

# Start where health starts

Health starts long before illness - it starts in our everyday lives.

Research has shown that the houses we live in, the transport we are able to access, the level of stress in our lives, the job we have or don't have, the social support we have around us and how much money we've got, have as much impact on our health and wellbeing as our genes and behaviours.

These factors in our lives are known as the **Social Determinants of Health**. The Social Determinants of Health are the conditions in which people are born, grow, live, work, play and age. They are sometimes referred to as 'the causes of the causes' because they are the underlying reasons why people experience poor health.

## Why it's important

We need to ensure that all Tasmanians can access the health care they need, but we also need to make sure that we make it less likely that they need health care in the first place. Where and how we live our lives has an enormous impact on whether we stay well and out of hospital. The more we see health in this way, the more opportunities we have to improve it.

**Health starts long before illness - it starts in our everyday lives.**

Health starts with strong, loving families, and in neighbourhoods with footpaths safe for walking, and in shops with fresh vegetables.

Health starts with our relationships with our families, friends and colleagues.

Health starts with jobs we are satisfied and can get to easily, and in workplaces free of discrimination and bullying.

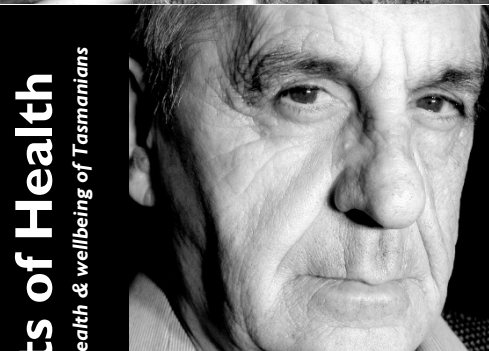
Health starts with schools that educate our children for life and work, and send them home safe at the end of the day.

Health starts with having the time and financial resources to relax at the end of a hard day's work, because unrelieved stress takes its toll on our hearts and immune systems.

And health starts with being given equal opportunity and being accepted for who we are.

Studies have shown that these factors have an enormous impact on our health, long before we ever see a doctor. It's time we expand the way we think about health to include how to keep it, not just how to get it back. We need to start where health starts, not just where it ends. All Tasmanians should have the opportunity to make the choices that allow them to live a long, healthy life regardless of their income, where they live, social position, education, gender, capabilities or cultural background.

Reference: Robert Wood Johnson Foundation, *A New Way to Talk About the Social Determinants of Health*.



# Start where health starts

## The Tasmanian Story

In these action sheets we present twelve social determinants of health relevant to Tasmanians:

- Aboriginal and Torres Strait Islander Peoples
- Cultural diversity
- Disability
- Education & literacy
- Food
- Health & social services' system
- Housing
- Poverty
- Sex, sexuality & gender identity
- Social exclusion
- Transport
- Work.

It is recognised that there are other social factors that also make an important contribution to health and wellbeing but we've chosen these ten to get the discussion started.

Each fact sheet presents research and data about why the issue is important, why it is an issue for the health of Tasmanians and ideas for everyone to play their part in taking action.

## Ways to use these fact sheets

These fact sheets have been developed for people who are interested in knowing about, talking about and acting on health where it starts - in our homes, communities, schools and jobs. The fact sheets could be used to:

- Enhance knowledge and encourage the search for further information
- Initiate discussion and debate
- Spark ideas to enhance practice
- Encourage networking across sectors
- Highlight what we can do
- Advocate for change
- Call on governments to provide strong leadership.

[www.healthpromotion.org.au](http://www.healthpromotion.org.au)  
[www.tascoss.org.au](http://www.tascoss.org.au)  
[www.sdohan.blogspot.com.au](http://www.sdohan.blogspot.com.au)

Updated: June 2016



## Why it's important

Housing is an absolute necessity for living a healthy life. Affordable, appropriate, safe and secure housing provides people with a stable base from which to participate in relationships, education, employment, social activities and recreation.


The United Nations has defined *adequate housing* as a basic human right which includes:

- legal security of tenure – the right to stay in your home
- availability – of services, materials, facilities and infrastructure for health, security, comfort and nutrition
- habitability – an environment that provides adequate space, is safe and free from harmful conditions
- accessibility – housing must be accessible particularly for those who are most disadvantaged
- location – housing must enable access to employment, health services, schools & other essential services
- cultural adequacy – housing must be constructed so as to reflect cultural identity.

People who have adequate housing are more likely to be physically, socially and mentally healthy and have a stronger sense of identity.

Those who do not have adequate housing may:

- be more likely to suffer from respiratory conditions resulting from dampness, dust and poor ventilation
- be more likely to suffer from bacterial and viral infections caused by inadequate sanitation facilities
- suffer from mental ill health as a result of trauma associated with isolation, stigma, over crowding, unsafe conditions, insecurity or social exclusion
- be at risk from dangers associated with electricity, gas, fire, sewage and structural safety issues
- seek unhealthy means of coping such as substance abuse.



*'It broke my heart to give up my little unit,  
actually I wished to die,  
I didn't want to keep living.'*

*Age pensioner, North West Coast Tasmania*



## Why is housing and health an issue for Tasmanians?

### Housing costs a lot

The number of Australian households with a mortgage has increased substantially over the last 20 years, as has growth in the rental market with 1 in 4 households now renting. The cost of an average home is now equivalent to 7 years of average earnings, up from 3 years in the early 1980s.<sup>1</sup> Average Australian household debt is 4 times what it was in 1988 and for low-income households, debt is more than 40% of their disposable income, almost doubling since 2004. Mortgage debt is highest in Tasmania, with 66% of total household debt tied to mortgages.<sup>2</sup>

### The level of housing stress is high

In Tasmania, 14,600 households, almost 1/4 of those on low incomes experience housing stress (where housing costs exceed 30% of disposable income).<sup>3</sup>

### Affordable rental properties are in short supply

A snapshot survey in 2015 found that only a small proportion of advertised rental properties were affordable for people who depend on Centrelink payments as their main source of income, e.g. a family with two children where the parents were looking for work would have been able to afford only 5% of the advertised properties.<sup>4</sup> While rents in Tasmania are lower compared to other capital cities, so are household incomes. The average household would pay 27% of income on rent.<sup>5</sup>

### Homelessness is here

In 2011, there were 1,579 homeless people in Tasmania.<sup>6</sup>

### There isn't enough public housing in Tasmania

As at 30 June 2015, 2,771 Tasmanians were waiting for public housing, an increase of 26% on the previous year. In the 12 months ending 30 June 2015, the average time to house category 1 or exceptional needs applicants was 22 weeks. There were also 93 people living with disability urgently waiting for supported accommodation placement.<sup>7</sup>

### Fuel poverty is an issue for many Tasmanians

Fuel poverty is defined as the inability to afford sufficient warmth in a home for comfort, health and quality of life.<sup>8</sup> Fuel poverty, which can lead to mould growth in homes and cause respiratory problems, is common in Tasmania.

### Many Tasmanian homes are not energy efficient

Space heating accounts for about 50% of energy used in Tasmanian homes, not only costing consumers financially but also contributing to climate change.<sup>9</sup>

## References & Resources

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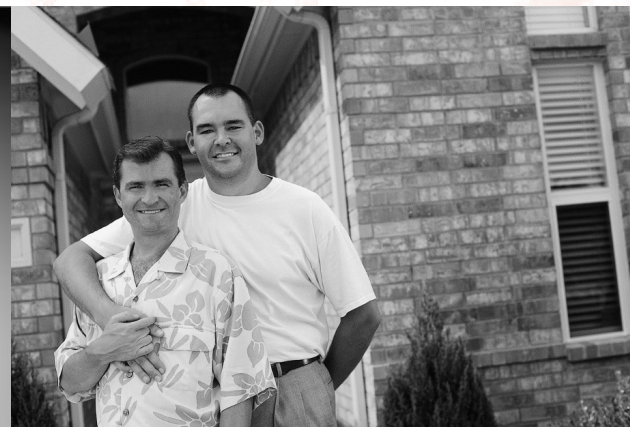


## Communities

- Be welcoming of diverse people living in your community.
- As community groups and networks, advocate for adequate housing for all Tasmanians (write letters to politicians, become part of lobby groups, write to the media, etc).
- Hold a community forum on housing, taking a strengths-based approach to problem solving - i.e. consider the community's strengths and opportunities, and how these can be used to address housing problems.
- Establish community-based home maintenance programs, connecting with local community houses, churches, sporting or service clubs.
- Support older members of the community to stay in their own homes and *age in place*.
- Establish community gardens or share garden space.
- Hold community arts and cultural development activities to support community strengthening, and build resilience and identity.

## Individuals

- If you are a tenant, learn about your right to adequate housing and, if needed, use support services such as the Tenants Union and Shelter Tasmania.
- If you are a landlord, maintain your properties to provide 'healthy housing' and, if possible, allow people to put down roots for the longer term.
- Get to know your neighbours and the people in your community.
- Establish, or become involved in good neighbour-type programs where neighbours help each other out with basic home maintenance or gardening.
- Volunteer with organisations that provide assistance to homeless people.
- Make your home more energy efficient using home energy audit tools available through your local council or Sustainable Living Tasmania.
- Advocate for adequate housing for all Tasmanians (write letters to politicians, become part of lobby groups, write to the media, etc).



## Workplaces (Managers, Workers, Volunteers) & Service Providers

- Think broadly about the term 'adequate housing' by recognising the multiple factors that may trigger or be linked with housing problems - e.g. mental illness, abusive relationships, care arrangements, education, employment and poverty. Work with others to address the underlying causes of inadequate housing, and empower clients to be in charge of the solutions.
- Provide information about housing that is suitable for people with low literacy and from non-English speaking backgrounds.
- Provide appropriate housing and services for people with mobility difficulties, people living with disability and older Tasmanians so they can stay at home and do not have to enter supported living accommodation.
- Provide life skills training for young people in areas such as budgeting, cooking, gardening and home maintenance.
- If you are delegated under the Public Health Act 1997, apply a broad understanding of the term 'unhealthy premises' and work collaboratively with social services.
- Explore different housing models such as co-housing : a community of private homes clustered around shared space.
- Recognise transition periods in people's lives and how these may affect housing needs - e.g. leaving school, having children, leaving the paid workforce or becoming a carer.
- Consider the needs and circumstances of different groups - e.g. those with disabilities or those with extended families migrating from other countries.
- Use tools and resources that can help you understand the health effects of urban development policies, plans and proposals - e.g. the *Healthy Urban Development Checklist* developed by NSW Health: [health.nsw.gov.au/urbanhealth/Pages/healthy-urban-dev-check.aspx](http://health.nsw.gov.au/urbanhealth/Pages/healthy-urban-dev-check.aspx).

## Politicians & Governments

- Ensure that **all Tasmanians** have access to adequate housing including those who are experiencing particular difficulties such as young people in out-of-home care, people with disabilities and mobility issues, people with addictions, people coming out of prison, refugees, and those with mental illness.
- Provide adequate and appropriate public housing to meet the needs of Tasmanians.
- Consult with communities in a meaningful way about housing issues, community needs, and proposed development and re-development.
- Adequately resource public housing, address energy efficiency in housing, and provide public housing in areas that have access to services and amenities.
- Fund community arts programs in public housing to help grow the cultural identity of the community and provide tenancy support. For more information visit: [publicartpublichousing.com.au/index.html](http://publicartpublichousing.com.au/index.html).
- Increase resourcing for emergency accommodation.
- Provide adequate funding for tenancy support services.
- Lead and support involvement in the World Health Organisation's *Healthy Cities, Villages, Islands, Communities Movement*: [who.int/healthpromotion/conferences/previous/jakarta/statements/healthy\\_cities/en/](http://who.int/healthpromotion/conferences/previous/jakarta/statements/healthy_cities/en/).
- Ensure land use planning and development takes into consideration access to services and amenities, and the needs of young people as well as the ageing population into the future.

## Why it's important

Disability can happen to anyone. The rate of people in Tasmania who report having a disability is 23%.<sup>1</sup>

Disability occurs when people with impairments to the structure or function of their bodies or minds come up against barriers that hinder their full and effective participation in society on an equal basis with others.<sup>2</sup> Some people are born with conditions that impair their capacity while for others accident, illness or age can lead to disability. Disability can be long or short term or come and go; the impairment that people deal with may or may not be visible and may not even be present some of the time.

People with disability face a range of interrelated challenges resulting in poorer health and wellbeing outcomes:

- Lower levels of education and employment
- Lower incomes, often coupled with increased costs associated with assistive technology and aids or services
- Poorer self-reported health, disproportionately high levels of secondary medical conditions (such as obesity, diabetes and dental problems) that aren't directly related to their disability
- Poorer mental health (which in itself can be a disability)
- More frequent discrimination, abuse and neglect
- Are less likely to seek health assistance, often facing barriers when they do, and more likely to find the help they receive doesn't meet their needs
- Are more likely to smoke and less likely to get enough exercise.

The barriers facing people with disabilities also impact on those who care for them. Unpaid carers also have lower incomes and poorer health outcomes than those who do not fulfil this role.



*"I did one year of teacher training but they didn't want blind teachers in their system... No one saw an opportunity in giving me a traineeship or any administrative responsibility... There are a lot of people reaching their 50s and 60s now who may for a lot of their life have been unemployed or working but not to their full potential or full earning power."*

54 year old Tasmanian



## Why is disability an issue for the health of Tasmanians?

### Many people in our communities live with disabilities

Australian Bureau of Statistics (ABS) figures indicate that Tasmania has one of the highest rates of disability nationally with around 23% of Tasmanians living with a disability that restricts their daily activities.<sup>1</sup>

### “Disability is normal and difference is human”

[www.pda.org.au](http://www.pda.org.au)

On average, at birth Australian males can expect to spend 19 years of their lives with some disability (5 of which are expected to be with a severe or profound core activity limitation). Australian females, who live longer on average, could expect to experience 21 years with disability (8 years severe or profound).<sup>3</sup>

### People with disabilities are at greater risk of living in poverty

The median personal income of both people with disability and primary carers is roughly half that of people without disability or who are not primary carers; 45% of Australians with disability live in poverty or near poverty. The technologies and assistance that enable people with disability to participate in society can be expensive and these costs can push people who might otherwise manage into ‘secondary poverty’.<sup>4</sup>

### Some people with disabilities are more likely to have difficulty living healthily

Some people with disability may have additional challenges to living healthily—for example, a higher incidence of unhealthy lifestyle factors such as smoking, alcohol consumption (particularly people with psychological disabilities), inadequate levels of exercise and poor diet. These factors are worsened by issues of accessibility and transport which lessen the options available for people with disability to engage in healthy lifestyles.<sup>4</sup>

In 2010, the Australian Institute of Health & Welfare reported:

- About 69% of adults aged 18–64 years with severe or profound disability were overweight or obese, compared with 58% for those without disability.
- Compared to people without disability aged 15–64 years, people of the same age with severe or profound disability were more likely to do a very low level of exercise or no exercise (43% versus 31%); to be current daily smokers (31% versus 18%); to start smoking before the age of 18 years (38% versus 22%); and were less likely to have never smoked (42% versus 61%).
- About 42% of people aged 16–64 years with severe or profound disability had seriously thought about committing suicide, including 18% who had attempted suicide. This was associated with a high prevalence of mental and behavioural problems.<sup>5</sup>

### Tasmanians who care for people with disabilities also face health challenges

According to 2011 ABS Census data, 12% of Tasmanians provided unpaid care for someone with a disability (higher than the national averages of 5% and 11% respectively). Research also indicates carers have poorer physical and mental health (particularly depression), reduced labour market participation and lower incomes than non-carers.<sup>6</sup>

## References & Resources

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## Communities

- Find ways of enabling and valuing people with disabilities' contributions in your community.
- Lobby local government for accessible pathways, park facilities, arts facilities and events.
- Consult and consider people with disability when planning facilities and activities.
- Check whether your community group is including people with disability. If not, ask why, and remedy this.
- Do not let people be discriminated against in your community – disability can affect anyone. It could be you or someone you care about next!
- Organise your community group into assisting carers with the job of caring.
- Organise and fundraise for inclusive technology or modifications for your community's facilities.
- Ensure children with disabilities and their families are given the same opportunities as others to fully participate in school, sporting and community activities.

## Individuals

For people with a disability:

- Believe that you can be healthy despite your disability. Seek advice and help to address any barriers you encounter in achieving this.
- Know your own body, how you feel when you're well and when you're not, and invite a friend, carer or advocate to help if you find it difficult to get the health care you need.

For others:

- See the whole person, not just the disability.
- Speak directly to the person with a disability, rather than through their carer, and speak with adults as adults, and children as children.
- Understand that people with disabilities are sexual beings and have the right to enjoy sexual relationships and express their sexuality in the same way as other people.
- Ask the person with a disability whether he or she needs any help. Don't just assume help is needed.
- Be aware and patient of the extra time it might take a person with a disability to speak or act.
- Be the person who makes a difference.



## Workplaces (Managers, Workers, Volunteers) & Service Providers

- A guide to reporting and referring to disability is available from the *People with Disability* website: [pwd.org.au/documents/pubs/Guide-to-Reporting-Disability.doc](http://pwd.org.au/documents/pubs/Guide-to-Reporting-Disability.doc).
- Standards and guidelines concerning accessibility for people with disability are available from the *Australian Human Rights Commission* website: [hreoc.gov.au/disability\\_rights/Standards/standards.html](http://hreoc.gov.au/disability_rights/Standards/standards.html).
- Use web content accessibility technology as standard in the workplace.
- Incorporate into occupational health, safety and risk assessments policies and procedures around workplace issues that affect mental health including stigma and discrimination, responsibility/resourcing and effort/remuneration relationships, presenteeism, job burnout, harassment, violence, bullying and substance misuse.
- Provide Diversity Training, including Disability Awareness Education, for all management and staff as part of their induction or on-going training.
- Consult with people with disability in ensuring workplaces are accessible, and structure job roles to encourage people with disability to apply for positions.
- For workplaces and service providers providing care or services to people with disabilities, ensure:
  - People with disability are treated with respect and dignity
  - Support is responsive to a person's needs.
- Join networks working to ensure inclusion in all aspects of business such as the *Australian Network on Disability*: [and.org.au](http://and.org.au) and *Arts Access Australia*: [artsaccessaustralia.org](http://artsaccessaustralia.org).

## Politicians & Governments

- Assess all existing and proposed policies, programs and services to ensure that people with disability have access to participate in all aspects of social, economic and civic life.
- Built environments to allow people with disability to freely access government services, education and training opportunities, accommodation and housing.
- Ensure accommodation, housing, and public and private transport are accessible and affordable.
- Take a lead in creating opportunities for people with disability to have a job by improving disability awareness, establishing benchmarks and incentives for employers, breaking down barriers to participation in the workforce, and creating innovative job opportunities for people with a disability.
- Engender a culture across communities of valuing the contribution people with disability make to society.
- Provide funding for Diversity Training including Disability Awareness Education for politicians and staff at all levels of government and incorporate this into the school curriculum.
- Enable the public health system to take greater action on surgery for disabling conditions, such as hip replacements. Redefine such procedures currently labelled 'elective' as 'health enabling' and fund them appropriately.
- Provide funding to support cultural organisations to develop and implement disability action plans.
- Ensure adequate funding for advocacy support.
- Ensure the effective and full rollout of the National Disability Insurance Scheme.
- Provide greater recognition and support for carers.
- Ensure consultation with people with disability in the drafting and review of legislation and public services - "nothing about us without us!"



## Why it's important

Education is important to all of us for many reasons, and it directly impacts on how healthy we are. Overall, people who are better educated are healthier than those with lower education levels.

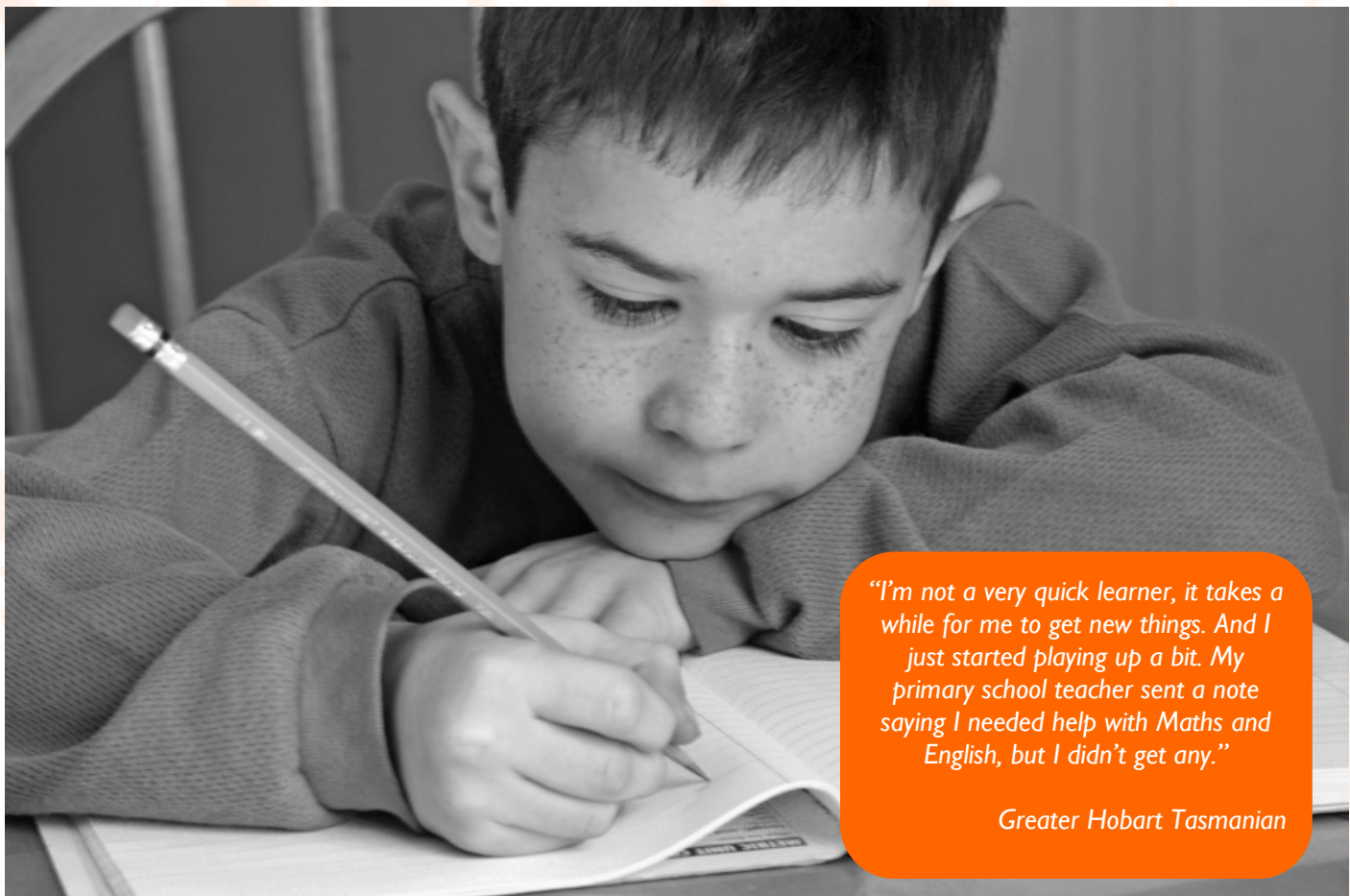
Lack of education in itself does not lead to ill health. However, in combination with other social determinants, it contributes to poorer health and wellbeing.

Education can affect health in a number of ways:

- Education is strongly linked with the other social determinants of health such as income and employment
- Higher levels of education can provide people with more resources which, in turn, can enhance their health outcomes. Education can be a powerful enabler in moving people out of poverty
- Education is associated with earning power as well as job satisfaction and control, which in turn can impact on mental and physical health
- Education provides opportunities to increase knowledge, develop understanding and enhance skills, empowering people to influence the factors that shape their health.

*Health literacy* is related to education and is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.

People with low health literacy are less likely to seek health care, be able to appropriately manage their own chronic health conditions and practice healthy behaviours than those with higher literacy levels, and they have higher rates of hospitalisation and stress.



*"I'm not a very quick learner, it takes a while for me to get new things. And I just started playing up a bit. My primary school teacher sent a note saying I needed help with Maths and English, but I didn't get any."*

*Greater Hobart Tasmanian*

## Why is education and literacy an issue for the health of Tasmanians?

<b>Many young people do not complete their secondary education</b>	The progression rate from year 10-12 is 70% in Tasmania compared to 78% for Australia. We have a school retention rate from Year 8 through to Year 12 of 72% compared to 84% Australia as a whole <sup>1</sup> .
<b>Many people do not have post-school qualifications</b>	Tasmania has the lowest proportion of people aged 15-74 with non-school qualifications (54%) compared with the national average (59%). <sup>2</sup>
<b>Children from poorer households are more vulnerable</b>	40% of Tasmanian children from lower socioeconomic households were developmentally vulnerable on one or more Australian Early Development Census (AEDC) domains compared to 11% of children from higher socioeconomic households. <sup>3</sup>
<b>Tasmanian adults have very low literacy skills</b>	According to the 2006 Adult Literacy and Life Skills Survey <sup>4</sup> , Tasmania had the lowest levels of adult literacy in all domains:
<b>Prose &amp; document literacy:</b>	<ul style="list-style-type: none"><li>• Only one half of Tasmanians were assessed as having adequate prose (51%) and document literacy skills (49%), compared with 54% and 53% respectively for Australia. This meant that they had sufficient prose literacy skills to understand and use information from various kinds of narrative texts, including newspapers, magazines and brochures, and sufficient document literacy skills to locate and use information contained in such formats as job applications, payroll forms, transportation schedules, maps, tables and charts.</li></ul>
<b>Numeracy:</b>	<ul style="list-style-type: none"><li>• Less than half (44%) of Tasmanians were assessed as having adequate numeracy skills to effectively manage and respond to the mathematical demands of diverse situations, compared with 47% of Australians.</li></ul>
<b>Problem solving:</b>	<ul style="list-style-type: none"><li>• Only about a quarter (27%) of Tasmanians were assessed as having sufficient problem solving skills to meet the complex demands of everyday life and work, compared with 30% of Australians.</li></ul>
<b>Health Literacy:</b>	<ul style="list-style-type: none"><li>• Around one third (37%) of Tasmanians were assessed as having sufficient health literacy skills to understand and use information relating to health issues such as drugs and alcohol, disease prevention and treatment, safety and accident prevention, first aid, emergencies, and staying healthy, compared with 41% of Australians.</li></ul>
<b>Lower levels of literacy exist in rural areas</b>	Tasmanians in regional municipalities tended to have lower literacy levels compared with those living in major metropolitan areas. <sup>4</sup>

### References & Resources

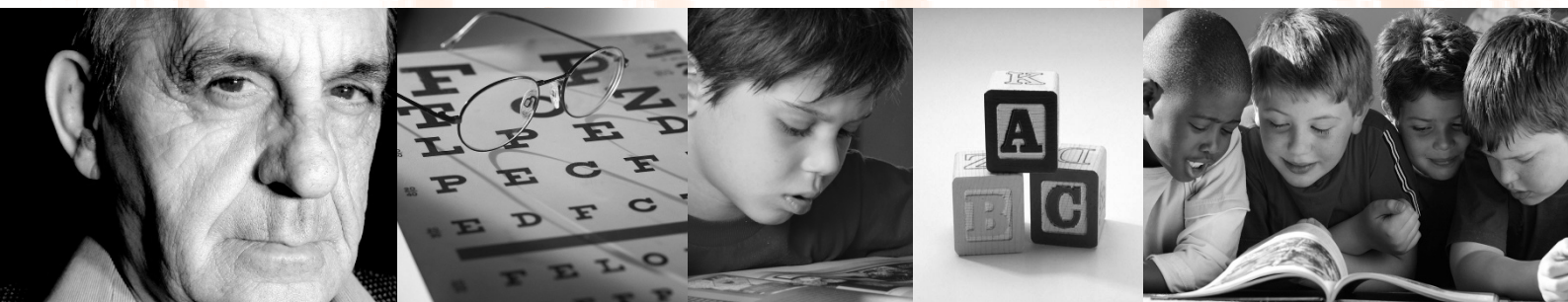
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## Communities

- Recognise that many Tasmanians within your community may have low literacy skills. Help create communities that support people to enhance their literacy skills.
- Advocate for school facilities to be available outside of school hours for other community skills development activities.
- Use existing community resources such as schools, libraries, on-line access centres and community houses to enhance literacy outcomes for community members.
- Advocate for recognition of the value of arts in education. For example see: *Bridging the gap in school achievement through the arts*: [eprints.qut.edu.au/69164/1/69164.pdf](http://eprints.qut.edu.au/69164/1/69164.pdf).
- Build literacy skills development into existing programs where people already gather for a common purpose - e.g. art, sport and recreation groups, and community gardens.
- Establish local enterprise, knowledge and skills development programs that use a range of learning styles and models - e.g. arts programs and peer-education programs.
- Provide opportunities for local community members, such as older Tasmanians and new mothers, to share their knowledge and skills.
- Support local schools to retain students to Year 12 and to help students to complete their schooling.
- Speak out about issues that may act as barriers to education such as housing, transport and income, and encourage the government to fund education and learning opportunities in local communities (write letters to politicians, become part of lobby groups or write to the media).

## Individuals

- **For help with literacy difficulties contact the Reading Writing Hotline – Free call 1300 655 506.**
- Read, listen and talk to your children.
- Support young people to stay in school to Year 12 and to participate in education or training beyond school.
- Encourage young people to reach their potential and choose pathways that lead to satisfying work and lifelong learning.
- Support neighbours, friends and colleagues in seeking help with literacy difficulties.
- Become involved with the 26Ten literacy and numeracy initiative: [26ten.tas.gov.au/Pages/default.aspx](http://26ten.tas.gov.au/Pages/default.aspx).
- Share your knowledge and skills with others either through formal training programs or informally with individuals or groups.
- Participate in knowledge and skill development programs yourself, such as those offered by Adult Education, Community Houses, University of the 3rd Age, Learning & Information Network Centres (LINCS) and On-line Access Centres.
- Volunteer for programs that offer literacy support for newly arrived migrants and refugees.





## Workplaces (Managers, Workers, Volunteers) & Service Providers

- Develop community and health information resources that are appropriate for low literacy levels - e.g. using graphics, plain language and visuals.
- Develop service delivery and organisational policies to respond to the low literacy levels in Tasmania, so that verbal as well as written information is provided where appropriate, interpretive services are offered, and referrals are provided to services that can help enhance literacy skills.
- Develop partnerships with education and adult literacy providers.
- Recognise the need for staff to have culture based literacy - i.e. that accounts for the differing understandings and perspectives that different cultures may have.
- Offer health self management programs that recognise low literacy levels in Tasmania and seek to build literacy and empowerment.
- Offer apprenticeship, traineeship and mentoring programs that incorporate work-based literacy development and job pathways in a supportive environment.
- Provide ongoing professional development opportunities to staff and volunteers to improve literacy skills.

## Politicians & Governments

- Provide free educational opportunities for all Tasmanians and contribute to building a culture that values education.
- Commit to a well-resourced, system-wide supportive schools framework that ensures that all schools are equipped with enough specialised staff to support students with higher needs.
- Increase access to educational opportunities by providing affordable and appropriate accommodation and transport for students living in remote, regional and urban fringe areas.
- Provide further education and training opportunities, including accredited training programs, to disadvantaged job seekers in areas of locational disadvantage.
- Work with Aboriginal organisations to improve school retention rates among Tasmania's first peoples.
- Provide resources to investigate and respond to the nature and incidence of absenteeism in schools.
- Provide ongoing funding for a mandatory statewide program to tackle bullying and discrimination.
- Work with the National Disability Insurance Scheme to enhance resource allocation to students with disabilities in mainstream schools so that they are truly included. This includes better access to trained teachers' aides as well as assistance with forward planning for the transition from school to work.
- Allocate funding to implement comprehensive and sequential sexual health and relationships education from K-12 in partnership with government and non-government organisations.
- Protect vulnerable citizens from being targeted by high interest money lending businesses and other businesses that lock people into expensive contracts (because they do not understand the fine print).
- Provide opportunities for lifelong learning including adult education.
- Increase and enhance early learning opportunities, particularly among disengaged families so that children are 'school ready'.
- Provide appropriate and ongoing support for program and service delivery through Tasmania's Child and Parenting Centres.
- Provide support for university students, particularly first year students on low incomes or from disadvantaged backgrounds who are more likely to drop out.
- Commit to 26 TEN by ensuring that all government agencies use plain language communication within the public service: [26ten.tas.gov.au](http://26ten.tas.gov.au).
- Recognise the centrality of arts to cognitive and emotional wellbeing and the impact it has on deep learning, Arts education needs to be seen as a core curriculum component and be accessible to all students from all backgrounds at each level of education.

## Why is it Important?

Multiculturalism is part of our national identity, history and character. Every year, more people immigrate to Australia than emigrate from it. In 2014, 28% of Australians (6.6 million people) were born overseas.<sup>1</sup> What's more, 46% of Australians had a parent who was born overseas and there were over 200 languages spoken.<sup>2</sup>

Health issues experienced by culturally and linguistically diverse (CaLD) communities are often complex. Poor health outcomes for people from culturally and linguistically diverse communities often involve *systemic barriers*. These are patterns of behaviour, policies or practices that are part of social or administrative structures—for example, a lack of appropriately translated information about different services can limit access by people from non-English speaking backgrounds. These barriers unconsciously discriminate and cause inequality for people. Racism and stigma are the biggest barriers of all.

Research shows that people from culturally and linguistically diverse communities can face numerous challenges including lack of access to educational opportunities, lack of employment, increased mental health issues, housing difficulties, lower social economic status and loss of identity.

Refugees and asylum seekers are among the most vulnerable people in the world. They may suffer from diseases and conditions rarely seen in Australia. Many have nutritional problems or untreated health conditions and injuries exacerbated through poor living conditions and lack of access to treatment.<sup>3</sup>

Although refugees and asylum seekers may experience psychological problems, they can also show great resilience. Studies indicate that psychological difficulties of asylum seekers may arise from their pre-arrival experiences and also from detention. For many refugees the initial settling in period in Australia may be traumatic. As such, there is potential for our health and social services to make a significant difference to the lives of these people.<sup>3</sup>



## Why is being CaLD an issue for the health of Tasmanians?

- CaLD people are part of our communities** In Tasmania, 84% of people were born in Australia. The most common countries of birth other than Australia, were England 4%, New Zealand 1%, Scotland 0.5%, Netherlands 0.5% and Germany 0.4%. 75% of Tasmanians had both parents born in Australia and 15% of people had both parents born overseas. 92% of people only spoke English at home.<sup>4</sup>
- Some CaLD people don't speak English** Hobart, Launceston, Kingborough, Clarence and Glenorchy are the local government areas with the highest numbers of people born overseas. These are also the five local government areas with the highest numbers who speak English not well or not at all.<sup>5</sup>
- Our diverse communities are changing** The fastest growing overseas birthplaces for Tasmania are Congo (DR), Nepal, Saudi Arabia, Myanmar, China, Vietnam, India, Taiwan, Pakistan and Iran. For example, there has been a 300% increase in the number of people coming from Congo (DR) since the 2006 Census.<sup>5</sup>
- Australia offers limited places for humanitarian entrants** Australia's existing humanitarian program has places for about 14,000 people per year. In 2015, the Government announced it would offer an additional 12,000 places in response to the conflicts in Syria and Iraq. The humanitarian program is set to rise to 19,000 places in 2018-19.<sup>6</sup>
- An increasing number of refugees are settling in Tasmania** Tasmania gets 23% of its total migration from the humanitarian stream as compared with 8% for Australia as a whole. This means that the makeup of migration by country of birth is different for Tasmania, with more of the smaller emerging refugee communities represented.<sup>7</sup> There is an increasing number of refugee communities from countries such as Sudan, Congo (DR), Ethiopia, Eritrea, Bhutan, Burma, Iran and Afghanistan.<sup>8</sup>
- Mental health is a major concern** There is an over representation of mental health issues within CaLD communities in Tasmania. An analysis by Tasmania's Phoenix Centre found that if people had experienced extreme interpersonal isolation and dislocation from their countries of origin, they were more likely to exhibit serious mental health or health symptoms, were difficult to engage, and had an increased risk of suicide. Unemployment, financial hardship, racism, family conflict and breakdown, intergenerational conflict, lack of control over lives, drug and alcohol use and family violence also emerged as concerns among the newly-arrived African communities. Older migrants faced a different range of mental health concerns, especially as they reached later life stages.<sup>9</sup>
- Culture and religion are determinants of health** All major religions are practiced in Australia. Different cultures attribute different meanings to parts of the body, types of illness and compliance with, and understanding of treatment. Different meanings can be given to specific cultural issues such as female genital mutilation, domestic violence and sexual violence. These are often considered private matters, not public issues.<sup>10</sup>

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## Communities

- Welcome new arrivals to your neighbourhood.
- Celebrate the arts, food, culture and traditions of CaLD communities.
- Support CaLD communities to establish social enterprise programs, and work with them to build their skills for employment and business establishment.
- Invite CaLD communities to share their culture and traditions with others through schools, community groups and organisations.
- Build a sense of acceptance in your community and speak up against racism and discrimination.
- Organise fundraising activities to support those living in refugee camps abroad.
- Speak out on humanitarian issues (write letters to politicians, become part of lobby groups or write to the media).
- Establish programs that aim to protect and promote mental health and wellbeing.
- Reach out to socially isolated families, single-parent families and women from culturally diverse communities.

## Individuals

- It is essential when working and living with CaLD Tasmanians that we are aware of our own cultural lens. Challenge your own thoughts and behaviours in relation to racism and discrimination.
- Speak out on humanitarian issues (write letters to politicians, become part of lobby groups or write to the media).
- Join and support organisations such as Save the Children, Amnesty International, Médecins Sans Frontières/Doctors Without Borders, Red Cross, Tasmanians for Refugees and others.
- Engage with local CaLD community members, ask questions, listen and learn.
- Attend events organized by CaLD community associations.
- Read books to children about other cultures.
- Host a student from another country while they are studying in Australia.
- Volunteer your time to work with the CaLD community, e.g. become a mentor to help someone get their driver's licence. Contact the Migrant Resource Centre in your area.
- Become a literacy volunteer. Contact your local LINC.
- Be nice, friendly and helpful to people you meet on the street.



## Workplaces (Managers, Workers, Volunteers) & Service Providers

- Under no circumstances tolerate stigma and discrimination in the workplace or in delivering services to the community.
- Learn about the network of services that exist for people from CaLD backgrounds and link them in accordingly.
- Provide English language courses.
- Provide all workers with cultural competency training.
- Review the Diversity Guidelines from Mental Health Carers Tasmania and see if your workplace can implement some of these standards: [arafmi.org/wp-content/uploads/2016/03/DiversityGuidelineandStandards.pdf](http://arafmi.org/wp-content/uploads/2016/03/DiversityGuidelineandStandards.pdf).
- Provide information about health and related services in multiple languages, and always use professional interpreter services.
- Employ people from culturally diverse backgrounds—don't underestimate their knowledge and skills.
- Collect, analyse and report data on CaLD health and wellbeing.
- Celebrate National Refugee Week/Day.
- Create partnerships with organisations working with CaLD communities.
- Develop outreach programs and visit CaLD people where they live.
- Decorate workplaces and service settings with images and artwork that reflects our diverse communities.

## Politicians & Governments

- Work collaboratively with other nations to build peace. Reduce Australia's involvement in conflicts. Show leadership so others will recognise Australia as a peace-seeking nation.
- Welcome more asylum seekers and refugees to Australia.
- Provide more funding for migrant and refugee services, including volunteer programs that support new arrivals upon settlement.
- Invest in high quality initiatives that work with refugees and asylum seekers to improve mental health and wellbeing.
- Improve access to information and education for CaLD people as many migrants are not given appropriate access to English language courses, despite the expectation that they find employment within 12 months.
- Make CaLD health a priority, invest appropriately, focus on health promotion, and evaluate the effectiveness of strategies that aim to enhance CaLD health and wellbeing.
- Challenge misinformation and negative perceptions of CaLD communities.
- Enforce antidiscrimination and racism laws.
- Support research into the needs and issues of CaLD communities.
- All politicians and government employees should participate in cultural competency training.

# Aboriginal & Torres Strait Islander Peoples

## Why it's important

The health and wellbeing of Aboriginal people, and the discrepancy in life expectancy between Aboriginal and non-Aboriginal people, have been described as a “national disgrace” (e.g. Ministerial Statements *Closing the Gap*, 22 February 2016).

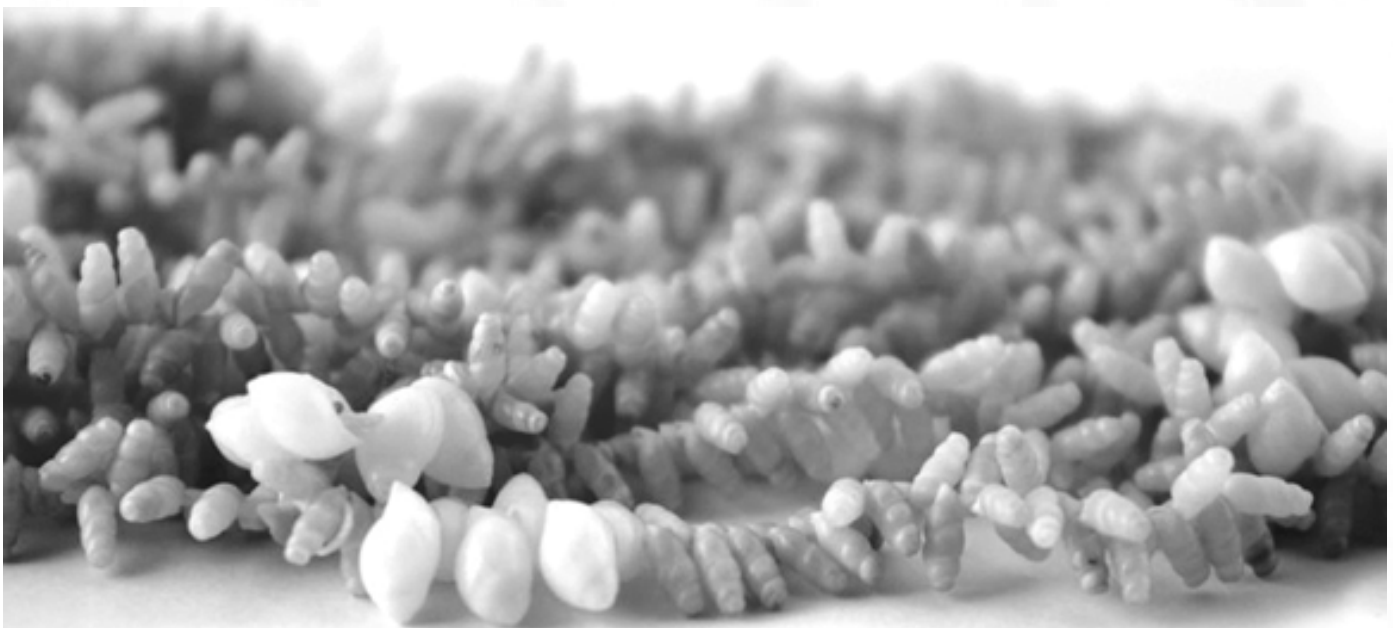
The life expectancy at birth for Aboriginal people in Australia is much lower than for non-Aboriginal Australians. For the period 2010–2012, the life expectancy at birth was estimated to be 69 years for Aboriginal and Torres Strait Islander males and 74 years for Aboriginal and Torres Strait Islander females. In contrast, life expectancy at birth for non-Indigenous Australians for the same period was 80 years for males and 83 years for females. That is a difference of 11 years for males and 9 years for females. Indigenous Australians had higher death rates than non-Indigenous Australians across all age groups during 2007–2011. In the 35–44 age group, Indigenous people died at about 5 times the rate of non-Indigenous people (Australia's Health 2014).

The health of Aboriginal and Torres Strait Islander people is closely linked with the history of colonisation. The colonisation of Australia by Europeans initiated an ongoing crisis for Aboriginal and Torres Strait Islander people in terms of their cultural identity, connection to the land and overall displacement.

Nationally, data shows that Aboriginal and Torres Strait Islander people are more likely to:

- suffer from ill health, disability and reduced quality of life
- smoke tobacco and drink alcohol in excess
- have poor nutrition and higher levels of obesity
- live in overcrowded and sub-standard housing
- have lower levels of education, be unemployed and live in poverty (Australia's Health 2014).

In addition, as a result of systemic displacement, many Aboriginal and Torres Strait Islander people experience cultural disruption, social exclusion, increased feelings of stress, a decreased sense of identity, political and social oppression, and a loss of control over their lives and livelihoods.





## Why is *Indigenous Status* an issue for the health of Tasmanians?

### About 4% of the Tasmanian population are Aboriginal and Torres Strait Islander

According to the Australian Bureau of Statistics (ABS), 19,625, Tasmanians identified as being Aboriginal and Torres Strait Islander in the 2011 Census.<sup>1</sup> This represents 4% of the total Aboriginal and Torres Strait Islander population in Australia of 548,370 and about 4% of Tasmania's population as a whole—the second-highest proportion of Indigenous people in any Australian state or territory, after the Northern Territory.<sup>2</sup>

90% of Indigenous people in Tasmania identified as being Aboriginal, 6% identified as being Torres Strait Islander and 4% identified as being both.<sup>2</sup>

The median age of Aboriginal and Torres Strait Islander people in Tasmania was 22 years, compared to 40 years for non-Indigenous people.<sup>2</sup>

### Indigenous people have a lower life expectancy

The life expectancy at birth (2010-12) of Aboriginal and Torres Strait Islander females in Tasmania was 74.6 years and 70.5 for males —compared to 82.6 years and 78.7 years for non-Indigenous Tasmanians.<sup>2</sup>

### Indigenous people are more likely to experience risk factors for poor health

The Australian Health Ministers' Advisory Council's *Aboriginal and Torres Strait Islander Health Performance Framework Report 2010* states that:

- More Indigenous peoples live in over-crowded households (9%) than non-Indigenous peoples (6%) in Tasmania
- Indigenous young people are less likely to continue secondary education (from Grade 7-12): 40% of Indigenous young people compared to 77% in Tasmania
- 44% of Aboriginal and Torres Strait Islander adults were in the lowest income quintile in Tasmania in 2008
- Aboriginal and Torres Strait Islander adults were 3.2 times as likely to be in prison than non-Indigenous Tasmanians
- Aboriginal and Torres Strait Islander children were 2.6 times as likely to be in out of home care.<sup>3</sup>

### The health of Indigenous people is closely linked with the history of colonisation, trauma and racism

The health of Aboriginal and Torres Strait Islander people is closely linked with the history of colonisation. Aboriginal and Torres Strait Islander peoples' experiences of cultural disruption, social exclusion, a lost sense of identity, political and social oppression, racism, and a feeling of loss of control over their lives, influence health outcomes and disparities by affecting biological functioning (e.g. cardiovascular and immune function), mental health and emotional wellbeing and the quality of their relationships with others; and by promoting psychological distress (self-efficacy, depression, anger) that can be associated with risk-taking and unhealthy behaviours.<sup>4</sup>

The question of racism is present not only in society but also institutionally in the health care sector.<sup>4</sup>

Aboriginal people who were part of the *Stolen Generations* are more likely to suffer from depression, have worse health and a shorter life span than other Indigenous people.<sup>4</sup>

## References & Resources

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## Communities

- Engage with, and support Aboriginal communities in Tasmania.
- Celebrate Aboriginal culture and creative endeavours.
- Help to create a culture in your community that does not tolerate discrimination.
- Speak out about the rights of Aboriginal and Torres Strait Islander people and inequities in health (write letters to politicians, become part of lobby groups or write to the media).
- Foster partnerships between Aboriginal organisations and other community organisations.
- Learn about local Aboriginal heritage.
- Promote good news stories about Aboriginal culture in your community.
- Use health promotion resources specifically developed for Indigenous communities. For example, *Live Longer! Community health action pack: a practical guide to health promotion planning with Aboriginal and Torres Strait Islander communities*. See: [healthinonet.ecu.edu.au/key-resources/promotion-resources?lid=21635](http://healthinonet.ecu.edu.au/key-resources/promotion-resources?lid=21635).

## Individuals

- Enjoy the stories, arts and culture of local Aboriginal communities.
- Challenge your thoughts and behaviours, and those of others, in relation to discrimination.
- Support Tasmanian Aboriginal people in their endeavours for social justice.
- Develop an understanding of the significant difference between the health status of Indigenous and non-Indigenous people. Speak out about the need for government and non-government organisations to work with Aboriginal and Torres Strait Islander communities to seek solutions.
- Advocate for equal access to health and social services for all Tasmanians.
- Encourage and support young Aboriginal people to fulfil their dreams.
- Volunteer your time to work with Aboriginal communities.
- Develop your own interpersonal skills so that you are able to show empathy towards people who come from different backgrounds than yourself.



**CLOSE THE GAP**

## Workplaces (Managers, Workers, Volunteers) & Service Providers

- Help to collect data about Aboriginal and Torres Strait Islander health. Know how to ask clients and patients about their Indigenous status.
- As an organisation, undertake cultural competence training.
- Support the *Close the Gap Campaign*: [humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/projects/close-gap-indigenous-health](http://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/projects/close-gap-indigenous-health).
- Develop a *Reconciliation Action Plan (RAP)*. See: Reconciliation Australia - [reconciliation.org.au/raphub/](http://reconciliation.org.au/raphub/). RAPs provide a framework for organisations to realise their vision for reconciliation. RAPs are practical plans of action built on relationships, respect and opportunities. RAPs create social change and economic opportunities for Aboriginal and Torres Strait Islander Australians.

## Politicians & Governments

- Give Indigenous Tasmanian communities power over their own endeavours.
- Support Indigenous people to become leaders and decision-makers at all levels of Government.
- Continue to act on the findings of the *Bringing them home: The Stolen Children Report (1997)*: [humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/bringing-them-home-stolen](http://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/bringing-them-home-stolen).
- Make Aboriginal and Torres Strait Islander health a priority, invest appropriately, focus on health promotion and cultural development, and evaluate the effectiveness of strategies that aim to enhance Aboriginal and Torres Strait Islander health and wellbeing.
- Deliver on the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* including the following outcomes:
  - close the life expectancy gap within a generation (by 2031)
  - halve the gap in mortality rates for Indigenous children under five within a decade (by 2018)
  - ensure all Indigenous four-year-olds in remote communities have access to early childhood education within five years
  - halve the gap for Indigenous students in reading, writing and numeracy within a decade (by 2018)
  - halve the gap for Indigenous people aged 20-24 in Year 12 attainment or equivalent attainment rates (by 2020)
  - halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade (by 2018).

Read more about the Plan here: [health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/\\$File/health-plan.pdf](http://health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf).

- All politicians and government employees should participate in cultural competency training.
- Government departments should have *Reconciliation Action Plans (RAP)* as outlined above.



# Health & social services' system

## Why it's important

Access to high quality health services is a very important social determinant of health. Health services include health care services that treat people when they are unwell or sick, as well as primary health, health promotion, prevention services such as screening (e.g. cancer screening and dental health checkups) and immunisation, and early intervention.

The same applies to social services, which seek to enhance quality of life of people and communities, and work towards *social justice* for all. *Social justice* is based on the principles of equity and respect for human rights.

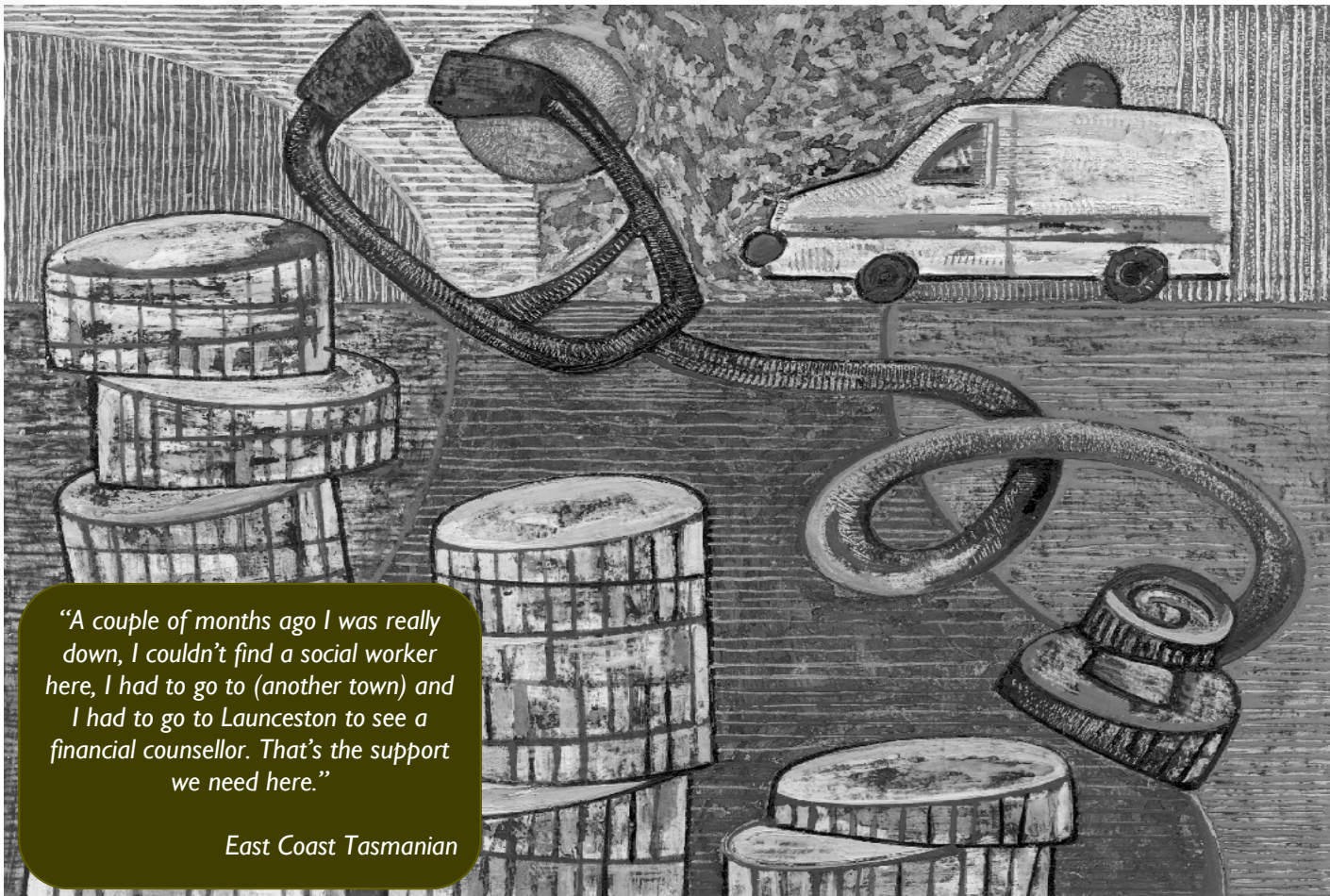
Social services provide a range of programs and supports for people during various life stages such as leaving school, having and raising children, finishing formal education or seeking employment, finding appropriate housing, and caring for aged or frail family members. Social services also provide support for people during unexpected life events such as family break-ups and accidents. Such events can cause financial hardship and psychological stress.

An effective social services' system provides financial support for people experiencing hardship and stressful life events and includes services such as counselling, training, advocacy, mentoring and ongoing support in the community.

The health and social services' systems need to be strongly linked to prevent only 'band aid' or temporary solutions to problems. A good health system without equal access to the social system may not improve health and wellbeing outcomes for individuals who are living in inadequate housing, are long term unemployed, have no access to transport, can't read or write, or are socially excluded. Health services need to consider the underlying causes of poor health and wellbeing and work with the social services' system in order to optimise the conditions for good health and help to ensure a more sustainable approach to prevention.

## The Social Determinants of Health

Working together to address the social factors that affect the health & wellbeing of Tasmanians



"A couple of months ago I was really down, I couldn't find a social worker here, I had to go to (another town) and I had to go to Launceston to see a financial counsellor. That's the support we need here."

East Coast Tasmanian

## Why is the health and social services' system an issues for the health of Tasmanians?

### Many Tasmanians depend on support from the health social services' system

When compared with national rates, Tasmania has a higher unemployment rate, lower labour force participation rate, lower average weekly earnings and a lower proportion of people with beyond-school qualifications – all factors that are linked to increased use of health and social services.<sup>1</sup> In 2014, 65% of Tasmanians reported that they had experienced at least one personal stressor in the past 12 months - the highest proportion of all states and territories. For example, 25% of Tasmanians reported having had a serious illness, 17% reported that they were not able to get a job, 4% reported they had involuntarily lost their job, 4% had witnessed violence, 2% had gambling problems and 7% reported experiencing bullying or harrasement.<sup>2</sup>

### Many Tasmanians experience poor health

People living in Tasmania are more likely to have a long term health condition (67%).<sup>1</sup> Tasmania also has a relatively high proportion of people with a disability that restricts their core activities (24%) and a high proportion of people who self-report a mental health condition (23%).<sup>1</sup>

### Many Tasmanians have difficulty accessing services

Tasmania has dispersed settlement patterns. There are many areas where local health and social services are not available and people are dependent on accessible transport to travel to necessary services. Tasmanians experience higher levels of difficulty accessing service providers (32%) compared with people living in Australia as a whole (25%).<sup>1</sup>

### Even when they need services, Tasmanians do not always access them

In 2014, Tasmania had the highest proportion of people who needed to see a medical specialist but did not do so. Tasmania also had the highest proportion of people who needed to see a dental professional, or to go to hospital, but did not do so.<sup>3</sup>

### Tasmanians are highly dependent on A&E

In 2014, almost one in six (17%) Tasmanians had visited a hospital accident and emergency (A&E) department in the previous 12 months.<sup>4</sup> Tasmanians are more likely than people elsewhere in Australia to present to A&E even when GPs are available.<sup>3</sup>

### Many Tasmanians have to wait for services

Over a quarter (28%) of Tasmanian residents who had seen a medical specialist reported that they had waited longer than they felt acceptable to get an appointment.<sup>4</sup>

### Many people are seeing multiple health providers for the same condition

In Tasmania, 16% of people had seen three or more health professionals for the same condition, with 17% of these people reporting that they had experienced issues caused by a lack of communication between health professionals.<sup>4</sup>

### Tasmania's health system does not have a strong emphasis on primary health

Primary health in Tasmania is not integrated across the health and social services' system. Primary health, which includes health promotion, has the ultimate goal of *health for all*. It focuses on reducing social exclusion and disparities in health, organising health services around people's needs and expectations, integrating health into all sectors, pursuing collaborative models of policy development and increasing stakeholder participation. There is a clear need for the health and social services' system to strengthen collaborative efforts in health promotion, prevention and care.

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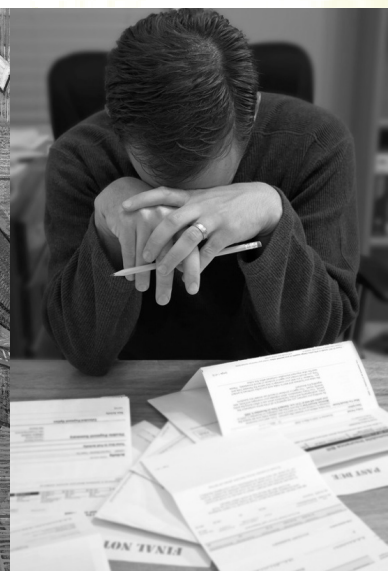


## Communities

- Speak out about the need for high quality health services and social services to be available to all (write letters to politicians, become part of lobby groups or write to the media).
- Ensure that the community is well informed about available health and social services.
- Hold a community forum on health or social services, taking a strength-based approach to problem solving (i.e. what are the community's strengths and opportunities and how these can be used to improve health service provision in the community).
- Advocate for health promotion programs in the community that focus on keeping people well.
- Identify community needs - for example, there may be people who could benefit from an opportunity to talk to someone about personal issues such as relationships, financial management or their mental wellbeing. Explore opportunities for attracting visiting services to your area.
- Advocate for services that not only provide support for crisis situations, but also those that offer a holistic approach towards addressing the underlying causes of poor health and wellbeing.

## Individuals

- Reach out to people who may be socially excluded.
- Get to know your neighbours and people in the community who may be lonely and would like a visitor.
- Offer a lift to a neighbour who may have limited access to transport.
- Connect with your local community house, volunteer your time or just get to know the staff and what they have to offer the community.
- Volunteer for programs that provide social support for people in the community - for example, become a volunteer for literacy, community transport, shared meal, gardening or befriending programs.
- Speak out about the need for high quality health services and social services to be available to all (write letters to politicians, become part of lobby groups or write to the media).





## Workplaces (Managers, Workers, Volunteers) & Service Providers

- Provide outreach services to people where they live.
- Work in partnership with organisations that are on-the-ground in communities. They usually know their communities better than anyone and may be able to provide access to venues and assistance with promotion of particular services.
- Make people feel welcome when they are accessing services and do not tolerate discrimination towards clients.
- Recognise 'transitional periods' in people's lives when planning prevention and early intervention programs - e.g. when young people move from school to work, when women move from work to motherhood and back to work, and when older people move from work to retirement.
- Recognise that some people are at increased risk of poverty (including Aboriginal people, women, sole parents, children, students and young people, people with disabilities, migrants and refugees, older people, homeless people, and people in rural and remote areas) and respond accordingly to people's differing needs.
- Support emergency relief workers to respond better to the long-term needs of clients.
- Consider the complex underlying issues that some people are experiencing and recognise that no one organisation will be able to address all the needs of all clients at any one time. Work in partnership with other organisations to better respond to complex needs.
- If you are a health care provider, ask clients if they are experiencing difficulties with other aspects of their lives - e.g. transport, literacy, housing, relationships and addictions. Their issues may not be as simple as they first appear.
- Provide information in waiting rooms about social services.
- Understand the need for stronger links between the health and social services' sectors to better meet the needs of clients and patients. Work to strengthen those links.

## Politicians & Governments

- Maintaining Medicare as an effective and robust universal healthcare system.
- Recognise that all Tasmanians have a right to appropriate health and social services.
- Take action to influence the key determinants that affect health and wellbeing, including income support, education, employment, housing and transport.
- Recognise that economic growth is not the most important measure of a country's success. The fair distribution of health, wellbeing and sustainability are important social goals.
- Implement high level partnerships across agencies to ensure a commitment to recognising health in all policies.
- Adequately fund the social services sector, and ensure appropriate indexation of core funding.
- Strengthen links between the health system and the social services' system in Tasmania and facilitate pathways for effective engagement, consultation and communication between sectors.
- Consider involving the social services' sector in government decision making relating to issues that may have once been thought of as not being relevant to that sector - such as land use planning.
- Do more to reduce elective surgery waiting lists.
- Adequately fund and integrate primary health into the health and social services' system.

## Why it's important

Across our world, the number of people living in extreme poverty has dropped by more than half – from 1.9 billion in 1990, to 836 million in 2015 – but too many are still struggling for the most basic human needs (United Nations).

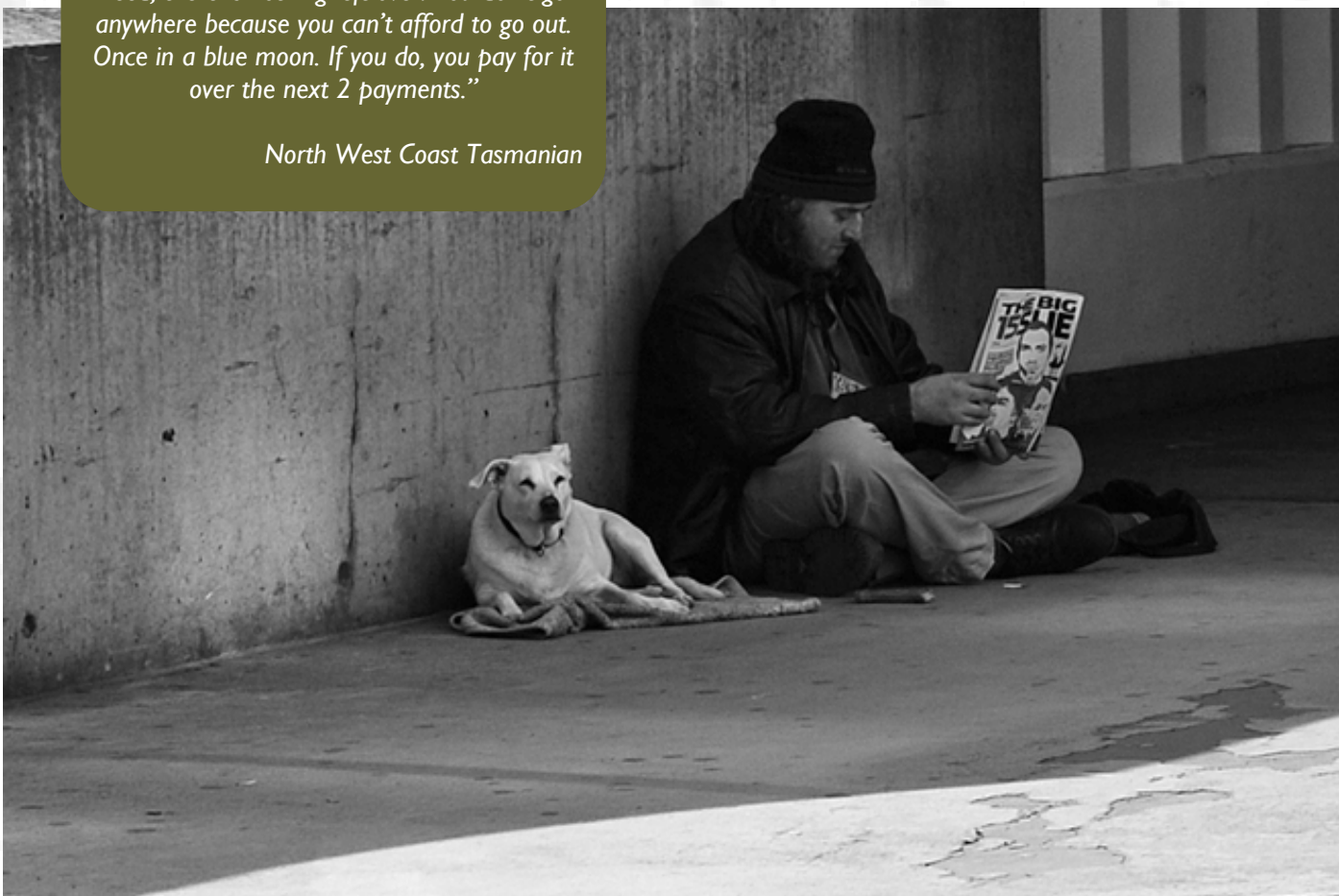
Poverty is defined in either relative or absolute terms. **Absolute poverty** measures poverty in relation to the amount of money necessary to meet basic needs such as food, clothing and shelter. The concept of absolute poverty is not concerned with broader **quality of life** issues or with the overall level of inequality in society. **Relative poverty** defines poverty in relation to the economic status of other members of the society: people are poor if they fall below prevailing standards of living in a given societal context (UNESCO). This wider view of poverty is closely linked to **social exclusion**.

More equal income distribution has proven to be one of the best predictors of better overall health of a society. People living on low incomes:

- die earlier than those who are wealthier - they run at least twice the risk of serious illness and premature death as those with more income and resources
- have poorer access to health services
- have less capacity to develop healthy behaviours like eating well, exercising regularly or stopping smoking
- are more likely to experience social exclusion, stress and anxiety
- are more likely to suffer from chronic health conditions such as mental illness, heart disease, cancer, diabetes, injury and respiratory diseases such as asthma.

*“Every week the money is spent on things we need, there is nothing left over. You don't go anywhere because you can't afford to go out. Once in a blue moon. If you do, you pay for it over the next 2 payments.”*

*North West Coast Tasmanian*



## Why is poverty an issue for the health of Tasmanians?

### Poverty exists in Tasmania

In 2014, it was reported that 15% of Tasmanians lived below the poverty line (i.e. below 50% of median household income, which equates to a disposable income of less than \$400 per week for a single adult).<sup>1</sup>

### Tasmanians earn less than other Australians

On average, Tasmanians earn less per week than the average Australian weekly income.<sup>2</sup>

### Many Tasmanians live on low incomes

About one third of households in Tasmania receive Government income support payments as their principal source of income, which is more than the national average.<sup>3</sup>

### Tasmania has a high unemployment rate and long term unemployment is high

- Tasmania has a higher unemployment rate than the national average.<sup>4</sup>
- Tasmania recorded the second highest long-term unemployment rate as a percentage of the labour force (1.9%) of all jurisdictions in Australia in the year to April 2016, (just below South Australia at 2%). The national long-term unemployment rate was 1.4 per cent in the same period. The number of long-term unemployed and very long-term unemployed Tasmanians have increased significantly over recent years.<sup>5</sup>

### Poverty is a growing problem

In October 2014, the Australian Council of Social Service (ACOSS) released a report revealing that poverty is growing in Australia. Among the key findings:

- **Child poverty** – 602,604 children (17.7% of all children) were living below the poverty line
- **Working poor** – 33.2% of people below the poverty line came from a household with wages as their main form of income
- **Overall growth in poverty** – Poverty increased between 2010 and 2012 by nearly one per cent (from 13% to 13.9%)
- Among the most **at risk** were women, children, older people, sole parents, those born overseas, Aboriginal and Torres Strait Islander peoples, and people living with disability.<sup>1</sup>

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## Communities

- Promote services that are available for people who may be experiencing hardship.
- Use existing community resources to help address poverty in the community - e.g. schools, libraries, on-line access centres, Learning & Information Network Centres (LINCS) and community houses.
- Establish local enterprise, knowledge and skills development programs.
- Support local schools to retain students to Year 12.
- Speak out about poverty (write letters to politicians, become part of lobby groups or write to the media).
- Support the implementation of community-based programs that seek to enhance confidence and self-esteem.
- Establish local bartering and exchange programs.
- Identify community strengths and how these can be built on, rather than focusing on problems and weaknesses.
- Seek the support of local politicians in reducing poverty.
- Tap into sources of information such as *Our Community*. See: [ourcommunity.com.au](http://ourcommunity.com.au).

## Individuals

- Be a role model, a mentor or a friend to a young person who is experiencing hardship.
- If you are able to do so, donate to charities or become a volunteer.
- Support young people to stay in school to Year 12 and beyond.
- Become a member of an organisation that works to alleviate poverty.
- Speak out (write letters to politicians, become part of lobby groups or write to the media) about poverty.



## Workplaces (Managers, Workers, Volunteers) & Service Providers

- Provide outreach services and make people feel welcome when accessing services.
- Apply principles from *Asset Based Community Development*, which focuses on strengths rather than weaknesses within communities. Visit: [abcdinstitute.org](http://abcdinstitute.org) for more information.
- Recognise that not everyone is able to work and provide programs that ensure that individuals do not become socially isolated and suffer poor mental health.
- Recognise *transitional periods* in people's lives when planning prevention and early intervention programs e.g. when young people move from school to work, when women move from work to motherhood and back to work, and when older people move from work to retirement.
- Recognise that some people are at increased risk of poverty, including Aboriginal people, women who are sole parents, children, students and young people, people with disabilities, migrants and refugees, older people, homeless people, and people in rural and remote areas, and respond accordingly to people's differing needs.
- Support emergency relief workers to be able to respond better to the long-term needs of clients.
- Work in partnership with other organisations to better respond to complex needs.
- Provide flexible work environments (e.g. to meet the needs of parents, carers, people with disabilities) and job security.
- Provide equal pay for work of equal value, even if the work is not the same.
- When employing people, do not discriminate based on family history, place of residence or other 'grapevine' information.

## Politicians & Governments

- Ensure that all Tasmanians have access to the basics including education, housing, food and health care.
- Increase income support payments to a level sufficient to provide a basic acceptable standard of living and ensure that the minimum wage is sufficient to enable people to live with dignity.
- Undertake a review of the levels of all State Government concessions with specific reference to the degree to which they alleviate poverty and hardship among recipients.
- Reduce inequalities in income and wealth through progressive taxation.
- Improve access to good jobs and reduce long-term unemployment across the social gradient by improving job security.
- Make it easier for people who are disadvantaged in the labour market to obtain and keep work - e.g. by increasing the availability of jobs suitable for single parents, carers and people with mental and physical health problems.
- Recognise that economic growth is not the most important measure of a country's success. The fair distribution of health and wellbeing, and sustainability, are important social goals. Tackling social inequalities in health and addressing climate change must go together.
- Develop a whole-of-government approach to reducing poverty and increasing equity, with measurable outcomes.
- Develop an understanding of poverty and how to reduce this at the local government level.
- Increase investment in educating women, especially young mothers.
- Exercise sufficient control over pricing to ensure that healthy food options are accessible to people on low incomes.

## Why it's important

Being able to leave your home, travel to work or meet up with other people, go to the doctor or dentist, or do the shopping, are all dependent on access to transport.

*Accessible transport* means being able to get to where you need to go within an acceptable amount of time, cost and ease.

Transport can include walking, cycling, travelling by motor vehicle, or using public transport.

People who have accessible transport are more likely to:

- have a stronger sense of wellbeing
- be at lower risk of depression
- be able to access services that help keep them healthy such as dental check ups, cancer screening services, and mental health support groups
- participate in social activities that keep them active and engaged in their communities.

Walking, cycling and use of public transport offer tremendous benefits for individuals, communities and the environment, including:

- physical activity, which can protect against heart disease, mental illness and diabetes
- increased social contact, which can enhance mental health and wellbeing
- reduced air pollution
- enhanced neighbourhood safety
- reduced fatal motor vehicle-related accidents.





## Why is transport an issue for the health of Tasmanians?

### We depend on cars

Tasmanians are highly dependent on private cars, having 875 vehicles per 1,000 population in 2015, which was the highest number of any state or territory.<sup>1</sup> Tasmania has the largest proportion of people using a passenger vehicle as part of their transport to get to work (87%).<sup>1</sup>

### There are too many road accidents

An unacceptable number of road accidents and fatalities occur each year in Tasmania. For the latest statistics visit: [transport.tas.gov.au/roadsafety/crash\\_statistics](http://transport.tas.gov.au/roadsafety/crash_statistics).<sup>2</sup>

### Motorised transport is bad for the environment

The transport sector contributed nearly a quarter of greenhouse gas emissions in Tasmania in 2011. The largest increase in emissions since 1990 was in transport (16%).<sup>3</sup>

### Not everyone can afford a car

Despite the high car ownership rate, there are still many Tasmanians who do not own or have access to a car, who cannot afford to run a car to the extent that they need, or who are unable to drive because of age or disability. The occupants of almost one in 10 private dwellings in Tasmania do not have a motor vehicle.<sup>4</sup> Households in the most disadvantaged areas were more likely not to own a passenger vehicle compared with other households. In contrast, households in the most advantaged areas were more likely to have three or more cars per household.<sup>5</sup>

### Public transport is not widely available

In Tasmania, public transport use declined from 6% in 2006 to 3% in 2009. In March 2009, 38% of people reported that there was no service available at the right time or at a convenient time and more than one-quarter (26%) reported there was no service available in their area.<sup>6</sup>

### Not many of us walk or cycle as a mode of transport

Cycling, an environmentally friendly alternative to a passenger vehicle or public transport, is not common among Australians. In 2012, only 2% of adults cycled to work or study and 4% walked as their main form of transport.<sup>5</sup> From 2006-2009, the percentage of people who walked to work or full-time study in Tasmania dropped from 8% to 4%.<sup>6</sup>

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## Communities

- Ensure that the community is well informed about available transport options.
- If a new community transport initiative is being explored, connect with Community Transport Services Tasmania Inc. to help ensure that transport services in the community are coordinated.
- Explore the potential to use idle school buses (often between 9am-2:30pm) and taxis for community transport..
- Explore the potential for local programs such as dial-a-ride, car pooling and car sharing.
- Hold a community forum on transport, taking a strength-based approach to problem solving - i.e. what are the community's strengths and opportunities and how can these be used to enhance transport.
- Advocate for improved and accessible transport services (write letters to politicians, become part of lobby groups or write to the media). Offer practical and sustainable solutions.
- Create a community culture that encourages walking and cycling.

## Individuals

- Challenge your own travel behaviour: Do you need to drive? Could you car pool, walk or cycle?
- Lead or become part of movements to change the way we think about transport.
- Offer a lift to a neighbour, colleague or friend who may have limited access to transport.
- Volunteer as a driver for community transport services.
- Be vocal if there is a problem - i.e. advocate to improve public transport services (write letters to politicians, become part of lobby groups and write to the media).
- As a driver, cyclist or pedestrian, share the road respectfully and safely.
- Have your say about land use planning and transport system design.
- Be respectful and helpful of other passengers using public transport.



## Workplaces (Managers, Workers, Volunteers) & Service Providers

- Support and participate in *active commuting* (walk, cycle) to and from work, schools and child care services.
- Organise meetings in accessible venues or use telephone and internet connectivity.
- Provide adequate parking for people with disabilities, older Tasmanians and parents with babies, as well as for bicycles, in close proximity to services.
- Ask clients if transport is an issue and provide information about transport options to services.
- Provide outreach services, so instead of expecting those who are transport disadvantaged to come to you, travel to them.
- If you are a transport service, provide information suitable for people with low literacy and those who are from non-English speaking backgrounds, and ensure that vehicles are accessible for people with mobility difficulties.
- Think laterally about transport solutions - e.g. organise collaborative initiatives between community and commercial sectors such as the use of taxis for outings and events.
- Use tools and resources that help you consider the health effects of urban development policies, plans and proposal such as:
  - **Healthy By Design Guidelines** (Heart Foundation): [healthyplaces.org.au/userfiles/file/Healthy\\_by\\_Design.pdf](http://healthyplaces.org.au/userfiles/file/Healthy_by_Design.pdf).
  - **Healthy Urban Development Checklist** (NSW Health): [health.nsw.gov.au/urbanhealth/Pages/healthy-urban-dev-check.aspx](http://health.nsw.gov.au/urbanhealth/Pages/healthy-urban-dev-check.aspx).

## Politicians & Governments

- Become a world leader on understanding and responding to climate change and its causes.
- Reduce car dependency and encourage active transport using incentives and creating supportive environments for change.
- Provide an affordable, safe, convenient and appropriate public transport system. Prioritise action in localities where transport disadvantage is most apparent.
- Support older people to retain their drivers' licences for as long as possible.
- Provide adequate resourcing for coordinated community transport services.
- Evaluate the effectiveness of road safety awareness campaigns and invest appropriately.
- Ensure land use planning and development encourages walking, cycling and use of public transport.
- Ensure that land use and transport planning takes into account the needs of both young people and older members of the community, as well as those with mobility difficulties.
- Lead by example: walk, cycle, car pool or catch public transport to parliament, council or other meetings.
- Take a whole-of-government perspective on how to get the most efficient outcomes from the totality of government transport expenditure.



## Why it's important

Access to fresh, nutritious and affordable food is a fundamental human right.

Food is important for the healthy growth and development of babies, children and young people, and for adults to maintain health and prevent diseases.

*Food security* refers to the ability of individuals, households and communities to acquire food that is affordable, sufficient, reliable, nutritious, safe, acceptable and sustainable. It is more than just preventing hunger; it involves the ability to choose and prepare a healthy diet in ways that are socially and cultural acceptable to people.

People who are food insecure may:

- not get the nutrients they need (malnutrition). Malnutrition during childhood has long-term effects on a child's physiological and psychological development. Malnutrition among older adults may lead to physical decline and frailty, poor mental health and wellbeing, an increase in health problems and the use of multiple medications
- suffer stress as a result of anxiety and guilt associated with not being able to obtain food
- experience a range of behavioural, emotional and academic problems (particularly school children)
- be at greater risk of being overweight or obese. Foods with high fat, salt and sugar content can appear cheaper and easier to access, and these foods are often felt to be more palatable and acceptable
- be at greater risk of chronic diseases such as heart disease, diabetes, cancer, eye disease and dental problems.



*“Vegetables and fruit – they say we should be having them 3 times a day. You’ve got to be joking – 3 times a week more like it, if we’re lucky, with 4 children in the house.”*

East Coast Tasmanian<sup>1</sup>

## Why is food an issue for the health of Tasmanians?

<b>Some Tasmanians don't have enough to eat</b>	Studies have shown that about 5% of Tasmanians sometimes run out of food or can't afford to buy food. <sup>2</sup> However, we don't know exactly how many people are affected by food insecurity in Tasmania. More research is needed.
<b>Tasmania has a high proportion of people living on low incomes</b>	Food insecurity is more likely to affect people on low incomes. Tasmanians have lower average incomes than other Australians and more than 30% of people in Tasmania survive on government income support payments. <sup>3</sup> It may cost up to 40% of a household's income to eat in accordance with healthy diet recommendations. <sup>4</sup>
<b>The cost of food contributes to hardship</b>	Food is consistently one of the key causes of household financial crisis in Tasmania. Tasmanians spend more on food than households in other parts of Australia. <sup>3</sup>
<b>Going without food creates significant distress</b>	A study in 2010 indicated that many Tasmanians on low incomes worry about not having enough food and will sacrifice food for other needs. For example, they will cut back on the food budget to meet increased heating costs in the winter. <sup>5</sup>
<b>The number of people accessing emergency food relief is increasing</b>	Data shows that the number of people seeking emergency relief assistance in Tasmania has increased in recent years. <sup>6</sup>
<b>Overweight and obesity are an issue</b>	Eating more than your body needs and eating large quantities of food that is cheap but not nutritious can contribute to people becoming overweight and obese. Almost two-thirds of Tasmanians are overweight or obese. <sup>7</sup>
<b>Junk food is cheaper</b>	High energy and high fat foods are proportionally cheaper per kilojoule than foods from the core food groups. <sup>8</sup>
<b>Tasmania produces a lot of good food but it is not accessible to everyone</b>	Tasmania has some of the best food productivity in Australia, yet an unacceptable number of people still experience food insecurity. Access to good affordable food makes more difference to what people eat than does health education. A study found that of 353 shops that sold healthy foods only 19 were located in areas where Tasmanians with the lowest household incomes live. The most affordable healthy food is found in the larger supermarkets but 9 local government areas in Tasmania do not have a large supermarket. <sup>4</sup>

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## Communities

- Encourage and support breastfeeding for mothers and their babies.
- Encourage schools to have an accredited school canteen: [tascanteenassn.org.au](http://tascanteenassn.org.au), get involved with *Move Well Eat Well*: [dhhs.tas.gov.au/mwew](http://dhhs.tas.gov.au/mwew) and the *Stephanie Alexander Kitchen Garden Program*: [kitchengardenfoundation.org.au](http://kitchengardenfoundation.org.au).
- Establish community gardens, garden sharing programs and excess produce distribution schemes in local communities.
- Support the establishment and operation of farmers' markets and local food businesses that offer healthy food choices.
- Connect with *Tasmania's Healthy Food Access Project*: [healthyfoodaccesstasmania.org.au](http://healthyfoodaccesstasmania.org.au).
- Eat together through programs such as *Eating With Friends*: [nht.org.au/projects/eating-with-friends](http://nht.org.au/projects/eating-with-friends).
- Advocate to improve food security and for healthy food choices by writing letters to politicians, becoming part of lobby groups and writing to the media.
- Advocate for local councils to recognise their role in food security and the availability of healthy food. See *Tasmania's Healthy Food Access Project*: [healthyfoodaccesstasmania.org.au](http://healthyfoodaccesstasmania.org.au) or *Food for All - Resources for Local Governments*: [vichealth.vic.gov.au/media-and-resources/publications/food-for-all-resources-for-local-governments](http://vichealth.vic.gov.au/media-and-resources/publications/food-for-all-resources-for-local-governments).
- Ensure that all community events contain affordable healthy food choices and fun creative activities to engage community in learning about benefits of eating healthy food.

## Individuals

- Grow your own vegetables either in your own garden, in pots or in a community garden. Vegetable gardens come in all shapes and sizes! Learn how to make compost or establish a worm farm. Your vegies will love it!
- Cook for your friends and neighbours.
- Eat produce that is in season, freeze excess products and learn to preserve.
- Donate food to emergency food relief services or volunteer your time to help out.
- Teach children and young people how to cook, and eat together as a family or with friends on a regular basis.
- Shop locally and buy Tasmanian food where possible.
- Make your own. Processed and ready-to-eat foods are not usually cheaper nor as good for you as home-made meals.
- Get to know your neighbours and share recipes and cooking tips.
- Volunteer for programs that teach people how to cook or deliver affordable nutritious meals.
- Get to know people from migrant and refugee communities and support them to become familiar with local ingredients and share their cooking knowledge.
- If you are a parent you may be interested in becoming a *Family Food Educator*. See: [familyfoodpatch.org.au](http://familyfoodpatch.org.au).
- Reduce food waste. Visit *Secondbite*: [secondbite.org](http://secondbite.org) and *Love Food Hate Waste*: [lovefoodhatewaste.nsw.gov.au](http://lovefoodhatewaste.nsw.gov.au).





## Workplaces & Service Providers

- Provide healthy food choices when catering for meetings, in canteens, for fundraising activities and in vending machines.
- Provide appropriate food storage and preparation facilities for staff.
- Provide fruit for a small fee in the workplace (cost recovery schemes tend to be more sustainable than profit-making ones).
- Provide free drinking water and, if possible, fruit such as apples in waiting rooms.
- Form alliances with local food businesses and encourage them to offer healthy food choices.
- Implement policies and programs that contribute to a culture of 'food for health', through childcare, schools, universities and workplaces.
- When delivering emergency food relief, provide people in need with healthy food choices and basic recipes using fresh ingredients. Develop cooking programs and where appropriate engage clients in food preparation as part of emergency relief programs.
- Be aware of specific barriers and opportunities relating to culture, tradition, language and life experience when implementing programs involving food with Culturally and Linguistically Diverse (CALD) communities, the Aboriginal community and people who have low literacy levels.
- Work with local government to enhance food security. Visit *Tasmania's Healthy Food Access Project*: [healthyfoodaccesstasmania.org.au](http://healthyfoodaccesstasmania.org.au).
- Use tools and resources that can help you consider the health effects of urban development policies, plans and proposals. For example:
  - **Food-sensitive Planning & Urban Design** (Vic Health): [vichealth.vic.gov.au/Publications/Healthy-Eating/Reports-and-evaluations/Food-sensitive-planning-urban-design.aspx](http://vichealth.vic.gov.au/Publications/Healthy-Eating/Reports-and-evaluations/Food-sensitive-planning-urban-design.aspx).
  - **Healthy By Design Guidelines** (Heart Foundation): [healthyplaces.org.au/userfiles/file/Healthy\\_by\\_Design.pdf](http://healthyplaces.org.au/userfiles/file/Healthy_by_Design.pdf).
  - **Healthy Urban Development Checklist** (NSW Health): [health.nsw.gov.au/urbanhealth/Pages/healthy-urban-dev-check.aspx](http://health.nsw.gov.au/urbanhealth/Pages/healthy-urban-dev-check.aspx).

## Politicians & Governments

- Support the establishment of local food supply businesses that conserve natural resources and the environment.
- Increase minimum wages and income support payments to the level where a nutritious diet is affordable.
- Provide affordable housing and increase assistance with the cost of living so that households have enough money for food.
- Improve food transport systems to strengthen food security outcomes.
- Restrict the development of fast food outlets and encourage the establishment of healthy food outlets and farmers' markets.
- Ban junk food advertising and marketing strategies targeting children.
- Improve food labelling systems and introduce point of sale nutrition legislation in Tasmania.
- Develop systems to monitor the level of food insecurity in Tasmania.
- Actively support local food production and procurement processes that favour local over imported products.
- Act on climate change and manage land use planning to enhance food security outcomes.



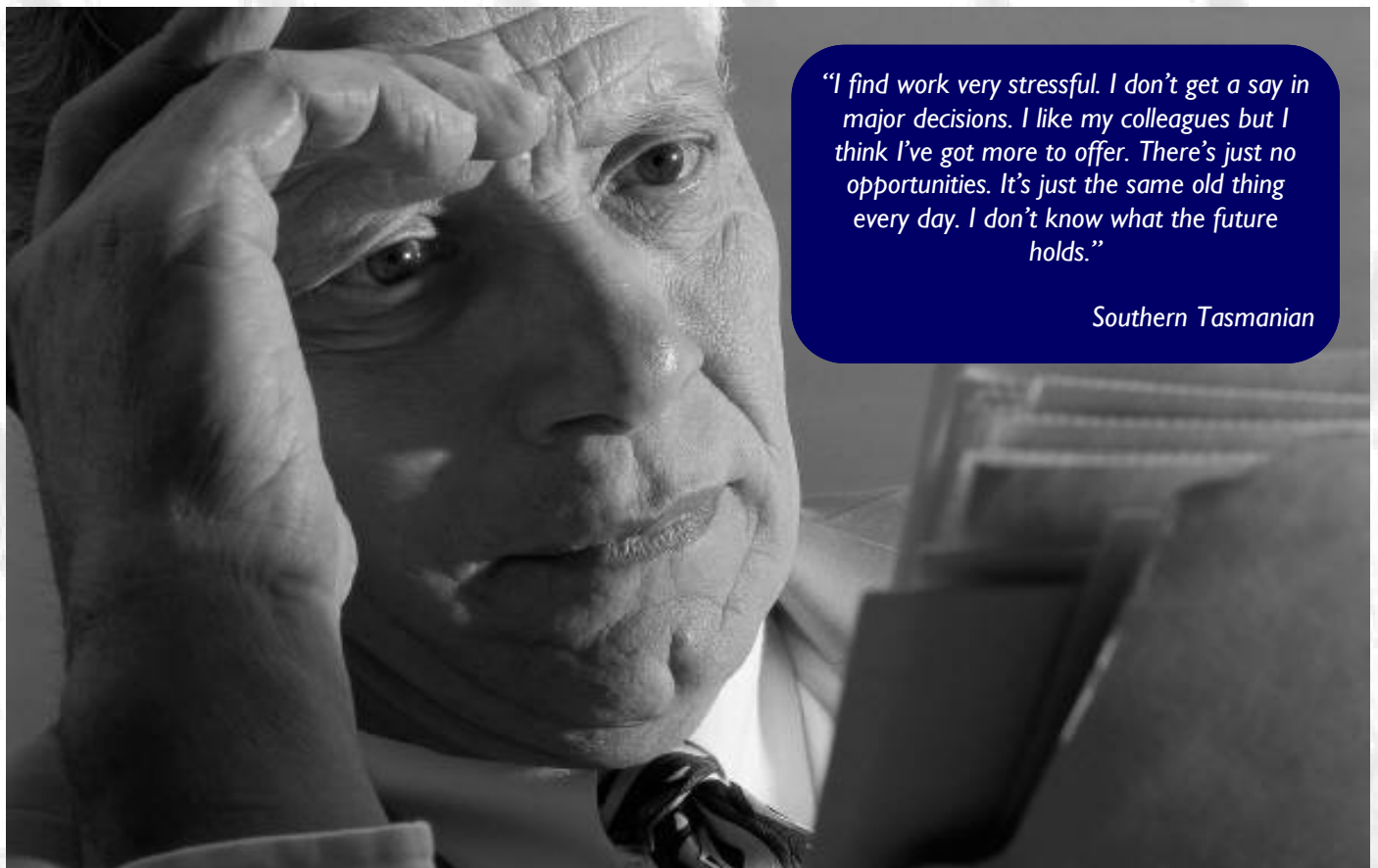
## Why it's important

People who have a job generally experience better health than those who do not. However, the relationship between having a job and health is not straightforward. The structure of workplaces, the way power is managed and decision making is undertaken, as well as the social organisation and relationships that exist in a workplace, all impact on health and wellbeing.

Working conditions are an important social determinant of health because of the significant amount of time we spend in our workplaces. Improved working conditions lead to a healthier workforce, which leads to improved productivity, and hence to a still healthier, more productive workforce. People who are already among the most vulnerable in our society will generally experience poorer working conditions than those on higher incomes with higher levels of education.

Some examples of how work and health are linked are outlined below.

- People who experience stress in the workplace are more likely to take sick leave, experience poor health overall and die prematurely.
- Studies have shown that not having the opportunity to contribute to work in a meaningful way, not having control over one's work and receiving inadequate rewards for effort, are strongly related to an increased risk of lower back pain, sickness absence and cardio-vascular disease.
- High stress jobs predispose individuals to high blood pressure, cardio-vascular diseases, and physical and psychological problems such as depression and anxiety.



*"I find work very stressful. I don't get a say in major decisions. I like my colleagues but I think I've got more to offer. There's just no opportunities. It's just the same old thing every day. I don't know what the future holds."*

*Southern Tasmanian*

## Why is work an issue for the health of Tasmanians?

### **Workforce participation rates are lower in Tasmania**

As at April 2016, around 60% of Tasmanians participated in the workforce including around 65% of men and 55% of women.<sup>1</sup> The labour force participation rate for Australia as a whole was 71% of men and 60% of women<sup>2</sup>

### **Women do a significant amount of unpaid work**

Economic and social changes at a national level over recent decades have increased opportunities for women to participate in the paid workforce.<sup>3</sup> Between 1992 and 2014, the proportion of women who were employed increased from 48% to 55%.<sup>3</sup> While women have assumed a greater role in the workplace, they have not been compensated by the amount of work undertaken around the home.<sup>3</sup> In addition, gender equality at senior levels in the workplace has yet to be achieved.<sup>2,3</sup>

### **Workplace injury is common in Tasmania**

In 2012 there were 8,974 injuries reported in Tasmania.<sup>4</sup> The most common were traumatic joint, ligament, muscle and tendon injuries.<sup>4</sup> There were 451 mental illness injuries, with 69% relating to anxiety and stress.<sup>4</sup>

### **Casual jobs are common**

Many Tasmanians are not offered job security with at least a ¼ of all employees working on a casual basis.<sup>5</sup> Casual employment, which has been a growth area in recent years, can provide greater flexibility for balancing work, family, study and other commitments, but casual employees do not necessarily receive the same entitlements and job security as their full-time, on-going colleagues, and this can generate significant stress.

### **Sitting on the job can be bad for health**

Many Australians sit for considerable amounts of time each day, including in the workplace. 'White collar' office workers spend around ¾ of their working hours sedentary and many 'blue collar' non-office based workers also accrue considerable amounts of sitting time at work. Excessive sitting is consistently associated with markers of poor health and can impact on cardio-vascular and mental health, and contribute to musculoskeletal disorders.<sup>6</sup>

### **Equity in job opportunities needs to improve in Tasmania**

Certain groups of workers such as Family Carers are often disadvantaged when it comes to job opportunities and having a voice in the workplace. Barriers to paid employment for carers include difficulties experienced in arranging working hours around their caring responsibilities and lack of alternative care. Even after their caring role has finished, they may experience barriers to employment such as lack of recent job experience, out of date qualifications and lack of confidence. People with disabilities, Aboriginal people, those from low socio-economic communities and people from Culturally and Linguistically Diverse (CALD) Communities also experience many employment challenges.

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## Communities

- Support and encourage workplaces to provide 'healthy work environments' for workers (for ideas see: [dhhs.tas.gov.au/healthpromotion/survey](https://dhhs.tas.gov.au/healthpromotion/survey) and [people.tas.gov.au/themes/people\\_performance/healthyatwork](https://people.tas.gov.au/themes/people_performance/healthyatwork)).
- Speak out (write letters to politicians, become part of lobby groups and/or write to the media) about the importance of health and wellbeing in the workplace.
- Encourage local workplaces to foster strong links with the community around them.
- Support workers when they advocate for permanent employment, fair pay and just conditions.
- Contribute to developing a culture in the community that values workplaces but also values the need for families to spend time together.
- Provide community events that enable families to spend time together away from the workplace.
- Develop social enterprise projects and apply principles of *Asset Based Community Development*, which focus on strengths rather than weaknesses within communities. Visit: [abcdinstitute.org](https://abcdinstitute.org) for more information.
- Advocate for jobs and conditions that are suitable for single parents, carers, people with mental and physical disabilities and others who may experience disadvantage in the labour market.

## Individuals

- Talk to managers about worker health and wellbeing to ensure this becomes a workplace priority.
- Speak out as a group to management if workplace conditions are not conducive to health and wellbeing.
- Initiate, and participate in workplace social, health and wellbeing programs.
- Speak out (write letters to politicians, become part of lobby groups and/or write to the media) about workplace health and wellbeing.
- Contribute to the creation of safe workplaces that aim to prevent injury.
- Model healthy work practices including showing respect and care for other colleagues.
- Encourage employers to offer incentive programs that lead to enhanced health and wellbeing outcomes for workers.
- Encourage employers to link with the *Business in Mind* program. See: [businessinmind.edu.au](https://businessinmind.edu.au).





## Workplaces (Managers, Workers, Volunteers) & Service Providers

- Ensure all employees have the opportunity to be involved in decision-making.
- Recognise the role of trade unions in all workplaces.
- Provide equal pay for work of equal value.
- Strive for good management practices that ensure appropriate rewards in terms of money, conditions, status and self-esteem for all employees.
- Monitor workplace accidents and absenteeism rates and take action to prevent problems.
- Provide ergonomically appropriate workplaces and implement initiatives to reduce long periods of sitting.
- Provide health and wellbeing promotion programs that help prevent stress, enhance confidence and boost self esteem of workers.
- Implement appropriate performance management policies and procedures to address workplace stress.
- Provide flexible work environments and job security.
- Recognise and reward good work, provide employee incentives and provide a stimulating work environment in which workers feel that they can have a voice.
- Talk to your employees about what makes them feel good at work and what makes them feel stressed, and take appropriate action to reduce this.
- Recognise that stressors from outside of the workplace may filter into the workplace. Provide support for staff experiencing undue stress. Link with the *Business in Mind* program. See: [businessinmind.edu.au](http://businessinmind.edu.au).

## Politicians & Governments

- Provide legislative frameworks and policies to ensure that Tasmanians do not work excessive hours.
- Provide legislative frameworks and policies to ensure that Tasmanians receive fair pay.
- Implement policies and strategies that improve the conditions of employees in high strain, low income jobs.
- Support initiatives such as the *Business in Mind* program. See: [businessinmind.edu.au](http://businessinmind.edu.au).
- Provide incentives for workplaces to offer permanent positions to people, rather than only casual employment.
- Encourage employers to reduce discrimination in their workplaces regarding the employment of people with health problems, disabilities and those who are carers.
- Link employment advisors with health services - e.g. when a person presents to their GP with issues relating to employment and work, ensure they are given the opportunity to see an employment advisor.

## Why it's important

*Social exclusion* means not having the opportunity to fully participate in community life. People who are socially excluded may be denied education, skills, meaningful work, access to services, good relationships and the ability to have a say on issues that matter to them. This places them at risk of poor health and wellbeing. Social exclusion is strongly tied to other social determinants of health.

Factors that contribute to social exclusion include:

- denial of participation in civil society, such as through inequitable laws and regulations. Discrimination may be based on race, gender, age, sexuality, ethnicity, disability or social status
- denial of social goods and services, such as adequate housing, income security, language services, transport and health care
- denial of the opportunity to be actively involved in society (such as in social and cultural activities) due to low income, physical isolation or disability
- denial of sufficient economic resources to meet basic needs
- denial of the ability to participate in paid work (e.g. due to caring responsibilities).

Many aspects of our society marginalise people. People who may be more at risk of social exclusion include older people living alone; people with mental illness; Aboriginal people; gay, lesbian, bisexual, transgender and intersex people; people with a disability; refugees; women who have been subjected to domestic violence; and people experiencing addiction.

Social exclusion is a significant risk factor for health and wellbeing. People who are socially excluded are:

- more likely to experience stress, depression and poor mental health; and to commit suicide
- at increased risk of chronic conditions such as diabetes, cardio-vascular and respiratory diseases
- more likely to die at a younger age.



*"I don't know a lot of people - it's really hard to get out and meet people as I don't have transport."*

*Aged Pensioner, North West Coast Tasmania*

## Why is social exclusion an issue for the health of Tasmanians?

### Many Tasmanians are on low incomes, experience poverty and financial hardship

Around one third of Tasmanians receive income support payments.<sup>1</sup> In 2014, 15% of Tasmanians lived below the poverty line (50% of median household income which equates to a disposable income of less than \$400 per week for a single adult).<sup>2</sup> Demand for emergency relief has increased significantly in recent years. In 2009-2010, more than 25,000 Tasmanians accessed emergency relief.<sup>3</sup>

### Many Tasmanians are homeless or experience housing stress

In 2011, there were almost 1,600 homeless people in Tasmania.<sup>4</sup> In Tasmania, almost ¼ of those on low incomes experience housing stress (where housing costs exceed 30% of disposable income).<sup>5</sup>

### Many Tasmanians are unemployed and have low education levels

In March 2016, almost 7% of Tasmanians were unemployed, second only to South Australia and more than the National average.<sup>6</sup> Tasmania has a school retention rate through to Year 12 of 68% compared with 84% for Australia as a whole.<sup>7</sup> Half of all adults in Tasmania have poor literacy skills.<sup>8</sup>

### Many Tasmanians are physically isolated and have poorer health outcomes

Ninety eight per cent (98%) of Tasmania's population falls within the 'inner regional' or 'outer regional' categories, 1.5% is 'remote' and 0.5% 'very remote' – a very different pattern from almost all other states and territories. On average, people who live in regional (rural) and remote areas are more likely to engage in behaviours associated with poorer health outcomes, such as smoking and physical inactivity.<sup>9</sup> Tasmanians in small rural communities have difficulty accessing transport and the services they need.<sup>10</sup>

### Many Tasmanians are socially excluded because of who they are

There are about 74,000 people in Tasmania who provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness or who are frail.<sup>11</sup> While this role can provide tremendous rewards, many carers also report challenges associated with their own health, employment and participation in society.

Around ¼ of Tasmanians have some degree of disability.<sup>11</sup> Tasmania's Anti-Discrimination Commission received 139 complaints relating to discrimination in the workplace in 2014-15; 28 of which were on the basis of disability.<sup>12</sup>

### Social exclusion impacts mental health

People who are Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) have significantly poorer mental health and higher rates of suicide than other Australians.<sup>13</sup>

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## Communities

- Identify community strengths and how these can be built on, rather than focusing on problems and weaknesses.
- Use existing community resources to help address social exclusion in the community - e.g. schools, the knowledge and skills of older people, Learning & Information Network Centres (LINCS), on-line access centres and community houses.
- Establish social enterprise programs to create employment in local areas.
- Speak out about social exclusion (write letters to politicians, become part of lobby groups or write to the media).
- Implement community-based programs that seek to enhance confidence and self-esteem.
- Create safe and welcoming communities that do not tolerate discrimination, and that are built for all ages and abilities.
- Celebrate migrant and refugee communities and their cultures.
- Ensure that not only those who have the loudest voices are heard.
- Enable participation for people who have disabilities and those who are physically isolated.
- Establish community gardens, community meal sharing programs, community arts programs and other opportunities for community members from all walks of life to get to know each other.
- Find out more about the arts and how it can enhance social inclusion in your community: *Putting people in the picture? The role of the arts in social inclusion*: [minerva-access.unimelb.edu.au/bitstream/handle/11343/34370/66889\\_00002321\\_01\\_barraket\\_arts\\_social\\_inclusion\\_1.pdf?sequence=1](http://minerva-access.unimelb.edu.au/bitstream/handle/11343/34370/66889_00002321_01_barraket_arts_social_inclusion_1.pdf?sequence=1).

## Individuals

- Challenge your thoughts and behaviours in relation to discrimination.
- Become a volunteer for literacy, community transport, shared meals, gardening, community arts or befriending programs.
- Get to know your neighbours and people in the community who may be lonely.
- Speak out about social exclusion (write letters to politicians, become part of lobby groups or write to the media).
- Support people to have a voice, either through formal advocacy programs, or informally by providing peer support and friendship.
- Participate in capacity building programs in local communities to build skills and share resources.



## Workplaces (Managers, Workers, Volunteers) & Service Providers

- Provide outreach services, so instead of expecting those who are socially excluded to come to you, travel to them.
- Ensure that people from non-English speaking backgrounds and those with disabilities are able to access services.
- Develop workplace policies that will ensure that discrimination does not occur. Ensure all staff are aware of such policies. Invest in staff training such as the Beyond Blue's *Heads Up* program: [headsup.org.au](http://headsup.org.au).
- Develop community and health information resources that recognise the low literacy levels in Tasmania and the need for culture-based literacy.
- Apply principles from *Asset Based Community Development*, which focus on strengths rather than weaknesses within communities.
- When employing people, do not discriminate with regard to place of residence.
- Recognise that not everyone is able to work. Provide programs that ensure that those who are not in the paid workforce do not become socially isolated and suffer poor mental health.
- Recognise that some people are at increased risk of social exclusion and respond appropriately to differing needs.
- Support emergency relief workers to provide responses to the long-term needs of clients.
- Work in partnership with other organisations to provide comprehensive responses to complex needs.
- Provide free or subsidised services for people on low incomes.
- Provide flexible work environments for people who have caring responsibilities.

## Politicians & Governments

- Implement the recommendations of the *Social Inclusion Strategy for Tasmania* and its associated reports and recommendations.
- Increase income support payments to a level sufficient to provide recipients with a basic acceptable standard of living.
- Ensure all Tasmanians have access to appropriate housing.
- Make it easier for people who are disadvantaged in the labour market to obtain and keep work - e.g. by widening the availability of jobs suitable for single parents, carers and people with mental and physical health problems.
- Act on the recommendations of the Sex Discrimination Commissioner: [humanrights.gov.au/our-work/sex-discrimination](http://humanrights.gov.au/our-work/sex-discrimination).
- Provide meaningful support for social enterprise programs.
- Support the establishment of local and sustainable food supply systems in Tasmania.
- Welcome and support refugees and migrants.
- Recognise and value Tasmania's ageing population and make the most of their knowledge and skills.
- Listen to Tasmanian Aboriginal people and work together to improve Aboriginal health and wellbeing.
- Increase investment in mental health promotion and prevention programs. Provide adequate support for people experiencing poor mental health.
- Listen to the voices of people with disabilities and their Carers and provide them with appropriate support services and opportunities to make meaningful contributions to Tasmanian communities.

# Sexuality, sex and gender identity

## Why it's important

*Gender* is not the same as *sex* or *sexuality*. *Sex* refers to the way our society currently categorises people according to biology. Common terms include female, male, intersex and transgender. *Gender* relates to roles, expectations and behaviours that our society identifies as being masculine or feminine. *Gender identity* is the way in which people personally express their gender and can be predominantly masculine, feminine or anywhere between or outside of these two positions (i.e. 'gender queer'). *Gender identity* need not necessarily 'match' one's biological 'category' (male/female).

Gender, gender identity, sex and sexuality interact strongly and are linked with health outcomes. For example:

- Women generally live longer than men but are more likely to suffer from long-term disability and chronic diseases
- Risk taking behaviour is the 'norm' among males and contributes to higher mortality rates before mid-life. Men are more prone to accidents and more likely to be involved in violent incidents
- Women tend to have less access to, and control over resources, their bodies and their lives than do men
- Historically women have been subject to discrimination and gender role stereotyping leading to social exclusion and poor mental health
- Men are more likely to commit suicide than women
- Transgender, intersex and gender queer persons often experience significant emotional distress and mental health concerns due to gender identities that do not conform to dominant social expectations
- Women are far more likely than men to be victims of domestic violence and sexual assault
- Women continue to carry most responsibility for raising children, caring for disabled or frail family members, and housework. If employed, they usually earn less than men. These factors can contribute to poor health
- Men are more likely to be the principle earner in the family and this role may take them away from spending time with their families and/or children, often resulting in stress and unrealistic expectations
- Men and women have different patterns of disease and may experience different symptoms for the same medical conditions. Research and treatments have also traditionally been modelled on male biology, however men's and women's responses to treatment can also vary.

*"Women do 70% of the world's work: yet receive 10% of the world's income and own just 1% of the means of production. Are you ok with that?"*

*Quote from 'Are you ok with that?' campaign, 2011*





## Why are sexuality, sex and gender identity issues for the health of Tasmanians?

### Life expectancy for males is lower than females

Women live longer than men. The 2012 life expectancy of Tasmanian females was 82.6 years while for males it was 78.7. These figures are lower than the Australian average of 83.1 years for females and 79.7 years for males. Life expectancy at birth for Indigenous Australians was 73.7 years for females and 69.1 years for males.<sup>1</sup>

### Causes and rates of death and disease differ

There are biological differences between men and women that lead to distinctive health outcomes. The 5 leading causes of death for females are: Coronary Heart Disease, Cerebrovascular Diseases, Dementia and Alzheimer Disease, Lung Cancer and Breast Cancer; causes of death for males are: Coronary Heart Disease, Lung Cancer, Cerebrovascular Diseases, Prostate Cancer and Chronic Obstructive Pulmonary Disease.<sup>1</sup>

### Men and women behave differently

Males are more likely to smoke, consume alcohol at risky levels, and be overweight or obese.<sup>2</sup> While lung cancer incidence and mortality among males has declined steadily since the 1980s (due to the declining rate in daily tobacco smoking), for females, lung cancer incidence and mortality continue to rise.<sup>1</sup>

### Males are more likely to commit suicide

Tasmania's suicide rate (the second highest in the country) involves a considerably higher number of males at a rate of 23 compared to the rate of 7 per 100,000 for females.<sup>3</sup> Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people have significantly poorer mental health and higher rates of suicide than other Australians.<sup>4</sup>

### Gender discrimination occurs in Tasmania

In 2014-15 the Tasmanian Anti-Discrimination Commissioner reported that gender discrimination was among the top five most common discrimination complaints. Complaints also related to pregnancy, sexual orientation, family responsibilities and breastfeeding.<sup>5</sup>

### Women are more likely to be victims of violence

Data shows that around 11% of Tasmanian women experience violence. Women with a disability are more likely to experience violence.<sup>6</sup>

### Some of us access health services less frequently

Men seek help and use health services less frequently than do women.<sup>7</sup> LGBTI community members are also less likely to access health services, often because they lack confidence that the system will respect their needs and/or their identity.<sup>8</sup>

### Men are more likely to go to prison

In June 2014, males comprised 93% of the total prisoner population in Tasmania.<sup>9</sup> Incarceration has a significant impact on health and wellbeing.

### We should do better

Overall, in 2015 Australia ranked 36th in the World Economic Forum Global Gender Gap Index, which assesses 134 countries on how well they divide resources and opportunities among male and female populations, regardless of the overall levels of these resources. Iceland ranked first.<sup>10</sup>

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## Communities

- Speak out about gender inequality (write letters to politicians, become part of lobby groups or write to the media). Read more here: [humanrights.gov.au/education/face-facts/face-facts-gender-equality](https://humanrights.gov.au/education/face-facts/face-facts-gender-equality).
- Create safe communities for all members of the community.
- Support women's choices to stay at home and raise children, or to return to work.
- Support men to spend more time with their children and take on other caring roles.
- Develop an understanding of how women can be supported to leave domestic violence situations and the role that communities can play in providing support.
- Celebrate community diversity through education and promotion programs that are inclusive of sexual orientation and gender identity.
- Establish men's programs and support groups for new parents that cater for their differing needs.
- Establish new programs that support men in times of crisis and help them to develop better communication skills.
- Support community education initiatives that raise awareness of gender equity issues.
- Care and support for people living with disability and their families.

## Individuals

- Inform yourself about gender discrimination - challenge your thoughts and behaviours in relation to gender inequality. Read more here: [humanrights.gov.au/education/face-facts/face-facts-gender-equality](https://humanrights.gov.au/education/face-facts/face-facts-gender-equality).
- Start a conversation with someone new and 'different' - maybe they aren't that different after all.
- Investigate volunteer opportunities - e.g. free telephone crisis support services that deal with suicide prevention or mental health.
- Model healthy relationship behaviour to children and young people.
- Encourage and empower both young women and young men to continue their education and fulfil their dreams.
- Educate yourself about the lives of transgender and intersex persons and the barriers that they face in our community.
- Support young boys and girls whose behaviours do not necessarily conform to dominant gender stereotypes to 'be themselves'.
- Provide immediate and unconditional support to any person who 'comes out' to you - this is usually a huge decision and they are likely to have chosen you because they trust you.
- Initiate discussions with children and young people in your life about the value of difference in people.
- Challenge gender stereotypes of how women and men (girls and boys) are supposed to look and behave.



## Workplaces (Managers, Workers, Volunteers) & Service Providers

- Develop workplace policies that help ensure gender discrimination and harassment does not occur. Ensure all staff are aware of such policies and that they are enforced.
- Tailor health services to reach out to men - e.g. provide outreach services and use creative strategies to engage with young men.
- Ensure services are welcoming and inviting for all members of the community.
- Implement health promotion programs on sexual health and sexuality, including healthy sexual relationships (straight, lesbian, gay or bisexual).
- Tailor health promotion programs specifically to the needs of different groups - men, women, intersex and transgender persons, as well as young people and older Tasmanians.
- Provide information about domestic violence and sexual assault support services in appropriate places.
- Provide positive images and information that welcome men into health and community services.
- Support women to take up positions on boards, committees, and other positions of leadership and influence.
- Provide flexible working conditions to enable employees to balance family and work responsibilities.
- Speak out against discriminatory practices and behaviours in the workplace.
- Invite a speaker from the Anti-Discrimination Commissioner's office to speak to all staff, including management.
- Work with school communities to create welcoming school environments that reflect diversity in their policies and procedures, encourage discussion of relationships and sexuality, and provide support regarding gender identity.

## Politicians & Governments

- Appropriately fund and support organisations that take a gendered approach to health and wellbeing, and those that work with the most 'at-risk groups' in our community e.g. LGBTI, young men, women with disabilities, sex workers, men who do not access help and services when they need them most, those from non-English speaking backgrounds, people with fewer resources and low literacy (including those who are socially isolated) and Aboriginal communities.
- Fund, implement and evaluate ongoing actions to address family violence, including the Tasmanian Government's *Safe Homes, Safe Families* initiative. This must include a strong focus on prevention and action on the social determinants of health: *Safe Homes, Safe Families Tasmania's Family Violence Action Plan 2015-2020*: [dpac.tas.gov.au/\\_\\_data/assets/pdf\\_file/0006/266073/Safe\\_Homes\\_Safe\\_Families\\_-\\_Action\\_plan.pdf](http://dpac.tas.gov.au/__data/assets/pdf_file/0006/266073/Safe_Homes_Safe_Families_-_Action_plan.pdf).
- Invest in the health of Tasmanian men by funding an organisation to focus on men's health and wellbeing, and provide leadership regarding the prevention of poor health outcomes among men (such as suicide and physical violence).
- Seek alternative approaches towards working with men under the criminal justice system.
- Implement strategic policy and actions to move Australia up the Global Gender Gap Index.
- Demonstrate leadership to help build a culture across the community that says NO to discrimination.
- Work through the education system to secure a healthy and happy future for Tasmanian school students by implementing a state-wide health promoting schools framework that fosters healthy bodies as well as healthy minds.
- Work with Aboriginal communities to reduce the gap in life expectancy between Indigenous and non-Indigenous peoples—both males and females.
- Implement and evaluate the *Tasmanian Suicide Prevention Strategy (2016-2020)*: [dhhs.tas.gov.au/mentalhealth/suicide\\_risk\\_and\\_prevention](http://dhhs.tas.gov.au/mentalhealth/suicide_risk_and_prevention).