

Healthy Tasmania Five-Year Strategic Plan Research and Evaluation

Report 1 : Baseline



UNIVERSITY of TASMANIA

MENZIES 

Institute for Medical Research

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

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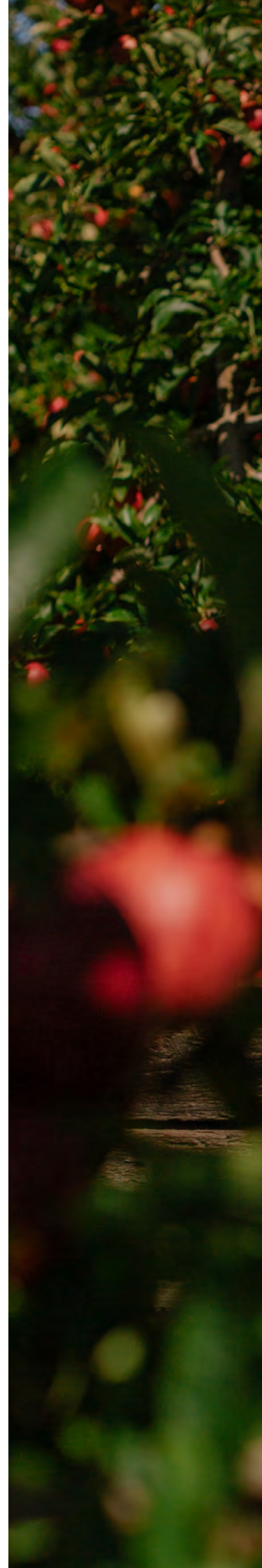
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Disclaimer: The contents of this published material are solely the responsibility of the individual authors and do not reflect the views of the Tasmanian Department of Health.



Abbreviations

ABS	Australian Bureau of Statistics
AEDC	Australian Early Development Census
AIHW	Australian Institute of Health and Welfare
ASSAD	Australian Secondary School Students Alcohol and Drug Survey
CALD	Culturally and Linguistically Diverse
CHAPS	Tasmanian Child Health and Parenting Service
COPPM	Council of Obstetric & Paediatric Mortality & Morbidity
CSO	Community Services Organisations
ED	Emergency department
GSS	General Social Survey
HLS	Health Literacy Survey
LGA	Local Government Area
LGBTIQA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, Plus
Menzies	Healthy Tasmania Research and Evaluation Group
NaSSDA	National Secondary Students' Diet & Activity Survey
NDSHS	National Drug Strategy Household Survey
NHS	National Health Survey
NNPAS	National Nutrition and Physical Activity Survey
NSCSP	National Survey of Community Satisfaction
NYMHS	National Youth Mental Health Survey
NPDC	National Perinatal Data Collection
NSPSD	National Survey of Community Satisfaction with Policing
PFEM	Police Fire Emergency Management
TTP	The Tasmania Project
TPHS	Tasmanian Population Health Survey
TSR	Tasmanian Suicide Registry
SIEFA	Socio-Economic Indexes for Areas
SWES	Student Wellbeing and Engagement Survey

Executive Summary

WHAT DOES THE PLAN AIM TO DO?

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



PRINCIPLES

Equity
Empowerment
Sustainability

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

WHAT HAS CHANGED IN THIS NEW PLAN?

In this new Plan there are two key changes. There is an expansion of the focus areas, inclusion of the principles of equity, empowerment, and sustainability; and implementation of the new ways of working.



LEADERSHIP AND GOVERNANCE

In this Plan there is a new approach to governance. It aims to be inclusive, connected to community and working across government – because health is everybody’s business. Consequently, there are four new cross sectoral working groups.



FUNDING

The new grant program has four tiers to better match to the needs of community organisations. The Department of Health is also providing more support to complete applications and links to evidence based guides. This may increase the chances of success for organisations who have missed out on grants in the past.

The four grant categories are:

- 1 Step Forward grants (up to \$5,000)
- 2 Healthy Focus targeted grants (\$20,000 - \$100,000)
- 3 Lift Local local government grants (up to \$20,000 available for each Tasmanian council)
- 4 Healthy Together larger grants (\$300,000) which will encourage working together in 8 selected Tasmanian communities

The health of Tasmanians – our story through data

GROWING CONCERNS



Rates of **vaping** in young Tasmanians is a new health concern



More Tasmanians are experiencing some level of **food insecurity** since 2019

25% of Tasmanian adults experience

depression or anxiety



Too many Tasmanians spend more than 8 hours per day sitting. **1 in 5 Tasmanians are considered sedentary.**

Levels of **physical activity** amongst adults has declined since 2016.



Only 1/3 of Tasmanian adults are physically active enough

ONGOING CONCERNS

<10% of adults and young Tasmanians **eat the recommended serves of vegetables** each day

of adults and young Tasmanians **eat the recommended serves of vegetables** each day



>50% of Tasmanian adults are **overweight or obese** which has remained unchanged in the 10-year period 2009-19.

of Tasmanian adults are **overweight or obese** which has remained unchanged in the 10-year period 2009-19.



1 in 5 Tasmanians find it hard to access accurate health information, assess health information and to navigate the health system.

Some groups in our community are still experiencing poorer health compared with other Tasmanians. This includes higher rates of diabetes, heart disease and cancer and/or anxiety and distress.



ENCOURAGING SIGNS



The number of adult Tasmanians with **high blood pressure** has declined since 2009

95% of secondary school students are **non-smokers**

of secondary school students are **non-smokers**



Fewer Tasmanians are **drinking sugary drinks**

In 2019, more adults are eating the recommended **2 serves of fruit**



Risky drinking of alcohol amongst Tasmanian secondary school students (aged 16-17 years) has decreased from 16% to 11% since 2016



However, since 2009, there has been an increase in the percentage of Tasmanians who consider their health to be fair or poor.

WHAT IS LIKELY TO MAKE A DIFFERENCE IN THE NEXT 5 YEARS?



The Plan focuses on short and medium outcomes as well as recognising long-term changes are expected to occur beyond the 5-year Plan period. A good example of this is smoking rates and how they have decreased steadily since 2004.



Adopting the *Ways of Working* will result in identifying the priorities and needs of Tasmanian communities and improved decision making.

HOW WILL WE KNOW IF THE WAYS OF WORKING, AND GRANT FUNDING MAKE A DIFFERENCE?

We will be looking for short- and medium-term changes that focus on the ways of working and how effective the grant funding is.

We will know the Plan is working when we have a prevention 'system' which has:

- ✓ Greater shared decision making
- ✓ Greater intersectoral collaboration
- ✓ More inclusive leadership
- ✓ Greater collective responsibility
- ✓ Better data sharing
- ✓ Evidence informed actions
- ✓ Increased capacity in our Tasmanian prevention workforce
- ✓ More responsive funding
- ✓ Effective communication and engagement



HOW WILL MENZIES DELIVER THE EVALUATION?

The focus of the first phase of the evaluation reflects the Healthy Tasmania Action Plan. This has included the establishment of the new Healthy Tasmania grants program and the new governance structures. These reflect some of the intermediate outcomes identified in the Health Tasmania Research and Evaluation Framework. Menzies is funded to independently undertake the evaluation and seeks to answer several questions that link to the *Ways of Working* outcomes in the Plan Framework.

The five ways of working are:

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

The overarching evaluation questions for these actions are:

What approaches best support intersectoral collaboration in health?

What actions best support community-led decision making in health?

Have we built greater organisational workforce capacity for health promotion?



The Menzies Research and Evaluation Team will evaluate progress through interviewing grant recipients, people participating in the governance committees, focus groups, and reviewing documents.



We will provide regular evaluation reports during the life of the Plan



In addition, along the way we will share what we are learning and new data insights so the Healthy Tasmania Team and Tasmanian Community can adapt, as needed.



Purpose of the baseline report

This report, developed by the Menzies Healthy Tasmania Research and Evaluation group, is a resource for Tasmanian community organisations, peak bodies, state government departments and the general community, all of whom are important stakeholders for the delivery of the Healthy Tasmania Five-Year Strategic Plan (Plan).

This baseline report provides background data and information for the evaluation of the Plan and its associated activities. It provides an overview of the outcomes identified in the Menzies Healthy Tasmania Research and Evaluation Framework (Research and Evaluation Framework) and outlines plans to capture these outcomes. It also provides information and data on the health indicators identified as medium-term outcomes. It is anticipated that most change, during the life of the Plan will be observed in the intermediate outcomes identified in the Research and Evaluation Framework. These are the enablers of an effective preventive health system.

The report does not seek to replicate the five-yearly State of Public Health report produced by the Tasmanian Director of Public Health¹. The baseline data presented here is broader and is directly aligned to the Healthy Tasmania Strategic Plan 8 focus areas, priority populations and outcomes.

There are three sections in the report followed by appendices with extensive data tables for each of the focus areas of the Plan.

SECTION 1



The Healthy Tasmania Five-Year Strategic Plan 2022-2026 Overview

SECTION 2



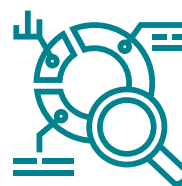
The Healthy Tasmania Research and Evaluation Overview

SECTION 3



The Health of Tasmanians - our preventive health story through data

SECTION 4



Appendices – includes background on the data sources and detailed data tables for each of the focus areas and where available for the priority populations.

Introduction

The Tasmanian Government has the vision that all Tasmanians will have the opportunity to live healthy, active lives in communities that support connections to people, place and culture (Tasmania Statement)².

There are many other factors that influence our health outcomes. Individual behaviours and genes are part of the story but we also know there is a close relationship between people's health and the environments in which they live, work and play.^{3,4}

Social determinants - conditions of employment, the distribution of wealth, education, housing, empowerment and social support - work together to strengthen or undermine the health of individuals and communities.⁵

Other determinants of health include the environmental, structural, economic, cultural, biomedical, commercial and digital factors in our lives (Diagram 1).

Understanding Health Risk

Tasmania continues to have high rates of preventable chronic conditions, including mental ill health, cancer, diabetes, kidney and heart disease. This is partly because our population is older, has higher rates of disability, has more people living in rural and regional areas and we experience more socioeconomic disadvantage compared to other States and Territories.

Health inequalities are shaped by broader social and economic conditions which form the 'social gradient of health'. In general, the higher a person's socioeconomic position, the healthier they are.⁶ Some groups in the community experience poorer health than others. The reasons for this vary but are related to socioeconomic factors, historic disadvantage, stigma, discrimination, language and access barriers. In the Healthy Tasmania Strategic Plan 2022-2026 these are called priority population groups and include people from lower socioeconomic groups, Aboriginal people, people from the LGBTIQ+ community, people from culturally and linguistically diverse backgrounds, and people living with a disability.

Many of the factors that impact on health lie outside of the health system. To address the root causes of health outcomes means we need to collaborate widely and take action across sectors. That is why this Plan focusses on the wider determinants of health in its commitment to change the way the Tasmanian health sector interacts with communities, non-government organisations and other government departments and agencies.



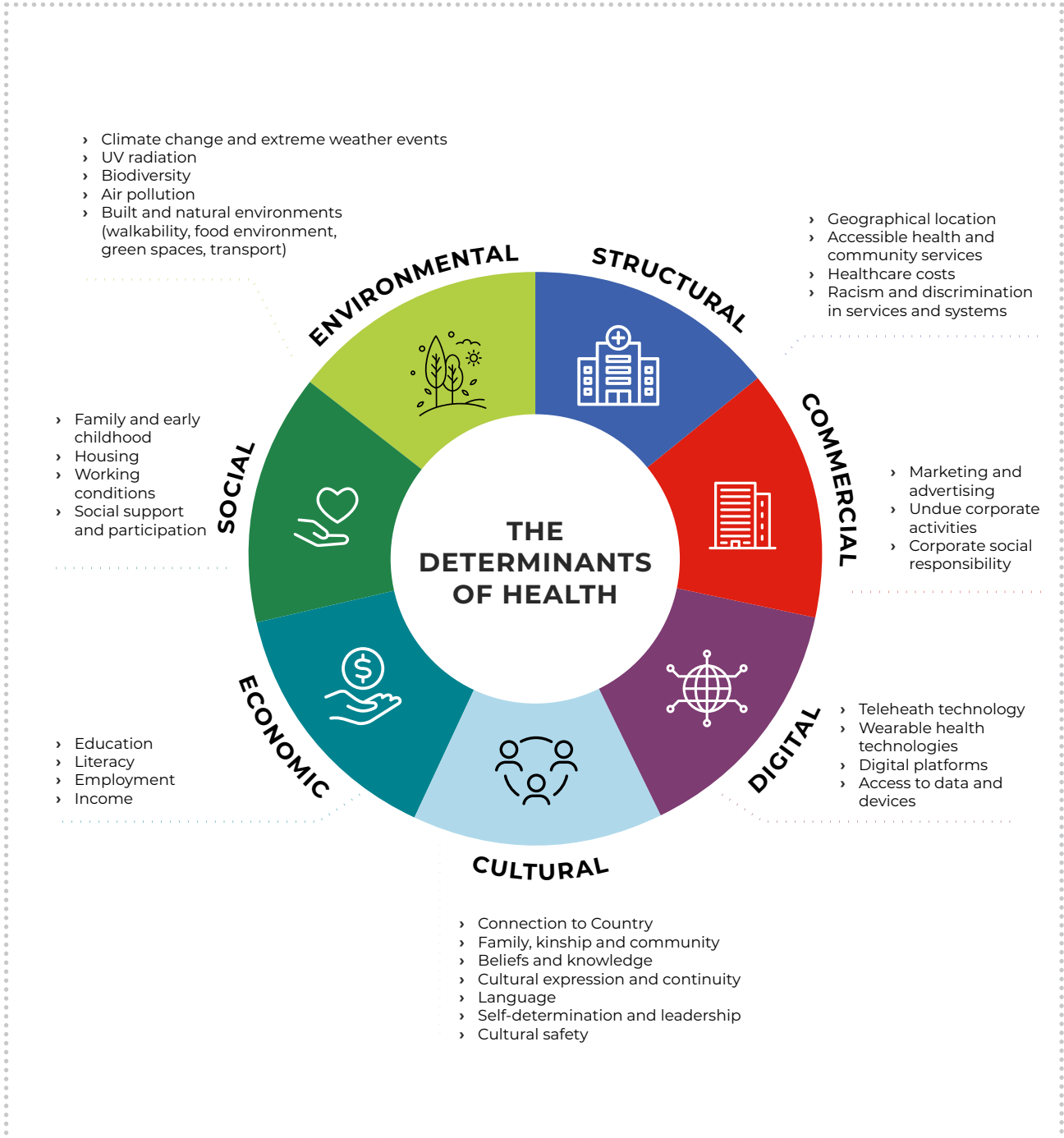


Diagram 1. The determinants of health

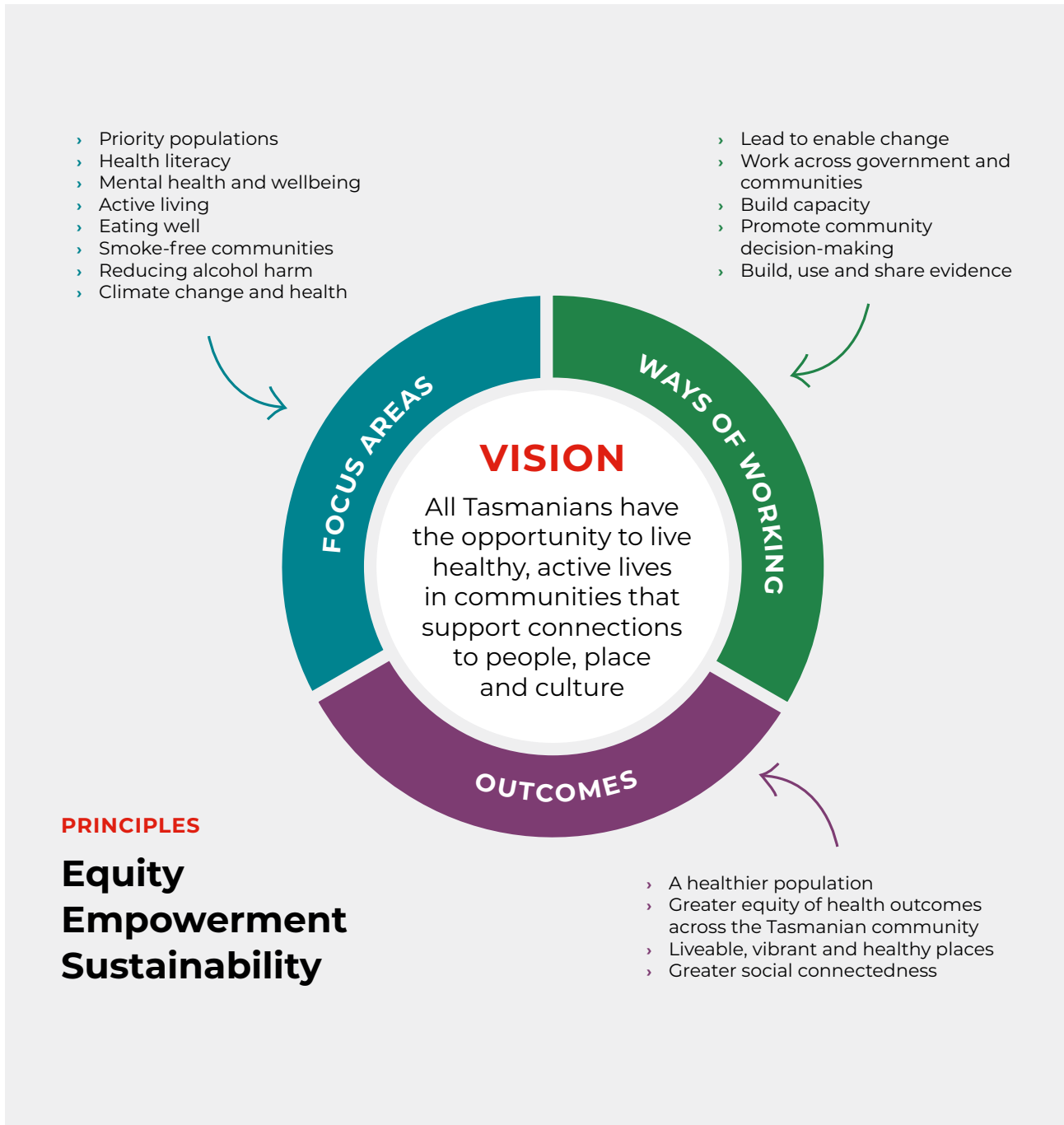
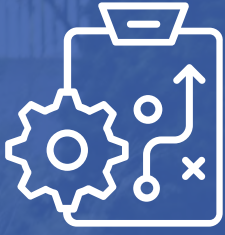


Diagram 2. Healthy Tasmania Overview



SECTION 1

The Healthy Tasmania Five-Year Strategic Plan 2022-2026 Overview

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

Local research and feedback informing new approaches for the Plan

Following consultation with community organisations and members of the community, the Plan has adopted priorities, principles and approaches to working that reflect the feedback provided. The new approaches include new funding models and a more inclusive approach to leadership and governance. Measuring the effectiveness of these changes will be part of the Plan evaluation.

Key stakeholders were invited to provide feedback on the proposed priorities, areas for action and outcomes, as well as the governance models and ways to measure our progress. Stakeholders included representatives from Tasmanian Government agencies and committees, health and community sector organisations, and relevant reference and expert groups – 246 individuals and 10 wider network groups were invited to participate. Stakeholders took part in the consultation via online focus groups, an online survey, and face-to-face meetings in July 2021 – 80 surveys were completed, 77 people attended online sessions, four individuals gave feedback via email and approximately 30 face-to-face meetings were held.⁷

New funding models

During the delivery of the Healthy Tasmania grant fund program in 2019-2021, the Department of Health learned from the Tasmanian community

and community organisations about better ways to administer and allocate grants funding. This was part of research undertaken by the Department of Health and the Australian Prevention Partnership Centre into competitive grant processes.⁸ It was found that grants funding can support organisations with the skills and people to develop local solutions and deliver new programs. The funding can support them to test new ideas or work across sectors to solve local problems. The grant process could be counterproductive for organisations with limited grant writing skills, experiences or dedicated resources.⁸

The redesigned grant scheme⁹ has a variety of grants available, simplified application and reporting, tiers of grant amounts and criteria and additional support for applicants during the grant preparation phase. The four complementary grant categories are:

- 1 *Step Forward* grants (up to \$5,000)
- 2 *Healthy Focus* targeted grants (\$20,000 - \$100,000)
- 3 *Lift Local* local government grants (up to \$20,000 available for each Tasmanian council)
- 4 *Healthy Together* larger grants (\$300,000) which will encourage working together in 8 selected Tasmanian communities

This new model and approach for grants will be evaluated to see if it has been more responsive and supported Tasmanian communities and organisations in ways that better meet their needs and encouraged cross sectoral action.

Leadership and governance

During the community consultation for the new Plan, several changes were proposed including:

- Mechanisms for strengthening community input into governance and decision-making processes, collaboration across government and sectors, and ways to improve the chances of sustainable changes
- The need to balance action at the state or regional level with local needs and place-based approaches
- Strengthening communications for increased awareness and engagement.

These changes are reflected in the Healthy Tasmania governance structure and the new funding models. The new governance structure (Diagram 3) shares responsibility between state and local governments and non-government organisations, has diverse membership that includes non-government and community-based organisation representation and several new working groups. The new governance structure will be evaluated to see if it has contributed to shared decision making, greater intersectoral action and collective responsibility, more inclusive leadership and enhanced data sharing.

What we know about how to deliver effective prevention

There are a variety of approaches which result in more effective prevention action. These need to reach across sectors and work with community, include long term investment in programs and applying a systems approach to prevention.

Collaboration - Effective prevention depends on cross sectoral, collaborative and coordinated approaches that create supportive environments that promote the health and wellbeing of individuals and communities and prevent disease. Responding to complex public health issues requires sustained action from all levels of government in partnership with non-government organisations, business and communities. Intersectoral action underpins effective preventive health practice. Tasmania has several existing preventive health collaborations with membership including government, non-government and community organisations. See Box 1 for a current collaboration example. Elsewhere, in Section 3 of this report there are examples of collaborations aligned with each of the focus areas, that work across sectors to support the health of Tasmanians.

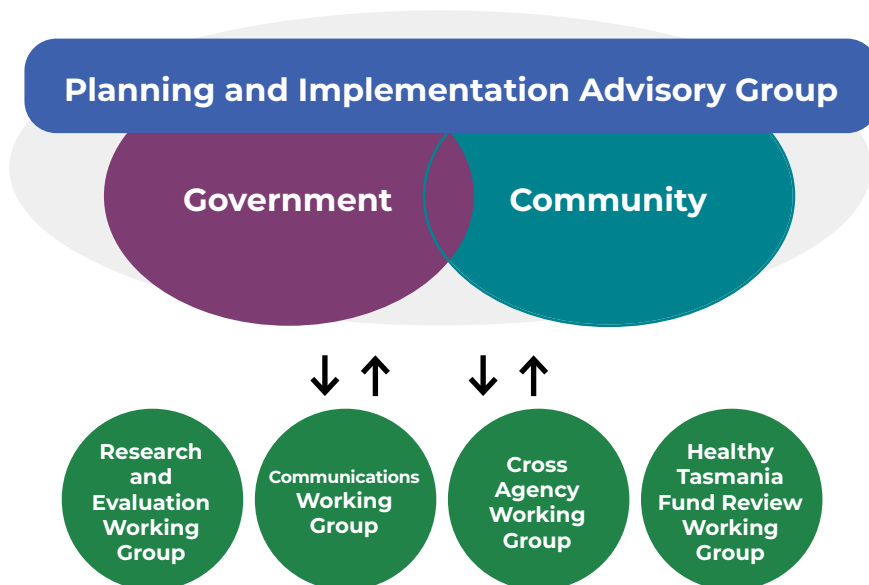


Diagram 3. Healthy Tasmania Governance Structure

CASE STUDY 1

The value of partnerships: the Tasmanian Active Living Coalition



The Tasmanian Active Living Coalition (TALC) was established in 2018 after a series of active living events which highlighted the interest and need for more targeted action around physical activity and active transport. The Coalition was established to work in partnership to create accessible, inclusive environments to support all Tasmanians to lead healthy, active lifestyles at every stage of life and for all forms of ability. In line with the Active Living focus of the Healthy Tasmania Five-Year Strategic Plan, TALC aims to plan and build places that support health and wellbeing and physical activity; build infrastructure that makes walking, cycling, accessibility and public transport safe and viable alternatives to driving; strengthen the participation of Tasmanians in sport and active recreation by providing community infrastructure and programs and by minimising cost and access barriers; further develop early childhood and school environments that support and encourage physical activity; support evidence-based, community-driven action to improve physical activity. TALC's broad membership includes:

- Bicycle Network Tasmania
- Council on the Ageing (Tasmania)
- Cycling South
- Department of Health (Tasmania)
- Department of Justice (Tasmania)
- Department of State Growth (Tasmania)
- Department of Premier and Cabinet
- Heart Foundation

- Local Government Association of Tasmania and member Councils
- Metro Tasmania
- Planning Institute of Australia (Tas Division)
- Private consultants
- Royal Automobile Club of Tasmania (RACT)

In its first few years the Coalition has focused on bringing together various stakeholders from government, not-for-profit organisations, local councils, and other organisations. More recently, action has been concentrated on raising the profile and benefits of active living and advocating for improvements in the built and natural urban environment which support active living. This has included supporting, advising, and advocating for improvements by responding to public consultations on projects, plans, or review of relevant legislation. TALC is increasingly known for its collective expertise and knowledge around active living. TALC has made submissions to the State Planning Revision process and at the request of government coordinating and preparing submissions for the Premiers Economic and Social Recovery Advisory Council (PESRAC) and the Tasmanian Premier's Health and Wellbeing Advisory Council.

Consistent with the *ways of working* in the Plan, coalitions like TALC emerge as key alliances in addressing the determinants of health and wellbeing through partnerships and collaboration.

Long term investment - Change to health outcomes is often gradual and occurs over the longer term. This can be demonstrated by the sustained efforts over the last 50 years to increase the number of people who are smoke free. This required a range of different approaches to reduce smoking rates amongst Australian men and women from 45% and 30% respectively in 1974 to 14% and 12% respectively in 2019.¹⁰ The success in reducing Tasmanian smoking rates demonstrates the importance of long-term investment in prevention activities. In the case of smoking a multipronged national approach using taxation, packaging and advertising campaigns, along with state and local strategies has been successful.

Applying a systems approach to prevention

Systems thinking is an approach to solving problems that views 'problems' as part of a wider and dynamic system. It is the process of understanding how things influence one another as part of a whole. It is used in public health to recognise the many interdependent systems that

directly and indirectly impact on health, including individuals, communities, food systems, traffic and urban planning, education, environments and workplaces. A systems approach considers how these wider systems interact to impact our health and wellbeing.¹¹ For example, in 2017, Australia implemented the Food Policy Index to assess State and Territory food and diet related policies and to make recommendations based on international best practice. This recognised that unhealthy diets and obesity are leading causes of poor health and need action across all levels of government. The index adopts a food systems approach, which acknowledges the multiple factors that influence diet, including personal choices, food advertising, government policy and regulation, local access to food stores and food provided in institutions. Tasmania had an assessment in 2017 that included recommendations so that progress could be tracked. This was updated in 2019 and 2022.¹²

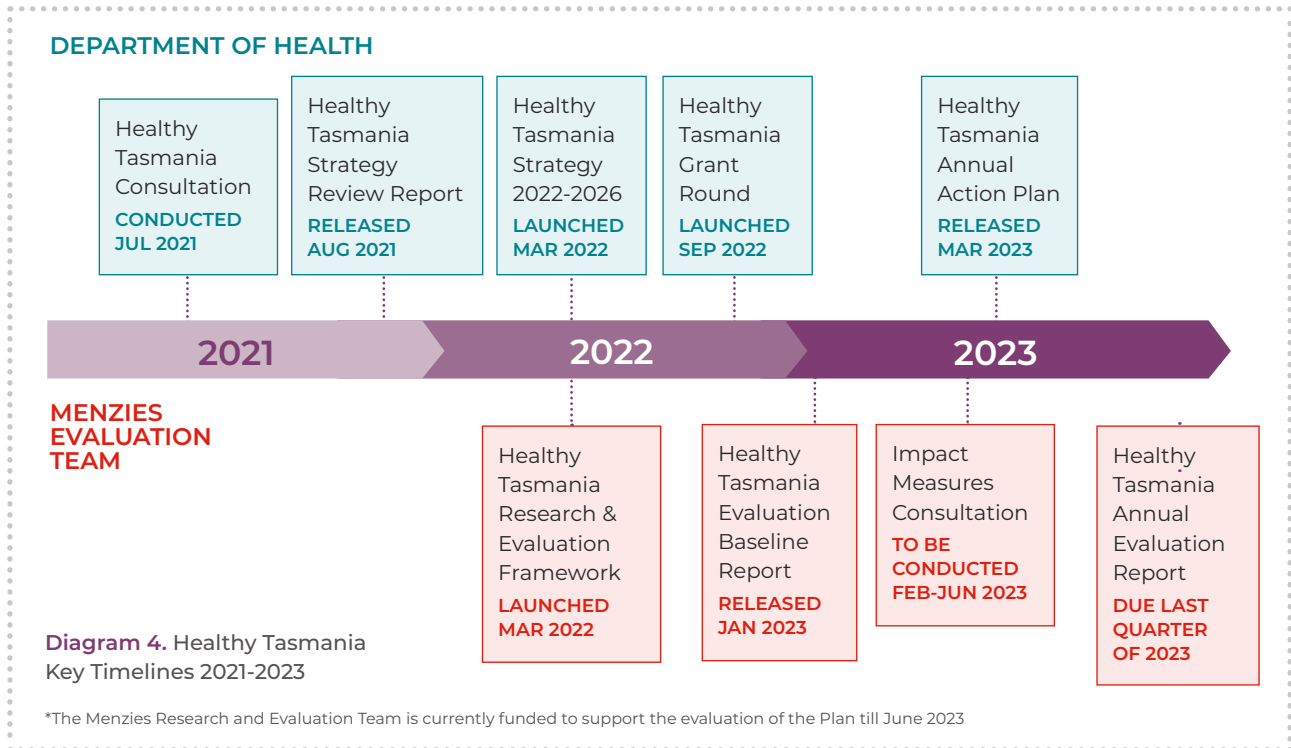




SECTION 2

The Healthy Tasmania Research and Evaluation Overview

Menzies released the Healthy Tasmania Research and Evaluation Framework concurrently with the Healthy Tasmanian Five-Year Strategic Plan in March 2022. The key timelines for delivery of the Plan, and the evaluation for the 2021-2023 time period are outlined in Diagram 4.



Menzies is funded to independently undertake the evaluation and seeks to answer several questions that link to the *ways of working* outcomes in the Plan framework. The overarching evaluation questions are:



The evaluation plans to use a variety of different approaches to gather information and analyse outcomes of Healthy Tasmania activities and governance over the next 5 years as they are considered fundamental to establishing an effective preventive health system in Tasmania.

The focus of the first phase of the evaluation reflects the first Healthy Tasmania action plan. This has included the establishment of the new Healthy Tasmania grants program and the establishment of new governance structures.

These structures support some of the intermediate outcomes identified in the Healthy Tasmania Research and Evaluation Framework program logic (Appendix 1): Greater shared decision making, more inclusive leadership, greater collective responsibility, better data sharing, increased capacity for health promotion, more responsive funding models, effective communication and engagement and empowered communities are all considered important enablers of effective preventive health practice. These initial evaluation activities, methodologies and purpose are summarised in Table 1.

Data and information will be collected using a variety of methods such as, but not limited to:

- Reviewing documents and grant applications
- Conducting focus groups and interviews with participants of the working groups
- Conducting focus groups and interviews with funded projects and reviewing reporting documents.

Using a thematic analysis Menzies will draw out the key themes from the information gathered. Part of the evaluation process will be to source or develop a range of new indicators to measure some outcomes. Evaluation findings will be shared regularly through *Healthy Tasmania Evaluation Insights* updates and regular reports. This will allow the Plan program to adapt along the way when new information is available to inform decision making.

WAYS OF WORKING	INTERMEDIATE OUTCOME	EVALUATION ACTIVITY	PURPOSE
Lead to enable change	Empowered Communities Responsive Systems <ul style="list-style-type: none"> • Information sharing • Cross sectoral engagement • Shared decision making 	Document review Semi structured interviews with key stakeholders from Healthy Tasmania working groups	To understand how the Healthy Tasmania governance structure is building a responsive system.
Promote community decision making	Empowered Communities <ul style="list-style-type: none"> • More empowered people Responsive Systems <ul style="list-style-type: none"> • Shared decision making • Collective responsibility 	Document review Semi structured interviews and/or focus groups with key community stakeholders	To understand how the Healthy Tasmania Governance structure is incorporating community voice into deliberations and priority setting.
Work across government and communities	Empowered Communities Responsive Systems <ul style="list-style-type: none"> • Intersectoral action • Information sharing • Shared decision making • Collective responsibility 	Document review Semi structured interviews with key stakeholders from Healthy Tasmania working groups	To understand how the Healthy Tasmania governance structure is supporting cross-sectoral action.
Build, use and share evidence	Empowered Communities <ul style="list-style-type: none"> • Increased knowledge and skills Responsive Systems <ul style="list-style-type: none"> • Evidence informed actions • Greater intersectoral action • Increased capacity 	Document review Focus groups and interview with Healthy Tasmania Community Forum participants	Understand how the forum contributes to information sharing and evidence building
Build capacity	Empowered Communities <ul style="list-style-type: none"> • More empowered communities Responsive Systems <ul style="list-style-type: none"> • Evidence informed actions • More responsive funding models • Healthy Environments 	Document review Review of Healthy Tasmania grant applications, interviews and/or focus group with working group committee members and grant recipients	To review new funding approaches and provide feedback to support ongoing funding rounds.

Table 1. Phase 1 evaluation activities

Healthy Tasmania Intermediate Outcomes

The intermediate outcomes are presented in the evaluation program logic model of the Research and Evaluation Framework (see Appendix 1). They are categorised as:



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

✓ = completed

✓ = in progress

WAYS OF WORKING					
PHASES FOR DEVELOPING MEASUREMENT	Lead to enable change	Work across government and communities	Build capacity	Promote community decision-making	Build, use and share evidence
Intermediate outcome					
Develop and agree on an approach for developing measurement and indicators	✓ completed	✓ completed	✓ completed	✓ completed	✓ completed
Develop and agree on the measurement concepts and tools	✓ in progress	✓ in progress	✓ in progress	✓ in progress	✓ in progress
Collect the data for reporting, including sharing outcomes along the way via interim reporting	Planned for Jun 2023 - June 2026	Planned for Jun 2023 - June 2026	Planned for Jun 2023 - June 2026	Planned for Jun 2023 - June 2026	Planned for Jun 2023 - June 2026
Report on the data	September 2026	September 2026	September 2026	September 2026	September 2026

Table 2. Ways of Working Evaluation tasks and timelines



Medium and Long-term Indicators

Medium term indicators identified in the Research and Evaluation Framework reflect a range of health-related behaviours and determinants that impact Tasmanians health and wellbeing. Data on these are collected via the Tasmanian Population Health Survey (conducted every 3 years), national surveys and targeted surveys for specific population groups (i.e., school aged children). Population level data collection shows trends and changes in health-related behaviours, determinants and/or outcomes over time. Relevant data, where available, is included in this report as the baseline or starting point for the Plan.

Although the aim is for the Plan to contribute to improvements in medium and long-term outcomes, substantial changes in these outcomes are likely to take longer than the 5-year period of the Plan. Tracking key indicators over time will highlight trends and the impact of prevention efforts upon the health outcomes. As new data is released through surveys, we will update and share the indicators and share them with Tasmanians. This will include an update following the release of the Tasmanian Population Health Survey by the Department of Health. Included is data collected on a range of indicators such as wellbeing and aspects of social connection that will expand our understanding of the health and wellbeing of Tasmanians.



SECTION 3

The Health of Tasmanians - our preventive health story through data

This section presents a summary of baseline data on the Plans' four key outcomes, the focus areas and priority population groups. Using data to build a picture around an issue, sharing it and then collectively making decisions is one of the aims of *ways of working* in the Plan. See Box 2 for a Tasmanian Education sector example of moving from data collection to action. Alongside the data is information about the focus areas including relevant strategies/policies and action plans, plus existing collaborative and cross sectors groups working to improve health and wellbeing outcomes in Tasmania.



Focus Areas

- Health Literacy
- Mental Health and Wellbeing
- Active Living
- Eating Well
- Smoke-free Communities
- Reducing Alcohol Harm
- Climate Change and Health
- Priority Populations



Key long-term outcomes

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



Priority Populations

- Aboriginal Tasmanians
- Lower socioeconomic groups
- LGBTIQA+ Tasmanians
- Culturally and linguistically diverse Tasmanians
- Tasmanians living with a disability

Table 3. Focus areas, priority population and long-term outcomes for the Plan

The data shared in this report is predominantly from 2017-2022 and is from authoritative, mostly population wide sources, which are publicly available. However, where population wide data is not available or does not exist, alternative reliable data sources have been included. These combined sources of data provide valuable insights into the current health status of Tasmanians and establish a baseline for measuring progress of the Plan over the medium to longer term.



Further background on the methodology, links to the data sources used in this report and extensive data tables can be found in Appendices 2 and 3. Where data gaps exist for the evaluation indicators, they are noted in the tables.

Data sources, limitations and gaps

In this report the Tasmanian Population Health Survey (TPHS, 2019) is the primary source of data. The Research and Evaluation Framework acknowledges data gaps where indicators are either not currently measured or there are barriers to data sharing across organisations and departments. Data gaps for the evaluation indicators are highlighted in the data tables in Appendix 3.

Updated data will be shared periodically in the *Menzies Healthy Tasmania Evaluation Insight* reports as the data is released. For example, initial analysis of the TPHS 2022 data, will be available in the first quarter of 2023. The analysis will include small local area estimates which can help Tasmanian communities with health and wellbeing planning at a local level.

Currently the TPHS does not analyse information on the specific health needs of Tasmanian people who identify as lesbian, gay, bisexual, transgender, intersex, queer or asexual (LGBTIQ+) or culturally and linguistically diverse (CALD) Tasmanians. This is due to the sample size of the survey being too small to allow for this type of analysis. There is no alternative data source for CALD Tasmanians, however data from other states suggest their health issues and needs are likely to be diverse. Similarly, there are limited TPHS data on the health of the LGBTIQ+ community, however, good alternative sources of information are available. Research teams at the University of Tasmania and nationally, such as LaTrobe University have conducted surveys and interviews/groups with members of the Tasmanian LGBTQI+ community. This data provides important insights into the health needs and priorities of LGBTQI+ individuals.

The Student Wellbeing and Engagement survey does not capture information on students attending catholic or independent schools which is approximately 30% of students in Tasmania.

It is important to note that the additional data sources were not primarily collected for population health monitoring. Thus, while this data provides some recent insights into the health and wellbeing of key population groups, it is recognised that this must be carefully interpreted and may not allow for mapping trends over time. See Appendix 3 for the data tables from the TPHS and other data sources.

The long-term outcomes for the Healthy Tasmania Strategic Plan

A healthier population

Tasmanians currently rank below other Australians on several measures of health and wellbeing, for example:

- The number of people with a chronic condition/s within our community
- The number of adults, young people and children who self-report poor health
- The proportion of the community who are within a healthy weight range
- The proportion of babies who are born with a low or very low birth weight.

Chronic conditions

The TPHS has collected data on chronic conditions since 2009. In 2018, 33.6% of Tasmanians reported 'ever' experiencing depression/anxiety, a statistically significant increase since 2009. There has also been an increase in the number of Tasmanians with asthma (25%), though this was not statistically significant. Hypertension, (high blood pressure; 22.5%) and arthritis (22%) are the next most common conditions after asthma. The percentage of people with arthritis has remained stable since 2000 whilst hypertension has decreased significantly in the same period. Other conditions which are stable include 6.5% of the population with heart disease and 2.3% who have had a stroke while there have been significant increases in cancer (8.4%) and diabetes (8.3%). (TPHS)

CASE STUDY 2

Building, using and sharing evidence - The Tasmanian Student Wellbeing and Engagement Survey



The Student Wellbeing and Engagement Survey (Survey), conducted by the Department for Education, Children and Young People, is delivered across Tasmanian Government schools annually and is completed by approximately 30,000 students in Years 4 – 12. Introduced in 2018, the Survey has created an evidence base for the wellbeing of Tasmanian students.

The Survey questions explore the six wellbeing domains of the Australian Research Alliance for Children and Youth's wellbeing framework for children and young people, *The Nest*¹³ - Being loved, safe and valued; Having material basics; Being healthy; Learning; Participating; Having a positive sense of culture and identity. These domains are all linked with wellbeing for learning and underpin the Department's Child and Student Wellbeing Strategy¹⁴. The data from the Survey is used in several ways:

1. At an education system level, annual workshops with school staff are delivered to share the survey data and build understanding of how the data can be used to develop priorities and new and existing initiatives at a school level. Use of the data is also embedded in the Department's school improvement planning processes.
2. Recognising that the student voice is critical to understanding and further exploration of the data is supported. Schools are provided with the *You've Got the Data... Now Get Going!* pack – a suite of resources (including a teaching and student discussion guide) that guides the work of schools to work with students to understand the survey data, capture their ideas and together make decisions for action in the school. This resource pack has been shared with other states and territories as an example of innovation and best practice.
3. Further building on the survey findings, schools can volunteer to participate in Department led *Student Voice Focus Groups*. These workshops are specifically designed to engage with students and gather valuable insights into how they understand their wellbeing, the wellbeing of others, and how schools can support student wellbeing. Diverse voices and student experiences of school are captured through the workshops ensuring the voices of students is inclusive. The information gathered through the workshops is then used to inform school and whole-of-system planning.

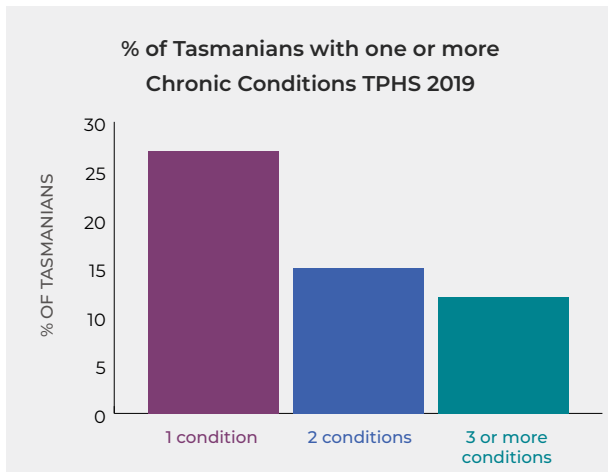


Diagram 5. Chronic Conditions in Tasmanians (TPHS)

More than half the adult population are overweight or obese, a significant risk factor for chronic disease. (TPHS)

Greater equity of health outcomes across the Tasmanian community

Within the Tasmanian community there are groups of people who experience poorer health and wellbeing than the wider population. These health inequities are influenced by socioeconomic inequalities and other factors such as gender identity, cultural and linguistic differences. Within each of the focus areas we have included data for each of these groups, where it is known.



Data gaps for our equity indicators are highlighted in the tables in Appendix 3.

Liveable, vibrant and healthy places

Healthy lifestyles are supported by the built, natural, social and cultural environments. As part of the evaluation process, measures of liveable,

vibrant and healthy places will be identified or developed. Liveability is defined as the intersection between urban planning and the social determinants of health: 'A liveable place is somewhere that is: safe, attractive, inclusive, and environmentally sustainable; with affordable and diverse types of housing, public open space, local shops, health and community services, leisure and cultural opportunities; with opportunities for employment and education all accessible by convenient public transport, walking and cycling' (Australian Urban Observatory¹⁵, AUO). Creating liveable communities also contributes to achieving the Sustainable Development Goals 3, 4, 8, 10, 11 and 15.¹⁶



AUO leads a team of researchers (RMIT and Deakin Universities) sourcing new data, through partnership development, academic research, spatial research and undertaking different investigative projects. The Communities for Walkability Project¹⁷ conducted between the University of Tasmania, the Tasmanian Public Health Service and the Local Government Association of Tasmania (LGAT) is investigating walkability in rural towns in Tasmania.

During the Research and Evaluation project indicators to measure liveable, vibrant and healthy places will be identified and agreed. The selection of indicators will be informed by current research being undertaken across the University of Tasmania and the existing partnership project with AUO.

Tasmanian Wellbeing Framework Project

Announced in May 2022 a *Tasmanian Wellbeing Framework*¹⁸ will be created by identifying a set of high-level indicators for Tasmanians, led by the Department of Premier and Cabinet (DPAC). The indicators are intended to be broad enough to capture the dimensions of wellbeing, but specific enough to track progress and inform policy or investment decisions by the government.

DPAC state that “wellbeing can mean different things to different people, but it includes economy, health, education, safety, housing, living standards, environment and climate, social inclusion and connection, identity and belonging, good governance, and access and services.”¹⁹

Community consultation is open for this project and this baseline report will be shared with the *Tasmanian Wellbeing Framework* project.

Local Government Review

The Tasmanian Government has commissioned a Local Government Board Review of the role, function, and design of local government in Tasmania. The Review is to provide the State Government with recommendations that are evidence based and practical for the future direction of local government.

During Stage 1 of the Review a future vision statement for local government for community wellbeing was developed.



In the future, councils play a clear, effective, and highly valued role in directly improving the physical and emotional wellbeing of the people in their local communities and, consequently, of Tasmanians overall. Councils can do this because they:

- understand the core wellbeing needs, enablers, and barriers in their local communities
- have systematically integrated relevant wellbeing considerations into all key council decision-making processes, having regard to their specific local needs and priorities
- work collaboratively with other levels of government and each other to target, tailor and deliver services and infrastructure in ways that respond most effectively to local needs, while minimising service overlap or fragmentation.”²⁰

For Stage 2 of the Review project, an options paper was released in December 2022 and comment is invited by mid February 2023. Supporting wellbeing as ‘core business’ for local government, is one of the proposed future roles of local government. The Review project is due to be completed by June 2023.



Greater social connectedness

Meaningful social connections with others, a sense of belonging, respect and inclusion are important components of a healthy life. Social isolation, distrust and loneliness undermine health and wellbeing.

Various measures of social connectedness were explored in the ABS General Social Survey in 2020²¹. **The timing of the survey, during the first year of COVID19, means we should consider the results with some caution as there was significant social disruption in 2020.** At the time of the survey there were initiatives in place to help reduce the spread of COVID-19 and support the economy, for example, international travel restrictions, border control measures for some

states and territories, shutting down non-essential services, limits on gatherings, social distancing, and stimulus payments. The following are some findings from the survey:

- People were less involved in social, community support and civic or political groups
- Less people were participating in volunteering
- Face to face contact with family and friends living outside our households reduced
- Less of us had family or friends living outside the household to confide in.

Tasmania is measuring aspects of social connection for adults in the 2022 TPHS and results will be shared in future *Healthy Tasmania Evaluation Insights*.

What is the data telling us about the 8 Focus areas?



General Health of Tasmanians

Most Tasmanian adults perceive their own health as good. However, since 2009, there has been an increase in the percentage of Tasmanians who self-assess their health to be fair or poor. This self-assessment of health status is a strong predictor of future and long-term health outcomes. Most secondary school students aged 12-17 years report their own health as good or excellent²² however more than a quarter of Tasmanian school students (age 9-18 years) consider themselves to have low wellbeing.²³

Since 2009, rates of heart disease and stroke have remained stable but the number of Tasmanians with hypertension (high blood pressure) has dropped, declining since 2009 (from 25.8% to 22.5%). Self-reported rates of cancers, high blood sugar, diabetes and asthma have all increased as have levels of anxiety and depression. (TPHS)

Self-assessed Health Tasmanians aged 18+	2009	2013	2016	2019
Excellent/Very Good	43%	41.2%	37.1%	37%
Good	37.9%	40.9%	38.9%	41.1%
Fair/Poor	18.9%	17.6%	23.7%	21.7%

Table 4. Self-assessed health, adult Tasmanians, TPHS

Living with overweight and obesity

People living with overweight and obesity are at higher risk of cardiovascular disease, Type 2 diabetes, and some cancers. More than half of Tasmanian adults are living with overweight or obesity which has remained unchanged in the 10-year period 2009-19. Obesity is more common as Tasmanians age (TPHS). People from socioeconomically disadvantaged areas are more likely to be living with obesity than those who are most advantaged, but there is a trend showing increasing rates of obesity amongst those in the middle-income group. In 2018, more than one quarter of Tasmanian children (2-17 years) were living with overweight or obesity with no change from 2014.²⁴ For Tasmanian secondary school students, around 20% of were living with overweight or obesity.²⁵

While many factors influence weight, overweight and obesity result from an imbalance between energy intake from the diet and the energy we use up through physical activities and bodily functions. Weight is also influenced by environmental factors; schools, workplaces, homes, and neighbourhoods; genetic factors; media influence, and the food industry.

COVID impacts

Over the last few years, the COVID-19 pandemic has impacted upon mental health and wellbeing and presented additional challenges to our health system, society, and economy. While Tasmanians supported each other through the COVID-19 pandemic, isolation, digital connection, and changes to work and social networks have influenced health and wellbeing.

The University of Tasmania conducted the *Tasmania Project*, a research project funded by the state government to identify how Tasmanians were and are impacted by COVID19. The survey has provided some valuable information on Tasmanians response to COVID, but findings need to be interpreted with caution as the

survey respondents are not representative of the Tasmanian population – for example they were predominantly women, had higher education and were younger than 64.²⁶ The project started in April 2020 and is ongoing. Key initial disruption and impacts include, but are not limited to, loss or reduction in work, increased strain on the health system, health and community services reduced or suspended, less people volunteering (reducing social connection), increased reporting of mental health issues and increases in food insecurity at a household level. The impacts of COVID have changed throughout the pandemic and for many Tasmanians there continue to be ongoing issues. The dominant issue for the Tasmanian community is cost of living concerns, such as decreased housing (rental and mortgage) and food affordability, increased utilities costs, increased mental health issues and continued social disconnection. Not all cost-of-living issues are solely attributed to COVID-19 impacts, but they have been compounded by it.



59%
Health

During COVID-19, the *Better Life* survey conducted as part of the Tasmanian Project, of 2354 Tasmanian adults found health was their first priority for concerns for the future (56%) followed by income (39%), and life satisfaction (35%).²⁷



SECTION 3

The Premiers Economic and Social Recovery Advisory Council commissioned research and consultation to develop a series of recommendations for how to support Tasmanians as the COVID-19 recovery is delivered. The final report²⁸ from the Council included health recommendations specifically for the government to focus on:

- supporting the health system to prepare for future outbreaks.
- supporting the mental health of Tasmanians.
- acting to address food security concerns.
- improving communication about decision making related to COVID-19 precautions.
- addressing the increasing challenges to housing affordability.



The Focus Areas



Health literacy plays a critical role in improving health outcomes for Tasmanians. Health literacy is about how people understand information about their health and health care, and how they apply that information to their lives, use it to make decisions and act on it. Health literate Tasmanians have the knowledge, skills and confidence to access, understand, remember and use information and services to make everyday decisions about their health and well-being. The health literacy environment includes the infrastructure, policies, processes, materials, people and relationships that make up the health system. These factors also impact on individual health literacy.

Most Tasmanians are health literate but around one in five Tasmanians find it hard to access accurate health information, assess health information and to navigate the health system putting them at greater risk of poor health outcomes. People aged over 65 years are less likely to have social supports for managing health but

find it easier to engage with health care providers and to navigate the health system compared to younger people aged 18 to 24 years.²⁹ Similarly, people with a disability find it more difficult to engage with health care providers and are less likely to have the social support they need.

Nationally, people who have three or more chronic health conditions, a disability or are socioeconomically disadvantaged find it more difficult to engage with health care providers and are less likely to have the social supports they need to manage their health.³⁰

Cross-sectoral action is important to support organisations and their workforce to become health literate. As a demonstration of the action to build skills within community service organisations so the workforce is better able to support the health literacy of their clients TasCOSS is leading the HeLLOTAS! Project.³¹ In 2021-22 the TasCOSS HeLLOTAS! project conducted 16 workshops, for 380 community-based worker registrants and supported 26 community service organisations.³²

There are some data gaps for health literacy rates in Tasmania. However, given the prevalence of chronic conditions, disability, and socioeconomic disadvantage, it is likely that vulnerable Tasmanians would have poorer health literacy across several domains. Recent cluster analysis of the National Health Literacy Survey commissioned by the Department of Health found that younger women were more likely to have trouble accessing and understanding information (see Box 3).

CASE STUDY 3

Building, using and sharing health literacy data



The Tasmanian Health Literacy Action Plan provides strategic direction for creating a health literate Tasmania. In particular, the plan links to the 'Build, Use and Share Evidence' focus of the Healthy Tasmania Strategic Plan by aiming to ensure organisations have the health literacy knowledge and data to allow them to respond to individual and community health needs.

The Australian Bureau of Statistics 2018 National Health Literacy Survey³³ collected information on nine domains of health literacy including how people find, understand, and use health information as well as how they manage their health and interact within the health system. The report showed that while scores were relatively high in most domains, almost 20% of Tasmanians reported difficulty in finding good health information, appraise health information or to navigate the health system.

To better understand health literacy in Tasmania and work towards reducing barriers for people with diverse needs, the Department of Health commissioned

further research³⁴ to conduct analysis of the Tasmanian responses to the National Health Literacy Survey. The team from Swinburne University used a cluster analysis³⁵ – an approach that identifies similar categories within data – to identify seven groupings with similar profiles of health literacy strengths and challenges.

For example, the largest cluster (about one third of the sample) was found to understand health information well but had difficulty evaluating information. In comparison, the smallest cluster were the youngest group and were mostly women. This group faced the greatest health literacy challenges including having limited access to healthcare or social support for health and difficulty in understanding and accessing information.

This unique method of analysis provides a nuanced understanding of health literacy in Tasmania that can be used by health service planners, policy makers and service providers to co-design strategies to better address the strengths and needs of the different health literacy profiles.



Data gaps for the evaluation indicators for health literacy are highlighted in the data tables in Appendix 3.



Significant Strategic Documents

- Health Literacy Action Plan for Tasmania 2019-2024
- Working in Health Promoting Ways
- Advancing Tasmania's Health
- Tasmanian Health Literacy Cluster analysis of the 2018 Australian Bureau of Statistics (ABS) data



Key Stakeholders

- The Health Literacy Network (over 450 members)
- Tasmanian Health Service – Health Promotion teams.
- Health Literacy Working Group driving the implementation of Health Literacy Action Plan. (Membership includes Department of Health, 26TEN, TasCOSS, Primary Health Tasmania, Health Consumers Tasmania, Health Promotion (THS), and a consumer)
- Migrant Support Network
- HealthLit4Kids Advisory Committee
- University of Tasmania Health Literacy and Equity Research Unit
- Literacy Advisory Panel



Key Preventive Health Activities Includes

- Right Place Initiative (connecting people with health and community services in a local area)
- #hellomynameis campaign (building trusting relationships between consumers and service providers)
- Spot On (health literacy network initiative to recognise good practice)
- Partnership with the Tasmanian Health Service Health Promotion teams to provide health literacy resources and training
- TasCOSS HeLLOTAS! Toolkit helps community sector organisations assess and improve their responsiveness to health literacy
- Health Consumers Tasmania - trial Tasmanian Community Health and Wellbeing Networks in Ulverstone, Huonville and Scottsdale. The networks aim to build the capacity of regional communities to identify and respond to local health care needs
- Health literacy is included in Tasmanian Health Education Online learning modules



Mental Health and Wellbeing

Positive mental health and wellbeing is important for the overall health of Tasmanians. There are many factors that contribute to better mental health including social connection and support, positive relationships, safety, secure housing, employment, eating well, physical activity and family or friendships that are supportive.

Tasmanians are more likely to suffer from a mental health condition than other Australians. ABS Census 2021³⁶ found 11.5% of Tasmanian suffered from a mental health condition, including anxiety and depression, compared to 8.8% nationally. The proportion of Tasmanian adults experiencing high/very high psychological distress has increased in the period 2009-19, from 10.9% to 13.9%. (TPHS)

The TPHS 2019 found for adult Tasmanians:

- 33.6 % had been diagnosed with depression/ anxiety at some stage
- 22.5% reported 'current' depression/anxiety
- 13.9% experience high/very high psychological distress
- Women are slightly more likely to experience high psychological distress
- Socioeconomically disadvantaged Tasmanians are also more likely to experience high/very high psychological distress compared to those who are not disadvantaged.

Living alone is a risk factor for mental health issues and more Tasmanians live in single households (29%) than nationally (25.6%), according to the Census 2021. Living alone is a risk factor for social isolation and loneliness which can have a negative impact on health and wellbeing.³⁷

Young people (18-24) are around twice as likely to report high/very high psychological distress as the general population.

Younger people

The majority (81.8%) of Secondary school aged young people self-report their health as good/excellent. There are differences of note between year 10 (96.9%) and year 11 (70.3%) and young people of low socioeconomic status (76.7%) and young people of high socioeconomic status (84.8%).³⁸

In the annual Tasmanian Student Wellbeing and Engagement Survey 2022, of children and young people (in years 4 to 12), 25% rate their wellbeing as high, 47% medium and 27% low.³⁹

Nationally since 2009, high/very high psychological distress has increased threefold amongst people aged 18 to 24 years and twofold amongst those in the 25 to 34-year-old age group.

LGBTQIA+ Tasmanian are also more likely to experience high or very high psychological distress and have high levels of suicidal ideation.⁴⁰

The Mission Australia Youth Survey, distributed through secondary schools, community organisations and online found the prevalence of psychological distress amongst students aged 15-

19 is increasing and different groups experience it at varying rates.⁴¹

The Mission Australia Youth Survey Report 2022⁴² found 28.7% of Tasmanians (15-19 years), felt lonely all or most of time, 33.6% experienced high psychological distress in the previous 4 weeks and 42.5% were extremely concerned or very concerned about coping with stress.

COVID-19 had an impact on the health and wellbeing of most Australians, though it appears to be greater for young people. For example, measuring overall life satisfaction during 2020, the ABS found that young people (15-24) had the biggest decline compared with other age groups. In 2014 the satisfaction was 7.7/10 and in 2020 it had fallen to 6.9/10. Between 2014 and 2019 it had been stable.⁴³

Suicide

The suicide rate (2017-18) in Tasmania was 16.8 per 100,000 population. Rates were highest among the 35-to-44-year age group (22.3 per 100,000 population) followed by the 45-to-54-year age group (20 per 100,000 population). Nearly four times as many men (78 per cent) than women (22 per cent) died by suicide.⁴⁴



Data gaps for the evaluation indicators for mental health are highlighted in the data tables in Appendix 3.



Table 5 Variation in psychological distress amongst Tasmanian Young People



Significant Strategic Documents

- Rethink 2020 – A state plan for mental health in Tasmania 2020-2025
- Rethink Implementation Plan 2021-22
- Rethink Implementation Plan 2022-23
- Tasmanian Suicide Prevention Strategy 2023-27 (under development)
- Report to the Tasmanian Government on Suicide in Tasmania 2012-2018
- Bilateral Schedule on Mental Health and Suicide Prevention: Tasmania (a schedule to the National Mental Health and Suicide Prevention Agreement)
- Tasmanian Communications Charter and Safely Talking Toolkit – Mental Health Council of Tasmania



Key Stakeholders

- Tasmanian Suicide Prevention Committee (Government driven)
- Mental Health Council of Tasmania
- Flourish: Mental Health Action in Our Hands (Tasmania)
- Mental Health Families and Friends Tasmania
- Tasmania Suicide Prevention Community Network (lived experience)
- Primary Health Tasmania
- Relationships Australia Tasmania



Key Preventive Health Activities Includes

- Development of the next Tasmanian Suicide Prevention Plan 2023-2027
- Development of a new Mental Health and Alcohol and Other Drug Promotion, Prevention and Early Intervention Framework for Tasmania
- Establish three Head to Health Kids (0-to-12 years) Hubs integrated within existing Child and Family Learning Centres
- Establishing new headspace Centres and increasing capacity of existing headspace Centres
- Expanding support services and continue funding for new and expectant parents to support digital perinatal mental health screening and deliver universal perinatal mental health screening.
- Responding to the needs of specific population groups. For example, through ongoing collaboration with the LGBTIQ+ community, the following actions have been agreed:
 - develop a concept service model for an LGBTIQ+ specific mental health service
 - embed Department of Health LGBTIQ+ inclusive practice online training modules for all staff
 - establish LGBTIQ+ peer navigators, and
 - develop an auditing tool for Department of Health services to assess how they are meeting the needs of LGBTIQ+ people.
- Mental Health Council of Tasmania #checkin – website and resources





Active Living

The Tasmanian Government recognises physical activity as any movement resulting in increased breathing and heart rate, inclusive of incidental movement, exercise, sport, and muscle strengthening. Physical activity is recognised to have a wide range of positive physical and mental health, social economic and environmental benefits. In contrast, a sedentary lifestyle—defined as inactivity, either sitting or lying down for long periods (except when sleeping)—undermines good health and wellbeing.

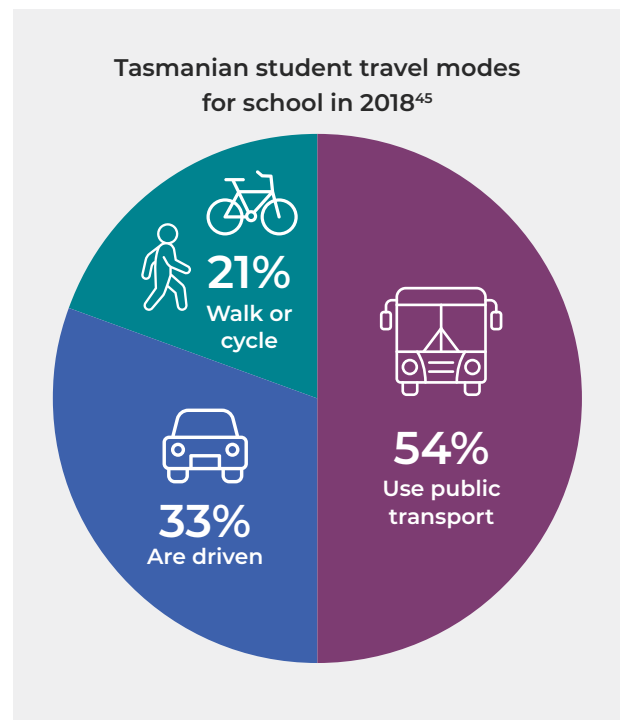
Being inactive increases the risk of a range of common and chronic conditions including heart disease, type 2 diabetes, some cancers, osteoporosis, depression, and anxiety. The number of adult Tasmanians who undertake sufficient physical activity has decreased very slightly between 2009 -2019. In 2019, 63.2% of adult Tasmanians reported sufficient physical activity, a decrease since 2016. Around half of older adults (aged 65+ years) had sufficient physical activity compared to 84% of younger people (18-24 years) (TPHS).

Physical activity in secondary students

In 2018, 22.8% of Tasmanian secondary school students aged 12-17 years met the physical activity recommendation of 60 minutes of moderate to vigorous intensity physical activity every day, with males more active than females. Physical activity

levels have remained steady since 2018 (20.6%) but had significantly increased from 13.3% in 2009-10.⁴⁵

Since 2009 the proportion of students using active transport has decreased.



Active transport

When asked about their ways of travelling 34.1% of Tasmanian adults used active transport, such as walking and cycling in 2019, a decrease since 2016 (TPHS 2019). However, in the Census, when Tasmanians were asked how they travel to work 89% drive, 4% use public transport and 5% walk and/or cycle.⁴⁶ Using active transport, including public transport, has both health and environmental benefits, such as reducing cars and pollution and increasing neighbourhood safety.

Sedentary behaviour

Sedentary behaviour can include screen time such as working or doing homework on a computer, playing video games, scrolling social media, watching TV or movies.

There are guidelines⁴⁷ for harmful levels of **sedentary** behaviour for adults and sitting for eight hours or more per day is considered high.

For one in five Tasmanian adults this is amount of sitting is typical. This has remained unchanged since 2016. For example, 40% of Tasmanians adults have jobs where they sit a lot. In 2019, 17.4% of adults spent eight hours or more sitting on weekdays. However, more than a quarter of people aged 25-34 years (26.1%) and those aged 45-54 years (25.8%) are sedentary for eight hours or more per day. (TPHS)

Screen time and young people



Guidelines⁴⁸ suggest no more than two hours of screen time per day for young people. In Tasmania, fewer young people are meeting those guidelines. This means adolescents are spending more time sitting.

In 2018, 14.4% of students reported meeting recreational screen time recommendations on school days, but only 7.8% of students met this guideline on the weekend. Female students were significantly more likely than male students to meet the recreational screen time recommendations on a school day, however no difference between sexes was observed on weekends. The proportion of students meeting recreational screen time recommendations decreased significantly for both schooldays (26.2%) and weekends (17.9%) compared to 2009-10.⁴⁹



Data gaps for the evaluation indicators for active living are highlighted in the data tables in Appendix 3.



Significant Strategic Documents

- Tasmania Statement – Working Together for the Health and Wellbeing of Tasmanians
- The Southern Tasmanian Regional Land Use Strategy (STRLUS) 2010-2035 – Regional Policies 10, 11, 13, 18 and 19

- Tasmania's Walking and Cycling for Active Transport Strategy 2011-2021
- Hobart City Deal



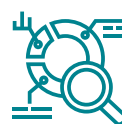
Key Stakeholders

- Tasmanian Active Living Coalition (TALC)
- Premiers Health and Wellbeing Advisory Council
- Tasmanian Public Health Research and Action Coalition
- Bicycle Network Tasmania



Key Preventive Health Activities Includes

- TALC - Works to influence and inform policies, decisions and strategies that encourage the creation of active living environments, food security, and social inclusion that benefit health and wellbeing
- TransformUs - A collaborative pilot project in Tasmanian schools to increase physical activity
- Heart Foundation Walking programs (funded partly by the Tasmanian Government)
- Women's Get Active Program - state-wide initiative to enhance health and wellbeing through involvement in physical activity and healthy eating.
- Move Well Eat Well Initiative supporting the healthy development of children and young people by promoting physical activity and healthy eating
- Communities4Walkability⁵⁰ – citizen science action research to support walking in rural towns across Tasmania.
- Health by Stealth⁵¹ research collaboration
- Family Food Patch peer education program



Data gaps for Active Living are listed in the data tables in Appendix 3.



Eating Well

Eating well reduces the risk of chronic diseases such as diabetes, heart disease and some cancers. It also improves overall physical, mental, and social wellbeing and supports healthy ageing. Many Tasmanians struggle to eat well despite the abundance of food grown and processed across the state. The Australian Dietary Guidelines⁵² makes several recommendations on eating well including enjoying fruit and vegetables and limiting foods high in sugar and saturated fat (enjoy occasionally). There have been no significant changes in vegetable consumption for adults or adolescents between 2010 -2018. (TPHS)

Adults

Around one third of daily energy (kilojoules) for adults come from discretionary foods, which should be consumed sometimes and in small amounts for good health. For adults aged 51–70 years, alcoholic drinks account for more than one-fifth (22%) of discretionary food intake.⁵⁷

Young people

Fourteen percent of students reported drinking a litre or more of sugary drinks in a usual week. Female students consumed less sugary drinks than male students. (TPHS) Compared to 2009-2010 and 2012-2013, there has been a significant decrease in the proportion of students consuming four or more cups per week of sugary drinks.⁵⁸

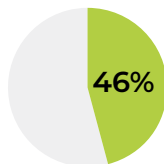
Breastfeeding

The World Health Organisation (WHO) recommends babies should be exclusively breastfed for the first six months of life for optimal growth, development, and health. Breastfeeding is associated with a reduction in overweight and obesity and protects against childhood asthma and Type I and II Diabetes.⁵⁹

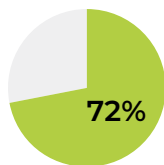


Eat 2 serves of fruit per day

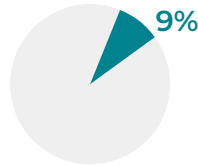
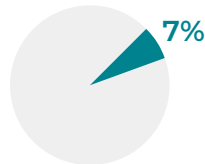
Tasmanian adults



Tasmanian young people (12-17)



Eat at least 5 serves of vegetables per day



Daily energy (kilojoules) from discretionary (junk) foods

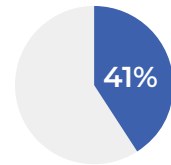
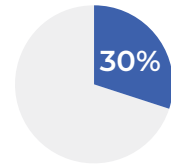


Table 6. Dietary intake highlights in adults^{53, 54} and young people^{55, 56}

The percentage of public hospital patients breastfeeding at discharge from Tasmanian hospitals in 2019 was the highest in the most recent 5 reporting years (83.7% versus 82.7%), but lower than the percentage reported for private hospital patients (90.4%).⁶⁰

Food security



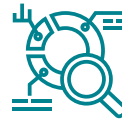
Food security refers to the ability of individuals to access healthy and culturally appropriate food for an active, healthy life. The TPHS 2019 found 6.2% of Tasmanian adults experienced food insecurity as measured by 'running out of food or money to buy food'.

Subsequent monitoring, by The Tasmania Project (TTP) during COVID 19 lockdown and recovery, found much higher levels of food insecurity. The project classified food security according to severity. The classifications are:

- Marginal food security: Worry about running out of food and/or limited food selection due to a lack of money
- Low food security: Compromise in quality and/or quantity of food due to a lack of money for food
- Very low food security: Missing meals, reducing food intake and, at extremes, going to day(s) without food.

In 2022, the TTP found 7% of Tasmanian households experienced marginal food security, 23% low food security and 20% had very low food security. While the rate of marginal food security remained stable between May 2021 and October 2022, low food insecurity had doubled, and very low food security had tripled. Food insecure participants were significantly more likely to indicate they were impacted by the rising cost of food.^{61 62} Tasmanians most at risk of ongoing food insecurity included young Tasmanians, single parent households, those with a disability, Aboriginal Tasmanians, and temporary residents. Financial stress (inadequate income to cover normal living costs) is the biggest cause of food insecurity.

Different methodologies of surveys can produce different results which demonstrates the importance of good quality, consistent monitoring data of health risk behaviours.



Data gaps for evaluation indicators for eating well are highlighted in the data tables in Appendix 3.



Significant Strategic Documents

- Tasmania Statement – Working Together for the Health and Wellbeing of Tasmanians
- Tasmanian Food Security to Food Resilience Strategy and Action Plan



Key Stakeholders

- Tasmanian Public Health Translational Research Action Coalition
- Premiers Health and Wellbeing Advisory Council
- Breastfeeding Coalition Tasmania
- Breastfeeding Jurisdictional Officer Group
- School Food Matters School Lunches Project Reference Group
- School Canteen Advisory Group
- Tasmanian Food Security Coalition



Key Preventive Health Activities Includes

- Department of Health Team funds and/or manages programs (e.g., Move Well, Eat Well), partnerships, nutrition training and resource development, coordination, and communication
- Eat Well Tasmania encourages healthy eating by Tasmanians via social media campaigns and connects the locally produced food with the community through intersectoral action
- Families Tasmania
- Family Food Patch peer education program
- School Food Matters works with Tasmanian schools to support a whole of school approach to eating well, including the School Canteen Accreditation Program
- Public Health Nutrition Research
- Menzies Institute of Medical Research focussing on iodine and school nutrition research
- School Lunches project (30 schools over 2 years)



Smoke-free Communities

Smoking refers to the use of cigarettes, e-cigarettes, and other smoking products. A Smoke-free community is a place where access to and use of tobacco products is rarely observed. Tobacco use is a major risk factor for several cancers and cardiovascular disease. Smoking remains the single greatest preventable cause of death and disease in Australia. Up to two thirds of people who smoke will die from smoking-related causes. In Tasmania, an average of 559 people die each year from smoking.

CASE STUDY 4 Smoke-free Communities – the intersection between partnerships, policy and community

The Healthy Tasmania Strategic Plan focuses on supporting actions to lead through cross-sectoral action, information sharing, capacity building and community-driven approaches.

The Tasmanian Tobacco Control Coalition (TTCC) is one of the longest-standing cross-sectoral groups advocating for health improvements in Tasmania. The TTCC brings together government and non-government stakeholders with the aim of reducing smoking across the state. Over time the TTCC has built strong partnerships leading to important progress in reducing tobacco use throughout Tasmania.

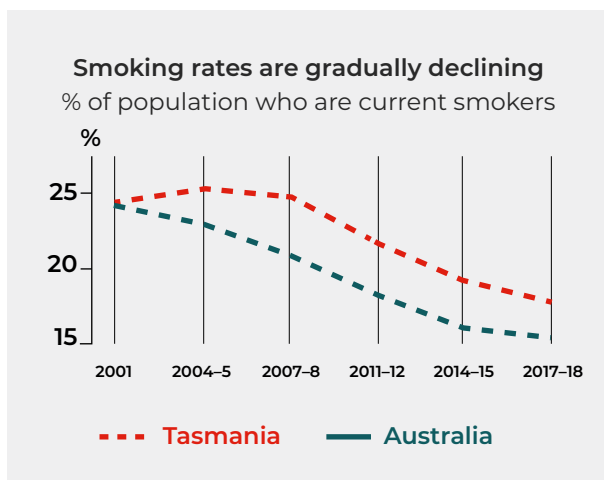
Members of the TTCC have developed and implemented projects including Makara Patapa (Stop smoking in palawa kani, the language of lutruwita). This led to several hundred clients of the Tasmania Aboriginal Centre (TAC), across Tasmania, cutting down or quitting smoking. The community driven project was a collaboration between TAC, Cancer Council's QUIT Tasmania, and the Department of Health.

Aboriginal people who smoke were provided with pathways for support, such as nicotine replacement therapy and other specialised services. Training was provided to TAC staff to start a conversation with their clients around stopping smoking.

“Smoking cessation used to be something we all knew was extremely important, but it was at the side of my desk. Now it’s everybody’s business”
(Tina Goodwin, TAC)

The Coalition recently launched the Tobacco Action Plan 2022-2026⁶³, which will provide future direction to reduce the use of tobacco and related products and its harms through partnerships and community action.

Tobacco smoking continues to contribute towards poor health and deaths in Tasmania. Smoking disproportionately impacts Tasmanians who experience disadvantage. Public health strategies (regulation, taxation, display and advertising bans, mass media QUIT campaigns, smoking cessation support and strict retail licensing) have significantly reduced smoking in Tasmania since 2007, as seen in the graph below. However, smoking remains common among adults and most people who smoke want to quit.



Graph 1. Smoking Prevalence in Tasmania⁶⁴

In recent years, the rates of smoking in Tasmanian adults have not changed. The National Health Survey (2017/2018)⁶⁵ found 17.6% of Tasmanians smoked either daily or occasionally. In 2021, ABS estimated 16.5% of Tasmanian adults smoked either daily or occasionally and 14.6% continued to smoke daily. The TPHS (2019) found daily smoking rates at 12.1%. What is important is both the National Health Survey and TPHS data show a significant decline in smoking amongst Tasmanians at a population level but differ on the overall prevalence. This is likely due to survey methodology and sample size (see methodological note in Appendix 2). Different methodologies of surveys can produce different results which demonstrates the importance of good quality, consistent monitoring data of health risk behaviours.

Smoking amongst pregnant women has also decreased but 16.7% of Tasmanian women still smoke during pregnancy with 40.7% of pregnant women under 20 years old continuing to smoke.

Smoking and young people

Cigarette smoking is becoming less common in school aged young people, 95% of students are smoke free.

Research in 2017 showed 5% of students aged 12-17 were current smokers meaning they had smoked in the last 7 days.

However, 22.6% of young Tasmanians aged 18-24 smoke and people who experience socioeconomic disadvantage are also more likely to smoke.⁶⁶

Vaping and young people

Young people who use e-cigarettes or “vape” has become more common than tobacco smoking. This is an emerging and increasingly serious public health concern. In 2017, the ASSAD survey found that 13 per cent of Tasmanians aged 12–17 years had tried e-cigarettes and 42 per cent of these had never previously smoked a tobacco cigarette.⁶⁷ However, more recent international and Australian research suggest the current rate is likely much higher. For example, in the USA in 2019, 32.7% of secondary school students are vaping increasing more than 3 times, from 13.2 % in 2017.⁶⁸ Significant increases have also occurred in young people aged 18-24 who are current users in Victoria between 2018 and 2022 (young women 2.8% to 15.2%; young men 10.9% to 19.4%).⁶⁹



Vaping in Tasmania – attitudes and beliefs of vapers

A recent online survey⁷⁰ of 578 Tasmanians aged 18 to 24 years who are ever users of e-cigarettes found 47% used their devices nearly every day and 65% also smoked cigarettes.

Non-smokers and women were more likely to report very infrequent use, e.g., once a month. Most use nicotine containing vapes.

Findings about the knowledge and beliefs about e-cigarettes from vapers varied.

~60%

of survey participants agreed/strongly agreed that e-cigarettes were:

- safer than regular cigarettes*
- helpful as a smoking cessation aid
- contain chemicals that may cause long-term health effects.

~50%

of survey participants agreed/strongly agreed with:

- law changes to restrict access to nicotine e-cigarettes to pharmacies.
- e-cigarettes having a lower cancer risk than regular cigarettes*
- regulation of e-cigarettes in public areas and e-cigarettes being a concern for public health.

*** Many of these beliefs are not consistent with the evidence around the risks of vaping.**

Electronic cigarettes, or e-cigarettes, replicate smoking behaviour without the use of tobacco. These battery-operated devices are designed to heat a liquid (which may or may not contain nicotine) to produce a vapour that is inhaled. The vapour resembles tobacco smoke. Vaping and e-cigarette products are associated with immediate harms including lung injury, other respiratory illness, and death.⁷¹ While these products are regulated a recent report has shown the risks associated with vaping include addiction; intentional and unintentional poisoning; acute

nicotine toxicity, including seizures; burns and injuries; lung injury; indoor air pollution; environmental waste and fires; dual use with cigarette smoking; and increased smoking uptake in non-smokers.⁷²



Data gaps for vaping evaluation indicators are highlighted in the data tables in Appendix 3.



Vaping is a significant emerging public health issue in Tasmania. The TPHS (2022) is asking about vaping for the first time. This important local data, along with other data from Australia will be used to inform efforts to reduce vaping in young Tasmanians.



Significant Strategic Documents

- Tasmania Statement – Working Together for the Health and Wellbeing of Tasmanians
- Tasmanian Tobacco Action Plan 2022- 2026
- Tasmanian Tobacco Control Plan Progress Report 2021
- Public Health Act 1997



Key Stakeholders

- Tasmanian Tobacco Control Coalition
- Tobacco Research and Evaluation Working Group
- Smoke Free Young People Working Group



Key Preventive Health Activities Includes

- Release of the Tobacco Action Plan 2022 – 2026
 - Development of a Tobacco Action Plan Implementation Plan
 - Development of a Tobacco Research and Evaluation Strategy
 - Development of a Tobacco Action Plan Communication Plan
- Development and implementation of a Smoking Prevention Package for Young People
- Projects supporting people from priority populations to quit smoking
 - TasCOSS – Smoke Free Communities
 - Tasmanian Aboriginal Centre – makara patapa: Stop Smoking project
 - Good Smoke Bad Smoke podcasts
 - Royal Flying Doctor Service – Smoking cessation in rural and remote Tasmania
 - University of Tasmania – Nicotine Replacement Treatment through pharmacies pilot
- Research and action to address the increasing use of e-cigarettes
- Ongoing programs and services from Quit Tasmania, including Social Marketing
- Ongoing compliance activities regarding the sale of smoking products and smoke free areas.



Reducing Alcohol Harm

Drinking alcohol at risky levels increases the risk of chronic disease, injury and premature death. It also contributes to road accidents, family violence, injuries and criminal behaviour. Factors that increase the risks of alcohol harm include easy availability of alcohol, widespread consumption of alcohol as part of many social and cultural activities, social disconnection, unstable housing and social disadvantage.



Modelling⁷³ conducted for the Department of Health Tasmania suggests that controlling the availability and price of alcohol in Tasmania is by far the most effective way to reduce alcohol-related harms, compared to scaling up existing alcohol treatment and support interventions and harm reduction programs.

Binge drinking

'Binge drinking' or 'single occasion alcohol harm', having five or more drinks in a day in the past 12 months is measured by the TPHS. The risk varies by age and gender.

Risk from single occasion alcohol harm ('binge drinking' for Tasmanian adults) – TPHS, 2019

Aged 18-24	Aged 25-34	Aged 35-44	Aged 45-54	Aged 55-64	Aged 65+	All age groups - Male	All age groups -Female
60%	59%	50.7%	42%	36%	21%	47.2%	23.5%

Table 7 shows the risk from 'binge drinking' varies across the age groups and by gender for adult Tasmanians.

Socioeconomic disadvantage was not associated with single use harm. 32.3% of adults in the most socially disadvantaged SEIFA quintile were at risk compared to 38.9% of those in the most advantaged quintile (TPHS).

Daily and regular drinking

Lifetime risk (drinking either on many occasions, or on a regular basis, for example, daily more than two drinks, over a lifetime) was measured by the TPHS 2019. The survey found 9.1% of Tasmanian adults were at risk of lifetime harm from alcohol use, unchanged from 2016. Males (28.5%) were significantly more likely to be at risk than females (10.0%). There were only minor differences across age groups. The risk of lifetime harms for Aboriginal Tasmanians (15.9%) was slightly lower than that of other Tasmanians (TPHS).

Unlike many other risk factors, alcohol consumption causing risk of lifetime harm is more likely among socioeconomically advantaged Tasmanians. 22% those in the most advantaged group are at risk of lifetime harm due to alcohol use, compared to 18.1% of those in the most disadvantaged group. (TPHS).



Data gaps for reducing alcohol harm indicators for the evaluation are highlighted in the data tables in Appendix 3.



Young people

Since 2011, there has been a reduction in risky drinking amongst Tasmanian secondary school students (16-17 years) and very low rates of risky drinking amongst 12-15-year-olds. In 2017, 11% of secondary students aged 16-17 engaged in risky drinking compared to 16.0 % in 2011. ⁷⁴

Alcohol use also impacts on hospital and emergency services and crime, including drunk driving and family violence. Alcohol related ambulance call outs increased in Tasmania between 2015 and 2021.⁷⁵ Data were not available for alcohol related hospital admissions or crimes.



Significant Strategic Documents

- Tasmania Statement – Working Together for the Health and Wellbeing of Tasmanians
- Tasmanian Drug Strategy 2023-2028 (under development)
- Reform Agenda for Alcohol and Other Drug (AOD) Sector in Tasmania
- Tasmanian Foetal Alcohol Spectrum Disorder (FASD) Action Plan (under development)



Key Stakeholders

- Mental Health, Alcohol, and Drug Directorate
- Interagency Drug Policy Committee
- Service providers (government and non-government)
- Alcohol, Tobacco, and Other Drugs Council Tasmania
- Primary Health Tasmania



Key Preventive Health Activities Includes

- Finalisation of the Tasmanian Drug Strategy 2023-2028 (currently under development)
- Development of the Tasmanian Foetal Alcohol Spectrum Disorder (FASD) Action Plan (currently under development)
- Implementation of the Reform Agenda for the AOD sector in Tasmania
- Good Sports program
- Hello Sunday Morning
- Australia Drug Foundation – local drug action teams in local communities.
- Liquor licencing regulation
- ‘Every moment matters’ campaign



Climate Change and Health

Climate change is recognised as one of the key threats to health and wellbeing. Tasmania is forecast to experience:



increased natural disasters caused by floods and bushfires



rising temperatures



changes in rainfall pattern



increased storms and inclement weather



longer fire seasons, and



more heat waves.

The consequences of environmental changes include risks to food and water security, biodiversity loss, property and community infrastructure damage, mental health challenges, and other social issues.

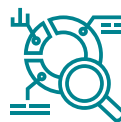
Local research shows clear links between heat and illness, through increased emergency department presentations during heat waves in Tasmania,

especially for children and older people. Analysis between 2008-2016 found that emergency department presentations in Tasmania increased by 13% for children 15 years and under, and 19% for children 5 years and under during heatwave events.⁷⁶

The 2022 Mission Australia Youth Survey of Tasmanian young people aged 15-19 found 30.9% were extremely or very concerned about climate change, higher than the national average of 25.5%.⁷⁷

Climate change and its consequences amplify existing vulnerabilities and inequalities between rural, regional, and urban areas, Indigenous and non-Indigenous peoples, between generations, income, and health status. This means the risks from climate change impacts are greater for some groups and places.⁷⁸

Costs directly attributable to climate change for households include repairs for damage, increases to costs of living due to price spikes (such as food and fuel), disruption to employment and education, communications, and energy transmission.⁷⁹



Data gaps for the evaluation indicators for Climate and Health are highlighted in the data tables in Appendix 3.



Significant Strategic Documents

- Tasmania Statement – Working Together for the Health and Wellbeing of Tasmanians
- Tasmanian Climate Change and Health Roundtable Final Report June 2020
- Climate Action 21: Tasmania's Climate Change Action Plan 2017-2021



Smoke in the Channel Region of Southern Tasmania during 2019 bushfires

- New Climate Change Act is currently being debated in the Tasmanian Parliament.
- State Sustainability Strategy (in development)



Key Stakeholders

- Public Health Translational Research Action Coalition (climate change and health focus).
- Climate and Health Alliance
- Global Green and Healthy Hospitals Initiative
- Global Climate and Health Alliance and Health and Climate Network
- Healthy Environments and Lives (HEAL Network)- National Health and medical Research Council research initiative on environmental health
- We note and acknowledge the importance of involving Aboriginal and Torres Strait Islander voices and wisdom in work addressing climate change and health.⁸⁰



Key Preventive Health Activities Includes

- Promotion of seasonal local food by Eat Well Tasmania, Move Well, Eat Well and the School Meals programs.
- Cleaner air – air quality interventions such as the AirRater App
- Research into the effectiveness of indoor air cleaners in protecting against the health impacts of air pollution (smoke from bushfires and wood heaters).
- Active transport initiatives aimed at children as part of the Move Well, Eat Well
- Tasmanian Active Living Coalition and joint projects with University of Tasmania to study ways to increase public and active transport and improve the walkability of local communities.
- Community-based projects promoting local seasonal fruit and vegetables and active
- Climate Change and Health Roundtable (2019)
- Green Health Committee – Royal Hobart Hospital



Priority Populations

Different Priority populations often experience different challenges and barriers to good health and wellbeing. The reasons are complex and go beyond individual choice and behaviours. As discussed earlier in this report, health is deeply embedded in the wider determinants of health (Diagram 1).

Priority populations are more likely to have poorer health status, however establishing a baseline is challenging for several reasons. There are often data gaps due to the small representation of priority populations in surveys. Data also frequently relies on self-identification of Indigeneity, sexual identity or culture, and it is recognised that Tasmanian health data has historically focussed on ‘negative comparison’ or deficits which may be stigmatising for at-risk populations. As a result, data may not adequately reflect the systemic factors that contribute to these differences and ultimately be detrimental to improving health outcomes.

Lower socioeconomic groups

Socioeconomic position, often measured by educational attainment, income, occupation and at an area level is closely related to health outcomes. In general, health benefits increase with socioeconomic position however, the

relationship is two-way, meaning poor health can be both a product of, and contribute to, lower socioeconomic position.

Socioeconomic disadvantage and poverty have a well-established link to health risk behaviour and poor health outcomes. Tasmanians living in the most disadvantaged places consistently report their own health as poorer than those who live in more advantaged circumstances. Similarly, socioeconomically disadvantaged Tasmanians are more likely to smoke, be obese, be less physically active, have lower health literacy and to experience high psychological distress than the most advantaged Tasmanians, putting them more at risk of chronic disease and premature death. (TPHS) The relationship between socioeconomic status and health outcomes are well entrenched. For example, even in areas where overall health gains have been made, for e.g., smoking rates, the disadvantaged continue to experience the greater risk.

While there are no current specific strategies, policies, and action plans for low socioeconomic Tasmanians, addressing equity is a lens consistently applied in the prevention effort in Tasmania. Equity was included in the previous Plan and is one of the three principles, along with empowerment and sustainability, in the new Plan. Where available data on equity is presented in the data tables in Appendix 3.

Aboriginal Tasmanians

For some priority population groups, there are specific factors which impact on health and wellbeing. The Improving Aboriginal Cultural Respect Across Tasmania’s Health System Action Plan 2020–2026 situates the health and wellbeing of Tasmanian Aboriginal people in the context of invasion, colonisation, dispossession, marginalisation, disempowerment in mainstream society and forced assimilation and the impacts of racism and intergenerational trauma.

The 2021 Census, for the first time, reported on the number and type of self-reported chronic conditions. More detailed analyses of the Census data in collaboration with the Tasmanian Aboriginal community is needed to better understand the rates of chronic disease.

In 2018, the Department of Health asked Tasmanian Aboriginal people about their experience in Tasmanian health care services. Many participants emphasised they had positive experiences. However, the top concerns were acceptance of the ongoing presence of Aboriginal people in Tasmania, data collection, visibility of Aboriginal culture, racism, complaints management and a lack of partnerships between health services and Aboriginal organisations. Their suggestions for improving cultural respect within the Tasmanian healthcare services were:

- Cultural awareness training for all staff
- Improved recording of Aboriginal identity
- More welcoming environments and cultural visibility
- Better access to Aboriginal Health Liaison Officers
- More Aboriginal health workers in mainstream services
- Better complaints management
- Improved partnerships between mainstream health services and Aboriginal organisations
- Better understanding of the role of Aboriginal Support Workers and Aboriginal Health Workers.

Significant Strategic Documents

- Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026
- Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan 2020 – 2026

Key Stakeholders

- Tasmanian Aboriginal Centre is the National



- Aboriginal Community Controlled Health Organisation (NACCHO) affiliate and Tasmanian representative on the Coalition of the Peaks for the National Agreement on Closing the Gap.
- Tasmanian Aboriginal Health Forum / Partnership Agreement – currently under review
- Tasmanian Aboriginal Health Reference Group
- Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan Steering Committee (APSC) Co-Chaired by Department of Health and Tasmanian Aboriginal Corporation. (Includes Primary Health Tasmania and Southeast Tasmanian Aboriginal Corporation, as the representative of the Tasmanian Aboriginal Health Reference Group)
- Aboriginal Affairs Interdepartmental Committee and Heads of Agency Steering Committee
- Closing the Gap – Policy Partnerships
- National Aboriginal and Torres Strait Islander Health Collaboration
- National Aboriginal Health Workforce Group



Key Preventive Health Activities Includes

- Implementation and evaluation of the Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan. Of the 29 performance measures detailed in the Action Plan, 6 are on track/progressing, another 14 report some progress, and there is no progress on the remaining nine performance measures
- Aboriginal cultural awareness learning systems which include video projects, online resources, training modules.
- National Agreement on Closing the Gap - Tasmanian Implementation plan
- Aboriginal and Torres Strait Islander Health Minister's Roundtable

LGBTIQ+

LGBTIQ+ and LGBTQA+ (lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse) are evolving acronyms and using them acknowledges and respects the diversity of bodies, genders and relationships. People express their gender and sexuality in different ways. Understanding and using the language/terminology associated with LGBTIQ+ Tasmanians helps to ensure that services, organisations and communities are inclusive and respectful. Please refer to Methodological Note 2.

Many LGBTIQ+ people live healthy and happy lives, but a disproportionate number experience poorer health outcomes compared with the broader population. These adverse health outcomes are directly related to stigma, prejudice, discrimination, and abuse experienced due to being part of diverse LGBTIQ+ communities. Intersections with other identities and experiences also impact on wellbeing and access to health care, including, racial and cultural background; age; having a disability; socioeconomic status; and geographic location.



Image Source : Tas Pride

There is a lack of systematically collected health and wellbeing data on Tasmanians who identify as LGBTIQ+. However, recent Tasmanian research suggests this population experience poorer health than other Tasmanians and are less satisfied with their health than the general population.⁸¹ In 2020, 158 Tasmanians, who identify as LGBTQA+, took part in a national health and well-being survey by LaTrobe University.⁸² While the number of survey participants is small, it revealed that they experience high rates of high or very high psychological distress and suicidal ideation.

The Mission Australia Youth Survey 2022⁸³ found 15.8% of young Tasmanians 15-19 say they are extremely concerned or very concerned about LBGTIQ+ issues.



Significant Strategic Documents

- Tasmania Statement – Working Together for the Health and Wellbeing of Tasmanians
- LGBTIQ+ Tasmanians Telling Us the Story Report 2021
- Department of Health LGBTIQ+ Reference Group Workplan
- Whole of Government LGBTIQ+ Framework and Action Plan (being finalised)
- Rethink 2020 Implementation Plan



- Sexual Orientation and Gender Identity Conversion Practices in Tasmania
- Complaints processes project within Department of Health for LGBTIQ+ community.



Key Stakeholders

- Department of Health LGBTIQ+ reference group
- Whole of Government LGBTIQ+ reference group
- Sex and Gender Reform Senior Officers Working group
- Working It Out Inc.
- LGBTIQ+ Representation on Tasmanian Consumer Health Planning Committee



Key Preventive Health Activities Includes

- LGBTIQ+ Inclusive healthcare learning resources which include Community Voices Video project, online module, discussion guide and webpage for dissemination across health services.
- Scoping an LGBTIQ+ ally/staff network
- Rethink 2020 Implementation Plan actions
- Working It Out Tasmania's sexuality and gender support and education service.
- Tasmanian Council on AIDS, Hepatitis & Related Diseases Inc works within communities to reduce discrimination, harm and the impacts of HIV and hepatitis.
- Whole of Government LGBTIQ+ reference group is finalising a new framework and action plan.
- Sex and Gender Reform working group reviewing data systems ahead of scheduling changes



Culturally and linguistically diverse (CALD)

People from CALD backgrounds can face greater challenges when navigating the health-care system than people who do not identify as CALD. Language barriers, lower health literacy, and difficulties navigating an unfamiliar system can put CALD communities at greater risk of poorer quality health care and poorer health outcomes compared with other Australians.

There are many culturally diverse populations, in Tasmania. Some groups are well established (e.g., post war emigres) whilst others are new arrivals to our state. There is a lack of data on the health and wellbeing status of the diverse cultural groups, but their health issues and needs are likely to be diverse. Culturally appropriate healthy ageing is important for established communities while those with recent experience of war, trauma, torture, and displacement require health and wellbeing interventions across the life span.



Significant Strategic Documents

- Tasmania Statement – Working Together for the Health and Wellbeing of Tasmanians
- Our Multicultural Island Action Plan 2019-2022



Key Stakeholders

- Multicultural Consultative Reference Group
- Multicultural Council of Tasmania
- Australian Red Cross – Bi-Cultural Health Program
- Migrant Resource Centre North
- Migrant Resource Centre Tasmania.



Key Preventive Health Activities Includes

- Supporting health literacy through workforce development and community support
- Online learning module providing Department of Health staff with overview of demographics and specific health needs
- Red Cross Bi-Cultural Health Program - supports health culturally informed literacy training in health settings
- Work with Department of Communities Tasmania (DCT) to promote and implement Language Services Guidelines
- Provide support to COVID-19 response through facilitation of Migrant Support Network.



Tasmanians living with a disability

The Australian Bureau of Statistics most recent survey of Disability, Ageing and Carers, Australia: Summary of Findings, reports that 26.8% of Tasmanians reported living with a disability.⁸⁴ Tasmania has the highest proportion of people who reported a need for assistance (6.8%), this is partly attributable to Tasmania's aging population.⁸⁵ In the 2021 Census, 38,023 Tasmanians said they need help with core activities.⁸⁶ People with disability may face barriers to participating in education both during primary and secondary schooling, as well as higher and vocational education. For example, according to the Census young people who need assistance with care are half as likely to be attending an educational institution than their Tasmanian peers.

The Tasmanian Government appointed an Interim Disability Commissioner in 2022.⁸⁷ The Interim Disability Commissioner will:

- Lead and drive the establishment of the Disability Commissioner role, including consultation and engagement with stakeholders
- Provide leadership, foster inclusion, and promote accessibility across Government and mainstream services



- Promote the rights of people with disability
- Consider the role within the context of the NDIS and the NDIS Quality and Safeguards Commission, and other existing positions such as the Ombudsman and the Health Complaints Commissioner
- Establish and monitor safeguarding mechanisms that address violence, abuse, neglect and exploitation of people with disability, and
- Respond to allegations of abuse, neglect and exploitation of people with disability.

This new role will provide a central point for consulting and accessing expertise for the implementation of the Plan.

Significant Strategic Documents

- Tasmania Statement – Working Together for the Health and Wellbeing of Tasmanians

- Accessible Island: Tasmania's Disability Framework for Action 2018-2021 (Accessible Island) is Tasmania's third Disability Framework for Action.



Key Stakeholders

- Tasmanian Disability Commissioner (Interim Commissioner Appointed)
- Premier's Disability Advisory Council
- Minister's Disability Consultative Group
- Primary Health Tasmania



Key Preventive Health Activities Includes

- Healthy Tasmania funded community-based programs targeting people with a disability
- Health promotion activities at the 2022 Special Olympic

Conclusion

The Healthy Tasmania research and evaluation team at Menzies anticipate this report will be a valuable resource for the Tasmanian organisations and community members committed to the government's goal of working together for the health and wellbeing of Tasmanians. The report brings together information on the key preventive health issues for Tasmania. We encourage you to share it with others.



In Tasmania we are doing well in some areas and but not others. For example, while smoking remains common in Tasmania we have made significant improvement in cigarette smoking rates since 2007, but mental health concerns are steadily increasing.

Using the *ways of working* as subheadings we present a series of considerations.

Lead to enable

In this report we have highlighted some of the success stories that come from working together, across sectors and all levels of government. This cross-sectoral action highlights the gains that can be made when we work together. This approach requires leadership and investment needs to be commensurate with the scale of the issue.

Build capacity

Ongoing and increased investment in building a skilled and empowered preventive health workforce within local government, community organisations, community volunteers and engaged businesses can support ongoing improvements across the eight focus areas.

Work across government and communities

While we know cross sectoral collaboration is needed for all the eight focus areas, for some issues there is an absence of formal or active Coalitions, or they are under resourced to sustain working together.

A commitment to this way of working and sufficient resourcing will strengthen existing Coalitions and enable them to transition from awareness raising and advocacy to action-oriented outcomes such as stakeholder and community engagement, program design, coordination, and capacity building.

Promote community decision making

The case studies shared in this report demonstrate the value of collective decision making and action.

The local government review suggests that community wellbeing will be a priority for local government, this should strengthen their capacity to be active and facilitate community input into planning and decision making.

Build, use and share evidence

There continue to be data gaps and/or issues around data accessibility for Tasmanian preventive health issues. Some of the data sources used in this report are not collected regularly which makes it difficult to capture change and trends. We know there are institutions and agencies which collect data that would be useful to inform planning, decision making and action, but accessibility remains an issue. We thank those agencies that responded to our requests for data as this is a valuable public resource that could lead to better decisions and prioritisation.

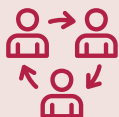
In summary the Healthy Tasmania implementation could focus on:



Improving data sharing, interpretation and sensemaking of data that empowers communities to make evidence informed decisions about local priorities in preventive health



Redesigning, new and sustained investment in areas where we have seen no change, for example the rate of overweight and obesity in our community, fruit and vegetable consumption and active living



Driving cross-sectoral collaboration from advocacy to decision making, coordination and action



Long-term consistent commitments to preventive health investment at the scale required to meet the challenges and that are responsive to emerging challenges.



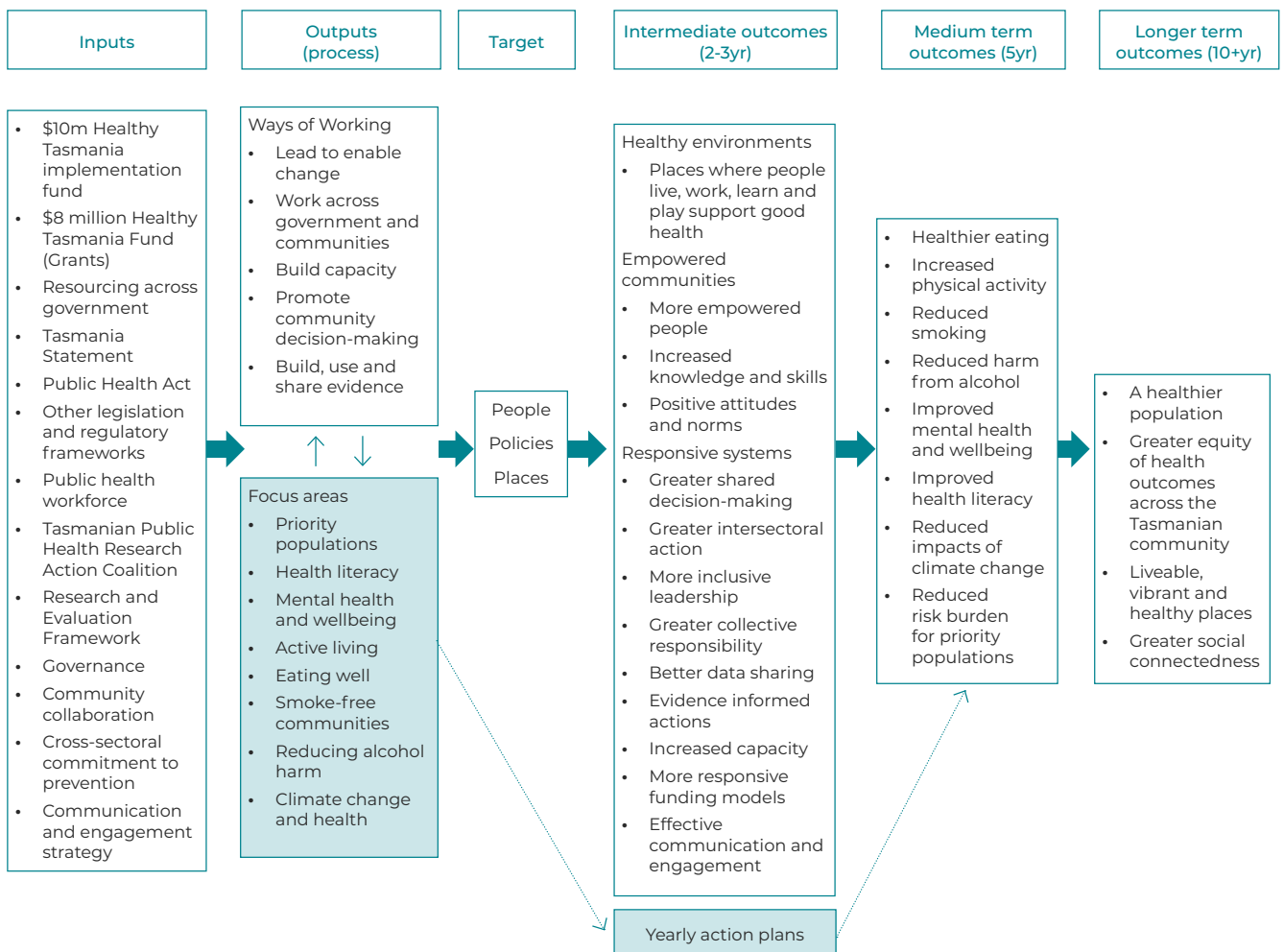
SECTION 4

Appendices

Appendix 1

Healthy Tasmania Logic Model

Pathway to a Healthy Tasmania



Assumptions

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

Appendix 2

Data Sources Information

Methodological Note 1

In survey research, sampling is the process of using a subset of a population to represent the whole population. There are two major types of sampling – probability (random) sampling and non-probability sampling where subjects are chosen according to specific criteria or may even self-select. The sample size and the sampling methodology impact on how representative the survey results are. All survey results are an *estimate* of what is happening in the population of interest. In interpreting survey data, it is important to know if that estimate is reliable.

The Confidence Interval (CI) describes the variation around an estimate. It sets the upper and lower bounds (range) of the estimate. A narrow or small confidence interval indicates that if we were to ask the same question of a different sample, we are reasonably sure we would get a similar result.

Standard error, expressed as a number, measures how much a survey estimate is likely to deviate from the actual population. Relative standard error (RSE) is the standard error expressed as a fraction of the estimate and is usually displayed as a percentage. Estimates with an RSE of 25% or greater should be used with caution. [What Is a Relative Standard Error? Definition and Formula](https://www.investopedia.com/ask/answers/040915/what-relative-standard-error.asp) (https://www.investopedia.com/ask/answers/040915/what-relative-standard-error.asp)

Within the data tables in Appendix 3, the symbol 'Λ' is used to indicate data where the CI is large or the RSE is greater than 25% in the original data analysis. This should be interpreted as 'use this data with caution'.

Methodological Note 2

LGBTIQ+ and LGBTIQA+ (lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse) are evolving acronyms and using them acknowledges and respects the diversity of bodies, genders and relationships. Understanding and using the language/terminology associated with LGBTIQA+ Tasmanians helps to ensure that services, organisations and communities are inclusive and respectful. [LGBTIQA+ glossary of common terms](https://aifs.gov.au/sites/default/files/publication-documents/22-02_rs_lgbtiqa_glossary_of_common_terms_0.pdf) (https://aifs.gov.au/sites/default/files/publication-documents/22-02_rs_lgbtiqa_glossary_of_common_terms_0.pdf)

When referring to data within this report we use the terminology 'LGBTIQ+' to reflect how the data was originally collected and reported. When referring to the gender diverse community, we use the descriptor 'LGBTIQA+' to acknowledge the increasing use of the new terminology within the Australian government, some State governments, non-government organisations and the community.

Tasmanian Population Health Survey

The Tasmanian Population Health Survey (TPHS) is a cross-sectional Computer Assisted Telephone Interviewing (CATI), survey conducted triennially since 2009. The target population is defined as all non-institutionalised Tasmanian residents aged 18 years and over. The 2019 sample included 6 300 Tasmanian adults, stratified into sub-samples of 2 100 for each of the three regions. These sub-samples are large enough for reliable regional estimates, as well as estimates of some key indicators for many local government areas.

The survey employed a dual frame approach by including a mobile phone sample (~30 per cent) to boost the sample of 18-44-year-olds, given the increase in sole mobile phone usage among younger age groups.

Overall response rate in 2019 was 52 % which was significantly lower than in 2016 (64.4 per cent). The key demographic characteristics of survey participants were generally similar to 2016, apart from a lower participation of persons aged less than 65 years. As before, survey participation was greater for females, persons aged 45 years and over, and those with higher levels of education. To make the survey results representative of the Tasmanian population, and address imbalances in age and gender when compared to the Tasmanian Estimated Resident Population June 2018, a tailored weighting methodology was used. For a full description of Survey methodology please see the Report on the Tasmanian Population Health Survey 2019.

[Report on the Tasmanian Population Health Survey 2019](https://www.health.tas.gov.au/sites/default/files/2022-05/Report_on_the_Tasmanian_Population_Health_Survey_2019.pdf) (https://www.health.tas.gov.au/sites/default/files/2022-05/Report_on_the_Tasmanian_Population_Health_Survey_2019.pdf)

National Health Literacy Survey

The Health Literacy Survey (HLS) was conducted by the ABS in 2018. The sample for the HLS was respondents aged 18 years and over who had already participated in the National Health Survey (NHS 2017-18). These respondents agreed to be contacted for further ABS surveys and had provided their contact details. The HLS was conducted from January 2018 to August 2018 with 5,790 fully responding adults.

The HLS uses the Health Literacy Questionnaire (HLQ) which was developed and extensively tested in Australia by a team led by Professor Richard Osborne in Victoria, Australia. The HLQ is a widely used multi-dimensional health literacy assessment tool for surveys, evaluation and service improvement. It collects information on how people find, understand and use health

information, and how they manage their health and interact with healthcare providers.

[National Health Survey: Health literacy](https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-health-literacy/latest-release) (https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-health-literacy/latest-release)

National Health Survey 2017-18

The 2017-18 NHS was conducted throughout Australia from July 2017 to June 2018. Previous surveys were conducted in 1989-90, 1995, 2001, 2004-05, 2007-08, 2011-12 and 2014-15.

The NHS was conducted from a sample of approximately 21,300 people in 16,400 private dwellings across Australia. Urban and rural areas in all states and territories were included, while Very Remote areas of Australia and some Aboriginal and Torres Strait Islander communities were excluded.

Within each selected dwelling, one adult (18 years and over) and one child (0-17 years) were randomly selected for inclusion in the survey. For the purposes of the NHS, a household was defined as one or more persons, at least one of whom is aged 18 years and over, usually resident in the same private dwelling. 2016 Tasmanians participated in the survey.

For full details of survey methodology please see [National Health Survey: First Results methodology](https://www.abs.gov.au/methodologies/national-health-survey-first-results-methodology/2017-18) (https://www.abs.gov.au/methodologies/national-health-survey-first-results-methodology/2017-18)

Student Wellbeing and Engagement Survey (SWES) 2021

The Student Wellbeing and Engagement Survey is an annual survey of Tasmanian state government school students from Year 4 to Year 12. It aims to provide schools and the system with wellbeing data to support improvement planning. Due to the disruptions caused by the COVID-19 pandemic, the survey was conducted in March and September in 2020 to give all students the opportunity to participate. From 2021, the survey will be conducted in August each year. The survey

collects data on young people's views about their social and emotional wellbeing, their engagement at school and their experiences outside of school.

The SWES reports wellbeing across the six domains in the Tasmanian

- Loved and Safe
- Healthy
- Material basics
- Learning
- Participating
- Positive sense of Culture and Identity

In 2021, all Tasmanian State government schools participated in the survey. 29,650 students completed the survey, a 78% response rate.

Full details of survey methodology and psychometric properties can be found at History of the WEC in the South Australian school system and psychometric properties of the WEC survey instrument (Gregory, T., & Brinkman, S. 2020)

[Annual Student Wellbeing and Engagement Survey](https://www.decyp.tas.gov.au/about-us/projects/child-student-wellbeing/student-wellbeing-survey-3/) (https://www.decyp.tas.gov.au/about-us/projects/child-student-wellbeing/student-wellbeing-survey-3/)

headspace National Youth Mental Health Survey 2020

The first National Youth Mental Health survey in 2018 surveyed 4,065 Australian youth (aged 12-25 years) using Assisted Telephone Interviewing. A quota sampling strategy was used, with quotas set according to age, gender and state/territory that ensured representation as per general population demographic spread.

In 2020 1,035 Australian youth (aged 12-25 years) participated in a phone survey. The survey was conducted when much of the country was in a stage of government enforced lockdown, or just emerging from a period of lockdown due to COVID-19.

The data has been weighted to represent the population of young people in Australia in each of the four age groups (12-14 years, 15-17 years, 18-21

years and 22-25 years), by gender and by state/territory of residence.

[Insights: youth mental health and wellbeing over time headspace National Youth Mental Health Survey 2020](https://headspace.org.au/assets/Uploads/Insights-youth-mental-health-and-wellbeing-over-time-headspace-National-Youth-Mental-Health-Survey-2020.pdf) (https://headspace.org.au/assets/Uploads/Insights-youth-mental-health-and-wellbeing-over-time-headspace-National-Youth-Mental-Health-Survey-2020.pdf)

Census 2021

The 2021 Census was held on Tuesday 10 August. Most households received instructions in the mail to complete the Census online, but some households received a paper form. Assistance was provided to people living in remote areas and people experiencing homelessness from Census staff.

More than 96 per cent of Australian dwellings completed the Census an increase from the 2016 Census. The 2021 Census counted 25.4 million respondents, an increase of over two million people or 8.6% since the 2016 Census.

The 2021 Census included the question

“Has the person been told by a doctor or nurse that they have any of these long-term health conditions?”

1. Arthritis
2. Asthma
3. Cancer (including remission)
4. Dementia (including Alzheimer's)
5. Diabetes (excluding gestational diabetes)
6. Heart disease (including heart attack or angina)
7. Stroke
8. Kidney disease
9. Lung condition (including COPD or emphysema)
10. Mental health condition (including depression or anxiety)
11. Any other long-term health condition(s)

The census also collects information on Indigenous status and ethnicity giving options for future analysis of chronic conditions for priority populations.

[Find Census data](https://www.abs.gov.au/census/find-census-data) (https://www.abs.gov.au/census/find-census-data)

National Secondary Students' Diet and Activity (NaSSDA) survey (2018)

A nationally representative sample of 9,102 secondary school students in year levels 8 to 11 (ages 12 to 17 years), from 104 schools, were surveyed in 2018. As for the two previous surveys (2009-10 and 2012-13), the sampling procedure used a stratified two stage probability design, with schools randomly selected at the first stage of sampling and classes selected within schools at the second stage.

Within each State and Territory, schools were stratified by the three education sectors (government, Catholic and independent) and randomly selected from each sector to ensure the distribution of schools by sector within each State or Territory was reflected in the sample. The Centre for Behavioural Research in Cancer (CBRC) at Cancer Council Victoria oversaw and coordinated core aspects of the survey. Fieldwork was conducted nationally by an independent data collection agency, Roy Morgan Research. Where possible, at least one class group (~25 students) was randomly selected from each of the year levels 8 to 11, using non-graded classes. Additional classes were selected where class sizes were small and/or response rates were expected to be low.

[National Secondary Students' Diet and Activity \(NaSSDA\) survey](https://www.cancer.org.au/health-professionals/research/national-secondary-students-diet-and-activity-nassda-survey) (<https://www.cancer.org.au/health-professionals/research/national-secondary-students-diet-and-activity-nassda-survey>)

Australian Secondary School Students Alcohol and Drug Survey (ASSAD) 2017

ASSAD collects information about the use of tobacco, alcohol, over-the-counter drugs, and other substance from a sample of 12-17-year-old children attending secondary school. Young Tasmanians that do not attend school are more likely to reside in lower socioeconomic status areas, live in more rural areas of Tasmania and identify as Indigenous which are characteristics known to be associated with a higher prevalence of smoking in young people. It is therefore possible that the prevalence of smoking among

the general population of young people in Tasmania is higher than reported in the school-based ASSAD survey. (Gall et al 2020)

ASSAD 2017 used a stratified two-stage probability sampling method, with schools selected at the first stage and students within schools selected at the second stage of sampling. Schools were stratified by three types of education (government, non-government and Catholic) before random sampling within each group. The number of schools approached to participate from each type of education was based on the number of students enrolled in each group (government, non-government and Catholic). Then selected schools were stratified by grade before random sampling for students. Initially 1,756 schools in 2017 were approached to participate in the survey across Australia. In 2017, 305 schools participated, representing a national response rate of 17%. Details about the number of Tasmanian schools approached in 2017 was not available. (Gall et al 2020)

ABS General Social Survey (GSS)

The General Social Survey (GSS) provides data on the social characteristics, wellbeing and social experiences of people in Australia. Its key benefit is that it provides information on the multi-dimensional nature of relative advantage and disadvantage across the population.

This survey is used by government, academics, and community organisations to help inform social policy and research for areas of social concern. The focus is on the relationships between characteristics, rather than in-depth information about a particular field. It provides data on numerous topics known to influence social outcomes, complementing specialised surveys that collect data on topics in greater depth.

GSS explores people's opportunities to participate fully in society and asks Australians how they feel about aspects of their lives. Key topics include:

- Life satisfaction
- Personal stressors
- Involvement in social, community support, and civic and political groups

- Family and community support
- Cultural tolerance and discrimination
- Trust
- Financial stress
- Voluntary work.

GSS provides data on a range of important populations of interest, including:

- people with a mental health condition
- people with a long-term health condition
- people with disability
- recent migrants and temporary residents, and other migrants
- people with different sexual orientations.

Data was collected from approximately 5,300 households around Australia. Data was not collected from people who live in very remote parts of Australia. **Data was collected in the 2020 General Social Survey over a 4-month period from 15th June to 5th September 2020 during the COVID-19 pandemic.**

Households were able to complete the survey online or via a telephone interview

The survey was previously run in 2019. Prior to that, the survey was conducted once every four years from 2002 to 2014

[General Social Survey: Summary Results, Australia](https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/latest-release) (https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/latest-release)

Australian Early Development Census (AEDC)

The AEDC is a population-based measure of how children in Australia have developed by the time they start their first year of full-time school. Teachers complete a research tool, the Australian version of the Early Development Instrument (the Instrument) for each child in their class. The Instrument measures five key areas, or domains, of early childhood development:

- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills (school-based) and

- communication skills and general knowledge
- These areas are closely linked to the predictors of adult health, education and social outcomes.

Teachers complete the Australian version of the Early Development Instrument (like a questionnaire) for children in their first year of full-time school using a secure data entry system. The Instrument is completed based on the teacher's knowledge and observations of the children in their class.

If the teacher of an Aboriginal or Torres Strait Islander child in their first year of full-time school is not of Aboriginal or Torres Strait Islander descent, it is recommended the Instrument be completed in consultation with an Aboriginal and Torres Strait Islander Cultural Consultant, where available. Aboriginal and Torres Strait Islander Cultural Consultants bring unique cultural knowledge and are well placed to support teachers with completing the Instrument because of their personal understanding of Aboriginal and Torres Strait Islander children's ways of learning and behaving.

[About the AEDC](https://www.aedc.gov.au/resources/about-the-aedc) (https://www.aedc.gov.au/resources/about-the-aedc)

Mission Australia Youth Survey 2020

The Mission Australia Youth Survey is the largest annual survey of young people. In 2020, Mission Australia conducted its 19th annual survey, receiving 25,800 responses from young people aged 15 to 19 years.

The Youth Survey 2020 was conducted between April and August 2020, with most responses in July and August, post lockdown due to COVID-19. One of the questions the Youth Survey has included since 2012 measures the levels of psychological distress experienced by young people.

The report

- describes trends in distress levels over time from 2012 to 2020.
- explores the characteristics of young people living with psychological distress,
- explores the links between psychological

- identify barriers that might prevent them from seeking help when they need it.

The Youth Survey questionnaire is conducted online or is paper based.

Since 2012, the Youth Survey has included a measure of non-specific psychological distress: the Kessler 6 (K6). The K6 is a widely used and accepted measure of non-specific psychological distress and is particularly powerful at detecting depressive and anxiety disorders. It consists of a brief, six-item scale that asks respondents how frequently in the past four weeks they have felt: 1) nervous; 2) hopeless; 3) restless or fidgety; 4) so depressed that nothing could cheer them up; 5) that everything was an effort; and 6) worthless. Based on established scoring criteria, the K6 can be used to classify Youth Survey respondents into three groups – low psychological distress (mental disorder unlikely), medium psychological distress (mental disorder possible) and high psychological distress (mental disorder very likely). Young people who scored 19 or more in the K6 were classified as having psychological distress and all those who scored 18 or below were classified as not having psychological distress.

[Mission Australia Annual Youth Survey Report 2020](https://www.missionaustralia.com.au/publications/youth-survey/1717-mission-australia-youth-survey-report-2020/file) (https://www.missionaustralia.com.au/publications/youth-survey/1717-mission-australia-youth-survey-report-2020/file)

Mission Australia Youth Survey 2022

The 2022 Youth Survey was open to young people across Australia aged 15 to 19 years. The data collection period was between 6 April and 31 August 2022. Survey participation by young people was voluntary and no survey incentives were offered to survey respondents. The survey could be completed online or by paper. Respondents were able to skip survey questions and could exit the survey at any point. Young people were engaged via schools, local governments, community and service organisations and through Mission Australia services. The survey was also promoted via social

media. Following research approval from State and Territory Education Departments and Catholic Education Offices, secondary school principals were approached via email with information about the survey and how to get involved. In 2022, 18,800 young people across Australia, aged 15 to 19 years participated in the Youth Survey. There were 621 responses from Young Tasmanians.

[Youth Survey 2022 State sub-report TAS](https://www.missionaustralia.com.au/publications/youth-survey/state-reports-2022) (https://www.missionaustralia.com.au/publications/youth-survey/state-reports-2022)

[Youth Survey Report 2022](https://www.missionaustralia.com.au/publications/youth-survey) (https://www.missionaustralia.com.au/publications/youth-survey)

The Tasmania Project (TTP) Survey

Since April 2020, the Institute for the Study of Social Change (ISC), University of Tasmania, has conducted 15 TTP surveys, during different COVID stages, including lockdown, three easing stages, borders closed, borders opening, COVID safe, borders reopening stages, and 'COVID normal'. To date ISC has collected data through eight general surveys, and seven other surveys focused on narrower and targeted topics, including on food, housing, creative and cultural industries, borders and community health, wellbeing, work, and young people's voices.

The Tasmania Project uses a volunteer sample of adult Tasmanian residents. Over time, about 4,400 Tasmanians have registered their interest to participate in TTP surveys and provided their email address. Participants were recruited using convenience sampling methods by promoting the online survey through social media. In addition, the link was disseminated through Tasmanian community groups and research mailing lists, and recipients were encouraged to share the link to facilitate snowball sampling. The survey was also promoted using media interviews.

The most recent survey (TTP8) took place in Sept-Oct 2022 with 1284 respondents.⁸⁸

[The Tasmania Project](https://www.utas.edu.au/community-and-partners/the-tasmania-project) (https://www.utas.edu.au/community-and-partners/the-tasmania-project)

Appendix 3

Data Tables Outcomes and Priority Areas

Health Conditions Data and Sources

INDICATOR	RESULT	SOURCE	COMMENTS/NOTES
A healthier population			
% Adults with ever diagnosed chronic conditions (self-report)			Trend
• Heart disease	6.5%	TPHS 2019 ⁸⁹	Stable 2009-19
• Stroke	2.3%	TPHS 2019	Stable 2009-19
• Cancer	8.4%	TPHS 2019	↑ (6.5% 2009)
• Osteoporosis	5.6%	TPHS 2019	Stable 2009-19
• Depression/anxiety	33.6%	TPHS 2019	↑ [21.4% 2009]
• Other mental health condition	6.6%	TPHS 2019	First report 2019
• Arthritis	22.0%	TPHS 2019	Stable 2009-19
• Hypertension	22.5%	TPHS 2019	↓ [25.8% 2009]
• COPD	1.9%	TPHS 2019	First report 2019
• Kidney disease	2.0%	TPHS 2019	First report 2019
• Asthma	25.0%	TPHS 2019	↑ [21.7% 2009]
• Diabetes	8.3%	TPHS 2019	↑ [5.5% 2009]
• High blood sugar	5.2%	TPHS 2019	↑ [3.8% 2009]
Selected current chronic diseases comparison self-report TPHS 2019/ABS Census 2021	TPHS 2019	Census 2021 ¹	
• Asthma	13.70%	9.70%	
• Cancer ²	2.20%	4.20%	
• Diabetes	6.70%	6.30%	
• Heart Disease	4.90%	5.60%	
• Kidney Disease	1.40%	1.40%	
• Anxiety /Depression ³	22.50%	13.30%	
% Adults in healthy weight range (self-report BMI)	40.5%	TPHS 2019	Stable 2009-2019
% Adults report health as excellent/very good/good	78.1%	TPHS 2019	Stable 2009-19
% Adults report health as fair/poor	21.7%	TPHS 2019	↑ [18.9% 2009]
% Secondary students aged 12-17 years who report their health as good or excellent	81.9%	NaSSDA 2018 ⁹⁰	No trend data
% Government school students (Year 4-12) with high wellbeing in Health domain	25.0%	SWES 2022	Stable 2019-22
% Government school students (Year 4-12) with medium wellbeing in Health domain	48.0%	SWES 2022	Stable 2019-22
% Government school students (Year 4-12) with low wellbeing in Health domain	27.0%	SWES 2022	Stable 2019-22
% Live babies with low birth weight	7.8%	COPPM 2019	↓ [8.3% 2015]


¹ subject told by a doctor or nurse that they have the condition

² census definition includes Cancer in remission

³ census definition 'mental health, including anxiety depression'

INDICATOR	RESULT	SOURCE	COMMENTS/NOTES
Greater equity of health outcomes (Priority Populations)			
% Adults with preventable chronic conditions (self-report) by			
• Aboriginal and Torres Strait Islander Status	-		No baseline data
• Socioeconomic status	-		No baseline data
• Sex and age	-		No baseline data
• LGBTIQ+	-		No baseline data
• Cultural and linguistically diverse (CALD) status	-		No baseline data
% Adults in healthy weight range by			
• Aboriginal and Torres Strait Islander Status	-		No baseline data
% Adults who are obese by socioeconomic status (SEIFA)			
• 1st (most disadvantage)	28.2%	TPHS 2019	↑ [24.5%2009]
• 2nd	35.9%	TPHS 2019	↑ [19.7%2009]
• 3rd	32.6%	TPHS 2019	↑ [20.3% 2009]
• 4th	27.4%	TPHS 2019	↑ [18.8%2009]
• 5th (least disadvantage)	20.1%	TPHS 2019	↑ [12.1% 2009]
% Adults who are in healthy weight range by sex			
• Male	37.6%	TPHS 2019	↓ [39.1% 2009]
• Female	43.2%	TPHS 2019	↓ [47.7% 2009]
% Adults who are living with overweight or obesity by sex			
• Male	61.4%	TPHS 2019	↑ [59.9% 2009]
• Female	55.6%	TPHS 2019	↑ [48.7% 2009]
% Adults who are obese by Age Group			
• 18-24	16.8%^	TPHS 2019	↑ [10.4% 2009]
• 25-34	27.7%	TPHS 2019	↑ [18.8% 2009]
• 35-44*	33.0%	TPHS 2019	↑ [21.1% 2009]
• 45-54 *	35.8%	TPHS 2019	↑ [25.7% 2009]
• 55-64	32.0%	TPHS 2019	↑ [26.0% 2009]
• 65+*	26.8%	TPHS 2019	↑ [16.7% 2009]
% Adults who are overweight by Age Group			
• 18-24	8.6%^	TPHS 2019	↓ [22.4%2009]
• 25-34	30.8%	TPHS 2019	↓ [36.7% 2009]
• 35-44	29.3%	TPHS 2019	↓ [38.4% 2009]
• 45-54	34.3%	TPHS 2019	↓ [36.6% 2009]
• 55-64	33.6%	TPHS 2019	↓ [39.8% 2009]
• 65+	37.8%	TPHS 2019	↓ [38.7% 2009]


* Use data with caution. It may be statistically unreliable and/or have a high relative standard error.

 = data gaps

Appendix 3

Data Tables Outcomes and Priority Areas

INDICATOR	RESULT	SOURCE	COMMENTS/NOTES
% Adults who are overweight by LGBTIQ+ status	-		No baseline data
% Adults who are overweight by CALD status	-		No baseline data
% Secondary students (12-17 yrs) who are overweight or obese	20%	NaSSDA 2018	No trend data
% Children (2-17 yrs) who are overweight or obese	28.7%	ABS NHS 2018	Stable 2014/15
% Adults report health as good or better by			
• Aboriginal and Torres Strait Islander Status	57.8%	TPHS 2019	Stable 2009-19
% Adults report health as excellent or very good by Socioeconomic status (SEIFA)			
• 1st (most disadvantaged)	34.3%	TPHS 2019	Stable 2009-19
• 2nd	31.0%	TPHS 2019	
• 3rd	32.2%	TPHS 2019	
• 4th	38.9%	TPHS 2019	
• 5th (least disadvantaged)	46.3%	TPHS 2019	
% Adults report health as good or better by age			Stable 2009-19
• 18-24	82.2%	TPHS 2019	
• 25-34	81.0%	TPHS 2019	
• 35-44	81.2%	TPHS 2019	
• 45-54	72.7%	TPHS 2019	
• 55-64	74.4%	TPHS 2019	
• 65+	71.8%	TPHS 2019	
% Adults report health as good or better by Sex	-		No baseline data
% Adults report health as good or better LGBTIQ+	-		No baseline data
% Adults report health as good or better (CALD) status	-		No baseline data
% Secondary students report health as good/excellent			
• Year 8	79.7%	NaSSDA 2018	No trend data
• Year 9	83.0%	NaSSDA 2018	No trend data
• Year 10	96.9%	NaSSDA 2018	No trend data
• Year 11	70.3%	NaSSDA 2018	No trend data
• Low socioeconomic quintile	76.7%	NaSSDA 2018	No trend data
• Mid socioeconomic quintile	79.8%	NaSSDA 2018	No trend data
• High socioeconomic quintile	84.8%	NaSSDA 2018	No trend data
% Tasmanian Children classified as developmentally vulnerable on two or more domains of the AEDC	11.9%	AECD 2021 ⁹¹	↑ (10.8% 2009)

 = data gaps

INDICATOR	RESULT	SOURCE	COMMENTS/NOTES
% Children classified as developmentally vulnerable on two or more domains of the AEDC by socioeconomic quintile (Australia)			
• 1st quintile (most disadvantaged)	19.1%	AECD 2021	↑ (17.7% 2009)
• 2nd quintile	13.0%	AECD 2021	Stable
• 3rd quintile	10.3%	AECD 2021	↓ (11.1% 2009)
• 4th quintile	8.6%	AECD 2021	↓ (9.5% 2009)
• 5th quintile (least disadvantaged)	6.7%	AECD 2021	↓ (7.1% 2009)
% Children Tasmanian classified as developmentally vulnerable on physical health and wellbeing	11.1%	AECD 2021	↑ (10.0% 2009)
Liveable Vibrant Places			
<i>Headline Indicator to be developed</i>			No baseline data
Greater social connectedness			
<i>Headline Indicator to be developed</i>			No baseline data
% Tasmanians aged 15+ years			
• Has undertaken unpaid voluntary work through an organisation in last 12 months	30.2% ^a	ABS GSS 2020 ⁹²	↓ (36.8% 2014)
• Has undertaken informal volunteering in last 4 weeks	32.9% ^a	ABS GSS 2020	↓ (36.3% 2019)
• Provided unpaid work/support to non-household members in last 4 weeks	51.4% ^a	ABS GSS 2020	↓ (55.5% 2019)
• Involved in Social groups in last 12 months	46.2% ^b	ABS GSS 2020	↓ (57.5 % 2014)
• Involved in Community support groups last 12 months	23.7% ^b	ABS GSS 2020	↓ (36.3% 2014)
• Involved in Civic and political groups last 12 months	7.9% ^b	ABS GSS 2020	↓ 15.3 % 2014)
• Had face to face contact with family or friends living outside the household at least once a week in last 3 months	54.2% ^c	ABS GSS 2020	↓ (59.3 % 2014)
• Had other forms of contact with family or friends living outside the household at least once a week in last 3 months	85.1% ^a	ABS GSS 2020	↓ (88.2% 2019)
• Able to get support in times of crisis from persons living outside the household	94.4% ^c	ABS GSS 2020	↓ (95.3 % 2014)
• Has family or friends living outside the household to confide in	88.4% ^a	ABS GSS 2020	↓ (94.0 % 2014)
• Feel able to have a say 'most of the time/all of the time within community on important issues	31.1% ^a	ABS GSS 2020	↓ (36.1% 2019)


^a Interpret with caution due to covid pandemic impacts^b Interpret with caution due to covid pandemic impacts, however, decline also noted 2014-2019^c Interpret with caution due to covid pandemic impacts, increase noted 2014-2019

Appendix 3

Data Tables Outcomes and Priority Areas


Priority populations Indicators Data and Sources

INDICATOR	RESULT	SOURCE	COMMENTS/NOTES
A healthier population			
% Adults with health risk factors by	Please see data and sources under each specific risk factor where available		
• Socioeconomic status			
• Aboriginal and Torres Strait islander status			
• Age			
• Sex			
• LGBTIQ+			
• CALD			No baseline data
# Government agencies/funded Community Service Organisations with policies/protocols for use of interpreters			No baseline data
National Cultural Safety performance measures are implemented			No Baseline Data
# (%) of services who routinely record Aboriginal and Torres Strait Islander status in clinical records			No Baseline Data
An equity lens is applied to all Healthy Tasmania policies and services			No Baseline data
% Priority populations who can access health care providers as needed			
• Socioeconomic status			No baseline data
• Aboriginal and Torres Strait islander status			No baseline data
• Age			No baseline data
• Sex			No baseline data
• LGBTIQ+			No baseline data
• CALD			No baseline data
Measure of Health and Community Services inclusion and responsiveness	<i>Indicator to be developed</i>		No baseline data
Measure of community diversity and inclusion	Social Inclusion Index		No baseline data
Satisfaction with services by priority population	<i>Indicator to be developed</i>		No baseline data
Measures of organisational cultural awareness	<i>Indicator to be developed</i>		No baseline data
Measures of organisational health literacy	<i>Indicator to be developed</i>		No baseline data
#/ % organisations providing CALD appropriate health information	<i>Indicator to be developed</i>		No Baseline data

 = data gaps

Health Literacy Data and Sources

INDICATOR	RESULT	SOURCE	COMMENTS/NOTES
% Organisations with a health literacy policy workforce training program			No baseline data
# Organisations working towards/using HeLLOTas accreditation			No baseline data
# Health literacy sessions conducted by HeLLOTas	16	HeLLOTas 2021-2 ⁹³	No trend data
# Attendees registered at HeLLOTas sessions	380	HeLLOTas 2021-2	No trend data
# Organisations supported to attend HeLLOTas sessions	26	HeLLOTas 2021-2	No trend data
% Tasmanians who find it easy to find good health information	82.6%	HLS 2019 ⁹⁴	No trend data
% Tasmanians understand health information well enough to know what to do	89.1%	HLS 2019	No trend data
% Tasmanians find easy to navigate the healthcare system	83.4%	HLS 2019	No trend data
% Tasmanians who felt understood and supported by health care providers	95.0%	HLS 2019	No trend data
% Tasmanians find it easy to engage with health care providers	88.3%	HLS 2019	No trend data
% Tasmanians have sufficient information to manage health	96.1%	HLS 2019	No trend data
% Tasmanians can actively manage health	90.9%	HLS 2019	No trend data
% Tasmanians had social support for health	92.5%	HLS 2019	No trend data
% Tasmanians can appraise health information	82.5%	HLS 2019	No trend data


 = data gaps

Appendix 3

Data Tables Outcomes and Priority Areas


Mental Health Data and Sources

INDICATOR	RESULT	SOURCE	COMMENTS/NOTES
Number and quality of social contacts			No baseline data
Network of friends and neighbours			No baseline data
Quality of social support network			No baseline data
Loneliness			No baseline data
% Tasmanians living in single person household	29.0%	Census 2021	Stable 2011
Measure of stigma and discrimination against people living with mental illness to be developed	<i>Indicator to be developed</i>		No baseline data
Measure of greater awareness of mental health literacy	<i>Indicator to be developed</i>		No baseline data
% Tasmanian adults who 'ever diagnosed' with depression/ anxiety	33.6%	TPHS 2019	↑ [21.4% 2009]
% Tasmanian adults report 'current' depression/anxiety	22.5%	TPHS 2019	No trend data
% Tasmanians adults with a mental health condition (including depression/anxiety)	13.3%	Census 2021	No trend data
% Young Tasmanians (15-19yrs) report high psychological distress (in previous 4 weeks)	33.6%	NYMHS 2022	No trend data
% Young people (15-19yrs) report high psychological distress (National)	26.8%	NYMHS 2020	↑ [26.8 % 20120]
% Young people (15-19yrs) who identify as non-binary report psychological distress (National)	55.7%	NYMHS 2020	↑ [45.4 % 2016]
% Young indigenous people (15-19yrs) report psychological distress (National)	34.0%	NYMHS 2020	↑ [28.4 % 2012]
% Children report depression/anxiety			
% People who identify as LGBTQIQ+ who report depression/ anxiety in previous 12 months (Australia)	39.0%	Private lives 2020 ⁹⁵	
% People who identify as LGBTQIQ+ who report generalised anxiety in previous 12 months (Australia)	33.0%	Private lives 2020	
Number of Self Harm hospitalizations per 100,000	98.8	TSR ⁹⁶	
Average # of suicides/year in Tasmania (2012-18)	72.0%	TSR	Range 61-87
Suicide rate per 100,000 population (2012-18)	16.8	TSR	
% LBGTQI+ adults who report recent suicidal ideation	48.0%	Private Lives 2020	
% Tasmanians experiencing high/very high psychological distress (Kessler10)	13.9%	TPHS 2019	↑ [10.9% 2009]

 = data gaps

INDICATOR	RESULT	SOURCE	COMMENTS/NOTES
High/very high psychological distress by Age Group			
• 18-24	33.8%	TPHS 2019	↑ [11.3% 2009]
• 25-34	26.4%	TPHS 2019	↑ [11.6% 2009]
• 35-44	17.1%	TPHS 2019	↑ [12.1% 2009]
• 45-54	17.6%	TPHS 2019	↑ [11.0% 2009]
• 55-64	11.9%	TPHS 2019	Stable 2009-19
• 65+	8.8%	TPHS 2019	Stable 2009-19
% Tasmanians with high/very high psychological distress by sex			
• Male	12.1%	TPHS 2019	↑ [8.7% 2009]
• Female	15.7%	TPHS 2019	↑ [13% 2009]
% Aboriginal and Torres Strait Islander Status report high/very high psychological distress ⁴	25.2%	TPHS 2019	Stable 2009-19
% High/very high psychological distress by SIEFA quintiles (18-64 years)			
• 1st (most disadvantaged)	15.5%	TPHS 2019	Stable 2009-19
• 2nd	15.0%	TPHS 2019	
• 3rd	13.3%	TPHS 2019	
• 4th	15.0%	TPHS 2019	
• 5th (least disadvantaged)	10.8%	TPHS 2019	
% LGBTQI+ Tasmanians report high/very high psychological	62.0%	Private Lives 2020	
Crime rates by LGA			No baseline data
% Tasmanians feel safe in public places during the day	92.0%	NSCSP ⁹⁷ 20/21	Stable 2018/19-2020/21
% Tasmanians feel safe in public places at night	57.0%	NSCSP 20/21	Stable 2018/19-2020/21
% Tasmanians feel safe home alone at night	92.0%	NSCSP 20/21	Stable 2018/19-2020/21
% Tasmanians aged 15+ years who agree most people can be trusted	60.3%	ABS GSS ⁹⁸ 2020	Stable 2014-2020
% Tasmanians who are resilient		<i>Indicator to be developed</i>	No baseline data

⁴ Statistically significant difference to non-indigenous population

 = data gaps

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Data Tables Outcomes and Priority Areas

Active Living Data and sources

INDICATOR	RESULT	SOURCE	COMMENTS/NOTES
% Adults who meet recommended PA levels (MVPA 1999 guidelines)	63.2%	TPHS 2019	↓ (68.2 % 2009)
% Adults who meet recommended PA levels by Age group			
• 18-64 (MVPA 2014 guidelines)	84.1%	TPHS 2019	↑ [81.2% 2016]
• 65+ (MPVA 1999 guidelines)	53.3%	TPHS 2019	↑ [49.3% 2009]
% with Sufficient Muscle Strengthening (MS) activity (18-64 yrs)	33.4%	TPHS 2019	↑ [29.2% 2009]
Combine MVPA and MS (18-64 yrs)	31.1%	TPHS 2019	↑ [29.0% 2009]
% Young people aged 15 to 17 years meet guidelines on PA (Australia)	10.3%	NHS 2017/8	↑ [5.5% 20014/15]
% Secondary students (12 to 17 yrs) meet MVPA national guidelines on PA	22.8%*	NaSSDA 2018	↑ [13.3% 2009/10]
# Hours/week spent by Secondary students (12 to 17 yrs) in MVPA			No baseline data
% Children under 12 years meet national guidelines on PA			No baseline data
% with Sedentary behaviour (8 hours or more sitting on weekdays)	17.4%	TPHS 2019	Stable 2016-19
Sedentary Behaviour by Age Group			
• 18-24	19.0% [^]	TPHS 2019	↓ (68.2 % 2016)
• 25-34	26.1%	TPHS 2019	↑ [25.2% 2016]
• 35-44	20.4%	TPHS 2019	↓ (24.0 % 2016)
• 45-54	25.8%	TPHS 2019	↑ [19.8% 2016]
• 55-64	18.0%	TPHS 2019	↑ [15.3% 2016]
• 65+	10.6%	TPHS 2019	↑ [7.8% 2016]
% Secondary students (12 to 17 yrs) meet recreational screentime national guidelines -school day	14.4%*	NaSSDA 2018	↓ (26.2 % 2009)
% Secondary students (12 to 17 yrs) meet recreational screentime national guidelines -weekend	7.8%*	NaSSDA 2018	↓ (17.9 % 2009)
% Adults use active transport (previous seven days)	34.1%*	TPHS 2019	↓ (41.9 % 2016)
% Adults use public transport			
% Secondary students (12 to 17 yrs) who walk or cycle to school each day	21.1%	NaSSDA 2018	↓ (27.6% 2009)
% Secondary students (12 to 17 yrs who use public transport to school each day	54.3%	NaSSDA 2018	↑ (39.6% 2009)
Tasmanians use of green spaces	<i>Indicator to be developed</i>		No baseline data
% Adults (15yrs +) participating in sport 3 x weekly	57.3%	Ausplay 2021 ⁹⁹	Stable 2017-21
% Children (0-14yrs) participating in sport 3 x weekly	14.7% [^]	Ausplay 2021	Stable 2017-21
# LGAs with active transport policy and plans			No baseline data


[^] Use data with caution. It may be statistically unreliable and/or have a high relative standard error. *Statistically significant change

= data gaps

Eating Well Data and Sources

INDICATOR	RESULT	SOURCE	COMMENTS/NOTES
% Adults meet recommended dietary guidelines			
• Fruit consumption	46.1%*	TPHS 2019	↑ [44.2% 2013]
• Vegetable consumption	7.0%*	TPHS 2019	↓ [10.9% 2009]
% Adolescents (12-17 years) meet recommended dietary guidelines			
• Fruit consumption	72.4%	NaSSDA 2018	Stable 2009-18
• Vegetable consumption	8.9%	NaSSDA 2018	Stable 2009-18
• Fruit and vegetable consumption for children under 12 years of age			
% of Adults consume sugar sweetened drinks			
• daily	10.4%	TPHS 2019	↓ [12.2% 2016]
• weekly	14.8%*	TPHS 2019	↓ [23.2% 2016]
• 6 or more cups weekly	10.3%*	TPHS 2019	↓ [13.1% 2016]
% Adults do not drink sugar sweetened drinks	74.3%	TPHS 2019	↑ [64.1% 2016]
Average daily sodium intake - Adults Australia	2,404mg	NNPAS 2011-12	No trend data
% Energy intake from discretionary foods - Adults Australia	35.0%	NHS 2011-12	No trend data
% Energy intake from discretionary foods adolescent (14-18yrs) Australia	41.0%	NHS 2011-12	No trend data
Frequency of consuming discretionary foods (adults, adolescents and children) such as sugar sweetened beverages, takeaway meals, confectionery and 'snack foods'			
% Adults # Cups of water consumed daily			
• none	3.7%	TPHS 2019	No trend data
• 8-10	11.6%	TPHS 2019	No trend data
Daily mean serves fruit (adults)	1.62*	TPHS 2019	↑ [1.59 2013]
Daily mean serves vegetables (adults)	2.29	TPHS 2019	↓ [2.54 2009]
Daily mean serves fruit secondary students (Year 8-11)	2.5	NaSSDA 2018	No trend data
Daily mean serves vegetables secondary students (Year 8-11)	2.5	NaSSDA 2018	No Trend data
% Secondary students (Year 8-11) consume 4 cups sugary drinks /week	14.1%	NaSSDA 2018	↓ [26.6% 2009]
% Secondary students (Year 8-11) eat fast-food at least 1X week	43.0%	NaSSDA 2018	No trend data
% Adults report food insecurity	6.2%	TPHS 2019	Stable 2009-18
% Adults report experiencing marginal food security	7.4%	TTP8 2022	Stable 2021-22
% Adults report experiencing low food security	23.0%	TTP8 2022	↑ [11.8% 2021]
% Adults report experiencing very low food security	20.2%	TTP8 2022	↑ [7.5% 2021]
% Tasmanian Babies exclusively breastfed till 4 months old	40.0%	CHAPS 2012	No Trend Data
% Australian Babies exclusively breastfed till 4 months old	66.0%	ABS NHS 2020/1	No State level data reported
Tasmanian organisations buy and serve more nutritious food preferably sourced from local growers and producers	<i>Indicator to be developed</i>		No baseline data
Tasmanian communities have access to local seasonal nutritious food	<i>Indicator to be developed</i>		No baseline data

*Statistically significant change

 = data gaps

Appendix 3

Data Tables Outcomes and Priority Areas

Smoke Free Communities Data and Sources

INDICATOR	RESULT	SOURCE	COMMENTS/NOTES
% Young people (12-15yrs) who smoked in past seven days	4.0%	ASSAD 2017	↓ (5% 2008)
% Young people (16-17yrs) who smoked in past seven days	8.0%	ASSAD 2017	↓ (17% 2008)
% Young people (12-15yrs) who smoked in past 12 months	10.0%	ASSAD 2017	↓ (16 % 2008)
% Young people (16-17yrs) who smoked in past 12 months	32.0%	ASSAD 2017	Stable (2014), ↓39 % 2008)
% Young people (12-17yrs) who have tried an e cigarette	13.0%	ASSAD 2017	Unpublished data
% Young people (12-17yrs) who are current vapers			No baseline data
% Adults who are current smokers (daily or at least weekly)	16.4%	NHS 2017/18	↓ [20.5% 2011/12]
% Adults who are current vapers (Australia)	2.5%	NDSHS 2019 ¹⁰⁰	↑ [1.2% 2016]
% Adults who have ever vaped ('lifetime use' Australia)	11.3%	NDSHS 2019	↑ [8.8% 2016]
% Pregnant women smoke	16.7%	COPMM 2019 ¹⁰¹	↓ [17.2% 2018]
% Pregnant women under 20 who smoke	40.7%*	COPMM 2019	↓ [50.8% 2015]
% Adults who are current smokers	12.1%*	TPHS 2019	↓ [19.8% 2009]
• 18-24	18.2% [^]	TPHS 2019	↓ [23.0% 2009]
• 25-34	19.3%	TPHS 2019	↓ [27.1% 2009]
• 35-44	15.1%*	TPHS 2019	↓ [25.7% 2009]
• 45-54	18.4%	TPHS 2019	↓ [22.9% 2009]
• 55-64	13.3%	TPHS 2019	Stable
• 65+	5.8%*	TPHS 2019	↓ [8.8% 2009]
% Adults who our current smokers by Sex			
• Male	12.3%	TPHS 2019	↓ [16.5% 2009]
• Female	11.8%	TPHS 2019	↓ [15.0% 2009]
% Adults who our current smokers SIEFA quintiles			
• 1st (most disadvantaged)	15.7%*	TPHS 2019	↓ [24.0% 2009]
• 2nd	13.5%	TPHS 2019	↓ [21.8% 2009]
• 3rd	12.7%	TPHS 2019	↓ [20.3% 2009]
• 4th	9.5%	TPHS 2019	↓ [17.4% 2009]
• 5th (least disadvantaged)	8.9%	TPHS 2019	↓ [15.7% 2009]
% Aboriginal and Torres Strait Islander adults are current smokers	26.5%	TPHS 2019	↓ [32.9% 2009]
% Adults with anxiety/depression who are current smokers	43.4%	TPHS 2019	No trend data

[^]Use data with caution. It may be statistically unreliable and/or have a high relative standard error. *Statistically significant change

= data gaps

Reducing alcohol Harm Data and Sources

INDICATOR	RESULT	SOURCE	COMMENTS/NOTES
% Tasmanians aware of National Alcohol Guidelines			No Baseline data
Alcohol use causing harm for a single occasion Adults	35.1%*	TPHS 2019	↓ [45.0% 2016]
Alcohol use causing harm for a single occasion by Sex			
• Male	47.2%	TPHS 2019	↓ [57.0% 2016]
• Female	23.5%	TPHS 2019	↓ [33.2% 2016]
Alcohol use causing harm for a single occasion by Age Group			
• 18-24	60.0%	TPHS 2019	No trend data
• 25-34	59.0%	TPHS 2019	No trend data
• 35-44	50.7%	TPHS 2019	No trend data
• 45-54	42.0%	TPHS 2019	No trend data
• 55-64	36.0%	TPHS 2019	No trend data
• 65+	21.0%	TPHS 2019	No trend data
Alcohol use causing harm for a single occasion - Aboriginal Tasmanians	37.9%	TPHS 2019	↓ [53.1% 2016]
Alcohol use risks lifetime harm	19.1%	TPHS 2019	Stable 2016-9
Alcohol use risks lifetime harm by Sex			
• Male	28.5%	TPHS2019	Stable 2016
• Female	10.0%	TPHS2019	↓ [13.3% 2016]
Alcohol use risks lifetime harm by Age Group			
• 18-24	22.9%	TPHS2019	No trend data
• 25-34	20.0%	TPHS2019	No trend data
• 35-44	26.8%	TPHS2019	No trend data
• 45-54	19.1%	TPHS2019	No trend data
• 55-64	22.5%	TPHS2019	No trend data
• 65+	14.3%	TPHS2019	No trend data
Alcohol use risks lifetime harm - Aboriginal Tasmanians	15.2%	TPHS2019	↓ [20.5% 2016]
% of secondary school students (16-17 years) engaged in risky drinking	11.0%	ASSAD	↓ [16.0% 2011]
Alcohol related ED presentations*		Hospital data	Data not available
Alcohol related family violence		PFEM	Data not available
# Alcohol related ambulance callouts 2021	834	AIHW 2022	↑ 653 (2015)
# Alcohol related hospital admissions Data requested			Data not available

*Statistically significant change


= data gaps

Appendix 3

Data Tables Outcomes and Priority Areas

Climate Change and Health Data and Sources

INDICATOR	RESULT	SOURCE	COMMENTS/NOTES
Liveability rankings by LGA	<i>Indicator to be developed</i>		No baseline data
% Population aware of links between CC and Health	<i>Indicator to be developed</i>		No baseline data
% Organisations with CC impact policy	<i>Indicator to be developed</i>		No baseline data
Media /Social media exposure	<i>Indicator to be developed</i>		No baseline data
# HT projects/activities aiming to prevent/mitigate against health impacts of climate change		HT annual reports	No baseline data
# ED presentations		Hospital data	No baseline data
# Hospitalisations due to severe weather events		Hospital Data	No baseline data
Measure of Air quality	<i>Indicator to be developed</i>		No baseline data
% Burn wood as main source of home heating	29.8%	TPHS 2019	Stable 2016-19
Public policy recognition of health impacts of action on climate change	<i>Indicator to be developed</i>		No baseline data
Sustainability of Tasmanian places	<i>Indicator to be developed</i>		No baseline data

 = data gaps

Endnotes

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- 2 [Tasmania Statement - Working Together for the Health and Wellbeing of Tasmanians](https://www.dpac.tas.gov.au/divisions/policy/premiers_health_and_wellbeing_advisory_council) (https://www.dpac.tas.gov.au/divisions/policy/premiers_health_and_wellbeing_advisory_council)
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- 7 Department of Health, 2021 Healthy Tasmania – The Next Five Years: Summary of Consultation Feedback
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- 10 [Tobacco in Australia](https://www.tobaccoinaustralia.org.au/chapter-1-prevalence) (https://www.tobaccoinaustralia.org.au/chapter-1-prevalence)
- 11 Haynes, A., Rychetnik, L., Finegood, D. et al. 2020 [Applying systems thinking to knowledge mobilisation in public health](https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-020-00600-1). (https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-020-00600-1)
- 12 [Tasmanian Food Policy Index](https://www.foodpolicyindex.org.au/tas) (https://www.foodpolicyindex.org.au/tas)

- 13 [Australian Research Alliance for Children and Youth – The Nest](https://www.aracy.org.au/the-nest-in-action) (https://www.aracy.org.au/the-nest-in-action)
- 14 [Child and Youth Wellbeing Strategy](https://www.decyp.tas.gov.au/about-us/projects/child-student-wellbeing/) (https://www.decyp.tas.gov.au/about-us/projects/child-student-wellbeing/)
- 15 [Australian Urban Observatory](https://auo.org.au) (https://auo.org.au)
- 16 [United Nations Sustainable Development Goals](https://www.un.org/sustainabledevelopment/cities/) (https://www.un.org/sustainabledevelopment/cities/)
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- 22 [NaSSDA Survey](https://www.cancer.org.au/health-professionals/research/national-secondary-students-diet-and-activity-nassda-survey) (https://www.cancer.org.au/health-professionals/research/national-secondary-students-diet-and-activity-nassda-survey)
- 23 [Annual Student Wellbeing and Engagement Survey](https://www.decyp.tas.gov.au/about-us/%20projects/child-student-wellbeing/student-wellbeing-survey-3/) (https://www.decyp.tas.gov.au/about-us/%20projects/child-student-wellbeing/student-wellbeing-survey-3/)
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