

primary health matters

TASMANIA'S PRIMARY HEALTH MAGAZINE



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Working together to improve health literacy

Connecting Tasmanians with after-hours care

Strengthening social connections between generations

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Cover image: Eliza Williams and her daughter Vivienne (story on page 20)

Primary Health Matters is produced by Primary Health Tasmania twice a year. It shows how innovation in primary health and social care is making a difference and contributing to healthy Tasmanians, healthy communities, and a healthy system. It focuses on the work of Primary Health Tasmania's member and partner organisations, as well as our own activities.

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Primary Health Tasmania ABN 47 082 572 629

From the CEO



It's a Tasmanian truism, if there ever was one — everyone who lives here knows each other.

Even if we don't realise, each of us probably has a handful of mutual acquaintances scattered across our beautiful island home.

But what if you could harness that tight-knit spirit, in the name of better health care?

What if you could take those on-the-ground connections, and use them to streamline and enhance community-based care?

That's what this issue of *Primary Health Matters* is all about.

In this, our 15th edition, you'll hear from a range of Primary Health Tasmania's commissioned providers who have made an effort to work together to connect their various programs and services around mutual clients, giving that person the best possible primary health care.

For people like Charlie (story on page six), it was a case of Karadi Aboriginal Corporation linking up with Bapcare to help Charlie reclaim his health and wellbeing — and reignite his passion for life — by combining integrated team care and group-based mental health support services. By wrapping these programs around Charlie, instead of putting the onus on him to research and find them, both providers were able to get him the care he needed, at the right place, at the right time.

Over at Corumbene Care, it was about seeking out a collaboration with Diabetes Tasmania to deliver a targeted series of diabetes education and exercise sessions in their region after noticing there was an opportunity to proactively reach out to clients living with the condition (story on page four). By running the workshops, the two organisations were able to facilitate targeted health promotion and education at a community level.

Collaboration is also key to projects happening at a system level, such as the partnership between Primary Health Tasmania, the Department of Health, Tasmania and TasCOSS, aimed at both improving — and practising — health literacy (story on page three). This project is all about walking the talk when it comes to health literacy, and ensuring the 'behind-the-scenes' work is as accessible and streamlined as possible.

In all these respects, working together isn't just a bonus — it's integral to the health outcomes of all Tasmanians, and the effectiveness of the health system that serves them.

For Primary Health Tasmania, it's especially heartening to see our commissioned providers wrapping their Australian Government-funded services around their clients, and making it as simple as possible for community members to benefit from as many programs as they can.

So, have a read. And maybe when you're done, ask yourself: is there a connection you can make, or a collaboration you can forge, to improve Tasmanians' health and wellbeing? ■

Phil Edmondson
CEO
Primary Health Tasmania

Walking the health literacy talk

Health literacy can be broadly defined as the knowledge and skills needed to access, understand, and use information related to physical, mental, and social wellbeing.

If you've heard the term before, there's a good chance it was in relation to an individual trying to access or navigate part of the health system.

But health literacy applies to organisations, too.

Since 2016, Primary Health Tasmania and Public Health Services have been working with the Tasmanian Council of Social Service (TasCOSS) to try to improve organisational health literacy in the health and community services sector.

More recently, the three organisations have challenged themselves to 'walk the talk' when it comes to health literacy by seeking new, streamlined ways of working, and trading in red-tape box-ticking for pragmatic collaboration.

Here, they share what they've learned so far about taking a health-literate approach to the work of health literacy itself.

The funders

For Primary Health Tasmania's Martina Wyss, the beauty of the health literacy project with Public Health Services and TasCOSS is best expressed by the sincerely collaborative approach.

"We truly work with each other, co-fund for the same project outcomes, share information, learn from our mistakes and grow," she says. "And by doing that, we design, test, improve and evaluate activities to ensure we truly make a difference.

"In a short time, this innovative collaboration has reinforced for all of us that health literacy is not just another project or activity on a checklist — it's everyone's business."

Martina says it's heartening to see how some of the common barriers to a project's progress have been eliminated by:

- pooling funding
- advocating for long-term investments
- joining up reporting requirements
- inviting every organisation to be part of the planning of on-the-ground activities
- providing input into steering committee activities
- ensuring consumer participation in all aspects of the work.

Martina's Public Health Services counterpart Di Webb says she and Martina made a concerted effort to discard any semblance of a top-down hierarchy.

"We're very much looking at it from the client's perspective, which in this case, is TasCOSS," Di explains. "For them to do a really good job, what do they want? What do they need? What's actually going to make it the most efficient, most productive project for them?"

"And then we're wrapping what we do around that."

The contracted organisation

From her perspective, TasCOSS' Simone Zell says the collaboration with Primary Health Tasmania and Public Health Services — and the shared dedication to simplified, practical processes — is a welcome change from the traditional power dynamic between funder and contracted organisation.

"Traditionally, the funders have more power in these relationships, but the way I think we view it is that we can actually achieve a lot more if we value each other's expertise, and treat each other as equal partners in the delivery of the project," Simone says.



Simone Zell

"That's something that we've evolved over time and is definitely strong now."

By collating funding into a single project, Simone says there are enough resources to hire a project officer to promote the HeLLO Tas! Toolkit, run focus groups with health consumers, conduct research, and more.

It's important — and urgent — work.

"We are all passionate that our organisations can continue to do better for Tasmanians, and if we work together as a team, we can be more effective," Simone says.

"In Tasmania we know our population faces particular challenges being able to access services, both in terms of functional literacy and our health literacy.

"This makes it all the more important that our organisations develop good health literacy responsiveness, listening to our clients, training our workforce and making sure that our services are really easy to understand and access." ■

Want to know more? Go to hellotas.org.au



“We just wanted a way of people getting the tools and resources they needed, and to know what they have around them, to help them.”

— Ellie O’Brien



Leanda Balmforth

Working together to tackle diabetes in Tasmania’s south

In a gym in New Norfolk, the bar heater is burning bright, the plastic chairs are set in a circle, and the conversation has arrived at a very important topic — pizza.

Specifically, the one Leanda Balmforth cooked up that week. The cooking method was a little different to how it used to be: these days, she’s got to take care with her ratios of sauce and cheese, and keep her glucose monitor at the ready.

It’s a new experience for the 58-year-old, who was caught off-guard by a diabetes type 2 diagnosis in February.

“I think there’s a bit of shock, when you’re diagnosed, and you go through a kind of grieving,” Leanda says.

“I think a lot of people go on the medication but don’t make any difference to their diet, but I’m experimenting to see what works.”

To help her do it, Leanda has sought out information and support about living with diabetes since receiving her diagnosis.

CHRONIC CONDITIONS



Ellie O'Brien

She's attended Diabetes Tasmania's one-day DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) course, which equips people with practical skills to support them living with type 2 diabetes.

And now, in New Norfolk, she's joined a series of diabetes education and support sessions being run by Corumbene Care, in collaboration with Diabetes Tasmania.

Supported by Primary Health Tasmania, the sessions have taken place across the Derwent Valley and Central Highlands local government areas, and welcomed those living with diabetes, those at-risk, and anyone who may just want to know more about the chronic condition.

The content for the sessions was developed by nurse educators and dietitians, and encompasses a health-literate overview of what diabetes is, the role of physical activity, healthy eating,

and pharmacological support options available from local pharmacists.

Corumbene Care's Ellie O'Brien says the targeted collaboration with Diabetes Tasmania had been on the rural primary health program team's wish-list for some time.

"We do refer a lot of clients through to Diabetes Tasmania and we have had some communication with the dietitians, but we noticed there was a gap in us reaching out to our clients who also have diabetes," Ellie says.

"So through consultation with Primary Health Tasmania, we made the plan to do a diabetes-directed program to try to get it out there to the Central Highlands and Derwent Valley.

"We just wanted a way of people getting the tools and resources they needed, and to know what they have around them, to help them."

The sessions have been a powerful mechanism for sharing up-to-date, best-practice self-management strategies, and discussing practical lessons for living with diabetes.

On top of that, they allow people such as Leanda to share their personal stories, and seek comfort, wisdom, and validation from other members of the group.

"I think support is the biggest thing in the community down here, because people do quite easily feel isolated," Ellie says.

According to Diabetes Tasmania dietitian Cally Snare, such pragmatic partnerships between providers are an invaluable opportunity to better serve the health needs of the Tasmanian community.

"We see many benefits from collaborating with other organisations to deliver services. It gives us the opportunity to tap into each other's networks and meet new people who can benefit from our support," she says.

"As health professionals, we are also able to share resources and learn from each other.

"This is both a positive for us, and the wider community." ■

Want to know more? Go to diabetestas.org.au

Diabetes in Derwent Valley and Central Highlands

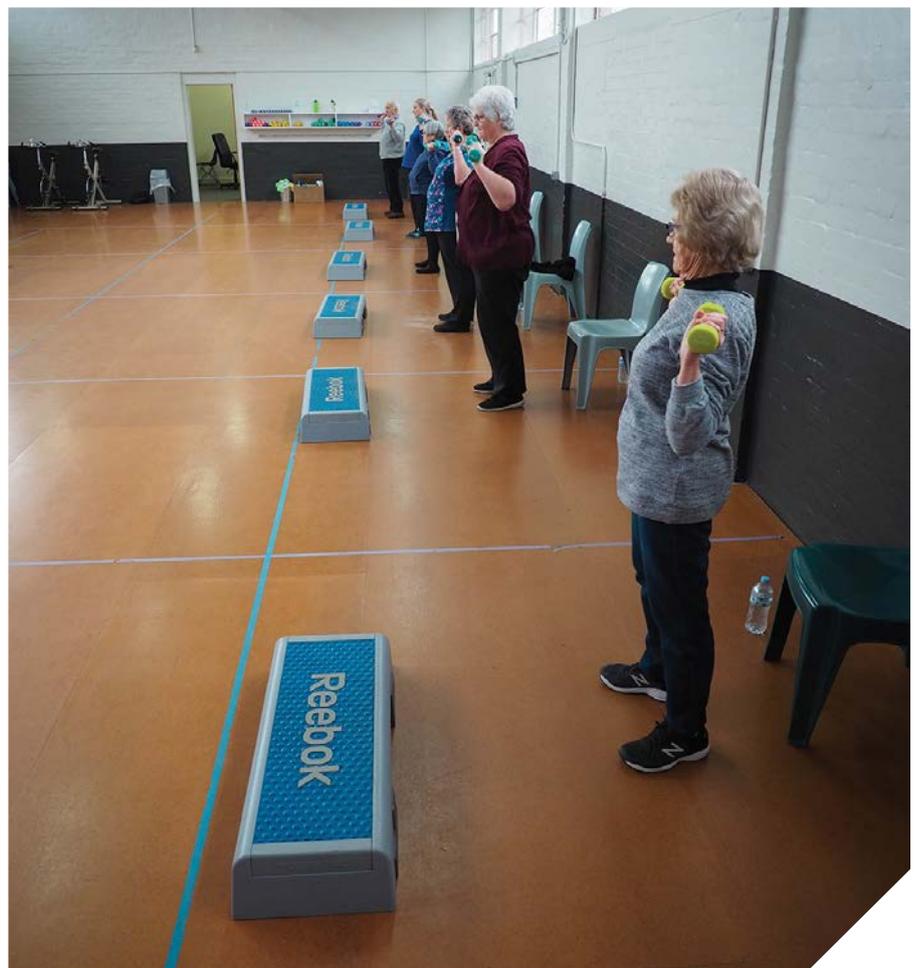
Number of adults living with diabetes per 100 people:

Derwent Valley: 5

Central Highlands: 4.6

Tasmania: 4.4

Source: Australia's Health Tracker by Area, 2020, Australian Health Policy Collaboration





"I feel like my book was closing, and now I've turned a new page."

— Charlie

Collaborating to provide care for Tasmanian Aboriginal community members

Please be aware this story contains reference to suicide, which might be distressing for some, particularly those with lived experience.

If you need help or would like to talk to someone, please call Lifeline on 13 11 14 or the Suicide Call Back Service on 1300 659 467.

Not that long ago, Charlie* was sitting in the bush near Maydena, staring into a bonfire, thinking about ending his life.

He'd been through the ringer over a period of years. A relationship breakdown and the loss of his parents saw him slip into alcohol and drug dependence. Eventually, with nowhere else to go, he was forced to live in a friend's shed.

Back in the day, he'd been a founding member of the Aboriginal Land Council of Tasmania. But that night, at his lowest ebb, Charlie was utterly disconnected — from his community, his family, and his former self.

Thankfully, Charlie didn't end his life that night in Maydena.

CHRONIC CONDITIONS

And not long after, on the recommendation of the Salvation Army, he picked up the phone and gave Karadi Aboriginal Corporation a call.

"I'd be in a box if not for Karadi," the 58-year-old says, looking back.

"I feel like my book was closing, and now I've turned a new page."

Charlie is the first to admit that this transformation didn't happen overnight. Over the past two years, he's been engaging with both Karadi and Bapcare.

Together, the two organisations worked together to provide Charlie with what's sometimes called 'wrap-around' care: a term applied to situations where a team of health workers gets together to provide a person with a variety of services, all designed to improve their health on multiple fronts, at once.

In Charlie's case, Karadi and Bapcare were able to facilitate access to three distinct programs, all supported by Primary Health Tasmania under the Australian Government's primary health networks program:

- Integrated Team Care, which supports care coordination of Aboriginal and Torres Strait Islander peoples living with chronic conditions
- social and emotional wellbeing services
- group-based mental health support.

Over time, the collaborative effort has yielded significant results. Charlie now lives in the Centacare-supported accommodation facility in Claremont, where his beloved grandson can visit, and has developed a good relationship with a regular GP after years of feeling "fobbed off" by health services.

On a physical front, Charlie received support for his diabetes, cardiac issues connected to a heart attack in 2018, and emphysema, and has benefitted hugely from attending exercise classes at Karadi's Goodwood site (a development he admits was once as likely as "flying to the moon").

For his mental health, he's relished the opportunity to participate in Karadi's men's program, including a men's shed that encourages members to celebrate and share their cultural insights and identity.

Being linked in with other men in the Karadi community helped Charlie reconnect with his culture.

This strengthened social and emotional wellbeing was reinforced by Bapcare's Horizons Fundamentals mental health support group — the members of which became such close acquaintances, they've gone on to create their own 'phone tree' to check in on each other, and even met up for a Christmas lunch.

"We've got a good mob going — if someone gets a bit down, we send them a message, and check in," Charlie says.

Horizons program senior practitioner Nikki Riley says working with Karadi to run the seven-week group program — which steps participants through things like goal setting, healthy coping strategies, and what mental health recovery looks like, to them — has proven hugely successful.

"It's just been phenomenal to be able to help support that connection between the participants such as Charlie, within the Karadi community, and especially after the year that was 2020," Nikki says.

"I say we're getting as much from the participants and the Karadi community as I hope that they're getting from our group programs."

Nikki says the group program places a strong emphasis on participants defining and driving their own mental health management alongside health professionals, rather than simply going through the motions of attending appointments and taking medication.

"That's really what underpins the Fundamentals group — the idea that people are active in their mental health recovery journey," she says.

Emma Robertson, senior care coordinator with Karadi's Integrated Team Care program, says she's been inspired by Charlie's "dramatic and positive" transformation.

"Charlie has completely transformed his health," she says.

"When he was referred to us, we looked at his needs in terms of his housing situation, his chronic conditions, and his depression, and tried to find ways to help for each of them.

"But Charlie himself was really open and willing to make the changes, and do the work."

Being able to reconnect with his community has, in Charlie's words, restored his sense of identity and pride, and brought back his chatty, extroverted streak.

"I'd turned into a grumpy old bastard," the grandfather of seven admits.

"It was like I was a clamshell, shut tight, that wouldn't open up to the community.

"But now I'm back to being happy-go-lucky Charlie." ■

Want to know more? Go to services.primaryhealthtas.com.au

**Surname withheld.*

Primary Health Tasmania supporting Integrated Team Care

Primary Health Tasmania has commissioned a range of providers to deliver the Integrated Team Care service across Tasmania. They are:

South

- Tasmanian Aboriginal Centre and Aboriginal Health Service - Hobart (across the south)
- Karadi Aboriginal Corporation (Brighton, Clarence, Glenorchy, Hobart and Kingborough – Kingston)
- South East Tasmanian Aboriginal Corporation (Huon Valley and Kingborough local government areas)

North

- Tasmanian Aboriginal Centre and Aboriginal Health Service - Launceston (across the north)
- Flinders Island Aboriginal Association Inc (Flinders Island)

North west

- Tasmanian Aboriginal Centre and Aboriginal Health Service - Burnie (across the north west)
- Rural Health Tasmania - No. 34 Aboriginal Health Service (across the north west)
- Circular Head Aboriginal Corporation (Circular Head local government area).



Tom Ryan

Finding the right staff for the Tasmanian mental health sector

Tom Ryan began his journey from Newcastle, England, to Burnie, Tasmania, with the click of a link.

The link had been shared in a Facebook group for international social workers seeking to migrate to Australia.

The person who shared it was Daisy Grodzki, a Dutch mental health clinician who made the move to Tasmania's north west coast in 2020 and now works at headspace Burnie.

"I reached out to Daisy a year ago, and we started talking about what it's like working in Tasmania, and now Daisy and I have spoken on a daily basis for almost a year," Tom, who started working at the headspace Burnie satellite service in June, says.

As the satellite service's only full-time employee, Tom wears a few professional hats. He's a social worker, mental health clinician, and 'access team clinician' (a role that involves telephone screening clients ahead of a more formal face-to-face intake process, reviewing referrals, undertaking the intake assessment, and presenting the case to the headspace team for professional analysis on appropriate steps of care).

For the native Liverpooldian, the mix of duties is a good way to keep the work feeling fresh.

"Sometimes there's a risk of compassion fatigue when you do the same thing over and over again, so having something different to break up your time really helps with that," Tom says.

The Tasmanian move is the realisation of a long-held dream of moving to Australia, conceived more than two years before Tom landed in Burnie in June this year.

In Tom, as well as Daisy, headspace services in Burnie and Devonport have been able to fill staffing gaps with international applicants keen to continue their careers on foreign soil.

It's just one strategy for sourcing staff for Tasmania's primary mental health sector, which, like the rest of the country, is contending with a widespread shortage of suitable recruits.

Primary Health Tasmania is deeply invested in improving the mental health outcomes of Tasmanians — in fact, more than a third of our Australian Government-funded annual budget goes to our commissioned mental health providers. We asked our providers for their insights and practical tips when it comes to recruiting and retaining team members.

What's the context, on a national and state level?

Resourcing the mental health sector is an enduring and complex challenge for many communities across Australia.

Research undertaken for the National Mental Health Workforce Strategy suggests the key drivers of the Australia-wide shortage are:

- an ageing workforce
- high staff turnover
- inadequate numbers of new recruits
- relatively high rates of attrition in young staff.

In Tasmania, mental health providers must contend with the extra challenge of recruiting workers to regional and rural locations.

What are the main workforce-related challenges facing Tasmanian mental health providers outside of hospitals?

The challenges faced by Tasmanian mental health providers working in primary health care can be broadly defined as:

- getting the right staff
- keeping them.

In terms of recruiting staff, practical factors such as remuneration, location, and a mood of uncertainty created by the COVID-19 pandemic have posed difficulties for Primary Health Tasmania's commissioned providers.

Given the shallow recruitment pool, competition can be rife for mental health clinicians with comprehensive skillsets, some of which may decide to pursue the private practice path.

For Life Without Barriers, contending with a national shortage means searching for new staff with the right experience can feel like you're looking for clinicians who don't exist.

"The national shortage is even more of a challenge in Tasmania, and has resulted in a highly competitive market and limited pool of qualified allied health professionals," Life Without Barriers mental health program manager Nicky Osborne says.

"In Tasmania, workforce challenges in the mental health sector, in particular the child, youth, and family sector, are well known."

Tracey Martin-Cole, the managing director of Psychology CAFFE (which has sites in Latrobe, Devonport, Burnie

and Ulverstone), says it's a real challenge to attract — then retain — experienced clinicians to more rural parts of the state.

"The biggest challenge for us is simply a nationwide shortage of appropriately qualified and experienced mental health team, along with the funding to pay them so we can compete with government positions to attract them. The fact we are in a rural area, means we have to work hard to attract both young and experienced health professionals," she says.

"There's a lack of awareness of the lifestyle opportunities in a rural and regional areas."

So, what's worked? Here's what our providers had to say, when asked about tackling these challenges.

■ **Taking your time.**

It might sound non-sensical if you're under the pump and in need of an urgent staffing solution, but the advice from providers is clear: don't rush. A well-recruited candidate is more likely to offer a sustainable solution to rostering gaps than less-appropriate applicants hired in a hurry. As The Crawley Clinic founder Tess Crawley puts it: "We hire for cultural fit (and absolutely refuse to hire out of desperation."

■ **Building relationships with universities, and being open to 'growing your own'.**

Opening your doors to university students on placements, and developing a bond with local universities, is a long-game tactic that can — ideally — foster a stream of prospective hires.

■ **Embracing flexibility.**

In all respects, flexibility is your friend. Many of our providers encouraged recruiting with a willingness to consider part-time or work-from-home arrangements, as well as the possibility of new hires taking turns working within different internal teams, to give them a slice of professional variety.

■ **Prioritising culture, culture, culture.**

We hear a lot about person or client-centred care; less so, about staff-centred mental health workplaces. But putting staff self-care first through practically enforceable measures (such as manageable caseloads to offset

the risk of burnout) can pay significant dividends when it comes to retaining team members, and allowing them to develop experience and expertise at a safe pace. Likewise, celebrating team achievements at regular intervals and frequently making time for team-building activities can encourage a healthy and supportive workplace atmosphere. A staffer who is sincerely encouraged to assume a shared sense of ownership over a service will, ideally, enjoy a greater sense of job satisfaction than one who is merely clocking on, clocking off.

■ **Boosting your service's social media profile.**

Not with paid ads, so much as real, accessible content that gives prospective employees — as well as referrers and patients — a strong sense your service, its scope, and its culture. Tasmania thrives on word-of-mouth, so even if the potential candidate themselves isn't following your professional account, there's a chance someone in their network is.

■ **Offering clear and ongoing opportunities to upskill.**

In addition to day-to-day professional experiences, being able to provide staff with dedicated upskilling opportunities and training (such as workshops in dialectical behaviour therapy) can be a significant lure. It doesn't have to be a multi-day workshop, either. Some providers recommended occasionally having staff backfill for each others' roles for discrete periods, to offer up a new challenge.

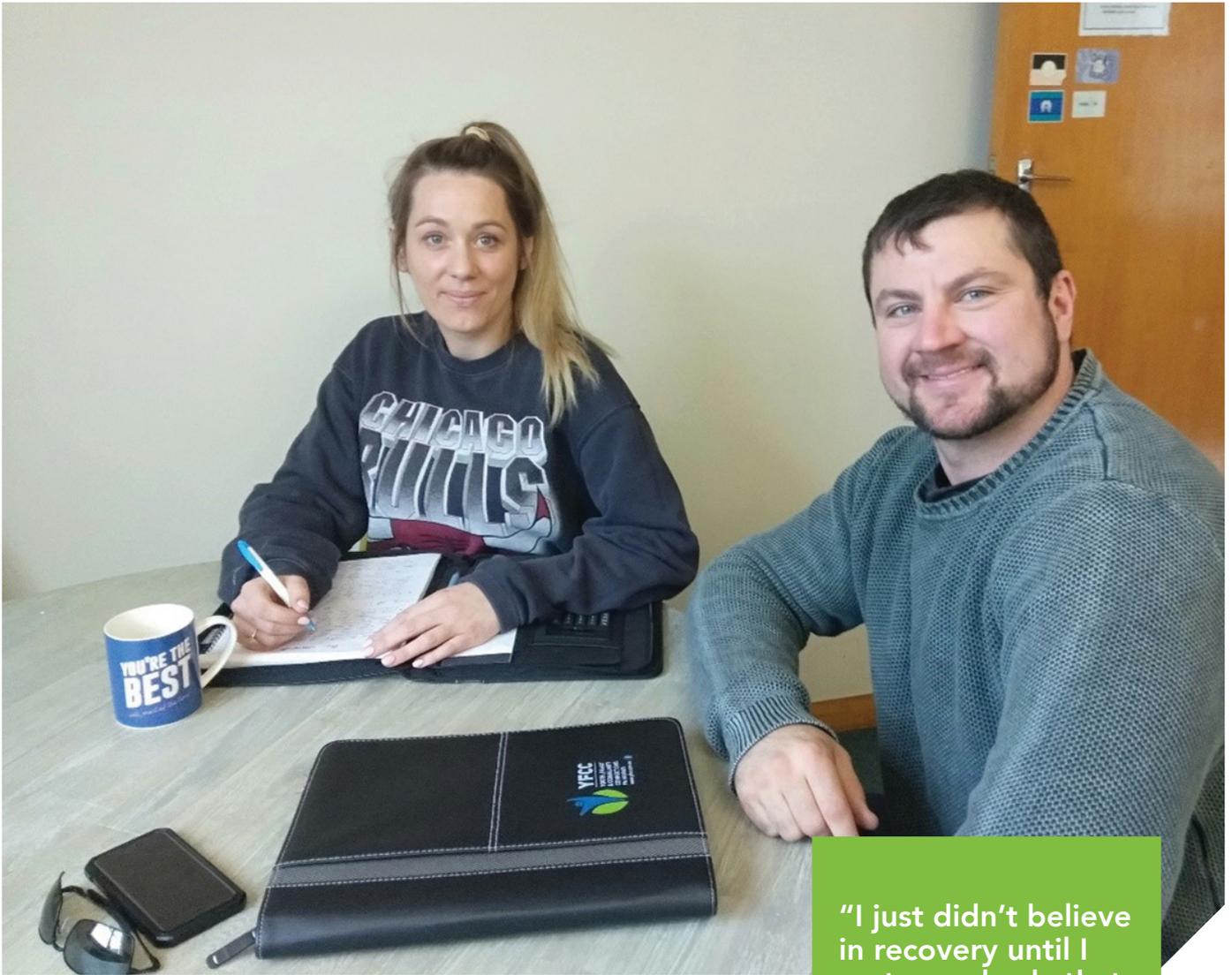
■ **Applying for extra funding.**

At times, there may be opportunities to apply for demand management-style funding that can help bolster salary offerings and recruit new clinicians to a service.

■ **Widening the search, and relaxing the recruitment rules.**

Be open to applicants who may have less on-paper experience, but are capable of learning and thriving in your workplace, such as international candidates. ■

Want to know more? Get in touch via info@primaryhealthtas.com.au



Ella Stott and fellow peer worker Ben Wright

"I just didn't believe in recovery until I met somebody that did it."

— Ella Stott

The power of peer workers in alcohol and other drug treatment programs

Ella Stott was sitting in north west drug rehabilitation facility Serenity House — 'ticking the boxes', she admits, to regain custody of her children — when a peer worker changed her life.

They'd noticed she wasn't engaging, so approached her to share that they'd been a client of the service three years ago.

It made an instant impression.

"Honestly, in that moment, I got goosebumps," Ella remembers.

"I've been surrounded by hundreds and hundreds of drug users that have never been able to recover, and other people who have lost their kids, and they've never got them back.

"I just didn't believe in recovery until I met somebody that did it, but hearing his story made me think to myself, maybe I can get better."

And in time, she did. Ella got her health, then her children back, and then, with some encouragement from her Youth, Family and Community Connections counsellor, decided to sign up for peer worker training herself.

The training came about after Primary Health Tasmania partnered with the Drug Education Network, Holyoake Tasmania, Salvation Army, Youth, Family and Community Connections and the Tasmanian Community Fund to develop a project designed to build the capacity of the local alcohol and other drug sector to engage, support, and value peer workers as an essential element of the workforce.

What is an alcohol and other drug peer worker?

In this context, a peer worker is an employee with lived experience of substance use who, through a designated role in a workplace, supports the wellbeing of clients with alcohol and other drug use issues^[1].

For Ella, completing the peer worker training course with the Drug Education Network meant she could go on to offer her powerful lived experience perspective to the Youth, Family and Community Connections team, clients, and the broader community services sector.

Before long, she even found herself back at Serenity House, filling a similar peer worker role as the man who inspired her change.

"I explained to the people there that I've been to this service — I've been here, scared and vulnerable — and the engagement level completely changed," the 30-year-old Penguin local remembers.

"It was a really powerful moment for me where I thought, I can really make a difference here."

The Youth, Family and Community Connections counsellor Ella was accompanying on the visit, Dave Burger, agrees there was a palpable shift in the room when Ella divulged her personal experience at the City Mission service.

"They completely zeroed in," he says.

It's this ability to complement and strengthen people's engagement — often at critical junctures in their lives — that makes peer workers such a huge asset to a drug and alcohol support service.

"I've seen it — there was a lady once in a Burnie recovery group I run, listening to Ella speak, and she was just soaking it up like a sponge," Dave says.

"I could tell you all these insightful things, and if you're at a certain point in your journey, it would be of some use to you. But I haven't walked the same road as Ella.

"So having her walk in and go, 'Oh I remember those days, I remember how hard that was', (is) clearly so empowering."

What is the evidence to support the use of alcohol and other drug peer workers?

There is a growing body of evidence to suggest that peer workers can have a powerful and significant impact in the alcohol and other drug sector, Drug Education Network educator Maria Duggan says.

She says a systematic review evaluating the use of peer support workers reported significant decreases in substance use and improved 'recovery capital' (measuring things like housing stability, self-care, independence, and health management) for individuals who used peer support services.

Other research has suggested that peer support during service provision can improve clients' post-treatment experiences, reducing the likelihood of 'relapse' and fostering a sense of community connectedness.

"There appears to be growing momentum and interest in developing a thriving alcohol and drug peer workforce in Tasmania," Maria says.

"The first group of peer workers to complete the peer work training program have begun working in roles at the Salvation Army, Holyoake Tasmania and Youth, Family and Community Connections in April this year, and we're already getting great feedback from clients about their positive impact."

As one client reflected, the peer worker could offer relatable insights about the emotional challenges of alcohol and drug dependence, even if the particulars of their personal experience were different.

What's involved in the peer worker training project?

Through the peer worker project, trainees have gained an understanding of topics such as:

- active listening
- understanding and establishing boundaries
- how to work within a multidisciplinary team
- working with diverse client groups
- self-care
- the importance of trauma-informed practice.

To help them gain this knowledge, a range of guest speakers were engaged from organisations such as:

- Working it Out
- Kotalayna Health
- TasCAHRD
- Kentish Regional Clinic
- Holyoake Tasmania
- Salvation Army
- Alcohol, Tobacco and other Drugs Council Tasmania
- Youth, Family and Community Connections.

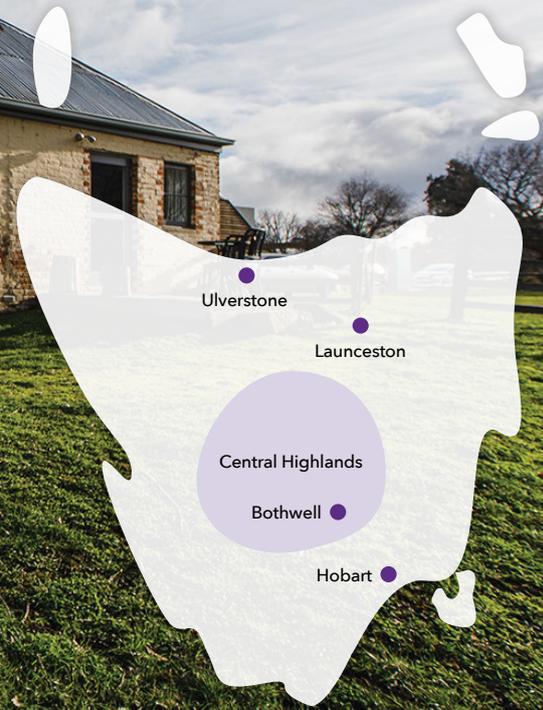
"It made me really think more about how to handle certain things differently when faced with certain problems," another client said of the experience of working with Ella.

"It really makes a difference to have more than one type of feedback during sessions, and I felt like I walked out with a lot more to be proud of within myself." ■

Want to know more? Go to www.den.org.au/projects/atod-peer-workforce-project

^[1] *Why Tasmania Needs an Alcohol and Other Drug Peer Workforce, Drug Education Network, April 2020*

Central Highlands



Geography

Covers 8,010 sq km

Considered the birthplace of Tasmania's hydro-electric power system

Host to a World Heritage Area and two national parks.

Health risk factors

43% of the population rate their own health as excellent or good (state average 37%)

49% of the population are overweight or obese according to Body Mass Index (state average is 28%).

Population

2166

Median age is 52 (state average is 42)

Aboriginal and Torres Strait Islander people make up 5.5% of the population (state average is 4.6%).

Immunisation

More than 99% of children are fully immunised by the age of five (state average is 96%).

Primary Health Tasmania supporting the Central Highlands

Commissioned services and other activity including:

- after-hours medical support
- services for people with chronic health conditions
- services for Aboriginal people with chronic health conditions
- health and wellbeing services for Aboriginal people
- diabetes education and support
- alcohol and other drug treatment services
- mental health and wellbeing services
- suicide prevention services.

Community health checks for every Tasmanian local government area are available at

www.primaryhealthtas.com.au.

Just search on the full LGA name.

Ratho Farm (top) Image: Lusy Productions
Lake St Clair (left) Image: Luke Tscharke
Lake St Clair (right) Image: Stu Gibson

Alcohol consumption in Tasmania

Data about the health and wellbeing of Tasmanians is a key ingredient in Primary Health Tasmania's commissioning process.

With this in mind, a range of statistics, insights and other information is collated to provide an evidence base from which services can be developed.

Here, we look at national and local data about the health risks of alcohol consumption.

Broadly speaking, what is considered both a 'healthy' and 'unhealthy' level of alcohol consumption?

'Healthy' drinking for healthy adults generally means up to one drink a day for women, and up to two drinks a day for men. Put simply, if you drink less, you reduce your risk of alcohol-related harm.

According to the National Health and Medical Research Council (NHMRC) guidelines, to reduce the risk of harm from alcohol-related disease or injury:

healthy adults should drink no more than 10 standard drinks a week, and no more than four standard drinks on any one day

children and people under 18 years of age should not drink alcohol

to prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol

for women who are breastfeeding, not drinking alcohol is safest for their baby.

How does Tasmania compare to other Australian states when it comes to unhealthy levels of alcohol consumption?

Tasmania has the lowest proportion of abstainers or ex-drinkers (17%, compared to 24% as an Australian average).

According to data drawn from 2019, one in four Tasmanian adults (26%) also qualified as a 'risky drinker on a single occasion' — that is, they had more than four standard drinks on any one day — which was the third highest level of risky consumption of alcohol compared to the rest of the country.

What statistical evidence is there for the benefits of reducing unhealthy alcohol intake?

Research suggests interventions aimed at alcohol reduction (including total abstinence) results in, or are associated with, positive effects such as:

reducing alcohol-associated injuries

lowering blood pressure

reducing body weight

slowing progression of an already existing alcohol-attributable liver fibrosis

reducing prevalence of psychiatric episodes and duration of inpatient hospital days

improving the symptoms of anxiety and depression.

What related illnesses are most likely to occur when someone has unhealthy alcohol consumption habits?

Excessive drinking can increase your risk of serious health problems, including:

certain cancers, including breast cancer and cancers of the mouth, throat, oesophagus and liver

pancreatitis

sudden death, if you already have cardiovascular disease

heart muscle damage (alcoholic cardiomyopathy), leading to heart failure

stroke

high blood pressure

liver disease

depression and suicide

accidental serious injury or death

brain damage and other problems in an unborn child

alcohol withdrawal syndrome.

Want to know more? Go to tasp.hn/healthneeds



**"I have more confidence
now than I've ever had."**

— Shirley Hardstaff

Getting stronger, and more confident, in Tassie's north west

Shirley Hardstaff is a proud Sulfur Creek local — and she's got the hoodie to prove it.

Sulfur Creek Tasmania, the front logo reads. It's where my story began.

Sitting behind the wheel of her parked car in Burnie earlier this year, the 80-year-old found herself wondering if she was ready to start a new chapter of that story.

She'd signed up for an exercise program designed to support older people living in north west Tasmania after hearing about it through her connection with the local branch of Anglicare.

But moments before her first class was set to begin, Shirley was scared to go in.

"I didn't want to, but I thought, I've arranged this, I've got to go," she recalls.

Shirley's nerves weren't just run-of-the-mill social butterflies. Since birth, she's been profoundly deaf in one ear, and experienced a reduction in hearing of the other one as a consequence of older age.

When her husband Max was alive, he would often support Shirley by speaking to people such as shop assistants on her behalf. But since losing Max to dementia, Shirley has struggled with social isolation.

But that day in Burnie, Shirley decided to bite the bullet and head inside.

"After the first day, I was more relaxed," Shirley says. "People were understanding of me, and my issues.

"I was a bit antisocial, but I think going to the classes helped that."

Supported by Primary Health Tasmania, the Exercise Treatment Program is a 14-week course designed to improve activity levels of people aged 65 and older, and Aboriginal and Torres Strait Islander people aged 45 or older living in the state's north west.

Tasmanian-based workplace health organisation Healthy Business delivers the group exercise program, which targets people who have — or are at risk of developing — chronic health conditions such as arthritis, osteoporosis, heart disease, Parkinson's disease, and more.

Program participants are guided through individually tailored exercises at weekly sessions, delivered face-to-face or via telehealth, as well as education sessions that cover topics such as how to prevent falls, tackling sedentary habits, and staying motivated to pursue your goals.

Healthy Business regional manager Amy Nas says Shirley had initially asked to do the free program at home, via telehealth, but was deemed too high a risk.

"At the beginning, Shirley didn't have much social support, and was in pain from her hips, knees and lower back, which were preventing her from walking," Amy says.

"She was afraid there wouldn't be anyone to come and help her if she got into trouble."

But by the end of the 14 weeks, Shirley's mobility had improved significantly.

"At Shirley's initial assessment, she couldn't complete the six-minute walk test, and had to stop half way, and couldn't get going again," Amy says.

"At her final assessment, she could complete it after just a short rest."

Shirley also reduced the time taken to complete two other strength, balance, and mobility-based exercises, suggesting better overall functional ability, Amy says.

For her part, Shirley admits she found the course tough to start with, but soon noticed physical improvements as the weeks went by.

Perhaps the most significant takeaway, however, has been her improved sense of self.

"I have more confidence now than I've ever had, probably because I've been thrown in the deep end," she says.

"I'm here on my own now, and I have to speak up for myself." ■

Want to know more? Go to www.exercisetreatmentprogram.com.au

Where can you do the Exercise Treatment Program?

- ✓ Burnie
- ✓ Circular Head
- ✓ Central Coast
- ✓ Devonport
- ✓ Kentish
- ✓ King Island
- ✓ Latrobe
- ✓ Telehealth
- ✓ Waratah-Wynyard
- ✓ West Coast



“COVID especially has taught us that human beings are wired for connection and built on relationships.”

— Sue Leitch

Finding community connections, and a path to social prescribing

Bradley Cooper and Lady Gaga are in Glenorchy.

Well, their voices are. The *A Star is Born* soundtrack is echoing through a packed Tolosa Hall as a group of line dancers make their way through their weekly Thursday morning class.

At the front of the room, instructor Laura Rittenhouse is calling out choreographic cues to make sure everyone can keep up, her brown cowboy boots moving nimbly through the steps.

It's not exactly where she pictured herself ending up after moving to Hobart from Sydney about five years ago.

“I had friends in Sydney who line danced and I thought it was the dumbest thing ever,” Laura says.

“But I was looking to meet people and get out and about, so I gave it a try, and from the first day, I loved it.”

Now, Laura's class is a popular and accessible way for Hobartians — most of whom are retired, given the weekday class timetable — to stay connected, active, and strong.

“Many students have said they have vertigo or balance issues that prevent them from doing certain steps so I try to find alternatives and, before long, they often are doing the original step they thought they couldn't do,” she says.

OLDER PEOPLE

Laura says the nature of line dancing — whereby everyone dances on their own, but together — means other participants, including one with severe arthritis, can participate to the level that suits them and benefit from the social exposure afforded by the regular classes.

This is especially important for older people who live alone, fellow instructor Sue Devine says.

“Line dancing is so good for people who have lost partners, or just feel nervous about it, because you don’t need a partner,” the retired hairdresser says.

“Personally, I’ve also noticed that my memory is a whole lot better, from having to learn and do the routines.”

The line dancing group is one of wide variety of community organisations and activities compiled in Council on the Ageing (COTA) Tasmania’s Community Activities and Events webpage.

Easy to navigate and helpfully sectioned by region, the page helps Tasmanians connect with their communities, keep active, and try new activities such as cooking and history classes, water sports, gardening, and singing.

COTA Tasmania developed the webpage in 2018 after hearing from older Tasmanians that one of the biggest barriers to participating in community activities and events was a lack of information.

Since then, it has grown to over 900 listings, and COTA Tasmania chief executive Sue Leitch says the



organisation is now exploring how the resource can be used more widely by health professionals, in the context of ‘social prescribing’.

Social prescribing can be defined as the practice where GPs and other health professionals have the resources and infrastructure to link patients with social services — or even social groups — in a bid to address the social determinants contributing to poor health and stave off the epidemic of loneliness and social isolation.

Sue says social prescribing has gained international momentum in places like the UK, where local agencies refer people to dedicated ‘link’ workers who support the person focus on what matters to them, which may mean connecting them with local community groups and statutory services that offer practical and emotional support.

“It’s not about the actual activity, it’s about what that activity does for the person’s overall health and wellbeing,” Sue says.

“We know that when people are socially connected they have higher rates of wellbeing, which then has an impact on physical health as well, and COVID especially has taught us that human beings are wired for connection and built on relationships.”

Laura couldn’t agree more.

“Dance lifts our mood, laughter heals no end of wounds, social interaction connects us in that invaluable way we humans need.” ■

Want to know more? Go to www.cotatas.org.au/information/activities or contact COTA Tasmania project officer Brigid Wilkinson via brigidw@cotatas.org.au





Building social connections between generations in Latrobe

Once upon a time, a parade of elephants marched down the main street of Latrobe.

If you didn't know that fun local history fact, you wouldn't be alone. Latrobe High School year 10 student Josie Kneebone didn't either, until she started going down to the Senior Citizens Club.

Josie is one of a number of students who have started paying the local club a weekly visit as part of Latrobe High School's Learning for Life with our Seniors program.

The program was set up with funding from a Mental Health Council of Tasmania grant program designed to bolster community cohesion and wellbeing in the wake of COVID-19, supported by Primary Health Tasmania.

Throughout the school year, Latrobe High School students have been visiting the club and building relationships with the members, who have imparted valuable cooking skills (including how to make a mean tomato relish) and acted as subjects for the students to interview as part of a school history project about Latrobe and its long-term residents.

"I think the biggest thing for me is that the kids develop that empathy and understanding of how tough it is for the seniors in the community."

— Emma Forbes

Josie was conducting one such interview with a club member in her 90s, Zila Jones, when she was surprised to learn that a well-resourced circus once paid a visit to Latrobe and sent elephants down the main street "like a Christmas parade".

Student coordinator Emma Forbes says the program's young participants are relishing the opportunity to build intergenerational connections, which also helps alleviate loneliness in older Latrobe locals.

"Numbers at the club were really getting low due to COVID last year," Emma says. "Now, some of the ladies get down there at 8.30 in the morning and set up, and are really excited.

"It's a real buzz down there now."

Emma says the participating students have grown more confident as a result of interacting with new people.

"The kids who are going regularly have developed such a lovely relationship with the older citizens," she says.

"It's important that it's also in an informal context. A couple of the students who are going down have part-time jobs, but that is so different from forming a longer-term relationship.

"I think the biggest thing for me is that the kids develop that empathy and understanding of how tough it is for the seniors in the community."

Teacher's assistant Jodie Kelly, who accompanies the students during their weekly visit, says the relationship between the school and the club has given participants on both sides a powerful sense of belonging.

"You can see the joy that it brings them, to have the kids here," Jodie says.

Community Wellbeing Grants program

In late 2020, community-based not-for-profit organisations had the opportunity to apply for Community Wellbeing Grants of up to \$10,000 for activities or events through the Mental Health Council of Tasmania.

The grants sought to build social connections, promote community resilience, facilitate reconnection with local social support networks, and promote positive wellbeing messages.

The grant program was funded and supported by Primary Health Tasmania under the Australian Government's primary health networks program.

Successful applications included:

- a yoga skills program for refugees
- artist-led community workshops linking in with Mental Health Week
- therapeutic horticulture sessions in community gardens
- a launch event for a men's mental health group
- a collaboration with headspace Hobart, Huon Valley Council Youth Services, and the South East Tasmanian Aboriginal Corporation.

For her part, club member Bev Parker can attest to the fact the relationship with the high school has helped reinvigorate the reopened Senior Citizens Club.

"I find the kids are really helpful and pick up things very easily. They've helped us set up Facebook, which is really good," Bev says.

"We actually went up to the high school and had a morning tea recently, and the club members all thought it was wonderful.

"We've all got something out of it." ■

Want to know more? Go to mhct.org



Vivienne and Eliza Williams

“I just wanted everyone involved to know how beautifully this system worked for us.”

— Eliza Williams

Getting urgent after-hours care with GP Assist

It was a regular Friday night in Devonport when Eliza Williams’ four-year-old daughter Vivienne took a sudden, nasty turn.

Eliza put her young daughter to bed, hoping she’d be better in the morning. But when morning came, Vivienne was worse.

“Her temperature was really high, and she was in a lot of pain and very distressed,” Eliza says.

Eliza was torn — her usual general practice wasn’t open on a Saturday, and with her daughter’s condition deteriorating rapidly, she didn’t want to risk an emergency department wait.

So Eliza picked up the phone and, on the instruction of her regular GP’s answering machine message, called healthdirect.

Healthdirect is a national telephone helpline (1800 022 222) staffed by registered nurses who provide free after-hours medical advice.

In Tasmania, if a healthdirect nurse decides a caller needs to see a GP urgently, they are transferred to a doctor at GP Assist in Tasmania. This is an arrangement unique to Tasmania, and funded by Primary Health Tasmania.

GP Assist doctors provide callers with medical care and advice and may also provide a prescription or a referral to an after-hours clinic, a local on-call GP, or a hospital emergency department.

“I think as a parent a lot of these things are gut instincts, and knowing Vivienne, I just knew it was an ear infection that was getting worse, and the solution to that was antibiotics,” Eliza says.

“So I knew that if I could find the right resources, we could fix it.

“I called the healthdirect hotline, and the nurse I spoke to was fantastic.”

It came at the right time; Vivienne’s temperature was climbing. With Eliza’s input, the nurse was able to confirm an ear infection had taken hold, and arrange for a GP Assist doctor to provide further guidance.

“A doctor from GP Assist called me back within 30 minutes, conducted a thorough consult with me, and determined that Vivienne required medical attention ASAP,” Eliza says.

From here, the doctor called around local general practices until she found a Victoria Street Clinic GP who was on call, and able to give Eliza’s daughter the care she urgently needed.

“When we presented to the Victoria Street Clinic, despite Vivienne not being a patient, Dr Maduranga Wickramasinghe saw that Vivienne was very unwell, and was floppy and almost unresponsive while we were waiting,” Eliza says.

“Dr Wickramasinghe bumped her up the list to assess her and prescribe antibiotics. She was very thorough, and very caring.”

This timely and attentive care — from every clinician and service in the chain — made all the difference. Eliza’s daughter was able to get the medication she needed and recover from her unlucky infection, with Dr Wickramasinghe checking in with Eliza afterward to ensure her young patient was on the mend.

“I hear so many stories of parents not knowing that this service is available, and then spending a lot of time in the emergency department waiting for their child to be seen, which is really scary,” Eliza says.

“I just wanted everyone involved to know how beautifully this system worked for us.

“I am truly grateful.” ■

Want to know more? Go to tas.gov.au/3DTxMOM

What is the after-hours period?

The after-hours period is:

- before 8:00am and after 6:00pm weekdays
- before 8:00am and after 12:00pm Saturdays
- all day Sundays and public holidays.

Primary Health Tasmania has commissioned organisations to deliver after-hours support for vulnerable people, health professionals, and the broader community.

Making the most out of general practice data

In 2020, Primary Health Tasmania ran a grants program designed to help local organisations pursue innovative digital projects aimed at improving Tasmanians' health and wellbeing.

Better Medical was one of the recipients, and used the Australian Government-funded grant to implement business intelligence tools called MedLink Connect and Cubiko to furnish three of their Hobart general practices with clinical insights.

The tools can distill a plethora of general practice data — things like prescription types, Medicare billing information, and chronic disease management plans — into an easy-to-read format, with a dashboard that displays data under three categories:

- **summary — shows key clinic metrics in one area**
- **clinical — shows all the clinical metrics which will also contribute to clinic accreditation**
- **financial — shows all the financial metrics.**

Better Medical operations general manager Tin Huynh says a big motivator for applying for the grant to introduce the MedLink Connect and Cubiko analytics tools to the three practices — City Doctors, Sandy Bay, and Rosny — was alleviating the amount of data-based labour for staff so they could better spend that time on patient services.

"When I needed a report, the staff spent so much time just trying to find the right, accurate information and running various reports," Tin says.



Better Medical's City Doctors & Travel Clinic team

"I thought that's not a good use of their time so I went down the path of looking at what's available already as a plug-in solution, where we can essentially overlay this tool on top of the practice management system."

Once they did, Tin says the dashboard soon illuminated some intriguing insights — chiefly, that the practices weren't developing as many chronic disease plans as expected in the Tasmanian context, suggesting potential opportunities for increased engagement, better care, and resourcing in this area of clinical need.

From there, Tin says staff have been able to observe the impact of an altered approach and, where necessary, pitch on-the-ground changes.

"The tool opened our eyes to the opportunities and the services we could be providing to our patients," he says.

"Now, we can see the impact of changes that we put in place since installing the tool, to better manage chronic disease for our patients. Likewise, staff can see the change that is happening, in the data, and come to us and say 'Hey, we need more nursing resources'," Tin says.

"The tool opened our eyes to the opportunities and the services we could be providing to our patients."

— Tin Huynh

"That's being proactive, as well, on their part."

Better Medical's Tasmanian operations manager, Eliza Taylor, agrees the real-time data yielded by the different dashboards provides an invaluable insight into how practice staff can better assign their energies.

"We are able to monitor and track our revenue and performance and provide information back to our practice managers on areas where we have identified could be improved, so that they can boost engagement in particular areas," Eliza says.

"It also allows us to forecast and set goals and KPIs for our team."

Tin says Better Medical was keen to introduce this type of business intelligence tool irrespective of the Digital Innovation Grant process but could expedite the process considerably with the funding support.

"Initially, our thoughts were only to have it in one of our clinics, but with the grant it made sense to have it in all three clinics," he says.

"Because managing a clinic, there's lots of moving parts and lots of things happening. This is about giving you that layer of insight that's both backward and forward looking.

"So in a way, with it, you're not going totally blind and have line of sight of what happened, and where you're going as well." ■

Want to know more? Get in touch via providersupport@primaryhealthtas.com.au

Get to know: A new service model for managing chronic conditions in the community

One of Primary Health Tasmania's main goals is reducing preventable hospitalisations through stronger community-based primary health care. Here, Primary Health Tasmania's Sal Bucksey explains how the testing of a new, innovative model of care in northern Tasmania hopes to achieve just that.

What is this new service model?

Every year, many Tasmanians end up in hospital when they really don't need to be there.

That's why we are exploring a new, community-based service model of care that aims to reduce the number of people with complex chronic conditions who end up receiving care in hospital because our primary health system struggles to meet their needs. The model aims to strengthen and support out-of-hospital care for people living with complex chronic conditions by providing accessible, efficient, and effective primary health care within the community.

The intended benefits of this model are two-fold: the person spends less time in hospital, and instead receives the targeted support they need at home or through their community-based health providers; and the hospital system can allocate its resources to the cases that require more acute care.

The approach will be tested through a Launceston-based proof of concept. This will involve a select group of Tasmanians living with multiple chronic conditions, with a view to tailoring support and thereby reducing demands on the local hospital system

This service aims to provide intensive team-based support for Tasmanians living with complex chronic illness. Through the proof of concept, the model will be delivered to patients for no out-of-pocket costs.



(L to R) Professor Tania Winzenberg and Primary Health Tasmania Health Stream Lead Sal Bucksey

Why do we need it?

Chronic conditions are the leading cause of illness, disability and death, accounting for 68% of global and 90% of Australian deaths.

The greatest growth is seen in the concurrent presence of multiple chronic conditions — what we call 'multimorbidity'.

One third of the Australian population is estimated to have multimorbidity, with up to 80% of those aged 65 and over having three or more chronic conditions.

Tasmania has the highest proportion of people with multiple chronic conditions.

What does the service model aim to achieve?

The new service aims to:

- improve people's access to timely and appropriate specialised care in the community, so that they can better manage their condition
- reduce inappropriate demand on the acute care system through targeted access to complex care in the community
- better understand how health system resources can be best targeted to improve the management of people living with chronic conditions.

The service is being developed as part of a co-design process — meaning clinicians, funders, and community members are providing their input to make sure it suits the Tasmanian context.

Who will be involved in the proof of concept?

The Tasmanians who will be involved in the proof of concept will be those living with complex chronic illness who are identified as suitable candidates through hospital inpatient data.

These people will receive multidisciplinary, team-based care tailored to their individual needs and delivered over an agreed period of time, rather than isolated, one-off episodes of care.

When does the proof of concept start?

The proof of concept is expected to begin shortly, and will encompass a period of 18 months of service delivery. In that time, a phased approach will be taken, with patients initially being identified while they are in hospital.

How much Australian Government funding has been received for this proof of concept?

Primary Health Tasmania has received approval to use \$2 million in Australian Government funding to design, implement, and run the proof of concept.

What are the benefits of community-based care for complex chronic conditions?

Targeted access to complex care in the community is able to reduce inappropriate demand on the acute care system through ensuring that the patient receives multidisciplinary care tailored to meet their individual needs.

The delivery of services will be improved through a better understanding of how health system resources can be best targeted to improve the management of people living with chronic conditions, including testing innovative use of existing funding.

Why is this new service being tested in northern Tasmania, in particular?

During the initial exploration stages of the project, the Launceston General Hospital expressed an interest in working with Primary Health Tasmania to co-design this service. The project aligns with the Launceston General Hospital's draft Master Plan, and the common goal provides an ideal environment to undertake the proof of concept. ■

Want to know more? Get in touch via info@primaryhealthtas.com.au

Primary Health Tasmania

Primary Health Tasmania (Tasmania PHN) is a non-government, not-for-profit organisation working to connect care and keep Tasmanians well and out of hospital.



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