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Report on the Tasmanian Population Health Survey 2022

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This report was prepared by members of the Epidemiology Unit (Policy, Purchasing, Performance, and Reform) and the Partnership Development team (PHS).

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Key Findings

What is the TPHS and what does it aim to do?

- The Tasmanian Population Health Survey (TPHS) is conducted every 3 years.
- The data informs health and wellbeing policies and programs in Tasmania.
- Over 4 000 Tasmanian adults took part in this survey via mobile phone interview.
- New topics that we asked about were GP access, dental access, discretionary food, e-cigarette use, wellbeing, and social connectedness.

Wellbeing



reported high or very high life satisfaction.



77% reported self-rated overall health as being good, very good, or excellent.



19% reported high or very high levels of psychological distress.

↑ FROM 14% IN 2019



75% reported self-rated mental health as being good, very good, or excellent.

Nutrition

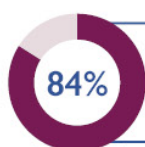


35% met fruit intake guidelines.

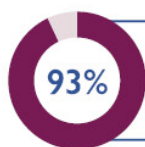
↓ FROM 46% IN 2019



6% met vegetable intake guidelines.



included 'fast food' or take away food in their diet.



included discretionary snacks in their diet.



Physical Activity



66% met targets for moderate to vigorous activity.

↓ FROM 84% IN 2019



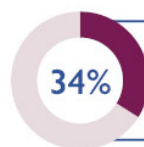
22% reported eight or more hours sitting per weekday.

↑ FROM 17% IN 2019



reported active transport being used at least weekly.

↑ FROM 34% IN 2019



reported active transport being used four or more days a week.

↑ FROM 19% IN 2019



Tobacco



15% reported current smoking.

↑ FROM 12% IN 2019



Vaping



3% reported current e-cigarette use.



Alcohol



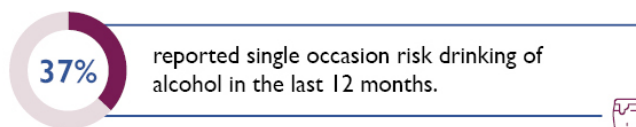
9% drank alcohol daily.



36% drank alcohol weekly.

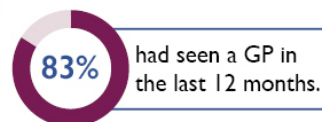


19% reported not drinking any alcohol.



● STABLE SINCE 2019

Chronic Conditions



32% reported needing to see a GP but did not go when needed within the last 12 months.



Most common conditions:

- depression or anxiety (37%),
- arthritis (23%),
- hypertension (23%), and
- asthma (22%).

Food Insecurity



9% reported severe food insecurity. Of those affected, it was a weekly occurrence for 1 in 10.

Dental Access



53% had seen a dental professional in the last 12 months.



Introduction

The Tasmanian Population Health Survey (TPHS) is a telephone survey that has been conducted in Tasmania every three years since 2009. This survey collects information about the health and wellbeing of Tasmanians. The TPHS is used by a wide range of stakeholders to inform public health policies, strategies, and programs in Tasmania. The TPHS assists in priority-setting by:

- Tracking changes in selected health and wellbeing indicators
- Monitoring the prevalence of selected chronic health conditions
- Identifying emerging public health issues
- Identifying priority issues for further research

In the TPHS 2022, questions were selected to reflect emerging public health issues in Tasmania and to continue monitoring key aspects of health and wellbeing. Several questions were removed from the TPHS 2022 to allow for emerging priorities while maintaining the target length of the survey. New questions were included in the TPHS 2022 (Appendix A), which provide information about:

- self-rated mental health and wellbeing,
- social connectedness,
- e-cigarettes (“vaping”),
- discretionary food (“snacks”), and
- access to General Practitioner (GP) and dental services.

This report presents the results from the TPHS 2022. Results are presented by sex, age group, region, and Aboriginal and Torres Strait Islander status. The Index of Relative Socioeconomic Disadvantage (IRSD) has been selectively applied to analyse indicators on a socioeconomic spectrum from most disadvantage to least disadvantage. We have used IRSD scores at the Local Government Area (LGA) level for the TPHS. Where possible, comparisons to previous TPHS results have been included to monitor trends and emerging issues in health and wellbeing in Tasmania.

The results are presented in three sections aligning with the following broad health domains:

Wellbeing – Describes how Tasmanians perceive themselves and their life. It includes self-reported measures of health, mental health, wellbeing, social connectedness, and food and financial security.

Health Behaviours – Describes the behaviours of Tasmanians which can impact their health, including physical activity, nutrition, smoking, alcohol consumption, and oral health.

Physical and Mental Health – Describes the prevalence of selected diagnosed health conditions including chronic diseases, obesity, and mental health conditions, and access to GP services.

A description of the survey methodology and data analysis is in Appendix A. Abbreviations, a glossary, and the 2022 questionnaire are provided in Appendices B-D. Complete results of the survey are available to download at www.health.tas.gov.au/tphsreport.

Data Collection and Analysis

The TPHS 2022 collected data from a representative sample of the Tasmanian population by computer assisted telephone interviewing (CATI). To take part, respondents needed to be non-institutionalised, English-speaking Tasmanian residents aged 18 years and over.

To ensure there was a representative sample from each Local Government Area (LGA), quotas were set for each LGA. This allowed the development of more reliable estimates for data at the local level, or “small area estimates”. These data will be presented separately to this report.

Interviewing took place between September and November 2022. Each TPHS is conducted at the same time of year to reduce the impact of seasonality on the comparability of results. The average interview length was 22 minutes, which is a small decrease compared with 2019.

The TPHS 2022 exclusively used mobile phone numbers for recruitment and interview. This was a change from the 2016 and 2019 TPHS methodologies which used a dual frame approach including both landline (70%) and mobile (30%) numbers. This change has improved the age structure of TPHS respondents overall to align more closely with the estimated resident population of Tasmania.

Over time the response rate for TPHS has consistently decreased. The response rate reduced from 52 per cent in 2019 to 29 per cent in 2022.

Once the surveys were completed, weighting was applied to the data so they better represent the whole Tasmanian population, rather than only those who participated. This process is discussed in detail in the Survey Methodology (Appendix A). The data presented in the main body of this report are the *weighted* data. Due to the effect of age on some questions about health and wellbeing, age standardisation has previously been applied to outcomes related to health conditions, body mass index (BMI), and self-assessed health. This was repeated in 2022 to allow comparison between surveys.

Where comparisons between proportions of responses or indicators over time has been made, a statistically significant difference was defined as the absence of an overlap between the two 95 per cent confidence intervals (95% CI). For this report, the use of the words “increase”, “decrease”, “more likely”, “less likely”, and “significant” indicate statistical significance. The decision was made to exclude presentation of 95% CI from the main body of the report in 2022 to improve the accessibility of information. Confidence intervals are presented for TPHS 2022 results in the Supplementary Data file available to download from www.health.tas.gov.au/tphsreport.

The relative standard error (RSE) is a measure of an estimate’s reliability. A large percentage RSE in a population survey indicates a result may be affected by sampling variability and may not be reliable. In the TPHS 2022, estimates with a RSE greater than 25 per cent but less than 50 per cent are marked with an asterisk and should be interpreted with caution. Estimates with a RSE greater than 50 per cent are represented by *np* (not published) and the value has been withheld.

Data presented in tables in the body of this report may not add to 100 per cent across responses. This is because respondents may have answered a question with “I don’t know”, or not answered the question. Information on data completeness may be requested. Additionally, unless otherwise specified, respondents could only select one answer per question, and are only represented within this chosen category in any figures or tables. Data provided in tables have been rounded to the nearest whole number. For combined categories, the raw data were added and then rounded to the nearest whole number. The full dataset is available for download in the supplementary data file.

Finally, within each section, data relating to Aboriginal and Torres Strait Islander people are now reported separately. Separate presentation of information in this way allows rapid identification of content specifically related to Aboriginal and Torres Strait Islanders. Where a graphic or table has an

axis label of 'Proportion of Aboriginal Tasmanians (%)' this includes all people who answered that they are Aboriginal or Torres Strait Islanders.

Survey Respondents

In total, 4 061 Tasmanian adults were interviewed for the TPHS 2022. The primary demographic characteristics were similar to 2019.

As for previous surveys, participation was greatest among females, people aged 45 years and over, and those with higher levels of education.

There were 14 individuals who identified themselves as neither male nor female. Due to the small sample size, data from these individuals were excluded for analyses by sex.

The following table summarises some of the key characteristics of the Tasmanians who were interviewed for the TPHS 2022.

Variable	Male, n (%)	Female, n (%)	Total, n (%)
Aboriginal and Torres Strait Islander	76 (4)	101 (5)	179 (4)
Age			
18-24	166 (9)	142 (6)	311 (8)
25-34	230 (13)	287 (13)	524 (13)
35-34	207 (12)	289 (13)	499 (12)
45-54	235 (13)	346 (15)	581 (14)
55-64	340 (19)	415 (19)	758 (19)
Over 65	621 (34)	759 (34)	1 388 (34)
Region			
North	495 (28)	618 (28)	1 118 (28)
North-West	344 (19)	469 (21)	821 (20)
South	960 (53)	1 151 (51)	2 122 (52)
Household Income (Annual)			
< \$10 000	29 (2)	18 (1)	47 (1)
\$10 000 - \$49 999	509 (28)	709 (32)	1 226 (30)
\$50 000 - \$99 999	548 (30)	637 (28)	1 185 (29)
\$100 000 or more	519 (29)	553 (25)	1 072 (26)
Employment Status			
Employed for wages	754 (42)	946 (42)	1 707 (42)
Self-employed	236 (13)	156 (7)	393 (10)
Home duties	21 (1)	151 (7)	174 (4)
Student	38 (2)	53 (2)	94 (2)
Unable to work	82 (5)	107 (5)	192 (5)
Unemployed	85 (5)	80 (4)	168 (4)
Retired	575 (32)	729 (33)	1 307 (32)
All Respondents	1 799 (44)	2 238 (55)	4 061 (100) *

* Note: 'All respondents' row does not add to 100% due to excluded data as described above.

Wellbeing

Wellbeing is a measure that tells us how people perceive their quality of life. Wellbeing is strongly connected to factors such as physical and psychological health, social connectedness, a sense of meaning and purpose, economic security, and the surrounding environment.⁽¹⁻³⁾ In Australia, researchers have previously measured these aspects of wellbeing by asking people about their self-assessed health, self-assessed psychological distress, rating of life satisfaction, contact with family and friends, income and financial hardship, and amount of 'leisure' time per week.^(1,2)

In the TPHS we previously asked Tasmanians to rate their own physical health, asked questions to estimate psychological distress, described how often they ran out of food and could not afford to buy more, and determined whether they could raise emergency funds if required (as a proxy for financial security). In the TPHS 2022, we also asked Tasmanians to rate their overall life satisfaction, rate their own mental health, and describe their social connections to family, friends, and community groups. These additions to the TPHS assist in giving a broader overview of the wellbeing of Tasmanians.

Life Satisfaction

Many factors influence a person's level of satisfaction with their life and their perception can change over time. This is the first time a life satisfaction question was included in the TPHS. We asked Tasmanians to rate their life satisfaction between zero and 10. Responses were then categorised into low, medium, high, or very high levels of life satisfaction (Box 1).⁽⁴⁾

In 2022, 32 per cent of Tasmanians reported very high levels of life satisfaction and almost half (48%) reported high levels of life satisfaction. Only six per cent of Tasmanians reported a low level of life satisfaction (Figure 1).



Figure 1. Self-assessed level of overall life satisfaction for Tasmanians adults in 2022

We asked: *On a scale of 0 to 10, in general how satisfied are you with your life overall?*

*0 = not at all satisfied
10 = completely satisfied*

Box 1: Grouping of life satisfaction responses

Scale Response	Category
0 to 4	Low
5 to 6	Medium
7 to 8	High
9 to 10	Very high

Older Tasmanians were more likely to give a higher life satisfaction rating compared with younger age groups, with 87 per cent of people aged over 65 years rating their life satisfaction as high or very high compared to 70 per cent of adults aged 18 to 24 years (Table 1).

Table 1. Self-assessed level of overall life satisfaction for Tasmanian adults in 2022, by sex and region

Characteristic	Low (%)	Medium (%)	High (%)	Very high (%)
Sex				
Female	5	14	48	32
Male	6	13	48	32
Region				
North	5	13	49	33
North West	7	14	43	36
South	6	13	50	30
Age (years)				
18-24	9	20	53	17
25-34	6	15	52	26
35-44	6	15	56	24
45-54	7	14	47	32
55-64	5	13	44	36
Over 65	4	9	43	44
TAS	6	13	48	32

Around two in every three Aboriginal and Torres Strait Islanders (64%) rated their life satisfaction as high or very high (Figure 2). Fourteen per cent of Aboriginal and Torres Strait Islanders rated their life satisfaction as low.

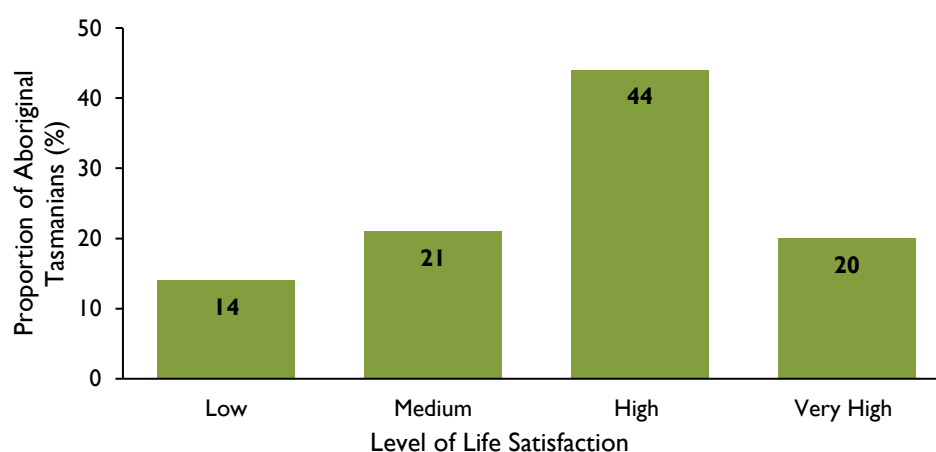


Figure 2. Self-assessed level of overall life satisfaction for Aboriginal and Torres Strait Islander Tasmanians in 2022

Self-Assessed Health

Self-assessed health is a measure of a person's perception of their health. Most people consider their health to be influenced by physical, mental, social, cultural, and spiritual factors.^(5,6) Self-assessed health status can provide insight into a population's overall health.

We asked: *In general, would you say your health is...?*

- Excellent
- Good
- Poor
- Very good
- Fair

In 2022, 38 per cent of Tasmanians reported their health as either very good or excellent. Around one in four Tasmanians (23%) reported their health as being either fair or poor. Ratings of self-assessed health in 2022 were similar to 2016 (Figure 3).

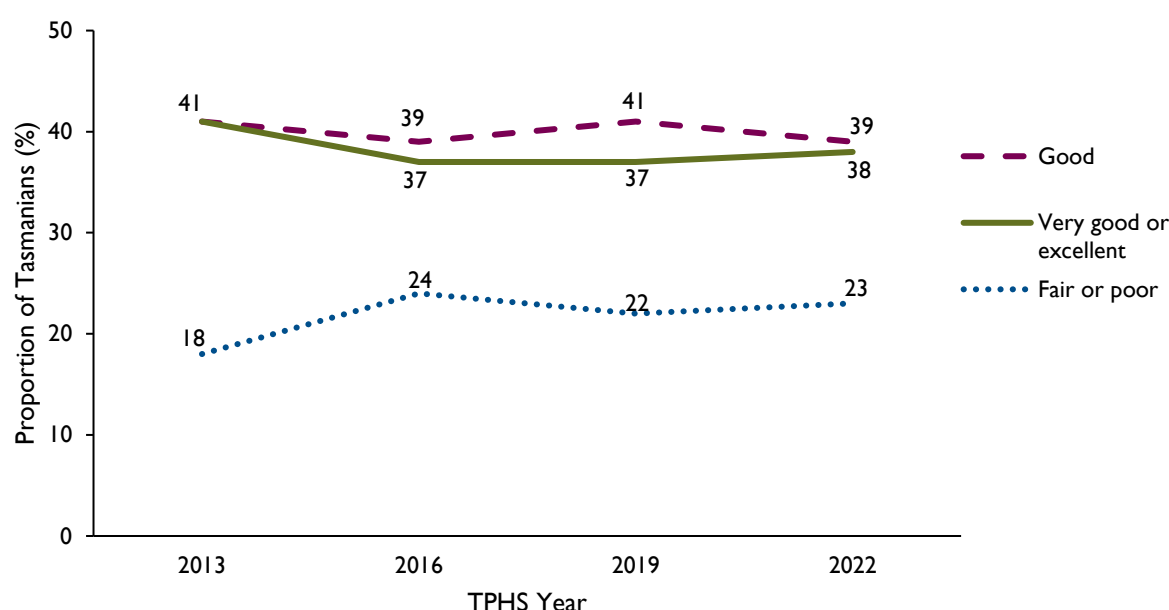


Figure 3. Self-assessed health for Tasmanian adults, 2013 to 2022
(age standardised to ABS 2001 population)

There was no significant difference by sex or between regions in the proportion of people who reported having very good or excellent health (Table 2).

Older people were more likely to rate their health as fair or poor with 29 per cent of people over the age of 65 years reporting having fair or poor health, compared to 18 per cent of Tasmanians aged 18 to 24 years (Table 2). This is consistent with previous TPHS findings. The age group with the highest proportion who reported very good or excellent health was those aged 25 to 34 years at 41 per cent (Table 2).

Table 2. Self-assessed health for Tasmanian adults in 2022, by sex, region, and age (age standardised to ABS 2001 population)

Characteristic	Fair or poor (%)	Good (%)	Very good or excellent (%)
Sex			
Female	24	38	38
Male	25	38	37
Region			
North	26	39	35
North West	28	35	36
South	22	38	39
Age (years)			
18-24	18	46	36
25-34	20	39	41
35-44	23	43	35
45-54	25	34	40
55-64	28	34	38
Over 65	29	35	36
TAS	23	39	38

Aboriginal and Torres Strait Islanders were most likely to rate their health as good (46%, Figure 4). Around one in three Aboriginal and Torres Strait Islanders (36%) reported their health as fair or poor.

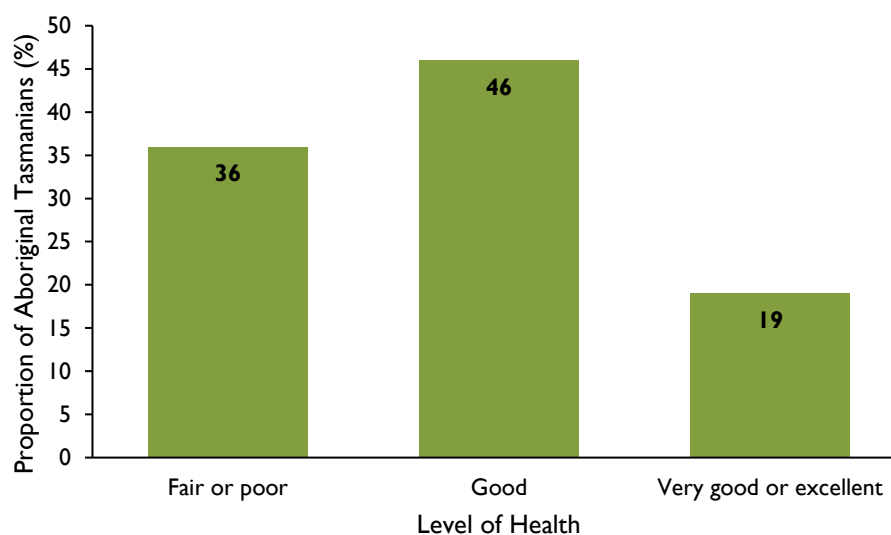


Figure 4. Self-assessed health of Aboriginal and Torres Strait Islander Tasmanians in 2022 (age standardised to ABS 2001 population)

Mental Health

Self-assessed Mental Health

Self-assessed mental health measures a person's perception of their mental health status. It is increasingly recognised as related to self-assessed health and wellbeing, rather than as a proxy for mental illness.^(7,8) Measuring self-assessed mental health provides a better understanding of population mental and social wellbeing. This is the first time we have asked this question in the TPHS.

In 2022, 41 per cent of Tasmanians said their mental health was very good or excellent and one in four (25%) rated their mental health as fair or poor (Figure 5).

We asked: *In general, would you say your mental health is...?*

- ☐ Excellent
- ☐ Good
- ☐ Poor
- ☐ Very good
- ☐ Fair

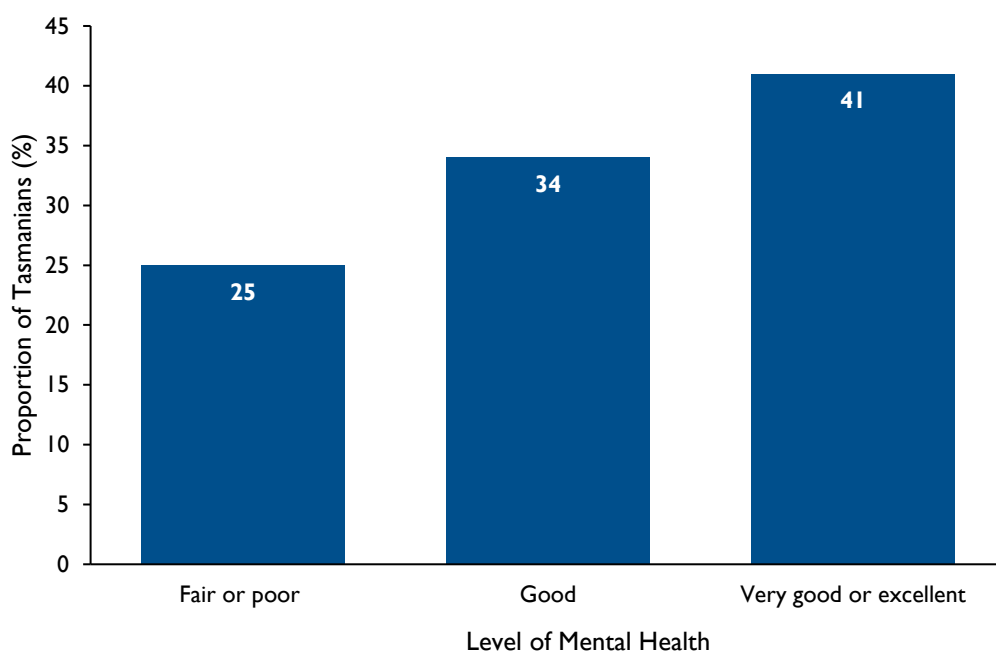


Figure 5. Self-assessed level of mental health for Tasmanian adults in 2022 (age standardised to ABS 2001 population)

There were significant differences across age groups in self-reported mental health. Twenty-nine per cent of people aged 18 to 24 years reported their mental health as very good or excellent (Table 3). This increased with age, to over half of people aged over 65 years (55%) reporting very good or excellent mental health. Twelve per cent of people over 65 years reported their mental health as fair or poor, compared to 34 per cent of people aged 18 to 24 years.

Table 3. Self-assessed mental health for Tasmanian adults in 2022, by sex, region, and age (age standardised to ABS 2001 population)

Characteristic	Fair or poor (%)	Good (%)	Very good or excellent (%)
Sex			
Female	26	34	40
Male	23	34	42
Region			
North	26	35	39
North West	23	32	45
South	25	34	40
Age (years)			
18-24	34	37	29
25-34	30	32	38
35-44	26	37	37
45-54	23	34	43
55-64	21	32	47
Over 65	12	32	55
TAS	25	34	41

Just over one in five Aboriginal and Torres Strait Islanders (22%) assessed their mental health as excellent or very good (Figure 6). However, nearly half of people (46%) gave a fair or poor rating for their mental health.

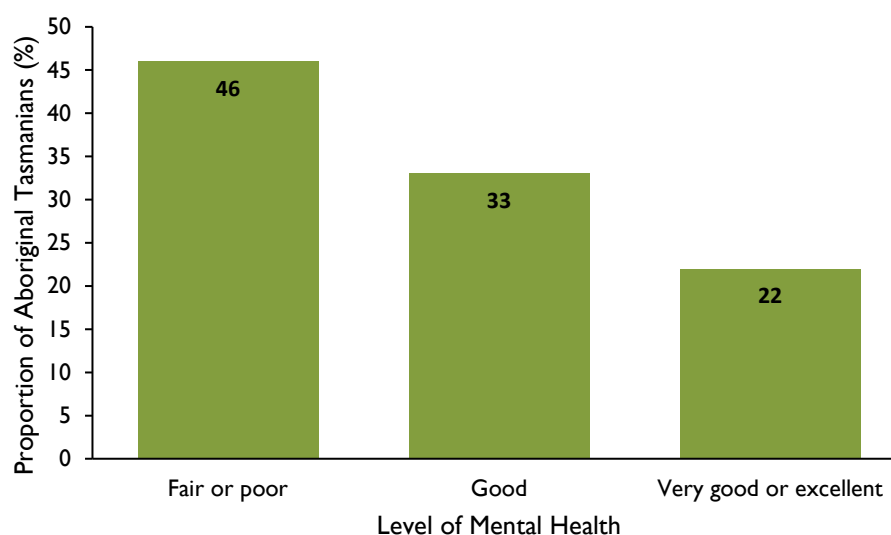


Figure 6. Self-assessed mental health of Aboriginal and Torres Strait Islander Tasmanians, 2022 (age standardised to ABS 2001 population)

Psychological Distress

The Kessler 10 Psychological Distress Scale (K10) is used to assess psychological distress. The K10 is a validated screening tool which detects symptoms of psychological distress and produces an overall score. Overall scores were categorised into low, moderate, high, or very high (Box 2).⁽⁹⁾

Levels of high or very high psychological distress have increased since 2013 (Figure 7). Almost one in five Tasmanians (19%) in 2022

reported having high or very high levels of psychological distress. This has increased from 14 per cent in 2019. Reasons for this increase in distress were not explored, however, this survey was completed during the COVID-19 pandemic which was associated with a range of health, social, and economic impacts.

More female Tasmanians reported high or very high levels of psychological distress than males (Figure 7). This is consistent with previous survey results.

Box 2: Adaptation of K10 assessment for TPHS – questions, response frames, and scoring			
In the last 4 weeks, how often did you feel...?	Response	Score	Category
✓ Tired for no reason	Always	10-15	Low
✓ Nervous	Mostly	16-21	Moderate
✓ So nervous that nothing could calm you down	Sometimes	22-29	High
✓ Hopeless	A little	30-50	Very high
✓ Restless or fidgety	Never		
✓ So restless that you could not sit still			
✓ Depressed			
✓ Everything was an effort			
✓ So sad that nothing could cheer you up			
✓ Worthless			

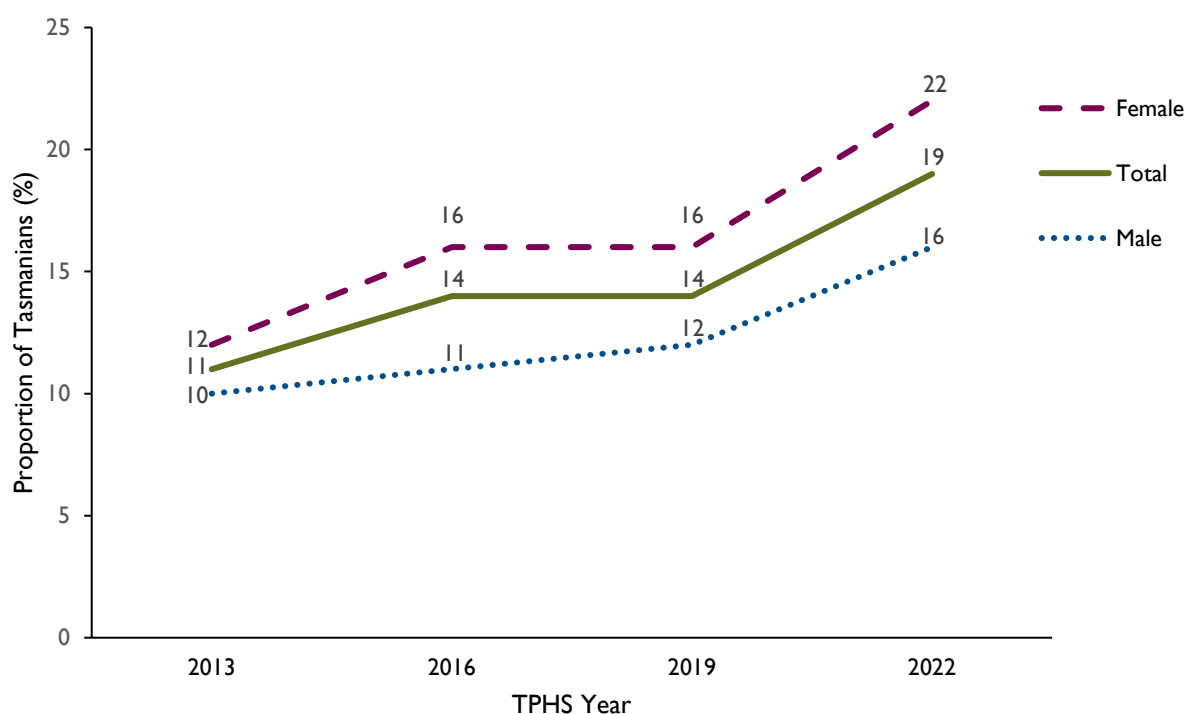


Figure 7. High or very high levels of psychological distress in Tasmanian adults from 2013 to 2022, by sex

The proportion of people experiencing high or very high levels of psychological distress in 2022 was similar between regions (Figure 8). Tasmanians living in the North West experienced a significant increase in psychological distress between 2019 and 2022, doubling from 10 to 20 per cent.

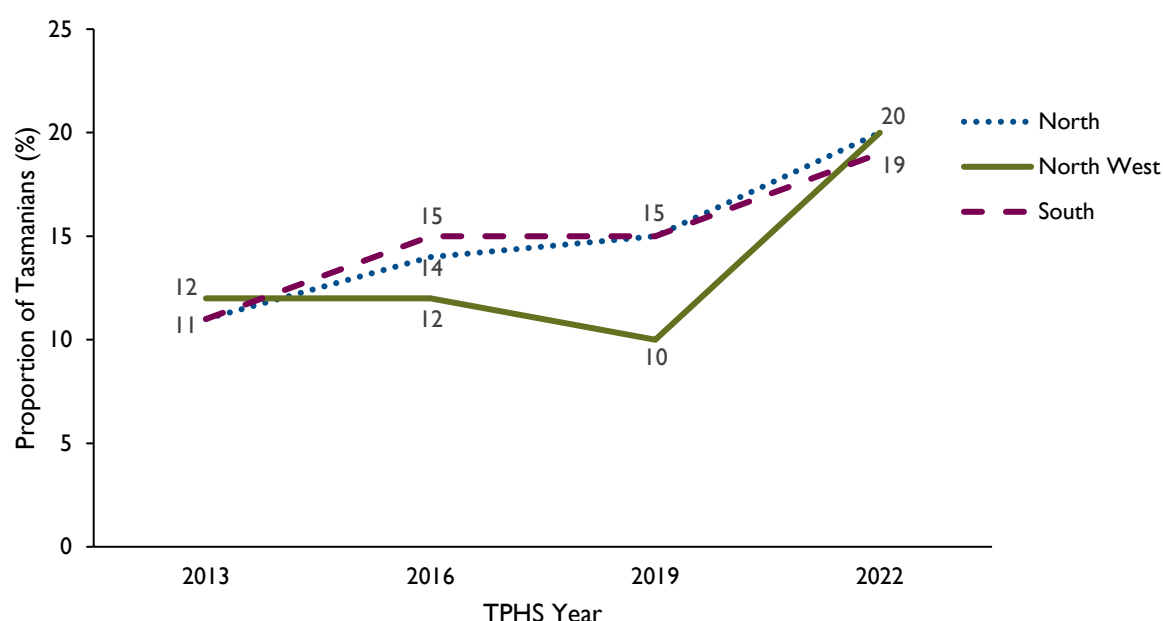


Figure 8. High or very high levels of psychological distress in Tasmanian adults from 2013 to 2022, by region

In 2022, there were higher proportions of people in younger age groups reporting high or very high levels of psychological distress, and lower proportions in older age groups (Table 4). For 2022, the highest proportion was seen in those aged 18 to 24 years. One in three people (35%) in this age group reported high or very high levels of psychological distress.

Since 2013 the largest overall increases in the proportion of Tasmanians reporting high or very high levels of psychological distress occurred across the three youngest age groups (Table 4). Since 2019, the largest increase in high or very high psychological distress was for those aged 35 to 44 years.

Across all IRSD quintiles there has been an increase in the proportion of people reporting high or very high levels of psychological distress since 2013 (Table 4). Tasmanians residing in areas with the most socioeconomic disadvantage continued to be more likely to experience high or very high levels of psychological distress than those in areas with the least socioeconomic disadvantage.

Table 4. High or very high levels of psychological distress in Tasmanian adults from 2013 to 2022, by age and LGA-based IRSD

Characteristic	2013 (%)	2016 (%)	2019 (%)	2022 (%)
Age (years)				
18-24	17	22	34	35
25-34	11	15	26	28
35-44	12	14	17	22
45-54	13	15	18	16
55-64	11	12	12	15
Over 65	7	8	9	10
IRSD Quintile				
1 st (most disadvantage)	16	16	16	25
2 nd	11	15	15	23
3 rd	12	11	13	21
4 th	10	12	15	16
5 th (least disadvantage)	8	15	11	17
TAS	11	14	14	19

Aboriginal and Torres Strait Islanders experienced an increase in high or very high levels of psychological distress over time (Figure 9). One in four Aboriginal and Torres Strait Islanders (25%) reported high or very high levels of psychological distress in 2019. In 2022 this increased to 40 per cent of people, although it was not statistically significant compared to 2019.

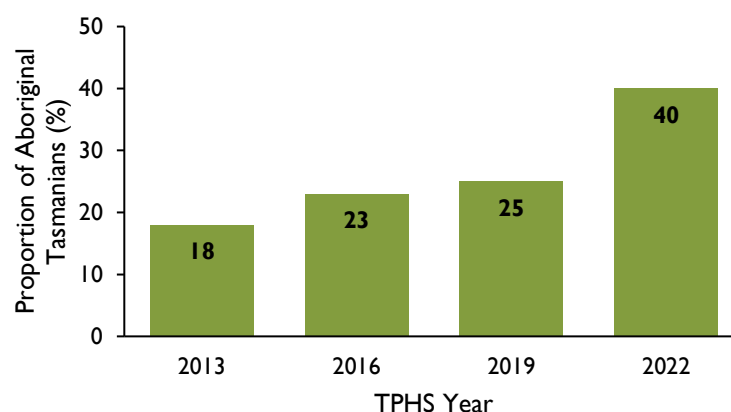


Figure 9. High or very high levels of psychological distress in Aboriginal and Torres Strait Islander Tasmanians, 2013 to 2022

Social Connectedness

Social connectedness is about the relationships people have to each other and to communities. It is often described as feeling a sense of belonging. There are many ways to measure social connectedness.

This is the first time the TPHS has asked questions on social connectedness since 2013. Although similar questions to 2013 were used in 2022, the changes made to them mean direct comparison is not possible. The TPHS 2022 focussed on reciprocal assistance and involvement in community groups.

We asked: *Can you get help from family members, neighbours, or friends when you need it?*

- ☐ No, not at all
- ☐ Not often
- ☐ Sometimes
- ☐ Yes, definitely

Reciprocal Assistance

Reciprocal assistance is the ability to get help from family, friends, and neighbours when needed. Being able to get help when needed provides a sense of security that is not reliant on government or other social services.

Most Tasmanians could get help from family, friends, or neighbours when they need it. Two in three Tasmanians (69%) reported they could definitely get help when needed (Figure 10). A further 17 per cent said they could sometimes get help when needed.

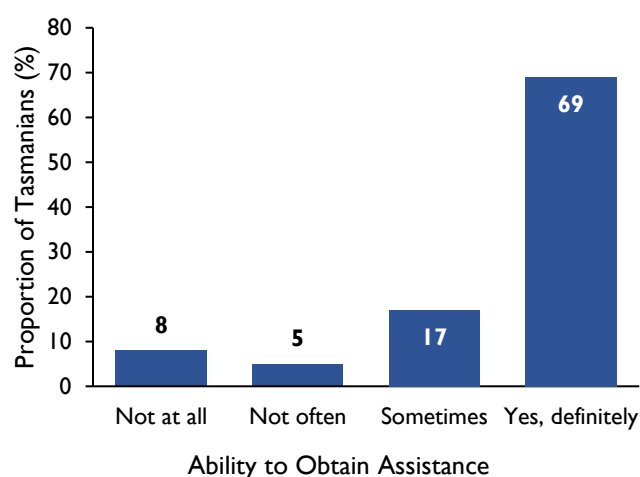


Figure 10. Ability of Tasmanian adults to obtain assistance from family members, neighbours, or friends when needed, 2022

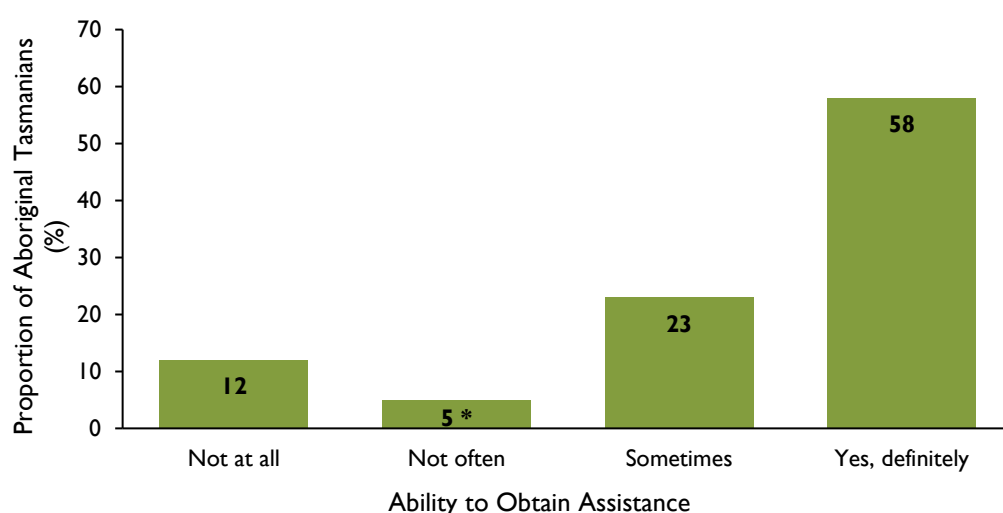
Three in four Tasmanians (74%) aged 18 to 24 years said they could definitely get help when they needed it (Table 5). Two in three people (67%) aged over 65 years reported they could definitely get help when they needed and 11 per cent said they would not be able to.

Table 5. Ability of Tasmanian adults to obtain assistance from family members, neighbours, or friends when needed in 2022, by sex, region, and age

Characteristic	Not at all (%)	Not often (%)	Sometimes (%)	Yes, definitely (%)
Sex				
Female	8	5	15	71
Male	8	6	18	68
Region				
North	8	5	16	70
North West	7	5	19	69
South	9	6	16	69
Age (years)				
18-24	3*	6	18	74
25-34	6	6	18	70
35-44	6	7	18	69
45-54	10	5	14	71
55-64	9	5	17	69
Over 65	11	5	16	67
TAS	8	5	17	69

* Relative standard error (RSE) greater than 25, use with caution

Over half of Aboriginal and Torres Strait Islanders (58%) reported they could definitely get help when needed (Figure 11). Around one in ten people (12%) said they would not be able to get help when they needed it.



* Relative standard error (RSE) greater than 25, use with caution

Figure 11. Ability of Aboriginal and Torres Strait Islander Tasmanians to obtain assistance from family members, neighbours, or friends when needed, 2022

Involvement in Community Groups

Involvement in community groups helps to build social connections and is associated with lower levels of loneliness and greater wellbeing.⁽¹⁰⁾

Of all the groups we asked about, people were most likely to be involved with online groups or communities (23%) and sports groups (22%, Figure 12). A further 23 per cent of Tasmanians indicated they were part of another group or community that we had not asked about. Forty-one per cent of people were not involved in any community group.

We asked: Are you involved in...?
(Yes/no)

- ✓ Sports group
- ✓ Faith-based group
- ✓ School-related group
- ✓ Online group or community
- ✓ Music, arts, or theatre group
- ✓ Professional group or academic society
- ✓ Any other group or community

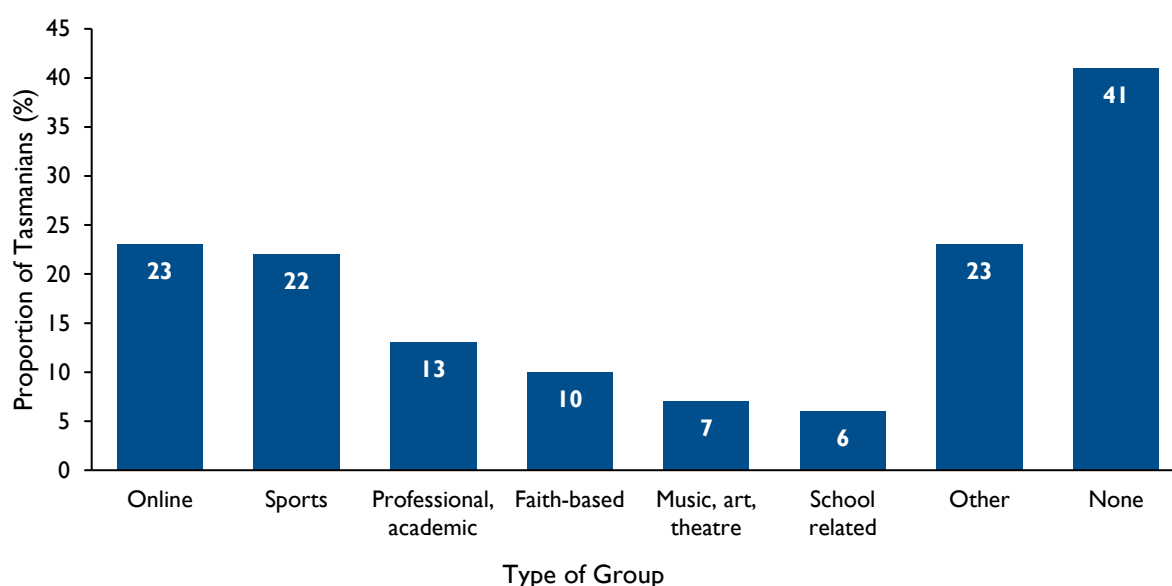


Figure 12. Participation in selected types of community groups for Tasmanian adults, 2022

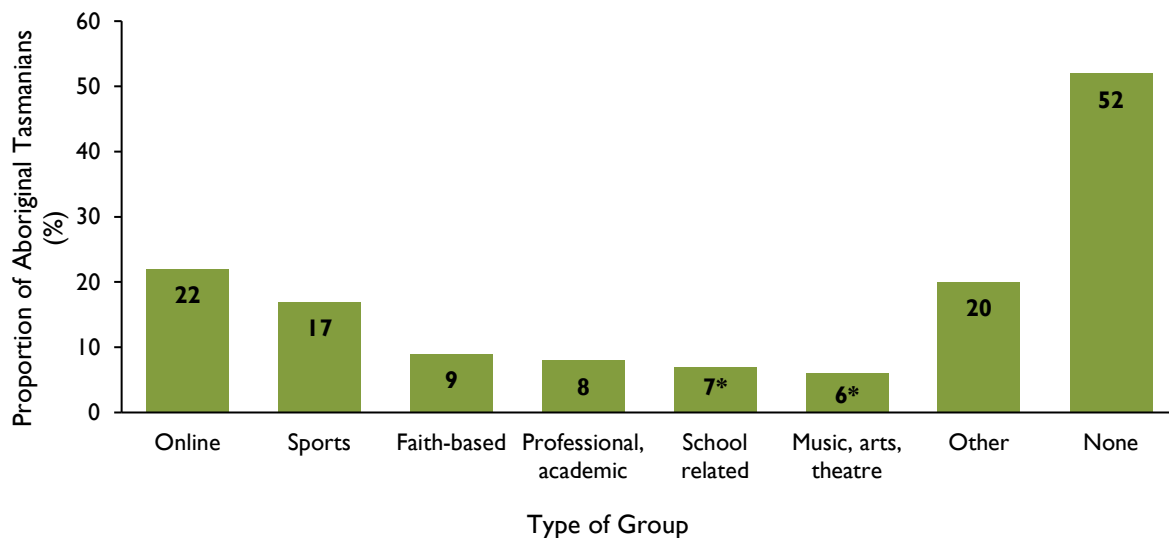
There was no difference by sex, region, or level of socioeconomic disadvantage and involvement in community groups. Data on specific group involvement by these characteristics are available in the Supplementary Data file.

Younger Tasmanians were more likely to take part in online groups than older Tasmanians (Table 6). Tasmanians aged over 65 years had a greater variety of community group types that they were involved in compared with other age groups. About half of people (49%) aged 55 to 64 years were not involved in any community groups.

Table 6. Participation in selected types of community groups for Tasmanian adults in 2022, by age

Age (years)	Online (%)	Sports (%)	Professional, academic (%)	Faith based (%)	Music, art (%)	School related (%)	Other (%)	None (%)
18-24	28	26	18	9	7	9	15	38
25-34	29	19	16	8	7	4	14	43
35-44	27	27	18	11	7	13	21	33
45-54	25	24	13	11	5	7	21	42
55-64	22	19	12	8	7	4	22	49
Over 65	14	20	7	14	10	3	37	39
TAS	23	22	13	10	7	6	23	41

Almost half of Aboriginal and Torres Strait Islanders (48%) participated in community groups in 2022 (Figure 13). One in five people (22%) were involved in an online group or community and 17 per cent participated in sports groups.



* Relative standard error (RSE) greater than 25, use with caution

Figure 13. Participation in selected types of community groups for Aboriginal and Torres Strait Islander Tasmanians, 2022

Food Security

Food security is achieved when all people in a population, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food which meets their dietary needs and preferences for an active and healthy life.⁽¹¹⁾ There are many components required to achieve food security, including availability, access, utilisation, and stability.⁽¹²⁾ Questions related to access and availability of food have been included in the TPHS since 2009. Access to food refers to economic (cost) and physical access for communities and individuals. Availability of food refers to the quantity, quality, and variety of food supplied.

Economic Access to Food

The proportion of Tasmanians experiencing severe food insecurity has almost doubled from five per cent in 2013 to nine per cent in 2022 (significant, Figure 14). Almost one in ten (9%) Tasmanians had run out of food in the past 12 months and could not afford to buy more.

We asked: In the last 12 months, were there any times you ran out of food and couldn't afford to buy more?

✓ Yes ✗ No

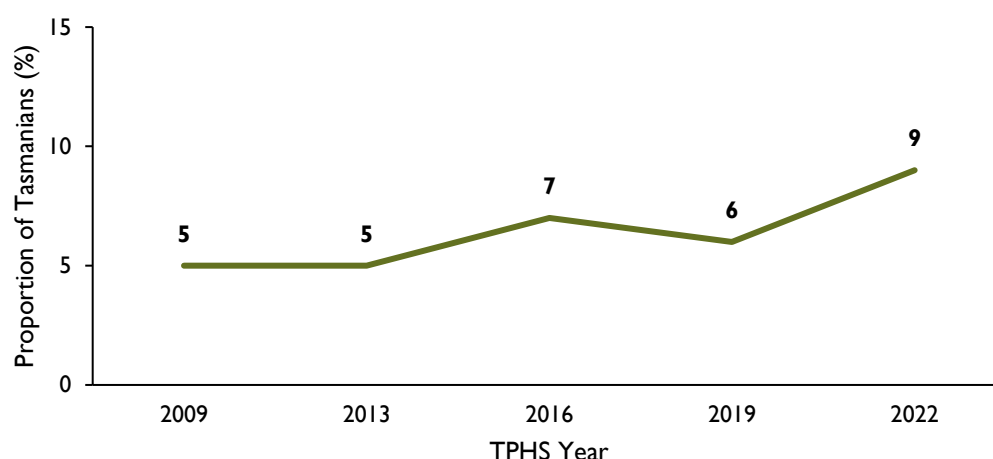


Figure 14. Tasmanian adults who ran out of food in the past 12 months and could not afford to buy more, 2009 to 2022

Older Tasmanians were the least likely of all age groups to experience severe food insecurity. Three per cent of Tasmanians over the age of 65 reported they had run out of food in the last 12 months and could not afford to buy more (Table 7). The age groups with the highest proportion of people that had experienced severe food insecurity were 18 to 24 years (13%) and 25 to 34 years (14%).

People in the North West have experienced the greatest increase in this severity of food insecurity over time, increasing from five per cent of the population in 2013 to

Table 7. Tasmanian adults who ran out of food in the past 12 months and could not afford to buy more in 2022, by sex and age

Characteristic	Ran out of food (%)
Sex	
Female	10
Male	7
Age (years)	
18-24	13
25-34	14
35-44	11
45-54	11
55-64	6
Over 65	3
TAS	9

10 per cent in 2022 (Table 8). The largest increase occurred between 2019 and 2022.

Higher proportions of Tasmanians living in areas with the most socioeconomic disadvantage experienced significant food insecurity compared to those in areas with less disadvantage (Table 8).

Table 8. Tasmanians who ran out of food in the past 12 months and could not afford to buy more from 2013 to 2022, by region and LGA-based IRSD quintile

Characteristic	2013 (%)	2016 (%)	2019 (%)	2022 (%)
Region				
North	6	7	7	9
North West	5	6	6	10
South	5	8	6	8
IRSD Quintile				
1 st (most disadvantage)	12	12	8	13
2 nd	7	7	8	12
3 rd	3	7	5	9
4 th	2	6	6	9
5 th (least disadvantage)	5	5	5	6
TAS	5	7	6	9

For all Tasmanians who reported they had run out of food and could not afford to buy more in the last 12 months, the majority (70%) reported that it had occurred once a month or less (Figure 15). One in ten people (10%) who reported running out of food stated that this occurred once a week.

We asked: How often did this happen?

- Once a week or more
- Once every two weeks
- Once a month
- Less than once a month

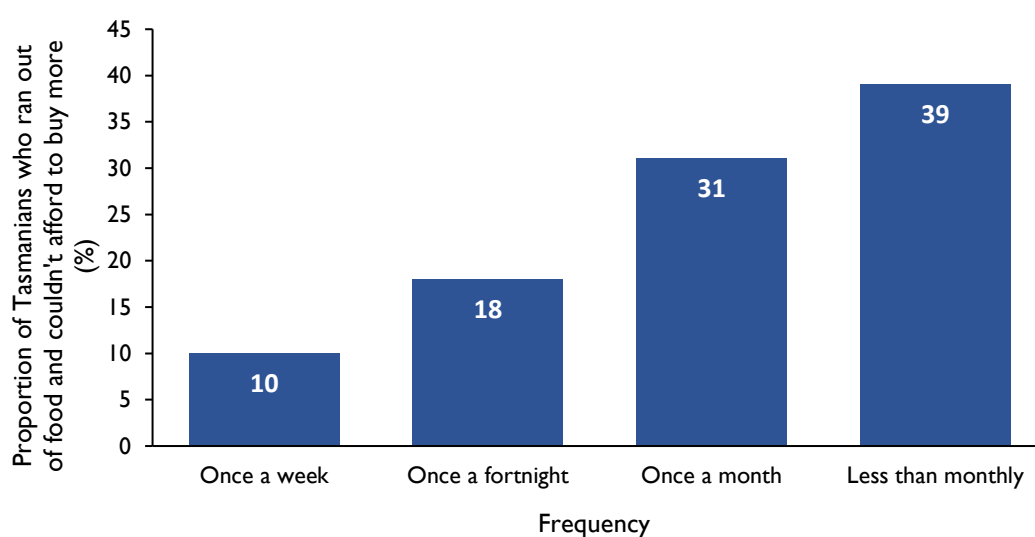


Figure 15. Frequency of occurrence for Tasmanian adults who had run out of food in the last 12 months and could not afford to buy more, 2022

For people who had run out of food and could not afford to buy more in the last 12 months, greater proportions of male Tasmanians and people living in the North West experienced this once a week compared to other groups (Table 9). There were otherwise similar patterns in the frequency of food insecurity by sex, age, and region.

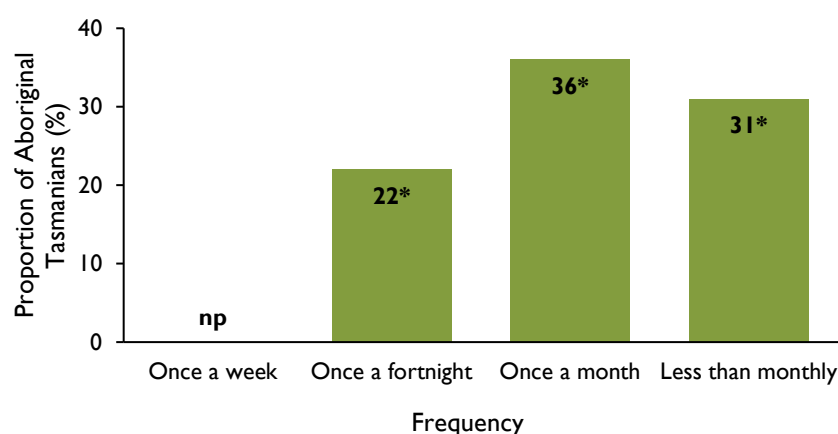
Table 9. The frequency of food insecurity amongst Tasmanians who ran out of food and could not afford to buy more in the last 12 months in 2022, by sex, region, and age

Characteristic	Once / week (%)	Once / fortnight (%)	Once / month (%)	< Once / month (%)
Sex				
Female	8	19	33	38
Male	14	17	30	38
Region				
North	4	19	36	37
North West	17	19	24	40
South	11	17	32	40
Age (years)				
18-24	11*	18*	34	37
25-34	10*	9*	28	50
35-44	13*	18*	29	38
45-54	10*	20*	34	36
55-64	np	27*	35	27*
Over 65	10*	36	27*	27*
TAS	10	18	31	39

* Relative standard error (RSE) greater than 25, use with caution

np = not published, RSE greater than 50

Around two in ten Aboriginal and Torres Strait Islanders (22%) reported they had run out of food in the past 12 months and could not afford to buy more. Of those people, one in three (36%) said it occurred once a month, and another third less than monthly (Figure 16*).



* Relative standard error (RSE) greater than 25, use with caution

np = not published, RSE greater than 50

Figure 16. Frequency of occurrence for Aboriginal and Torres Strait Islander Tasmanians who had run out of food in the last 12 months and could not afford to buy more, 2022

Access and Availability of Food

Variety, cost, cultural acceptability, and transport are factors affecting access to appropriate food. We asked Tasmanians in 2022 about whether these factors presented barriers for them to access food.

The cost and variety of foods available continued to be the most-commonly reported barriers to accessing food. The proportion of Tasmanians experiencing these barriers has significantly increased since 2019 (Figure 17). One in three Tasmanians (31%) said that the cost of food affected their ability to access sufficient food, and nearly one in five (18%) reported concerns about the variety of food available.

We asked: Do the following situations apply to you? I don't have the type of food I want because...

- ✓ Some foods are too expensive
- ✓ I can't get a variety of food
- ✓ Culturally appropriate foods aren't available
- ✓ Inadequate and unreliable public transport makes it difficult to get to the shops

Note: respondents could select more than one option if it applied.

A total of 40 per cent of Tasmanians experienced at least one important barrier to accessing food in 2022 (Table 10).

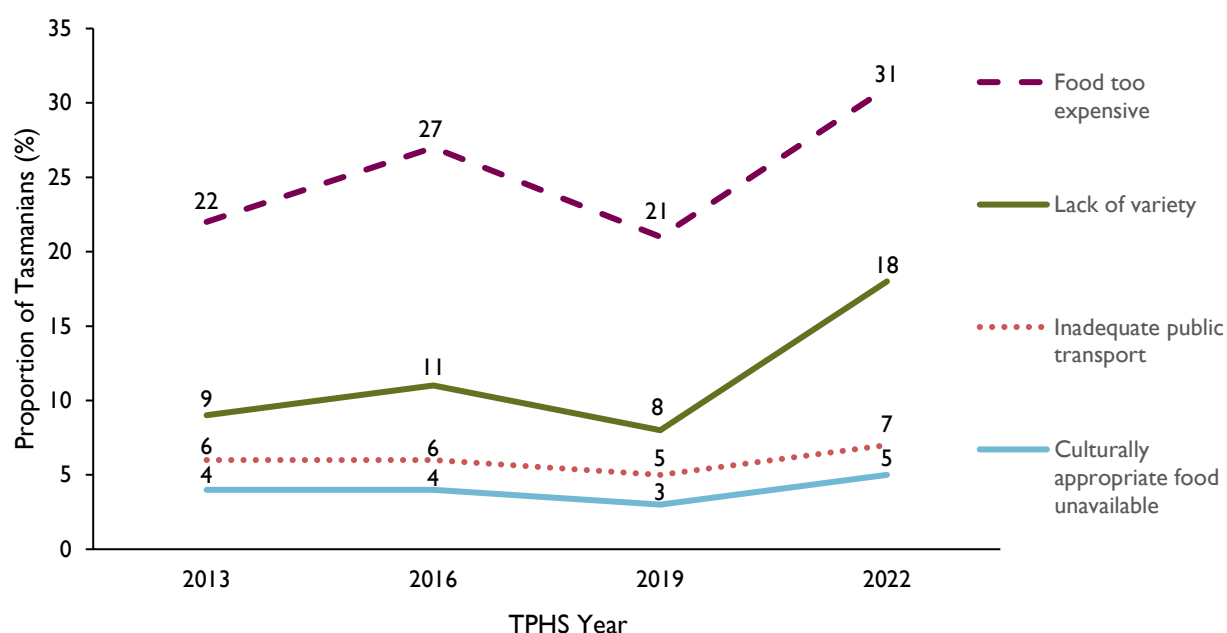


Figure 17. Proportion of Tasmanian adults who have been unable to access food due to selected reasons, 2013 to 2022

Around half of the survey respondents aged 18 to 44 years experienced at least one barrier to accessing food in 2022, compared to a quarter (26%) of those aged 65 years and older (Table 10). Cost as a barrier to accessing food significantly decreased with increasing age.

Table 10. Proportion of Tasmanian adults who have been unable to access food due to selected reasons in 2022, by sex, region, and age

Characteristic	Food too expensive (%)	Lack of variety (%)	Inadequate public transport (%)	Not culturally appropriate (%)	At least one reason (%)
Sex					
Female	33	18	7	5	38
Male	28	17	6	6	41
Region					
North	29	17	7	5	40
North West	35	19	8	5	43
South	30	17	7	5	38
Age (years)					
18-24	41	19	11	7	50
25-34	44	23	10	9	54
35-44	39	25	4	5	50
45-54	32	17	6	3	38
55-64	23	14	7	4	31
Over 65	17	12	5	3	26
TAS	31	18	7	5	40

Two thirds of Aboriginal and Torres Strait Islanders (66%) experienced at least one barrier to accessing food in 2022 (Figure 18). Sixty-one per cent of Aboriginal and Torres Strait Islanders said cost was a barrier to accessing food and 31 per cent were concerned about a lack of variety of available foods.

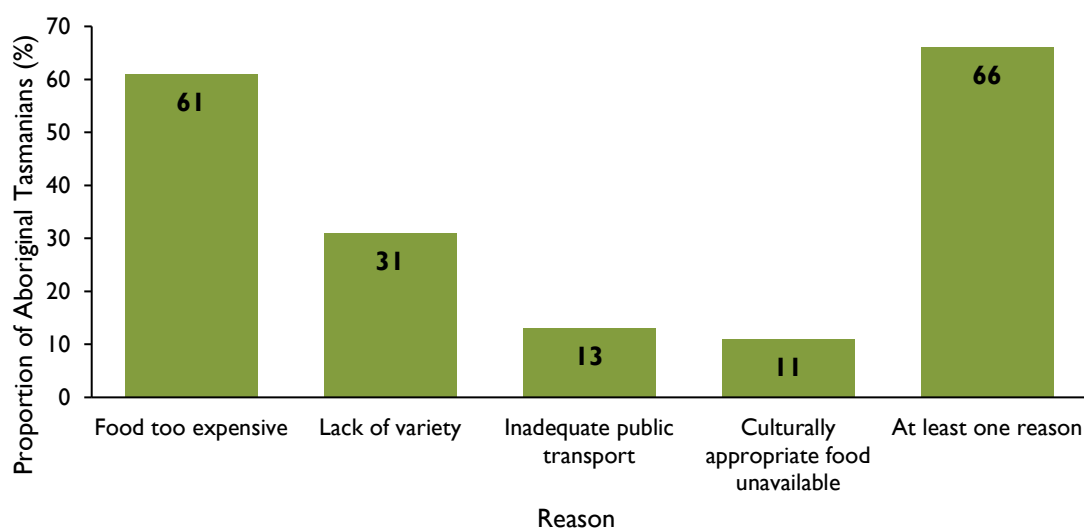


Figure 18. Proportion of Aboriginal and Torres Strait Islander Tasmanians who have been unable to access food due to selected reasons in 2022

Financial Security

The inability to access funds in an emergency is an indicator of financial vulnerability.

The proportion of Tasmanians who could not raise \$2 000 in an emergency has changed over time (Figure 19). A total of 15 per cent of Tasmanians reported they could not raise \$2 000 in an emergency in 2022.

We asked: Could you raise \$2 000 within two days in an emergency?

✓ Yes

✗ No

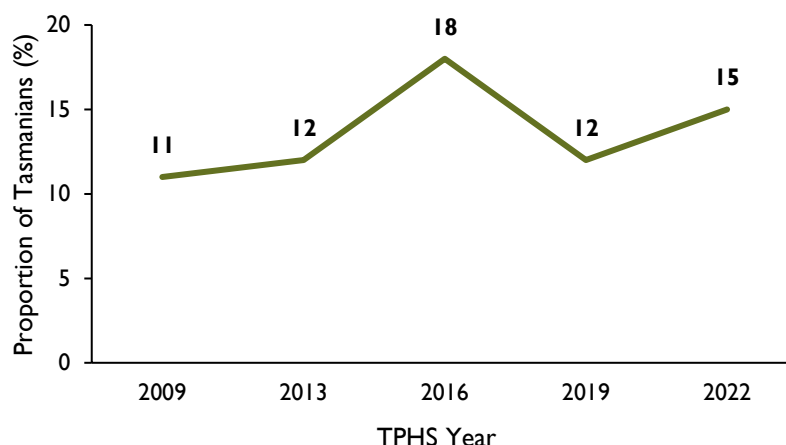


Figure 19. Proportion of Tasmanian adults unable to raise \$2 000 in an emergency, 2009 to 2022

The inability to raise emergency funds significantly decreased with age (Table 11). Twenty-two per cent of Tasmanians aged 18 to 34 years reported they would not be able to raise emergency funds within two days, compared to 10 per cent of people aged over 65 years.

Around four in ten (39%) Aboriginal and Torres Strait Islanders reported they could not raise \$2 000 within two days if it was needed.

Table 11. Ability to raise \$2 000 within two days for Tasmanian adults in 2022, by sex, region, and age

Characteristic	No (%)	Yes (%)
Sex		
Female	17	80
Male	13	85
Region		
North	16	81
North West	17	80
South	14	84
Age (years)		
18-24	22	76
25-34	22	76
35-44	16	81
45-54	18	80
55-64	9	89
Over 65	10	87
TAS	15	82

Health Behaviours

Health behaviours are individual actions which influence health outcomes. Social systems and the environments around individuals and populations affect health behaviours. We can improve or maintain our health by eating well, being physically active, minimising alcohol consumption, not smoking, and maintaining healthy teeth and gums. As in previous surveys, in 2022 we asked Tasmanians about several of these health behaviours. We also asked questions about their homes and access to health services.

Food and Nutrition

The food we eat every day has many effects on our health and wellbeing. No single food provides everything that the body needs. A “healthy diet” requires a variety of foods to achieve good nutrition. The *Australian Dietary Guidelines* give recommendations for healthy eating. The *Australian Guide to Healthy Eating* recommends amounts of different food groups needed for nutrition and health at all stages of life.

Fruit and Vegetables

The current recommendation is for all adults to have two serves of fruit a day. Adult females should have five serves of vegetables a day and adult males should have five to six serves per day depending on their age (Box 3).

The proportion of Tasmanians eating the recommended serves of fruit and vegetables remains low. One in three Tasmanians (35%) met the recommended daily intake of fruit in 2022 (Figure 20). This has significantly decreased from 46 per cent of Tasmanians in 2019. Only six per cent of Tasmanians met the recommended daily intake of vegetables. This has remained stable since 2019.

Male Tasmanians were less likely than females to meet the recommended daily intake of both fruit and vegetables (Figure 21). Only two per cent of males met the recommended vegetable intake per day and 32 per cent met the recommended fruit intake.

We asked: How many serves of fruit and vegetables do you usually eat each day?

1 serve fruit = 1 medium piece, 2 small pieces, or 1 cup diced fruit

1 serve vegetable = ½ cup cooked vegetables or 1 cup of salad

Box 3: Recommended serves of fruit and vegetables per day (2013)

Age (years)	Fruit	Vegetables
Females		
14-18	2	5
19-50	2	5
51-70	2	5
Over 71	2	5
Males		
14-18	2	5.5
19-50	2	6
51-70	2	5.5
Over 71	2	5

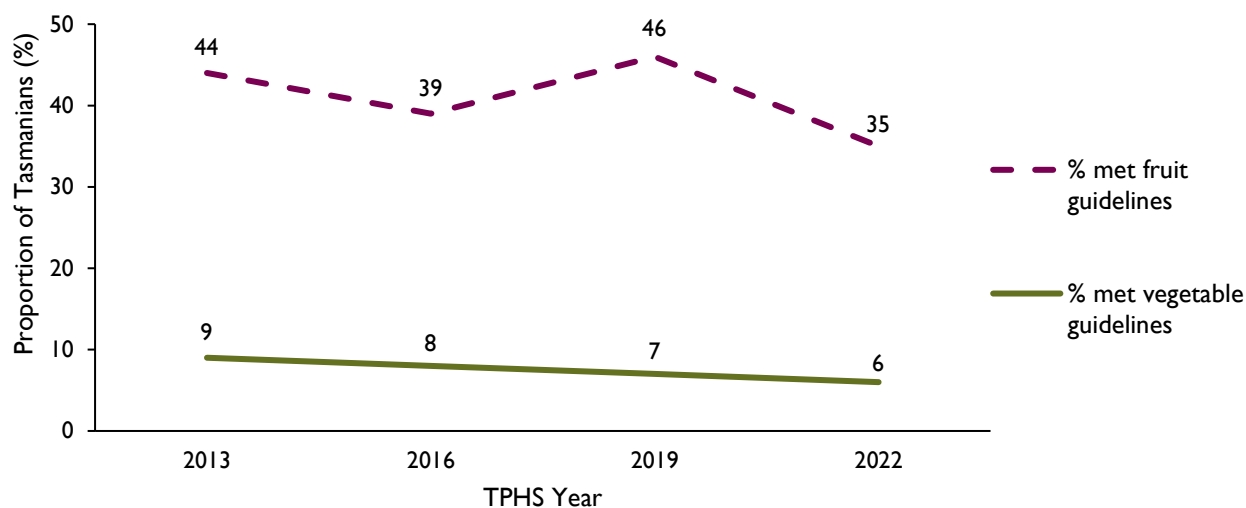


Figure 20. Proportion of Tasmanian adults who met the recommended daily fruit and vegetable intake, 2013 to 2022

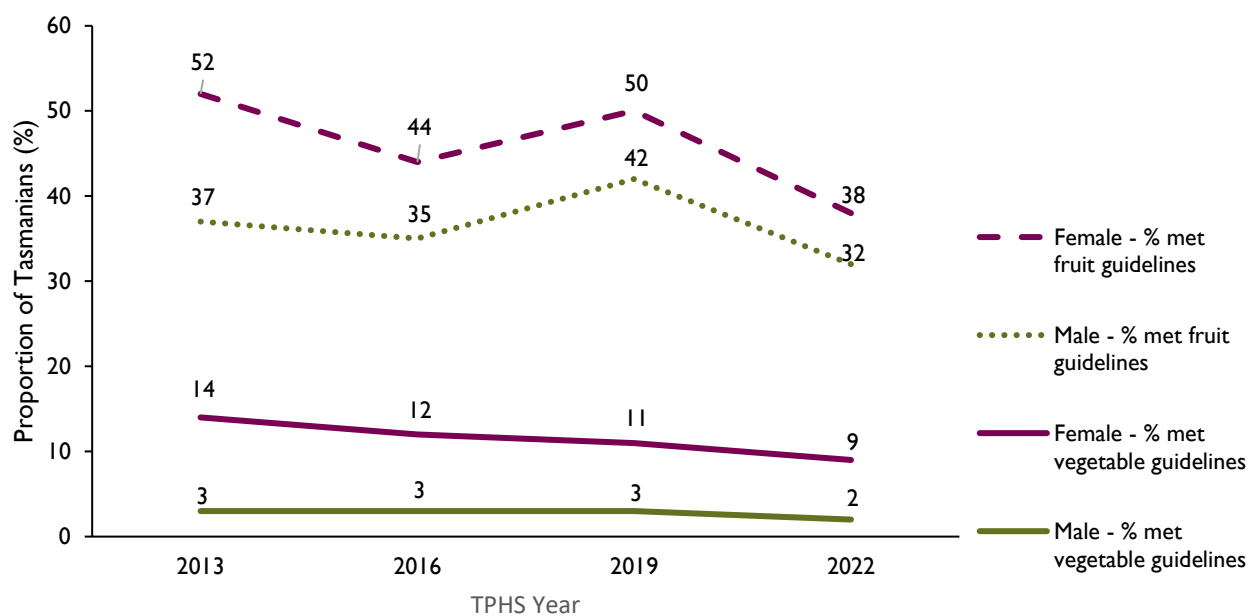


Figure 21. Proportion of Tasmanian adults who met the recommended daily fruit and vegetable intake from 2013 to 2022, by sex

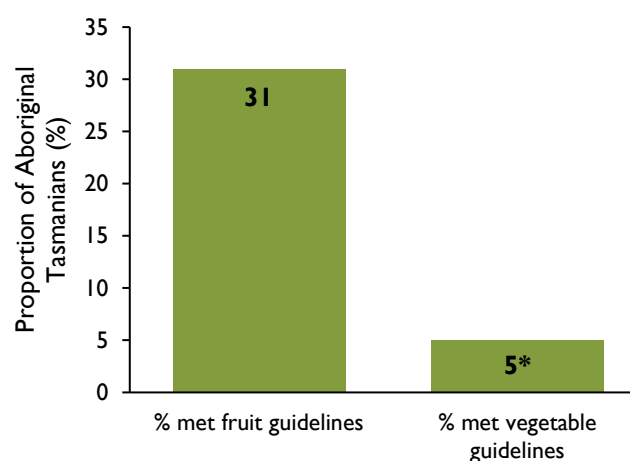
Less than half of all Tasmanians (35%) met recommended daily intake of fruit in 2022 and less than one in ten Tasmanians (6%) met the daily intake of vegetables with similar patterns of consumption between regions (Table 12).

Table 12. Average number of serves of fruit and vegetables eaten per day and the proportion of Tasmanian adults who met the recommended intake for fruit and vegetables in 2022, by sex, region, and age

Characteristic	FRUIT		VEGETABLES	
	Serves per day (mean, n)	Met recommended (%)	Serves per day (mean, n)	Met recommended (%)
Sex				
Female	1.4	38	2.4	9
Male	1.4	32	2	2
Region				
North	1.4	34	2.2	5
North West	1.4	37	2.1	6
South	1.4	35	2.2	6
Age (years)				
18-24	1.4	34	1.9	3*
25-34	1.4	35	2.1	4
35-44	1.4	35	2.3	5
45-54	1.3	31	2.1	5
55-64	1.4	32	2.2	6
Over 65	1.5	41	2.4	8
TAS	1.4	35	2.2	6

* Relative standard error (RSE) greater than 25, use with caution

Almost a third of Aboriginal and Torres Strait Islanders (31%) met the recommended daily intake for fruit in 2022, and five per cent met the recommended daily intake for vegetables (Figure 22).



* Relative standard error (RSE) greater than 25, use with caution

Figure 22. Proportion of Aboriginal and Torres Strait Islander Tasmanians who met the recommended daily fruit and vegetable intake in 2022

Discretionary Food

Discretionary foods are foods and drinks not necessary to provide the nutrients the body needs. Many of these foods and drinks are energy dense and have high concentrations of added sugar, saturated fat, and salt. Consuming too much discretionary food or drink contributes to health harms. However, they are often part of social and cultural activities and celebrations and can be enjoyed in a healthy diet if eaten sometimes and in small amounts.⁽¹³⁾ Previously, TPHS only collected data on sweetened beverages. This is the first year we have collected information about “fast food”, takeaway meals, and snacks in the TPHS.

Sweetened beverages are available as either sugar sweetened drinks or “diet” type drinks which use non-sugar sweeteners. Sugar sweetened drinks include soft drinks, cordial, sports drinks, and caffeinated drinks, but not fruit juice or flavoured milks. Sugar sweetened drinks are associated with multiple health issues including weight gain, dental caries, and diabetes.

There has been a shift in the pattern of consumption for “diet” drinks since 2019. The proportion of Tasmanians consuming “diet” drinks every day has doubled, from seven per cent in 2019 to 15 per cent in 2022 (Figure 23). There was no statistically significant change in the pattern of consumption of sugar sweetened drinks between 2019 and 2022.

We asked: How many cups* of regular or diet soft drink, cordial, sports drink, or caffeinated energy drink do you usually drink?

- Cups per day or cups per week
* measure of a “cup” not defined
- Do not drink

Note: respondents could select both regular and diet drink options if they consume both

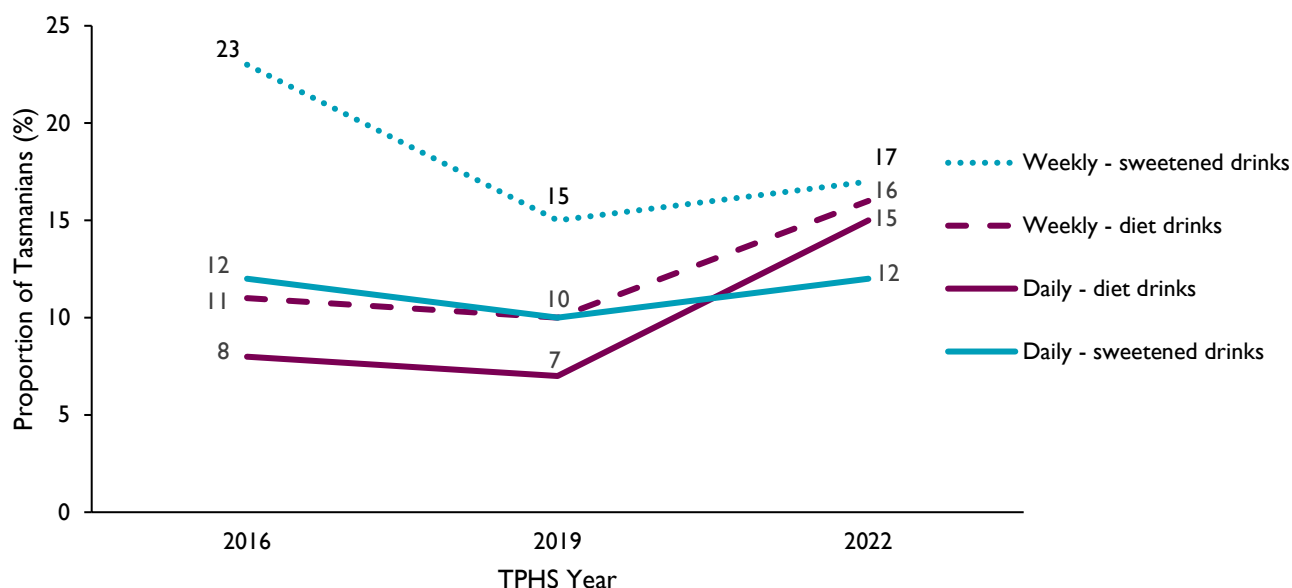


Figure 23. Frequency of consumption of sugar sweetened drinks and “diet” drinks by Tasmanian adults, 2016 to 2022

Consumption of both sugar sweetened drinks and “diet” drinks was highest in adults aged 18 to 24 years, and consistently decreased with age (Table 13). One in five people (20%) aged 18 to 24 years consume sugar sweetened drinks daily, and one in four (26%) consume “diet” drinks daily. Almost half of Tasmanians (48%) consume any sweetened drinks with males and younger Tasmanians more frequently reporting consumption.

Table 13. Frequency of consumption of sugar sweetened and “diet” drinks in 2022, by sex, region, and age

Characteristic	Sugar sweetened drinks		“Diet” drinks		Any sweetened drinks	
	Daily (%)	Weekly (%)	Daily (%)	Weekly (%)	Daily (%)	Weekly (%)
Sex						
Female	9	15	13	14	19	23
Male	15	19	18	17	28	26
Region						
North	13	17	17	16	26	25
North West	14	16	15	16	24	24
South	11	18	14	15	22	25
Age (years)						
18-24	20	32	26	27	36	38
25-34	16	25	20	25	28	36
35-44	13	20	18	17	27	27
45-54	11	17	14	16	22	27
55-64	10	12	13	10	21	18
Over 65	8	8	9	8	15	14
TAS	12	17	15	16	23	25

Daily consumption was more frequently reported than weekly consumption of both sugar sweetened and “diet” drinks by Aboriginal and Torres Strait Islanders (Figure 24). Almost one in four Aboriginal and Torres Strait Islanders (24%) consumed a sugar sweetened drink daily and 29 per cent consumed “diet” drinks daily.

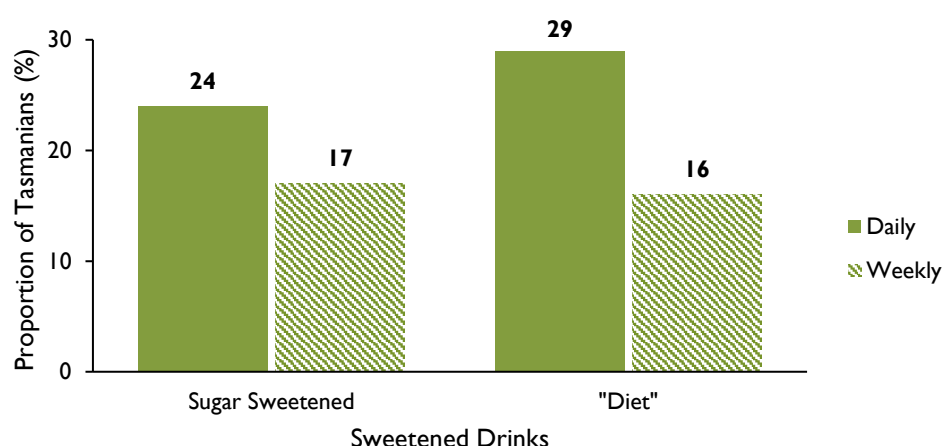


Figure 24. Frequency of consumption of sugar sweetened and “diet” drinks for Aboriginal and Torres Strait Islander Tasmanians in 2022

In the last 12 months, over four out of every five Tasmanians (84%) included “fast food” and other takeaway meals as part of their diet (Table 14). Over nine in ten (93%) Tasmanians also include snacks in their diet that would be classified as discretionary foods. In 2022, Tasmanians consumed about one meal per week on average which was “fast food” or other takeaway food, and four to five snacks per week which were discretionary foods.

Consumption of “fast food” and takeaway meals was more common for younger people, with 97 per cent of people aged 18 to 24 years including these meals in their diets compared to 68 per cent of those aged 65 years and older (Table 14). Tasmanians aged 18 to 24 years consumed on average one to two meals per week which were “fast food” or takeaway foods, compared to older Tasmanians who consumed this type of meal less than weekly. There were minimal differences in consumption of discretionary snacks between age groups.

In the last 12 months, 86 per cent of Aboriginal and Torres Strait Islanders included “fast food” and takeaway meals in their diet, and 89 per cent included discretionary food snacks.

We asked: *How often do you have fast food or takeaway meals, and how often do you eat snacks*?*

Frequency per day, week, month, or year

** Examples included McDonalds, local take-away places, chocolate, cake, chips, and ice-cream*

Table 14. Patterns of consumption of discretionary meals and snacks for Tasmanian adults in 2022, by sex, region, and age

Characteristic	Fast food / Takeaway		Snacks	
	Included in diet (%)	Mean per week [^] (n)	Included in diet (%)	Mean per week [^] (n)
Sex				
Female	82	0.7	94	4.2
Male	86	1.0	93	4.1
Region				
North	85	0.8	94	4.1
North West	84	0.8	93	4.3
South	84	0.8	93	4.2
Age (years)				
18-24	97	1.5	94	4.6
25-34	94	1.3	94	3.9
35-44	91	1.0	94	4.1
45-54	89	0.8	95	4.1
55-64	80	0.6	93	4.2
Over 65	68	0.4	91	4.2
TAS	84	0.8	93	4.2

[^]Mean meals and snacks per week do not include people who do not include discretionary meals or snacks in their diets

Iodine Nutrition

Iodine is an element that is needed for healthy growth and development throughout life. Not having enough iodine can harm the health of developing babies, impair development in childhood, and can cause impairment of thyroid function in adults. The major sources of iodine in the diet of Tasmanians includes dairy products and iodine-fortified bread.⁽¹⁴⁾ To reduce the risk of iodine deficiency in Australia a mandatory fortification program was introduced in 2009 that requires the use of iodised salt to replace regular salt in yeast-leavened breads.

Bread consumption has been stable between 2019 and 2022 (Figure 25). Just over half of Tasmanians (53%) consume less than two slices of bread a day.

We asked: *How many slices of regular bread or bread rolls do you usually eat?*

Number per day or week

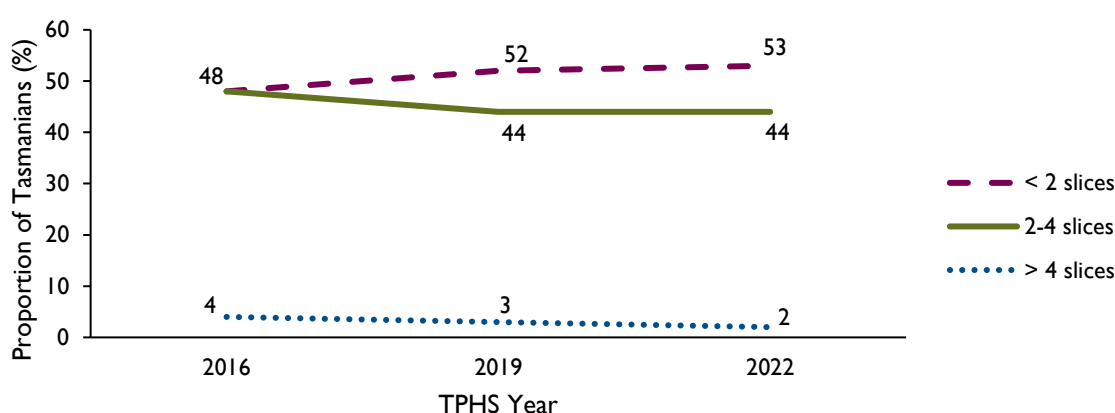


Figure 25. Bread consumption per day for Tasmanian adults, 2016 to 2022

The proportion of Tasmanians who drink whole milk has remained stable since 2016 (Figure 26). Between 2013 and 2022 there was a consistent reduction in consumption of reduced fat and skim milk, and an increase in non-dairy (soy and other alternative) milk.

We asked: *What type of milk do you usually consume?*

- ☐ Whole dairy
- ☐ Skim dairy
- ☐ Low/reduced fat dairy
- ☐ Soy
- ☐ Other
- ☐ No milk

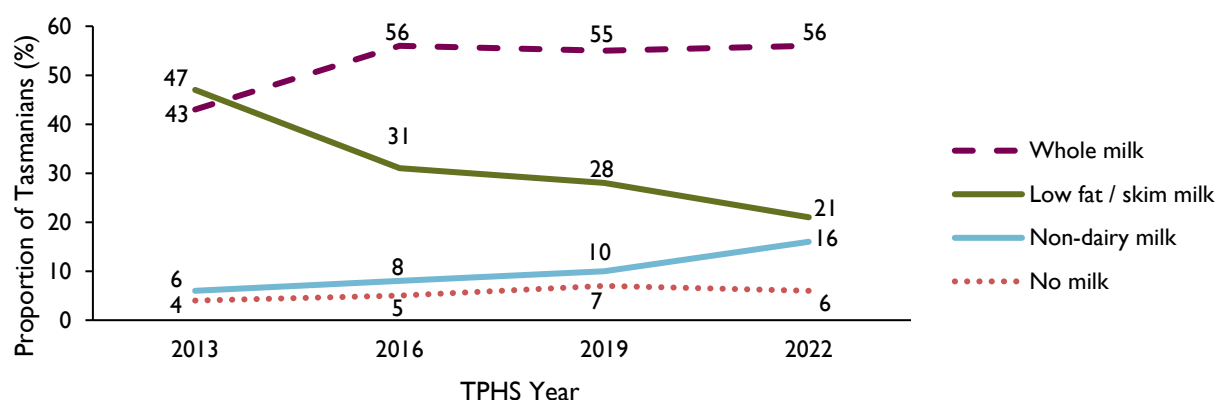


Figure 26. Pattern of milk consumption for Tasmanian adults, 2013 to 2022

Physical Activity

Weekly Activity Targets

Being regularly physically active is a key part of promoting health and preventing chronic diseases. Physical activity helps to decrease the risk for developing many chronic conditions. These include cardiovascular disease, diabetes, and dementia.⁽¹⁵⁾ The health benefits of physical activity are determined by the frequency, duration, and intensity of activity undertaken.

The Australian Physical Activity and Sedentary Behaviour guidelines (2014) outline weekly activity targets. These are for moderate intensity activities, vigorous intensity activities, and muscle-strengthening activities. The suggested targets vary by age group (Box 4).

In previous TPHS, data analysis and presentation for sufficient physical activity was only conducted for those aged 18 to 64 years. We have taken the same approach in 2022 to allow comparisons over time. Data for people aged over 65 years are available in the Supplementary Data file.

Box 4: Weekly physical activity targets by age group (2014)

Exercise	18-64 years	Over 65 years
Moderate OR Vigorous AND Muscle strengthening	150 – 300 min 75 – 150 min Any duration, twice a week	30 min most days - Incorporate in other activities

We asked: *In the last week, how many times did you:*

- *Walk continuously for 10 mins*
- *Do other moderate physical activity*
- *Do any vigorous activity (that made you out of breath)*
- *Do muscle strengthening activities*

and what was the total time you did it for?

Number of times per week x Total time (minutes) = weekly total (mins)

In 2022, two in three Tasmanians (66%) met the targets for moderate to vigorous activity (Figure 27). This has decreased from 84 per cent in 2019. It is possible that changes to the phrasing of the questions about moderate and vigorous activity between TPHS 2019 and 2022 may have resulted in respondents reporting less physical activity than in previous surveys. This comparison should be interpreted with caution. The proportion of Tasmanians who met the targets for muscle strengthening activities remained stable between 2019 and 2022 (Figure 27).

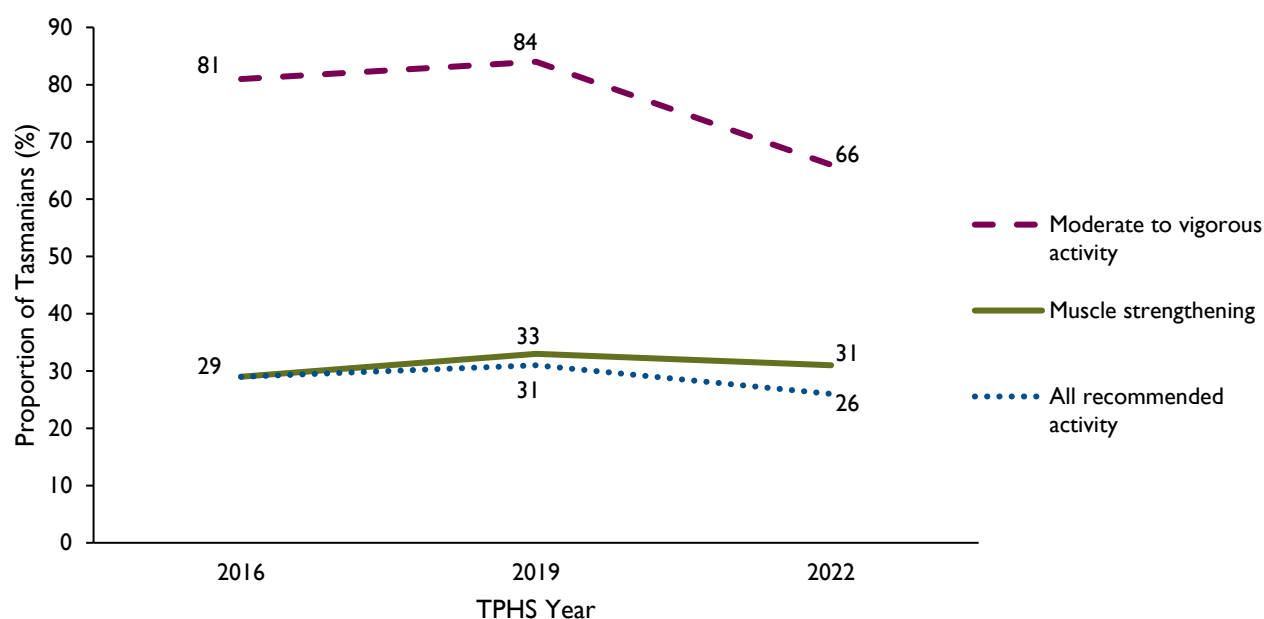


Figure 27. Proportion of Tasmanians who met the national weekly targets for specified types of physical activity, 2016 to 2022

Male Tasmanians were more likely to meet the weekly activity targets, with 70 per cent meeting the target for moderate to vigorous activity in 2022 compared to 62 per cent of females (Table 15).

Tasmanians aged 18 to 24 years old most frequently met the recommendations for moderate to vigorous activity (72%, Table 15). There was a decrease in people meeting sufficient exercise targets across all age groups between 2019 and 2022.

In 2022, 65 per cent of Aboriginal and Torres Strait Islanders met the national moderate to vigorous activity targets.

Table 15. Proportion of Tasmanians who met the national weekly targets for moderate to vigorous activity in 2019 and 2022, by sex, region, and age

Characteristic	2019 (% met)	2022 (% met)
Sex		
Female	-	62
Male	-	70
Region		
North	84	66
North West	81	65
South	85	67
Age (years)		
18-24	90	72
25-34	91	66
35-44	88	65
45-54	87	66
55-64	88	66
TAS	84	66

Active Transport

Another way to fit physical activity into daily life is by using active transport. This could be walking, running, or bike riding for at least 10 minutes continuously to get to and from places. Active transport reduces reliance on vehicular transport and traffic-related air pollution.

Over half of Tasmanians (54%) used active transport weekly or more often in 2022 (Figure 28). This has increased significantly from 34 per cent in 2019. The proportion of Tasmanians using active transport four or more days a week had the largest increase, from 19 per cent in 2019 to 34 per cent in 2022.

We asked: *In the last week, on how many days did you walk, run, or bicycle for at least 10 minutes continuously to get to and from places?*

Number of days per week

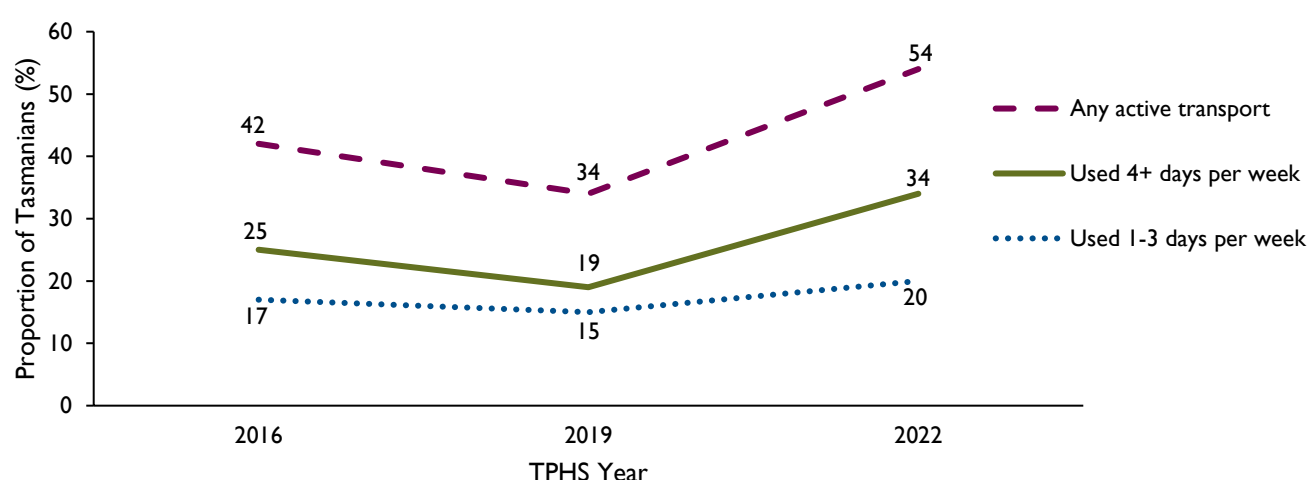


Figure 28. Frequency of active transport use of Tasmanian adults, 2016 to 2022

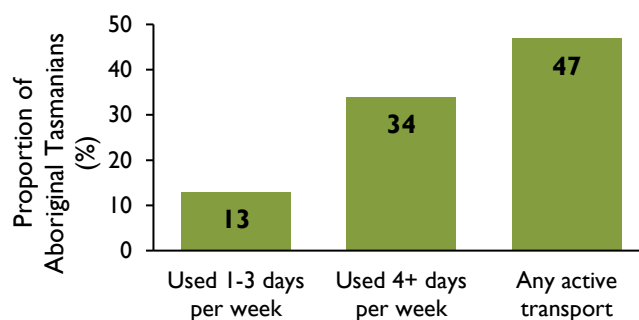
There was no difference by sex or region in active transport use (Table 16).

Tasmanians aged 18 to 24 years reported using active transport more than other age groups, with over two in three people (68%) using active transport weekly, or more often, in 2022 (Table 16). Forty per cent of people aged 18 to 24 years used active transport on four or more days each week.

Table 16. Frequency of active transport use of Tasmanian adults in 2022, by sex and region

Characteristic	1-3 days per week (%)	4+ days per week (%)	Any use (%)
Sex			
Female	20	34	54
Male	20	34	54
Region			
North	22	33	55
North West	18	30	48
South	19	36	55
Age (years)			
18-24	28	40	68
25-34	19	36	54
35-44	20	31	51
45-54	18	38	56
55-64	17	36	53
Over 65	20	28	54
TAS	20	34	54

Just under half of Aboriginal and Torres Strait Islanders (47%) used active transport weekly or more in 2022 (Figure 29). The majority of people used active transport on four or more days of the week.



Aboriginal and Torres Strait Islander Tasmanians in 2022

Sedentary Behaviour

Sedentary behaviour refers to time spent sitting. This could be in settings such as work, while on transport, or while reading or watching television. Prolonged periods of sitting can have a harmful effect on health. The Australian Physical Activity and Sedentary Behaviour guidelines (2014) recommend minimising prolonged sitting. The guidelines also encourage the taking of breaks as often as possible.

We asked: *In the last week, how much time did you usually spend sitting on an average weekday?*

Hours or minutes per day

Currently there are no specific time-based recommendations for sedentary behaviour.

One in five Tasmanians (22%) spent eight or more hours sitting per weekday in 2022 (Figure 30). This has increased from 17 per cent in 2019. There was no other significant change in sedentary behaviour patterns for Tasmanians over time.

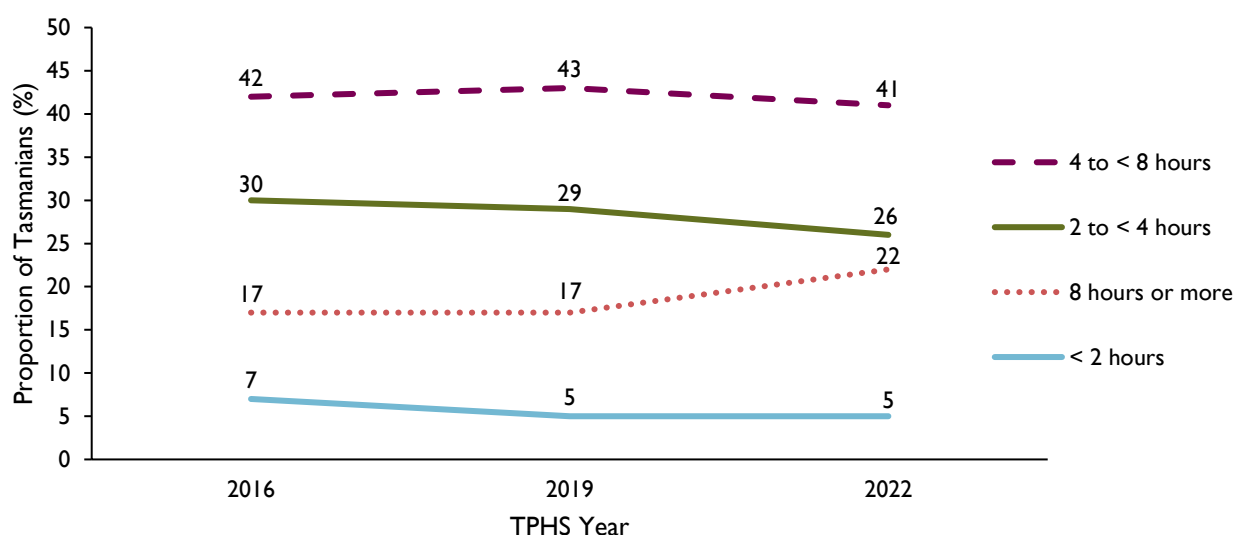


Figure 30. Number of hours spent sitting per weekday for Tasmanian adults, 2016 to 2022

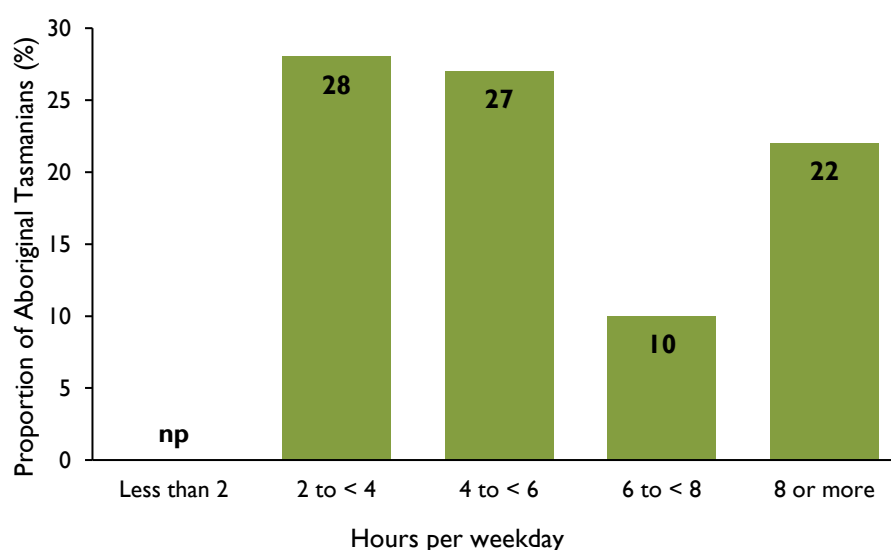
Tasmanians aged over 65 years were least likely to report sitting for eight or more hours per weekday, which is a finding consistent with previous TPHS from 2016 and 2019 (Table 17). There were no significant differences between age groups, or between sexes and regions for sedentary behaviour.

Table 17. Number of hours spent sitting per weekday for Tasmanian adults in 2022, by sex, region, and age

Characteristic	Less than 2 (%)	2 to < 4 (%)	4 to < 6 (%)	6 to < 8 (%)	8 or more (%)
Sex					
Female	5	25	26	15	21
Male	5	27	27	14	23
Region					
North	5	25	27	16	21
North West	5	27	26	12	23
South	5	26	26	15	23
Age (years)					
18-24	5*	23	28	17	25
25-34	5	27	22	14	28
35-44	9	28	21	14	24
45-54	5	23	24	15	27
55-64	6	23	26	15	23
Over 65	3	29	34	13	13
TAS	5	26	26	15	22

* Relative standard error (RSE) greater than 25, use with caution

Over half of Aboriginal and Torres Strait Islanders (55%) spent between two and six hours sitting on an average weekday (Figure 31). One in five people (22%) spent eight or more hours sitting on an average weekday.



np = not published, relative standard error (RSE) greater than 50

Figure 31. Number of hours spent sitting per weekday for Aboriginal and Torres Strait Islander Tasmanians in 2022

Smoking

Tobacco Smoking

Tobacco smoking is the leading preventable cause of disease and death in Australia.⁽¹⁶⁾ Smoking contributes to many health conditions. These include respiratory conditions, heart disease, stroke, diabetes, kidney disease, and many types of cancer.

There had been a reduction in Tasmanians who currently smoke (either occasionally or daily) from 16 per cent in 2016 to 12 per cent in 2019. However, this increased to 15 per cent in 2022 (Figure 32). In 2022, most Tasmanians who currently smoked were smoking daily (12%, Table 18). The proportion of Tasmanians who have never smoked has increased since 2009 and is now 60 per cent (Figure 32). This suggests that the increase in smoking in 2022 is likely due to people who have quit smoking and have commenced smoking again, rather than an increase in people taking up smoking for the first time.

We asked: Which of the following best describes your smoking status?

- ☐ I smoke daily
- ☐ I smoke occasionally
- ☐ I don't smoke now, but I used to
- ☐ I've tried a few times, but never regularly
- ☐ I've never smoked

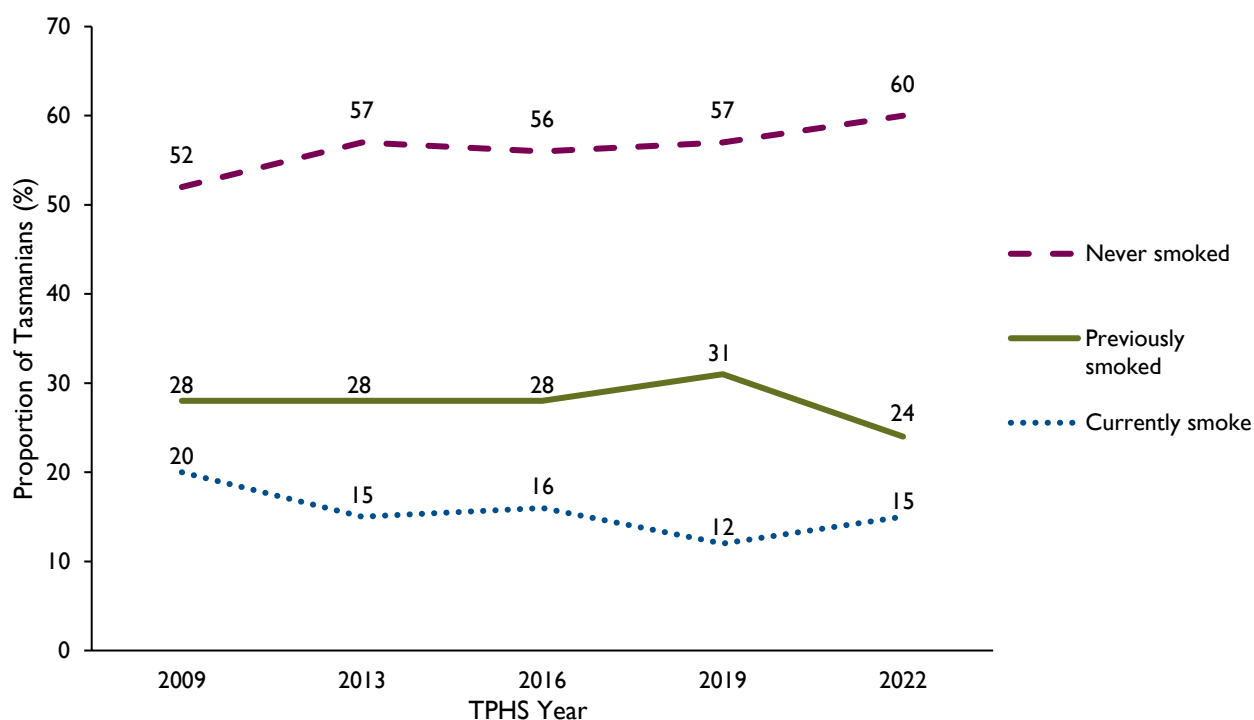


Figure 32. Proportion of Tasmanian adults who currently smoke (either daily or occasionally), have previously smoked, and have never smoked, 2009 to 2022

Almost twice as many people living in areas with the most socioeconomic disadvantage currently smoke daily (17%) compared to those in areas with the least disadvantage (9%, Table 18).

Table 18. Smoking status of Tasmanian adults in 2022, by sex, region, age, and LGA-based IRSD quintile

Characteristic	Currently [^] (%)	Daily (%)	Previously (%)	Never (%)
Sex				
Female	13	11	23	62
Male	17	13	26	57
Region				
North	13	11	25	61
North West	18	15	27	55
South	15	11	23	61
Age (years)				
18-24	16	12	8	75
25-34	19	14	10	71
35-44	22	18	21	57
45-54	19	15	28	53
55-64	15	13	35	50
Over 65	6	5	34	59
IRSD Quintile				
1 st (most disadvantage)	22	17	24	53
2 nd	19	16	25	56
3 rd	15	13	24	60
4 th	13	11	30	56
5 th (least disadvantage)	13	9	22	65
TAS	15	12	24	60

[^] Currently smoking includes both daily and occasional smoking

Tasmanians aged over 65 years continue to have the smallest proportion of people who currently smoke, at six per cent in 2022 (Table 18). The age group with the highest prevalence of current smoking in 2022 was 35 to 44 years (Table 18). This age group had a significant reduction in current smoking prevalence between 2016 (20%) and 2019 (15%, Table 19). This has increased again to 22 per cent in 2022 and represents the largest increase of any age group.

Table 19. Proportion of Tasmanians who currently smoke from 2016 to 2022, by age

Age (years)	2016 (%)	2019 (%)	2022 (%)
18-24	18	18	16
25-34	21	19	19
35-44	20	15	22
45-54	20	18	19
55-64	12	13	15
Over 65	8	6	6
TAS	16	12	15

In 2022, almost half of Aboriginal and Torres Strait Islanders (49%) had never smoked, and one in four (23%) has previously smoked (Figure 33a). The proportion of Aboriginal and Torres Strait Islanders who currently smoke has remained stable since 2009 (Figure 33b).

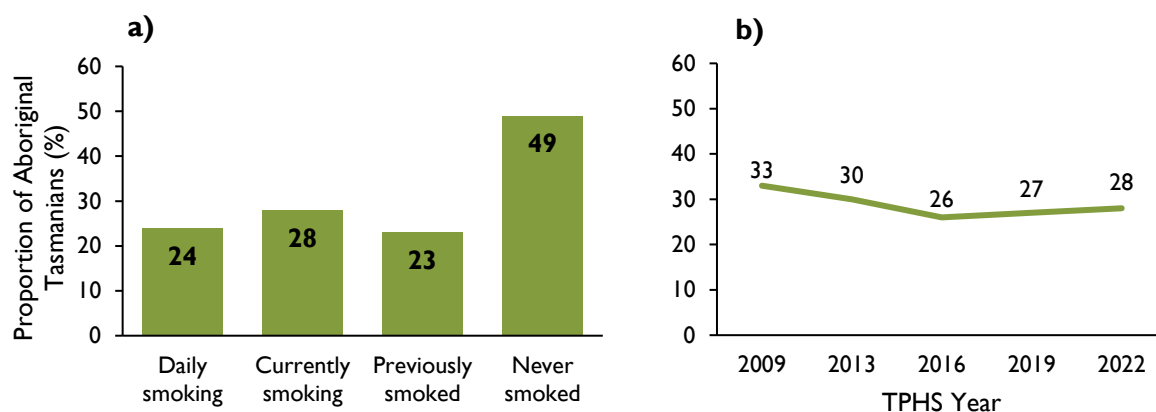


Figure 33. Smoking status of Aboriginal and Torres Strait Islander Tasmanians in 2022 (a), and proportion who were currently smoking from 2009 to 2022 (b)

The proportion of Tasmanians who live in households where residents never smoke inside has remained stable at around 96 per cent (Figure 34). Almost all Tasmanians (99%) living in houses with dependent children aged 15 years and younger reported that they were not exposed to tobacco smoke in the home, and 97 per cent of those in houses with children aged 16 to 17 years old were not exposed to tobacco smoke.

We asked: Which of the following describe your home situation?

- At times people vape inside the house
- At times people smoke inside the house
- My home is smoke and vape-free



Figure 34. Proportion of households in Tasmania where occupants have not been exposed to tobacco smoke in 2022, by household composition

There are many methods that people use to quit tobacco smoking. These range from abrupt and unassisted stopping (“going cold turkey”), to using products and engaging with professional support. Individuals may use more than one way to quit. The TPHS asked Tasmanians who have previously smoked to identify which method they found the *most* useful for quitting smoking.

In 2019, 73 per cent of Tasmanians who had quit smoking said that quitting without assistance was the most useful method for them. In 2022, this has significantly reduced to 62 per cent. This indicates that while many Tasmanians still found quitting without assistance useful, more people in 2022 found having assistance to quit smoking the most useful method than in previous years.

Tasmanians who had quit smoking with assistance found nicotine replacement therapy the most useful (9%), followed by engaging with health professionals (6%) and using social supports (5%, Figure 35).

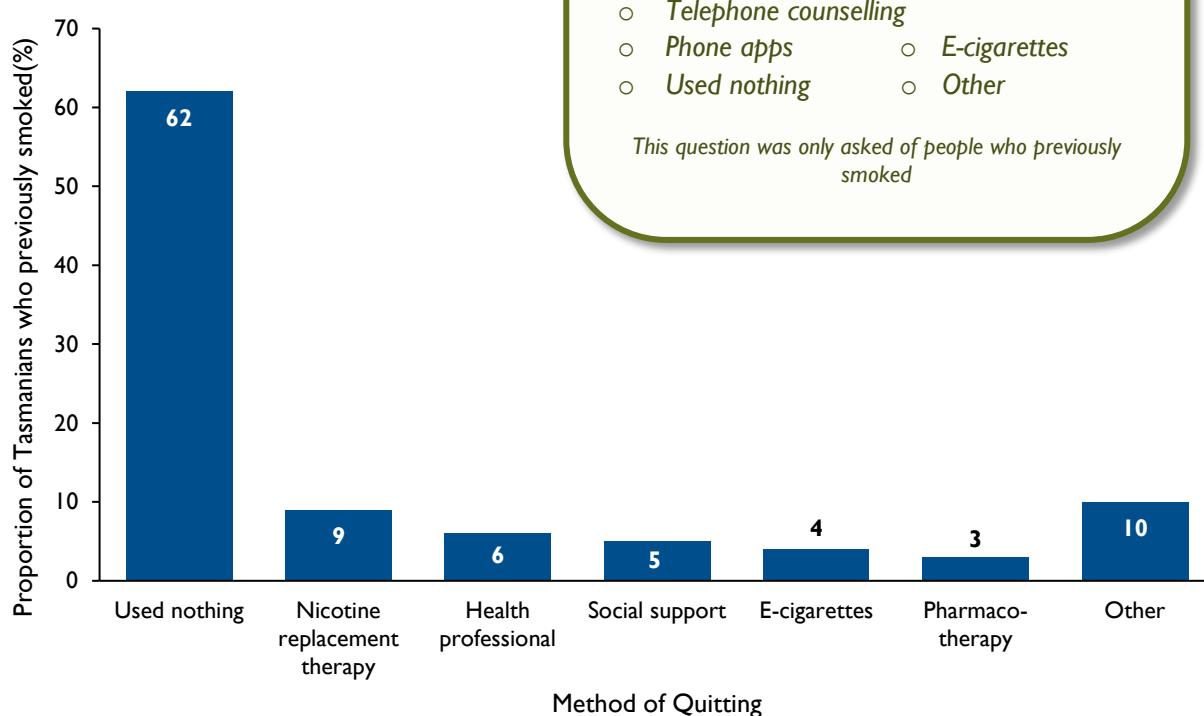


Figure 35. Most useful quitting method for tobacco smoking reported by Tasmanian adults in 2022

The majority of Aboriginal and Torres Strait Islanders (58%) who had quit smoking found unassisted quitting the most useful method (see Supplementary Data file).

E-cigarettes and Vaping

"Vaping" is a term used to describe the use of e-cigarettes. E-cigarettes are devices which heat a liquid to produce an aerosol, or "vapour", which users inhale. The liquids used in e-cigarettes vary in their ingredients and may or may not contain nicotine. The long-term health impacts of vaping are not well understood. There is currently insufficient evidence about the safety or harm of e-cigarettes for users and other people exposed to the exhaled aerosols.⁽¹⁷⁾

This is the first time a question about e-cigarettes has been included in the TPHS.

Most Tasmanians (85%) have never used e-cigarettes (Table 20). Almost one in ten Tasmanians (9%) have tried e-cigarettes and three per cent were using e-cigarettes in 2022.

There were variations in the use of e-cigarettes across age groups. Almost one in three Tasmanians (31%) aged 18 to 24 years have tried e-cigarettes before (Table 20). The proportion of people who have tried or are currently using e-cigarettes decreased with increasing age.

We asked: Which of the following best describes your vaping status?

- I vape daily
- I vape occasionally
- I don't vape now, but I used to
- I've tried a few times, but never regularly
- I've never vaped

Table 20. Patterns of use of e-cigarettes ("vaping") in Tasmanian adults in 2022, by sex, region, and age

Characteristic	Daily (%)	Occasionally (%)	Previously vaped (%)	Have tried before, never regularly (%)	Never vaped (%)
Sex					
Female	1	1	1	8	88
Male	2	2	2	9	83
Region					
North	2*	2*	2*	6	87
North West	1*	2*	2*	9	86
South	2	2	2	9	85
Age (years)					
18-24	4*	6	5*	31	53
25-34	5	3*	2*	13	77
35-44	np	1*	2*	11	84
45-54	1*	np	2*	5	90
55-64	np	1*	1*	3	93
Over 65	np	1*	< 1*	1*	96
TAS	2	2	2	9	85

* Relative standard error (RSE) greater than 25, use with caution

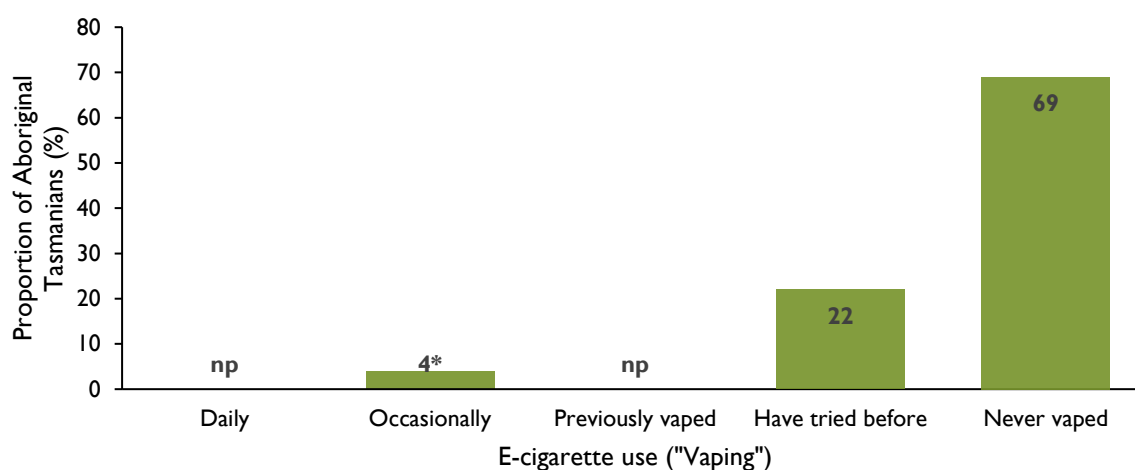
np = not published, RSE greater than 50

Overall, 98 per cent of people reported that they had not been exposed to e-cigarette aerosols in their household (Figure 36). Almost all people (99%) who lived in a household with dependent children 15 years and younger reported they had not been exposed to e-cigarette aerosols.



Figure 36. Proportion of households in Tasmania where occupants have not been exposed to e-cigarette aerosol, by household composition

Almost 70 per cent of Aboriginal and Torres Strait Islanders have never used e-cigarettes (Figure 37). Just over one in five Aboriginal and Torres Strait Islander (22%) have tried e-cigarettes.



* Relative standard error (RSE) greater than 25, use with caution
 np = not published, RSE greater than 50

Figure 37. E-cigarette use ("vaping") for Aboriginal and Torres Strait Islander Tasmanians, 2022

Alcohol Consumption

Risky consumption of alcohol can cause many direct and indirect health harms. Risk may be considered as single occasion risk or lifetime risk. This relates to drinking more than four standard drinks on one occasion or more than 10 standard drinks a week. Single occasion risk drinking is linked with an increase in acute adverse outcomes. This includes alcohol poisoning, violence, road accidents, and other injuries. Lifetime risk is associated with liver cirrhosis, pancreatitis, and some types of cancer.

The National Health and Medical Research Council guidelines recommend no more than 10 standard drinks in a week and no more than four standard drinks on any one day.⁽¹⁸⁾

In 2022, around 80 per cent of adult Tasmanians had consumed an alcoholic drink in the previous 12 months (Figure 38). Around one in three (36%) Tasmanians consumed alcoholic drinks at least weekly, and nearly one in ten (9%) consumed them daily.

We asked: *In the last 12 months, how often did you have an alcoholic drink of any kind?*

- ☐ Every day
- ☐ 5-6 days a week
- ☐ 1-2 days a week
- ☐ 1 day a month
- ☐ Did not drink in the last 12 months
- ☐ 3-4 days a week
- ☐ 2-3 days a month
- ☐ <1 day a month

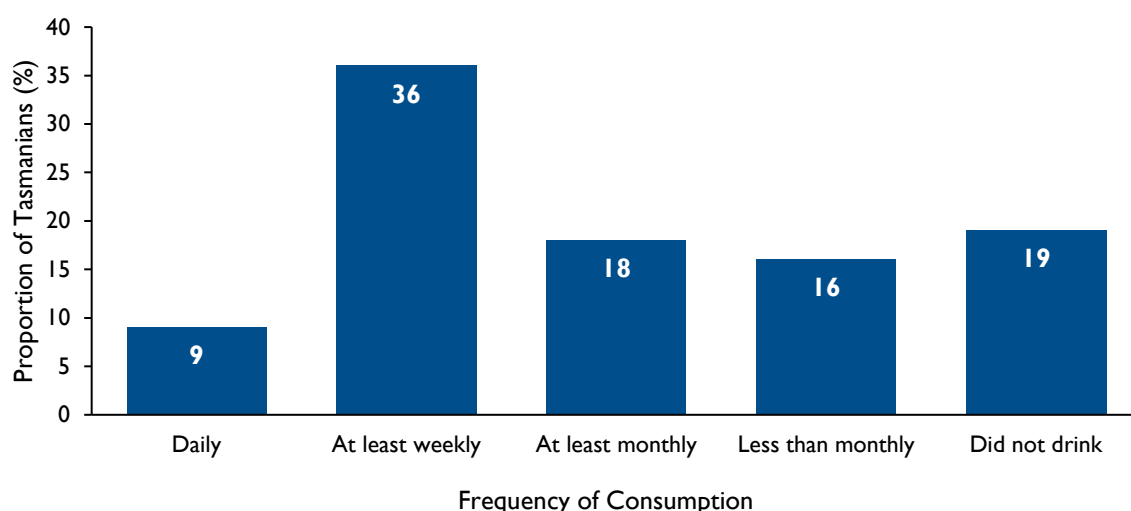


Figure 38. Frequency of alcohol consumption for Tasmanian adults in 2022

The proportion of Tasmanians engaging in single occasion risk drinking has remained stable since 2019 (Figure 39). In 2022, 37 per cent of Tasmanians engaged in single occasion risk drinking at least once in the previous 12 months. Just under half of those people had engaged in single occasion risk drinking at least monthly.

We asked: *In the last 12 months, how often did you have more than four standard drinks in a day?*

- ☐ Every day
- ☐ Weekly (specify number of days)
- ☐ 2-3 days a month
- ☐ < 1 day a month
- ☐ 1 day a month
- ☐ Never

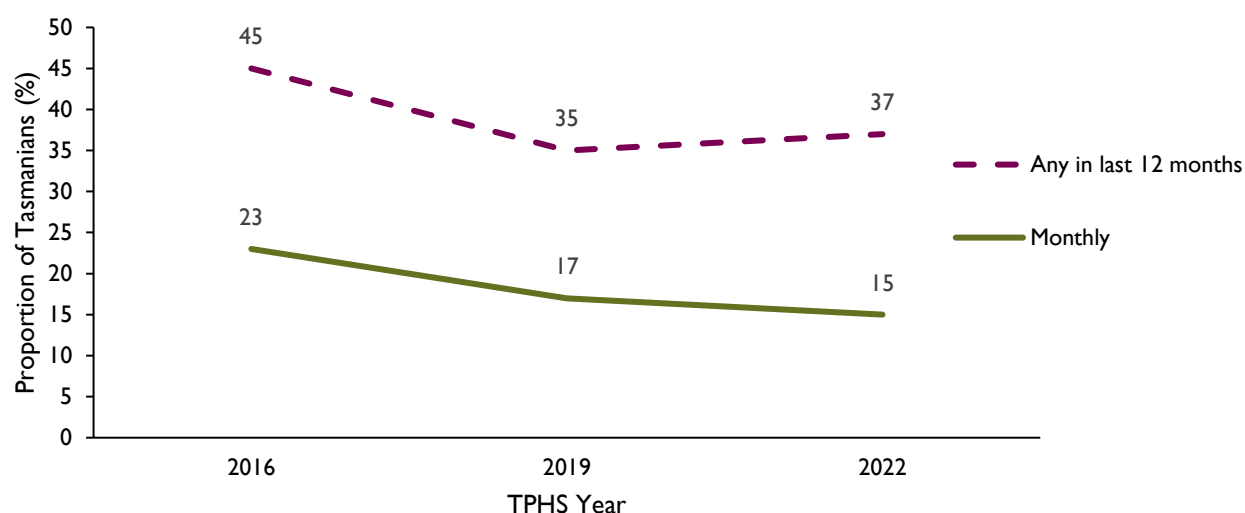


Figure 39. Frequency of engagement in single occasion risk drinking (more than four alcoholic standard drinks in a single occasion) for Tasmanian adults, 2016 to 2022

Male Tasmanians were twice as likely as females to consume alcohol daily (Table 21). Males were also more likely to have engaged in single occasion risk drinking, with 46 per cent engaging at least once within the last 12 months compared to 28 per cent of females (Table 21).

Table 21. Frequency of alcohol consumption and single occasion risk drinking within the last 12 months for Tasmanian adults in 2022, by sex, region, and age

Characteristic	Daily (%)	Weekly (%)	Monthly (%)	Less than monthly (%)	Do not drink (%)	Single occasion risky drinking [^] (%)
Sex						
Female	6	32	19	12	22	28
Male	12	40	17	19	16	46
Region						
North	9	35	18	18	18	39
North West	11	34	18	15	20	34
South	9	37	18	15	19	37
Age (years)						
18-24	4*	32	26	17	19	47
25-34	4	30	23	19	22	47
35-44	5	29	22	18	16	40
45-54	7	42	17	17	16	40
55-64	14	41	14	12	19	35
Over 65	16	33	13	14	22	24
TAS	9	36	18	16	19	37

[^]Consumption of > 4 alcoholic drinks on a single occasion at any time in the last 12 months

* Relative standard error (RSE) greater than 25, use with caution

The proportion of Tasmanians who had engaged in single occasion risk drinking at any time within the last 12 months decreased with age (Figure 40). However, the proportion of people who have an alcoholic drink daily *increased* with age (Table 21). This indicates that younger Tasmanians may be consuming alcohol less frequently, but when they do it may be more likely to be single occasion risk drinking compared to older Tasmanians.

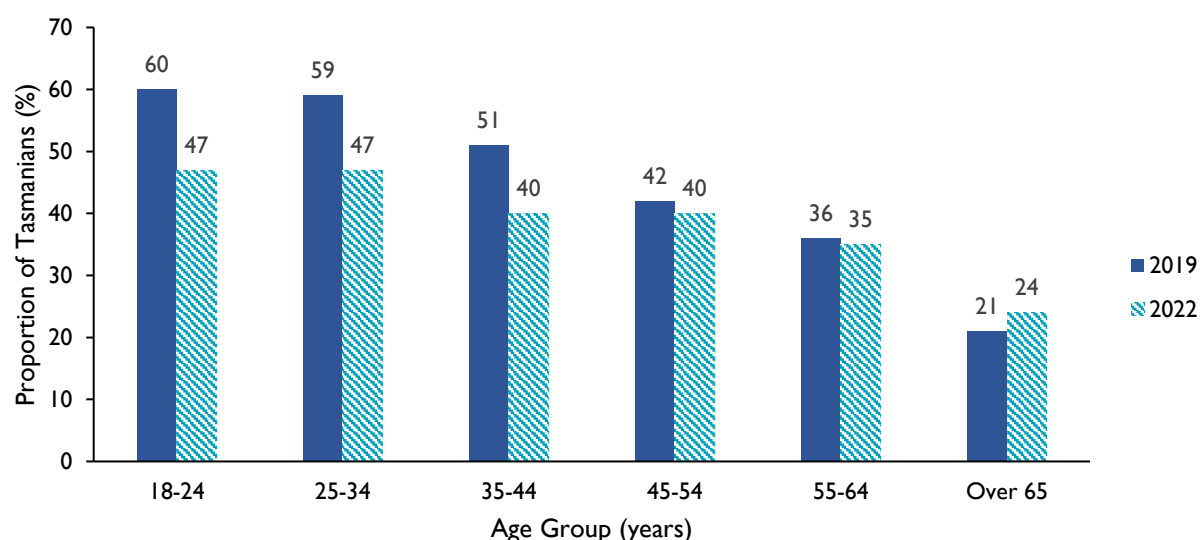


Figure 40. Any single occasion risk drinking (more than four alcoholic standard drinks on a single occasion) within the previous 12 months for Tasmanian adults by age, 2019 and 2022

One in four Aboriginal and Torres Strait Islanders (26%) do not drink alcohol (Figure 41a). Another one in four (27%) drink alcohol less often than monthly. Since 2016, there has not been a statistically significant change in the proportion of Aboriginal and Torres Strait Islanders who have engaged in single occasion risk drinking within the last 12 months (Figure 41b).

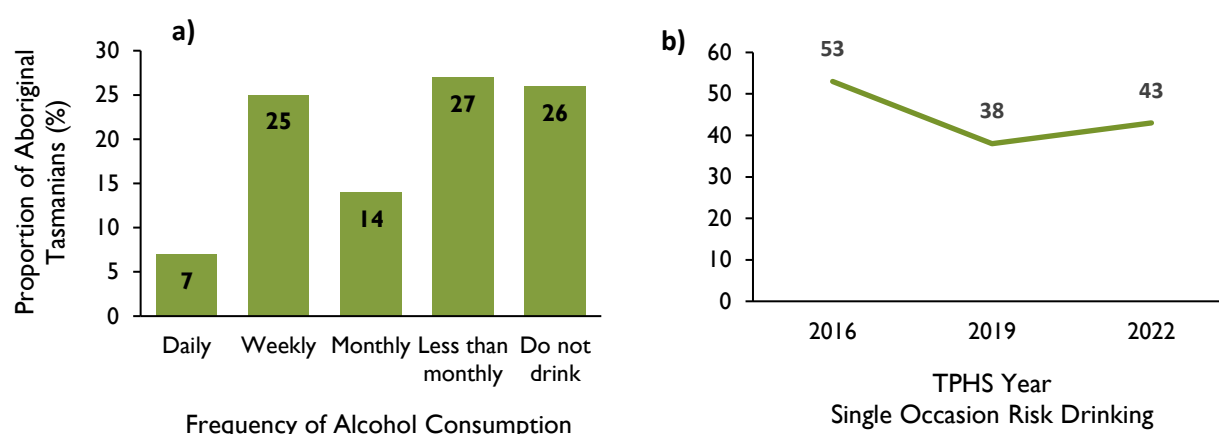


Figure 41. Patterns of alcohol consumption for Aboriginal and Torres Strait Islander Tasmanians (a) and proportion engaging any single occasion risk drinking (more than four alcoholic standard drinks on a single occasion) within the previous 12 months over time (b)

Oral Health

Good oral health is critical for eating, speaking, and social interactions such as smiling. It is therefore foundational for a person's overall health and wellbeing.⁽¹⁹⁾ Oral health refers to the condition of a person's teeth, gums, throat, tongue, and other muscles and bones around the mouth. The most common conditions affecting oral health in Australia are tooth decay, gum disease, and the loss of natural teeth.

We asked: How would you rate the health of your teeth and gums?

- Excellent
- Good
- Poor
- Very good
- Fair

Since 2019, the proportion of Tasmanians who rated their oral health as very good or excellent has remained at 41 per cent (Figure 42). Almost one in four Tasmanians (23%) rated their oral health as fair or poor in 2022.

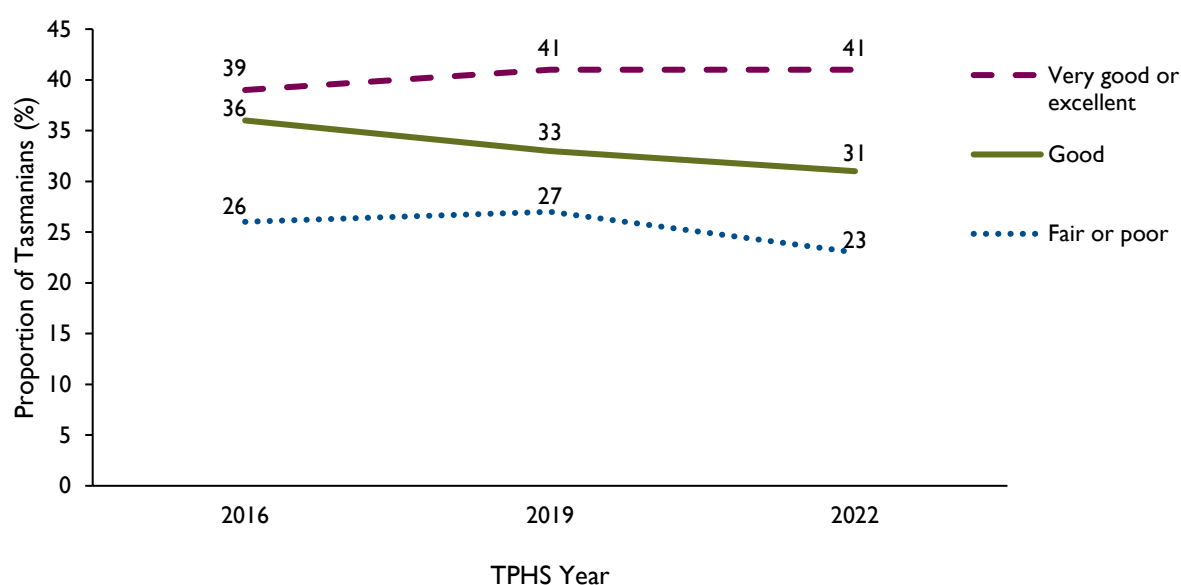


Figure 42. Self-assessed oral health rating for Tasmanian adults, 2016 to 2022

Nearly half of female Tasmanians (48%) reported having very good or excellent oral health, compared to just over one in three male Tasmanians (35%, Table 22). Tasmanians in the South were more likely to report very good or excellent oral health than those in the North and North West (Table 22). This has not changed since 2019.

The proportion of Tasmanians who reported having fair or poor oral health increased with age, until the age of 64 (Table 22). Tasmanians aged 55 to 64 years were more likely than other age groups to report fair or poor oral health.

Almost twice as many Tasmanians living in areas with the most socioeconomic disadvantage reported fair or poor oral health (30%) compared to those in areas with the least disadvantage (16%, Table 22). About half of people (49%) living in the least disadvantaged areas reported very good or excellent oral health in 2022.

Table 22. Self-assessed oral health rating for Tasmanian adults in 2022, by sex, region, age, and LGA-based IRSD quintile

Characteristic	Fair or poor (%)	Good (%)	Excellent or very good (%)
Sex			
Female	18	29	48
Male	27	34	35
Region			
North	25	34	38
North West	27	31	36
South	20	30	45
Age (years)			
18-24	14	41	45
25-34	20	33	46
35-44	24	34	41
45-54	25	26	47
55-64	30	29	36
Over 65	21	30	37
IRSD Quintile			
1 st (most disadvantaged)	30	31	32
2 nd	26	30	39
3 rd	24	32	39
4 th	28	30	37
5 th (least disadvantaged)	16	32	49
TAS	23	31	41

Almost one in three Aboriginal and Torres Strait Islanders (31%) rated their oral health as very good or excellent (Figure 43). A similar proportion reported their oral health as good, and a similar proportion reported their oral health as fair or poor.

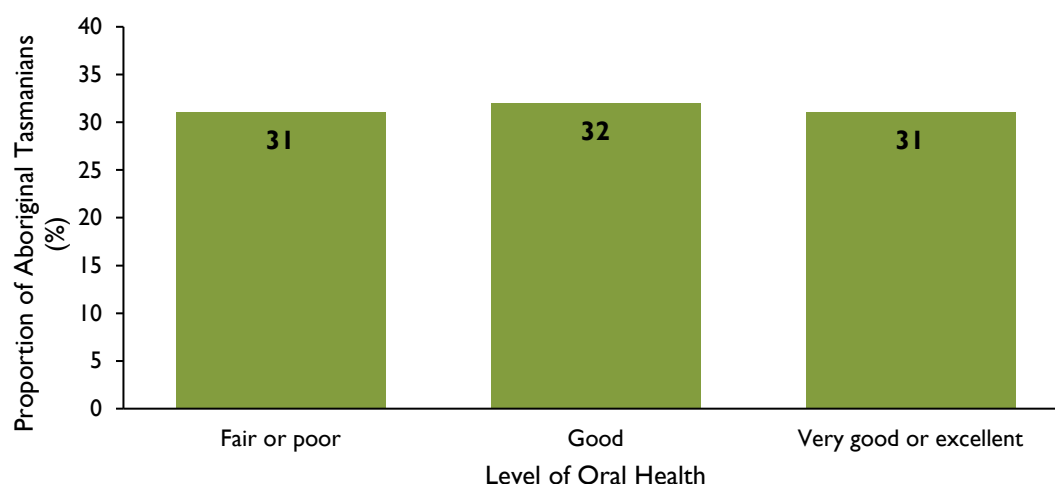


Figure 43. Self-assessed oral health rating for Aboriginal and Torres Strait Islander Tasmanians, 2022

Oral Hygiene

We should brush teeth and gums twice a day to maintain good oral health.⁽²⁰⁾

Around two in three Tasmanians (68%) reported brushing their teeth and gums twice a day or more in 2022 – this has decreased from 74 per cent in 2019 (Figure 44). In 2022, five per cent of Tasmanians infrequently or never brushed their teeth and gums.

We asked: How often do you usually brush your teeth and gums?

- ☐ More than twice a day
- ☐ Twice a day
- ☐ Once a day
- ☐ Less than once a day
- ☐ Never

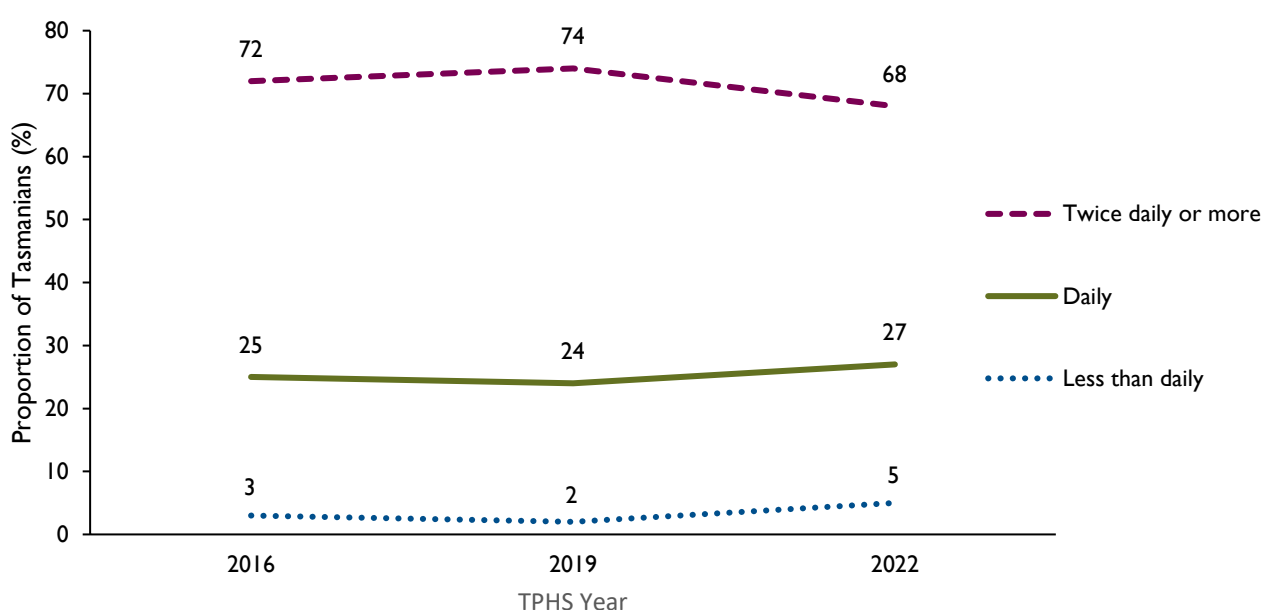


Figure 44. Usual frequency of brushing teeth and gums for Tasmanian adults, 2016 to 2022

A greater proportion of female Tasmanians reported they met the recommendations for brushing their teeth and gums, with three out of four (77%) reporting brushing twice a day or more, compared to just over half of males (57%, Table 23).

Tasmanians in the South had a greater proportion reporting they met the recommended twice a day or more brushing of teeth and gums, with 71 per cent of people reporting brushing their teeth and gums twice a day or more (Table 23).

Table 23. Usual frequency of brushing teeth and gums for Tasmanian adults in 2022, by sex, region, and age

Characteristic	Twice daily or more (%)	Daily (%)	Less than daily (%)
Sex			
Female	77	20	2
Male	57	35	7
Region			
North	65	29	5
North West	62	31	6
South	71	25	4
Age (years)			
18-24	66	28	5*
25-34	67	26	7
35-44	72	25	3*
45-54	70	25	4
55-64	66	29	5
Over 65	65	29	4
TAS	68	27	5

* Relative standard error (RSE) greater than 25, use with caution

More than half of Aboriginal and Torres Strait Islanders (55%) reported brushing their teeth twice a day or more, and just under one in three (31%) said that they brushed once a day (Figure 45).

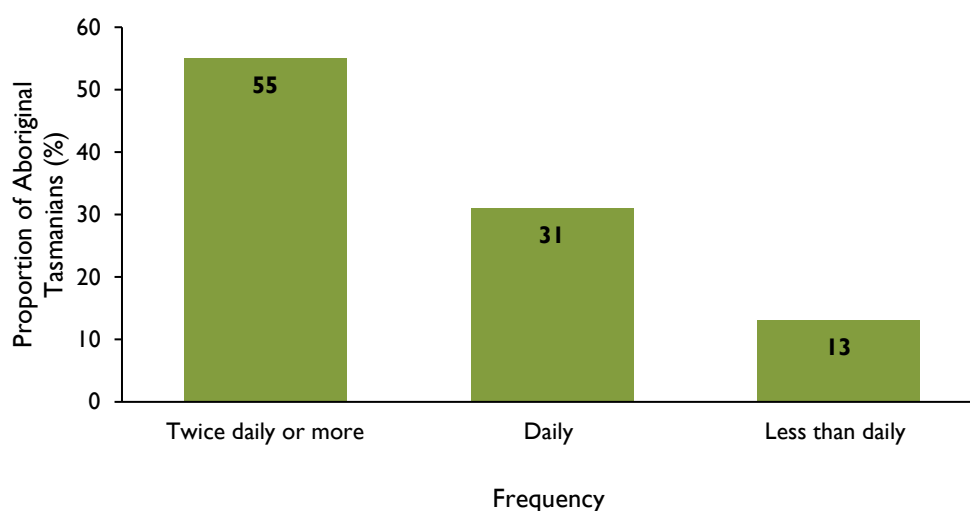


Figure 45. Frequency of brushing teeth and gums for Aboriginal and Torres Strait Islander Tasmanians, 2022

Dental Services

Dental services provide both preventative and interventional care. This can be to maintain good oral health or to treat oral disease and damage. Although there are no Australian guidelines on how often to see a dental professional, it is generally recommended to have a dental health check at least every year.

In the last 12 months, 53 per cent of Tasmanians visited a dental professional (Figure 46). Nearly 30 per cent of Tasmanians have not visited a dental professional for two or more years, which is similar to 2016.

We asked: *How long ago did you last visit a dental professional about your teeth, dentures, or gums?*

- Less than 12 months
- 1 to less than 2 years
- 2 to less than 5 years
- 5 to less than 10 years
- 10 years or more
- Never visited a dental professional

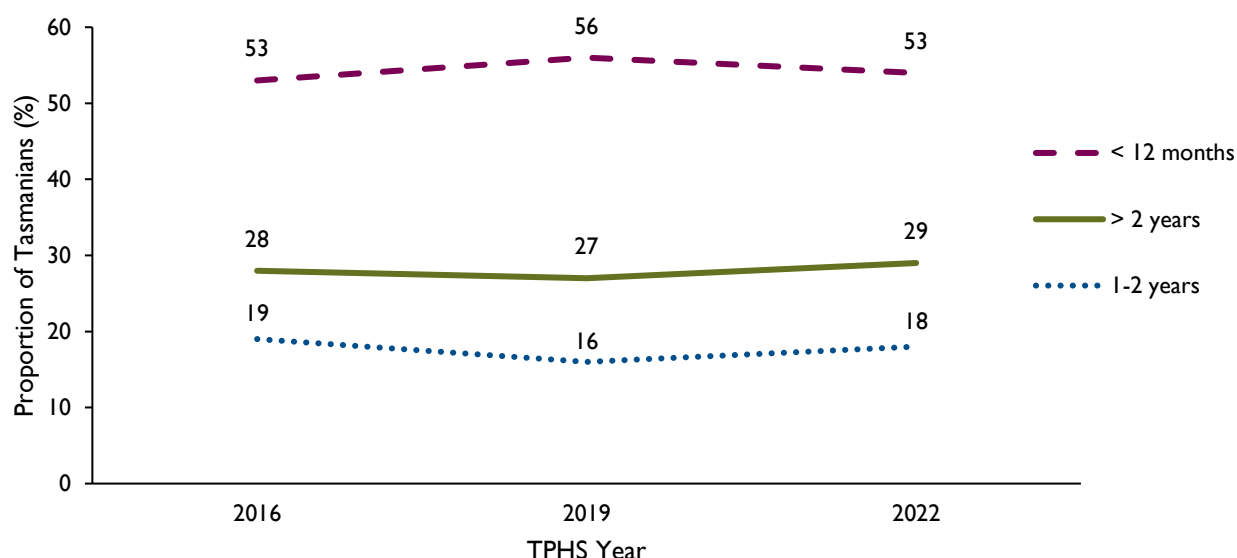


Figure 46. Time since last visit to a dental professional for Tasmanian adults over, 2016 to 2022

Almost one in five (19%) Tasmanians needed to see a dental professional in the last 12 months but did not go when needed (Table 24).

Female Tasmanians were more likely than males to have accessed a dental professional in the previous 12 months (Table 24). One in three (35%) males reported their last visit to a dental professional was more than two years ago, or never.

We asked: *In the past 12 months, has there been any time you needed to go to a dental professional but did not?*

✓ Yes ✗ No

More than half of Tasmanians in the South (57%) had accessed a dental professional in the last 12 months, compared to 45 per cent in the North West (Table 24). However, there was no significant difference between regions in the proportion of people who identified they needed to access a dental professional in the last 12 months but did not.

Tasmanians over 55 years were most likely to have accessed a dental professional in the last 12 months (Table 24). Around one in four Tasmanians (25%) aged between 25 and 44 years had needed to access a dental professional in the last 12 months but did not, compared to just nine per cent of people over 65 years.

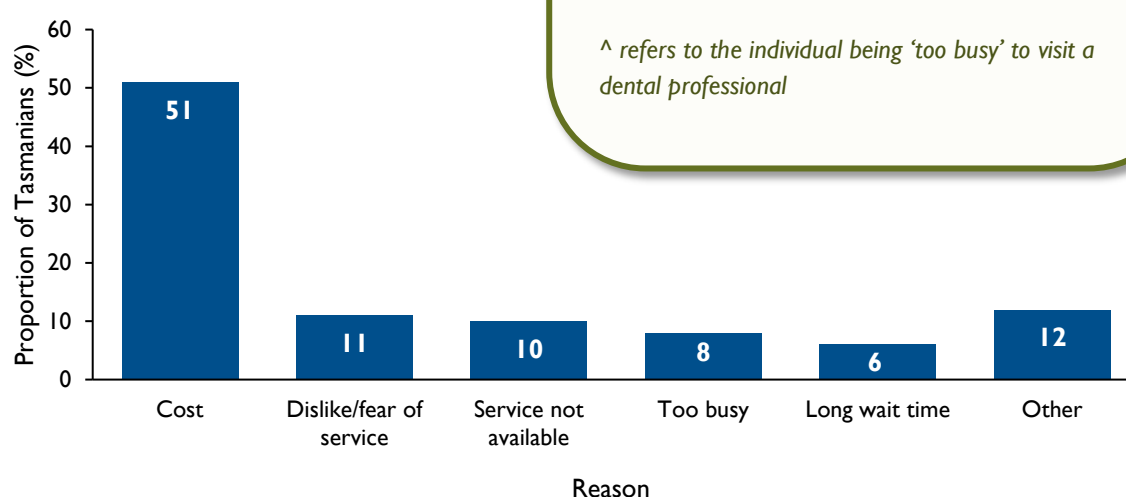
A socioeconomic gradient exists for accessing dental services. Forty-five per cent of Tasmanians living in areas with the most socioeconomic disadvantage accessed a dental professional in the last 12 months, compared to 62 per cent of those living in areas with the least disadvantage (Table 24).

Table 24. Time since last dental visit for Tasmanian adults, and proportion who needed to access a dental professional but did not in 2022, by sex, region, age, and LGA-based IRSD quintile

Characteristic	< 12 months (%)	1-2 years (%)	> 2 years (%)	Needed, did not go [^] (%)
Sex				
Female	59	18	23	21
Male	47	17	35	17
Region				
North	53	17	30	20
North West	45	18	36	21
South	57	18	25	18
Age (years)				
18-24	49	19	31	20
25-34	45	23	32	25
35-44	53	18	29	26
45-54	53	20	28	22
55-64	59	15	26	17
Over 65	58	14	28	9
IRSD Quintile				
1 st (most disadvantage)	45	20	35	22
2 nd	44	20	36	22
3 rd	53	16	31	19
4 th	49	17	33	23
5 th (least disadvantage)	62	17	20	15
TAS	53	18	29	19

[^] Proportion of people who needed to access a dental professional in the past 12 months, but did not go when needed

Among people who had needed to access a dental professional in the last 12 months but did not, half (51%) reported that cost was the main barrier (Figure 47). The next most common reasons were dislike or fear of dental services (11%) and services being unavailable when required (10%). For those who reported “other” reasons, most responses were related to COVID-19 and other health conditions, or because the dental complaint was mild or resolved itself.



We asked: When you needed to see a dental professional but didn't, what was the main reason you did not go?

- Cost
- Dislike / fear
- Too busy ^
- Long waiting time
- Service not available when required
- Appointment booked, waiting
- Other (specify)

^ refers to the individual being 'too busy' to visit a dental professional

Figure 47. Main reason for not accessing dental services when required in the last 12 months for Tasmanian adults in 2022

Cost was the most cited reason for not accessing a dental professional when needed across all age groups. Younger Tasmanians were particularly affected, with 60 per cent of people under 35 years avoiding a dental visit due to cost (Table 25). The reasons for older Tasmanians were more varied, with higher proportions reporting that dental services were not available when required or for “other” reasons.

Table 25. Main reason for not accessing dental services when required in 2022, by age group

Age (years)	Cost (%)	Dislike / Fear of Service (%)	Service Not Available (%)	Too Busy (%)	Long Wait Time (%)	Other (%)
18-24	60	np	np	13*	np	12*
25-34	60	9*	8*	6*	5*	10*
35-44	52	14	13*	7*	5*	7*
45-54	52	14*	10*	7*	7*	10*
55-64	46	11*	7*	15*	np	14
Over 65	34	9*	19*	np	8*	26
TAS	51	11	10	8	6	12

* Relative standard error (RSE) greater than 25, use with caution

np = result not presented as RSE greater than 50

In 2022, 39 per cent of Aboriginal and Torres Strait Islanders had visited a dental professional in the last 12 months (Figure 48). Almost the same proportion (38%) had not seen a dental professional for two or more years.

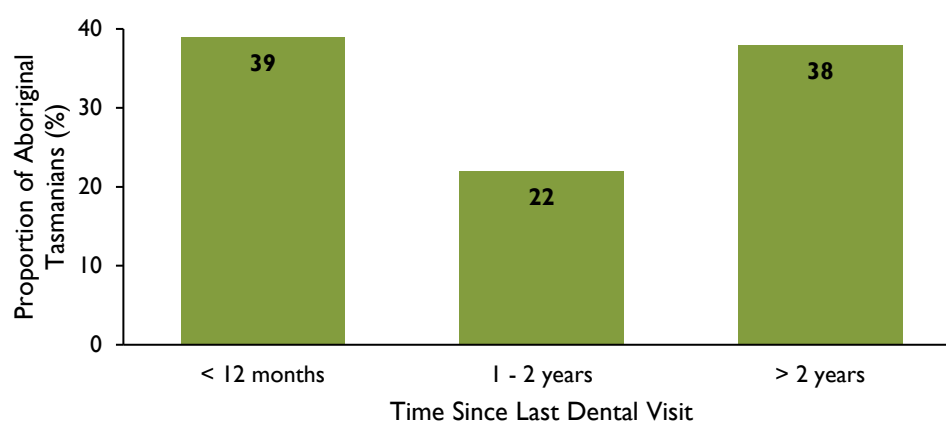
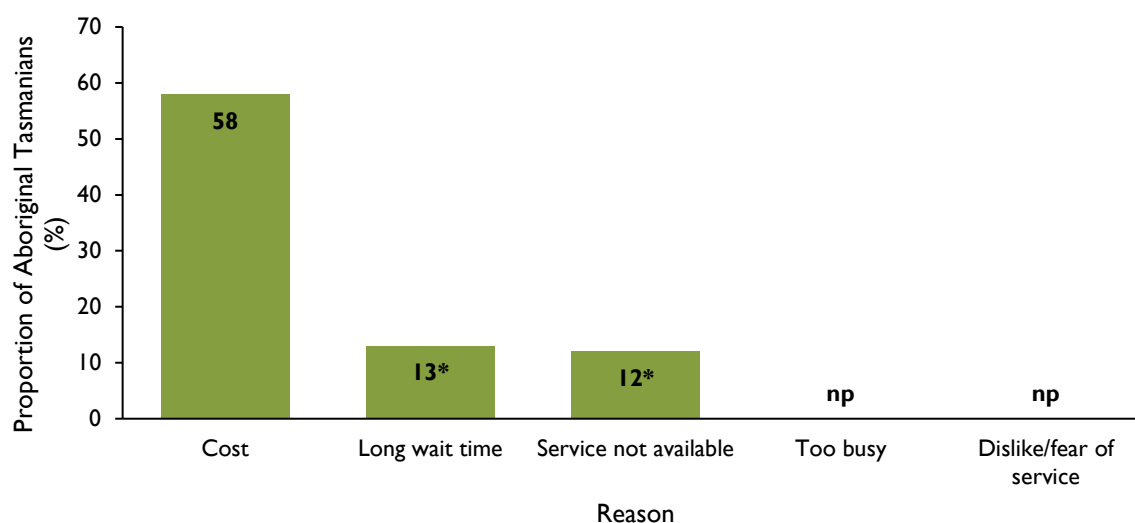


Figure 48. Time since last visit to a dental professional for Aboriginal and Torres Strait Islander Tasmanians in 2022

Around one in four (27%) Aboriginal and Torres Strait Islanders reported needing to access a dental professional in the last 12 months, but they did not. The most common barrier identified to accessing dental services was cost (58%), followed by long waiting times (13%), and services being unavailable when required (12%, Figure 49).



* Relative standard error (RSE) greater than 25, use with caution

np = not published, RSE greater than 50

Figure 49. Reasons for not accessing dental services when required for Aboriginal and Torres Strait Islander Tasmanians in 2022

Home Heating and Cooling

Heating

A main cause of poor air quality in Tasmania is smoke from wood heaters. This occurs particularly over the winter months. It is a health risk to both people in homes with wood heaters and broadly across the community. Short term exposure to wood heater smoke can worsen existing health conditions. These include asthma, chronic obstructive pulmonary disease (COPD), diabetes, and heart disease. Long term exposure to wood heater smoke can contribute to the development of multiple health conditions, such as heart and lung diseases, diabetes, and stroke. Those most vulnerable to wood heater smoke are children, pregnant women, older people, and people who already have these health conditions.⁽²¹⁾

We asked: What is the main source of energy or fuel used to heat your home?

- Electricity
- Wood
- Any other source of energy
- Gas
- Pellets

The main sources of energy used to heat homes in Tasmania in 2022 were electricity (72%) and wood (23%, Figure 50). Using wood heaters as the main source of energy to heat a home has decreased from 30 per cent in 2019 to 23 per cent in 2022. There was a complementary increase in usage of electricity as the main source for home heating from 62 per cent in 2019 to 72 per cent in 2022. In 2022 only four per cent of Tasmanians reported using either gas, pellets, or other sources of energy for heating their homes.

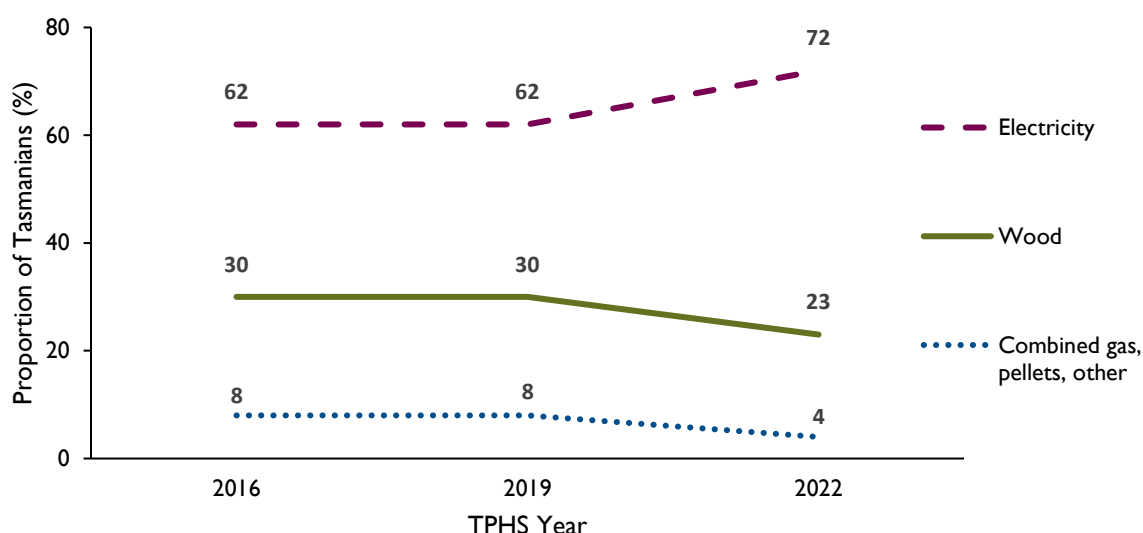


Figure 50. Source of energy primarily used to heat homes in Tasmania over time, 2016 to 2022

Twenty-eight per cent of people living in the North and North West regions primarily used wood heaters for home heating in 2022, compared to 18 per cent of those in the South (Table 26). The greatest decrease in the usage of wood heaters for home heating across the state since 2019 was in the South.

The proportion of Tasmanians who primarily rely on wood heaters for home heating decreased in 2022 across all age groups (Table 26). Almost one in four Tasmanians (23%) over the age of 65 years continue to rely on wood heating. This age group also had the smallest absolute reduction in primary usage of wood to heat their homes between 2019 and 2022. The highest proportion of Tasmanians using wood heating in 2022 was in adults aged 55 to 64 years (31%).

Table 26. Usage of wood as the primary source for home heating over time, by region and age

Characteristic	2016 (%)	2019 (%)	2022 (%)
Region			
North-West	34	33	28
North	35	33	28
South	26	27	18
Age (years)			
18-24	21	28	17
25-34	26	20	13
35-44	39	28	23
45-54	34	34	27
55-64	31	37	31
Over 65	28	26	23
TAS	30	30	23

There were minimal differences between household composition regarding the primary use of wood heaters to heat the home (Figure 51). Around 24 per cent of households with children aged 15 years and younger primarily used wood heaters in 2022, which is similar to the overall usage of wood heaters in Tasmania (23%).



Figure 51. Usage of wood as the primary source of energy for home heating by Tasmanians in 2022, by household composition

Cooling

Climate change has resulted in warming across Australia in all months, including a greater frequency of very hot days in summer. There has been an increase in frequency and intensity of extreme heat events in Australia (including Tasmania) which is expected to continue in the future.⁽²²⁾ Heatwaves are uncommon in Tasmania but can result in health impacts on vulnerable populations.⁽²³⁾

We asked: What is the main method of cooling your home during hot weather?

- Air conditioner ○ Fans
- Portable air conditioner
- None of the above

Home cooling may be achieved by active cooling or by passive cooling. Active cooling involves the use of an air-cooling appliance such as an air conditioner or fan. Older adults, young children, pregnant women, and those with chronic conditions are more vulnerable to heat-related illnesses, and having access to active cooling methods is an important protective measure for these people against heat-related illness.⁽²⁴⁾

Air conditioner use has increased with 61 per cent of Tasmanians using air conditioning as their main method of home cooling in 2022, compared with 53 per cent in 2019 (Figure 52). Three in four Tasmanians (76%) relied on air conditioners or fans as the main method to cool their homes during hot weather. This has increased from 70 per cent in 2019.

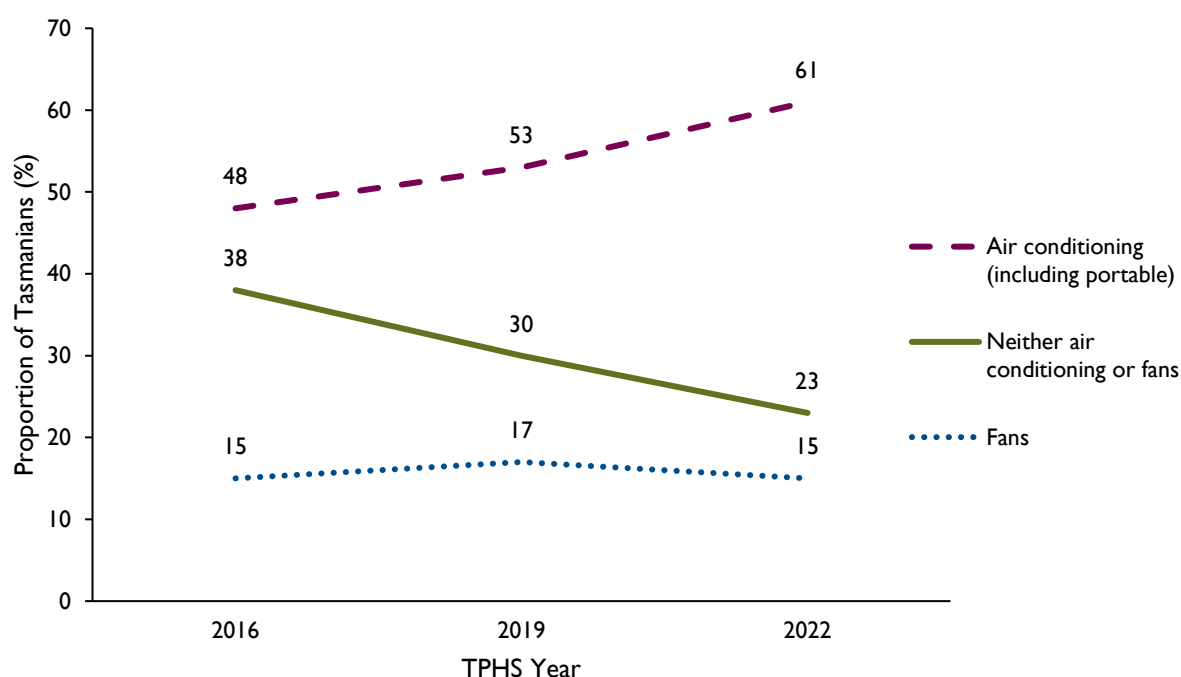


Figure 52. Primary method used for home cooling in Tasmania over time, 2016 to 2022

In the South, two thirds (65%) of the population primarily used air conditioning to cool their homes in hot weather (Table 27). Use of air conditioning was lower in the North West, with 52 per cent of the population relying on this method of home cooling.

Adults aged 35 to 44 years were more likely than other age groups to primarily use air conditioning for home cooling, with 70 per cent of people relying on this method (Table 27). Tasmanians aged 45 years and older were less likely than younger Tasmanians to use an air-cooling appliance as the main method to cool their homes in hot weather.

Table 27. Primary method used for home cooling in Tasmania in 2022, by region and age

Characteristic	Air conditioning (%)	Fans (%)	Neither air conditioning or fans (%)
Region			
North	59	17	23
North West	52	16	32
South	65	14	20
Age (years)			
18-24	60	18	21
25-34	61	19	19
35-44	70	12	18
45-54	58	15	26
55-64	57	16	27
Over 65	60	14	26
TAS	61	15	23

Sixty-two per cent of Aboriginal and Torres Strait Islanders primarily used air conditioning to cool their homes in hot weather in 2022 (Figure 53).

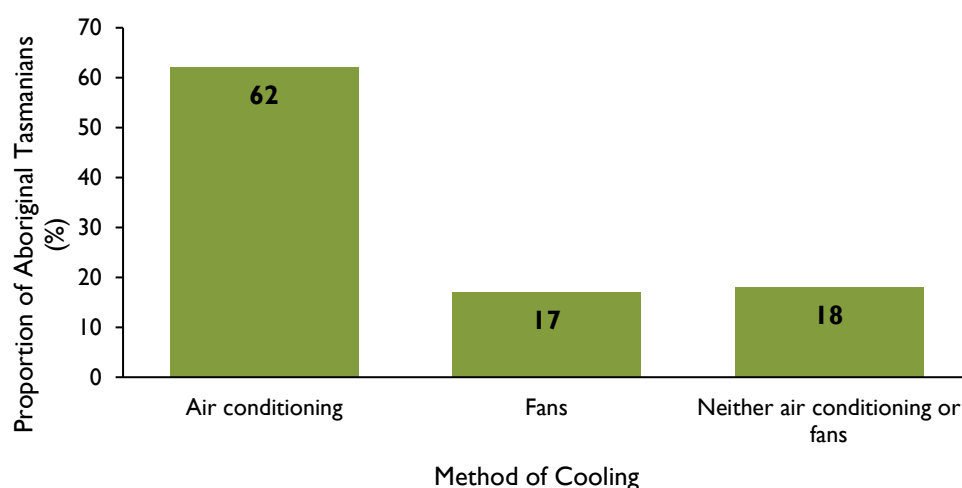


Figure 53. Primary method used for home cooling for Aboriginal and Torres Strait Islander Tasmanians in 2022

Physical and Mental Health

There are many conditions that can affect the physical and mental health of individuals. Chronic health conditions are those of long duration that slowly progress over time. This section describes some health conditions which are common for Tasmanians, body mass index (BMI) as a risk factor for health conditions, and access to primary health (GP) services where management of these conditions often occurs.

Health Conditions

The TPHS has collected information on a range of health conditions which affect Tasmanians since 2009.

In 2022, just over two in three Tasmanians (69%) had at least one of these selected health conditions (Table 28). The most commonly reported health condition was depression or anxiety, affecting 37 per cent of people. This was followed by arthritis and hypertension (high blood pressure, 23%), and asthma (22%). The prevalence of most selected physical health conditions has remained relatively stable since 2009. However, the prevalence of depression, anxiety, and other mental health conditions has increased over time.

We asked: Have you ever been told by a doctor that you have...? (Yes/no)

- ✓ Depression or anxiety
- ✓ Arthritis
- ✓ High blood pressure (hypertension)
- ✓ Asthma
- ✓ Any other mental health condition
- ✓ Cancer
- ✓ Diabetes
- ✓ Heart disease
- ✓ Osteoporosis
- ✓ Stroke
- ✓ High blood sugar levels
- ✓ Chronic Obstructive Pulmonary Disease (COPD)
- ✓ Kidney disease

Table 28. Prevalence of selected diagnosed health conditions for Tasmanian adults, 2009 to 2022 (age standardised to ABS 2001 population)

Health Condition	2009 (%)	2013 (%)	2016 (%)	2019 (%)	2022 (%)
Depression or anxiety	21	26	30	34	37
Arthritis	21	23	23	23	23
Hypertension	26	25	24	23	23
Asthma	22	24	25	25	22
Other mental health condition	-	-	-	7	11
Cancer	7	8	9	8	9
Diabetes	6	6	8	8	8
Heart disease	6	7	7	7	7
Osteoporosis	5	5	6	6	6
Stroke	3	2	3	2	3
High blood sugar	4	4	5	5	3
COPD	-	-	-	2	2
Kidney Disease	-	-	-	2	2
TAS (at least one condition)	-	-	-	-	69

Older Tasmanians were more likely to have been diagnosed with at least one health condition. In 2022, 91 per cent of people aged over 65 years reported at least one of the listed conditions (Table 29). The most commonly reported health conditions for this group were arthritis, hypertension, and cancer. Younger Tasmanians were most likely to have been diagnosed with depression or anxiety, asthma, and any other mental health condition.

Table 29. Prevalence of three most-common diagnosed of selected health conditions for Tasmanian adults in the TPHS 2022, by age

Age (years)	Most common (%)	Second (%)	Third (%)	At least one condition (%)
18-24	Depression or anxiety (42)	Asthma (25)	Any other mental health condition (16)	57
25-34	Depression or anxiety (42)	Asthma (23)	Any other mental health condition (14)	56
35-44	Depression or anxiety (43)	Asthma (24)	Hypertension (16)	65
45-54	Depression or anxiety (37)	Arthritis (28)	Hypertension (24)	73
55-64	Arthritis (44)	Hypertension (37)	Depression or anxiety (35)	81
Over 65	Arthritis (58)	Hypertension (54)	Cancer (27)	91
TAS	Depression/anxiety (37)	Arthritis (23)	Hypertension (23)	69

One in four Tasmanians (23%) have had three or more health conditions diagnosed by a medical professional of the selected conditions asked about (Table 30). The number of diagnosed health conditions that an individual has increased with age. Half (50%) of people aged 65 years and over had three or more chronic health conditions.

Table 30. Number of diagnosed chronic health conditions for Tasmanian adults in 2022, by age (standardised to ABS 2001 population)

Age (years)	One (%)	Two (%)	Three or more (%)
18-24	36	13	9
25-34	24	17	14
35-44	29	21	15
45-54	29	23	21
55-64	24	21	35
Over 65	18	24	50
TAS	27	20	23

Most Aboriginal and Torres Strait Islanders (85%) said they had been diagnosed with at least one chronic health condition (Figure 54). Almost half of people (46%) had three or more chronic health conditions.

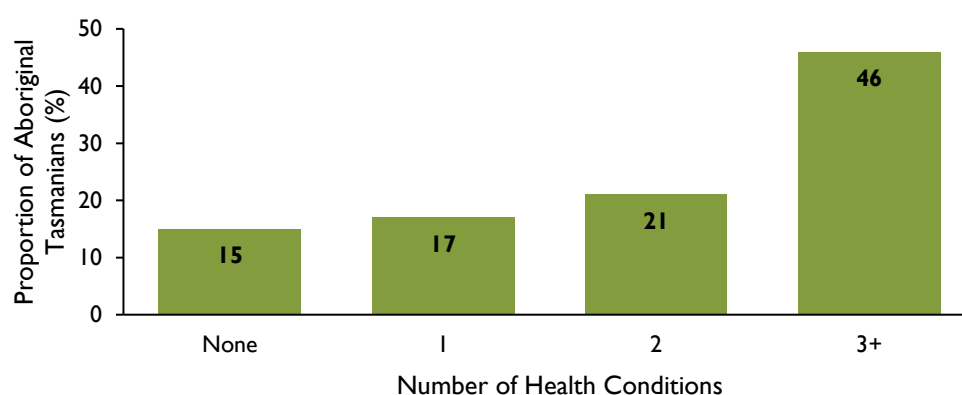


Figure 54. Number of diagnosed health conditions for Aboriginal and Torres Strait Islander Tasmanians in 2022 (age standardised to ABS 2001 population)

Specific Condition Focus

Mental Health Conditions

Mental health conditions are defined by disturbances in the way a person thinks, regulates their emotions, or behaves.⁽²⁵⁾ These conditions have become more frequent across Australia over the last several decades, with the two most-commonly experienced conditions being anxiety and depression. Examples of other mental health conditions include bipolar disorder, schizophrenia, and psychoses. The wording of the TPHS question is whether these conditions have 'ever been' diagnosed and does not clarify if they are currently being experienced.

In 2022, 39 per cent of Tasmanians had been diagnosed with a mental health condition at some stage in their lives (Table 31). Over a third of people (37%) reported that they had been diagnosed with depression or anxiety.

Female Tasmanians (43%) were more likely than males (30%) to have ever been diagnosed with depression or anxiety (Table 31).

Tasmanians living in the South (39%) were more likely than those in the North West (31%) to have ever been diagnosed with depression or anxiety (Table 31).

Tasmanians aged 65 years and older were less likely than all other age groups to have ever been diagnosed with depression or anxiety and other mental health conditions (Table 31). One in four people (23%) aged 65 years and older had ever been diagnosed with a mental health condition.

Table 31. Prevalence of mental health conditions for Tasmanian adults in 2022, by sex, region, and age (age standardised to ABS 2001 population)

Characteristic	Depression or anxiety (%)	Other mental health conditions (%)	Any mental health condition (%)
Sex			
Female	43	10	44
Male	30	10	32
Region			
North	38	11	40
North West	31	12	34
South	39	10	40
Age (years)			
18-24	42	16	44
25-34	42	14	45
35-44	43	12	44
45-54	37	9	38
55-64	35	7	37
Over 65	21	3	23
TAS	37	11	39

Over half of Aboriginal and Torres Strait Islanders (58%) had been diagnosed with a mental health condition at some stage in their lives. Fifty-six per cent of people had a diagnosis of depression or anxiety, and 29 per cent for another mental health condition.

Arthritis

Arthritis is a term for a range of inflammatory conditions which affect the bones, muscles, and joints.⁽²⁶⁾ Osteoarthritis and rheumatoid arthritis are the most common types of arthritis, and contribute significantly to illness, pain, and disability in our population.

Almost one in four Tasmanians (23%) said that they had been diagnosed with arthritis by a medical professional before (Table 32). This has not changed since 2013 (Table 28).

The prevalence of arthritis increased with age, from three percent of people aged 18 to 24 years to 58 per cent of people aged over 65 years (Table 32). Females were more likely to report an arthritis diagnosis compared to males. There was no significant difference by region.

Table 32. Prevalence of arthritis in Tasmanian adults in 2022, by sex, region, and age

Characteristic	Arthritis (%)
Sex	
Female	26
Male	20
Region	
North	25
North West	24
South	21
Age (years)	
18-24	3
25-34	7
35-44	11
45-54	28
55-64	44
Over 65	58
TAS	23

Hypertension

Hypertension, or high blood pressure, is an important risk factor for stroke, heart disease, and kidney disease. Hypertension can be managed by eating well, maintaining a healthy weight, reducing alcohol consumption, regular physical activity, and with medication when needed.⁽²⁷⁾

Almost one in four Tasmanians (23%) said they had been told by a medical professional that they had high blood pressure (Table 33). This has also not changed significantly over time (Table 28).

The prevalence of hypertension increased with age, from four percent of people aged 18 to 24 years to 54 per cent of people over 65 years (Table 33). Males were more likely to report a hypertension diagnosis compared to females. There was no significant difference by region.

Table 33. Prevalence of hypertension in Tasmanian adults in 2022, by sex, region, and age

Characteristic	Hypertension (%)
Sex	
Female	21
Male	25
Region	
North	25
North West	25
South	21
Age (years)	
18-24	4
25-34	11
35-44	16
45-54	24
55-64	37
Over 65	54
TAS	23

Diabetes

Diabetes can lead to many health conditions, including heart and kidney disease, eye problems, and nerve damage.

Eight per cent of Tasmanians said they had been diagnosed with diabetes by a medical professional (Table 34). The majority of those diagnoses (72%) were Type 2 diabetes, 10 per cent were Type 1 diabetes, and 15 per cent were gestational diabetes.

The prevalence of diabetes (any type) increased with age, from one percent of people aged 18 to 24 years to 18 per cent of people over 65 years (Table 34).

One in ten Aboriginal and Torres Strait Islanders (11%) said they had been diagnosed with diabetes by a medical professional. The majority of those diagnoses (63%) were Type 2 diabetes.

A further three per cent of Tasmanians reported being told by a doctor that they have high blood sugar levels.

Table 34. Prevalence of diabetes in Tasmanian adults in 2022, by sex, region, and age

Characteristic	Diabetes (%)
Sex	
Female	8
Male	9
Region	
North	10
North West	9
South	7
Age (years)	
18-24	1
25-34	4
35-44	8
45-54	9
55-64	15
Over 65	18
TAS	8

Asthma

Asthma is a chronic health condition that affects airways and causes breathing problems. Asthma ranges from being a mild condition with few symptoms, to a severe condition that can be life-threatening.

In 2022, one in five Tasmanians (22%) reported that they had ever been diagnosed with asthma. This has not significantly changed since 2019.

Females were more likely than males to have been diagnosed with asthma (Table 35).

There was no significant difference between regions or age groups in the prevalence of asthma in 2022 (Table 35).

Around half of Aboriginal and Torres Strait Islanders (49%) had ever been diagnosed with asthma.

Table 35. Prevalence of asthma in Tasmanian adults in 2022, by sex, region, and age

Characteristic	Asthma (%)
Sex	
Female	25
Male	18
Region	
North	25
North West	20
South	20
Age (years)	
18-24	25
25-34	23
35-44	24
45-54	21
55-64	17
Over 65	18
TAS	22

Body Mass Index

Body Mass Index (BMI) is used as a simple and standard way to classify adults based on their height and weight. Although BMI itself is less predictive at an individual level, it can be a useful tool to predict health risk at a population level. A high BMI corresponds with overweight or obesity. Overweight and obesity are associated with increased risk of many chronic health conditions, including heart disease, diabetes, kidney disease, and bone and muscle conditions.

We asked: How tall are you without shoes?

In centimetres, feet, or inches.

How much do you weigh?

In kilograms, stones, or pounds.

The proportion of the population in the obese category has significantly increased from 19 per cent in 2009 to 29 per cent in 2022 (Figure 55). There has been a complementary decrease in the proportion of people in the healthy weight category, from 43 per cent in 2009 to 35 per cent in 2022. Around six in ten Tasmanians (63%) had a BMI in the overweight or obese categories in 2022 (Table 36).

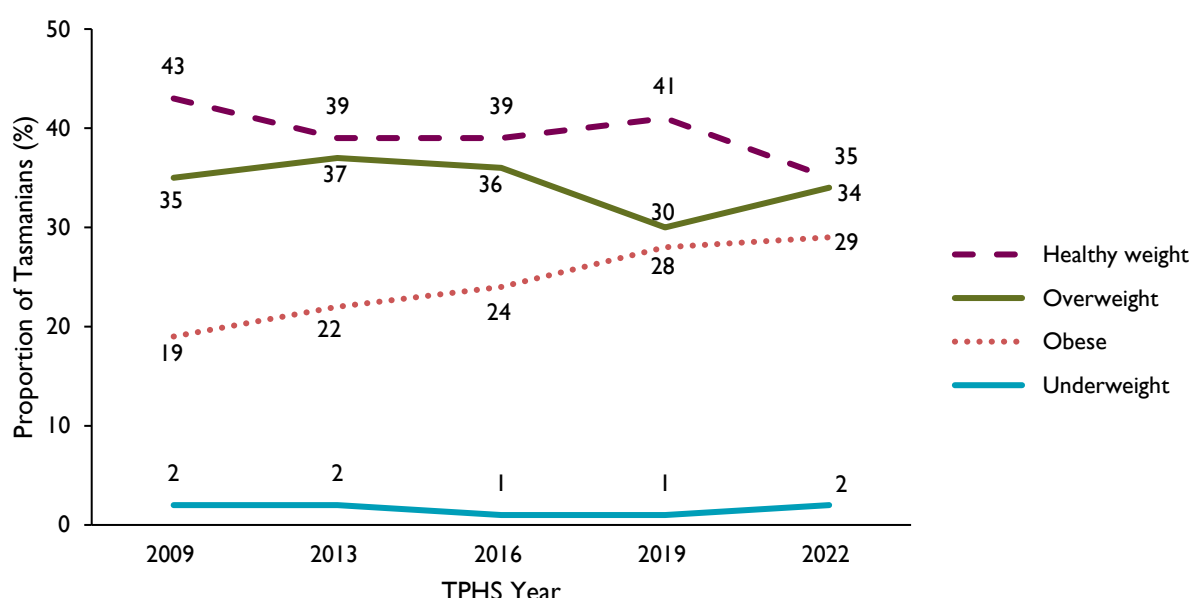


Figure 55. Proportion of Tasmanian adults in selected categories of BMI, 2009 to 2022 (age standardised to ABS 2001 population)

Note: measures of height and weight in the TPHS are self-reported and these results should not be directly compared with data from measured samples.

In 2022, 66 per cent of male Tasmanians had a BMI in either the overweight or obese categories compared with 58 per cent of females (Table 36).

The proportion of people with a BMI in either the overweight or obese categories significantly increased with age. Four in ten people (39%) aged 18 to 24 years had a BMI in the overweight or obese categories (Table 36). This increased to almost three in four people (74%) aged 55 to 64 years who had a BMI in the overweight or obese category.

Table 36. Proportion of Tasmanian adults in selected categories of BMI in 2022, by sex and age (age standardised to ABS 2001 population)

Characteristic	Underweight (%)	Healthy weight (%)	Overweight (%)	Obese (%)	Overweight and Obese (%)
Sex					
Female	3	39	28	30	58
Male	2*	32	39	27	66
Age (years)					
18-24	7*	54	23	16	39
25-34	3*	41	30	27	57
35-44	np	31	35	33	68
45-54	1*	28	37	33	70
55-64	1*	25	38	36	74
Over 65	1*	32	41	27	68
TAS	2	35	34	29	63

* Relative standard error (RSE) greater than 25, use with caution

np = not published, RSE greater than 50

Access to Primary Health Services

General Practitioners

Seeing a General Practitioner (GP) is often the first point of contact with the healthcare system. Visiting a GP might be for issues relating to acute or chronic health conditions or to improve health and wellbeing generally. How frequently people visit their GP is related to individual factors like their age, health conditions, health risk factors, and other factors such as access, availability, and cost of services. This is the first time we have asked about some of these factors in the TPHS.

We asked: In the past 12 months, have you seen a GP for your own health?

✓ Yes ✗ No

(Excludes visits to ED or hospital)

In 2022, 83 per cent of Tasmanians had accessed a GP in the last 12 months (Table 37). Female Tasmanians (88%) were more likely than males (77%) to have accessed a GP in the last 12 months. Older people were also more likely to see a GP, with 93 per cent of people aged over 65 years reporting they had visited a GP in the last 12 months compared to 69 per cent of people aged 18 to 24 years (Table 37).

However, one in three Tasmanians (32%) had also needed to see a GP in the last 12 months but did not (Table 37). Female Tasmanians were more affected than males, with 37 per cent not seeing a GP when needed compared to 27 per cent of males. Eighteen per cent of Tasmanians aged 65 years or older had needed to see a GP in the last 12 months but did not, which was significantly less than all other age groups.

We asked: In the past 12 months, has there been a time you needed to go to a GP but didn't?

✓ Yes ✗ No

In 2022, 79 per cent of Aboriginal and Torres Strait Islanders had accessed a GP in the last 12 months. However, nearly half of Aboriginal and Torres Strait Islanders (45%) also reported needing to access a GP in the last 12 months but did not.

Table 37. Proportion of Tasmanians who accessed a GP and those that needed to access a GP but did not in last 12 months (2022), by sex, region, and age

Characteristic	Accessed GP (%)	Needed but did not access GP (%)
Sex		
Females	88	37
Males	77	27
Region		
North	83	29
North West	83	29
South	82	35
Age (years)		
18-24	69	30
25-34	74	41
35-44	78	43
45-54	84	38
55-64	86	29
Over 65	93	18
TAS	83	32

For Tasmanians who had needed to access a GP but did not, the most common reason given was that GP services were not available when required (40%, Figure 56). This may have been due to difficulty finding an appropriate GP, difficulty accessing services as a new patient, or service unavailability at times convenient for the person to attend. This was followed by long waiting times (18%), cost (11%) and the individual being too busy to attend (9%).

We asked: When you needed to see a GP but didn't, what was the main reason you did not go?

- ☐ Cost
- ☐ Dislike / fear
- ☐ Too busy
- ☐ Long waiting time
- ☐ Service not available when required
- ☐ Appointment booked, waiting
- ☐ Other (specify)

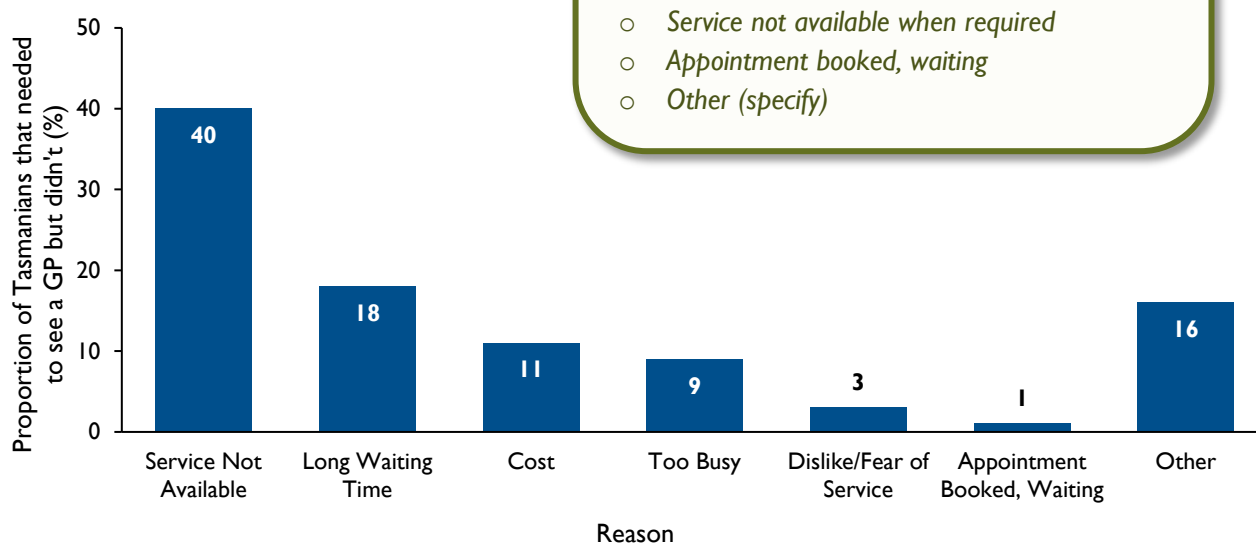


Figure 56. Main reason for not attending a GP for Tasmanian adults who reported they needed to see a GP but didn't in the last 12 months, 2022

Female Tasmanians (45%) were more likely than males (34%) to have not accessed a GP when needed due to services being unavailable when required (Table 38).

Cost was a more significant barrier to accessing GP services for Tasmanians residing in the South (13%) compared to those in the North West (5%, Table 38).

Cost was also a more significant barrier for younger people aged 18 to 24 years (20%) compared to those aged 55 years or older (5%, Table 38). More older Tasmanians also found services to be unavailable when required than younger Tasmanians, however, this difference was not statistically significant.

For Aboriginal and Torres Strait Islanders who had needed to see a GP, services being unavailable when required was the most significant barrier to accessing services (49%).

Table 38. Main reason for not attending a GP for Tasmanian adults who reported they needed to see a GP but didn't in the last 12 months (2022), by sex, region, and age

Characteristic	Service Not Available (%)	Long Wait Time (%)	Cost (%)	Too Busy (%)	Dislike / Fear of Service (%)	Other (%)
Sex						
Female	45	18	11	7	2*	15
Male	34	17	11	11	3*	19
Region						
North	35	19	9	8	3*	21
North West	38	19	5*	13	5*	17
South	44	17	13	7	1*	14
Age (years)						
18-24	26	14*	20	18	np	19
25-34	37	19	13	8*	5*	15
35-44	46	18	12	7*	np	14
45-54	41	17	11	8*	np	16
55-64	45	17	5*	10	3*	14
Over 65	40	20	5*	4*	3*	21
TAS	40	18	11	9	3	16

* Relative standard error (RSE) greater than 25, use with caution

np = not published, RSE greater than 50

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Appendices

Appendix A: Survey Methodology

The Tasmanian Population Health Survey (TPHS) 2022 was undertaken using Computer Assisted Telephone Interviewing (CATI). CATIs are frequently used in population health surveys because they offer the advantages of timely and cost-effective collection of data. All responses were self-reported and stored directly in the CATI system.

The target population was defined as all non-institutionalised Tasmanian residents aged 18 years and over.

The fieldwork data collection, dataset collation, population weighting, and the production of the technical report were undertaken by the *Social Research Centre Pty Ltd* in Melbourne.

A total of 4 061 TPHS interviews were completed. Interviews were conducted between September and November 2022, with an average interview length of 22 minutes.

The TPHS 2022 response rate was 28.6 per cent based on the legacy co-operation rate. In comparison, the overall response rate for the 2019 TPHS was 52 per cent using the legacy co-operation rate. The American Association for Public Opinion Research (AAPOR) Response Rate 3 (RR3) was also calculated for the TPHS 2022 survey. The AAPOR RR3 was 11.4 per cent based on calculation.⁽²⁸⁾ The AAPOR RR3 was also calculated because it is a widely used and standardised definition of a survey response rate that allows for the comparison to other surveys that use the same calculation. The change in response rate is most likely due to the change in sampling methodology of mobile phone only recruitment. While the change to mobile phone recruitment required more calls, the sample population represented the Tasmanian population better when compared to previous TPHS surveys.

Survey design and sampling

Stratification

The survey sample of 4 061 was stratified by Local Government Area (LGA). This sample allocation allowed for an oversampling of low population areas to ensure sufficient precision of data estimates. Whilst the target LGA totals were treated as a quota, the focus was on completing the call cycle for all sample records initiated.

Sampling

For the first time, the 2022 TPHS recruitment consisted of only mobile phone numbers from the Integrated Public Number Database (IPND). The IPND is a list of almost all mobile phones with post codes in Australia. The Australian Communications and Media Authority grants access to the list with specific requirements, such as using the list for calls only (no pre-field SMS allowed). The use of the IPND allowed for more efficient and cost-effective sampling compared to random digit dialling. Previous TPHS surveys used random digit dialling.

Call Procedure

Specific recruitment procedures were conducted to maximise responses. Calls were made over different times of day and days of the week. The first call was done on weekday evenings or weekends

for the best possibility of establishing contact. The limit of attempts to contact someone was four calls and a further two calls to conduct the interview. Interviewers would always ask if it was safe to talk and offered to call respondents back on a landline.

Data collection

The Department of Health (DoH) published a news alert on the DoH website ([News and alerts | Tasmanian Department of Health](#)). The news alert described the survey and provided information about the Social Research Centre.

Survey hotline

The *Social Research Centre* also operated a survey Hotline 1 800 number during the data collection period for the purposes of managing interview appointments and answering questions about the survey.

Interviewing procedures

All interviews were conducted by trained interviewers at the *Social Research Centre*. The phone answerer was treated as the target respondent for screening. Calls were made across various times of the day and week, but with a maximum of one call per day. Up to four calls were made to establish contact, with a further two calls to complete an interview where a qualifying respondent had been identified (maximum six calls in total).

Number of interview targets were set for each of the 29 Local Government Areas based on the population of each LGA. All interviewing was undertaken using English only.

Survey sample weighting

The weighting method consisted of two stages, the first of which was to calculate the *design weight*, also known as base weights, for each respondent. The second stage, called the *adjusted weight*, was to adjust the design weights to match population distributions by the characteristics of the respondent. The latter involved a tailored weighting methodology. The reason for weighting data is to ensure the survey data better represents the Tasmanian adult population.

Design weights (1st stage)

The design weights were calculated to reflect the probability of someone being selected in each LGA. IPND provides geographic location, which was confirmed during the interview, and the other characteristics were obtained during the survey interviews.

Each respondent's design weight is the inverse of their probability (chance) of selection based on the population of that LGA.

Weight adjustment (2nd stage)

The second stage was to adjust the design weights so that the estimates produced are representative of the target population. This adjustment was a multi-stage process considering the characteristics of the Tasmanian population. These characteristics included gender, age, education, country of birth, socio-economic disadvantage, number of adults in a household, and region of Tasmania. Tasmanian population characteristics were assessed using the Australian Bureau of

Statistics (ABS) Census and the ABS National Health Survey (NHS). The 2016 Population Census was used for Index of Relative Socio-economic disadvantage, and the ABS 2021 Population Census was used for age groups, education level, country of birth, and gender. The 2020-21 NHS was used for number of adults in a household. These benchmark values were then used to adjust the design weights to ensure that estimates of selected survey data items closely match the Tasmanian population. The type of weighting procedure used for the adjusted weights is called Generalised Regression (GREG) weighting.

Profile of survey respondents

The sex, age, and region profiles of survey respondents were compared with that of the Tasmanian 18+ population¹ to provide an indication of how representative the survey participants were of the target population. Some key findings were:

The Tasmanian Population Health Survey continues to under-represent males and younger age groups. However, there has been an increase in participation of persons aged less than 55 years compared to the 2019 survey. This is consistent with projects that do not have a strategy for specifically targeting specific sexes and younger persons. There was little variation in the regions.

The weighting strategy for the TPHS was designed to address these imbalances in age and gender.

The table below shows the sex, age, and region distributions of the survey respondents, as well as the respective Tasmanian population distributions².

The proportion of respondents who were Aboriginal and Torres Strait Islanders aged 18 years and over in the 2022 survey was 4.4 per cent which is a slight increase compared to the 2019 survey (3.5 per cent).

Characteristic	Population (%)	Sample (%)
Sex		
Female	51	55
Male	49	45
Region		
North	27	28
North West	21	20
South	52	52
Age (years)		
18-24	10	8
25-34	17	13
35-44	15	12
45-54	16	14
55-64	17	19
Over 65	26	34

¹ Australian Bureau of Statistics (2021) 2021 Census – counting persons, place of usual residence by age (AGEP), sex (SEXP), and Local Government Areas (2022 Boundaries) [Census TableBuilder], accessed 15 December 2020.

² Ibid

Statistical analysis and interpretation of results

Statistical software

The survey data were analysed using the Stata statistical software package (Version 15, StatCorp LP, College Station Texas) and R (Version 4.2.2, R Foundation for Statistical Computing, Vienna, Austria).

Weighting

The survey data have been weighted to the Tasmanian population, based on the stratified sampling design of the survey. Each respondent represents multiple persons based on their included gender, age, education, country of birth, socio-economic disadvantage, number of adults in a household, region of Tasmania. Except where specifically noted as age standardised, all population estimates (expressed as percentages and averages) provided in the report are weighted estimates.

Statistical significance

Confidence intervals in the Supplementary Data file are provided to assist the reader in interpreting statistically significant results. As per previous TPHS reports, 95 per cent confidence intervals (95% CI) are used as a conservative statistical test for significant differences. Significant differences between estimates exist where confidence intervals do not overlap. When the confidence intervals of the estimates do overlap, the estimates are deemed not to be significantly different by this measure.

Age-standardisation

In making comparisons over time for data items which are strongly age-dependent, weighted estimates can sometimes be difficult to interpret because of changes to the population age distribution over time. Consequently, if changes to the population age distribution are not taken into account, any observed changes may be at least partially attributable to a change in the age distribution. This is particularly relevant for data items which increase in prevalence with increasing age, such as chronic diseases and obesity. Due to Tasmania's ageing population, the estimates provided in this report relating to chronic diseases, body mass index, and self-assessed health status have been adjusted for age using the 2001 Australian standard population, which is the standard population recommended by both the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW). This process is termed age-standardisation, and the resulting estimates are termed age-adjusted, or age-standardised, rates.

Imputation

Explicit missing data imputation has not been undertaken for any data items. However, for variables which have been derived from component data items, such as BMI (based on self-reported height and weight) and the Kessler 10 (a composite score based on 10 separate data items), data estimates have been based solely on non-missing data values. Consequently, for the remaining data items in the survey, summation of percentages over the categories of a variable will not necessarily add up to 100 per cent due to a proportion of missing values (typically coded as don't know/refused).

Appendix B: Abbreviations

ABS	Australian Bureau of Statistics
BMI	Body Mass Index
CATI	Computer Assisted Telephone Interview
COVID-19	Coronavirus Disease 2019 (SARS-CoV-2)
GP	General Practitioner
IRSD	Index of Relative Socioeconomic Disadvantage
K10	Kessler 10 Psychological Distress Scale
LGA	Local Government Area
RSE	Relative Standard Error
TAS	Tasmania(n)
TPHS	Tasmanian Population Health Survey

Appendix C: Glossary

Aboriginal and Torres Strait Islanders	Where a reference is made to Aboriginal and Torres Strait Islanders within the Report, this includes all people who answered the question 'Are you Aboriginal or Torres Strait Islander?' in the affirmative for either Aboriginal or Torres Strait Islander or both Aboriginal and Torres Strait Islander.
Age group	<p>The TPHS uses the following age ranges to form age groups:</p> <ul style="list-style-type: none">18 to 24 years25 to 34 years35 to 44 years45 to 54 years55 to 64 years65 years and over
Age standardisation	<p>This is a statistical method that takes into account the differences in age composition when comparing data for different populations.</p> <p>The method used in this report is direct standardisation. The standard population used in this report is the 2001 Australian resident population.</p> <p>See Appendix A for further details.</p>
Computer assisted telephone interview	Computer Assisted Telephone Interviewing, or CATI, is where an interview is conducted by phone and the questionnaire appears on the interviewers computer. The interviewer follows the prompts of the questionnaire and enters all responses directly into the program used.
Confidence interval	<p>A confidence interval is the range within which the 'true' value is likely to lie. The most common interval used is the 95 percent confidence interval (95% CI).</p> <p>The width of the confidence intervals indicates how precise the estimated value is. A wider confidence interval implies that the estimate is less precise.</p>
Cross-sectional survey	This is a study design that incorporates participants who meet the inclusion/exclusion criteria and allows researchers to look at both outcomes and exposures of interest at the same time. This type of study gives information about the prevalence of an outcome or exposure.

Index of Relative Socioeconomic Disadvantage

The socio-economic status measure used in this report is one of the suite of Socio Economic Indexes for Areas (SEIFA) developed by the ABS. The index used in the report is the Index of Relative Socio-Economic Disadvantage (IRSD). This index represents a single measure of socio-economic disadvantage derived from Census data, and includes variables such as education, income, occupation, and housing. This means areas with a low index score are more disadvantaged than areas with a high index score. This report uses IRSD at the LGA level.

For more information on IRSD, visit the following ABS website: [2033.0.55.001 - Census of Population and Housing: Socio-Economic Indexes for Areas \(SEIFA\), Australia, 2011 \(abs.gov.au\)](https://www.abs.gov.au/2033.0.55.001)

Kessler 10

The Kessler 10 Psychological Distress Scale (K10) is a validated diagnostic screening tool that examines for the presence of symptoms of anxiety and depression.

It consists of 10 questions that explore the levels of psychological distress over the preceding four-week period, covering feelings and experiences such as nervousness, hopelessness, restlessness, sadness, and worthlessness.

Local Government Area

Legally designated part of a state or territory for which incorporated local governing bodies (usually a local council) have responsibility.

In Tasmania there are 29 Local Government Areas (or LGAs).

Prevalence

The proportion of a population with a disease or characteristic at a specific point in, or period of, time.

Proxy

A proxy is when one instrument can be used to represent the value of something else.

In the TPHS, the capacity of an individual to be able to raise funds in an emergency situation is used to indicate the financial security for that person. That is, the ability to raise emergency funds is used as a *proxy* to measure financial security.

Regions

Local Government Areas (LGA) in Tasmania are commonly grouped into three regions: the North West, North, and South. These regions are frequently referenced by the Tasmanian Department of Health.

See Appendix E for a map demonstrating these regions and the LGAs within each.

Relative standard error

This is a measure of the reliability of an estimate.

This report uses Australian Bureau of Statistics convention of interpretation. A relative standard error (RSE) lower than 25 per cent is considered reliable, estimates with a RSE between 25 per cent and below 50 per cent should be used with caution, and any estimate with a RSE of 50 per cent or higher are deemed too unreliable to be published. Any finding with a RSE of 50 per cent or higher is not cited in this report.

Significance (statistical significance)

In this report, 95 per cent confidence intervals (95% CI) have been used to determine if a statistically significant difference exists between compared values. A statistically significant difference exists where the confidence intervals do not overlap. This refers to the difference between the estimates being compared being greater than that which could be explained by chance.

95% CI are not incorporated into the tables included within this report but are available within the Supplementary Data file.

Weighted data

Weighting of data are calculations undertaken to adjust the data so that it better represents the Tasmanian adult population.

For more, see Appendix A.

Appendix D: TPHS 2022 Questionnaire Data Items and Modifications

Legend:

Plain black text – questions as asked during 2019 survey, mostly unchanged for 2022

– questions with altered wording for 2022

^ – questions added for 2022 as NEW

Strike through text – question removed

Welcome and Introduction

Age

Gender #

Demographics (1)

Number of people ≥ 18 in household

Household status

Ages of children in household

Indigenous status #

Number of people < 18 in household # – new options ^

Health Screening and Service Use

GP Access ^

Health checks

Use of Public Hospitals

Hospital satisfaction

Health Literacy

Ability to understand health information

Nutrition

Number of serves vegetables

Number of serves of fruit

Bread/rolls amount

Type of milk consumed

Diet soft drinks

Soft drinks

Reasons for inadequate nutrition

Food security

Discretionary Food ^

Iodine awareness ^

Type of drink consumed when thirsty

Number of cups of water?

If diet: type and reason

~~Folate awareness~~

BMI

Height

Weight

Alcohol

Quantity consumed

Frequency of consumption by level – questions removed

Frequency of consumption # – new options ^

Alcohol in past 12 months

Smoking

Current smoking status

If ex-smokers: smoked ≥ 100

Smoking cessation method – new options ^

Smoke and vape free home # (B16 #, B16a ^, B16b ^)

Current vaping status ^

Oral Health

Dentist visit

Dental health status #

Brushing frequency #

Dentist cost barrier #

Dentist access ^

Missing teeth

Toothache

Child dental hygiene

Physical Activity

Walking frequency

Walking time

Time spent on vigorous activities
 Frequency of mod physical activities
 Time on mod physical activities
 Frequency of muscle strengthening activities
 Time spent on muscle strengthening activities
 Active transport
 Frequency of vigorous activities
 (sport/exercise/household
 activities/gardening) #
 Sitting time weekdays #
 Vigorous household activity frequency
 Vigorous household activity time
 Frequency and time spent on vigorous
 gardening
 Type of work activity

Health and Wellbeing Status

Self-reported health
 Kessler 10 scale (psychological distress)
 Asthma symptoms
 Type of diabetes
 Various health conditions – new options ^
 Social connectedness ^
 Wellbeing ^
 Self-reported mental health ^

~~Condition current~~
~~Current care/management plan~~
~~Asthma diagnosis~~
~~Asthma and smoke~~
~~Asthma action plans~~
~~Diabetes diagnosis~~
~~High sugar level diagnosis~~
~~Actions to manage diabetes or high BSLs~~
~~Diabetes care plan~~

Financial Security and Threats to Health

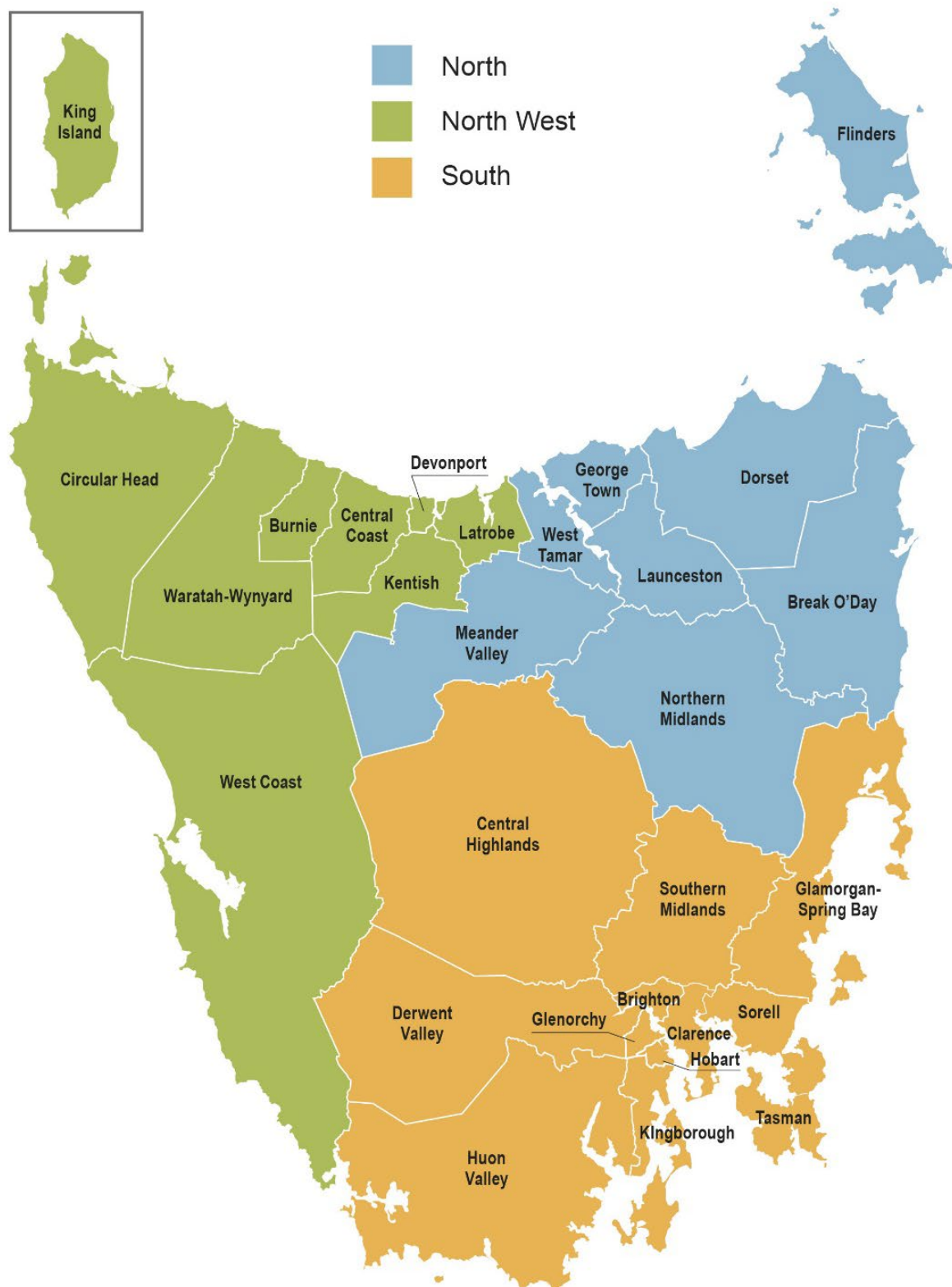
Raise \$2,000 if needed
 Source of home heating and cooling

Demographics (2) and Socio-Economics

Highest level of education
 Employment status
 Household income
 Country of birth # – new options ^
 Telephone status
 Number listed
 Dual user status

***** End of Survey *****

Appendix E: Tasmania's Regional and Local Government Level Structures





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