁵ Between April 2010 and March 2011, 470 postcards were returned. The top five categories of issues identified as key for ageing in Tasmania were:

1. Health and wellbeing; e.g. eating a healthy diet, getting physical exercise, maintaining mental and physical health
2. Access to facilities and services; e.g. geographical barriers to facilities and services, insufficient provision of facilities and services
3. Social connections, family and friendships; e.g. feeling part of the community, combating loneliness
4. Transport; e.g. limited public transport availability, difficulties getting to healthcare appointments at appropriate times. Access to transport has a significant impact on the health and wellbeing of older people as they need to access social, cultural and recreational activities, health care and other service providers, shopping and a range of other activities, and as such has been prioritised by COTA, who conducted further consultations on public transport improvement in the Huon Valley in 2011.⁵⁶
5. Housing and home maintenance; e.g. support to stay in their own homes

Youth Interagency Network Collaborative Planning Session 2013

The Collaborative Planning Session of the Youth Interagency Network (YIN) in 2013 was facilitated by Huon Valley Council's Youth Services Coordinator Fiona Barrett, and by Simone Zell and Tanya Fitzpatrick from Pulse Youth Health South. Representatives of Huon Valley schools and youth organisations participated, as did student leaders from St James College to provide a youth voice. The group used a World Café workshop format to collect the ideas, perspectives and concerns of all participants and vote on the most important issues. The five priority issues identified for youth in the Huon Valley were:

1. Transport; Scarcity of transport options contributes to lack of access to local and Hobart services and after school activities, lack of access to year 11 and 12 and further education, unemployment.
2. Boredom; Attributed to lack of transport to after school activities, lack of engaging activities that interest older teens, lack of options in other areas outside Huonville, lack of a "hang out zone", lack of promotion of available options, cuts to Council Youth Services budget and less school holiday activities, poor attendance and reluctance to come to activities.
3. Alcohol, tobacco and other drugs; Increased by boredom and disengagement in other activities, family demographics and lack of role models or supportive family structure.
4. Lack of services; Challenges include servicing all young people over the distance of the Huon region and particularly outside Huonville, the lack of a youth centre, gap between high risk needs and the support to prevent high risk needs, no "in-between" preventative services for youth before their needs escalate, lack of services for young people with disabilities.
5. Promotion of services and access to services; Aside from transport issues, lack of effective communication and promotion about where to get advice and help.

Commission on Delivery of Health Services in Tasmania 2014 Community Consultations

The Commission hosted a range of community and consumer consultation activities from November 2012 to February 2014, to inform its recommendations to Australian Government and Tasmanian Government Health Ministers on ways to improve the Tasmanian health system.⁵⁷

Key priorities for action at a community/health provider level identified during the consultation were:

- Community engagement/communication – better communication channels between the community and service providers
- Communication between health services – improved communication between service providers to assist patients to move more easily through the system
- Integration of services – for improved coordination of patient health care and better patient pathways
- Preventive health – increasing public awareness of healthy lifestyle choices and health risk factors to reduce the incidence and burden of chronic health conditions
- Health literacy – improving access to up-to-date, useful health information.

TML Rural Primary Health Services

TML is supporting the Huon Valley in the delivery of rural primary health services. Resources are mainly used for foot care services in Geeveston, Dover and Huonville. Resources are also used for health promotion events and activities within the community. For example, seniors week and youth week are supported through these activities.

The experience of the Rural Primary Health Services team within TML is that staff are well engaged with the local community.

In the 2015-16 service delivery plan, the local community, auspiced by the Huon Valley Council, is intending to deliver similar services with the rural primary health resources that are available.

TML has identified transport to health services as a priority area with opportunities for innovation in service design into the future.

TML Streamlined Care Pathways Program 2015 Community Consultation

Tasmania Medicare Local (TML) Streamlined Care Pathways is undertaking a project titled *Integrated Models of Aged and Community Care* in the Huon Valley. This project has taken a community development approach working with local service integration issues and local solutions. The consultation phase of the project included 32 meetings with 57 health and community providers of 28 organisations, as well as formal and informal input from 16 consumers. A thematic analysis of the findings of this consultation was then discussed at a facilitated Round Table workshop in early 2015 with 26 participants, plus 3 NGO representatives and one General Practice Liaison Officer (GPLO). The resulting priorities for action and short/long term initiatives to address these are in Table 14.

Table 14: Priorities for developing integrated models for aged and community care for people in the Huon Valley

Priorities	Short term initiatives (by 30/6/2015)	Long term initiatives
1. Enhancing the evidence base	Update the Huon Valley Health Needs Study (Author GP Practice South 2010) and assist the evaluation of the Huon Valley Health and Wellbeing Project (this Report)	How does research influence strategy in the community – e.g. explore use of social media in communication of messages between providers and consumers
2. Communication and support for providers, consumers and carers	Enhance provider, consumer and carer health literacy - Development of health consumer self-management tools: Revisit current health information platform Consider the concept – “No door is the wrong door” – potential strategy, tools and training Develop a consumer health portfolio and service cards (post hospital contact information)	Communication system improvements including building capacity for secure electronic messaging between providers.
3. Creating the structural arrangements to support more coordinated care	Explore the Medical Home (Health and Wellbeing Home) – facilitated discussion of the concept, its structure, function and operations	Explore how can we influence funding cycles in a way that there can be an enhanced sustainability Explore the use of telehealth for consultations with the intent to increase its use Improve transfer of care information and processes for service providers <ul style="list-style-type: none"> • Flag the admission of rural clients to acute to trigger early discharge planning whilst client still in hospital that engages with the clients other service providers. • Acute system recording of details of other services providing care and sharing necessary information (with patient consent) with these providers in timely manner.

Implications of findings for Huon Valley health priorities

The available epidemiological data and results of consultations suggest that many of the priorities identified in the 2006 and 2010 needs assessments remain. The importance of other priorities has increased:

- Effective, locally based and comprehensive community transport services – the importance of this priority has increased since the 2006 and 2010 needs assessments according to the majority of stakeholders consulted;
- The care and support needs of older people living in the Huon Valley:
 - Increase independent living options for older people – a growing priority;
 - Provide increased day respite and centre-based respite services – this continues to be a priority.
- Comprehensive primary health care:
 - Stakeholders advocate for developing local service hubs in each community which can provide nurse clinics, General Practitioner services, allied health and health promotion programs as required – this is a growing priority since the 2006 and 2010 needs assessments;
 - Stakeholders advocate for improved access to public dental services for adults - the importance of this priority has increased since the 2006 and 2010 needs assessments according to the majority of stakeholders consulted;
 - Antenatal and postnatal care - high pregnancy complication rates in the Huon Valley, combined with high antenatal smoking and alcohol consumption rates and teenage pregnancy make good antenatal care an ongoing priority;
 - Child and Adolescent Mental Health service in the Huon – the importance of this priority was again identified by stakeholders and has been identified through the Tasmanian Government's health reforms as a state-wide issue;
 - The provision of comprehensive, professional family support services across the Huon Valley continues to be a priority.

Since the 2006 and 2010 needs assessments the following have become explicit priorities:

1. Improving coordination of care for people living with chronic conditions

A priority for the Huon Valley continues to be to improve the promotion of health and wellbeing services in the Huon Valley. However, the scope of this need has increased significantly since the 2006 and 2010 needs assessments. The median age of the population has increased, resulting in more people living in the Huon Valley living with chronic diseases.

Coordination of care refers to "the deliberate organisation of personnel and other resources in order to facilitate the appropriate delivery of health care services". Improved coordination and communication between service providers and to consumers reduces service duplication, improves utilisation of existing resources and assists both community members and service providers to better match client needs to available resources. Coordination activities are usually targeted to high-risk patients with a diverse combination of health, functional and social problems.

Improved systems for communication, planning and coordination between providers in the Huon Valley will result in better quality of care for people with chronic diseases and assists them to manage their health conditions and maintain their independence.

2. Addressing common lifestyle risk factors at all ages

Cardiovascular disease and cancer are the leading causes of death in the Huon Valley and significant causes of hospitalisation and health care among Huon Valley residents. Fortunately there is significant potential for prevention of cardiovascular disease and cancer, as well as for improving the health and wellbeing of residents affected by cardiovascular disease and cancer.

The lifestyle risk factors that contribute to cardiovascular disease and cancer include poor nutrition, physical inactivity, excess alcohol consumption, tobacco smoking, excess body weight and poor mental health. Lifestyle risk factors also worsen disease outcomes in people already affected by these illnesses. These risk factors also contribute to the other chronic diseases that affect the Huon Valley: diabetes, chronic respiratory diseases, and neurological and mental diseases.

Data specific to the residents of the Huon Valley and Tasmanian data more broadly demonstrate high rates of tobacco smoking, physical inactivity, poor nutrition and excess body weight in the population, and a significant number of Huon Valley residents consuming alcohol to excess. Poor nutrition and low levels of physical activity among children and young people are of particular concern. A range of strategies can be implemented at the community level to address these risk factors.

As noted in the previous health needs study:²

Efforts to improve health and well-being have multiple potential benefits for Huon Valley residents, including reducing deaths and hospitalisations associated with cardiovascular disease, cancer and other chronic diseases; improving health, quality of life and disease prognosis for many residents affected by chronic diseases; and improving health and wellbeing within the population in general.

3. Targeting health and wellbeing strategies to meet the specific needs of priority groups

Older people

Chronic disease, lifestyle risk factors and disability increase with increasing age.¹²

Programs to ensure that older residents of the Huon Valley can address their lifestyle risk factors for chronic disease and can maintain social contact, have access to transport where required, be linked to appropriate services and educational opportunities and receive assistance to continue living at home are important.

Men

The majority of the common lifestyle risk factors are more prevalent in men, in particular risky alcohol consumption, inadequate fruit and vegetable consumption, and overweight. Men are disproportionately affected by cancer, at least partially as a result of poorer health behaviours at every age, combined with less frequent health service attendance for screening and treatment. Injury is also a far more common cause of death among men than women. To be effective at a population level, health strategies must specifically target men's health.

Infants and pregnant women

Good infant and maternal health can have a significant positive impact on the future health and wellbeing of an individual.⁵⁸ Therefore, infant and maternal health is an important indicator of the health and wellbeing of a population. Complications associated with pregnancy remains a significant health issue affecting female Huon Valley residents. Tasmanian rates of smoking and alcohol use during pregnancy, and teenage fertility rates, remain well above national levels, Access to appropriate antenatal care, and prevention of teenage pregnancy are protective against poor outcomes associated with pregnancy, and should be prioritised. This includes

ensuring access to education, support and counselling for women during pregnancy and in the postnatal period.

Initiatives to improve parental health literacy are essential for improving the health and well-being of all young people. Providing parents with assistance in reading food labels, assisting them to comply with good health practices, and encouraging the use of 'reverse literacy', where improving children's knowledge and awareness can flow to improvements in the knowledge and awareness of their parents, are initiatives suggested to address this issue.

Early life events also play a powerful role in influencing later susceptibility to chronic conditions such as obesity, cardiovascular disease and type 2 diabetes. Obesity rates in children and young people are high. This will contribute to the development of cardiovascular disease, diabetes and some cancers in later life if not addressed. Intervening early, and successfully promoting health and well-being, will prevent in the future much of the chronic disease currently affecting older Huon Valley residents.

Children and young people

The areas for action identified in the previous health needs study remain valid:²

Focussing on the well-being of children in order to prevent illness and maximise health literacy and awareness is an important strategy for improving the health of the population in the Huon Valley overall. Initiatives to improve physical activity participation, encourage healthy nutrition, and improve the mental health of children were particularly emphasised as priority areas for action. The use of school gardens, healthy canteens, encouraging water intake instead of nutritionally poor beverages, and modelling healthy lifestyle behaviours are examples of initiatives that address these priorities.

In older children, especially those of high school age, initiatives to encourage sexual health and pregnancy prevention, drug and alcohol awareness, smoking prevention and cessation, and general health literacy are important for improving health and well-being into adulthood. Improving mental health and resilience in older children is also a priority area for improving health and well-being.

4. Improving socio-economic status

Socio-economic disadvantage is a significant risk factor for poor health. People who are socio-economically disadvantaged experience poorer health, a higher incidence of chronic conditions, and higher levels of health services usage.¹⁴ Smoking, physical inactivity, and adequate fruit consumption is associated with socio-economic status.

The Huon Valley has high levels of socio-economic disadvantage compared with Australia as a whole and even within Tasmania.

Strategies to improve socio-economic status should specifically target **education retention** and **job creation** as a priority in the Huon Valley, with a particular focus on people in the lowest socio-economic quintile.

Summary

In 2015 the priority areas where action to improve health and wellbeing in the Huon Valley is required are to:

1. Improve coordination of care for people living with chronic conditions;
2. Provide effective, locally based and comprehensive community transport services;
3. Address common lifestyle risk factors at all ages;
4. Target health and wellbeing strategies to meet the specific needs of priority groups;
5. Improve socio-economic status within the Huon Valley;
6. Meet the care and support needs of older people living in the Huon Valley; and
7. Provide comprehensive primary health care.

Appendix 2: Review of the Huon Valley Health and Wellbeing program coordinator position

The 2006 Health Needs Study identified a requirement for a dedicated position to be created in the Huon Valley, the purpose of which was to improve the promotion of health and community services in the Huon Valley and to coordinate a ‘whole of community’ approach to improving health and wellbeing.

This resulted in the creation of a Huon Valley Health and Wellbeing Coordinator position in mid-2011.

Funding for this position is now uncertain and has prompted this evaluation of the position in order to determine the need to secure funds to support the role into the future.

This evaluation provides a brief review of the Health and Wellbeing program, conducted through a desk review of program documentation and key informant interviews in March and April 2015. The 15 stakeholders consulted included current and previous coordinators, as well as representatives from Huon Eldercare, Huon Community Health Centre, Meals on Wheels, Huon LINC, Huon Valley Council, TML, THO-S and the HVSAC.

Funding context: Huon Valley Health Services grants program

The Huon Valley Health Services grants program was established in 2008 to expend the savings resulting from the reallocation of acute beds from Huon District Hospital. From 2008 to 2013, the Huon Valley Health Services Grants program provided approximately \$1.216 million to 108 projects. A full list of grants is in Attachment 1.

In summary, the majority of grants were for prevention and health promotion activities. The main target groups that were the focus of the grants were adolescent and young adults, and school-aged children (Table 1).

Table 1: Priority areas and target groups where grants were approved and funded

Priority area	Number of grants approved and funded
Prevention and health promotion	69 grants
Care and support for the elderly and those with chronic conditions or disability	17 grants
Provision of health services	20 grants
Transport	1 grant
Target group	Number of grants approved and funded
Adolescents and young adults	28 grants
School-aged children	36 grants
Infants	13 grants
Pregnant women	15 grants

Illustrative examples of the types of grants that were funded are provided at Box 1.

BOX 1

Women on Water (WOW). \$15,000 grant in 2011 to Franklin Ladies Rowing to improve physical and psychological health and wellbeing for women through engagement in water-based and foreshore activities.

The funding was to build a boat, pay for usage costs, implement a foreshore fitness program, and provide boating instruction in sailing, sculling, rowing.

From the external review of the grants program:¹

As a result of two grants the community now has up to 30 women rowing 2 days per week. Previously there were none. Of the 30 women there are 8 Master Rowers who provide training for new participants. Up to 40 people meet each week to build and repair boats improving community cohesion and reducing social isolation. The benefits of which are immeasurable. The program linked into the Huon Valley sailing clubs and have revitalised these clubs. This provided a high level of sustainability for both the programs and clubs. The programs have also exposed school children to a safe water sport and provided the opportunity to educate them regards water safety.

GymAbility. \$5,500 grant in 2012 and \$15,000 grant in 2013 to Huon Valley Police and Community Youth Club to implement a perceptual motor program for young people.

The funding was to purchase equipment for the gym, and a community bus to provide transport to the HVPCYC for participants in the program, as well as outreach for those previously unable to take part in programs.

From the external review of the grants program:¹

Another recent grant funded was the 'Gymability' program designed to assist the physical development of children with a disability. It now attracts approximately 100 young people, both disabled and non-disabled, over the week. It improves cognitive development and dramatically increases physical activity participation rates amongst the Huon Valley's youth.

In January 2014, the grants program was suspended, and an external review was commissioned. Of the \$200,000 allocated for 2013-14, \$96,464 had been committed in the September-December 2013 grants round. The remaining \$103,536 was to be held in reserve by Tasmanian Health Organisation – South (THO-S) pending the results of the review.

The external review was finalised in September 2014, and found that it was a well-managed, successful program focused on the health and wellbeing needs of the Huon Valley community.¹ Major impacts were listed as improved community cohesion, increased individual physical activity participation rates, and improved health literacy rates particularly related to the importance of good nutrition. The executive summary of the evaluation report is provided at Attachment 2.

THO-S advised in September 2014 that \$200,000 would be made available to continue the grants program in 2014-15, but that the release of funding would be delayed until such time as health priorities for the Huon Valley were agreed, and that the 2013-14 amount held in reserve by THO-S would no longer be available to be rolled forward. The HVHSAC were advised that THO-S would provide them with clearer guidance following a planning workshop with Tasmanian Medicare Local (TML) to agree on health priorities for the south in October 2014.

To date, the HVHSAC have received no further communication from THO-S, and the funding has not been released. The future of the grants program and the health and wellbeing liaison officer position are therefore uncertain.

Establishment of the Huon Valley Health and Wellbeing coordinator role

In the 2010 Huon Valley Health Needs Study Review, GP South recommended that *“The most urgent priority that remains to be addressed from the 2006 Health Needs Study is the need for a dedicated position to improve the promotion of health and community services in the Huon Valley, and to coordinate a “whole of community” approach to improving health and well-being.”* As a result, the HVHSAC established the Huon Valley Health and Wellbeing coordinator role and advertised for a local organisation to auspice the position.

Huon Eldercare successfully applied and received funding for the position and associated costs under the Huon Valley Health Services Grant program, initially for a period of two years.

In February 2014, the position was recommended to be renewed until June 2015, with contributions from Huon Eldercare to the position costs.

The cost of the Health and Wellbeing program is the employment cost for this position (0.6 FTE), plus a small amount for website design and maintenance, and costs associated with meetings.

Aims, responsibilities and priority areas of the coordinator role

As identified in the 2010 Health Needs Study update, the position was required to provide a number of functions:²

- To improve communication to Huon Valley residents regarding health and well-being services and programs available and how these can be accessed;
- To act as an access point to whom providers can refer community members for information;
- To improve coordination of activities between existing service providers to reduce duplication of health and well-being activities and services;
- To facilitate networking between providers;
- To support advocacy at State and Federal government level to improve access to services for Huon Valley residents;
- To prepare funding submissions and grant applications to attract further health and well-being resources to the Huon Valley community; and
- To coordinate the collection of data regarding health priorities for the Huon Valley to ensure local service providers are better informed regarding health needs and have the information required to be responsive to these needs.

These were translated by the HVHSAC into position objectives for recruitment of the Coordinator (Table 2).

Table 2: Huon Valley Health and Wellbeing Coordinator: position objectives and performance indicators

Position objectives (as per position description)	Performance indicators	
	Outputs	Outcomes
1. Improve access by residents to illness prevention, health promotion and well-being services and programs in the Huon.	Website usage statistics Number of meetings/forums attended and organisations or providers contacted Meetings coordinated and attendee numbers at meetings	Feedback from providers
2. Improve access by all individuals and groups to health and community services in the Huon.		
3. Improve communication and <u>partnerships</u> , between health and community service providers.		
4. Increase the number, effectiveness and sustainability of health and wellbeing programs in the Huon.		

Key responsibilities of the role as listed in the position description are to:

1. Identify the key health and wellbeing stakeholders and assets of the community and their function; including community groups, community leaders, facilities, equipment etc.
2. Develop and distribute information regarding available health and well-being services and programs to Huon Valley residents and service providers:
 - a. Identify and promote key information access points, to which providers can refer community members;
 - b. Assist in the initial establishment and collation of information for the Huon Valley Health and Wellbeing Database (a database of services, activities, programs, assets and initiatives, that are available to the Huon Valley resident);
 - c. Once established, maintain and promote up-to-date information via a website and in hard copy.
3. Explore strategies about how social determinants of health may be addressed by service providers in the Huon.
4. Find, collate and disseminate relevant research regarding health and wellbeing priorities for the Huon Valley, to relevant groups and individuals.
5. Improve communication with service providers and community members through the facilitation of regular networking opportunities.
6. Inform the community of funding submissions and grant applications to attract further health and well-being resources to the Huon Valley community.
7. Provide a written report on a monthly basis to the committee, and a verbal report at least quarterly or as requested.

The priority areas for the position were as identified in the needs assessment,² namely settings-based health and well-being action, including in schools, child care facilities, and workplaces, and

health and well-being action with key target groups, including adolescents and young adults, school-aged children, infants, and pregnant women.

The position is based at Huon Eldercare in Franklin, and reports to the Director of Nursing, as well as being required to provide regular updates to the HVHSAC.

The position has had a large degree of autonomy to determine program activities and focus. However, with the suspension of funding for the Huon Valley Health Services grants program, the HVHSAC has not met regularly, and has been unable to provide strategic guidance during the tenure of the current Coordinator. As such, the position may benefit from greater integration within the auspicing institution, and/or a revised governance structure.

Program activities and outputs

The core activities facilitated by the program/position are described in brief below:

Health and Wellbeing website

The website is a key information access point to which service providers can refer community members. It is also for establishing and collating information for services, activities, programs and initiatives. The website is currently being refreshed to improve useability, for re-launch in April 2015. The new website will have a greater capacity to record analytics to analyse usage. Prior to redevelopment of the website, in February 2014, there were 141 registered users and between 17 and 80 viewers at any time during business hours. By the time of the re-launch in April 2015, there were 171 services listed on the website. As noted by stakeholders in section 3.4 below, while the website is being used by the general community, it is currently most valuable as an information resource for service providers working in the Huon. In her report to the HVHSAC in February 2014, the previous Coordinator noted that this prevents doubling up of services, increases partnerships and finding effective local avenues for health promotion.

Service provider networks

The Coordinator maintains an up-to-date distribution list of service providers for (approximately) monthly e-newsletters to share information on upcoming events, new services, and funding opportunities. There were 254 members of the service provider network in April 2015. These are divided into interest groups, so relevant information can be sent only to those who may be interested in it.

The Coordinator pro-actively contacts and meets with new and existing service providers, to maintain a comprehensive understanding of health and wellbeing activities in the Huon Valley and ensure the website is up-to-date. For example, since commencing in the position in mid-2014, the current Coordinator personally visited and met with 36 local schools and service providers, and attended meetings and fora such as the Huon Practice Nurses Network, the State Health Service Public Forum, and the Huon Valley Business Breakfast, to share information and report back to the service provider network. It is these personal contacts and strong relationships which stakeholders report as being one of the key assets of the position (see below).

A brief survey of service providers was conducted by the Health and Wellbeing Coordinator in December 2014 to February 2015, with 24 responses (approx. 10% response rate). The most important functions of the position identified by respondents were having a central "go-to" person for health and wellbeing information, maintaining up-to-date information/contacts for services, and communicating information on grants/events. Several respondents highlighted the services, organisation or programs that they had become aware of through the Health and Wellbeing program.

Service provider networking lunches

These are held monthly, rotating between towns of the Huon Valley and hosted by local organisations. Different organisations attend each time, but there are generally over 20 services

and organisations in attendance, most local, but some from Hobart. The lunches generally involve a presentation on a health and wellbeing topic of local interest, as well as time for informal networking over lunch. Having different local organisations host the lunches also allows them to showcase their facilities and programs to other service providers, facilitating referrals and potentially attracted new services or projects.

The organisations listed in February 2014 as participating most frequently in the networking lunches were: SETAC Primary Health & Wellbeing Centre, Huon Valley Council Rural Health & Health Promotion, Huon Valley Council Childrens' Services (Child Care Links), Tasmanian Health Org South Health Promotion, Health Promotion Cygnet Community Health Centre, GeCo Geeveston Community Centre, Bushfire Alert Phone Tree Program, The Parkside Foundation, Parish of the Huon, Anglicare, Cygnet U3A & Huonville Probus, White Lion, Carers Tasmania, Advocacy Tasmania, Cancer Council Tasmania, Huon Domestic Violence Services, Bapcare, Rural Alive & Well, Abbeyfield House, CBS South, Melanoma Patients Australia, and Standby Response Service.

Youth Interagency Network

The Youth Interagency Network (YIN) was initiated in 2013, and grew to include over 50 individual service providers. As explained by the Huon Valley Council Youth Services Coordinator (see Attachment 3), the YIN meetings provide a forum for southern Tasmanian non-government and government youth service providers to network across the Huon Valley region, advocate on behalf of young people, identify goals and coordinate actions in response to and with young people.

A YIN forum in 2013 resulted in the formation of collaborative working groups to address the top five issues that affect youth in the Huon Valley.

Program outcomes

The coordinator position has been successful in improving the sharing of information between providers in the Huon Valley.

Stakeholders who were interviewed for this evaluation were generally positive about the role played by the coordinator to connect service providers and address a range of issues, as well as acting as a first point of call for information and networking for organisations considering health-related projects in the Valley. The position was identified as a key strength of the Huon Valley, in a discussion with a group of key stakeholders to contribute to updating health priorities for the Valley. This is consistent with feedback previously obtained for the 2014 Huon Valley Health and Wellbeing Program (see Attachment 3).

Specific outcomes identified by stakeholders include the following:

- The role has achieved cohesiveness among service providers from different organisations, including cases where there had historically been difficulties in working together. Bringing people together physically at service provider lunches and the Youth Interagency Network, particularly including unstructured time for networking over lunch or tea/coffee, promotes information exchange, facilitates networking for collaborative work, and builds trust between providers.
- The role and website provide a systematic way of sharing information. Previously, information about available services was often only transmitted through word of mouth. Those with poorer access to these channels were disadvantaged.
- Funding for many service providers is tightly linked to service delivery. Playing a coordination role across organisations is seen as impossible for many within the constraints of their position descriptions, agency priorities, or key deliverables. Stakeholders interviewed valued the Health and Wellbeing Coordinator role because it fills a perceived

need for the Valley that they would find difficult to replace within the constraints of their own organisations/positions.

- The website currently functions principally as a resource for service providers. Stakeholders reported that as a result of the website being established, service providers now use it to refer clients to locally available services that they previously were unaware of. They also refer clients to it when requested for information about local services (particularly the case for those working in LINC).
- The service providers' lunches are a way for new service providers to quickly become known in the local area, and to get to know other local service providers for referral and networking. One stakeholder attributed her ability to become fully operational in her new role within 6 months after moving (back) to the Huon Valley to the connections made at service provider lunches and the information provided on the website.
- The website is a valuable resource for people moving to the Valley. Stakeholders reported that service providers often reported that they promoted their services to the community, for example with sign boards or advertisements, but in fact many of these were things that had happened in the past, and were therefore not available to new arrivals. The website provides an updated source of information for old and new residents.
- Organisations external to the Valley that are considering establishing programs in the Valley now use the Health and Wellbeing Coordinator as a first point of call for information on local services, and assistance with promotion and coordination of activities. A recent example is the TML Streamlined Care Pathways Program, which identified the Huon Valley Health and Wellbeing Project as an existing local platform that could be utilised to support sustainable service integration in the region when commencing their *Integrated Models of Aged and Community Care* project.

Summary

There is an ongoing need for the Huon Valley Health and Wellbeing Coordinator position! The priorities of the role into the future are twofold – to continue improve communication and partnerships between health and community service providers; and to increase the number, effectiveness and sustainability of programs in the Huon Valley.

Improving communication and partnerships between health and community service providers

The Huon Valley Health and Wellbeing Coordinator position fulfils a need repeatedly expressed in local community consultations for coordination and information sharing between service providers in the Valley. The role should therefore continue. Partnerships between local providers are strengthened through the role and the efficiency of services is improved, which has a direct impact on health by making the best use of different but complementary resources.⁵⁹

The original rationale for establishing the coordinator role remains valid. This was stated in the 2010 update of the Health Needs Study as follows:

“Many of the services currently available in the Huon Valley are not utilised to their full capacity, in part because community members are unaware of the service, or because other service providers lack awareness of services, therefore do not refer their clients to them. Further, many health and well-being activities, such as educational events, in the Huon Valley are not accessed by community members due to difficulty marketing these activities appropriately.

“Poor communication also leads to duplication of activities. For example, a number of walking groups have been established in the Huon Valley within close geographical proximity to each other and operating on similar days and times of the week. Improved awareness of other services’

activities will assist services to select and schedule activities that complement rather than compete with other services.²

This was reiterated in subsequent community consultations in the Huon Valley conducted by a variety of organisations. In particular, the Huon Valley Council's 2012 community consultation for their Positive Ageing Strategy identified 'knowing what services are available and who to contact for assistance' as one of the key issues for older people in the Huon Valley.⁵⁴ Rather than a lack of services in the valley, one community participant in the consultation encapsulated the issue being that "Mostly I think people just don't know about the services that are available." The Youth Interagency Network also identified lack of promotion of available options as a contributor to boredom in young people (which in turn increases other issues, such as alcohol, tobacco and other drugs).

Several of the key priorities identified in the Commission on Delivery of Health Services in Tasmania 2014 community consultations also related to improving communications between the community and service providers, and between service providers.⁵⁷ These were echoed in the most recent consultations conducted by the TML *Integrated Models of Aged and Community Care* project, resulting in prioritising activities to promote communication and support for providers, consumers and carers.

Increasing the number, effectiveness and sustainability of programs in the Valley

One of the needs identified in the 2010 Health Needs Assessment update was a person 'to prepare funding submissions and grant applications to attract further health and well-being resources to the Huon Valley community'. Given the coordinator position was only funded at 0.6 FTE, this was not included in the position description, which instead was limited in this area to informing the community about available funding.

Both the current and former coordinator and other stakeholders interviewed identified preparing funding submissions and grant applications to attract further resources as an ongoing need in the community as, even when aware of available grants, many service providers do not have experience in completing applications, and have no time allocated within their working hours for this type of activity.

This should not be interpreted as a failure of the coordinator role to attract resources to the Huon Valley. Rather, the impact of the role in increasing community capacity has led to resources being attracted to the Huon Valley, rather than through funding submissions and grants per se.

Community capacity is complex and dynamic,^{60, 61} and defined in a variety of ways. Indicators to evaluate community capacity to deliver regional and national health promotion activities commonly identify dimensions including opportunities and mechanisms for knowledge transfer, infrastructure (including staff expertise and availability) and strength of network partnerships as core aspects of community capacity.⁶²⁻⁶⁴

The community capacity embodied by the Huon Valley Health and Wellbeing program and associated coordinator position has been a key factor influencing decisions to locate programs in the Huon Valley. For example, in addition to the TML *Integrated Models of Aged and Community Care* case mentioned above, Edmund Rice Camps, Executive Officer Andrew Blackett, stated that their decision was made to hold their first major camp with a "whole of community approach" in the Huon Valley purely because the resources and connections of the Youth Interagency Network were there to draw upon.

However, attracting funding and resources should be a more explicit priority for the role into the future. Preparing funding submissions and grant applications to attract further resources to meet the needs of the community should be included in the day-to-day duties of the role.

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Attachments

Attachment 1: Grants approved by the HVHSAC 2009-2013

No	Organisation or Group	Title of Project	Amount	Summary
2008/2009 Small grants				
SG1/09	Huonville Lions Football Club	First Aid & Training Development	\$1,500	Funding for a scoop to get patients off the field when injured
SG2/09	Cygnets Bowls Club	Barefoot Bowls	\$3,000	Purchase of lawn bowls and advertising
SG6/09	Geeveston Community Centre	Top of the Pops	\$4,200	Celebrate fathers on a week by week basis by a TOP OF THE POPS award
SG7/09	Cygnets MOW Assoc Tas	National MOW Conference	\$1,050	A representative from MOW to attend the National Conference
SG8/09	Cygnets Community Arts Council	Life Dancing	\$3,910	Series of dance/movement classes for Seniors Classes
SG9/09	Glen Huon School Assoc Inc	Developing a Community Garden	\$5,000	To establish a large community garden for students and parents to work together in learning more about production of health foods
SG10/09	Huon Valley Council Youth Service	Young Mums Rock	\$4,000	Provide young women under 25 that are pregnant the opportunity to meet on a regular basis
SG11/09	Tas Polytechnic Hobart Campus/Huon	Huon LINC Breakfast Club	\$4,800	Breakfast club at Huon LINC for 10 weeks during winter
SG13/09	Cancer Council Tas	Huon Cancer Support	\$4,942	To establish a locally based, easily recognisable and accessible point of contact for people affected by cancer
SG15/09	Family & Adult Literacy	Writing & Grammar Support Group	\$3,630	To provide English writing and grammar classes for students to enhance their training and provide a learning pathway
SG16/09	Huon Valley Respite	Client Focus	\$5,000	Arm chairs for frail aged, TV, digital camera, video camera, sound system, kitchen equipment
SG18/09	Asthma Foundation	Anaphylaxis Awareness	\$2,000	To train 40 school staff members and child carers in the nationally accredited course Anaphylaxis Awareness
SG19/09	St James Catholic College	Power Of One	\$888	A skit based anti bullying performance for children at the school
SG20/09	St James Catholic College	Yoga for year 9 and 10	\$2,135	To introduce students to the practice of yoga as a form of relaxation
SG23/09	Geeveston District High School	Primary Soccer	\$3,500	To provide structured soccer practice and games during recess and lunchtimes
2008/2009 Large grants				
LG3/09	National Heart Foundation (Tasmania)	Heart Foundation Walking	\$5,115	A network of free community based walking groups with local volunteer walk organisers that lead groups
LG4/09	Grow (Tas)	Growing in Community	\$22,365	To establish and maintain mutual self help GROW groups addressing the needs of people experiencing a wide range of mental health and relationship concerns

No	Organisation or Group	Title of Project	Amount	Summary
LG5/09	Sustainable Living Tasmania	Save Money, Stay Warm	\$20,000	Disseminate information and resources to low income households about low costs measures to improve their home energy. Conduct audits and support necessary changes to households
LG6/09	Rotary Club of Huon Valley	Huon Valley PCYC - First Aid Room	\$8,254	Fitout for a first aid room and resources
LG7/09	Carers Association of Tasmania	Huon Valley - Early Caring Support Program (Phase 1)	\$12,661	Program about providing new carers with a worker who will be a reference point of support, information and problem solving throughout the first 2 years of their caring role
LG8/09	Tasmanian Ambulance Service	Automated External Defibrillator Cockle Creek	\$5,170	Placement of an automated external defibrillator at the Rangers Station Cockle Creek
LG9/09	Tasmanian Ambulance Service	Automated External Defibrillator Hastings Cave and Pool	\$9,292	Placement of an automated external defibrillator at the Rangers Station Hastings Cave
LG10/09	Holyoake	Drumbeat Outreach - Huonville	\$10,808	Early intervention music therapy program to target a range of risk factors that are implicated in negative health and social outcomes for young people, including drug and alcohol misuse
LG12/09	Aspire: A Pathway to Mental Health	Equispire for Women in the Huon	\$15,000	Improve the wellbeing of women with significant physical/health problems which pose a barrier to social inclusion.
LG14/09	Huon Valley Council	Huon Seniors Swim and Gym Outreach Program	\$13,680	Program for seniors who have health related conditions and have been referred by their doctor to participate in a specific exercise program.
LG16/09	Tasmanian Ambulance Service	1st Responder equipment for Dover and Geeveston	\$6,938	Creation of a community based emergency support system in the Dover - Geeveston area using members of the public to attend to life threatening medical emergencies in these areas.
LG17/09	Rotary Club of Huon Valley	Health Needs Study	\$70,717	Engage a professional consultant to research local, state and national data repositories to provide statistical evidence to support the priorities identified in the Study.
2009/2010 Small grants				
SG1/10	Dover District High School Early Learning Centre	Breakfast Club	\$4,960	A breakfast club to provide a health choice of nutritious food for children between the ages of 4 and 10 years in order to start the day in a sustainable and health way.
SG2/10	Cardiac Rehab. Group & Practice Devel. Unit	Cardiac Rehabilitation in the Community	\$4,757	A seven week program for cardiac rehabilitation to be delivered to Huon Valley residents.

No	Organisation or Group	Title of Project	Amount	Summary
SG3/10	Abbeyfield Huon Valley Inc	Get Out and Get Active with a Raised Vegetable Garden	\$4,802	Residents of Abbeyfield to involve themselves in vegetable gardening. Raised garden beds and rabbit proof fencing to be provided.
SG4/10	Conservation Volunteers Aust	Green Gym Pilot Program in the Huon	\$4,940	A pilot program designed to increase community awareness of the value of safe and structured exercises both at a personal level (targeted at the individual's capacity) and enhanced community and environmental amenity.
SG5/10	Dover Kids Recreation Inc.	Dover Foreshore Playground	\$5,000	To erect a safety fence around a newly built playground, to ensure all children will have a safety buffer from the road and safe and secure play area.
SG6/10	Huon Valley Council's Youth Services	School Holiday Program	\$4,453	A school holiday program that will provide young people with the opportunity to participate in a range of supervised, structured and attractive activities matched to their needs.
SG7/10	Huon Cluster of Seven Schools (Glen Huon School)	Swiftsure Regatta and Training Program	\$5,000	Students from the seven Huon Valley government schools are given rowing training in the wooden Grebes and to sail in the annual Swiftsure Regatta.
SG8/10	Continuing Education & Training Committee of Huon	Eat Well for Less	\$2,350	A project working with adults of all ages, including single men, to increase their awareness of the value of eating fresh health food and how to budget for healthy meals.
SG9/10	Family & Adult Literacy Huon LINC	Stitched in Time	\$4,750	Community older women will tell a story of their past in written and visual representation (with textiles). When completed the art piece will tour the Huon community.
SG10/10	Huon Valley Council	First Aid 4 Seniors	\$3,810	Council to operate a First Aid 4 Seniors Course with small groups of participants with a qualified instructor at various loations within the Huon Valley.
SG11/10	Huon Valley Council	Healthy Bones - Let's Chat & Check	\$4,620	Chat and Check sessions in four main towns of the Huon Valley which will include sessions from Arthritis Tasmania who will provide information on arthritis, osteoporosis and associated conditions and the importance of eating right to support healthy bones.
SG12/10	Port Cygnet Sailing Club Inc	Junior Sail Training Program	\$4,944	Students from schools to participate in a sailing program helping them to have an enhanced understanding and appreciation of water safety.
SG13/10	Tasmanian Polytechnic Hobart Campus/ Huon LINC	Art for Mental Health	\$5,000	Regular art activities to be included in the program at the Polytechnic at Huon LINC as a means of promoting mental health and general wellbeing.
2009/2010 Large grants				

No	Organisation or Group	Title of Project	Amount	Summary
LG02/10	Huon LINC	Breakfast Club	\$7,324	Breakfast club at Huon LINC during terms 2 and 3 2010
LG04/10	Huon Valley Council	Ultrasound Diagnostic Service at Geeveston Medical Centre	\$27,115	Purchase of an ultrasound machine and attachments to aid the diagnosis of a range of medical conditions and also a backup generator to allow the ongoing provision of medical and diagnostic services in the event of power outages.
LG07/10	Arthritis Tasmania	Strength for Living	\$77,000	A 12 month project to establish sustainable strength training programs for adults living in the Huon Valley. The intention is that participants would gain sufficient skills through their participation to safely continue strengthening exercises at home.
LG08/10	Australian Red Cross Society	Save a Mate Training	\$7,700	Red Cross to deliver save-a-mate training courses to at risk young people who live in the Huon Valley.
LG09/10	Geeveston Mum's Playgroup	Children's Toy & Story Book Library	\$6,830	To provide for all young families particularly disadvantaged families in the Geeveston area to have access to quality educational toys which promote a variety of developmental skills including cognitive and speech development, numeracy and literacy, gross and fine motor skills.
LG10/10	Huon Eldercare	Visiting Specialists Chair	\$5,500	Purchase of a multifunctional examination chair that converts to an examination bed, with mechanical hoist.
LG15/10	Asthma Foundation of Tasmania	Specialised course in asthma for health professionals	\$6,316	The course specifically caters to nurses charged with the responsibility of asthma management in clinical and community settings.
2010/2011 Small grants				
SG1	Glen Huon Primary School	Eat for Life	\$4,546	To establish a community culture of healthy eating and good nutrition by providing an opportunity for local people to buy fresh produce at a local weekly farmers market to coincide with the end of the school day and by commencing cooking classes for students and community members.
SG2	Sexual Assault Support Service	Learning about informed consent	\$3,442	To provide all teaching staff the opportunity to develop skills in relation to sexual activity, sexual assault.
SG3	Huon Valley Council	LEAP	\$4,500	A project that targets young people who are grade six students and entering high school and grade ten leavers going on to further education
SG6	St James Catholic College	Yoga for year 9 and 10	\$1,922	To introduce students to the practice of yoga as a form of relaxation
SG7	Cygnets Community	Lunchbox Lessons	\$273	Information session on promoting healthy lunchboxes and eating for children

No	Organisation or Group	Title of Project	Amount	Summary
	Childrens Centre Inc			
SG8	Headway Rebuilding Lives	ABI Support and Training Group	\$3,851	The proposal is to develop social and skills development opportunities for people with an acquired brain injury and to provide them with skills to gain employment within the community.
SG9	Huon Community Health Centre	Huon Valley Cardiac Rehab Program	\$1,920	The project is to provide an ongoing Cardiac Rehab Program for residents in the Huon Valley
SG10	Geeveston Community Centre Inc	The Community Pantry	\$2,000	To assist economically disadvantaged families in our area with regular food parcels from a food pantry at the community centre.
SG11	Huon LINC	Healthy Treasures Project	\$3,205	The program is aimed at encouraging social interaction with parents and carers to make them feel comfortable in the school environment, encouraging cross-generational learning.
SG12	Cygnnet Better Futures Inc	Health and Wellbeing through Creative Paper Art	\$4,780	To run creative courses for people within the community who experience social isolation, suffer chronic pain, MS, bipolar illness, cancer and mental illness.
SG14	Dover RSL Bowls Club Inc	Workplace Level 2 First Aid Training	\$4,700	Workplace Level 2 First Aid Training for 10 bowling members plus the purchase of a defibrillator
SG15	Geeveston Bowls Club Inc	Retractable Sun Shade Shelters	\$3,662	The erection of retractable sun shade shelters around the bowling greens.
2010/2011 Large grants				
LG01	Huon LINC	Mental Health First Aid Training	\$10,430	To provide Mental Health First Aid training to members of the Huon Valley Community, to assist them to recognise, support and understand the issues surrounding mental health and how they can support affected members of their family and community
LG02	Holyoake	Drumbeat	\$8,866	An intervention music therapy program designed to target a range of risk factors implicated in negative health and social outcomes for young people, including drug and alcohol misuse.
LG03	Geeveston District High School	Water Reticulation System and Hothouse for School/ Community Garden	\$8,100	Construction of an underground reticulated water supply for the school vegetable garden and the community garden that is now under development. Also intends to construct a hot house for the propagation of seedlings.
LG06	Franklin Primary School	Launching into Learning	\$7,276	Playgroup specifically for boys.
LG07	Dover District High School	Dover District High School	\$9,408	A weekly gymnastics, dance and gross motor program for children (and their parents) aged 18 months to 5 years.

No	Organisation or Group	Title of Project	Amount	Summary
		Early Learning Centre		
LG09	Living Boat Trust Inc	On the Water Program (OWP) - Healthy Eating	\$8,052	Aims to get young people into the open air. The purpose is to complement the exercise and skills aspects with some real understanding of the impact that nutrition has on short term performance and long term health.
LG11	Hobart College Academy	Outdoor Adventures	\$12,400	Regular outdoor activities to be included in the Year 11 and 12 program and aimed at creating healthy lifestyle choices for adolescents.
LG12	Balfour House Artists Run Initiative/ Cygnet Better Futures	Cygnets 3D - Another Dimension	\$10,000	Through consultation with schools and community groups, at-risk youth will be identified and consulted about attending a series of workshops to help them interpret their relationship with the community through visual media enabling them to produce 3D photographic work culminating in an arts trail through Cygnet.
LG13	Huon Community & Health Centre	Automated External Defibrillators	\$11,000	Purchase an automated external defibrillator, education of all staff within the CHC, maintain yearly updates and competencies.
2011/2012 Large grants				
04/2011	Dover District High School	Community First Aid Course	\$3,100	First Aid course for 10 school students and 10 community members
05/2011	Huonville Primary School	Huonville Primary School Veggie Garden	\$3,000	Establishing a vegetable garden - preparation, garden beds, paths, fence at Huonville Primary
06/2011	Franklin Ladies Rowing	Women on Water (WOW)	\$15,000	The physical and psychological health and wellbeing for women through engagement in water-based and foreshore activities
07/2011	Glen Huon Primary School Association	Glen Huon Breakfast Club	\$5,000	Breakfast program
10/2011	Port Cygnet Lions Club	Port Cygnet Lions Club Fun Run	\$1,200	Fun run and barbecue
11/2011	Huon Community Health Centre	Huon Valley Cardiac Rehabilitation Program 2012	\$2,287	A Cardiac Rehabilitation Program to service Huon Valley residents
13/2011	Sexual Assault Support Service Inc (SASS)	Ethical Sexual Attitudes	\$10,000	Ethical sexual attitudes - workshops for year 9 and 10 students
14/2011	Whitelion Incorporated	Whitelion At-Risk Youth Mentoring Program	\$40,000	Mentoring program to target young people at risk of becoming involved in criminal activity
15/2011	Cygnets Primary School Association	Cygnets Primary School	\$5,000	Providing food to children who do not get energy or nutrition before school

No	Organisation or Group	Title of Project	Amount	Summary
		Breakfast Program		
16/2011	Huonville High School	Huonville High Kitchen Garden	\$3,000	Showing students how produce can be cultivated and used within the framework of the School's Food Studies to create healthy foods
17/2011	Geeveston Child & Family Care	Huon Valley Volunteer Home Visiting Program	\$46,036	Training and supporting local parents to provide weekly visits to assist parents in becoming confident in their parenting role
18/2011	Huon Valley Council Youth Service	Ripple Effex	\$5,600	Deliver a series of peer led health initiatives creating a ripple effect of positive health promotion
19/2011	Huon Valley Police & Community Youth Club	Perceptual Motor Program for Young People - GymAbility	\$55,000	A perceptual motor program for young people with disabilities
22/2011	Huon Domestic Violence Service	SAFE SPACE in the Huon	\$1,033	Purchase of counselling resources for use with children and young people accessing SAFE SPACE counselling
24/2011	Headway Support Services	Language of Colour Experiential Workshop	\$5,000	To develop social, emotional and skill development opportunities to people with an acquired brain injury
2012/2013				
01/2012	Dover District High School	Little Chefs	\$3,370	A family based, parent and child cooking and nutrition program for children and parents to come together to prepare, cook and eat healthy recipes in a friendly, social environment using sustainable, local, fresh and healthy produce
02/2012	Cygnnet Community Children's Centre	Growing Together: working with parents	\$4,910	A 2 parent partnership program which encourages reflective parenting offering a framework for working with parents to document young children's learning through filming and diaries
09/2012	wayraparattee Child and Family Centre Geeveston	Huon Valley Volunteer Family Support Program	\$48,247	A multifaceted project to continue to train and support local volunteers to provide weekly visits to assist parents to become more confident in their parenting role
11/2012	Parents and Friends of Cygnnet Primary School	Nutrition Project	\$8,750	A cooking program for all grades and a low maintenance fruit garden
13/2012	Whitelion Incorporated	Whitelion At-Risk Youth Mentoring Program - Huon Valley	\$15,000	Vulnerable young people are matched with appropriately screened, trained and support volunteer mentors
14/2012	Kickstart Arts Incorporated	The Geeveston Happiness Project	\$38,500	A project to support families, including fathers and male caregivers to share time with their children and families and develop relationship skills through working together on a creative project including film making, drawing,

No	Organisation or Group	Title of Project	Amount	Summary
				collage, animations and music production
17/2012	Huon Valley Police & Community Youth Club	Perceptual Motor Program for Young People - GymAbility	\$5,500	A perceptual motor program for young people with disabilities
	Huon Eldercare			Health and Wellbeing coordinator
01/2013	Early Support for Parents	Volunteers in the Huon Valley	\$5,927	To promote the benefits of volunteering in family support in the Huon Valley. Aim is to provide training and support to those volunteering and to increase community connectiveness.
03/2013	The Parkside Foundation	Seniors and their Carers Health and Wellbeing	\$6,385	Three one day Saturday workshops to promote personal health and wellbeing management among the carers of aged people to enable them to sustain themselves in their caring role.
05/2013	Port Cygnet Sailing Club	Building and Rowing a St Ayles Skiff at Port Cygnet	\$14,233	For seniors and people in the working aged group especially men to build a St Ayles skiff so that it can be used on Port Cygnet by the community
06/2013	Cygnet Better Futures Inc	Pilates for Pregnancy	\$4,110	A weekly pilates class for pregnant women
07/2013	Tassal Group Limited	Changing lives by improving health awareness and education	\$15,000	Focussing on improved diet, increased physical activity, smoking cessation, alcohol and other drug education, general health awareness
08/2013	wayraparattee Child and Family Centre Geeveston	Pregnancy Exercise classes	\$4,242	A range of regular activities enabling pregnant women to participate in suitable activities promoting health and wellbeing in mother and foetus
09/2013	Huon Eldercare Inc.	Eating with Friends Respite Project	\$7,619	Improving health and wellbeing of older people who wish to age at home and may be at risk of being disadvantaged by loneliness, isolation or dementia
11/2013	PCYC	Purchase of Community bus	\$15,000	To purchase a second hand bus to provide transport to the HVPCYC for participants in our Youth at Risk and Gymability programs, as well as outreach for those who are currently unable to take part in any of our programs.
2013/2014				
01/2014	Parents and Friends Association	Professional PA System	\$5,401	To purchase and install a professional level PA system
02/2014	Huon Valley Council	Water Safe and Water Sound, Water Fun all Year Round	\$14,419	To increase kids' water safety and awareness through a practical water awareness weekend and swimming lessons

No	Organisation or Group	Title of Project	Amount	Summary
03/2014	Huon Community Health Centre	Wired for Health	\$10,035	A contemporary health program offered to year 9 students to spend a day engaging in a number of interactive workshops facilitated by local health workers
04/2014	Port Cygnet Sailing Club	Huon Youth Building/ Sailing/Rowing	\$13,000	Aimed at improving the health of disadvantaged youth via a strategically selected set of youth development and skill activities
05/2014	Geeveston Community Centre	A Year in the Garden	\$14,130	Aim is to help children living in the community to establish a sense of self worth and belonging to the community and engender a love of gardening and learning about healthy food choices
07/2014	Huonville Bowls Club	Huon Bowls 4 Fun	\$1,775	Aimed at children who do not participate in mainstream sports
09/2014	Good Beginnings Australia	Huon Valley Home Visiting Program	\$15,000	\$49,500 to be funded over 3 years. \$15,000 per annum. A program to provide outreach support to isolated families in disadvantaged communities
11/2014	Square Pegs Dyslexia Support and Advocacy Inc	Dyslexia Awareness and Community Education	\$6,800	The aim is to improve recognition, understanding and action on dyslexia in the Huon Valley
11/2015	Square Pegs Dyslexia Support and Advocacy Inc	Phase 2: Dyslexia Training for Learning Leaders	\$11,550	The aim is to improve recognition, understanding and action on dyslexia in the Huon Valley

Attachment 2: Executive summary of the 2014 review of the Huon Valley Health Services Grants Program¹

In January 2014 the Acting Chief Executive Officer Tasmanian Health Organisation South (THO-S) commissioned a review of the Huon Valley Health Services Advisory Committee (HVSAC) grants program. This was the first external review of the program since its inception in November 2008.

The purpose of the review was to determine the purpose and outcomes currently being achieved by the grant program and to identify and recommend any changes required to the program to ensure it is supportive of and aligned with THO-S objectives and is achieving health outcomes for residents of the Huon Valley communities.

The establishment of the HVSAC grants program was in response to ensuring any savings realised from the closure of the Huon District Hospital (2001) remained for the provision of health services in the Huon Valley. To date \$1.2 million has been expended by the grants program (average of \$170,000/year). To assist with establishing priorities for the grants program the HVHSAC has relied on the 2006 health needs study and the 2010 review of that study. Both studies indicated a need for increased health services for the Huon Valley and highlighted the need to address the social causes of poor health i.e. the social determinants of health.

The review was undertaken in line with endorsed terms of reference. The main elements to be reviewed were the grant programs administration and the value of funded grants in regards to efficacy, sustainability and outcomes achieved.

The review has determined that the HVHSAC grants program is a well-managed program that delivers significant benefits to the Huon Valley community. In recent years projects funded by the grant program have demonstrated outcomes in line with the projects stated outcomes, high efficacy and a degree of sustainability.

It has been noted that there is a lack of a close working relationship between the HVHSAC and THO-South who currently funds the grants program. This deficiency appears not to be the fault of either party but is more to do with changes over recent years leading to the integration of the Southern Area Primary Health Service and the Royal Hobart Hospital to form firstly the Southern Area Health Service and more latterly the Tasmanian Health Organisation South.

The THO-South working with the HVHSAC through the grants program could realise substantial community engagement that could deliver significant improvements to the health outcomes of the economically disadvantaged Huon Valley community.

Recommendations

The following recommendations are designed to support the continued HVHSAC Grants Program improve its overall performance in the administration and delivery of grants for health projects that benefit the Huon Valley community.

1. To develop stronger links between the HVHSAC and THO-South it is recommended that the Committee invites the Group Manager Complex, Chronic and Community Service to meet with the Committee annually to discuss matters related to the Committee's activity and other matters of relevance.
2. That the HVHSAC be supported to produce an annual report outlining the Committee's activity including updates on projects funded by the grant program.
3. To ensure the grant program aligns with the strategic objectives of THO-South the HVHSAC negotiates with THO-South regards the annual priorities for grants.

Attachment 3: Illustrative feedback from stakeholders on the Huon Valley Health and Wellbeing program provided to Huon Eldercare as input into the external review (2014)

Sue Costello, Manager, Huon LINC

Since commencing in the Manager's role at Huon LINC in May 2013, I have found this role integral in bringing together a diverse range of service providers who seek to support the Huon Valley community. Greater positive collaboration and partnerships have been developed to improve the health and well-being of Huon Valley residents as a direct result of this coordination role. Access to information associated with relevant services and programs has also been greatly improved.

Penny Walters, Youth Health Worker, Pulse Youth Health South

The Huon Valley Health and wellbeing Project/Coordination role has been very useful in enabling services to network in the Huon so that there is no duplication of services in the area as well as provide an opportunity to share information across the community. It has allowed for collaboration to provide a community response for youth suicide prevention and a coordinated response.

Nerissa Page, Coordinator of Home Care Services, Huon Eldercare

The main benefit of the Health and Wellbeing Project/Coordinator to the people that we look after, and to our team, has been through direct contact with the coordinator as they network with other groups and then bring relevant information back to us. Also, because the person in this position goes to health service meetings and events regularly and not just as a once off event, we are continually kept up to date of new services and programs (such as the recent Parkside Foundation's development of a Weekend Respite Care service.) In all honesty, the website isn't really used by our service or our clients (there may be exceptions) but the communication received through personal contact and distribution of information (flyers, emails etc.) is very useful to us indeed and has improved the range of services that we know about and can offer to our clients in Home Care.

Fiona Barrett, Youth Services Coordinator, Huon Valley Council

The establishment of the Youth Interagency Meetings occurred through discussions held between the Council Youth Service and the Huon Health and Wellbeing Coordinator to develop and implement the meetings.

These discussions resulted in the facilitation of the Youth Interagency Network by the Huon Valley Health and Well Being Coordinator in the Huon Valley and has enabled youth service providers the opportunity to meet on a regular basis.

These meetings have ensured that services have been kept up to date on activities, events and support systems available for young people in the Huon Valley. This has resulted in a coordinated approach towards increasing positive outcomes for young people in addition to avoiding service duplication.

In 2013 a forum was organised by the Youth Interagency members and held for all youth service providers to discuss issues that concern young people in the Huon Valley. As part of this process working groups pertaining to the top five issues were initiated. The Health and Wellbeing Coordinator was able to offer support and administration to the working groups that have begun to address issues such as boredom, isolation, transport and alcohol and other drug misuse.

The Youth Interagency Network meetings provide a forum for southern Tasmanian non-government and government youth service providers to network across the Huon Valley region,

advocate on behalf of young people, identify goals and coordinate actions in response to and with young people.

A dedicated service that can provide the coordination of these meetings and administrative support is essential to the success of the Youth Interagency Network. Noting it is difficult for individual members from the various represented services that attend the regular meetings due to competing workloads.

