



COMMUNITY HEALTH & WELLBEING PLAN 2019-2024

CIRCULAR HEAD COUNCIL
WARATAH-WYNYARD COUNCIL

MARCH 2019



This Community Health and Wellbeing Plan was produced by The Social Yield Pty Ltd for Circular Head and Waratah-Wynyard Councils in 2018-19.



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INTRODUCTION

It is with great pleasure that we present Circular Head and Waratah-Wynyard Councils' inaugural Community Health and Wellbeing Plan.

This Community Health and Wellbeing Plan is a five-year roadmap for promoting and improving the physical, mental and social wellbeing of our citizens. It is based on the following eight identified priorities:

1. Reducing isolation
2. Supporting mental wellness
3. Valuing difference
4. Reducing socio-economic disadvantage
5. Improving access to the basics
6. Supporting those living with illness
7. Reducing harms from alcohol, tobacco and other drugs
8. Building resilience

The integrated nature of the Plan reflects the ongoing close working relationship between Circular Head and Waratah-Wynyard Councils and the way in which we set our strategic goals in tandem. While the Plan is a joint strategy, we will target our actions to meet the individual needs of our communities.

LEGISLATIVE REQUIREMENTS

In addition to existing community aspirations and identified areas of community need, this Community Health and Wellbeing Plan responds to the following legislative imperatives:

- Tasmania's *Local Government Act 1993* requires local governments to provide for the health, safety and welfare of the community (Section 20). The Act also states that a Council's major strategies for supporting its public health goals and objectives must be summarised in its annual plan and annual report (Sections 71, 72)¹; and
- Tasmania's *Public Health Act 1997* requires local government authorities to develop and implement strategies to promote and improve public health (Section 27)².

MAYORAL MESSAGE

Local governments play an essential role in providing for the health and wellbeing of Tasmanian communities. Circular Head and Waratah-Wynyard Councils are working to support healthier communities by implementing the joint CHC & WWC Community Health and Wellbeing Plan 2019-2024.

The Plan is a first for our councils. It is informed by community aspirations, health and wellbeing research data and the wisdom of our local community organisations and service providers.

Our vision is that Circular Head and Waratah-Wynyard will be places in which all people—regardless of their age, ability, ethnicity, sexuality, family structure or socio-economic status—are supported to improve their health and to enjoy enhanced wellbeing.

Over the coming years, the Plan will guide our two Councils and our many local partners in delivering on this vision. The Plan will be implemented through annual action plans, and we will use a framework of indicators to track our community's gains in health and wellbeing.

We would like to thank all who contributed to the Community Health and Wellbeing Plan, and we look forward to working to make Circular Head and Waratah-Wynyard places where everyone can lead a healthy life.



D. H. Quilliam

Cr Daryl Quilliam

Mayor Circular Head Council



R. R. W. Walsh

Cr Robby Walsh

Mayor Waratah-Wynyard Council

ABOUT THIS PLAN

This Community Health and Wellbeing Plan is intended to support everyone living in Circular Head and Waratah-Wynyard to improve their health and enjoy enhanced wellbeing.

We see this Plan as a living document, and we look forward to tracking progress towards our goals, learning from experience, and strengthening this Plan over time.

Developing the Plan

Development of this Plan began with a review of the policy and planning context, including each Council's *Corporate Strategic Plan 2017-2027* and key Tasmanian Government documents. We built a picture of our community via a rapid review of the available health and wellbeing literature to identify evidence of known issues and areas of concern.

A program of broad public engagement was beyond the scope of this project. However, we drew on what we know about community experiences and aspirations from a range of sources, including:

- Outcomes from a Health and Wellbeing Planning workshop held in May 2018 with 32 participants drawn from Council staff, community leaders, and local and regional service providers.

During the workshop, participants identified issues of concern and named potential enablers and barriers to achieving positive change. Workshop participants also identified what they saw as being the most pressing priorities for both Circular Head and Waratah-Wynyard local government areas.

- Findings from each Council's Annual Community Survey as well additional community consultation outcomes from internal research.

- Community input into *Sustainable Murchison 2040*, a joint strategic planning framework for Circular Head, Waratah-Wynyard, West Coast, King Island and Burnie.

Community input into *Sustainable Murchison 2040* was comprised of more than 1,900 responses gathered in 2016 through a series of community consultation sessions, an online survey, a school program, council workshops and community leaders' forums. Maintaining health and wellbeing was named as a key future direction for *Sustainable Murchison 2040*.

Feedback on the Plan

The draft version of this Community Health and Wellbeing Plan was exhibited for community feedback between 26 September and 24 October, 2018.

Consultation on the draft Community Health and Wellbeing Plan was undertaken alongside consultation on the Councils' draft YPlan (Youth Plan) and draft Age-Friendly Communities Plan. The drafts and the invitation to provide feedback were disseminated through the following channels:

Print media

- The draft plans and the call for community feedback were featured in *The Advocate* newspaper on 29 September and in the *Circular Head Chronicle* on 4 October.

Council website

- A media release about the draft plans and the call for community feedback were posted to both Council websites in the 'Latest News' and 'Have Your Say' sections on 26 September.

Social media

- A notice about the drafts and invitation to provide feedback was posted to the Circular Head Council Facebook page on 1 October, with an additional reminder posted on 22 October.

Hardcopies

- Hardcopies of the draft plans were placed in the Council foyer from 26 September and remained there throughout the feedback period.
- Hardcopies of the draft plans were distributed to the committees of the Service Providers Access Network (SPAN), Circular Head Education and Training Consultative Committee (CHETCC) and the Sport and Recreation Network.
- Hardcopies were also distributed to older adults at the Seniors Week Afternoon Tea and at the Senior Citizens/Emmerton Park Clubhouse.

Email

- The plans were circulated via email to all participants of the original Health and Wellbeing Planning Workshop convened during the plans' development; as well as to the Service providers Access Network (SPAN) and the Sport and Recreation Network. A reminder email was sent to

these recipients 22 October with links to the plans.

LGAT

- In addition to the above activities, the Local Government Association of Tasmania (LGAT) promoted and disseminated the draft CHC & WWC Community Health and Wellbeing Plan throughout the sector as part of its Local Government Community Health and Wellbeing Project.

Community members and other stakeholders were invited to provide feedback to Council on the draft plans via letter, telephone, the 'Have Your Say' online facility or email. Circular Head Council Facebook posts about the drafts made on the 1st and 22nd October reached 1,412 and 451 people respectively; and generated 66 and 7 engagements respectively. By close of the consultation period, Council had received seven written submissions on the drafts.

The resultant Community Health and Wellbeing Plan is a five-year framework for action informed by community priorities. It is a shared plan across both Circular Head and Waratah-Wynyard Councils. Annual delivery plans derived from the Community Health and Wellbeing Plan will be comprised of actions targeted to the needs and characteristics of individual communities.

VISION

Circular Head and Waratah-Wynyard will be places in which all people—regardless of their age, ability, ethnicity, gender, sexuality, family structure or socio-economic status—are supported to improve their health and to enjoy enhanced wellbeing.

GUIDING PRINCIPLES

Inclusivity

Circular Head and Waratah-Wynyard Councils take an inclusive view of health and wellbeing. We recognise that not everyone in our community shares the same advantages. Our collective wellbeing will be measured by how our most vulnerable community members are faring.

Place-based planning

Our local government areas are comprised of diverse communities, each with particular needs. We recognise that a one-size-fits-all approach to health and wellbeing is unlikely to succeed. We aim to take actions that are targeted and responsive to local needs.

Collective impact

While we recognise the importance of local government in community health and wellbeing, we cannot—and should not—try to solve complex social problems on our own. Instead, we see this Plan as a platform to help us coordinate our efforts with others in pursuit of shared goals.

Understanding dynamics

We recognise that community health and wellbeing is a web of interrelated factors. Something that may seem like a cause may have its roots elsewhere. We are committed to gaining insight into complex community health and wellbeing issues so that we can better tackle problems at their source.

Measuring success

As our first Community Health and Wellbeing Plan, we see this as a work in progress. We look forward to measuring our progress towards our goals, learning from experience, and strengthening this Plan over time.

COMMUNITY ASPIRATIONS

Community consultation was conducted in 2016 across the local government areas of Circular Head, Waratah-Wynyard, King Island, West Coast and Burnie for the *Sustainable Murchison 2040 Community Vision*. Participants named health and wellbeing as a key theme, and defined this as: ‘Healthy communities, people taking responsibility for their wellness, convenient access to medical services and facilities’.

Desired strategic outcomes for health and wellbeing were³:

- Healthy and active lifestyles;
- Healthy eating habits and access to fresh fruit and vegetables;
- Regular and convenient access to medical services;
- Potable water for all residents;
- Education and awareness programs to improve health levels; and
- Consumer-directed aged-care services.

Community respondents outlined the following preferred future for health and wellness in the year 2040⁴:

The Region’s health statistics are not so challenging. Trends around chronic disease, alcohol and drugs and mental health have all turned around.

People are aware of the need for exercise and healthy living. Linking communities with shared pathways has increased cycling and walking across all age groups.

Health education begins with early childhood and families and continues throughout schooling.

Locally grown produce is the preferred source of fresh healthy food. Smoking rates and obesity levels are down. The recent ‘slow down on sugar’ campaign has reduced consumption of soft drinks.

There is more awareness about mental health and how to access support services.

A range of health care and emergency services in the main towns supports health and wellbeing through timely access to doctors and dentists. E-health technologies increase access to medical specialists, and services are more affordable.

Technology is helping deliver home-based aged care, and older people are ageing independently at home in their communities. The emphasis in aged care is on strength and wellbeing.

Increased volunteering has improved ambulance response times. Burnie and Smithton are key health service centres. Many residents on King Island still look to Melbourne for care they cannot access at Currie.

The emphasis has changed from cure to prevention as the core principle for achieving healthy, happy and strong communities. ‘Wellness-making’ is a focus for all.

DEFINING HEALTH AND WELLBEING

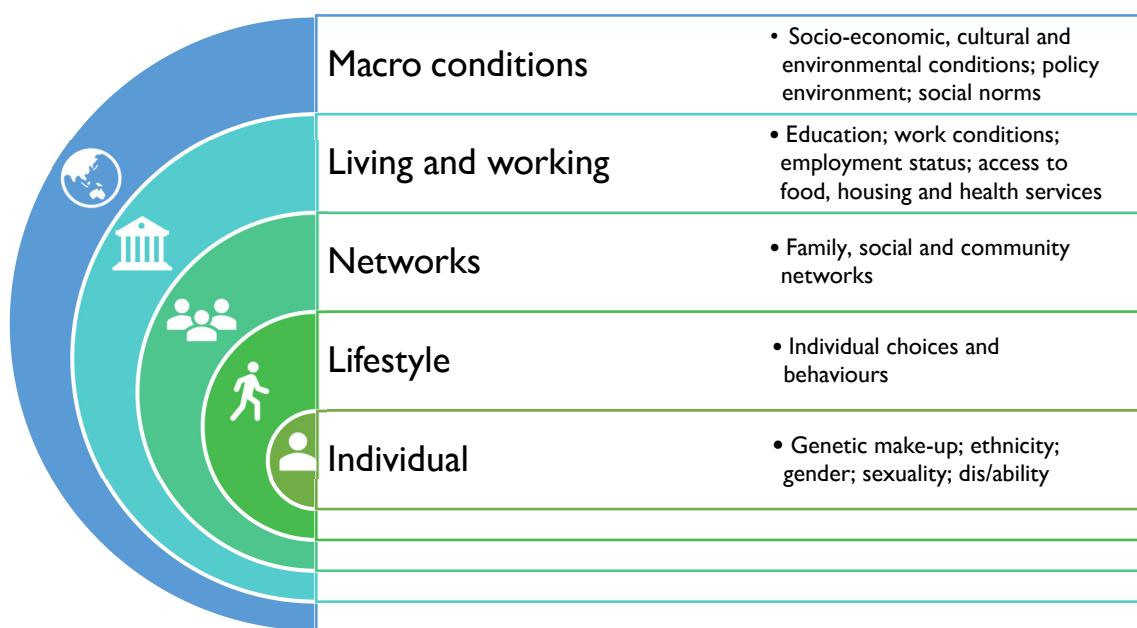
The World Health Organisation (WHO) states that enjoyment of the highest attainable standard of health is a fundamental human right. It defines health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’⁵. While we applaud this multi-dimensional definition of health, we also acknowledge that the ideal state of ‘complete’ wellbeing is elusive for many.

An alternative emphasis—and one embraced in this Community Health and Wellbeing Plan—is set out in the WHO’s Ottawa Charter for Health Promotion, which defines health not as the objective of living, but as a ‘resource’ for everyday life. It notes that to achieve complete wellbeing, people must be able to identify and to realise their aspirations, satisfy their needs, and change or cope with the environment⁶.

As for the concept of ‘wellbeing’, there is no single agreed definition, but we concur with the Centers for Disease Control and Prevention, who suggest that a working definition of wellbeing should include the presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, fulfillment and positive functioning⁷.

A SOCIAL-ECOLOGICAL MODEL OF HEALTH

This Community Health and Wellbeing Plan embraces a social-ecological model⁸ of health, which views a person’s health and wellbeing as being affected by many layers of influence, from their own genetic characteristics, to their life choices, to relationships with family and community, to working and living environments, to the broader social context. These influences combine in different ways to produce diverse health and wellbeing outcomes.



PRIORITY ISSUES

This Community Health and Wellbeing Plan identifies the following issues as being most critical to health and wellbeing in Circular Head and Waratah-Wynyard. Each priority and the rationale for its inclusion is discussed in the following section.

1. Reducing isolation
2. Supporting mental wellness
3. Valuing difference
4. Reducing socio-economic disadvantage
5. Improving access to the basics
6. Supporting those living with illness
7. Reducing harms from alcohol, tobacco and other drugs
8. Building resilience

1. Reducing isolation

Being socially connected has a positive influence on emotional, psychological and physical health. Conversely, experiencing social isolation—through living alone, having few social ties or little social engagement—is associated with poorer health outcomes, including a higher rate of mortality⁹.

Stakeholder consultation revealed this to be a critical issue for both local government areas. For Waratah-Wynyard, entrenched social isolation/loneliness and the difficulties of connecting with disengaged individuals were identified as key challenges. These challenges were associated with a lack of transport options and few options for social activities (particularly for youth).

The relevance of social isolation and the importance of connecting with the disengaged was also underscored in the case of Circular Head. The role played by the lack of public transport (particularly in rural areas) was flagged as the utmost importance for addressing isolation in this local government area.

Transport disadvantage

The Tasmanian Council of Social Services defines transport disadvantaged people as those who cannot own or operate a vehicle due to age, disability, ill health or financial constraints¹⁰. In 2016, 371 (6.5%) private dwellings in Waratah-Wynyard had no motor vehicle, with a further 134 (4.3%) dwellings in Circular Head with no motor vehicle. While the proportion of dwellings without motor vehicles was lower than both the Tasmanian and Australia average, these data should be viewed in the context of the availability and viability of other modes of transport, such as walking, biking, public transport and taxis.

When surveyed by Council in 2016, only a minority of residents (35%) in Circular Head agreed that public transport was adequate to meet their needs¹¹. This number was higher in Waratah-Wynyard, where a majority (62%) agreed public transport was adequate to meet their needs¹².

As an indicator of demand for transport assistance, Community Transport Services Tasmania (CTST) has reported a Statewide increase in demand for its services, with an 8.5% increase in demand for State Home and Community Care-funded trips in 2016-17, including growth in both medical and social trips. Under the Commonwealth Home Support Program, CTST reported continued growth in non-emergency medical transport to people aged 65 and older¹³. Volunteer recruitment has been identified as a barrier to expanding community transport services to meet demand.

Internet access

Internet use can provide opportunities for enhanced social connectivity and access to health and wellbeing information. Consultation with service providers and community leaders within both Council areas highlighted the importance of community digital literacy and access to the digital world for community wellbeing.

In 2016, the proportion of Circular Head and Waratah-Wynyard households with an internet connection was lower than the Tasmanian and Australian average. 701 households in Circular Head and 1,275 households in Waratah-Wynyard reported having no internet connection¹⁴. Lower rates of internet access are associated with disadvantage and may be related to socio-economic factors, older age or geographical isolation¹⁵.

Social capital

Social capital is defined as the features of social organisation that facilitate cooperation for mutual benefit, such as civic participation, norms of reciprocity and trust in others. Social capital is both the connections enjoyed within a community and the resources generated from these connections. In 2009, levels of social capital were surveyed across each of Tasmania's three regions. Compared with Tasmania as a whole, people in the north west reported¹⁶:

- slightly high rates of social contact;
- slightly less support from friends or family in the event of an emergency;
- about the same level of confidence that friends or relatives could help them find employment if necessary;
- lower participation in professional groups and other community groups;
- less active involvement in school activities;
- higher attendance at community events;
- higher levels of participation in sports groups and church groups; and
- the highest levels of volunteering.

More than eight in ten people in the north west felt that 'most people can be trusted' definitely or sometimes. When asked if they felt valued by society, nearly one in eight people in the north west reported 'No, not at all' or 'not often'¹⁷.

Community asset research conducted in Circular Head in 2011 indicated a range of strengths in the area. These were associated with: individual capacity; strong networks and connections; supportive public institutions; faith in the region's potential; a commitment to educating and training and supporting young people; and an active Council¹⁸.

Lone person households

Australian household size has declined over recent decades. The number of lone person households in Australia is projected to increase by between 61%-65% from 2011 to 2036¹⁹. In 2016, 28% of households in Circular Head and 30% of households in Waratah-Wynyard were lone person households, closely equivalent to the State average but higher than the national average²⁰.

Living alone is associated with older age and is slightly more common amongst women than men. However, the profile is different for men and women. Women who live alone tend to be better educated, be professionals, and earn more than women living with others. Men who live alone have lower levels of education, are lower income earners and are more likely to be in less prestigious jobs than those living with others. For middle-aged adults, separation is a significant driving factor²¹.

It is important to note that living alone in itself has not been identified as a causative factor for experiencing social isolation, as lone household status does not indicate the strength of a person's networks outside the household.

Connectedness

Amongst respondents to the WWC and CHC Councils community survey in 2016, 56% of Circular Head residents and 52% of Waratah-Wynyard residents reported being a member of a community group. 79% of Circular Head residents and 81% of Waratah-Wynyard residents said they felt they were a part of their local community.

In 2016, people living in rural Tasmania were asked to rate on a 7-point scale how often they made time to keep in touch with friends, chat with their neighbours, or do things with family members who live separately. The average score for people living in rural and regional Australia was 4.6, and the average for rural and regional Tasmania was 4.5. People living in the north west (excl. Burnie and Waratah-Wynyard LGAs) scored higher than the State and national average with 4.7, and people living in Burnie and Waratah-Wynyard scored lower than the State and national average with 4.2²².

When asked to rate on a 7-point scale how often they took part in a range of activities such as arts/culture, community events, clubs/groups, sports or teams; the average score for rural and regional Australia was 3.8 and for rural and regional Tasmania was 3.4. People living in the north west (excl. Burnie and Waratah-Wynyard LGAs) scored lower than the national and higher than the State average with 3.7. People living in Burnie and Waratah-Wynyard scored lower than the national average and on par with the State average with 3.4²³.

Risk and protective factors

Factors that protect against social isolation include strong relationships with friends and families and having someone to confide in. Risks for isolation include widowhood, never being married, having no children or no living children, being from a migrant and refugee population, identifying as LGBTI (Lesbian, Gay, Bisexual, Transgendered or Intersex), or living in rural and remote areas. Older people living in a rural or remote locality have a higher risk of social isolation due to limited access to services, the changing roles they experience within their community and the potential for a greater disconnect with family²⁴.

2. Enhancing mental health

Stakeholder consultation placed mental health—the prevalence of anxiety and depression, as well as trauma responses—very high on the list of community priorities. This was particularly so for Circular Head, where it was noted that mental illness comprises 44% of presentations to Rural Primary Health Services. Workshop participants observed that mental health could be both a cause and a result of other social determinants of health.

Anxiety and depression

The prevalence of most chronic diseases in Tasmania increased between 2009 and 2016, with the increase in depression and anxiety one of the most significant. The north west region saw a significant increase in depression/anxiety during this period, from 20.0% in 2009 to 29.4% in 2016.²⁵

Self-reported mental health

Significantly more Tasmanians sought professional help for mental health related problems in 2016, up from 10.3% in 2009 to 17.6% in 2016. Much of this increase related to an increase in the proportion of females seeking help, up from 12.0% in 2009 to 21.9% in 2016²⁶.

The Kessler 10 Psychological Distress Scale (K10) measures levels of psychosocial distress based on questions about people's level of nervousness, agitation, psychological fatigue and depression in the past four weeks. Scores are grouped into low, moderate, high and very high psychological distress. Tasmania-wide, there was an increase between 2009-2016 in people reporting high/very high levels

of psychological distress, up from 10.9% to 13.7%. In 2016, just over one in ten (11.7%) of people in the north west reported high/very high psychological distress in the past four weeks²⁷.

In 2016, people living in rural Tasmania were surveyed on the extent to which ‘you feel the things you do in your life are worthwhile’, rated on a scale from 0 = ‘Not at all worthwhile’ to 100 = ‘completely worthwhile’. The average for rural and regional Australia was 76.5 and for rural and regional Tasmania was 72.9. People living in north west Tasmania (excl. Burnie and Waratah-Wynyard) scored the same as the national average and above the State average with 76.5. People living in Burnie and Waratah-Wynyard scored below both the national and State averages with 68.8²⁸.

Suicide and self-harm

Tasmania’s suicide rate is higher than the Australian national average. In 2014, Tasmania’s five-year age-standardised suicide rate for 2010-2014 was 13.5 per 100 000, and Tasmania’s age-standardised suicide rate for 2014 was 12.7 per 100 000.

Those at higher relative risk of suicide include Aboriginal and Torres Strait Islanders, LGBTI people, CALD (culturally and linguistically diverse) people, and men²⁹. Suicide and self-inflicted injury were together listed in the top ten causes of death for males in both Circular Head and Waratah-Wynyard for the years 2010-2014³⁰.

3. Valuing diversity

The impact of diversity emerged from the literature review, and its importance was also highlighted during the workshop with service providers and community leaders. These stakeholders considered diversity important for two reasons: (i) different people require different supports from the health system and the wider community to enjoy enhanced health and wellbeing; and (ii) true ‘community’ wellbeing is achievable only if every member of the community is included.

Diversity was also seen as contributing to the challenges of connecting with hard-to-reach or disengaged individuals. Racism, stigma and prejudice were named as key issues impacting on health and wellbeing, both in terms of accessing suitable health care and in terms of the mental health impacts they created.

Workshop participants noted that the contributions of young people and older (retired) people were often undervalued and underutilised. The workshop participants also flagged that public spaces in both Circular Head and Waratah-Wynyard were not always accessible to those with mobility issues.

Disability

Disability is part of the health and wellbeing picture, although having a disability is not the same as ill-health or a lack of wellbeing. Due to its older age structure, Tasmania has the nation’s highest disability rate, at 25.2%³¹.

Disability can result from accidents, illness or genetic disorders, and may affect a wide range of dimensions of a person’s life, including mobility, communication, learning and education, income, social activities and workforce participation. The Australian Bureau of Statistics defines a person as having a disability if they report a limitation, restriction or impairment which has lasted, or is likely to last, for at least six months and restricts everyday activities.

18.3% of Australians reported a disability in 2015, and this rate has remained stable over time. The majority (78.5%) of people with disability reported a physical condition, such as back problems, as their main long-term health condition. The other 21.5% reported mental and behavioural disorders.

The Australian Census counts the number of people with a profound or severe disability, defined as those people needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a disability, long-term health condition (lasting six months or more) or old age³².

In 2016, a total of 364 people in Circular Head reported a need for assistance, comprised of 192 males and 176 females. Of the total, 47.3% were aged 65 or older. In Waratah-Wynyard, 1,118 people reported a need for assistance, comprising 566 males and 554 females. Of the total, 48.3% were aged 65 or older³³.

[Women and violence](#)

In 2016, 4.7% of Tasmanian women reported experiencing violence in the previous 12 months, the same proportion as reported nationally for women, and lower than the 6.0% reported nationally for men (data on male experiences of violence in Tasmania were not available). 2.2% of Tasmanian women had experienced violence by a partner, and 4.7% had experienced emotional abuse from a partner. In addition, 16.7% of Tasmanian women in 2016 had experienced sexual harassment in the previous 12 months³⁴.

In the year prior to February 2018, Tasmania Police recorded 589 family violence incidents in the Western district of the State (which includes Circular Head and Waratah-Wynyard), exceeding both the previous year (556) and the three-year average (442). In the year prior to February 2018, Tasmania Police issued 346 family violence orders in the Western district of the State, up from 281 in the previous year. There were 79 court applications for family violence orders, up from 73 in the previous year³⁵.

[Gender and sexual diversity](#)

Lesbian, Gay, Bisexual, Transgendered and Intersex Australians tend to experience poorer mental health outcomes than their peers. Compared to the general population, LGBTI people are more likely to experience depression, anxiety and psychological distress; and they are more likely to have thoughts of, or attempt, self-harm or suicide in their lifetime. Poor health outcomes are associated with experiences of stigma, prejudice, discrimination and abuse, as well as a lack of specialised and accepting health services³⁶. Trans and gender diverse people tend to have a worse health status than the general population as well as others in the LGBTI cohort³⁷.

The total LGBTI population of Circular Head and Waratah-Wynyard is unknown due to a lack of data. However, it is estimated that people of diverse sexual orientation, sex or gender identity may account for up to 11% of the general population³⁸. Based upon 2016 Census data, this would indicate the LGBTI population of Circular Head could be around 871, and for Waratah-Wynyard around 1,493.

[Aboriginal and Torres Strait Islander people](#)

Both Circular Head and Waratah-Wynyard are home to a relatively high proportion of people who identify as Indigenous. In the 2016 Census, there were 1,244 Aboriginal and/or Torres Strait Islander people living in Circular Head, making up 15.7% of the population, and in Waratah-Wynyard this

number was 1,033, 7.6% of the population. By comparison, the percentage of Aboriginal and/or Torres Strait Islander people was 4.6% in Tasmania and 2.85% in Australia³⁹.

Consistent with the Australian average, the Aboriginal and/or Torres Strait Islander population has a younger age profile. The median age of Aboriginal and/or Torres Strait Islander people in Circular Head was 22 years, and in Waratah-Wynyard it was 24 years.

The legacy of colonisation and dispossession in Australia means that Aboriginal and Torres Strait Islander people tend to be worse-off than non-Indigenous people in relation to the social determinants of health. In 2016, there were no statistical differences in the self-reported health status of Aboriginal and Torres Strait Islander people and the wider Tasmanian population. Nearly one in three (29.5%) of Aboriginal and Torres Strait Islander people in Tasmania reported their health as ‘fair/poor’, up from 21.2% in 2009. However, Aboriginal and Torres Strait Islander people in Tasmania reported much higher levels of psychological distress than the Tasmanian population. In 2016, over one in five Aboriginal and Torres Strait Islander Tasmanians (22.8%) reported high/very high levels of psychological distress, compared to 13.7 per cent of the general population⁴⁰.

Aboriginal and Torres Strait Islander people are more likely to die from cardiovascular disease at younger ages than non-Indigenous people. Aboriginal and Torres Strait Islander people also tend to develop Type 2 diabetes earlier and die from it at a younger age than non-Indigenous people. Aboriginal and Torres Strait Islander people in 2014-15 were almost twice as likely as other Australians to be admitted to hospital for injuries⁴¹.

While Aboriginal and Torres Strait Islander people had a lower cancer incidence rate in 2006-2010, they were around one-and-a-half times more likely than non-Indigenous people to die from cancer, due to differences in cancer type, the degree of advancement upon diagnosis, and the lower likelihood of receiving adequate treatment⁴².

Notably, Aboriginal and Torres Strait Islander health is adversely affected when health and support services are not accessible, not culturally appropriate or too expensive⁴³.

Smoking prevalence amongst Tasmanian Aboriginal people is higher than amongst the overall Tasmanian population⁴⁴, although smoking prevalence has declined from 32.9% in 2009 to 26.3% in 2016. The proportion of Tasmanian Aboriginal and Torres Strait Islander people at risk of harm from alcohol consumption on a single occasion (53.1%) was not statistically significantly different from the total population at risk of harm on a single occasion (45.0%). Similarly, 20.5% of Aboriginal and Torres Strait Islander Tasmanians were at risk of lifetime harm from alcohol compared with 20.8% of all Tasmanians⁴⁵.

The impact of housing disproportionately affects Indigenous community members. In 2016, Aboriginal and Torres Strait Islander people accounted for 20% of the homeless population nationwide, despite making up less than 3% of the general population⁴⁶.

Immigrants and refugees

The health status of recent migrants to Australia is generally higher than the receiving population due to immigration eligibility requirements. Known as the ‘healthy migrant effect’, this profile tends to be lost over time, as the health status of migrants tends to converge with that of the general population.

Many migrants and refugees in Australia experience barriers to accessing health services and information due to language or culture or being on a temporary visa. This is particularly the case for

mental health services⁴⁷. Many refugees in Australia have experienced conflict, displacement family separation and human rights violations. As a result, widely variable rates of mental health issues are reported in refugee children and adults⁴⁸.

In 2016, Circular Head was home to 622 overseas-born residents. The most common countries of birth (in descending order) were New Zealand, England, Netherlands, Philippines and South Korea. Waratah-Wynyard was home to 1,173 overseas-born residents in 2016. The most common countries were England, New Zealand, Scotland, the Netherlands and South Africa. A non-English language was spoken in a total of 98 (3.1%) Circular Head households and 155 (2.7%) Waratah-Wynyard households in 2016, compared with 22.2% for all Australian households⁴⁹.

While these proportions of CALD (culturally and linguistically diverse) populations are small in Circular Head and Waratah-Wynyard, the potential for isolation and poor health outcomes of very small minority immigrant groups can indicate a higher need for culturally appropriate services and responses.

4. Reducing socio-economic disadvantage

Participants in the stakeholder consultation emphasised that socio-economic status plays a central role in community health and wellbeing. In both local government areas, poverty and social inequity were associated with intergenerational patterns of under- or unemployment, and with low capacity for employment due to low levels of literacy, numeracy, digital literacy and access to the digital word. In other words, socio-economic disadvantage is due not just to a lack of opportunity in the labour market, but barriers to taking up those opportunities.

Socio-economic disadvantage

The SEIFA index of disadvantage is derived from attributes that reflect disadvantage such as low income, low educational attainment, high unemployment, and jobs in relatively unskilled occupations. A lower score on the index indicates a higher level of disadvantage. The average Australian SEIFA score is set at 1000.

In 2016, Circular Head local government area had a SEIFA score of 940, while Waratah-Wynyard had a score of 925, indicating both had higher levels of disadvantage compared to the national average⁵⁰. While these scores do not point to exceptional levels of disadvantage, they also do not account for varying pockets of high socio-economic disadvantage within local government areas.

As indicated in the table below, in 2016 the median weekly personal income for people aged 15 years and over in Circular Head was \$581, lower than the Australian average but higher than the average for Tasmania as a whole. The median weekly personal income for Waratah-Wynyard was lower than both the Tasmanian and national average, at \$498.

TABLE 1: Median weekly incomes in dollars, people aged 15 years and over, 2016⁵¹

	CHC	WWC	Tas.	Aust.
Personal	581	498	573	662
Family	1,385	1,247	1,399	1,734
Household	1,083	942	1,100	1,438

Between 2009-2016, financial insecurity has increased significantly in all regions of Tasmania. One indicator of financial stress is the lack of ability to raise \$2,000 within two days to cope with an emergency. In the north west, 17.9% of people in 2016 reported that they would be unable to raise \$2,000 in an emergency, up from 11.7% in 2009⁵².

Education

The table below shows that both Circular Head and Waratah-Wynyard have a lower educational profile than Tasmania and Australia, with significantly fewer people attaining a bachelor-level degree or higher. Nearly one quarter of people in CHC, and over one fifth of people in WWC, reported Year 10 as their highest level of education.

TABLE 2: Education level attained in Circular Head and Waratah-Wynyard, 2016⁵³

	CHC %	WWC %	Tas. %	Aust. %
Bachelor Degree level and above	6.0	9.7	16.2	16.2
Advanced Diploma and Diploma level	5.6	7.1	7.5	7.5
Certificate level IV	2.7	2.6	2.9	2.9
Certificate level III	16.6	17.4	14.8	14.8
Year 12	9.0	8.7	12.0	12.0
Year 11	5.7	5.1	4.7	4.7
Year 10	24.1	20.4	17.4	17.4
Certificate level II	0.1	0.1	0.1	0.1
Certificate level I	0.0	0.0	0.0	0.0
Year 9 or below	14.7	13.8	10.3	10.3
No educational attainment	0.2	0.3	0.4	0.4
Not stated	13.5	12.0	11.0	11.0

Literacy

In the 2006, the literacy skills of Tasmanians aged 15-74 years were below the national average. Only around half of all Tasmanians had sufficient literacy skills to enable them to understand and use information from various kinds of texts, including newspapers, magazines and brochures; and sufficient document literacy skills to locate and use information contained in formats such as job applications and transportation schedules⁵⁴.

Less than half of Tasmanians had adequate numeracy skills, and around one third were assessed as having sufficient health literacy skills to understand and use information relating to health issues such as drugs and alcohol, disease prevention and treatment, safety and accident prevention, first aid, emergencies, and staying healthy. Only about a quarter were assessed as having sufficient problem-solving skills to meet the complex demands of everyday life and work⁵⁵.

Employment

When surveyed by Council in 2016, only a small minority of residents (14%) agreed there were enough jobs available in Circular Head⁵⁶. In Waratah-Wynyard, this proportion was even smaller, with only 10% agreeing there were enough jobs available⁵⁷.

At the time of the 2016 Census, 3,780 people in Circular Head reported being in the labour force. Of these, 56.8% were employed full time, 31.5% were employed part-time and 4.9% were unemployed.

In Waratah-Wynyard, 51.9% of those in the labour force were employed full time, 34.8% were employed part-time and 7.5% were unemployed.

Of employed people in Circular Head, 11.3% worked 1 to 15 hours each week, 10.6% worked 16 to 24 hours and 43.2% worked 40 hours or more. In Waratah-Wynyard, 13.5% worked 1 to 15 hours, 11.7% worked 16 to 24 hours and 38.3% worked 40 hours or more⁵⁸.

TABLE 3: People who reported being in the labour force, aged 15 years and over, 2016⁵⁹

	CHC %	WWC %	Tas. %	Aust. %
Worked full-time	56.8	51.9	52.3	57.7
Worked part-time	31.5	34.8	35.0	30.4
Away from work	6.8	5.7	5.7	5.0
Unemployed	4.9	7.5	7.0	6.9

Problem gambling

Gambling is a significant public health issue. Around two per cent of the adult Tasmanian population has serious issues with gambling, being either ‘moderate risk gamblers’ or ‘problem gamblers’. Lower socio-economic communities have a higher prevalence rate at 3.9%. Adverse effects of problem gambling include damaged finances and the loss of others’ trust. These harms can occur before the threshold of ‘problem gambling’ is met and can endure after the gambling activity has ceased. The partners, family, friends, fellow-workers and employers of problem gamblers are also affected. Electronic gaming machines (EGMs) are the major form of problematic gambling in Tasmania⁶⁰.

The health impacts of socio-economic disadvantage

Socio-economic disadvantage is associated with several indicators of lower health and wellbeing status:

Self-assessed health status

People facing higher levels of socio-economic disadvantage tend to report lower levels of health. Among Tasmanians in the most disadvantaged quintile, only 26.8% reported having ‘excellent/very good’ health compared to 48.1% in the least disadvantaged quintile⁶¹.

Oral/dental health

Fair and poor oral health in Tasmania is also strongly associated with socio-economic disadvantage. Those in the most disadvantaged quintile are most likely to defer dental visits (with cost cited as the main reason) and are significantly less likely to brush their teeth twice a day. Compared with other regions and Statewide, in the north west region had the highest proportion of ‘fair/poor’ oral health in 2016 (28.3%), and a significantly higher prevalence of complete tooth loss (10.2%)⁶². Diminished oral health—such as tooth decay and gum disease—is associated with a range of poor health outcomes.

Body mass index

A high Body Mass Index (BMI) is associated with risk of cardiovascular disease, type 2 diabetes, some cancers, and other chronic conditions. BMI, although not definitive, is a score calculated from an individual’s weight and height. Scores are assigned to the following categories:

TABLE 4: Body Mass Index categories

Category	BMI score
Underweight	<18.5
Normal	18.5-24.9
Overweight	25.0-29.9
Obese	>30.0

Females in Tasmania showed a significant increase in combined overweight/obesity between 2009-2016, while the figures for males were relatively stable. Obese BMI in Tasmania continued to be more common in people experiencing socio-economic disadvantage, but the gap has narrowed in recent years, with obesity becoming more prevalent in less disadvantaged populations⁶³.

Six in every ten (59.9%) of Waratah-Wynyard residents had a BMI of either overweight or obese in 2016, including 18.4% who rated as obese. In Circular Head, more than half (54.2%) of people had BMI scores in the categories of overweight/obese, including 20.4% categorised as obese⁶⁴.

Health literacy

'Health literacy' refers to an individual's capacity to make decisions and to manage their health and health care. Lower levels of health literacy are associated with increased hospitalisation, lower use of preventive health services and poorer knowledge about chronic diseases and self-management.

In 2016, Tasmanians were surveyed on their self-assessed ability to understand written health information well enough to know what to do. The north west score for health literacy was slightly lower than for other regions in Tasmania. Females had a higher level of health literacy than males, and the least socio-economically disadvantaged quintiles also showed the highest level of health literacy⁶⁵.

5. Improving access to the basics

Linked to the above concern with socio-economic disadvantage, the data and stakeholder consultation also highlighted importance of the basics—good quality housing, food security and a healthy environment—in supporting community health and wellbeing. Food security and healthy air quality were viewed as priorities for Waratah-Wynyard, while housing quality and security of tenure was highlighted as priorities for Circular Head.

Housing

Housing can affect health in multiple ways. At the individual/household level, factors include the impact of physical effects (damp, cold, mould, heat, homelessness) as well as social effects (the effects of poor housing, insecurity and debt on mental health; and the importance of feeling a sense of 'home' and belonging). Housing can indicate and form part of someone's socio-economic status. It can put them in proximity to services and facilities and embed them in a community⁶⁶.

When surveyed by Council in 2016, 70% of residents in Circular Head⁶⁷ and 74% of residents in Waratah-Wynyard⁶⁸ agreed there was good housing choice and availability in their local government area.

As can be seen in the table below, weekly median rents for one- and two-bedroom dwellings in Circular Head, and one- and three-bedroom dwellings in Waratah-Wynyard, saw strong increases over the 2017 calendar year, more than the Tasmanian average (The datasets for one-bedroom dwellings were small and should be used with caution).

TABLE 5: Weekly rents for new bonds, calendar year 2017⁶⁹

	1 bedroom		2 bedroom		3 bedroom		4 bedroom	
	Median	Yr change						
Circular Head	\$150	+15.4%	\$190	+10.1%	\$225	0.0%	\$255	-1.9%
Waratah-Wynyard	\$190	+8.6%	\$220	-2.2%	\$270	+5.9%	\$320	-3.8%
Tasmanian average	\$200	+5.3%	\$260	+4.0%	\$300	3.4%	\$360	0.0%

The rental vacancy rate has declined in the north west and across Tasmania since 2017, indicating more competition to secure a lease. Falling vacancy rates typically put upward pressure on rents, which has a disproportionate effect on people on low or fixed incomes.

Anglicare's rental 'Snapshot' study found a 45% drop in advertised rental properties in the north west between 2017 and 2018, with no available properties advertised on the 2018 Snapshot weekend that would be affordable for a single person on Newstart or Youth Allowance. Only 5% of properties in the north west were affordable for single parents on Newstart, down 2 percentage points from 2014. 17% of rental homes in the north west were affordable to single parents on Parenting Payments and couples on Newstart⁷⁰.

Rent or mortgage stress occurs when payments are equal to or greater than 30% of household income. The table below shows that compared to the Tasmanian and Australian average, both Circular Head and Waratah-Wynyard in 2016 had fewer households experiencing rent or mortgage stress. However, this still leaves about one in twenty households in both local government areas in mortgage stress. About one in twenty Circular Head households was in rental stress; and almost one in ten Waratah-Wynyard households in rental stress.

TABLE 6: Households experiencing rent or mortgage stress, 2016⁷¹

	CHC %	WWC %	Tas. %	Aust. %
Households with rent payments greater than or equal to 30% of household income	5.4	9.4	10.2	11.5
Households with mortgage repayments greater than or equal to 30% of household income	5.1	4.9	5.1	7.2

Nutrition

Insufficient healthy food is responsible for several chronic conditions and diseases, including obesity, heart disease, diabetes and some cancers. Insufficient healthy food can also impede development and learning in children, and lead to social avoidance and isolation.

Fruit and vegetables

The 2013 Australian Dietary Guidelines recommend that individuals consume the following quantities of fruit and vegetables per day:

TABLE 7: Australian Dietary Guidelines, Recommended servings

Age	Veg. serves per day – Males	Veg. serves per day – Females	Fruit serves per day – Males	Fruit serves per day - Females
14-18	5.5	5	2	2
19-50	6	5	2	2
51-70	5.5	5	2	2
71+	5	5	2	2

In 2016, Tasmanians consumed less vegetables and significantly less fruit than they did in 2013. The decline occurred in both males and females, although more females than males met the guidelines.

In 2016, 71.2% of Circular Head residents did not meet the guidelines for fruit consumption, and 93.9% did not meet the guidelines for vegetable consumption. In Waratah-Wynyard, 67.2% of residents did not meet the guidelines for fruit consumption, and 90.6% did not meet the guidelines for vegetable consumption⁷².

Compared to the Tasmanian average, in 2014 Circular Head residents and Waratah-Wynyard residents paid more for a standard basket of healthy foods when utilising a minor supermarket or general/convenience shop⁷³.

Folate/Folic acid

Folate is a B group vitamin necessary for good health. It is particularly important during pregnancy to prevent neural tube defects. Folate is contained in green leafy vegetables and is added in the form of folic acid to bread, breakfast cereals and supplements.

Bread and other wheat products are a primary source of folic acid due to supplementation in flour. 40.2% of Tasmanian females and 28.7% of Tasmanian males reported not eating bread in 2016, potentially missing out on this source of folate. There has also been a decrease in the rates of Tasmanians taking a folic acid supplement. In 2016, fewer than half of Tasmanian females aged 18 to 50 years understood the reasons behind the advice to take folic acid⁷⁴.

Sugar-sweetened beverages

Consumption of sugar-sweetened drinks is associated with weight gain, tooth decay and type 2 diabetes. Sweetened drinks include soft drinks, cordial, sports drinks and caffeinated drinks but do not include fruit juice or flavoured milks.

In 2016, one in four Tasmanians drank up to 1.5 litres of sugar sweetened drinks weekly, and almost one in eight drank 1.5 litres or more of these drinks per week. However, in 2016 Tasmanians were drinking more water and less soft drinks and fruit/vegetable drinks overall⁷⁵.

Food access

Food insecurity describes inadequate access or supply of food or inappropriate food, and can it can result from a lack of money, transport or knowledge. Those who find it harder to access fresh food include people on low incomes, single-parent families, people with chronic illness or disability,

people experiencing transport disadvantage, people experiencing housing stress and people not located near shops⁷⁶.

The prevalence of running out of food and being unable to purchase more increased across all socio-economic quintiles in Tasmania between 2009-2016. In the north west region in 2016, more than one in twenty (6.4%) of people reported that sometime in the past 12 months they had run out of food and been unable to afford to buy more⁷⁷.

In addition, nearly one in four (39.7%) Tasmanians in 2016 was dissatisfied with the food available to them for one or more reasons, up slightly since 2013. When asked about the reasons for their dissatisfaction, 26.8% nominated the cost of food, 22.2% named a lack of quality, 11.0% named a lack of variety, 5.9% cited inadequate/unreliable public transport, and 3.7% named a lack of culturally appropriate food⁷⁸.

Clean Air

Despite Tasmania having some of the cleanest air in the world, airborne pollutants are a factor in serious health issues. Wood burning is the main source of population exposure to known airborne pollutants in Tasmania⁷⁹. Sources of smoke in Tasmania include home wood heaters, unplanned bushfires and planned reduction burns.

Emissions from home woodheaters have been linked with increased mortality. People with a chronic disease—particularly a heart problem or a lung condition, such as asthma, chronic bronchitis and emphysema—are more likely to be susceptible to the health effects of smoke⁸⁰. For example, after the City of Launceston incentivised the wood heaters from homes (reducing the woodheater prevalence from 66% to 30% of households) corresponding reductions were recorded in all cause, cardiovascular, and respiratory mortality⁸¹.

In the north west region in 2016, just over one third (34.2%) of people reported using wood as their main source of home heating. This was similar to the North (35.3%) but higher than the South (25.6%). Wood heating use is most common amongst 35 to 44-year-olds, with less frequency amongst younger adults and those aged 65 and older. The use of wood as the primary source of home heating in Tasmania is not associated with socio-economic disadvantage⁸².

6. Supporting those living with illness

While service providers and community leaders in the stakeholder workshop recognised the importance of prevention and health promotion, they were also keen to acknowledge that many people in the community live with a chronic disease, and that measures can be taken to better support these community members. This included addressing quality-of-life issues, ensuring coordination of and access to specialist supports, and providing support to carers.

Experiences of health and wellness

Self-reported health status is considered a reliable predictor of disease and health service use. In 2016, people living in rural and regional Australia were asked to rate their satisfaction with their personal wellbeing, defined as satisfaction with a range of issues including standard of living; health; current achievements in life; personal relationships; feeling safe; feeling part of the community, and

future security. The average score for people in rural and regional Australia was 72.3 out of 100, while for people in rural and regional Tasmania the average was 69.3. People in the north west (excl. Burnie and Waratah-Wynyard) rated their personal wellbeing at 73.4, higher than both the national and State average. People living in Burnie and Waratah-Wynyard rated their personal wellbeing at 66.9, which was lower than the national and State average⁸³.

The Tasmanian Population Health Survey asks individuals to assess their own health as being either excellent, very good, good, fair or poor. In the north west region of Tasmania, one in four people (25.3%) reported their health as ‘fair/poor’, 39.2% reported ‘good’ health, and 34.9% of people in assessed their health as being ‘excellent/very good’⁸⁴. Self-assessed health status is strongly linked to socio-economic disadvantage. Among Tasmanians in the most disadvantaged quintile, only 26.8% reported ‘excellent/very good health’ compared to 48.1% in the least disadvantaged quintile⁸⁵.

When surveyed by Council in 2016, 59% of Circular Head residents agreed that Circular Head was a healthy community⁸⁶. Compared to Circular Head, a larger proportion (74%) of Waratah-Wynyard residents agreed Waratah-Wynyard was a healthy community⁸⁷.

Hospitalisations

In 2007-11, Circular Head’s rate of potentially preventable hospitalisations (29.1 per 1,000) was higher than the state average, making it the third highest ranking LGA in the State. In the same timeframe, Waratah-Wynyard’s rate was 23.4 per 1,000, slightly above the State average⁸⁸.

TABLE 8: Top ten causes of potentially preventable hospitalisations, Circular Head and Waratah-Wynyard, 2016^{89,90}

Rank	Circular Head	Waratah-Wynyard
1	Congestive cardiac failure	Chronic obstructive pulmonary disease
2	Dental conditions	Urinary tract infections
3	Chronic obstructive pulmonary disease	Congestive cardiac failure
4	Urinary tract infections	Dental conditions
5	Diabetes complications	Angina
6	Convulsions and epilepsy	Convulsions and epilepsy
7	Pneumonia and influenza (vaccine preventable)	Iron deficiency anaemia
8	Iron deficiency anaemia	Ear, nose and throat infections
9	Angina	Diabetes complications
10	Ear, nose and throat infections	Asthma

Mortality

Compared to the State average, in 2013 Circular Head had a higher rate of potentially avoidable deaths (238.2 per 100,000), making it the tenth highest ranking LGA in the State. Waratah-Wynyard’s rate of potentially avoidable deaths was 198.9 per 100,000, slightly above the average⁹¹.

TABLE 9: Top 10 causes of death for females and males, Circular Head 2010-2014⁹²

Rank	Females	Males
1	Ischaemic heart disease	Ischaemic heart disease
2	All other cancers	All other cancers
3	Cerebrovascular disease	Lung cancer
4	Other forms of heart disease	Diabetes
5	Organic psychotic conditions	Other forms of heart disease

Rank	Females	Males
6	Hypertensive disease	Organic psychotic conditions
7	Diabetes	Colorectal cancer
8	Breast cancer	Cerebrovascular disease
9	Lung cancer	Suicide and self-inflicted injury
10	Ill-defined and unknown causes	Other disease of respiratory system

TABLE 10: Top 10 causes of death for females and males, Waratah-Wynyard 2010-2014⁹³

Rank	Females	Males
1	All other cancers	All other cancers
2	Organic psychotic conditions	Ischaemic heart disease
3	Ischaemic heart disease	Lung cancer
4	Other forms of heart disease	Chronic obstr. pulmonary disease and allied conditions
5	Cerebrovascular disease	Other forms of heart disease
6	Lung cancer	Cerebrovascular disease
7	Chronic obstr. pulmonary disease and allied conditions	Other hereditary and degen. diseases of the CNS
8	Diabetes	Suicide and self-inflicted injury
9	Breast cancer	Organic psychotic conditions
10	Colorectal cancer	Transport related accidents

Caring

A carer is someone who provides any informal help or supervision to older people (aged 65 years and over) or those with disability. An individual's carer commitments can diminish that person's ability to socialise, work and stay healthy.

Nationwide, in 2015 the average age of a primary carer was 55 years, with females making up the majority of carers. Over one third of primary carers in Australia (37.8%) lived with a disability themselves⁹⁴.

At the time of the 2016 Census, 647 (10.3%) of people in Circular Head and 1,420 (12.6%) of people in Waratah-Wynyard reported providing unpaid assistance to a person with a disability, long-term illness or person aged 65 or older in the previous two weeks, compared to 11.3% of people in Australia⁹⁵.

The National Regional Wellbeing Survey 2016 survey found that carers on average have poorer health and wellbeing than non-carers, have lower access to financial resources, and many have little to no access to support, which compounds carer difficulties. The study also found an urgent need to better support 'younger' carers (i.e. those under 50), who suffer a higher incidence of psychological and financial distress, social isolation, poor wellbeing and a lack of support when compared to older carers⁹⁶.

7. Reducing harms from alcohol, tobacco and other drugs

Participants in the stakeholder workshop named substance addiction as a high priority in Waratah-Wynyard, inclusive of drug and alcohol dependence and smoking; while smoking was highlighted as a key issue for Circular Head. For both local government areas, smoking was identified as a risk factor for multiple health and wellbeing factors. Where alcohol is concerned, there was awareness

that alcohol consumption was not just an individual choice but ought to be understood within a broader culture of drinking.

[Smoking](#)

Smoking is one of the leading preventable causes of death and disease in Australia. It is responsible for more than 1 in every 10 deaths, and it causes more disease and injury in Australia than any other single risk factor. In 2004-05, smoking caused 14 times as many deaths as alcohol, and 17 times the number of deaths due to illicit drug use⁹⁷.

Smoking prevalence in Tasmania has significantly declined since 2009. Since 2013, the proportion of Tasmanian smokers has remained stable at 15.7%.

However, smoking prevalence is comparatively high in the Circular Head local government area. In 2016, nearly one third (29.3%) of Circular Head residents were current smokers (daily and occasional combined), with nearly one quarter (24.2%) estimated to be daily smokers. Smoking rates in Waratah-Wynyard were lower, with an estimated 9.0% current smokers (daily and occasional combined) and 8.1% daily smokers⁹⁸.

Wastewater monitoring has found nicotine intake to be significantly higher in regional areas than for capital cities. Nicotine consumption in Tasmanian regions during 2017 was higher than the regional average⁹⁹. Smoking prevalence is also higher in lower socio-economic areas. In 2017, nearly one in four (24.5%) current smokers in Tasmania were in the most socio-economically disadvantaged quintile, while only one in ten (9.8%) current smokers were in the least disadvantaged quintile¹⁰⁰.

[Alcohol](#)

Alcohol consumption can cause harms to individuals, families and communities. For the individual, alcohol causes several short- and long-term diseases and conditions, with alcohol-attributable cancer, liver cirrhosis and injury comprising most of the burden of alcohol-attributable mortality¹⁰¹.

There is no ‘safe’ level of alcohol consumption. However, the lifetime risk guideline for alcohol consumption by healthy adults specifies no more than two drinks on any given day. In 2014-15 Tasmania had the second highest proportion of adults (19.1%) exceeding the lifetime risk guideline, higher than the Australian average (17.3%). Males were more likely than females to experience lifetime risk from alcohol consumption¹⁰².

The risk guideline for single occasion harm is no more than four drinks. Close to half (49.2%) of Tasmanian adults in 2014-15 drank alcohol on at least one occasion to risky levels for acute harms, the highest of any State. Men are significantly more likely than women to drink alcohol exceeding the single occasion guideline, both at the national and Tasmanian level. Males were significantly more likely than females to drink alcohol exceeding the single occasion guideline¹⁰³.

In 2016, an estimated 18.2% of Waratah-Wynyard residents drank alcohol to risk levels for lifetime harm, with 33.3% drinking to risk levels for single occasion harm. In Circular Head, 29.2% of residents drank alcohol to risk levels for lifetime harm, with 48.7% drinking to risk levels for single occasion harm¹⁰⁴.

Between 2005-06 and 2014-15, Tasmania saw an increase in closed treatment episodes for alcohol and alcohol-related emergency department presentations. Alcohol-related hospitalisations for men remained stable while for women it increased. Alcohol-related deaths did not change significantly.

Road fatalities and serious injuries involving alcohol and family violence incidents where the offender was affected by alcohol decreased during this timeframe¹⁰⁵.

Illicit drugs

Illicit drug use is associated with a range of short- and long-term physical and psychological harms to the user, as well as a range of social and relational harms. Drug dependency can also cause severe financial distress.

National wastewater monitoring data from 2017 names methylamphetamine (one form of which is known as ‘ice’) as the most commonly used illicit drug in regional Tasmania.¹⁰⁶ However, data collection limitations mean these findings should be treated with caution. Research from the Illicit Drug Reporting System (IDRS) found cannabis was the most frequently used illicit substance across regional Tasmania in the same time period¹⁰⁷.

8. Building resilience

In terms of resilience, participants in the stakeholder workshop emphasised the need to ensure that every child and adult has at least one positive and responsive adult in their lives. This recognises the critical role of the social networks in which we live, and that no individual can thrive without the care and affirmation of another.

Other aspects of resilience noted by service providers and community leaders included the role of emergency services in disaster response and recovery, and the potential effects of extreme weather events on health, local industry and food security.

Participants in the stakeholder workshop also named health literacy, intergenerational health concerns and meaning-making as priorities across both local government areas. They noted that families tend to share/pass on health issues, but they also shared understandings and beliefs that shaped the degree to which they accessed to education, health services and support networks.

The early years

A child’s early years are fundamental to their future cognitive, social, emotional and physical development. A positive early childhood experience is associated with a range of short- and long-term individual, social and economic benefits.

In 2016, Circular Head and Waratah-Wynyard were home to the following numbers of children:

TABLE 11: Population of children by age group, CHC and WWC 2016¹⁰⁸.

	0-4 years	5-9 years	10-14 years	15-19 years	Total 0-19 years
Circular Head	493	597	526	491	2,117
Waratah-Wynyard	727	835	782	790	3,131

Compared to the national average, a higher percentage of Tasmanian children grow up in single-parent and blended families and experience higher levels of socio-economic disadvantage. A larger proportion (8%) of children identify as Aboriginal or Torres Strait Islander, and a larger proportion of

children have disabilities¹⁰⁹. High quality data on Tasmania's children with regard to mental health, disability, certain health indicators, family violence, children's perceptions of school, and children's experiences is limited.

The Australian Early Development Census (AEDC) measures early childhood development at the time children commence their first year of full-time school. The AEDC measures children's physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge. These domains have been shown to predict later health, wellbeing and academic success.

The following table shows the percentages of children deemed to be developmentally vulnerable for each domain in 2015. Children who score in the lowest 10 per cent of the national AEDC population are classified as 'developmentally vulnerable'. These children demonstrate a much lower than average ability in the developmental competencies in that domain.

TABLE 12: Percentage of children developmentally vulnerable, 2015¹¹⁰.

Geography	Physical	Social	Emotional	Language	Communication	Vulnerable on 1 or more domains	Vulnerable on 2 or more domains
Australia	9.7	9.9	8.4	6.5	8.5	22.0	11.1
Tasmania	10.0	8.6	8.9	7.5	6.4	21.0	10.7
Circular Head	10.3	8.5	7.7	8.5	3.4	18.8	7.7
Waratah-Wynyard	8.8	4.1	5.4	4.1	3.4	15.5	5.4

Overall, Circular Head had a higher proportion of developmentally vulnerable children than Waratah-Wynyard. The highest rates of vulnerability for children in both local government areas was in the physical domain, defined as the 'Child is ready each day, healthy and independent, and has excellent gross and fine motor skills'. Circular Head children were more developmentally vulnerable than the national and State average with regard to language, defined as the 'Child is interested in reading and writing, can count and recognise numbers and shapes¹¹¹'.

Health literacy and self-management

'Health literacy' refers to an individual's capacity to make decisions and to manage their health and health care. Lower levels of health literacy are associated with increased hospitalisation, lower utilisation rates of preventive health services, and poorer knowledge about chronic diseases and self-management.

As noted elsewhere in this report, in 2006 only around one third of Tasmanians had sufficient health literacy skills to understand and use information relating to health issues such as drugs and alcohol, disease prevention and treatment, safety and accident prevention, first aid, emergencies and staying healthy¹¹².

In 2016, Tasmanians were surveyed on their self-assessed ability to understand written health information well enough to know what to do. The north west score for health literacy was slightly lower than for other regions in Tasmania. Females had a higher level of health literacy than males, and the least socio-economically disadvantaged quintiles also showed the highest level of health literacy¹¹³.

Accessing services

While most Tasmanians reported in 2016 that they found it easy to discuss health issues with their health care providers, 2.3% said they found it difficult, with a further 11.0% saying they found it difficult at times. More females than males found it easy to discuss issues with health care providers, and older males found it easier than younger males.¹¹⁴.

In 2016, use of a Tasmanian public hospital during the preceding 12 months was highest for the north west region (59.7%). The majority of hospital users in the north west (77.0%) reported being ‘very satisfied/satisfied’ with public hospital services. More than one in five north west residents (22.8%) reported using a community health centre in the preceding 12 months, with 87.9% of users reporting they were ‘very satisfied/satisfied’ with community health centre services¹¹⁵.

There was an overall decline in the use of child health and parenting services Statewide between 2009 and 2016. 13.0% of north west residents reported accessing child health and parenting services in 2016, with 85.1% of users saying they were ‘very satisfied/satisfied’.

Self-management of health

Statewide screening rates for blood pressure, cholesterol and diabetes have remained relatively stable since 2009, but bowel cancer screening has increased significantly in 2009-2016. In the north west, the proportion of people participating in bowel cancer screening rose from one quarter (25.4%) to one third (34.0%) of the population. north west residents were also more likely to screen for cholesterol than other parts of the State in 2016¹¹⁶.

TABLE 13: Participation rates, preventative health screening, NW Tasmania, 2009 and 2016¹¹⁷

	2009	2016
Blood pressure	82.5%	83.9%
Cholesterol	56.5%	59.5%
Diabetes/hyperglycaemia	51.4%	53.4%
Bowel cancer	25.4%	34.0%

Since 2009, a greater proportion of Tasmanians with hypertension have engaged in disease management strategies such as modifying their diet, losing weight, taking medication or other actions. However, a smaller proportion of Tasmanians with hypertension have used stress management or exercise¹¹⁸.

Where diabetes is concerned, most Tasmanians took action to manage their disease in 2016, with the most common actions being diet, medication, exercise and weight loss¹¹⁹. There was an overall increase in the proportion of Tasmanians with asthma who received asthma plans. The north west region had the highest proportion (81.4%) of asthma action plans in 2016, representing a statistically significant increase from 2009¹²⁰.

Sustainability

Research suggests that changes to our climate may affect human health and wellbeing on many levels. Effects may include the impacts from increased extreme weather events, wildfire and decreased air quality (higher pollution and allergens); threats to mental health (e.g. anxiety and post-traumatic stress disorder following weather events); and illnesses transmitted by food, water, and disease-carriers¹²¹.

Food production and food prices, quality and distribution systems (including crops, livestock and fish production), as well as infrastructure and social systems are also at risk from extreme weather events. Research suggests that multiple climate stressors are more likely to impact people living in cities, floodplains and coastal areas; as well as on specific populations such as people experiencing high socio-economic disadvantage, children, older adults, and people living with a chronic disease¹²².

Over the 21st century, rainfall in Waratah-Wynyard is projected to decrease in summer and autumn, and to increase in winter and spring. Rainfall in Circular Head is projected to decrease in summer and autumn, but increase in winter, with little change in spring. Both areas will see fewer rain days with >1mm rain, but heavier rain on these days. Sea level rise is projected to lead to more frequent coastal inundation events^{123,124}.

Both Circular Head and Waratah-Wynyard local government areas are projected to experience a rise in average temperatures between 1.3 to 2.0 degrees Celsius over the 21st century under a lower emissions scenario, and between 2.6 to 3.3 degrees under a higher emissions scenario. These rises are consistent with Tasmania as a whole but lower than the global average. By the end of this century, research suggests that both local government areas will experience an increase in summer days over 25 degrees, an increase in the temperature of very hot days, fewer days of frost risk, and longer warm spells^{125,126}.

Extreme heat and heatwaves present serious health risks for older adults, babies, young children, pregnant women and people with a chronic health condition. Compared with other regions and Tasmania in 2016, residents in the north west region were significantly less likely to use air conditioning at home (36.5%) and significantly more likely not to use any cooling method. There was no relationship evident between ownership of air cooling appliances and socio-economic status in Tasmania¹²⁷.

COMMUNITY HEALTH AND WELLBEING PLAN 2019-2024

Potential partners for co-delivering these actions will be identified as annual implementation plans are developed.

Goal	Objectives	Actions	Indicator	Baseline
1. Reducing isolation	Widen the availability of transport options	Help raise the profile of existing community transport services and options.	% residents who report that public transport is adequate to meet their needs (Council survey)	35% CHC in 2016 62% WWC in 2016
		Advocate to the Tasmanian Government for enhanced public transport options.		
		Assist local community transport providers with their volunteer recruitment needs		
		Investigate options for coordinating a local carpool or volunteer rideshare network.		
	Encourage wider internet adoption.	Promote and support (through volunteer recruitment) the digital literacy program at Libraries Tasmania.	% households connected to the internet (ABS Census) No. Digital Inclusion individual sessions run at Smithton and Wynyard libraries (Libraries Tasmania data)	69.1% in 2016 71.2% in 2016 238 in Smithton; 26 in Wynyard in 2018.
		Facilitate a local IT exchange to facilitate community donations of used computers and modems for those who cannot afford to purchase their own.		
		Implement a donation policy for Council's used and unwanted but fit-for-purpose IT equipment.		
	Create opportunities for social connection	Explore options for supporting the operations of community groups and neighbourhood houses by subsidising their overhead costs (e.g. utilities, insurance)	Evidence of co-location principles in Council land-use policy (Council data).	CHC and WWC interim planning schemes 2018: 'require all new use or development has access to adequate utilities and community services'
		Within strategic land-use planning, prioritise the creation of accessible public spaces and green spaces where people can meet and gather informally and at no cost.		
		Within strategic land-use planning, prioritise the development of higher density, pedestrian-friendly settlements where services, shops and community facilities are co-located.		
	Support people at risk of social isolation	Map community assets for building and sustaining social networks.	Scores for 'making time to keep in contact with others' (National Regional Wellbeing Survey)	4.7 NW excl. Burnie and WWC in 2016; 4.2 Burnie and WWC in 2016
		Raise community awareness about who might be at risk of social isolation, and promote ways in which local business, community and service organisations could provide support.		

Goal	Objectives	Actions	Indicator	Baseline
2. Enhancing mental health	Increase the number of people receiving mental health supports	Publicise and promote existing mental health supports, including remote/online support services.	% residents with anxiety/depression (DHHS Pop. Health Survey) % residents reporting high/very high psychological distress (DHHS Pop. Health Survey)	29.4% NW region in 2016
		In partnership with existing organisations, support mental health campaigns that de-stigmatise mental illness and raise awareness.		11.7% NW region in 2016
		Host community event/s on World Mental Health Day (Oct 10).		
		Become a model employer by publicising and promoting mental health supports for Council employees.		
		Encourage local businesses to implement Employee Assistance Programs.		
		Investigate best and promising practices in supporting older men's mental health at the local government level.	Ranking of suicide and self-inflicted injury in men's mortality data (DHHS).	Rank 9 CHC in 2016 Rank 8 WWC in 2016
		Continue/expand financial and in-kind support for existing community initiatives that support men's mental wellness and social connectedness.		
	Enhance the emotional intelligence of the community	Encourage schools to implement emotional intelligence teaching.	No. schools in which teachers have completed RULER training (RULER Health Tasmania data).	3 in CHC; 2 in WWC in 2018
		Support programs outside the school system that assist adults and young people to build emotional intelligence and active engagement.		
	Reduce risk of mental illness	Work with local service providers to promote and facilitate access to preventative and early intervention mental health initiatives.	No. mental health services located in or visiting CHC and WWC areas (Council data).	3 in CHC; 5 in WWC in 2018

Goal	Objectives	Actions	Indicator	Baseline
3. Valuing diversity	Improve disability inclusivity and accessibility	<p>Ensure Council events, festivals, programs and facilities are accessible to people with physical, psychological, intellectual and sensory disabilities.</p> <p>Assist local businesses to achieve high standards of disability accessibility through advocacy and information provision.</p> <p>Seek funding to produce a mobility map for each major township.</p>	No. mobility maps produced (Council data)	None in 2018
	Ensure women and children can live free from family violence	<p>Encourage collaborative and awareness-raising initiatives that prevent or reduce family violence.</p> <p>Explore opportunities for increasing the availability of emergency housing for people affected by family violence.</p>	No. family violence incidents reported (Tasmania Police)	589 family violence incidents 12 months prior to Feb 2018 in Western district
	Continue to provide range of culturally appropriate health supports for Indigenous and CALD community members	<p>Host a biennial service providers workshop to provide specialist training in responding to Aboriginal and CALD health and psychological needs.</p> <p>Promote the local government area to attract a culturally diverse healthcare workforce.</p> <p>Continue to encourage Aboriginal and CALD community members to participate in Council consultation and decision-making around health and wellbeing.</p>	No. people/organisations served through Council-hosted ATSI and CALD training (Council data).	None in 2018
	Improve the range of LGBTI-positive health supports in the community	<p>Host a biennial service providers workshop with specialist training in responding to LGBTI needs.</p> <p>Support and/or facilitate the creation of LGBTI social groups.</p>	No. LGBTI social groups operating in CHC and WWVC (Council data).	None in 2018
	Encourage community inclusion and cohesion	<p>Celebrate Aboriginal heritage by formally recognising Aboriginal custodianship within Council documents, by flying the Aboriginal flag on Council buildings, and by making an acknowledgement of country at all official events.</p> <p>Promote Council as a diversity-positive employer.</p> <p>Normalise diversity through profiling the contributions of diverse community members to the local community and business sectors.</p> <p>Provide access to diversity workshops for Councillors, staff and local community organisations.</p>	Presence of Aboriginal flag outside Council buildings (Council data).	Flag flown only during NAIDOC week, both Councils as of 2018

Goal	Objectives	Actions	Indicator	Baseline
4. Reducing socio-economic disadvantage	Support full local employment	<p>Seek opportunities to attract new businesses and investment in the local economy.</p> <p>Collaborate with regional stakeholders in economic development opportunities.</p> <p>Support programs already working to improve the capacity of people facing multiple barriers to employment.</p> <p>Establish a buddy/mentor register for job-seekers needing extra support from community volunteers (e.g. resume-writing, interview skills, encouragement)</p> <p>Facilitate donations/loans of good quality workwear to enable people to present themselves well at job interviews.</p> <p>In tandem with regional stakeholders, identify potential job growth areas and advocate for local training to help people become job-ready for these industries.</p>	<p>SEIFA index of disadvantage (ABS Census)</p> <p>Unemployment rate, people aged 15 years and over (ABS Census)</p>	CHC 940 in 2016 WWC 925 in 2016 4.9% in CHC in 2016 7.5% in WWC in 2016.
	Improve community literacy and numeracy	<p>Boost volunteer recruitment for the Libraries Tas/26TEN literacy program.</p> <p>Extend <i>Learn for Life: Circular Head Community Literacy Plan 2014-19</i> to cover Waratah-Wynyard.</p> <p>Support and promote existing literacy and numeracy programs, and work in partnership to identify and develop additional programs as needed.</p>	No. adults (post-school-age) receiving regular one-to-one literacy support at Smithton and Wynyard libraries (Libraries Tasmania data)	42 in Smithton; 9 in Wynyard in 2018
	Make healthy activities more accessible to those on a low income	<p>Investigate options to subsidise access to Council-run leisure facilities for health-care card holders.</p> <p>Within strategic land-use planning, prioritise the development of urban and open space environments that encourage healthy and affordable lifestyle choices.</p> <p>Implement the Waratah-Wynyard and Circular Head Councils Open Space, Sport and Recreation Plan</p>	Total no. low- or no-cost open space and recreation facilities maintained by Council (Council data)	CHC: 3 recreation facilities which include ovals, 9 playgrounds, 8 Open Space areas; WWC: multiple facilities, exact number not established.
		Support public education campaigns working to combat problem gambling via education and awareness-raising.		

Goal	Objectives	Actions	Indicator	Baseline
5. Improving access to the basics	Ensure everyone enjoys security of tenure and high-quality housing.	<p>Work with the property management sector (e.g. local real estate agencies) to ensure landlords are aware of, and complying with, guidelines for rental property amenity.</p> <p>Promote community awareness of renters' rights and tenancy law.</p> <p>Assist owners and renters to 'winterise' their homes by sharing information on low-cost modifications.</p> <p>Improve Council's understanding of local housing needs and shortfalls so it can respond to projected changes in demand.</p> <p>Where appropriate, work with developers of multi-unit developments to negotiate developer contributions in the form of low-income housing.</p> <p>Support and encourage a diverse range of social housing providers.</p> <p>Advocate for the retention/expansion of local public housing stock.</p>	% households with rent payments greater than or equal to 30% of income (ABS Census)	5.4% CHC in 2016 9.4% WWC in 2016
	Ensure everyone enjoys high levels of nutrition and access to healthy, fresh food.	<p>Share appropriate information about nutrition.</p> <p>Establish community garden plots on available Council land to enable people to grow food and to produce surplus food that others can access at low- or no-cost.</p> <p>Ensure all Council-run events are catered for with healthy foods, including minimal sugars and trans fats, e.g. by implementing a Healthy Catering Policy</p> <p>Actively contribute to existing regional healthy eating initiatives and awareness-raising activities.</p> <p>Encourage businesses in the hospitality and tourism sector to provide healthy food options to their customers.</p>	% people not consuming the recommended quantity of vegetables (DHHS Pop. Health Survey) % people not consuming the recommended quantity of fruit (DHHS Pop. Health Survey)	93.9% CHC in 2016 90.6% WWC in 2016 71.2% CHC in 2016 67.2% WWC in 2016
	Ensure cleaner air in wintertime	Build community awareness of cleaner air practices during winter by sharing the EPA 'Burn Brighter this Winter' community education campaign.	Mean particulate matter (PM _{2.5}) concentrations during winter (May-Aug) in major settlements (EPA data)	Smithton 6.9 µg m ⁻³ ; Wynyard 8.2 µg m ⁻³ in 2018 (Note: measurement stations are on town boundaries; local concentrations may be higher)

Goal	Objectives	Actions	Indicator	Baseline
6. Supporting those living with illness	Reduce the burden of disease and the rate of potentially preventable hospitalisations.	<p>Help raise local immunisation rates to protect vulnerable community members (e.g. older adults, younger adults, people living with illness) from exposure to infectious diseases.</p>	% people reporting 'good' or 'excellent/ very good' health (DHHS Pop. Health Survey)	74.1% NW region in 2016
	Enhance the health and wellbeing of carers	<p>Actively promote initiatives to increase awareness of disease-prevention behaviours (e.g. exercise, oral health, coughing into elbow, etc).</p>	% people agreeing that each local government area is a 'healthy community' (Council survey)	59% CHC in 2016 74% WWC in 2016
		<p>Work in partnership to ensure carers have good quality access to information about the services available to them and the person/people they care for.</p> <p>Conduct an audit of the needs of carers in the community.</p> <p>Host an annual carer-recognition event to raise awareness of the contributions of carers in the community, and to provide carers with an informal 'expo' of available support services.</p> <p>Explore opportunities for enhancing the available carer respite options in the local area through existing or new volunteer networks, and through the activities of existing or new service providers and community organisations.</p> <p>Investigate best and promising practices in supporting younger carers (aged 50 or younger) at the local government level.</p>	No. carer-focused activities undertaken by Council, including research, information provision or community recognition	None in 2018

Goal	Objectives	Actions	Indicator	Baseline
7. Reducing harms from alcohol, tobacco and other drugs	Reduce the prevalence of smoking in the community	<p>Encourage local service providers to offer access to Quit Tasmania resources and materials.</p> <p>Encourage secondary schools to implement measures to dissuade young people from taking up smoking and to help them to quit.</p>	% current smokers (daily and occasional combined) (DHHS Pop. Health Survey)	29.3% CHC in 2016 9.0% WWC in 2016
	Reduce risky levels of drinking	<p>Promote and share information on the harms of drinking over the recommended levels.</p> <p>Trial and encourage 'dry' social events held by Council and others.</p> <p>Provide men and young people with alcohol-free alternatives for socialising.</p> <p>Encourage local facilities to adopt voluntary harm minimisation codes around alcohol and drugs, e.g. the Good Sports program.</p> <p>Promote alcohol harm reduction programs hosted by service providers and other third parties.</p>	% people drinking to lifetime harm (DHHS Pop. Health Survey) % people drinking to single occasion harm (DHHS Pop. Health Survey)	29.2% CHC in 2016 18.2% WWC in 2016 48.7% CHC in 2016 33.3% WWC in 2016
	Reduce the harms from, and prevalence of drug-taking	<p>Advocate for increased drug and alcohol addiction rehabilitation options in the region.</p> <p>In partnership with schools and other youth organisations, facilitate and encourage harm minimisation information sharing and education.</p> <p>Investigate opportunities to support local Designated Driver programs.</p>	No. alcohol rehabilitation places/beds in the NWV	17 Total in 2018 - 5 at Serenity House, Burnie - 12 at Salvation Army, Ulverstone At time of writing, Serenity House had been funded to increase the total beds by another 5.

Goal	Objectives	Actions	Indicator	Baseline
8. Building resilience	Improve outcomes for early years (pre-school) children	Embed awareness of the importance of early years across the local community and social services sector. Support parents and other carers in effective child-rearing strategies through education and support programs. Develop a cross-sectoral Early Years Strategy to improve local service coordination and the quality of early years services.	Rate of use of child health and parenting services (DHHS Pop. Health Survey) Satisfaction with child health and parenting services (DHHS Pop. Health Survey)	13% NW region 2016 85.1% of users NW region 2016
	Build health literacy and self-management capacity	Use multiple Council channels (online, Council building foyer, print media, etc) to support communication of consumer health information to increase health literacy.	Score for understanding health information (DHHS Pop. Health Survey) % people participating in screening (DHHS Pop. Health Survey)	4.24 NW region in 2016 Blood pressure 83.9%; Cholesterol 59.5%; Diabetes/hyperglycaemia 53.4%; Bowel cancer 34.0% NW region in 2016
	Enhance the community's ability to respond to, and recover from, emergency events.	Continue to support the Emergency Management leadership group. Continue to advocate for emergency management funding. Review and update recovery management plans for each major settlement.	Evidence of emergency response planning (Council data)	Emergency recovery plans in place for major settlements as at 2018.
	Enhance sustainability and community self-sufficiency	Assist communities to understand the potential impacts of extreme weather events, including potential effects on food security. Ensure Council disaster management, natural resource management and other plans account for the importance of sustainability on health and wellbeing. Support local arts initiatives that enable groups and individuals to participate in arts and culture as makers/producers and as audiences.	Evidence of sustainability-themed policy (Council data).	None publicly listed in CHC; Environmental Policy publicly listed WWC in 2018.

APPENDIX—POLICY AND PLANNING CONTEXT

Local government

The local government policy and planning context is set by each Council's 10-year Corporate Strategic Plan, which is actioned through each Council's four-year delivery program and annual operating plans. Each corporate plan is intended to be a 'living' document, adaptable to changing social, economic, environmental and regulatory circumstances.

Circular Head Corporate Strategic Plan 2017-2027

The *Circular Head Council Corporate Strategic Plan 2017-2027*¹²⁸ is founded on Council's mission, vision and values. The vision of Circular Head Council is 'to provide leadership excellence focused on strategic objectives through local and regional engagement to deliver value for money and services to meet community needs'.

The Plan is based around seven thematic goals: 1. Leadership and Governance; 2. Organisational Support; 3. Connected Communities; 4. Community Recreation and Wellbeing; 5. Economic Prosperity; 6. Transport and Access; and 7. Environment. In part, the Plan states that:

- 'Circular Head community will be inclusive and resilient with a strong sense of belonging. People will be connected to one other and the world around them. The Circular Head community will be connected to its past and engaged in its present, creating a vibrant shared future.'
- 'Circular Head will be a place where services, facilities and open space provide opportunities for individuals and groups of all ages and abilities to participate in recreational activities that encourage health and wellbeing.'

Waratah-Wynyard Corporate Strategic Plan

The *Waratah-Wynyard Council Corporate Strategic Plan 2017-2027*¹²⁹ is founded on Council's mission, vision and values. The vision of Waratah-Wynyard Council is 'to deliver innovative, sustainable services to our community through strong leadership, clear direction and collaborative relationships'.

The Plan is based around seven thematic goals: 1. Leadership and Governance; 2. Organisational Support; 3. Connected Communities; 4. Community Recreation and Wellbeing; 5. Economic Prosperity; 6. Transport and Access; and 7. Environment. In part, the Plan states that:

- 'Waratah-Wynyard community members will feel a sense of inclusion, belonging and value within a thriving, innovative and diverse population. They will be actively engaged in developing Council facilities, services and programs, and will be encouraged to provide input to planning for community needs.'
- 'Waratah-Wynyard will be a healthy community with access to more recreational choices in safe and welcoming environments. It will enjoy programs and recreational spaces that are inclusive, thriving and energetic, and will have access to high quality facilities, services and equipment.'

State government

A Healthy Tasmania

The Tasmanian Government's overarching health plan is *A Healthy Tasmania*, a five-year (2016-2021) strategy intended to provide people with the information and support they need to make positive and healthy changes in

their lives. The strategy identifies four priority areas for action:

1. Increasing smoking control, education and targeted intervention;
2. Supporting and incentivising healthy eating and physical activity
3. Enhancing community connections and supporting community-based partnership approaches to health; and
4. Supporting people who are at risk of, or live with, chronic conditions to remain healthier at home and in their communities.

Working in Health Promoting Ways

The Tasmanian government's approach to health promotion is set out in its resource, *Working in Health Promoting Ways*¹³⁰. It names eight principles of practice for working in health promoting ways and ensuring the effectiveness of interventions for health promotion. These principles are:

- Evidence-informed practice
- Determinants of health
- Equity
- Partnerships
- Action across the continuum
- Cultural change
- Supportive environments
- Community participation

Together these principles are aimed at producing a holistic approach to health promotion. By applying these principles, health promotion in Tasmania will address the following seven priorities for action:

1. Promoting physical activity and active communities
2. Improving access to nutritious, safe and affordable food
3. Promoting mental health and wellbeing

4. Reducing use and minimising harm from tobacco, alcohol and other drugs
5. Reducing environmental health risks and preventing injury
6. Promoting sexual health and wellbeing
7. Improving the prevention and management of chronic conditions

Tasmania's Plan for Physical Activity

*Tasmania's Plan for Physical Activity*¹³¹ is an initiative of the Premier's Physical Activity Council. It recognises that Tasmania currently has a low participation rate of physical activity, and it sets two targets for achievement by 2021: (i) to gain a 10% increase in physical activity levels Statewide; and (ii) to collect 1,000 success stories from Tasmanians about the positive difference regular physical activity is making to their lives.

The Plan sets four goals:

1. Become a community that values and supports physical activity;
2. Create built and natural environments that enable and encourage physical activity;
3. Develop partnerships that build and share knowledge and resources; and
4. Increase opportunities for all Tasmanians to be physical active where they live, work and play.

The Plan embraces a social ecology model of health and recognises that promoting physical activity will require input from people in diverse sectors such as transport, land-use planning, the arts, health, community development, education, sport and recreation and economic development; and will require coordinated effort by communities, academic institutions, professional associations and governments.

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