

Healthy Tasmania Five-Year Strategic Plan Research and Evaluation

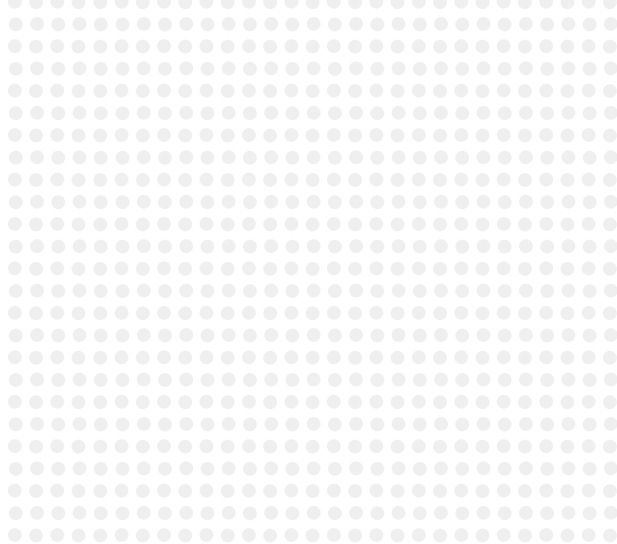
Report 2 : Interim



UNIVERSITY of TASMANIA

MENZIES 

Institute for Medical Research



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Acknowledgment of Country

We acknowledge the palawa/pakana of lutruwita, the traditional owners of the land upon which we live and work. We pay respects to Elders past and present as the knowledge holders and sharers. We honour their strong culture and knowledges as vital to the self-determination, wellbeing and resilience of their communities. We stand for a future that profoundly respects and acknowledges Aboriginal perspectives, culture, language and history.

The report was developed with the support of the Healthy Tasmania Research and Evaluation Working Group.

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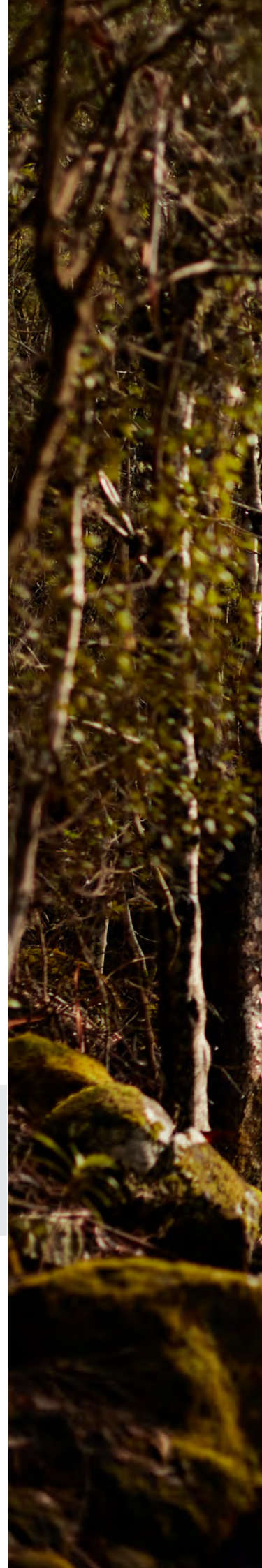
The Menzies evaluation team would like to acknowledge the contribution of Leah Galvin, the senior project officer from July 2022 to end of June 2023 and past working group members; Kate Garvey (Department of Health), John Kural (Department of Education, Children and Young People), Beth Stickney (The Australian Prevention Partnership Centre), Lauren Binns (Australian Bureau of Statistics), Junise Cox (Department of Health), Scott Mc Keown (Department of Health), Kylie Burgess (Burnie Works).

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Abbreviations

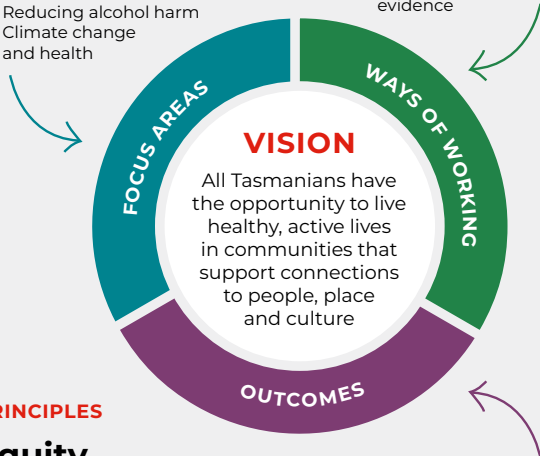
ACCO	Aboriginal Community Controlled Organisations
ANZSOG	Australia and New Zealand School of Government
AUO	Australian Urban Observatory
BMI	Body Mass Index
CALD	Culturally and Linguistically Diverse
DoH	Department of Health
HTIT	Healthy Tasmania Implementation Team
LGA	Local Government Area
LGAT	Local Government Association of Tasmania
LL	Lift Local
Menzies	The Menzies Institute for Medical Research
NED	Neighbours Every Day
PIAG	Planning and Implementation Advisory Group (Healthy Tasmania)
PHS	Public Health Services
SEER Data & Analytics	Data access, sharing, reporting and storytelling platform
SEIFA	Socio-economic Indexes for Areas
The Plan	The Healthy Tasmania Strategic Plan
TPHS	Tasmanian Population Health Survey

Executive Summary

WHAT DOES THE PLAN AIM TO DO?

Figure 1. Healthy Tasmania Overview

- › Priority populations
- › Health literacy
- › Mental health and wellbeing
- › Active living
- › Eating well
- › Smoke-free communities
- › Reducing alcohol harm
- › Climate change and health
- › Lead to enable change
- › Work across government and communities
- › Build capacity
- › Promote community decision-making
- › Build, use and share evidence



PRINCIPLES

Equity
Empowerment
Sustainability

- › A healthier population
- › Greater equity of health outcomes across the Tasmanian community
- › Liveable, vibrant and healthy places
- › Greater social connectedness

WHAT DOES THIS INTERIM EVALUATION REPORT INCLUDE?

This report outlines how activities undertaken as part of the implementation of the Healthy Tasmania Plan are contributing to the intermediate evaluation outcomes identified in the Evaluation Framework: **1. Creating healthy environments, 2. Empowering communities and, 3. Building responsive systems.**

It also provides information on the Ways of Working identified in the Plan (Figure 1).

Focusing on the Healthy Tasmania Fund and capacity building activities this report provides evidence that addresses the following evaluation questions:



HOW HAS MENZIES BEEN DELIVERING THE EVALUATION?

Menzies has used a developmental approach.

Data collection has included:



Analysis of documentation and administrative data



Observations at workshops



Semi-structured interviews and focus groups



Survey of the Healthy Tasmania Fund applicants

Evaluation participants include:

278
EVALUATION PARTICIPANTS

- Healthy Tasmania Implementation Team
- Key stakeholders from the Healthy Tasmania working groups
- Healthy Tasmania Fund grant applicants and recipients.

The Menzies evaluation team has provided regular feedback to the Healthy Tasmania Implementation Team.



What has happened so far?



The revised Healthy Tasmania Fund is meeting communities 'where they are at', encouraging the development of new coalitions and enabling communities to be more involved in the planning and delivery of activities

A local government Health and Wellbeing Network has been established by the Department of Health and Local Government Association Tasmania and is aiming to build capacity in local councils for health and wellbeing.



Responding to requests for more local level data the Healthy Tasmania Implementation Team has contracted SEER Data & Analytics to develop local data dashboards for the five Healthy Together communities.

WHAT HAVE WE LEARNT SO FAR?

There is evidence that Healthy Tasmania is

- Contributing to the creation of healthy environments
- Empowering the community to identify their own needs
- Building responsive systems, and
- Leading to changing practices and actions (Ways of Working) within the Department of Health and for grant recipients.



Grant applicants feel trusted and empowered to respond to the needs of their communities.



90% of successful survey respondents felt supported and found the application and reporting process easier. Those who were unsuccessful found the application process more challenging.

96% of survey respondents believe the work of their organisation aligns to the vision and purpose of the Healthy Tasmania Plan.



Grant applications and recipients of Healthy Focus and Step Forward grants are unequally distributed across the eight focus areas identified in the Plan. **Active Living, Eating Well, Mental Health and Wellbeing** are the most common focus areas for grant applicants.

75% of survey respondents reported collaborating with two or more other organisations with many forming new partnerships.



Almost all of the Healthy Tasmania Fund survey respondents reported involving the community in the development of the grants.

Collaboration with other organisations and community was considered valuable for strengthening grant activities, but these collaborations need time and resources to develop and maintain.



Lift Local grants were used by most councils to undertake more extensive consultation with community members to inform the development of health and wellbeing plans.



SNAPSHOT OF RECOMMENDATIONS FOR THE NEXT TWO YEARS

Creating Healthy Environments



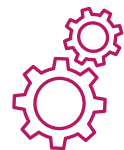
- Build capacity of local governments to implement health and wellbeing plans
- Identify and build connections with organisations addressing the under-represented focus areas
- Direct funding towards under-represented focus areas
- Review approaches to addressing the needs of priority populations

Empowering Communities



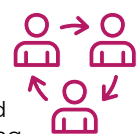
- Continue connecting with communities and supporting opportunities to share learnings
- Facilitate linkages between stakeholders
- Provide capacity building and resources to support collaboration
- Build capacities around using and interpreting data

Building responsive systems



- Continue to offer non-competitive grants and capacity building activities
- Maintain simplified grant application processes
- Monitor the regional distribution of grant applications and allocation of funding
- Continue to work with other funding bodies to understand the broader funding environment

Ways of Working



- Continue to adopt reflective practices and continually adapt and respond to changing circumstances and identified needs
- Seek to address known data gaps
- Continue to explore mechanisms to support cross-sectoral action for preventive health
- Building on existing community networks and consultation fundings to inform planning and future directions
- Strengthen community engagement and support the sharing of diverse perspectives

WHAT ARE THE NEXT STAGES OF THE EVALUATION?

The Menzies Research and Evaluation Team will continue to follow the progress of grant recipients across all grant schemes. Primarily, the evaluation will focus on progress in the five Healthy Together communities and how the provision of local level data informs decision making and planning in these communities. The evaluation will follow the outcomes of the Lift Local grant scheme and the Health and Wellbeing Network.

The team will continue to share learning and new data with the Healthy Tasmania Implementation Team so the team and Tasmanian community can adapt, as needed.



SECTION 1

Overview and background

Purpose of the interim report

This interim evaluation report for the Healthy Tasmania Five-Year Strategic Plan 2022-2026 (the Plan) provides an overview of progress towards the intermediate outcomes identified in the Menzies Healthy Tasmania Research and Evaluation Framework (the Framework) (Appendix 1).^{1,2}

The baseline report noted that most change during the life of the Plan would be observed in the intermediate outcomes: Healthy environments, Empowered communities, Responsive systems.³ These outcomes are considered important enablers of an effective preventive health system. The report also provides

a brief overview of the long-term outcomes identified in the Plan. The report does not seek to replicate the five-yearly State of Public Health report produced by the Tasmanian Director of Public Health.

The report is a resource for Tasmanian community organisations, peak bodies, state government departments and the general community, all of whom are important stakeholders for the delivery of the Plan. As this is an interim evaluation report Healthy Tasmania actions and associated evaluation activities are ongoing.

Preventive health in Tasmania

The Tasmanian Government has the vision that all Tasmanians will have the opportunity to live healthy, active lives in communities that support connections to people, place and culture.⁴

Health and wellbeing are enhanced by the natural environments and diversity of culture and communities across Tasmania. However, Tasmania continues to have high rates of chronic conditions, such as mental ill health, cancer, diabetes, kidney and heart disease.⁵⁻⁷ This is partly because Tasmania has an older population, with higher rates of disability, more people living in rural and regional areas and more socioeconomic disadvantage compared to other States and Territories.⁸

There are many factors that influence our health beyond our individual behaviours and genes, and many of them lie outside of the health system.^{9,10} The Plan focusses on the wider determinants of health (Figure 1) in its commitment to change the way the Tasmanian health sector interacts with communities, non-government organisations and other government departments and agencies.² To address the root causes of long-term diseases we need to collaborate widely and take action across sectors.

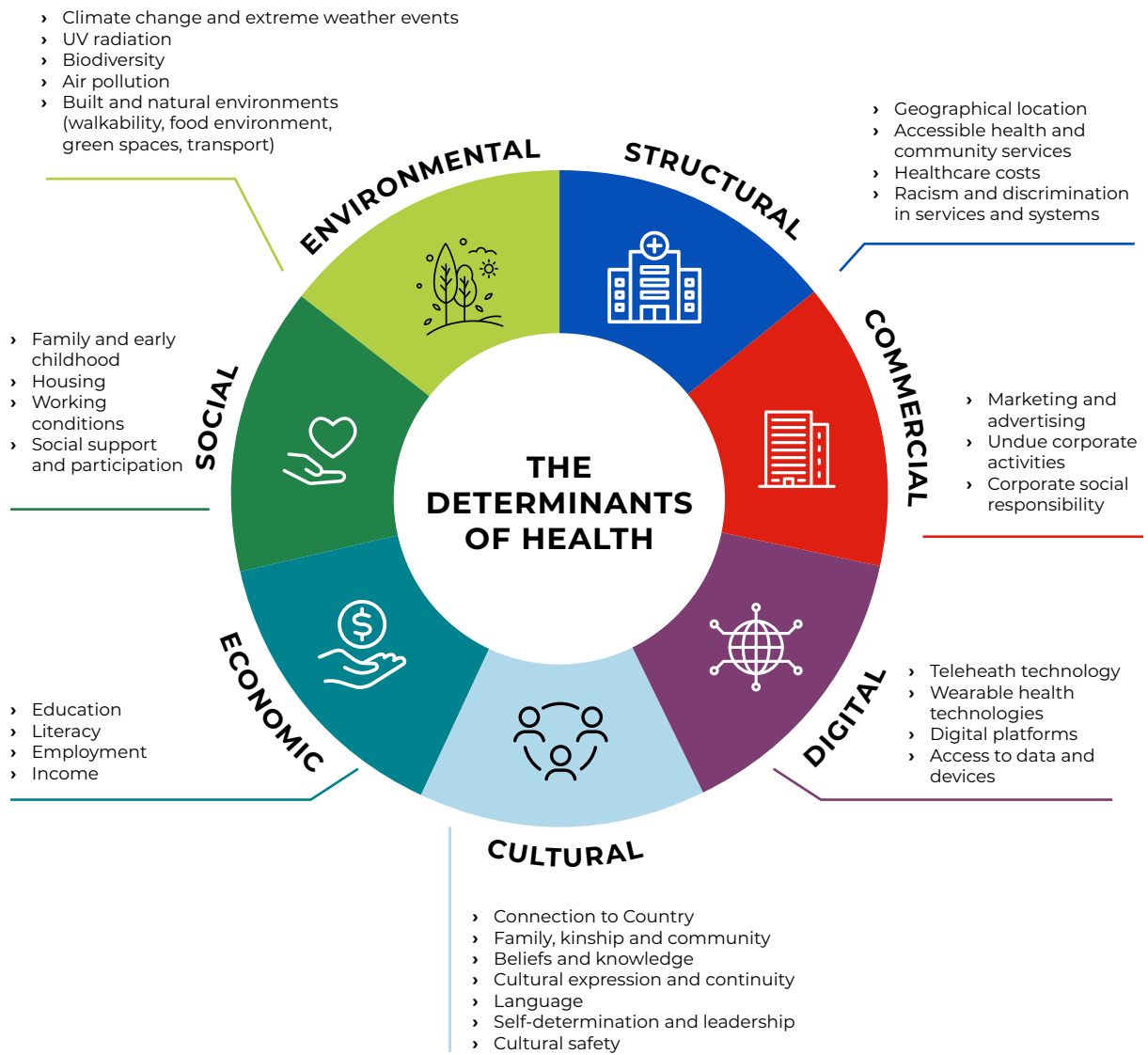


Figure 1. The determinants of health

Healthy environments, behaviours and health outcomes

Research suggests there is a close relationship between people’s health and the environments in which they live and work. Factors such as socioeconomic position, conditions of employment, the distribution of wealth, education, housing, empowerment and social support – known collectively as the social determinants of health – combine to strengthen or undermine the health of individuals and communities.^{9,10} Other determinants include the environmental, structural, economic, cultural, biomedical, commercial and digital factors in our lives. In the past three years, Tasmanians have been experiencing cost of living pressures such as increases in the cost of food, housing affordability and costs associated with electricity and other key services.¹¹

Along with the determinants of health smoking, physical inactivity and dietary intake are major risk factors for preventable disease and chronic illness

such as cancer, diabetes, hypertension and heart disease. An individual’s socioeconomic status has significant impact upon their health behaviours, a phenomenon often termed the ‘social gradient of health’.¹²

Many of these factors lie outside of the health system therefore we need to work together and act across sectors to improve the health of Tasmanians.^{9,10}

The Healthy Tasmania Five-Year Strategic Plan 2022-2026

The Healthy Tasmania Five-Year Strategic Plan 2022-2026 (Plan) sets out the Tasmanian Government’s intention and strategic direction for preventive health.² Preventive health is the term for activities that help protect, promote and maintain health and wellbeing. The Plan guides government action to support community-based action for health and encourage links across all departments and levels of government to target the determinants of health and wellbeing (Figure 2).

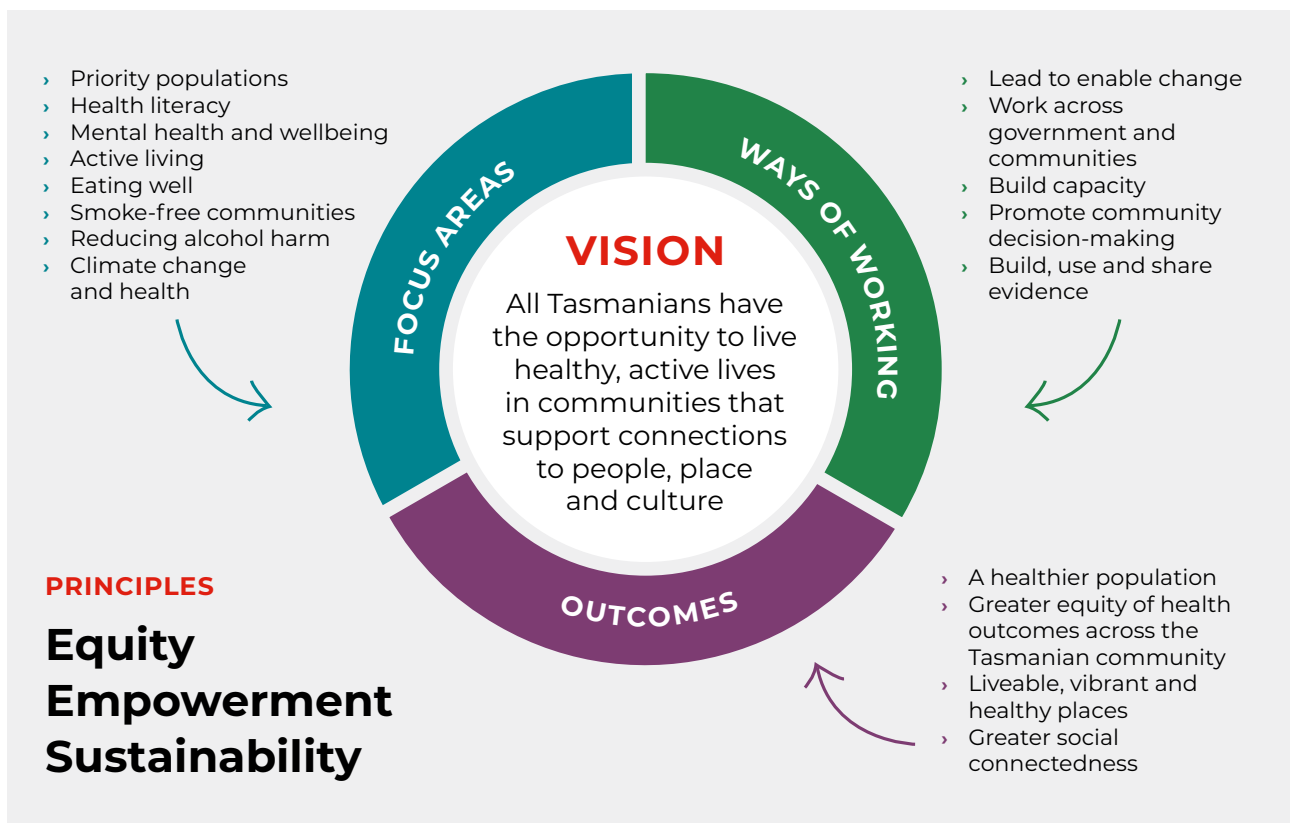


Figure 2. Healthy Tasmania Overview

Healthy Tasmania annual reports

The Department of Health (DoH) publishes annual reports for the Healthy Tasmania strategy which describe some of the activity occurring under the plan and stories of community action.¹³ This interim evaluation report links these actions to the evaluation framework and provides an overview on how these actions are contributing towards the intermediate outcomes identified in the Framework.¹

Healthy Tasmania Fund

The baseline report outlined how the DoH had consulted with the Tasmanian community and undertaken research to inform the development of the Healthy Tasmania Fund 2022 – 2026.^{3,14} The Fund adopted simplified application and reporting processes, tiers of grant amounts and criteria, and additional support for applicants during the grant preparation phase. The four grant categories are:

1. **Step Forward** (small grants of up to \$5,000) with approximately \$150,000 available each year.
2. **Healthy Focus** (grants of \$20,000 to \$100,000) with a total pool of \$3.5 million over two rounds.
3. **Lift Local** (Local Government Grants available for each Tasmanian council) with a total pool of \$580,000.
4. **Healthy Together** (larger grants of up to \$300,000) which will encourage working together in 6 selected communities.

In addition, the DoH partnered with Relationships Australia to support Neighbours Every Day Grants in 2023 – 2024. These very small grants of up to \$2,000 in 2023 and \$1,250 in 2024 were available to community groups and aimed to strengthen social connections and sense of belonging. The total pool available is \$50,000. Full details of the grants program are outlined in Table 1.



Table 1: Overview of Healthy Tasmania grants

	STEP FORWARD	HEALTHY FOCUS	LIFT LOCAL	HEALTHY TOGETHER
Value	\$5,000	\$20,000 - 100,000	\$20,000	\$300,000
Purpose	Support activities and equipment to support health and wellbeing	Support action on Health Tasmania focus areas	For local councils to support activities that strengthen planning for health and wellbeing	Bring communities together to set health and wellbeing priorities, identify and test local solutions
Duration	6 months	1 – 2 years	6 months – 2 years	3 years
Application required	Yes	Yes	All councils were allocated a grant	N/A
Competitive process	Yes	Yes	No	No
Application process	Short form application	Full application	1 page plan	N/A
Review	Reviewed by small panel	Policy expert reviews (round 1 only) Reviewed by multisectoral review panel	Regional workshops to develop ideas	Internal review in consultation with external and community organisations to identify 6 communities
Reporting requirements	One page report within 6 months	6 monthly and final reports	One page report Workshops	6 monthly reports and final report
Rounds Held	2022, 2023, 2024	2022 and 2024	2023 and 2024	2024-2026

This report will outline the activities supported by these grants and some of their outcomes. Many grant recipients are currently implementing the projects supported by these grant streams.

Leadership and governance

The baseline report outlined the community consultation process that informed the Healthy Tasmania governance structure. The plan was to create opportunities to support community input into governance and decision-making processes and collaboration across government and sectors. In 2023 the DoH contracted an external consultant

to undertake a review of the governance for Healthy Tasmania. This resulted in a change to the governance structure with the Planning and Implementation Advisory Group and the Healthy Tasmania Fund working group being retained.

As a result of the review, it was agreed that the planned evaluation of the governance processes would not proceed. This decision means that the evaluation will not be able to comment on how governance has impacted implementation of the plan. The DoH will be evaluating the Healthy Tasmania governance structure in mid-2025.



SECTION 2

The Healthy Tasmania Evaluation Methods

Developmental evaluation approach

The evaluation team from the Menzies Institute for Medical Research (Menzies) has adopted a developmental evaluation approach.¹⁵ Developmental evaluation supports social innovation, adaptive management and systems change. It can guide adaptation to change in complex environments where solutions to problems are uncertain, and where it is unclear about how to proceed.

Developmental evaluation is interested in determining if the project has achieved its intended outcomes and to contribute to the project's ongoing development and refinement as distinct from drawing definitive conclusions about the effectiveness or impact of the project.¹⁶ The evaluators work collaboratively with the project team and evaluation activities need to be responsive to adaptive practices (Table 2). Hence, some of the evaluation questions and activities identified in the Framework and Baseline report may have been modified or abandoned and new evaluation activities commenced as actions under the Plan have progressed.



The evaluation questions addressed in this interim report are outlined below. These are not addressed in full in this report as this developmental evaluation is iterative and ongoing.

- What new funding models have been implemented for Healthy Tasmania and what impact has this had on communities' capacity to identify and respond to local needs, build community capacity and support long term sustainable action for preventive health?
- In what ways have capacity building activities and the sharing of evidence supported communities to identify and respond to local needs and drive cross-sectoral action for preventive health?
- What actions best support community-led decision-making in health?
- What approaches best support intersectoral collaboration in health?
- Are the places where Tasmanian's live, learn, work and play more supportive of health and wellbeing?
- Are more Tasmanians as socially connected across the life course as they would like to be?

SECTION 2



Healthy environments



Empowered communities



Responsive systems

The development of evaluation processes and measurement is underway for the *ways of working* as outlined in the Table 2.

✓ = completed

✓ = in progress

Table 2: Evaluation tasks and progress

WAYS OF WORKING					
PHASES FOR DEVELOPING MEASUREMENT	Lead to enable change	Work across government and communities	Build capacity	Promote community decision-making	Build, use and share evidence
Intermediate outcome					
Develop and agree on an approach for developing measurement and indicators	✓ completed	✓ completed	✓ completed	✓ completed	✓ completed
Develop and agree on the measurement concepts and tools	✓ completed	✓ completed	✓ completed	✓ completed	✓ completed
Data collection commenced and ongoing	✓ in progress	✓ in progress	✓ in progress	✓ in progress	✓ in progress
Sharing outcomes on the way	✓ in progress	✓ in progress	✓ in progress	✓ in progress	✓ in progress
Final report on the data	September 2026	September 2026	September 2026	September 2026	September 2026

Evaluation participants

Evaluation participants (N = 278, Table 3) include:



- Healthy Tasmania Implementation Team
- Key stakeholders from the Healthy Tasmania working groups
- Healthy Tasmania Fund grant recipients
- Healthy Tasmania Fund applicants

Data collection

Data collection commenced in March 2023 and is ongoing. Data collection methods to date have included the following:



- Analysis of documentation and administrative data from the Healthy Tasmania Implementation Team, DoH
- Observations at grant workshops and meetings
- Semi-structured interviews and focus groups
- Evaluation survey: The Healthy Tasmania Fund Evaluation survey was developed in consultation with the Healthy Tasmania Implementation team and was completed by successful and unsuccessful grant applicants. The survey collected data on the grant activities

funded by the Healthy Tasmania Fund, and the experiences and perspectives of applicants when applying for and carrying out the Healthy Tasmania grant.



In-depth case studies were conducted with selected Step Forward, Healthy Focus and Lift Local grant recipients. These grants were selected following a review of administrative data pertaining to the grants including focus area, region, target population and activities or approaches that appeared novel or innovative.

Regular feedback has been provided to the Healthy Tasmania Implementation Team throughout the project to date. This has included regular meetings with the Healthy Tasmania leadership team, sharing summaries of preliminary analysis for specific grant schemes and presentations to the Healthy Tasmania Implementation Team on survey analysis. This information has been used to improve processes for subsequent grant rounds.

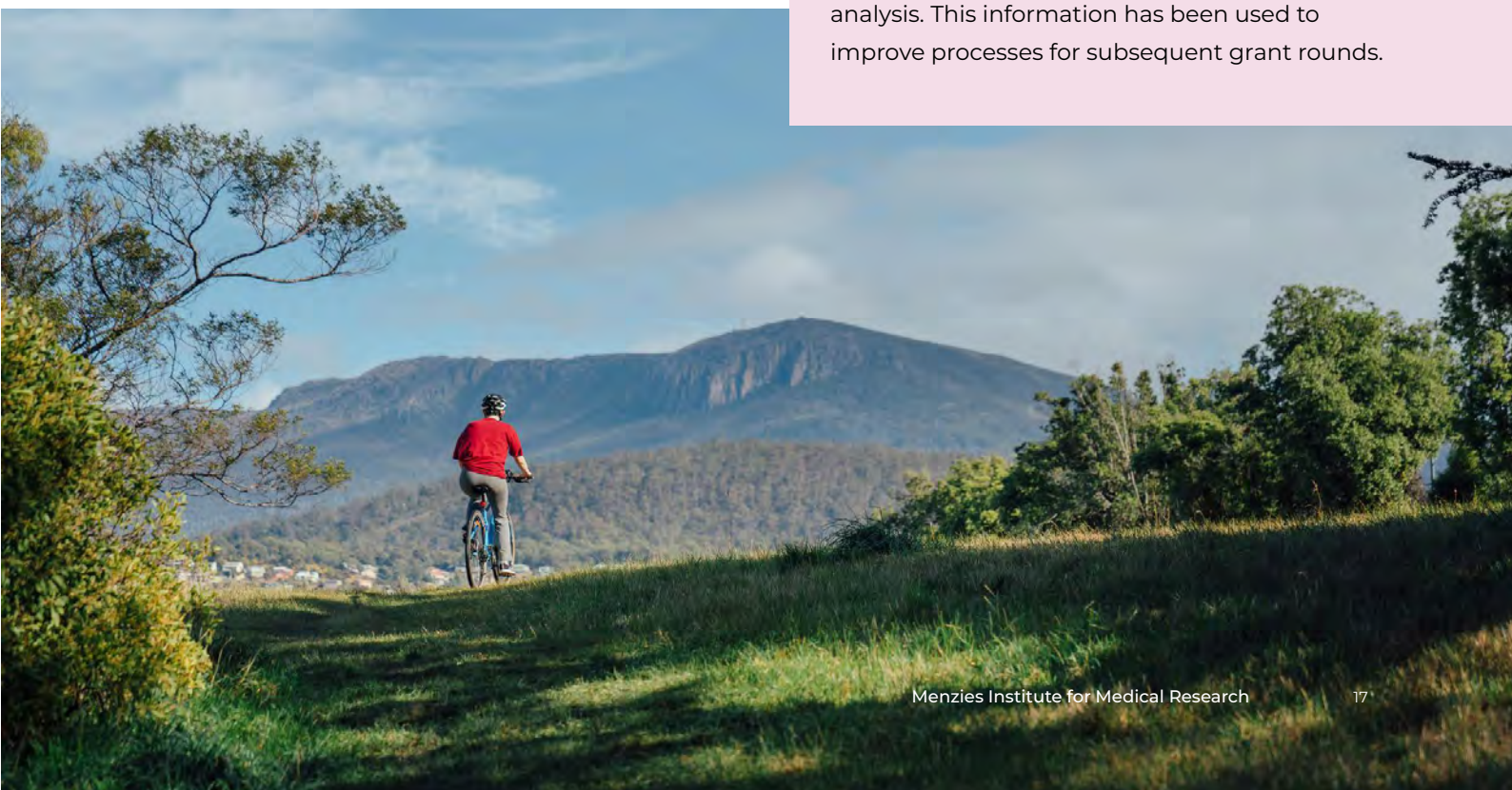


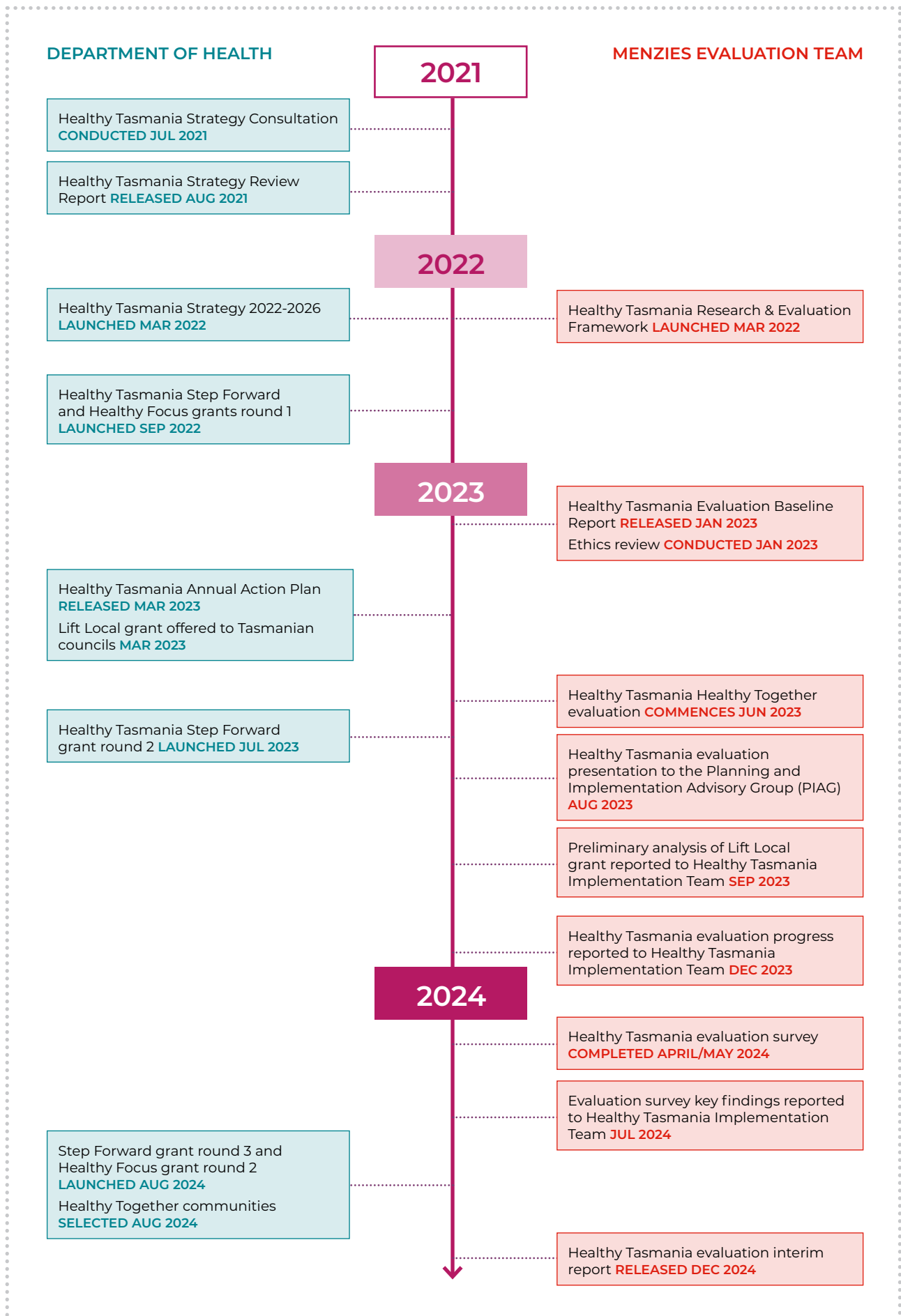


Table 3: Summary of data collection for Healthy Tasmania March 2023-September 2024

	Grant round (if applicable)	Interview*	Administrative data, grant applications, grant EOIs	Workshop or meeting observations	Evaluation survey	Other
Lift Local	2023-24	✓ (n=7)	✓ (n=29)	✓ (n=9)	✓ (n=10)	
Healthy Focus	2022-23	✓ (n=4)	✓ (n=89)	NA	✓ (n=14)	Reviewed application process, feedback provided.
Step Forward	2022-24	✓ (n=5)	✓ (n=34)	NA	✓ (n=29)	Reviewed application process, feedback provided. Summary reports revised.
Healthy Together	2023-24	✓ (see implementation team)	✓	✓ (n=2)		Review documents contributing to selection of communities.
Neighbours Everyday	2023-24	NA	NA	NA	✓ (n=42)	Document review, internal report
Healthy Tasmania Implementation Team	NA	✓ (n=15, Attendance at meetings, review of background documents.)	NA	NA	NA	Attendance at meetings, review of background documents.
Total number	NA	31	151	11	96	

*Some individuals interviewed more than once.

Figure 3. Timeline of key evaluation milestones



Data Analysis and presentation

Documents, interview and focus group data were analysed thematically. Survey data was analysed using descriptive statistics.

Data presented in figures are sourced from the evaluation survey or DoH administrative data. Quotes are sourced from the evaluation survey or interviews and include attribution to the grant category where relevant, or to a non-PHS (Public Health Services, DoH) Healthy Tasmania

Implementation team member (members of the Healthy Tasmania working groups and other stakeholders) or PHS Healthy Tasmania Implementation Team member. All data has been de-identified to ensure participant confidentiality.

Research case studies of work undertaken by the existing research collaboration (the Tasmanian Public Health Research Action Coalition, TasPHRAC) between DoH and Menzies are included in this report.





SECTION 3

Intermediate outcomes



This section presents an overview of the grants funded by the Healthy Tasmania Fund before considering the three intermediate outcomes identified in the Framework as enablers of an effective preventive health system: Healthy environments, Empowered communities and, Flexible systems.

Overview Healthy Tasmania Grants Fund

The survey of Healthy Tasmania Fund grant applicants found that almost all survey respondents agreed that their organisation activities aligns with the purpose of the Healthy Tasmania Fund and many believed grant activities funded by Healthy Tasmania would have long term positive impacts on the community (Figure 4).

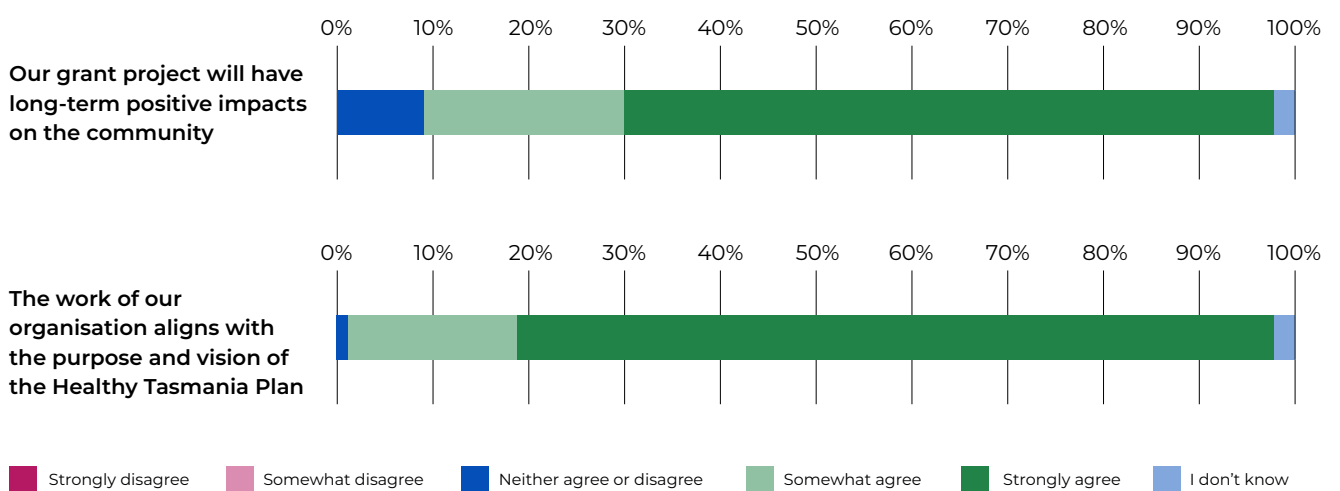


Figure 4: Grant applicants' alignment with Healthy Tasmania Fund purpose and perceived community impact of grant activities. Y-axis represents evaluation survey questions and the coloured bars indicate LIKERT-scale responses. Total n=72. Data is sourced from evaluation survey.

Focus areas addressed by the grants

On review of the administrative data and evaluation survey data it was clear that grant applications and successful grants were not evenly distributed across the eight focus areas identified in the Plan (Figure 5). The most common focus areas identified for grant applicants and recipients were active living, eating well and mental health and wellbeing.

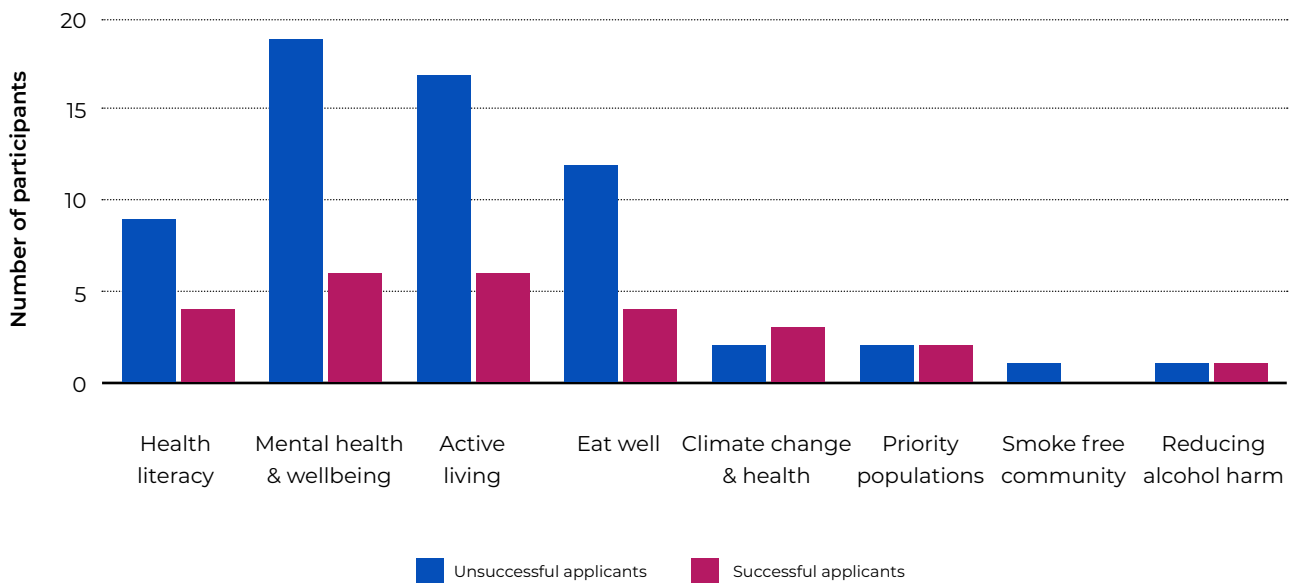


Figure 5: Success of Healthy Focus grant applicants according to main focus area. The primary (left) axis indicates the number of grant applicants which were unsuccessful (orange bars) or successful (green bars) in receiving a Healthy Focus grant in 2023. This is organised according to main focus area of grant applications on the x-axis. Data is sourced from DoH administrative data.

Interviews revealed that while all focus areas represent important avenues for improving health and wellbeing, some focus areas, such as ‘reducing alcohol harm’ and ‘smoke free communities’, present with system, social and cultural barriers. Community groups acknowledged some of these complex issues when implementing activities addressing these focus areas.



Where’s the nexus between allowing sales of alcohol and advertising alcohol, and then on the other hand, we’re telling people not to drink? So for the government, that’s probably a difficult part to manage, a difficult relationship to manage.

Healthy Focus grant recipient, primary focus area is reducing alcohol harm

I think that there’s a lot of stigma around alcohol. And the reality is that in the Australian culture, we normalise drinking a lot. So this is a big barrier as well, because we - and we’re very mindful as well. We’re not saying that no one should drink.

Healthy Focus grant recipient, primary focus area is reducing alcohol harm

To address the unequal distribution across focus areas, the Healthy Tasmania Implementation Team provided funding directly to organisations for projects which addressed under-represented focus areas and/or population groups. For example, funding was provided to the Migrant Resource Centre to address actions in the Multicultural Action Plan, to the Foundation for Alcohol Research and Education for an alcohol reduction campaign and to the Tasmanian Aboriginal Corporation to support the Makara patapa project to reduce smoking rates in the Tasmanian Aboriginal Community. The Healthy Tasmania Implementation Team may need to proactively engage with other community groups who target under-represented focus areas to ensure greater representation of all focus areas.

Analysis of administrative and survey data also highlighted that while grant applications were received from all regions of Tasmania, the

distribution of funding did not consistently match the population distribution across the regions (Figure 6). Notably, funding was disproportionately distributed to the north and south of the state (Figure 6). This was the case even when taking into consideration that some funding was directed to statewide projects. The Healthy Tasmania Implementation Team has worked with the Healthy Tasmania Fund working group and other state funders to map the current funding landscape across Tasmania. It was noted that the distribution of Commonwealth funding as well as state-based funding were important for making decisions around funding distribution. These considerations are outside the scope of this evaluation. It is important that DoH reflects on funding distribution within the broader funding landscape in order to ensure a multi-sectoral and collaborative approach to funding preventive health.

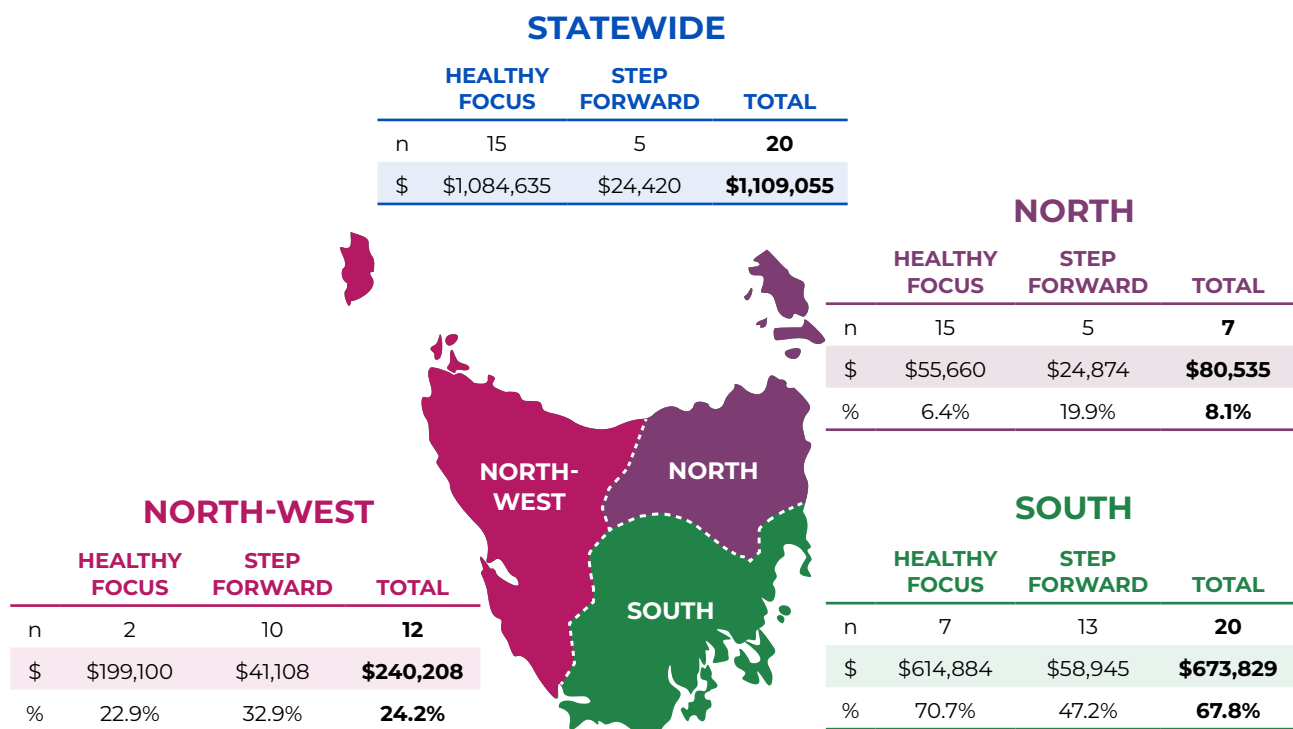


Figure 6: Distribution of Healthy Focus and Step Forward grant funding according to grant project location. % is proportion of total value of funded grants, excluding statewide grants. Data is sourced from DoH administrative data. State population distribution: South: 51.5%, North: 27.4%, North-west: 21.1%. Tasmanian population data sourced from 'Drivers of Tasmania's Future Population Health Needs' (Tasmanian Government, 2022).

Place-based funding and projects

Many of the grants were ‘place based’, meaning that they focused on a specific place or location with strategies tailored to the community’s needs. Place-based and co-designed approaches are led by communities in recognition that local community members are best placed to understand local needs. In the evaluation survey, respondents were asked to describe what was meant by ‘community’, as this was often referred to in grant applications as the target group of grant projects (Figure 7). It was clear that grant applicants’ perceived community as people who lived in local geographic areas and within defined geographic boundaries; reinforcing the finding that Healthy Tasmania grants support place-based projects.

Evaluation survey respondents description of community

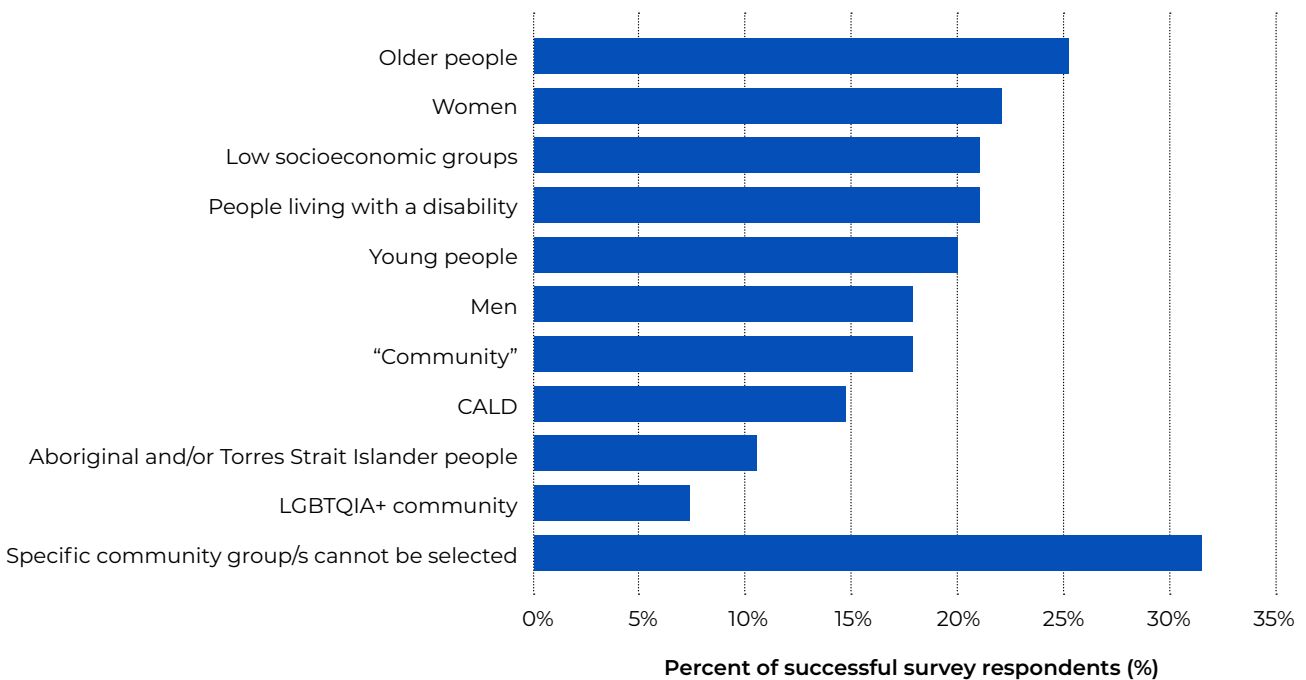
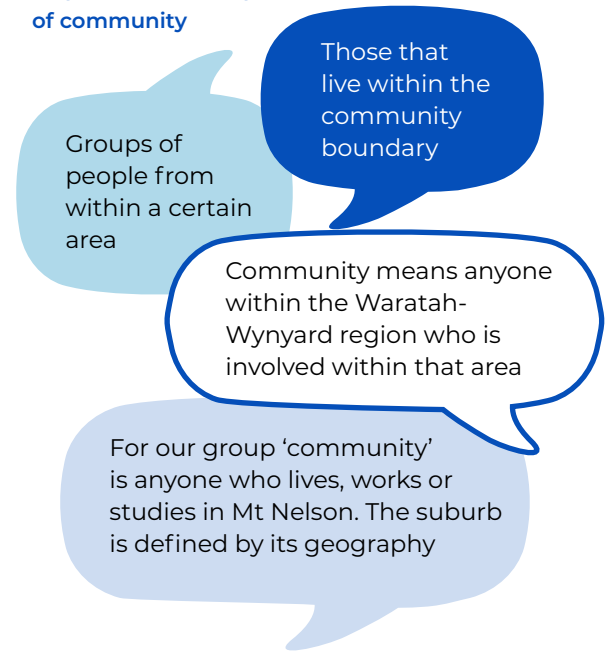


Figure 7: Target community group of Healthy Tasmania grant activities. Survey respondents selected from multiple choice list of priority populations defined by the Healthy Tasmania Plan. The y-axis indicates target community groups and the x-axis indicates the percent of survey respondents which selected the target community group (blue bars). Total n = 72. Data is sourced from evaluation survey.

The inclusion of community members in decision making is discussed in more detail in the following section ‘Empowered Community’.

This place-based approach is evident in the Lift Local grant scheme and the Healthy Together grants which directed funding to Local Councils across Tasmania.

CASE STUDY

Lift Local grants building public health capacity in local government, empowering communities and strengthening collaborations



The Lift Local grant scheme was open to all 29 Tasmanian councils with \$20,000 available to each council to support health and wellbeing planning. The scope of the grant was broad and the only constraint was that the funding could not be used to deliver services. The non-competitive grant scheme was jointly managed by a representative from the DoH and the Local Government Association of Tasmania (LGAT).

This grant scheme was purposely designed by the DoH and was informed by research conducted into previous Healthy Tasmania grant schemes, expert advice and consultation with councils.¹⁴ To 'apply', councils were asked to submit a 2 – 3 sentence expression of interest, attend a regional workshop in person (held in March 2023) and then submit a more detailed plan. All 29 Tasmanian councils opted to be involved in the grant process by May 2024. Following positive feedback about the first round of workshops, follow-up workshops were held in October 2023 and August 2024.

“The feedback [...] from councils was that competitive grants were discriminatory ... competitive grants meant that councils were already well-placed to get money because of the quality of their submissions continued to get more money, while the smaller councils, despite their need, despite their capacity, couldn't be successful with getting grants because of that nature, of how they were judged and how the money was allocated.

PHS Healthy Tasmania Implementation Team

Evaluation interviews with Lift Local grant recipients revealed that recipients appreciated the ease of the process with one council member saying '[the application process is] *so much easier than any other process that we've done*'. Many people noted that this was different from previous Healthy Tasmania grants: '*Usually, a Healthy Tasmania grant is quite complicated, and reporting requirements afterwards are even more complicated.*'

Most of the councils (20 of the 29) aimed to use the grant to develop a plan or strategy, with the rest aiming to run events or activities. Plans included development of community-wide health and wellbeing plans, targeted plans such as a Tracks and Trails Strategies or Youth Strategies, development of a health and wellbeing index, community health and wellbeing snapshot and a tool kit to address climate anxiety.

Councils were able to discuss potential ideas with the administrative team and other councils at the workshops and in the period after the workshops. Staff turnover impacted some councils' capacity to develop their strategies. Many councils said the workshop was very collaborative and the non-competitive nature of the grant scheme was highly valued. Recipients identified the benefits associated with non-competitive grants as fostering the sharing of ideas and collaborative practice across councils.

“Usually, you go to grant workshops and you're all kind of competing for money, so everyone's a little bit like, "I'm not going to share my idea because they might get money." ...Whereas knowing that



everybody in the room was going to get funded for their project, I think it was a lot more open ... I think we all kind of came away saying it was really good to see what the other councils are doing, whereas you don't usually [have that opportunity].

Lift Local recipient

“ [Another participant] sent me through a whole heap of stuff afterwards, which was lovely.

Lift Local recipient

Feedback on workshop facilitation revealed how the Healthy Tasmania Fund team were enacting their working together principles with participants noting the inclusive and collaborative approach to facilitation with the expertise and knowledge of participants acknowledged.

“ Talking about the workshop, it was run very well. It was very collaborative. I was surprised about the way they run that. Usually, there's heaps of PowerPoints and they're telling you what to do. It was extremely inclusive and led by the people who were in the room. That was really great. It actually was very heartening to see how they engaged with us.

Lift Local recipient

The commitment of funding from state government to local government for health and wellbeing activities, irrespective of the amount provided, was considered a demonstration of

the important role local government had in supporting health and wellbeing. Council staff reported that the grant was “breaking down silos between local and State Government”. The grant scheme was identified as “empower[ing] councils to choose” the focus of the grant activity and an acknowledgment that councils “know what [their] community needs” (Workshops).

The establishment of the Local Government Health and Wellbeing Network was also a key outcome of the grant scheme. The process of establishing the network has been progressing slowly, with changes in the Lift Local grants support staff from DoH and LGAT over the course of the grant period. The new team have been working collaboratively to identify ways in which they can sustain a health and wellbeing focus in local councils.

The role of the network will be a focus of evaluation activities in 2024 – 2025.

The way the Lift Local grants have been managed clearly reflects the 5 ways of working outlined in the Healthy Tasmania Plan and categories under responsive systems. The activities undertaken by councils has contributed to empowering local communities and the development of health and wellbeing plans or strategies will contribute to the creation of healthy environments.

The Healthy Together grant scheme

The Healthy Together grant scheme is a place-based funding initiative that provides \$300,000 to selected communities to set health and wellbeing priorities, look at local solutions and test them out over three years (2024 – 2027). Funding can be used to build capacity, bring people together to problem solve and identify shared priorities, take action, connect existing efforts, harness local skills, and enhance community leadership. These flexible grants allow communities to test ideas and adjust as they go. Support will be provided from the Healthy Tasmania Implementation Team based on the needs of the community.



We want to select communities through a non-competitive process to work with, to give resources to them to determine what their priorities were, to have a longer period of time, a slightly larger amount of money.

PHS Healthy Tasmania Implementation Team member

Community selection occurred over a period of 12 months with the Healthy Tasmania Implementation Team reviewing demographic, health and wellbeing data, gathering insights from other funders and departmental staff, reviewing existing programs and funding in communities, areas of need, active connections and collaborations, and support needs. Other factors such as levels of remoteness, readiness, and regional spread and socio-economic disadvantage were also considered.



To get an idea of support needs we looked at readiness signals like strong leadership, known issues, enthusiasm, trust, effective collaborations, networks, community narratives, resources and hope to group communities as either 'ready' (strong networks, leadership potential and active collaborations and connections) or 'engaged' (less well-developed networks or other barriers requiring support). We also considered our capacity to support communities.

PHS Healthy Tasmania Implementation Team member

The short-listed communities were discussed with members of the Healthy Tasmania Fund Working Group and at a working group meeting in February 2023 before finalising community selection. The Healthy Tasmania Implementation Team have used the Victorian Government and The Australia and New Zealand School of Government (ANZSOG) place-based approach best practice guide to facilitate the process.¹⁷

The five selected communities are Clarence, Derwent Valley, Southern Midlands, Tasman, and West Coast. A further grant is for the Tasmanian Aboriginal Community. Based on feedback from Aboriginal Community Controlled Organisations (ACCOs), this grant will follow a different process and are not included in this evaluation.

Following selection of the communities in August 2023 the members of Healthy Tasmania Implementation Team held workshops and meetings with key stakeholders from the communities to assist communities identify other stakeholders to include in the process, which organisation would be best placed to act as the 'host' organisation for the funding, discuss ways of working and commence thinking through potential priorities for communities.



Because a big part of this is about identifying, harnessing, and growing community resources, and funding them to identify local priority setting and a whole range of things. We want to start those conversations with them as early as possible once we've identified those communities.

PHS Healthy Tasmania Implementation Team member

Governance we're still navigating that too. It's a bit of an action learning really.

PHS Healthy Tasmania Implementation Team member

The five Healthy Together communities signed their funding agreements in June 2024 and have commenced establishing the processes that will guide the Healthy Together grants process.

The Menzies evaluation team is developing a Healthy Together evaluation plan informed by the national Place-based Evaluation Framework.¹⁸ This framework highlights the long timeframe required for place-based initiatives to demonstrate population or community level impacts. The Menzies evaluation team will be following the progress of these communities over the next 12 – 18 months, focusing on the enablers for change as identified in the framework as achievable in this timeframe.





Healthy Environments

Healthy environments support people to live healthy lives. Healthy environments are not limited to the natural and built environments, such as air and water quality and the way towns and neighbourhoods are planned. Healthy environments include access to healthy food choices, workplaces, schools, places for people to be active, access to information and digital connectivity, social, cultural and commercial influences. Many of these environments lie outside the health sector which means prevention requires a multi-sectoral, collective effort to create environments that support all Tasmanians to live healthy lives.^{19,20}

The Plan has adopted several strategies to support and strengthen healthy environments. These have included the differential grants program through the Healthy Tasmania Fund, targeted funding towards identified gaps in funding for some focus areas, a focus on place-based initiatives and the use of a cross-sectoral approach to working.

In many cases the environments in which people live, learn, work and play are interconnected and multi-purposed, with many places, organisations and people having multiple roles across the environments where people live, learn, work and play. In this section we will provide an overview of the focus areas and environments supported by Healthy Tasmania.

Environments

To understand how the Healthy Tasmania Fund has addressed the environments in which people live, learn, work and play, the evaluation team thematically analysed Healthy Focus and Step Forward grant applications, Step Forward summary reports and open text answers of the evaluation survey.

The ways in which grant recipients planned to address the environments in which we live, learn, work and play are outlined in Table 4. Some grants aimed to improve the physical environments in which we live, learn, work and play (e.g. improving community infrastructure, upgrading facilities and providing equipment). Others aimed to address the issues and inequities faced by community members by aiming to improve the quality of engagement that community members had when interacting with these environments and by using these environments to deliver people-focused activities. Therefore, grant activities were not limited to specific environments in which people live, learn, work or play, but rather utilised the connection that community members have with these environments to drive positive, meaningful change.



Table 4. Strategies employed by grant recipients which addressed the environments in which we live, work, learn and play. Strategies were identified by thematically analysing Healthy Focus and Step Forward grant applications, Step Forward summary reports and open text answers of the evaluation survey.

STRATEGY	EXAMPLES FROM GRANTS
<p>Increasing the number of community members that engage with an environment.</p>	<p><i>Increasing reach of the environment</i></p> <p>The Men’s Table proposed to open eight new Tables in eight Tasmanian communities.</p> <p>The “Sorell Rivulet Walkway” by the Sorell Council aimed to promote active transport via accessible tracks and trails along the urban growth corridors.</p> <p><i>Decrease barriers to entry of these environments</i></p> <p>“Back on your bike” aimed to improve community members’ skill, confidence and access to bike usage to enable more adults to safely ride bicycles along the local bicycle network.</p> <p>With a Healthy Focus grant, Surf Life Saving Tasmania partnered with others to provide a water safety program for women from culturally and linguistically diverse backgrounds.</p>
<p>Creating new opportunities or ways to engage with existing environments.</p>	<p>The Brighton Youth Action Group was established by the Brighton Council to create new ways for disadvantaged and under-represented youth to engage with and improve their environment. New events included the Brighton Big Banging Youth Night and the community forum during Youth Week in which young people advocated for better health and wellbeing services in their local area.</p> <p>‘Pause places’ created by the Cradle Coast Authority aimed to enable more people to engage with the natural environment by creating places for people to take breaks. Pause places will also encourage walking by improving the appeal of the journey through provision of a comfortable and interesting landmark.</p>
<p>Using the environments as a facilitator or tool to deliver grant activities.</p>	<p>The Hobart Human Library “Books on the Lawns” event run by the organisation A Fairer World used the local park as a place to learn from ‘human books’ after events in previous years were delivered online.</p> <p>Launceston City Football Club used their clubhouse as a venue to deliver Mental Health First Aid Training.</p>
<p>Improving the quality of interaction that people have with the environments</p>	<p><i>Connect people and places</i></p> <p>The “Connecting Women” program was proposed by the Multicultural Council of Tasmania to connect women from the CALD community to Tasmanian services through a health expo and to other women through the ‘Women’s Networking Session’ on education, volunteering and employment opportunities.</p> <p>The Burnie Health Information & Wellbeing Inc created the “Community Connection Directory” to connect residents to groups, services, events and organisations within Burnie.</p> <p><i>Increasing knowledge and skill of community members to allow more meaningful and purposeful engagement between people and places</i></p> <p>Grant programs such as “Plate with a Mate”, “Too Good to Waste” and “Cooking on a Budget” aimed to deliver education and training to improve how community members engage with their healthy eating choices by teaching them how to tend for community gardens, make economical and healthy food choices, and minimize food waste.</p> <p>Grant programs such as “Street Teams” from JCP Youth aimed to deliver educational activities to at-risk and under-served on food and nutrition, physical activity, mental health and wellbeing, community engagement and community service in order to improve the quality of interaction with their environment and reduce interaction with the criminal justice system.</p>

RESEARCH CASE STUDY

Evaluation of the 2022-23 School Lunch Project



What is the issue?

During school days, children consume over a third (37%) of their daily energy at school. However, foods consumed during school hours are often not consistent with the Australian Dietary Guidelines. In addition, some children do not have enough food to eat at school, due to a range of factors including food insecurity.

How has the research project addressed the issue?

The Tasmanian government funded the School Lunch Project, a two-year trial that provided free nutritious cooked lunches for kinder to grade 10 students attending 30 Tasmanian government schools in areas of high socioeconomic disadvantage. The lunches were provided 1-4 days per week, either prepared at the school or at the central kitchen (Loaves and Fishes Tasmania). This study aimed to evaluate the School Lunch Project.

Using a developmental evaluation approach, the implementation team (staff from School Food Matters, Loaves and Fishes Tasmania, and the Tasmanian DoH), students, parents, and school staff, completed surveys, participated in focus groups or interviews, and/or workshops. To determine if the School Lunch Project was associated with attendance or wellbeing, the Department for Education, Children and Young People provided routinely collected attendance data and the results from the Student Wellbeing and Engagement Survey.

Relevance for policy and practice?

Many countries around the world provide cooked school lunches for students and there has been increasing interest around Australia to change the current lunch system of lunch boxes and canteens.

Before implementing a statewide (or national) school lunch system, it is important to assess the feasibility, acceptability, benefits and challenges of providing cooked lunches in Tasmanian schools.

In 2024, the Tasmanian State government committed \$14.6M to expand the School Lunch Project to an additional 30 schools during 2025-26. The findings from this evaluation will inform decisions about scale-up of the School Lunch program in Tasmania and adoption in other states.

Outcomes

During 2023, 191,968 meals were provided to 4,088 students (7,252 lunches per week). The School Lunch Project was generally well received by the school community and stakeholders. Challenges for the implementation team included the short-term funding and reliance on in-kind support. Key challenges for schools included: encouraging some student to try the meals, catering for allergies, resourcing, finding staff with the appropriate skill set. Students requested greater food choices and more involvement in the project. Benefits included: all students had access to a healthy lunch, opportunity for students to try new foods, and increased social connection. The median cost to provide a cooked lunch reduced from \$11.55 in 2022 to \$9.98 in 2023, reflecting economies of scale. Most parents (96%) said they would be willing to pay for the lunches in the future, with a median of \$3 per meal. No associations between the school lunches and school attendance or student wellbeing were evident at this stage.^{21,22}





Empowered Communities

Empowerment is one of the three principles underpinning the Plan and embedded in the ways of working: promote community decision-making (Figure 2). The original governance structure was designed to reflect this principle, but we are unable to comment on if or how the governance process has contributed to this outcome.

Reviewing the Lift Local grant plans for the councils revealed that 23 of the 29 councils incorporated consultation with the community into their project plans. Two of the remaining six councils referenced recent community consultation informing activities.



Community Consultation and Engagement will be a high priority and focus during the development of the Strategy.

Lift Local recipient, South

What I really want is a clear idea of where the community stands at the moment and what is needed in the future, so we can either bring in the programs, advocate to the state government or reach out to the health services to fill the gaps.

Lift Local recipient, North-West

In some councils the consultation involved a particular population group such as the local Tasmanian Aboriginal community or young people.



This plan is about heart, history and belief to build a sustainable platform for young people aged 12-25...to feel heard, be seen and ultimately improve health and wellbeing outcomes.

Lift Local recipient, South

The 'Final Report for the Local Government Review' included a recommendation to include a statutory requirement for councils to consult with local communities to identify wellbeing priorities, objectives, and outcomes in a new Local Government Act.²³ This evaluation reveals that most councils are supportive of community consultation being used to inform the development of health and wellbeing plans. Almost half the councils (48%) used the Lift Local funds to pay consultants to facilitate the community consultation activities. This indicates that not all councils felt they had the skills or capacity in-house to undertake extensive community consultation. Future training as part of the Local Government Health and Wellbeing Network could help to build capacity of councils to do this in the future.

As the projects progressed it became clear that many councils were adopting new and more diverse community consultation strategies to gain a deeper understanding of the needs of different groups within their communities.



Strategies for community consultation included:

- A data party with key stakeholders from local organisations
- Targeted in-person consultation in smaller towns in the municipality
- Involving service providers in the in-person consultations
- Selecting diverse community leaders or community champions and asking them to hold conversations with groups across the community and report back
- In-person consultation focused on older people or those people who are more socially disconnected
- Combining in-person consultation with a meal or health checks
- Community consultation workshops
- Youth social activities

While a few councils reported some challenges with their community consultation such as consultation *'fatigue'*, the majority reflected that as well as providing valuable information and data on the needs and priorities of their community these approaches enabled the community to feel *"heard and acknowledged"*, *"allowed time to build relationships with community,"* and were *"empowering the community"* and *"enabling the community to lead [the] change"*.



Some councils reported that these broader consultations had resulted in greater community ownership of the subsequent health and wellbeing plans.



Traditionally the council would have had less consultation and outlined what it was going to do. This new plan has a stronger sense of community ownership.

Lift Local recipient, North

Engaging with specific community groups had resulted in critical outcomes beyond the primary aim of the project. For example, the development of an Aboriginal artwork as part of their Reconciliation Action Plan in one council had strengthened the relationships between the community and council.



What we are hoping to do is showcase a gold standard practice for engaging Aboriginal artists ... Learning from that, that even in that process, there's a lot of going back and seeking advice from Aboriginal elders before we even got to that point of putting out an expression of interest. ... This way has been a lot more considered and it's helped us be more trusted... in this sense, we've gained a lot more.

Lift Local recipient, South

Engaging with youth in another council through a series of social activities and one key event had resulted in the establishment of a Youth Advisory Group. The event won the 2023 'Local Government Delivering Excellence Award' in the Larger Councils (with population over 15,000) category. It

was reported that members of the Youth Advisory Group were sitting on other community groups and the group was being actively sought out by other organisations for input to ensure young people’s voices were represented across the municipality and beyond.

These ‘community focussed’ experiences of the Lift Local grant recipients extended to recipients of all Healthy Tasmania Grants, as the evaluation survey found that most recipients reported that the community had input into the development and delivery of their grants (Figure 8).

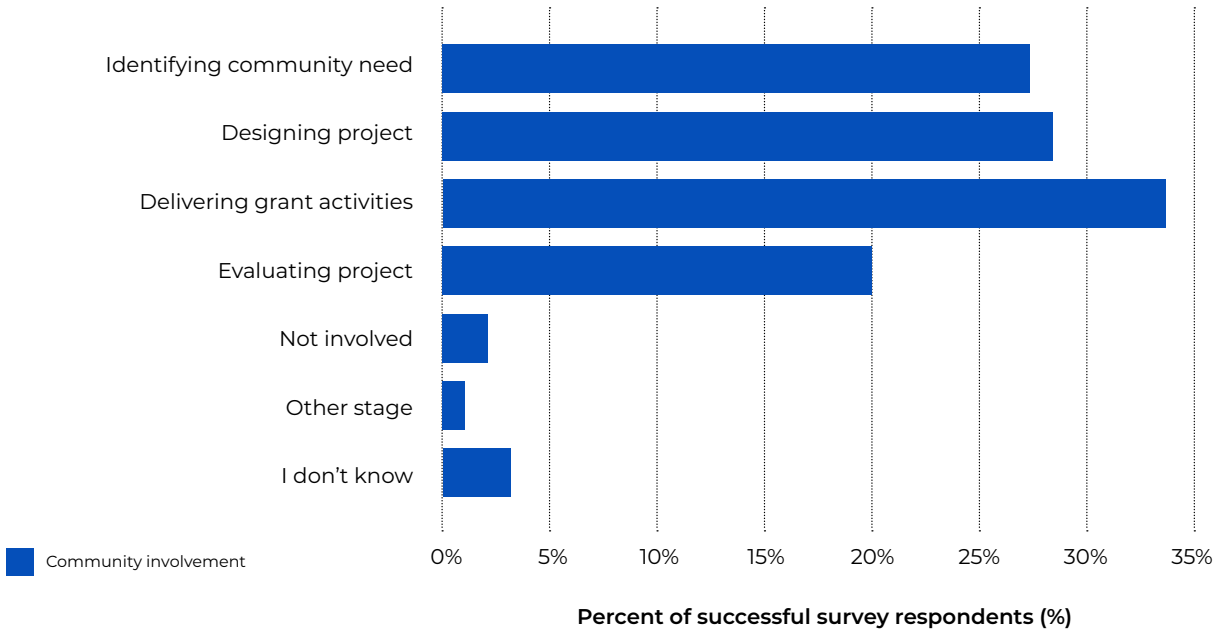


Figure 8: Community involvement in execution of Healthy Tasmania grants, according to grant stage. X-axis indicates grant stage and y-axis indicates percent of survey respondents who received a Healthy Tasmania grant. Total n = 72. Data is sourced from evaluation survey.

Further analysis of community involvement in grant activities is outlined under ‘promote community decision making’ within Section 4: Ways of working.

Achieving community empowerment has also been encompassed in the way the Healthy Tasmania Implementation Team have been working with councils and other organisations. For example Lift Local grants have enabled councils to identify community needs, hence empowering communities to identify, advocate and negotiate terms for their specific needs.

“
Trying to, I guess shift or share, change the power dynamic and changes in decision making and trying to involve communities that you’re funding in decision making and enabling them to do that.
PHS Healthy Tasmania Implementation Team

RESEARCH CASE STUDY

Communities for Walkability: Empowering rural Tasmanian communities to identify priorities for creating safe and walkable environments



What is the issue?

Many Australians, and particularly those living in rural areas, are not regularly active meaning they are at higher risk for many common chronic conditions and diseases. People that live in cities designed to support walking, cycling, and wheeling are more active than those living in cities that do not support active modes of transport. But little is known about which features of the environment are important for rural and regional communities, because there has been little research conducted in these areas.

How is the research project addressing the issue?

The Communities for Walkability project firstly used an established national walkability indicator to geospatially map how walkable 92 small rural Tasmanian towns were. The research team then worked with 10 of these small Tasmanian towns in-depth to better understand the lived experience of walkability in each town. Citizen scientists in each town walked 1-1.5km sections of their town, took photographs of highlights and issues, and assessed various features such as footpaths, shoulders and verges, traffic volume, and road safety using our online audit tool. Community members attended workshops to discuss findings, identify priorities, and propose solutions. Reports for each town were shared with community members, who were supported to use them to advocate for changes to the environment to support active living.

Relevance for policy and practice?

Community-identified priorities and solutions are highly relevant for local councils and state governments, particularly in planning works



and maintenance programs and developing longer-term transport, health, and wellbeing strategies. Common issues included poor or limited infrastructure, lack of connectivity, absent or poor-quality footpaths, pedestrian safety, and accessibility. Policy- and decision-makers need to consider these issues to support their communities to lead healthy active lives. The Sorell Council drew on the Primrose Sands Report to inform the development of an Active Transport Strategy through the Lift Local grant scheme.

Outcomes

Citizen scientists have advised that involvement in this project has played an important role in their successful advocacy efforts to create environments that support active living. This includes for example through election promises for walking tracks to connect towns, council grants to construct shared pathways, reductions in speed limits, and informing local active transport strategie.²⁴



Responsive Systems

The National Preventive Health Strategy identifies the need to take a systems-based approach to improve the health and wellbeing of all Australians due to the interconnected factors that contribute to good health.¹⁹ A systems approach identifies the fundamental and interconnecting causes of complex issues such as chronic disease. This approach requires governments, organisations and individuals to work together in a coordinated and flexible way to bring about change.

The Framework identified Responsive systems as the third important intermediate outcome of the plan.¹ Nine factors were identified as contributing to this outcome: Greater shared decision-making, Greater intersectoral action, More inclusive leadership, Greater collective responsibility, Better data sharing, Evidence informed actions, Increased capacity, More responsive funding model, Effective communication and engagement. Focusing on the Healthy Tasmania Fund provides evidence for how Healthy Tasmania is contributing to building and strengthening the factors that contribute to an effective prevention system in Tasmania.

As previously outlined, in response to research, consultation with other granting organisations and feedback from the Tasmanian community, the Healthy Tasmania Implementation Team adopted new grants processes for the Healthy Tasmania Fund 2023 – 2026. The revised grant

scheme was designed to be more responsive to the needs of the community, simplify application and reporting processes, reduce the burden associated with short term competitive funding models, and targeted for different purposes.



So I think when we thought about what that new funding would like, we broke that down and had - the different types of grant steams are meant to try and work together, they complement each other, and they have different functions.

PHS Healthy Tasmania Implementation Team member

The aim was to ensure the Healthy Tasmania grant scheme did not duplicate existing grant programs nor add to the burden of community organisations. There was recognition that a more coordinated approach to grant funding across organisations could enhance the work being done within the Tasmanian community.



If there are other communities, other funders that are going into the same space, how can we do that in a way that is teamed up and doesn't harm or meet the community where they're at and what they need as well and help support them from that spot.

PHS Healthy Tasmania Implementation Team member

A big criticism from the research we have undertaken is that communities feel like there's a start/stop, start/stop approach and then we don't capitalise on all the good work that has happened already. Healthy Tasmania has taken advantage of all the work that's already happened in the community we are in and actually built on.

PHS Healthy Tasmania Implementation Team

As highlighted in the Lift Local and Healthy Together Grant Case Studies (see p. 26), the new approaches in the Healthy Tasmania Fund were designed to be flexible, responsive and complement existing funding and other initiatives in communities. Within the new grant structures, DoH wanted to reduce burden on community-based organisations around administrative procedures and processes.

“

Another key feedback was that we as government organisations are not transparent enough, are always using the same rigid processes that are too arduous and too time intensive and you need to have quite a high level of bureaucracy knowledge to even write the grant that then sits and fits somewhere.

PHS Healthy Tasmania Implementation Team

The only thing we've done differently is ask for different documents, change the wording and that's basically it. The application form itself really hasn't changed that much since the first round of funding, we've just tightened it up a fair bit.

PHS Healthy Tasmania Implementation Team

In this way, the new approach aims to open doors and build capacity within the community sector and encourage organisations who had not previously applied for grants to apply.

“

I think one of the other really positive things that came out of that conversation around selection was a recognition of good ideas as opposed to well written applications and a recognition that this is part of a community development process around allowing people or communities to get funding to develop their own solution.

Non-PHS Healthy Tasmania Implementation Team

Whilst the administrative load was reduced for grant applicants, grant applicant reviewers reported that the commitment required was higher than expected. For example, reviewers for the 2023 Healthy Focus grant scheme were required to review all 89 applications. This feedback was relayed to the PHS Healthy Tasmania Implementation Team by the Evaluation Team.

“

The first time I was on the panel it took me, say, 10 hours and I was speaking with a view of applications to just go through the applications. It was a very lengthy process, which is not something that people at my level have a lot of time for, if I can be quite honest.

Non-PHS Healthy Tasmania Implementation Team

Suggested changes included shortlisting grants prior to external review, sharing the reviewing process and ensuring grants were in scope. Grant reviewers reported some improvements prior to the second round of review.



SECTION 3



A lot of the questions that I had to answer in previous iterations were not that relevant to an external evaluator to make an evaluation... [in the second grant round] we looked more at the outcomes and value-for-money propositions and the scope of the project in itself which was more straightforward and useful for a panel member.

Non-PHS Healthy Tasmania Implementation Team member



The evaluation thus far has captured information on how grant applicants for Step Forward, Healthy Focus and Lift Local have responded to the new approach to Healthy Tasmania grant funding. In surveys and interviews, grant applicants described an appreciation for the simplified application and reporting expectations associated with these grants (Figure 9).

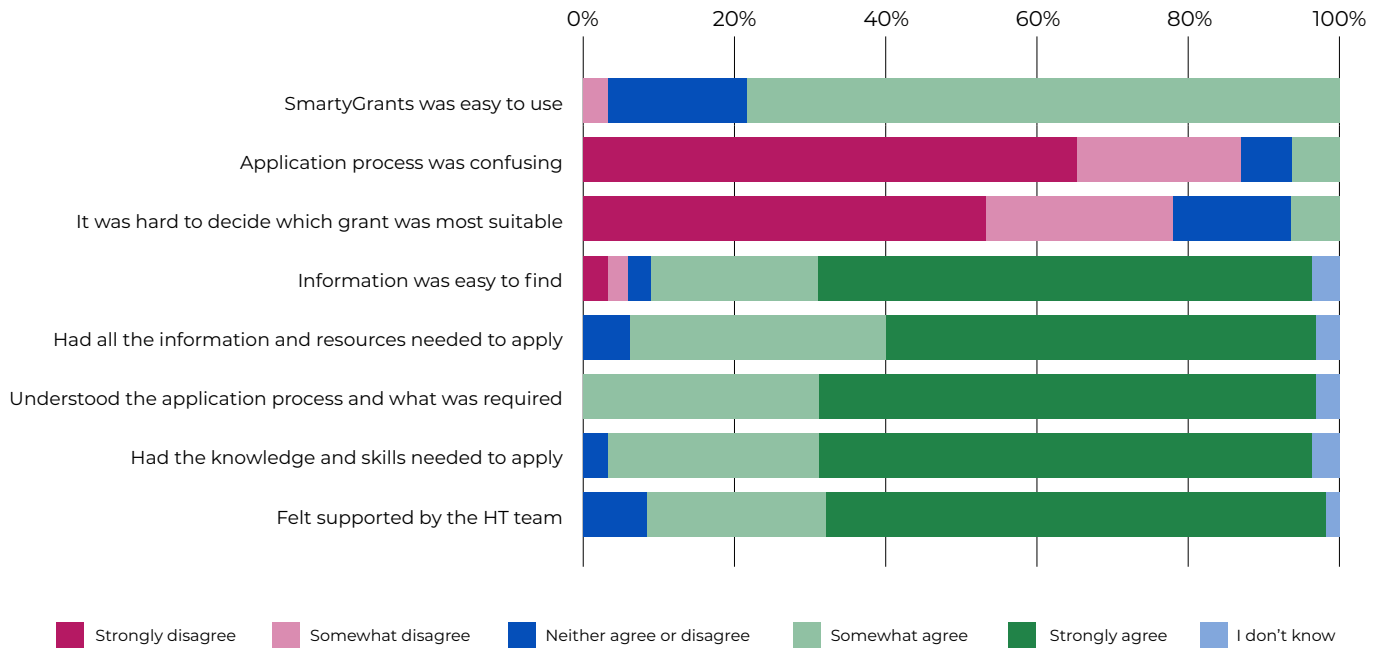


Figure 9: Appraisal of Healthy Tasmania grant application process by successful grant applicants. Y-axis represents evaluation survey questions and the coloured bars indicate LIKERT-scale responses. Total n=72. Data is sourced from evaluation survey.

However, as grant application are often done 'off the side of desks' there was still a reasonable administrative load for completing some grant applications. This was noted by successful and unsuccessful Healthy Focus grant applicants.



The simplicity of application is commendable.

Lift local grant recipient, location unknown

It's a lot of work to apply, especially for a small team. In theory, collaboration sounds great, but working together and forming partnerships takes time, not necessarily feasible in the time frame.

Healthy Focus unsuccessful applicant

It was relatively straightforward, but I had help from two of my colleagues here who are very good at that sort of admin-y type of stuff. So that's why it was straightforward for me.

Healthy Focus grant recipient

Successful grant applicants found the grant application portal easy to use (88% agreed), all understood the requirements of the application process (97% agreed) and the use of simple, clear language made the application easier. However, a few (6%) did express some confusion about which grant scheme was most suitable for them to apply for (Figure 9).



It was good logistically because it was really easy to understand, it was plain English.

Step Forward grant recipient

I found it great. Really, really good. Yeah, so much easier than any other process that we've done.

Lift local grant recipient, location unknown

Unsuccessful grant applicants (n=23) found the grant application process more challenging, reporting higher levels of confusion when applying (18% agreed) and when deciding which grant to apply for (36% agreed).



Importantly, the simplified application process made applicants feel trusted by government to make decisions about how best to use the funds.



But it was really nice. I felt like what the grant process was saying to me as a professional was, 'We trust that you know what you're doing. We know that you have no money to do it. Here's a bit of support. Good luck. We'll see how you go'.

Step Forward grant recipient

In interviews, Healthy Focus applicants maintained that the grant guidelines were not prescriptive, and did not have pre-determined expectations of what appropriate programs would look like. This empowered applicants to take authentic action to support their communities.



I was impressed by the way they were open to different interpretations of how you could promote - lead to greater health. And they were open to ideas like this, which is very much a software and hardware combination... [Healthy Tasmania Fund is] a flexible program that was open to innovative ideas

Healthy focus grant recipient

Successful and unsuccessful grant applicants felt supported by Healthy Tasmania Fund team whilst applying for Healthy Tasmania grants (90% agreed). Support was accessed by utilizing the information that is publicly available, which 88% of applicants reported was easy to find, and some utilised support offered by the Healthy Tasmania Fund team staff to address enquiries.



"I liked that they were accessible and were available if we wanted to ask any questions. And I think that might be the point of difference as well that I did like about this, that we could talk to them some more rather than here's the application, put it in, and then see what happens. But they were accessible to us."

Healthy Focus grant recipient

"It was most helpful and pleasing to be approached by a representative of the grants to communicate in person and encourage us to apply. It would be good for a repeat of this as a personal touch makes a difference."

Neighbours Everyday grant applicant

In preparing their grant application two-thirds (n=66, 69%) of successful and unsuccessful survey respondents indicated that they had sought information about the Healthy Tasmania Fund. Information was accessed from the Healthy Tasmania website and the grant guidelines to learn about the grant programs and the Healthy Tasmania Fund generally (Figure 10).

This information supported the application process, with 89% of all applicants agreeing that the information was useful, and 72% of successful applicants agreeing that the information strengthened their application.

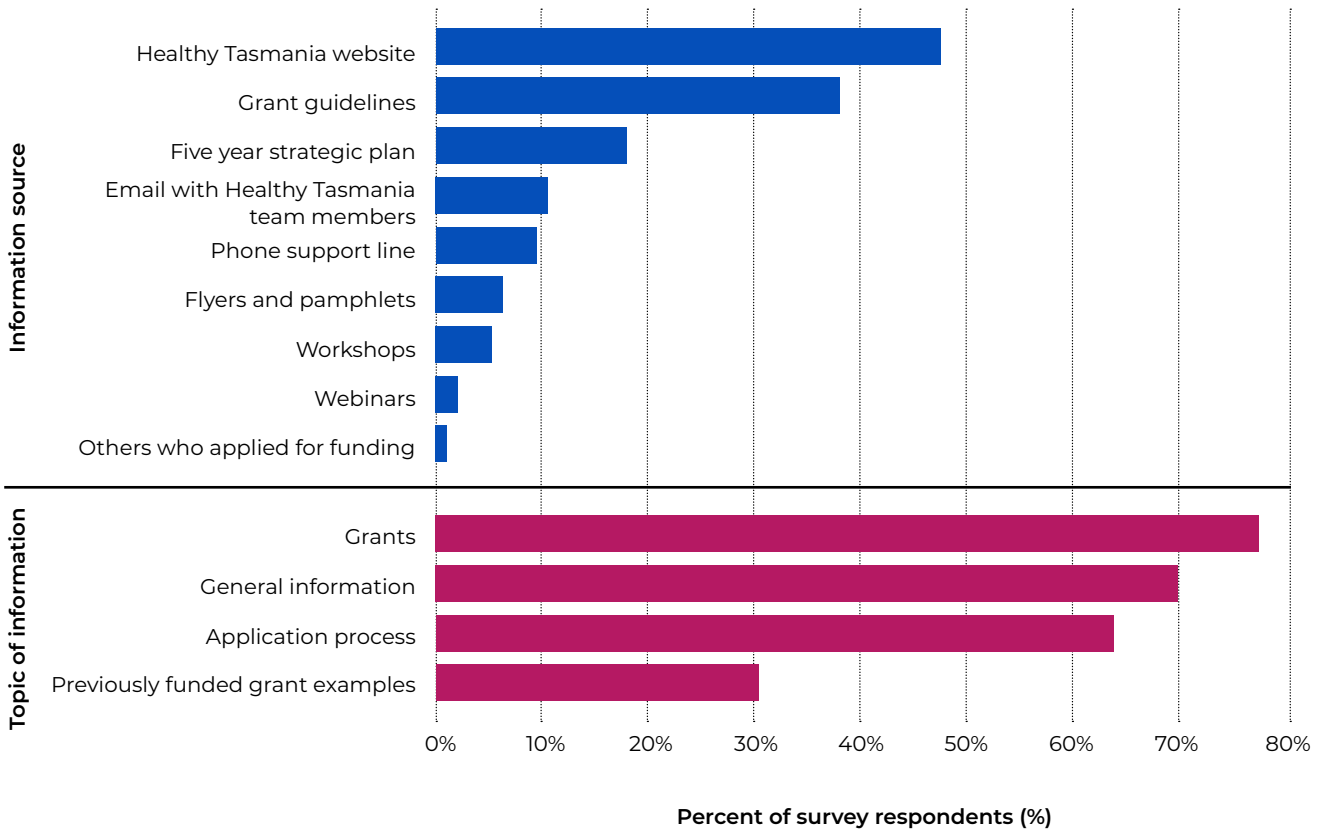


Figure 10: The information accessed by Healthy Tasmania grant applicants. Information source data was reported by successful survey respondents. Topic of information data was reported by both successful and unsuccessful survey respondents. Total n = 72. Data is sourced from evaluation survey.

Unsuccessful survey respondents who received feedback on their application (n=23, 52%) expressed mixed responses to the feedback provided, with 58% indicating that they did not find the feedback useful.



“Our application was totally focussed on health and wellbeing [...] yet the feedback stated that there wasn't focus on health and wellbeing so we were somewhat confused.”

Step Forward grant unsuccessful applicant

Overall, data collected from grant applicants illustrates that systems and processes that are responsive to the needs of the community is effective in enabling positive health and wellbeing change.



RESEARCH CASE STUDY

Co-designing solutions to combat e-cigarette use

What is the issue?

Use of e-cigarettes is one of the most pressing public health issues facing young people. There is an urgent need for new policies and programs to reduce the uptake and increase cessation of e-cigarettes among young people.

How is the research project addressing the issue?

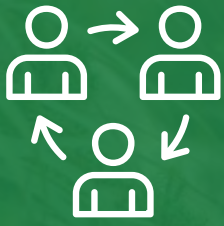
The project involves a participatory action research process where young people are involved in co-designing solutions to reduce the uptake and increase cessation of e-cigarette use.

Relevance for policy and practice?

Policy makers, educators and health professionals are grappling with how to address e-cigarette use in young people. This research is directly informing the actions of stakeholders across these areas to tackle e-cigarette use in Tasmania.

Outcomes

So far, the research has involved two cycles of the action research process, including speaking to over 80 young Tasmanians. The research has informed the direction for currently planned public health campaigns and provided guidance on the development of new interventions such as Quit Tasmania's vaping campaign and DoH Smoke Free Young People resource development.



SECTION 4

Ways of working

The actions taken under the Healthy Tasmania plan are underpinned by the five ‘ways of working’. These ways of working guide the Healthy Tasmania plan to achieve positive impact in a way which champions relationships, communities, cultures and places; understanding that united and empowered community voices can inspire meaningful change.

The ways of working are:

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

This interim evaluation report summarises data that illustrates the ways of working in practice, how they underpin the DoH led administration of Healthy Tasmania Fund grants, how the ways of working are embedded into the actions of Healthy Tasmania grant recipients and how the ways of working contribute to the intermediate outcomes of the Plan.

Work across government and communities

A cross-sectoral and collaborative approach to working has been taken by the Healthy Tasmania Implementation Team and community members/grant recipients involved in the Plan. Working groups established to govern the Plan, such as PIAG and the Healthy Tasmania Fund working group, include diverse representation from the community organisations, peak bodies and government. The diversity in members of the Healthy Tasmania governance structure was purposeful, with the inclusion of community organisations within these groups adopted in response to feedback during consultations for the development of the strategy.



We're trying to – we've set up a governance structure that's really quite different. In the past we've never really had much community representation on that and I think that is a really - already that's been a massive element that allows us to work in a more collaborative way with other agencies.

PHS Healthy Tasmania Implementation Team

That's probably one of the biggest things that I've seen is there's that cross-agency working, sharing of knowledge, openness to actually take on - I suppose really just to work together and not do harm to communities

PHS Healthy Tasmania Implementation Team

As noted, in-depth evaluation of how this governance structure has impacted intersectoral action has not been undertaken. Indications from the Healthy Tasmania Fund working group members were that the efforts to reduce the duplication of work across sectors and strengthen diversity within governance structures was considered a strength of this approach.



As for the different panel members, I really appreciated that they came from different backgrounds, employment backgrounds, so there were people from education, from sport, DPAC [Department of Premier and Cabinet], the primary health space, involved in there and mental health and alcohol and other drugs.

Non-PHS Healthy Tasmania Implementation Team

The Healthy Tasmania Implementation Team has also built on their existing relationships with LGAT in recognition of the important role local government has in supporting health and wellbeing.



There was a long track record of many years working with LGAT so we were growing that. The new strategic plan really highlighted the importance local government and that had come through loud and clear.

PHS Healthy Tasmania Implementation Team member

Healthy Tasmania grant recipients also worked across government and community by prioritising meaningful collaboration with community members and partnerships with external organisations to ensure high quality, grant activities with broad reach. Collaboration with community and external organisations was utilised at all stages of the grant, but most commonly during the delivery of grant activities (Figure 11). Collaboration was highly valued among survey respondents as 81% agreed that collaboration improves grant outcomes.

Partnering with external organisations and businesses:

- The majority (n=48, 67%) of Healthy Tasmania Fund survey respondents partnered with external organisations to support grant activities, from the identification of the community need and conception of a grant proposal, to the delivery and evaluation of grant activities.
- Most (n=37, 77%) grant recipients collaborated with two or more other organisations.
- Many grant recipients formed new partnerships (n=36, 75%), and most (n=26, 72%) agreed that these would not have been formed without receiving Healthy Tasmania funding.
- Partnerships utilised during the Healthy Tasmania grant activities were strengthened through this process (n=34, 71%) and it was anticipated that these would continue beyond the funding scheme (n=40, 83%).
- Partnering with other organisations took time to develop and maintain relationships *“Time to do this not written into grant hours”* And *“It’s a lot of work to apply, especially for a small team. In theory, collaboration sounds great, but working together and forming partnerships takes time, not necessarily feasible in the time frame”*

Healthy Focus applicant survey respondent



Collaborating with community members:

- Almost all (n=67, 93%) grant recipients collaborated with community members, and of these 83% agreed that the Healthy Tasmania grant improved their connection to the community.
- Community members were involved across all stages of the Healthy Tasmania grants.
- Community involvement in grant activities allowed the grant activities to better address community needs, resulted in more meaningful

outcomes for those involved, and had positive impacts on community wellbeing, “Greater connectedness in the community group with people in our community” and “The outcomes and benefits are amplified and there’s a sense of ownership and engagement throughout the delivery process”

- Engaging with community members was sometimes challenging if the target community members were from marginalised or culturally and linguistically diverse communities.

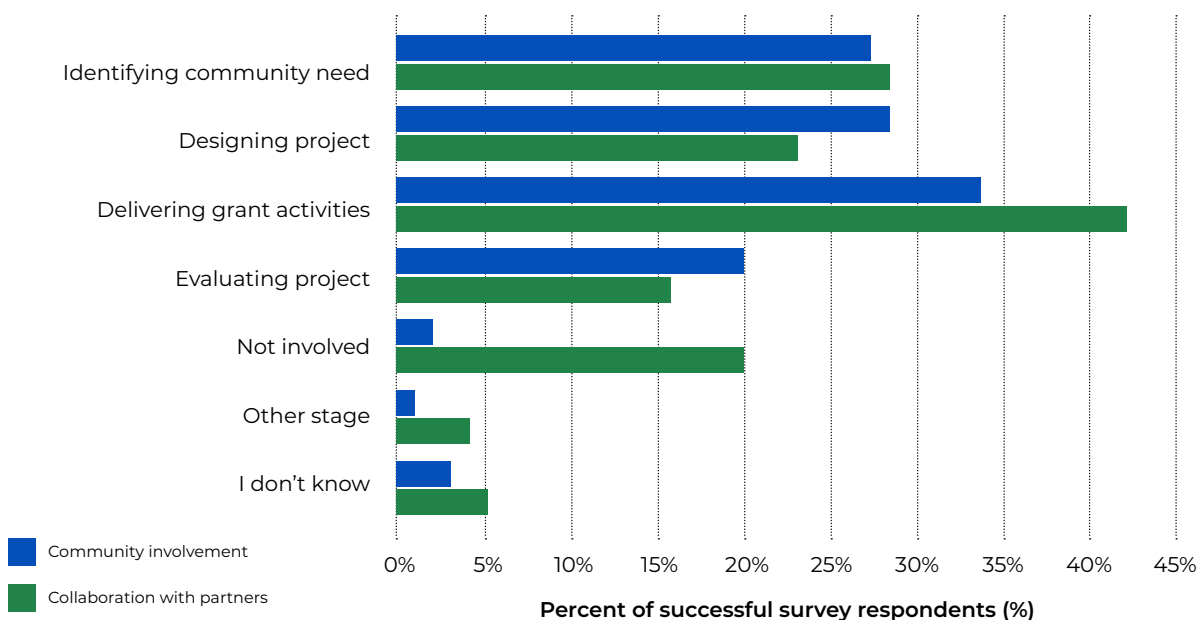


Figure 11: Collaboration with community and partnership with organisations by Healthy Tasmania grant recipients. Total n=72. Data is sourced from evaluation survey

When in conversation with grant recipients, these individuals and community groups communicated a ‘stronger together’ approach to work, in which partnerships and collaborations were sought out and nurtured in order to maximise reach, quality of activities and impact (Figure 12). Importantly, this evaluation has highlighted that not only does working across government and communities enhance the work conducted by community groups, but for some, this plays an important role in the sustainable viability of these community projects.

“ So for us sustainability is very much in the forefront of the work that we’re doing. So trying to set it all up so that it continues and it doesn’t hang on specific people or even a specific organisation doing it. And that’s why we’re so focused on partnership
Healthy Focus grant recipient ”

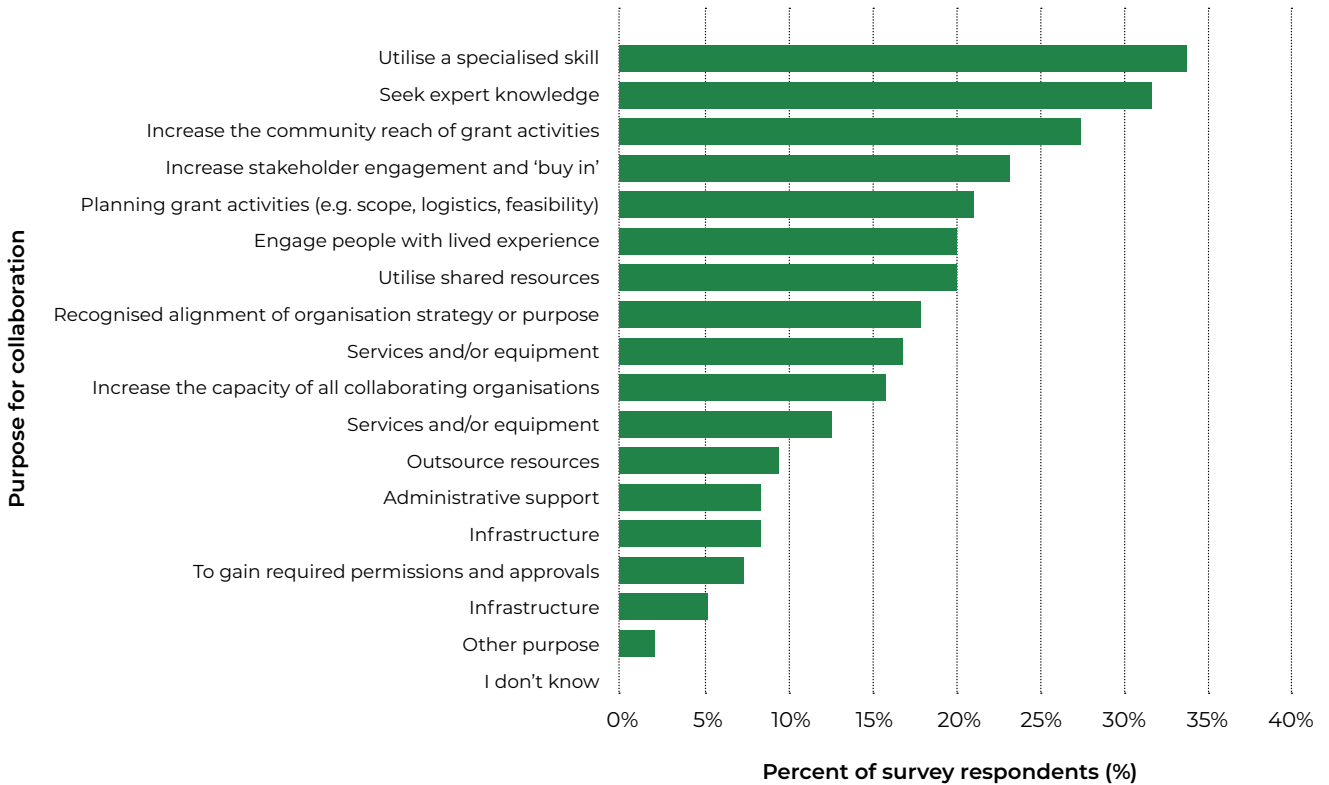


Figure 12: Purpose for collaboration between grant recipients and external groups or organisations. Y-axis indicates purposes for collaboration and the x-axis indicates percent of survey participants who received a Healthy Tasmania grant. Total n = 72. Data is sourced from evaluation survey.

Promote community decision making

The Plan garners a community led approach in which individuals and community groups are enabled to authentically advocate for and address the unique needs of their communities. DoH staff involved in the design of the grant structure explained that the challenges faced by communities are best understood by those who live there with community groups and members well-placed to create solutions to these challenges. Responding to this the competitive grants, such as Healthy Focus, Step Forward and Neighbours Every Day, were non-prescriptive with respect to grant activities. This enabled grant applicants to have more agency in the design of grant applications and to more authentically advocate for their community needs, rather than retrofit activities to meet grant expectations.



This application has left me feeling valued and trusted as a community worker. Not needing to complete hours' worth of writing for the grant demonstrates a trust in our capacity as professionals to deliver on the proposed projects- it has inspired me to be creative with the project because the application was so user friendly. Thank you!

Step Forward grant recipient

This approach to promote community decision making was reflected in data collected from grant recipients who described feeling trusted to make decisions and undertake activities that best suited the needs of their own community. This was supported by survey data which illustrated that

grant recipients who identified new needs among their communities delivered grant programs that were either new or partially adapted, rather than pre-existing, unadapted programs (Figure 13). This shows that grant recipients felt empowered to make decisions and design new activities which met the contemporary needs of their communities.

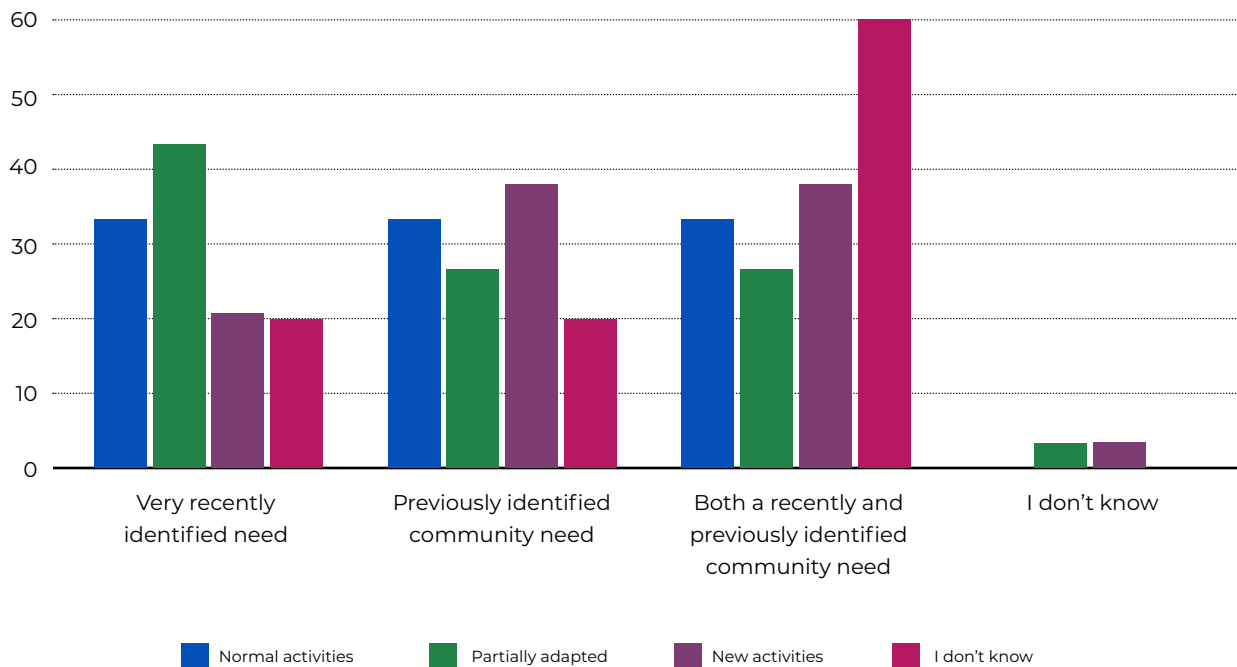


Figure 13: Adaptation of grant activities according to when the needs of the community were identified. Y-axis indicates percent of survey respondents who received a Healthy Tasmania grant, the x-axis organises data according to when the community need was identified, and the bars organise the data according to level of adaptation of grant activities from activities previously delivered by the grant recipient. Total n = 72. Data is sourced from evaluation survey.

The Healthy Tasmania Implementation Team also highlighted the importance of the 'equity' principle that underpinned the design of the Plan. Team members explained that this applied to grant schemes where discrepancies that exist across communities (e.g. differences in resourcing, data, staff, time and existing funding) can disadvantage some communities when accessing competitive funding. The introduction of non-competitive grant streams of Lift Local and Healthy Together aimed to intercept this repetitive cycle of disadvantage observed in traditional, competitive funding schemes. This equity approach to grant funding removed some discriminatory barriers to accessing funding and provided equal opportunity to communities.



Start working with communities where they are at and not expecting anyone to be at a certain level at any given time.... some communities might be quite advanced in understanding health needs, what potentially some of the solutions look like. Other communities aren't and there are various reasons why that is. But going through this noncompetitive grant puts everyone onto the same level, not in terms of where they start, but they don't compete against each other, so one doesn't miss out just because they haven't done all [this pre-work]. And that is actually an equity approach.

PHS Healthy Tasmania Implementation Team member

Build, use and share evidence

The Plan aims to maximise the opportunities for learning, growth and adaptation by purposefully including opportunities for data collection and strategies for the broad sharing of data and evidence. This data collection allows for learning from the lived experience of community members, which can be used to adapt the plan to better meet their needs and leverage data to improve outcomes. Strategies to share progress have included the Menzies Framework, Baseline and Interim reports and annual reports produced by the Healthy Tasmania Implementation Team.

DoH staff identified building, using and sharing evidence in both the development and the delivering of the Plan. During Plan development, DoH staff engaged with community members and organisations to ensure the experience of those accessing grants was addressed in the design of the Healthy Tasmania Fund. The need for diverse grant streams, which were non-competitive, and provided funding over a longer-term were identified as key needs among these groups. These were addressed in the design of the Healthy Tasmania Fund through the inclusion of the Lift Local and Healthy Together grants, both of which are non-competitive and conducted over a number of years.



But really from – the reason to redesign the Fund was when we were consulting on the redevelopment of I guess the second Healthy Tasmania Plan we had a lot of feedback, particularly from community organisations, about the limitations with the current funding model which really was just one open competitive process that was rolled out a number of rounds over a number of years.

PHS Healthy Tasmania Implementation Team member



There were people within the public health service who had held that view for some time, and didn't like [competitive grant schemes] it either. So, we advocated for a change, advocated to the department offices, senior department offices, and also the ministers, and ministers' advisors, that this should change.

PHS Healthy Tasmania Implementation Team member

Further, the sharing of evidence across sectors, organisations and teams about approaches to grant funding was highlighted as a valuable method to stay engaged, network and prevent duplication of work. Again, highlighting the 'stronger together' approach to work taken under the Plan.



When you're involved in things like this, it makes you more aware of what other agencies are doing, and it joined us up more, so that we're not duplicating work and when we know what another area is doing, then we can work with them and align our work.

Non-PHS Healthy Tasmania Implementation Team member

When delivering the Healthy Tasmania grants, the collection and sharing of evidence has been evident in the Lift Local grant workshops and the establishment of the local government Health and Wellbeing Network (see 'build capacity' for more information). Lift Local grant applicants were interested in understanding the health needs of their community and using this to inform planning and future activities. Some councils were using the grant to enable them to collate data on their community and develop a health and wellbeing profile.



The grant that we applied for and that we've been afforded is to do some health and wellbeing profiling. So, and again, it's knowing that particularly for local government into the future, that health and wellbeing is coming through as a future focus area, and us basically having the data and the information to be able to then work out how we can best respond to that and what that looks like.

Lift Local recipient, south

Build capacity

Evidence-based advice, resources, training and support has been delivered to build capacity among public health workforce and grant recipients. Over the course of the Plan, the Healthy Tasmania Implementation Team have identified that lack of skill, knowledge and resources may be a limiting factor to engagement in preventive health activities, emphasising the importance of capacity building to achieve meaningful engagement from all communities and grant recipients.



The capacity-building work that we do, it's about safe-to-fail scenarios. And if they fail, we're going to talk to them to offer support, to be a backup and also to say, 'Well, okay, you failed, it didn't quite work, what could you have done differently and what can you do now to improve that and how can we support you to do that?' That's the different mentality.

PHS Healthy Tasmania Implementation Team member

Some councils were planning to create data dashboards that could be used to enable more evidence-based decision making by guiding decisions about resources allocation. Data was considered important to share with Councillors, inform planning and also as a mechanism for capturing the impacts of their activities. The community forum planned for May 2025 will provide another opportunity for all grant recipients to share and build evidence.

The Healthy Tasmania Implementation Team has recently engaged with the SEER Data and Analytics company to work with the five Healthy Together Communities to develop local data dashboards using publicly available data and community generated data. The Menzies evaluation team will follow how communities use this data to inform decision making as part of the evaluation of the Healthy Together grants.

Importantly, given the emphasis placed on capacity building in the Healthy Tasmania strategy, most survey respondents strongly agreed or agreed that the Healthy Tasmania grant increased capacity and skills of those within their organisation (Figure 14).

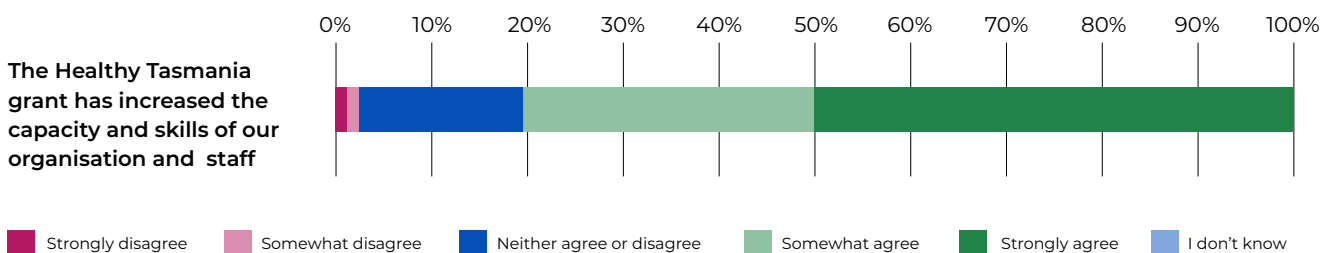


Figure 14: Grant recipients' perception of capacity building following Healthy Tasmania funding. Y-axis represents evaluation survey question and the coloured bars indicate LIKERT-scale responses. Total n = 72. Data is sourced from evaluation survey.

The Lift Local grant aimed to build capacity within councils to enable councils to “do the planning around health and wellbeing”. Alongside the Lift Local grants program the Local Government Health and Wellbeing Network was established to enable widespread capacity building among council members. The network was discussed during workshops for the grants program and is designed to bring together council staff whose roles impact health and wellbeing to network, share learnings and participate in capacity building activities (such as online sessions and a monthly e-newsletter). Capturing the development and outcomes of the network will be part of the ongoing evaluation.



To be able to develop the Network and get them to come along to workshops. Then over that time we've tried to build the relationships with each of them and to be able to share resources. Now this year we're about capacity building activities that we can provide to them now and also going forward.

PHS Healthy Tasmania Implementation Team member

Furthermore, interviews with the Healthy Tasmania Implementation Team recognised that capacity building activities should be tailored to the unique needs of each community, team and individual. Importantly, relationship building was an integral step to achieve this equitable delivery of capacity building.



Those that are engaged where there might be some existing networks, but maybe they don't know what the issue is, or maybe there aren't strong networks or they're at a different stage and even though that they're at the ready stage, that those that are engaged, we're going to have to probably provide a little bit more responsive support

PHS Healthy Tasmania Implementation Team member



You are the ones on the ground. You know your communities but let us support you with other skills that you might not have in your community.' There's a lot in the community that don't have evaluation skills or having an ability to un – they can collect the data, beautiful data, but they don't know how to analyse it. ... If we can offer some tools around that to help them, then so be it. That's the way to go, I think.

PHS Healthy Tasmania Implementation Team member

Staff turnover within local council, community groups and the Healthy Tasmania Implementation Team has been identified as a barrier in efforts to build capacity. Staff turnover not only has implications on the presence of knowledge and skills within teams over the entire duration of the Plan, but also the culture and momentum towards achieve shared goals.

Lead to enable change

The formative work preceding the Plan identified the need for a new way of community funding which would better meet the needs of community groups and organisations, and create more sustainable, meaningful impact. Leading to enable change recognises that the new evidence-led approach to community funding, collecting data, co-designing programs and evaluating efficacy conducted under the Plan must be supported by:

- inclusive, collaborative approach to leadership,
- shared responsibility approach to working,
- continuous sharing of knowledge and skill,
- training and resourcing of those involved and
- open mindset of individuals, teams and organisations.





Trying to, I guess shift or share, change the power dynamic and changes in decision making and trying to involve communities that you're funding in decision making and enabling them to do that.

PHS Healthy Tasmania Implementation Team member

Importantly, inspiring shared vision, upskilling individuals and organisations and sharing decision making creates the opportunity for sustainable change.

DOH staff identified that the binary processes of some existing systems act as a barrier to enabling widespread change. In particular, adopting a collaborative, shared decision-making approach to governing the delivery of some grants, and taking a developmental evaluation approach to determining efficacy has required adaptation in existing administration and organisational processes and a need for learning and upskilling.



The change needs to happen at that person/community level, at the organisational level and at the system level because our systems partner up here are not necessarily very comfortable to go with the flow without having the clear measures and controls over stuff that we fund.

Non-PHS Healthy Tasmania Implementation Team member

I think we've certainly premised this whole process as a learning as we go kind of environment. We constantly check in and reflect on the work we're doing, and how we're doing things.

PHS Healthy Tasmania Implementation Team member



Overall, a strong 'buy in' and trust in the concept, principles and goals of the Healthy Tasmania Plan has enabled change within the DoH and community to support the delivery and functioning of the Healthy Tasmania Plan.



But I think everybody in that group still also shared that vision of being able to make a difference for communities on the ground and to see if we can do something much more coordinated so that was the inspiration for the group.

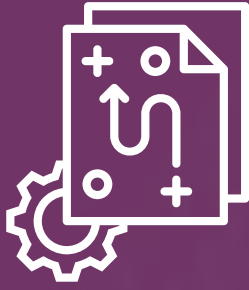
Non-PHS Healthy Tasmania Implementation Team member

Further, by using a high-quality, evidence-based approach to work, this allows for others to learn from the example created by the Plan, hence facilitating similar change in surrounding organisations and systems.



Well, I think that particular team at the moment in my view is the driver for collaborative change in the Department. Their way of working with others is exemplary, I think, and we always can improve, but it's exemplary.

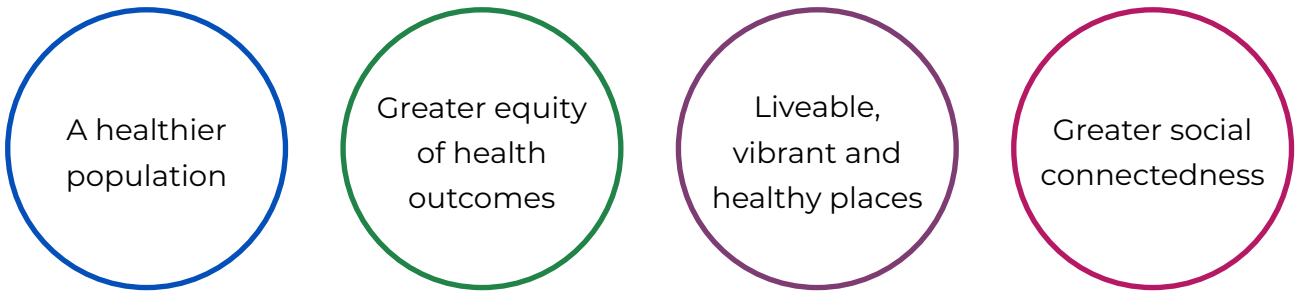
Non-PHS Healthy Tasmania Implementation Team member



SECTION 5

Longer term outcomes

The Plan identified four long-term outcomes:



The recent Tasmanian Population Health Survey Report detailed information on health outcomes and differences in health outcomes for different groups in the population. In summary the survey found that the prevalence of most chronic health conditions had remained relatively stable since 2009, with the exception of mental health conditions that had increased over time.⁷ For more information, please see the full report. This report provides a short overview on liveability and social connectedness as the Healthy Tasmania Research and Evaluation Working group identified that we did not have good population level indicators for liveability and social connectedness.

Many Healthy Tasmania grant recipients reported that their grant contributed to the longer-term outcomes identified in the Plan, with greater social connectedness and a healthier population being the two most commonly selected long-term outcomes (Figure 15).

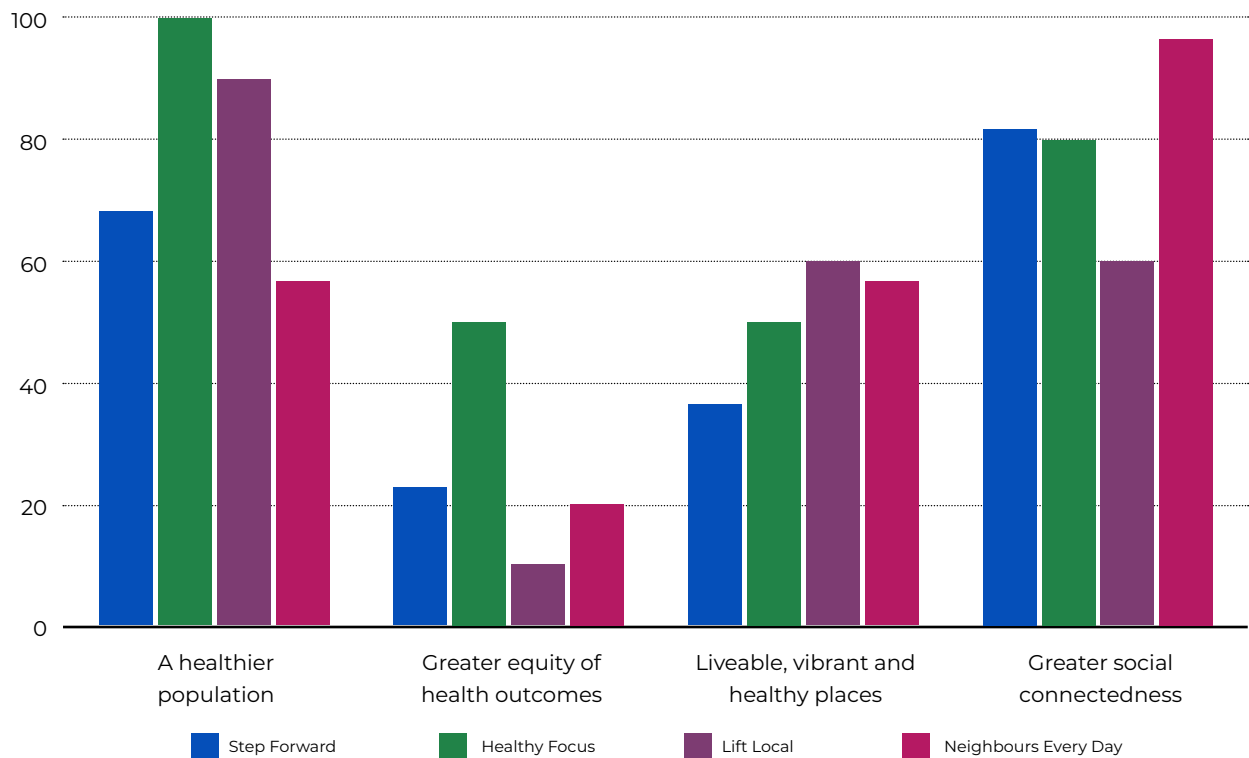


Figure 15: Longer-term outcomes addressed by successful grant applicants. Y-axis indicates percent of recipients of each grant type. X-axis organises data according to longer term outcomes. Total n: Step Forward=22, Healthy Focus=10, Lift Local=10, Neighbours Everyday=30. Data is sourced from the evaluation survey.

Liveable, vibrant and healthy places

What do we mean by Liveability?

Liveability, the features of a place, can contribute to individual health and wellbeing. Definitions of liveability have evolved over time as our understanding of how our environment impacts our health and wellbeing have progressed. The Tasmanian governments newly released Population Policy adopts the definition of liveability from the Australian Urban Observatory²⁵.

A liveable place is somewhere that is safe, attractive, inclusive, and environmentally sustainable; with affordable and diverse types of housing, public open space, local shops, health and community services, leisure and cultural opportunities; with opportunities for employment and education all accessible by convenient public transport, walking and cycling.²⁶

Why is liveability important?

The Australian National Liveability Study identified relationships between spatial measures and self-rated health, physical activity, walking for transport, and body mass index (BMI).²⁷ The following examples from the study demonstrate the alignment of liveability with the focus areas of the Plan:



1. Alcohol

For those living in more disadvantaged areas, not having off-licenses available within 800m, or on-licenses available within 400m were protective of self-rated health.



2. Physical Activity

Living in suburbs with ≥95% of dwellings located within a 400m catchment of any park was associated with a three-fold likelihood of doing any moderate-vigorous physical activity in the neighbourhood.



3. Healthy Eating

Access to at least one greengrocer and/or a supermarket within 1600m, but no fast-food outlet within the same distance, was associated with lower BMI. Ratios of fast-food outlets to green grocers and/or supermarkets of 1:4 or higher within 1600 m were associated with higher BMI.



4. Active Transport

Greater levels of walking for transport were associated with more highly connected streets, greater residential density, shorter distances to activity centres, better access to destinations, smaller average block areas, lower traffic volume, the presence of public transport stops and having at least two public transport services per hour. Conversely, cul-de-sac lengths less than 80m and 120m had lower levels of walking for transport.

How do we measure liveability?

The Australian Urban Observatory has developed a Liveability Index that includes 13 specific measures across 8 domains: social infrastructure, food, convenience amenities, transport, public open space, walkability components, housing, and employment. Liveability is usually measured by bringing together data from various sources such as public transport, housing affordability and local employment and may include spatial or geographic measures or surveys and questionnaires that rate or rank indicators.

Concepts such as the '15 minute city' are embedding Liveability into urban design by adopting a decentralised urban planning model, in which each local neighbourhood contains all the basic social functions for living and working.²⁸ It is argued that this approach to urban design will improve quality of life. The aim is to make essential amenities, different housing types and more green spaces available within a 15-minute walking or cycling distance.

What should we measure?

The Australian Urban Observatory has examined the Liveability of Australian's 21 largest cities. Hobart had the lowest Urban Liveability Index of all 8 state and territory capital cities while the Urban Liveability Index for Launceston was similar to most other regional cities.²⁹ Significantly, urban liveability was found to vary across cities with inner-city areas more liveable than outer suburbs. However, city size impacted on whether disadvantage and liveability were linked with disadvantaged areas in larger cities less liveable but in smaller regional cities this pattern was reversed. This difference highlights the need for local data to better understand liveability in regional and rural areas.

The development of the Tasmanian wellbeing framework and identification of indicators may assist in the identification of liveability measures. It is likely that data already exists for some measure of liveability such as access to public transport and employment.



RESEARCH CASE STUDY

AirRater: providing real-time air quality data for people with allergies, asthma and other sensitivities to the air



What is the issue?

Poor air quality affects everyone – particularly people with heart and lung conditions, diabetes, pregnant women, young children and older people. There's a lot that we can do to reduce our exposure and protect our health, but we need timely, easy access to air quality information to help us do this. The AirRater app was designed to help meet this gap.

How is the research project addressing the issue?

AirRater was initially developed in 2016 to provide Tasmanians with access to free, easily accessible and easy to understand air quality information. The app provides users with near real time, local information on fine particle pollution (e.g. smoke), pollen and temperatures. It also allows users to log their symptoms, and over time, develop an understanding of what their personal sensitivities are.

Since 2016, the app has built a user base of over 80,000 and has expanded from Tasmania across Australia. Three evaluations have demonstrated that the app is meeting the needs of many people in the community, helping them make informed decisions about their health and to take action when air quality is poor.

The app continues to provide its service freely across Australia. In 2023, the app became part of a new joint venture called 'AirHealth', which brings together AirRater and another successful

air quality app, 'Melbourne Pollen'.³⁰ This has supported a major upgrade of the app, due for release in early 2025, with new features such as pollen forecasting.

Relevance for policy and practice?

AirRater represents an example of how research can lead to the development of accessible tools for the community. It also represents a strong example of the value of co-designing solutions with input from a broad stakeholder group, including government representatives, advocacy and community representatives, and experts. This multi-sectoral and multi-disciplinary approach has been a key factor underlying AirRater's ability to offer an evidence-based, community-centred service. AirRater also highlights the value of long-term research and collaborations – with long-term support from government departments, including the Tasmanian DoH, being crucial to the app's success.

Outcomes

Research evaluations show the value of having easily accessible near real-time data on air quality data for the community – both during extreme events such as bushfires, as well as day-to-day. The liveability of a town or region is impacted by environmental factors such as air quality and having access to data, and may assist people make informed choices about where they live based on factors that are important to them.

Greater social connectedness

Achieving social connectedness among individuals and communities positively impacts health and wellbeing outcomes. The Framework identified social connectedness as a longer-term outcome and aims to understand how implementation of the Plan is impacting social connectedness of Tasmanians.

What do we mean by social connectedness?

Social connectedness refers to the social connections that an individual has with those around them.^{31,32} Social connectedness is about much more than how many friends we have – it considers both the quantity and quality of the social connections held by an individual. Social connectedness recognises that meaningful, enriched relationships may be more valuable for social connectedness than many 'surface-level' acquaintances.³¹⁻³³

Social connectedness can be depicted a strength-based approach or a deficit model. The strength-based approach highlights the assets and enablers to social connectedness, such as enabling environmental resources.³¹⁻³³ Conversely, the deficit model uses loneliness (being objectively alone) and social isolation (feeling lonely) to understand the hindrances to social connectedness.^{31, 33-35}

Why is social connectedness important?

Social connectedness is important in achieving better individual and community health outcomes, and has the capacity to contribute to the key domains of wellbeing:



Mental and emotional wellbeing

Improved mental health outcomes and life satisfaction is reported among those who perceive themselves as having greater social connectedness and higher levels of social support.³¹



Physical wellbeing

Poor social connectedness is associated with an increased burden of disease, including cardiovascular disease, depression and cognitive impairment, and is a strong predictor for early death.^{31, 32, 36, 37}



Social and spiritual wellbeing

Finding a sense of belonging through social connectedness helps us feel happy, protects against loneliness, builds self-worth and a sense of purpose, and fosters a system of reciprocated support.³¹⁻³³



Environmental wellbeing

Social connectedness encourages interaction with our environment and vice versa. Individuals who engage with their environment may have greater exposure to people and networks, leading to more opportunities and preventing social exclusion and disadvantage.^{31, 38}

What do we know about social connectedness in the community?

The benefits of social connectedness are also observed on a community level. Communities of socially connected individuals are more resilient, have greater shared trust and cooperation between community members and respond better to adverse events. Due to the greater interaction between individuals and their environment, socially connected communities also exhibit greater economic and educational outcomes.^{31, 32}

Some groups of people are more likely to experience low social connectedness compared to others.³¹ Those who are at greater risk of low social connectedness are;

- People aged under 25 years old or over 65 years old.³⁹
- People with lower incomes.^{39, 40}
- People living with poor health and/or disability.^{39, 41}
- People who live alone.^{33, 39}
- People who live in areas with less social amenities (e.g., parks, social events).³²



The current state of social connectedness

Survey data indicates that while Australians are spending more time socially interacting with others, fewer Australians believe that they would receive support from a friend or family in time of need⁴², participate in social groups and community support groups⁴³, and more Australians experience social isolation and loneliness³⁴. This suggests that the way in which Australians seek social connection has evolved, and despite spending more time interacting with others, this interaction does not foster greater social connectedness.

The COVID-19 pandemic was a catalyst for worsened social connectedness among Australians.^{34, 39, 44} For many, the introduction of COVID-19 social isolation mandates changed the way in which people connected with others.^{39, 44} For example, work and social interactions moved online and community activities were suspended. This contributed to a rise in loneliness, and a reduction in social group participation and time spent with people outside of one's household.^{34, 39, 44} Importantly, since the COVID-19 pandemic, these indicators have improved for most people.³⁴

Tasmania is characterised by its strong sense of community, with Tasmanians participating in more face-to-face interactions than other States and Territories⁴³, half participating in community groups⁴³, and 69% believing that they could definitely receive help from others (e.g. friends, family or neighbours) when needed.⁷



And I think it's important in Tasmania particularly. I think Tasmania has a good community mindedness more broadly

Healthy Focus grant recipient

Data from the Tasmanian Population Health Survey 2022 reports some differences in behaviours relevant to social connectedness among those at greater risk of poor social connectedness (e.g. elderly, young people, Aboriginal and Torres Strait Islander people). For example, while engagement in community groups does not differ across sex, region, or level of socioeconomic disadvantage, Aboriginal and Torres Strait Islander peoples and those >65 years old report that they are less able to receive help from friends or family compared to non-Aboriginal and Torres Strait Islander people and those <65 years old.⁷

The Healthy Tasmania Fund and social connectedness

In recognition of the importance of building social connection for health and wellbeing, the DoH and Relationships Australia collaborated to deliver the Neighbours Everyday Community (NED) grants. These grants aim to build social connection and reduce loneliness by supporting community initiatives which enhance social connections, belonging and respectful relationships. NED grants were delivered within Tasmania in 2023 and 2024 with 35 awarded to community projects across the state in 2023 and 52 in 2024.

Thirty successful NED grant applicants responded to the Healthy Tasmania Evaluation survey. Almost all (n=29, 97%) of these grant recipients reported that their project was contributing to the longer-term outcome of building social connectedness, and most (n=23, 77%) contributed to the focus area of improving mental health and wellbeing (Figure 16).

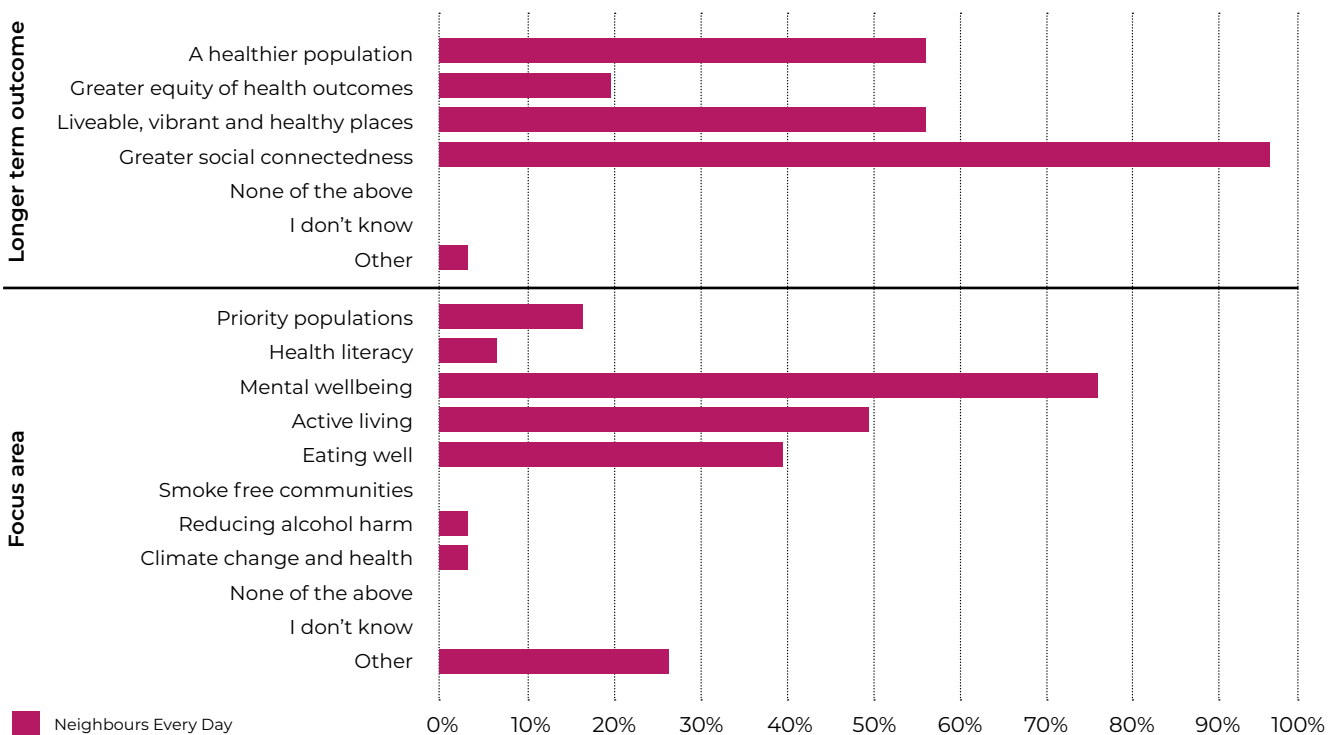


Figure 16: Alignment of NED grant recipients to the focus areas of the Healthy Tasmania Fund and longer-term outcomes of the Healthy Tasmania Evaluation Plan. Successful NED grant applicants who completed the evaluation survey self-reported alignment of grant activities to the focus areas and longer-term outcomes. Total n = 30. Data is sourced from evaluation survey. NED: Neighbours Every Day

Beyond NED grants, it was widely understood by grant recipients of all grant categories that social connection is a central aspect to achieving meaningful, positive change to health and wellbeing within communities.



Meaningful social connections between Tasmanian women from a culturally and linguistically diverse backgrounds. And then to reduce loneliness and social isolation. And hopefully be able to sustain relationships to formal and informal networks through the activities that we're doing. And then also especially for the, for the gathering to support health organisation's responses to the needs of Tasmanian women from a culturally and linguistically diverse background by creating that safe space where they actually can share what issues are big for them.

Healthy Focus grant recipient

Most recipients of the Step Forward, Healthy Focus and Lift Local grants identified social connectedness as a longer-term outcome of their grant activities (82%, 80% and 60%, respectively; Figure 17). Survey respondents described the way grant activities would impact the community through improving social connectedness, and social connections were also cited as an important measure of success for grant programs.

For example,

A sense of connectedness. Opportunity to interact. Greater cross-cultural awareness

informal groups will form to continue to explore and experience surfing

Better fitness, fun and social connection

Increased fitness and socialisation of older groups was expected. Younger people being involved in an equal footing and social connections made across ages an unexpected [impact].





The utilisation of social connectedness by community groups in the methods, outcomes and evaluation of Healthy Tasmania grant activities emphasises the importance of social connectedness in improving community health and wellbeing outcomes.

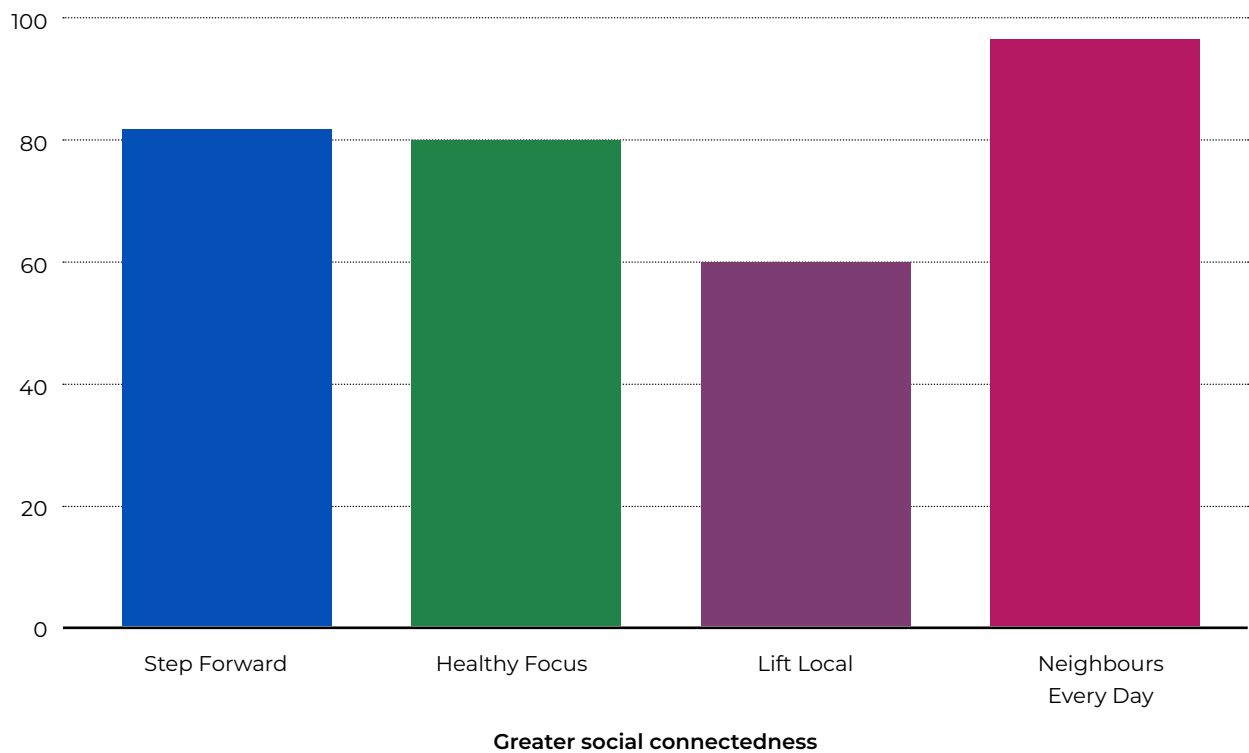


Figure 17: Healthy Tasmania Plan grant projects addressing social connectedness. Y-axis represents the percent of grant recipients of each grant type which self-reported that the grant addressed social connectedness (coloured bars). The x-axis organises the data according to grant type. Total n: Step Forward=22, Healthy Focus=10, Lift Local=10, Neighbours Everyday=30. Data is sourced from evaluation survey.



SECTION 6

Summary and recommendations

This interim report provides information on how activities undertaken as part of the Healthy Tasmania Five-year Strategic Plan 2022 – 2026 (Plan) are contributing to the intermediate evaluation outcomes as identified in the Healthy Tasmania Research and Evaluation Framework: 1. Creating healthy environments, 2. Empowering communities, and 3. Building responsive systems. It also provides information on the Ways of Working identified in the Plan: 1. Lead to enable change, 2. Work across government and communities, 3. Build Capacity, 4. Promote community decision-making and, 5. Build, use and share evidence.

A developmental evaluation approach has been adopted to determine if the project is achieving its intended outcomes and delivering the activities proposed within the Plan. Therefore, the purpose of the evaluation is to examine how implementation of the Plan is progressing, not to draw definitive conclusions about the effectiveness or impact of an initiative.

There is evidence that Healthy Tasmania is working towards its intended outcomes of contributing to the creation of healthy environments, empowering the community to identify their own needs and priorities and building responsive systems particularly through the Healthy Tasmania fund. There is evidence that the Ways of Working outlined in the Plan are being reflected in practice.

The Healthy Tasmania Fund is a grants program designed to support community action on health and wellbeing and has adopted new approaches to the delivery of grants including different categories of grants, simplified administrative processes, non-competitive grants and place-based grants. Most grant applicants and recipients included community consultation demonstrating the responsiveness of the scheme in enabling communities to be more involved in planning and delivery of activities. The grant scheme is also encouraging the development of new coalitions and partnerships. However, some organisations still reported that the grant process was challenging and that establishing and

maintaining collaborations and partnerships was time consuming and not necessarily considered part of core business.

Grant applications and therefore grant recipients have been unequally distributed across all eight focus areas in the Plan with Active Living, Eating Well, Mental Health and Wellbeing the most common focus areas for grant applicants. This may reflect the number of community-based organisations that focus on these areas compared to other focus areas. Regional distribution of grant funding has not matched population distribution, although in part this reflects the differential number of applications received across the different regions.

Adopting a place-based approach for the Healthy Together grants programs has demonstrated some of the ways of working. This included extensive stakeholder consultation (Promote community decision-making), reviews of local and state-wide health and wellbeing data (Build, use and share evidence) and considerations of community readiness (Work across government and communities) prior to determining which local government areas would receive Healthy Together funding. Early indications are that while this process has been resource intensive, the selected communities are open to this new way of working. Place-based approaches embed community decision-making and the Healthy Tasmania team have remained open to communities establishing local collaborations and

identifying their own priorities. As these grants have only recently been actioned, the Healthy Together grants program will be the focus of the next stage of the evaluation.

The ways of working outlined in the Plan are informing the way the Healthy Tasmania Implementation Team from the DoH are interacting with community and other stakeholders. An external governance review undertaken in November-December 2023 means this evaluation is now unable to reflect on how community organisations have engaged with the Healthy Tasmania governance processes established to support delivery of the Plan. The review impacted momentum in some areas such as working across government and leading to enable change as well as planned evaluation activities.

The delivery of the non-competitive Lift Local grants program in partnership with the Local Government Association of Tasmania is a clear demonstration of working across government

and communities as well as building capacity in local government for health and wellbeing. The grants have strengthened local council capacity to identify the needs of their communities using diverse approaches to community consultation and generate health and wellbeing plans or strategies that reflect identified needs. The non-competitive nature of these grants encouraged cross-council collaboration with councils sharing knowledge and resources. The local government Health and Wellbeing Network is designed to continue to build capacity in local councils for health and wellbeing.

The Healthy Tasmania team has commenced a process of building and sharing data in the five Healthy Together communities that they anticipate will inform future data sharing of local level health and wellbeing data. The effect of providing local level data to community organisations will be incorporated into future evaluation activity.



Recommendations

Based on the evaluation findings of the evaluation to date the evaluation team recommend:



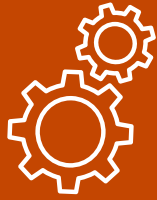
Creating Healthy Environments

- Build the capacity of local governments to implement the health and wellbeing plans and related strategies developed as part of Lift Local grant categories.
- Identify and build connections with organisations offering initiatives addressing less commonly targeted focus areas (e.g., climate change and health, priority populations) to better understand what their support needs are.
- Adopt more proactive strategies to ensure funding is directed toward under-represented focus areas.
- Review the approach to addressing the health and wellbeing needs of priority populations beyond that of the Healthy Tasmania Fund grants program.



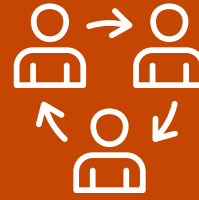
Empowering Communities

- Continue working with communities and creating opportunities, such as the Healthy Tasmania community forum, to connect and share learnings to support health and wellbeing.
- Facilitate linkages between local government, key community organisations and community members where shared priorities have been identified and support them to work together.
- Provide capacity building and resources to support new and continued collaboration within communities.
- Adopt strategies to build capacity in local community interpretation and use of health and wellbeing data, including data relating to the social determinants of health.



Building responsive systems

- Continue to offer non-competitive grants options and capacity building activities alongside grant streams.
- Maintain the simplicity of the Healthy Tasmania grant application processes and continue to offer different grant categories.
- Monitor the regional distribution of grant applications and allocation of funding to ensure funding is distributed across Tasmania.
- Continue to work with other funding bodies to understand the broader funding environment in Tasmania and identify how the Healthy Tasmania Fund can complement and enhance this.



Ways of Working

- Continue to adopt reflective and learning practices that are enabling the Healthy Tasmania Implementation Team to adapt and respond to changing circumstances and identified needs.
- Seek to address known data gaps, particularly regular data collection on the health and wellbeing of young Tasmanians under the age of 18 years.
- Continue to explore mechanisms to support multi-sectoral action for preventive health.
- Build on existing community networks and consultation findings to inform planning and future directions.
- Strengthen community engagement and support the sharing of diverse perspectives, including community consultation findings, to identify preventive health priorities, and sustain trusting relationships for action.

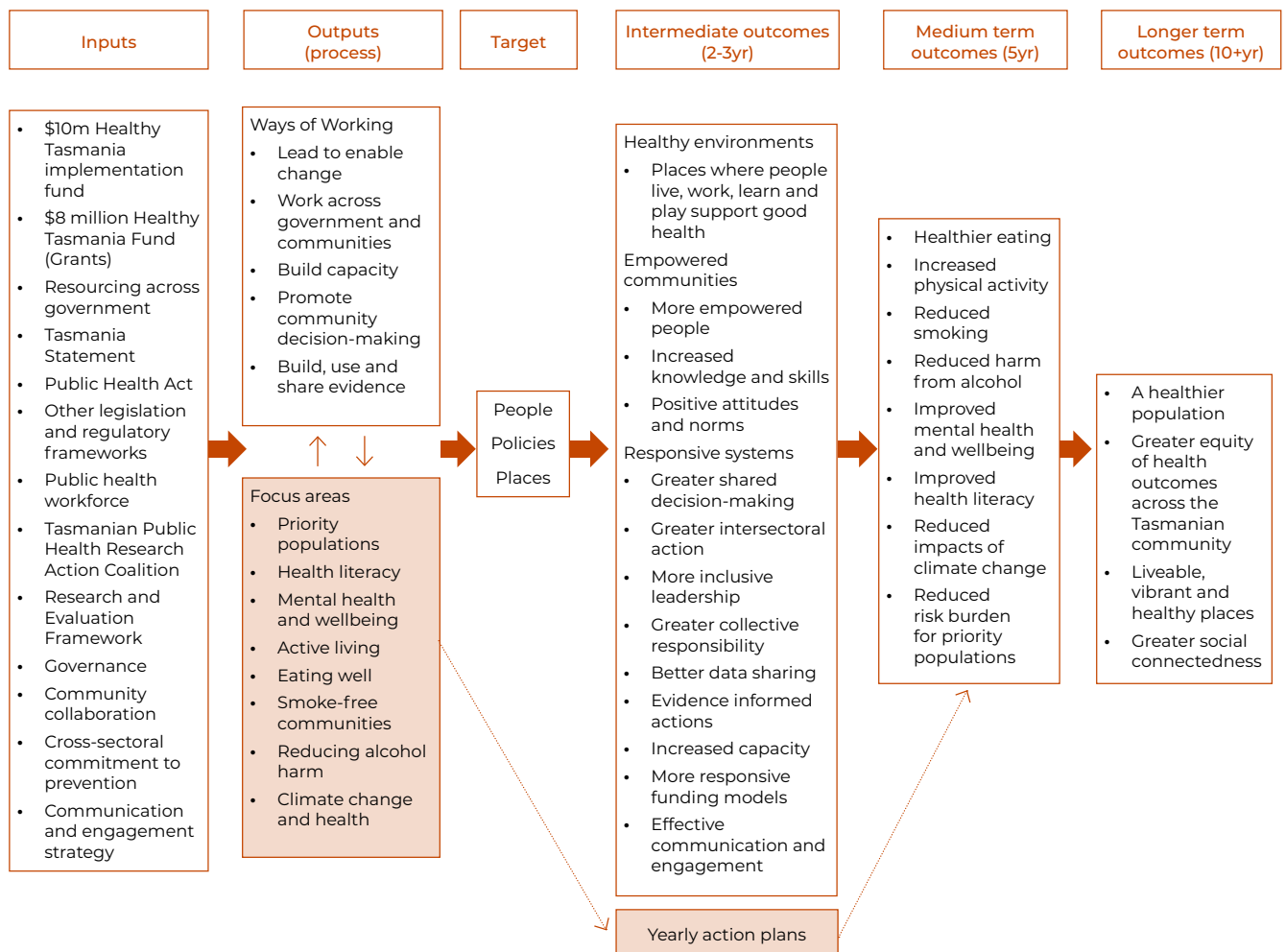


Appendices

Appendix 1

Healthy Tasmania Logic Model

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.

Appendix 2

Submissions

The Future Role of Local Government Stage 2 Options Paper

The Tasmanian Refresh Population Strategy

The Commonwealth Treasury Measuring what matters

Women's Sport and Recreation Tasmania Strategic Plan

Abstract accepted for presentation at Australian Public Health Conference, Hobart, September 2023

Glossary

Cross-sectoral action: This refers to the need for collaboration between public agencies to deliver policy outcomes on public health, including the prevention of long-term health conditions.²⁰

Food Insecurity: The condition of not having access to sufficient food, or food of an adequate quality, to meet one's basic needs.⁴⁵

Health Equity: When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.⁴⁶

Social gradient: When people who are less advantaged in terms of their socioeconomic status or class position have worse health and shorter lives than those who are more advantaged.⁴⁶

Social determinants of health: The conditions in which people are born, grow, live, work and age, including the health system and the environment.⁴⁶

Systems thinking: Systems thinking make sense of a complex system by giving attention to exploring the interrelated parts, boundaries and perspectives within that system.⁴⁷ A systems approach identifies the fundamental and interconnecting causes of complex issues such as chronic disease.

Preventive health: Preventive health is the term for activities that help protect, promote and maintain health and wellbeing. Prevention aims to increase the likelihood that people will stay healthy and well for as long as possible.⁴⁷

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