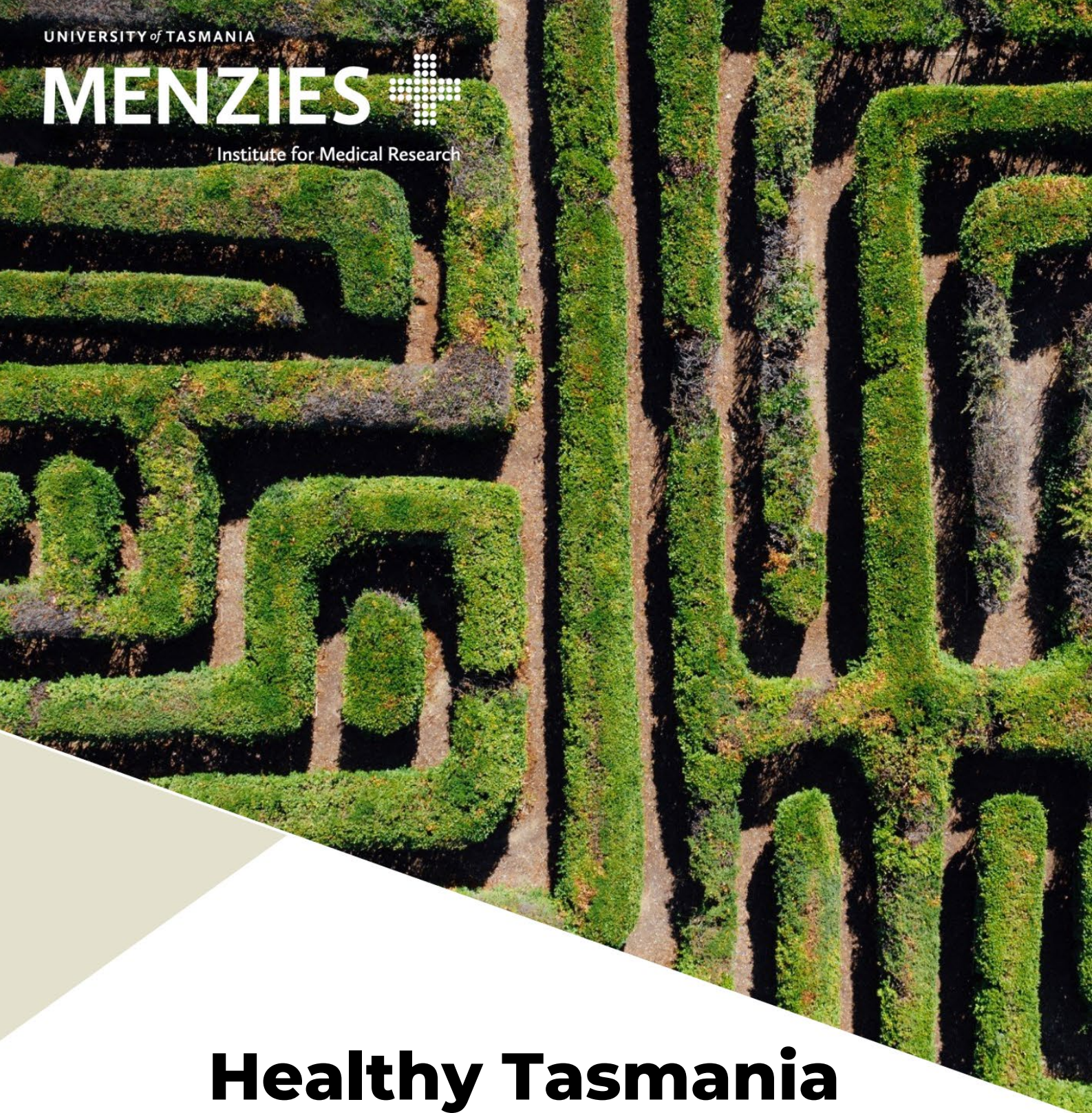


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# **Healthy Tasmania Five-Year Strategic Plan 2022-2026**



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# Healthy Tasmania Research and Evaluation Framework

The Healthy Tasmania Five-Year Strategic Plan 2022-2026 (the Plan) is a plan for preventive health in Tasmania. Preventive health is the term for activities that help protect, promote and maintain health and wellbeing.

The Plan identifies eight focus areas for action on risk factors:

1. Priority populations
2. Health literacy
3. Mental health and wellbeing
4. Active living
5. Eating well
6. Smoke-free communities
7. Reducing alcohol harm
8. Climate change and health

Further, the Plan identifies *Ways of working* (the processes) required to successfully implement change:

1. Lead to enable change
  2. Work across government and communities
  3. Build capacity
  4. Promote community decision-making
- Build, use and share evidence

The Healthy Tasmania Plan will guide action across government and with the community to improve the health and wellbeing of Tasmanians. It will enable community-based action for health and wellbeing and encourage joined-up approaches across all layers of government, civil society, and the private sector to address the determinants of health and wellbeing.

Many of the factors which influence health outcomes lie outside of the health sector. These social, environmental, structural, economic, cultural, commercial, and digital factors all impact on the performance of the Healthy Tasmania Plan. Therefore, collaboration and action across all levels of government, agencies and sectors is vital to successful implementation.



# Aims and Scope

This Healthy Tasmania Research and Evaluation Framework aims to:

- Monitor the performance of the Plan through the collection and analysis of agreed indicators
- Influence policy makers and stakeholders to adopt promising practices
- Contribute to the evidence-base for successful prevention strategies
- Determine the effectiveness and sustainability of Healthy Tasmania
- Assess the extent to which the Plan has achieved the outcomes

The Research and Evaluation Framework is underpinned by a logic model (**Figure 1**) which shows the inputs, outputs, targets and outcomes of the Healthy Tasmania Plan. The indicators and evaluation questions are based on this logic model.

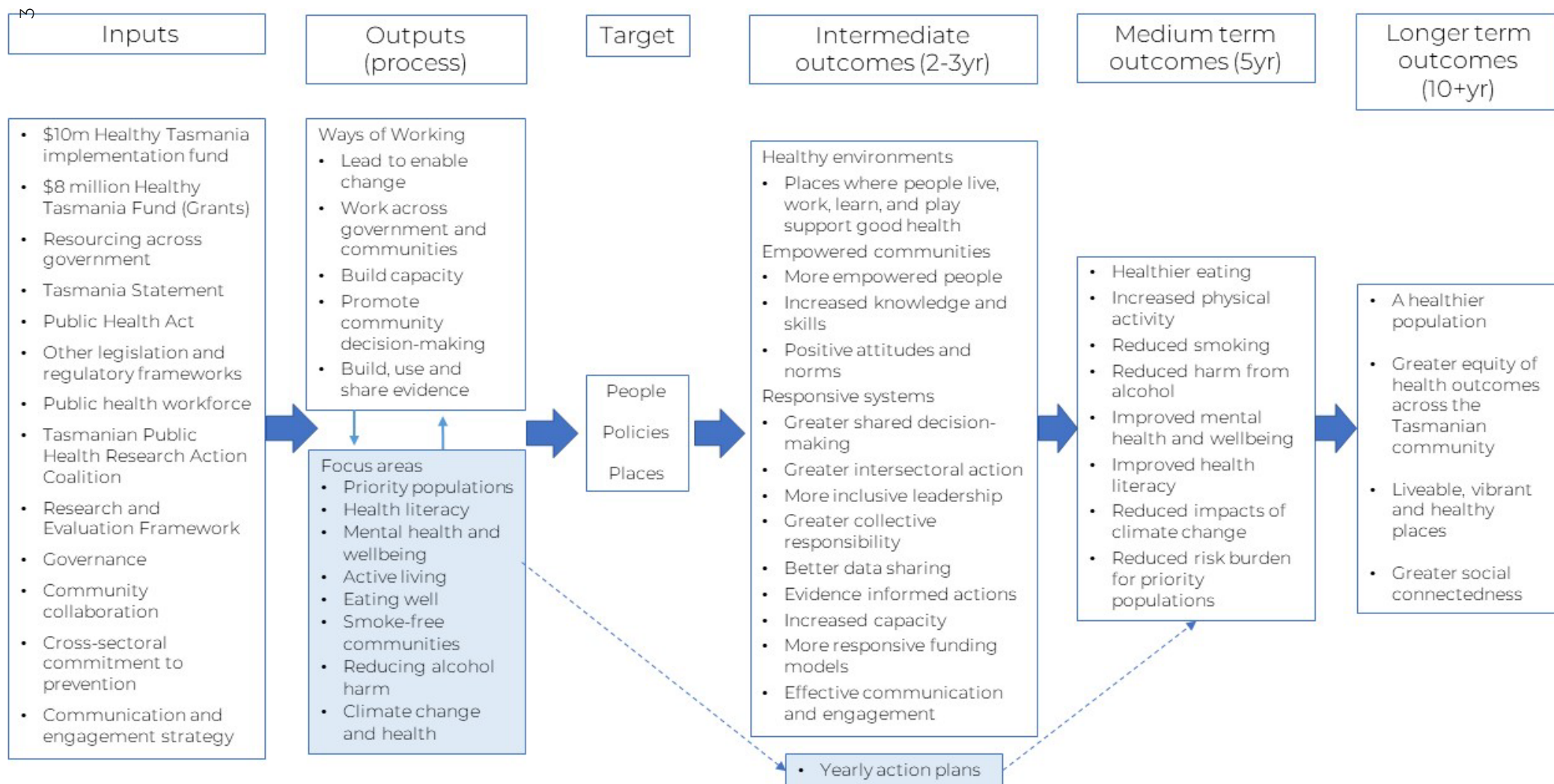
The Research and Evaluation Framework details indicators of intermediate, medium, and long-term outcomes of the Healthy Tasmania Plan, as well as details of how to measure how the Plan is being implemented.

- Intermediate outcomes (2 – 3 years) reflect anticipated changes in key environments, people’s knowledge, skills, and attitudes, and systems.
- Medium term outcomes (5 years) reflect subsequent changes in health-related behaviours and environments for each of the eight focus areas. Long-term outcomes (10+ years) reflect future health and social outcomes.
- Long-term outcomes are unlikely to be achieved within the five-year period of the Healthy Tasmania Plan but capturing changes in the intermediate and medium-term outcomes will provide an indication of progress towards these (as per the logic model). Identifying existing data sources or collecting new data to capture these long-term impacts will be part of this Research and Evaluation Framework.





# Pathway to a Healthy Tasmania



## Assumptions

- Reports against action plans will inform ongoing action.
- Premier's Economic and Social Recovery Advisory Council (PESRAC) recommendations will be fully implemented to address the determinants of health.

Figure 1 Logic Model

# Collaborative Research

A collaborative research agenda will augment evaluation activities. The research agenda will be founded on the principles of coproduction - where researchers work in partnership with knowledge users (community members, health professionals, policy-makers, health system leaders and others) and share responsibility for initiating and generating knowledge throughout the life of a project.

This approach values different types of expertise including those with personal commitment and lived experience as well as institutional and professional skills and has the capacity to enhance the translation of knowledge. Community members will be included in sense-making and meaning-making of research data and information. Research projects will reflect the principles outlined in the National Health and Medical Research Council's ethical guidelines for research with Aboriginal and Torres Strait Islander Peoples.

The existing research collaboration between Public Health Services and the Menzies Institute for Medical Research (the Tasmanian Public Health Research Action Coalition, TasPHRAC) supports research of relevance to priority areas identified in the Plan. Under the terms of the funding agreement the current focus areas for TasPHRAC are:

- Eating Well
- Active Living
- Smoke-Free Communities
- Climate Change and Health

TasPHRAC is providing new evidence for these high priority public health issues, translating research findings into evidence-based practice, and fostering engagement and conversation between researchers and practitioners. Some research projects have commenced on nutrition, active living, tobacco control and air quality.



The existing relationship and breadth of research and policy expertise embodied within TasPHRAC is well-placed to support the evaluation and implementation of key actions identified under some of the focus areas of the Plan, as well as the development and adoption of new measures. Additional partnerships will be needed to address other focus areas. The joint partnership with the Australian Prevention Partnership Centre facilitates access to additional expertise in preventive health research.

## Key Evaluation Questions

The evaluation seeks to answer the following questions:

1. Are the rates of chronic conditions and their risk factors improving?
2. Is there a reduction in the gap in rates of chronic conditions and their risk factors between population groups?
3. Are the places where Tasmanians live, learn, work and play more supportive of health and wellbeing?
4. Do all Tasmanians have better access to the resources they need for health and wellbeing?
5. Are more Tasmanians as socially connected across the life course as they would like to be?

The evaluation also seeks to understand how the Plan is being implemented by addressing the following questions:

1. What actions best support community-led decision-making in health?
2. What approaches best support intersectoral collaboration in health?
3. Have we built greater organisational and workforce capacity for health promotion?

The Plan also specified actions in each of the focus areas. Annual action plans, which includes specific actions under each focus area, will be developed by Public Health Services to support implementation.





# Indicators and Methods

**Table 1** shows the four long-term outcomes of the Plan:

1. A healthier population
2. Greater equity of health outcomes across the Tasmanian community
3. Liveable, vibrant and healthy places
4. Greater social connectedness

Headline indicators, data sources and the availability of baseline data are presented for each of these long-term outcomes. At present, indicator data are not available in Tasmania for all outcomes, but identification and development of appropriate indicators would be beneficial to the evaluation.

**Table 2** shows the outcomes in each focus area and indicators, data sources, and availability of baseline data. Each outcome is also linked to a long-term outcome. Please note the outcomes listed are a combination of:

- those specified in each focus area (*We know we we've been successful when*)
- any additional outcomes specified under the long-term outcomes

**Table 3** shows specific process evaluation questions and possible assessment approaches/methods. A range of measures and methods will be required to capture the outcomes and impacts of the Plan. For some focus areas and outcomes there are well-established data sources, but for others it may be necessary to identify new data sources and/or develop new measures. These are noted in the tables below.



## Table 1 Long-term Outcomes and Indicators

Outcomes	Indicator	Data source	Baseline data
A healthier population (HP)	% Adults with preventable chronic conditions (self-report)	TPHS	TPHS 2019
	% Adults in healthy weight range (self-report BMI)		TPHS 2019
	% Adults report health as at least good		TPHS 2019
	% Children and young people (School grades 4 – 12) reporting good health in the Health domain	SWES	SWES 2021
	Children and young people aged 12-17yrs who report their health as good or excellent	NaSSDA	NaSSDA 2018
	% Live babies with low birth weight / very low birth weight	AIHW	AIHW





Table 1 continued

Outcomes	Indicator	Data source	Baseline data
Greater equity of health outcomes (EQU)	% Adults with preventable chronic conditions (self-report)	TPHS	TPHS 2019
	% Adults in healthy weight range (self-report BMI)		TPHS 2019
	% Adults report health as at least good		TPHS 2019
	By:		
	<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander Status</li> </ul>		TPHS 2019
	<ul style="list-style-type: none"> <li>Socioeconomic status</li> </ul>		TPHS 2019
	<ul style="list-style-type: none"> <li>Sex and age</li> </ul>		TPHS 2019
	<ul style="list-style-type: none"> <li>LGBTQI+</li> </ul>		No baseline data
	<ul style="list-style-type: none"> <li>Cultural and linguistically diverse (CALD) status</li> </ul>		No baseline data
	% Children and young people with high wellbeing in Health domain by: <ul style="list-style-type: none"> <li>Year level</li> <li>Gender</li> </ul> Suburb (SEIFA quintile)	SWES	SWES 2021
	% Children classified as developmentally vulnerable on two or more domains of the AEDC by SES	AEDC	AEDC 2021

Table 1 continued

Outcomes	Indicator	Data source	Baseline data
Liveable, vibrant and healthy places (LVHP)	Liveability rankings/index by local government area (LGA)	ALI*	No baseline data
		ALC*	No baseline data
	Social inclusion index by LGA	IASII*	No baseline data
Greater social connectedness (GSC)	% Population with 'High' social connectedness	BCEC Social Connectedness Index	No baseline data
	% Population with 'High' social connectedness	BCEC Social Connectedness Index	No baseline data





## Table 2 Focus areas, Outcomes and Indicators

Focus Area	Outcome*	Indicator	Baseline data
Priority populations			
There are equal health outcomes for priority populations	EQU	Health risk factors by population groups:	
		<ul style="list-style-type: none"> <li>• SIEFA quintiles (socioeconomic status)</li> </ul>	TPHS 2019
		<ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander Status</li> </ul>	PHS 2019
		<ul style="list-style-type: none"> <li>• Age and Sex</li> </ul>	TPHS 2019
		<ul style="list-style-type: none"> <li>• CALD population groups</li> </ul>	No baseline data
		<ul style="list-style-type: none"> <li>• Government Agencies / funded CSOs with policies/protocols for use of interpreters</li> </ul>	No baseline data
		<ul style="list-style-type: none"> <li>• LGBTQI+</li> </ul>	UTAS data
		Aboriginal and Torres Strait Islander People:	
		<ul style="list-style-type: none"> <li>• National Cultural safety performance measures are implemented</li> </ul>	No baseline data
		<ul style="list-style-type: none"> <li>• Number of services who routinely record Aboriginal and Torres Strait Islander Status in clinical records</li> </ul>	No baseline data

## Priority populations continued

An equity lens is applied to all Healthy Tasmania policies and services	EQU	Indicator to be developed	No baseline data
People experiencing the greatest inequities are prioritised	EQU	% Accessing health care providers needed by: <ul style="list-style-type: none"> <li>• SEIFA quintile</li> <li>• Aboriginal and Torres Strait Islander Status</li> <li>• Age and Sex</li> <li>• CALD status</li> <li>• LGBTQI+ community specific indicators to be developed</li> </ul>	TPHS 2019  No baseline data  No baseline data
Health and community services are more inclusive and responsive.	EQU	Indicator to be developed	No baseline data
Communities are diverse and inclusive	GSC	Social inclusion index	No baseline data
Everyone is treated with respect and dignity	GSC	Satisfaction with services	No baseline data
Services, environments, transport, information and communication are accessible, safe, respectful and inclusive	EQU	Organisational and workforce health literacy measures  Organisational /workforce cultural awareness measures	No baseline data  No baseline data



Priority populations  
continued

Everyone in Tasmania is supported with the knowledge, skills and resources they need to achieve and maintain good health and wellbeing and to live their best life	EQU	Number of organisations providing culturally and linguistically appropriate health information	No baseline data
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Focus area	Outcome*	Indicator	Baseline data
<b>Health literacy</b>			
More health and community services demonstrate health literacy best practice	EQU	% Organisations with a health literacy policy/workforce training program	No baseline data
More services use plain language in everything they do, including their resources and consent procedures	EQU	Number of organisations working towards/using 'Hello Tasmania' accreditation	No baseline data
More Tasmanians can find and understand health information	EQU	% Find it at least usually easy <ul style="list-style-type: none"> <li>to find good health information (Domain 8)</li> </ul> % at least agree <ul style="list-style-type: none"> <li>Understand health information well enough to know what to do (Domain 9)</li> </ul>	ABS HLS 2019 (UTAS data)
More Tasmanians find it easy to navigate the health system	EQU	% Find it at least usually easy <ul style="list-style-type: none"> <li>Navigating the healthcare system (Domain 7)</li> </ul>	ABS HLS 2019
More Tasmanians find it easy to engage with providers and feel empowered to discuss their health and wellbeing concerns	EQU	% at least agree <ul style="list-style-type: none"> <li>Felt understood and supported by healthcare providers (Domain 1)</li> </ul> % Find it at least usually easy <ul style="list-style-type: none"> <li>to actively engage with healthcare providers (Domain 6)</li> </ul>	ABS HLS 2019



### Health literacy continued

<p>More Tasmanians have competencies in other domains of Health Literacy as measured by the Health Literacy Questionnaire (HLQ)</p>		<ul style="list-style-type: none"> <li>• Have sufficient information to manage health (Domain 2)</li> <li>• Can actively manage health (Domain 3)</li> <li>• Have social support for health (Domain 4)</li> <li>• Can appraise health information (Domain 5)</li> </ul>	<p>ABS HLS 2019</p>
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Focus area	Outcome*	Indicator	Baseline data
Mental health and wellbeing			
Increased sense of social connection and reduced loneliness	GSC	Number and quality of social contacts	No baseline data
		Network of friends and neighbours	No baseline data
		Quality of social support network	No baseline data
		Loneliness	No baseline data
Reduced stigma and discrimination against people living with mental illness	EQU	Indicator to be developed	No baseline data
Greater awareness of mental health literacy in communities and workplaces	EQU	Indicator to be developed	No baseline data
Everyone has improved mental wellness	HP	% Self report depression/anxiety	TPHS 2019
		Number of Self-harm ED presentations/ Hospitalisations*	AIHW 2020
		# Suicides	Suicide Register
		Suicide rates/100,000	Hospital data

## Mental health and wellbeing continued

Everyone has less psychological distress	HP	% Population experiencing at least high psychological distress	TPHS 2019
		% Priority Population experiencing at least high psychological distress (Kessler10)  % scoring 'high' on Warwick-Edinburgh Mental Wellbeing scale	TPHS 2019  No baseline data
Tasmanian places are safe	LVHP	LGA Crime rates*  % Self-reported feeling safe	PFEM  No baseline data
People have trust	GSC	Indicator to be developed	No baseline data
People are resilient	GSC	Resilience scales	No baseline data





Focus area	Outcome*	Indicator	Baseline data
<b>Active living</b>			
More Tasmanians are physically active	HP	% Adults meet recommended physical activity levels	TPHS 2019
		% Children and young people aged 15-17 meet national guidelines on physical activity	NHS 2017/18
		% Children and young people aged 12-17 meet national guidelines on physical activity	NaSSDA 2018
		Number of hours spent in moderate to vigorous physical activity daily/weekly	NaSSDA 2018
		% Children under 12 years who meet national guidelines on physical activity	No baseline data
Fewer Tasmanians are sedentary	HP	Hours spent sitting (adults) Hours spent in recreational screen time (12 – 17yrs)	TPHS 2019 NaSSDA 2018



## Active living continued

More Tasmanians use public and active transport	HP	% Adults using active transport	TPHS 2019
		% Adults using public transport	Metro Tasmania
		% Children and young people (12 – 17yrs) who walk or cycle to school each day	NaSSDA 2018
		% Children and young people (12 – 17yrs) who use public transport to school each day	NaSSDA 2018
More Tasmanians use our green spaces	HP	Indicator to be developed	No baseline data
More Tasmanians regularly participate in sport and active recreation	HP	% Adults (15yrs +) participating in sport 3 x weekly	AusPlay 2020
		% Children (0-14yrs) participating in sport 3 x weekly	AusPlay 2020
Public transport, walking and cycling infrastructure connect people to their employment, education, shops, services, public open space and social, cultural and recreational opportunities	LVHP	Number of LGAs with active transport policy and plans	No baseline data

Focus area	Outcome*	Indicator	Baseline data
Eating well			
<p>More Tasmanians eat according to the Australian Dietary Guidelines</p> <ul style="list-style-type: none"> <li>Increased fruit and vegetable consumption</li> <li>Decreased consumption of food and drinks high in added sugar, saturated fat and added salt</li> </ul>	HP	<p>Dietary Intake indicators (adults)</p> <ul style="list-style-type: none"> <li>Average sodium intake</li> <li>Fruit and vegetable consumption</li> <li>Sugar-sweetened drinks consumption</li> <li>Intake from discretionary foods</li> </ul> <p>Number of cups of water consumed daily</p> <p>Number of serves of fruit and vegetables consumed</p> <p>Frequency and volume of soft drink consumption (12-17yrs)</p> <p>Frequency of fast-food consumption (12-17yrs)</p> <p>Frequency of salty snack consumption (12-17yrs)</p> <p>Frequency of confectionary consumption (12-17yrs)</p>	<p>NHS 2017/18</p> <p>TPHS 2019</p> <p>TPHS 2019</p> <p>TPHS 2019</p> <p>TPHS 2019</p> <p>TPHS 2019</p> <p>TPHS 2019</p> <p>NaSSDA 2018</p> <p>NaSSDA 2018</p> <p>NaSSDA 2018</p> <p>NaSSDA 2018</p>



## Eating well continued

		Frequency sweet foods consumption (12-17yrs)	NaSSDA 2018
		Number of serves of fruit and vegetables consumed	NaSSDA 2018
		Fruit and vegetable consumption children (2-17yrs)	NHS 2018
All Tasmanians have access to affordable nutritious food	LVHP	% Adults report food insecurity	TPHS 2019
		% Adults ran out of food and could not afford to buy any more	TPHS 2019
Tasmanian organisations buy and serve more nutritious food, preferably from local food growers and producers	HP	Indicator to be developed	No baseline data
More Tasmanian babies are breastfed for longer	HP	% Babies exclusively breastfed till 4 months old	No baseline data
Communities have access to local, seasonal nutritious food	LVHP	Indicator to be developed	TPHS 2019



Focus area	Outcome*	Indicator	Baseline data
Smoke-free communities			
Fewer Tasmanians take up smoking	HP	% Young people (12-17yrs) who are current smokers	ASSAD 2017
		% Young people (12-17yrs) who have ever vaped	ASSAD 2017
		% Young people (12-17yrs) who are current vapers	ASSAD 2017
More Tasmanians quit smoking	HP	% Adults who are current smokers	NHS 2017/18
		% Adults who are current vapers	NDSHS 2019
		% Adults who have ever vaped	NDSHS 2019
Fewer pregnant women in Tasmania smoke	HP	% Pregnant women smoke	COPMM 2019
		% Pregnant women under 20 who smoke	COPMM 2019



Focus Area	Outcome*	Indicator	Baseline data
Reducing alcohol harm			
More Tasmanians are aware of the National Alcohol Guidelines	HP	% Tasmanian aware of National Alcohol guidelines	No baseline data
Fewer Tasmanians drink alcohol at risky levels	HP	% Alcohol use risking lifetime harm	TPHS 2019
		% Alcohol use causing risk of harm on a single occasion	TPHS 2019
Tasmanian children have less exposure to alcohol advertising.	HP, LVHP	To be developed	No baseline data
There is reduced harm in the community from alcohol	HP	Alcohol related Emergency Department (ED) presentations*	Hospital data
		Alcohol related hospitalisations*	Hospital data
		Alcohol related injury	Hospital data
		Alcohol related deaths	Mortality data
		Alcohol related crime *	PFEM
		Alcohol related family violence*	PFEM





Focus Area	Outcome*	Indicator	Baseline data
Climate change (CC) and health			
Liveability rankings for Tasmanian communities improve	LVHP	Liveability rankings by LGA	No baseline data
There is increased awareness about the links between climate change and health		% Population aware of links between CC and Health	No baseline data
		% Organisations with CC impact policy	No baseline data
		Media /Social media exposure	No baseline data
		Number of HT projects/activities aiming to prevent/mitigate against health impacts of climate change	HT annual reports
Public policy recognises that action on climate change has co-benefits for health and wellbeing		Indicator to be developed	No baseline data
There are fewer emergency department visits and hospitalisations due to extreme weather events	LVHP	Number of ED presentations*	Hospital data
		Number of hospitalisations due to severe weather events*	Hospital data
Tasmanian places are environmentally sustainable	LVHP	Indicator to be developed	No baseline data

## Climate change (CC) and health continued

Air is clean and safe to breathe all year round	LVHP	% Burn wood for home heating  Indicative particle concentration (smoke and dust) *	TPHS 2019  EPA
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\* monitoring data



## Table 3 Process Evaluation: questions and methodologies

The process evaluation questions reflect the *Ways of working* outlined in the Plan and strategies outlined in the focus areas.

Lead to enable change	Approach/Methods
What opportunities have emerged for shared decision-making and collective responsibility?	Action learning with Healthy Tasmania stakeholders
What progress has been made towards applying a health/equity lens to policies across Agencies?	Review of uptake of a Health In All Policies approach in government policy
What legislation or policies have been developed to support Tasmanians to lead healthier lives?	Legislation review - amendments to Public Health Act, other new legislation
What progress has been made towards coordinating grant programs across government?	Review of annual Healthy Tasmania action plans Review of Healthy Tasmania Fund

Work across government and communities	Approach/Methods
To what extent has the Healthy Tasmania Communications and Engagement Strategy engaged with and informed stakeholders?	Review of annual Healthy Tasmania action plans Review of Communications Strategy
What mechanisms have been implemented to support cross-sectoral and 'joined-up' action on preventive health?	Action research partnership to be developed with The Centre for Health in all Policies Research Translation





<p>How is cross-sectoral action impacting on progressing action on the complex factors such as employment, housing, food security and social isolation that impact on health and wellbeing?</p>	<p>Review of annual reports from Healthy Tasmania Fund recipients</p>
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Build capacity	Approach/Methods
<p>To what extent is evidence-based advice, resources, training, and support shared?</p>	<p>Review of annual action plans Case studies of funded NGOs and Healthy Tasmania Project reports</p>
<p>What strategies have been implemented under Healthy Tasmania to build public health workforce and community capacity in preventive health?</p>	<p>Availability/accessibility of preventive health training for health workforce and community Survey of funded NGOs and Healthy Tasmania Fund recipients</p>
<p>How have these strategies empowered communities to respond better to local needs?</p>	<p>Action learning: case studies with local councils and communities</p>
<p>How well can stakeholders access local level health and wellbeing data?</p>	<p>Interviews/surveys with Healthy Tasmania stakeholders</p>



Promote community decision making	Approach/Methods
What governance structures have been established to oversee the implementation of Healthy Tasmania?	Review inclusiveness and representativeness of governance models
What approaches to shared decision-making have been adopted as part of Healthy Tasmania?	Action learning with funded NGOs, Healthy Tasmania Fund recipients and Healthy Tasmania stakeholders
What new funding models have been implemented as part of Healthy Tasmania?	Review funding agreements with NGOs and Healthy Tasmania Fund recipients
How have children and young people been consulted about the things that support their health and wellbeing?	Assess communications and engagement strategy for evidence of youth-appropriate tools and methods.  Workshops/interviews with young people
In what ways have the new governance and decision-making structures enabled communities to address local needs?	Case studies /survey(s) of local communities

Build, use and share evidence	Approach/Methods
What strategies have been implemented to build and share evidence?	Assess utility and satisfaction with information sharing strategies and approaches
What strategies have been adopted for enabling the sharing of local/lay knowledge (lived experience)?	Community action research partnerships
What action research strategies have contributed to building of the evidence base on preventive health?	Assess incorporation of lay knowledge into preventive policy and programs



How has Tasmania's understanding of barriers to health and wellbeing changed?	Survey/interviews with Healthy Tasmania stakeholders
What approaches to monitoring barriers to health and well-being have been implemented?	Review annual Action Plans and reports Survey/interview Healthy Tasmania stakeholders
What actions have resulted from sharing of information?	Survey/interview Healthy Tasmania stakeholders
How did the Healthy Tasmania Community Forum (HTCF) facilitate sharing of evidence?	Fund and promote HTCF Survey/ interviews with HTCF participants





# Appendix

## Healthy Tasmania Outcomes Key

EQU	Greater equity of health outcomes across the Tasmanian community
GSC	Greater Social Connectedness
HP	A healthier population
LVHP	Liveable, vibrant and healthy places

## Abbreviations

ABS	Australian Bureau of Statistics
AEDC	Australian Early Development Census
AIHW	Australian Institute of Health and Welfare
ALC	Australian Liveability Census
ALI	Australian Liveability Index
ASSAD	Australian secondary school students alcohol and drug survey
CALD	Culturally and linguistically diverse
COPMM	Council of Obstetric and Paediatric Mortality and Morbidity
CSO	Community Services Organisations

ED	Emergency department
EPA	Environmental Protection Agency
HLS	Health literacy survey
IASII	Inclusive Australia Social Inclusion Index
LGA	Local government area
LGBTQI+	Lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual
NaSSDA	National Secondary Students' Diet & Activity Survey
NDSHS	National Drug Strategy Household Survey
NHS	National Health Survey
PFEM	Police, Fire and Emergency Management
TPHS	Tasmanian Population Health survey
SIEFA	Socio-Economic Indexes for Areas
SWES	Student Wellbeing and Engagement Survey





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