GAA/RUR33

Tasmanian Council of Social Service Inc.

Legislative Council Government Administration Committee A: Inquiry into Rural Health Services

March 2021

TasCOSS

INTEGRITY
COMPASSION
INFLUENCE

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About TasCOSS

TasCOSS' vision is for one Tasmania, free of poverty and inequality where everyone has the same opportunity. Our mission is two-fold: to act as the peak body for the community services industry in Tasmania; and to challenge and change the systems, attitudes and behaviours that create poverty, inequality and exclusion.

Our membership includes individuals and organisations active in the provision of community services to low-income Tasmanians living in vulnerable and disadvantaged circumstances. TasCOSS represents the interests of our members and their service users to government, regulators, the media and the public. Through our advocacy and policy development, we draw attention to the causes of poverty and disadvantage, and promote the adoption of effective solutions to address these issues.

Please direct any enquiries about this submission to:

Adrienne Picone
CEO
Ph. 03 6169 9500
Email: Adrienne@tascoss.org.au

Introduction

Thank you for the opportunity to make a submission to the Legislative Council Government Administration Committee A: Inquiry into Rural Health in Tasmania. This submission is based on consultations held with individuals, communities and members across Tasmania over the last several years in relation to our Good Life framework (see Appendix A) and our 2019-2020 Budget Priorities Statement (attached), as well as research into the social foundations of health and is of general applicability to Tasmanians living in rural and remote areas.

Across years of statewide consultations, Tasmanians have told TasCOSS that health – physical and mental – is the most important component of a good life.[1] Throughout our consultations, one phrase has emerged again and again: "Health is everything."

> *"We value our health above all else. Growing older is hard enough without ill health." (Dodges Ferry)*
>
> *"If you have good mental health, anything is possible." (Geeveston)*

TasCOSS' goal is that all Tasmanians have the support that they need to live healthy lives. In support of this goal, we have two key targets:

- **All Tasmanians can get affordable, timely, high-quality, holistic, whole-of-life-oriented primary, secondary and allied health care, including for physical, mental and dental health.**
- **All Tasmanians are supported to prevent ill-health and to promote good health and wellbeing.**

TasCOSS recently made a submission to the Our Healthcare Future reform process, which makes up the bulk of this submission. In it we address TasCOSS' vision and recommendations for Tasmania's state-wide healthcare system; for digital inclusion as an enabler of telehealth and other remote healthcare delivery systems; and for consumer and community consultation to inform current and ongoing performance and reforms.

Recommendation 1: All TasCOSS recommendations to the Our Healthcare Future reform process be adopted in full (see Summary of Recommendations, page 7).

Inequities in rural health outcomes are driven by inequities in access to services

[1] TasCOSS (2020) *A Good Life in Tasmania*.

In our submission to the Our Healthcare Future reform process, we noted that Tasmanians living in rural and remote communities face compounding inequities in access to healthcare services, which in turn have an impact on rural health outcomes.

Tasmanians who live in rural areas have worse health than Tasmanians living in urban areas. Rurality is an independent risk factor for poor health and rural Tasmanians experience poorer health outcomes than non-rural Tasmanians.[2] For example, in 2018-19, the rate of potentially preventable hospitalisations for chronic conditions among people living in outer regional Tasmania was 13.3 per 1000, compared to 12.9 for inner regional Tasmania.[3] In 2019, compared to 21.7% of Tasmanians, the proportion of residents in rural LGAs reporting fair/poor health was:

- West Coast: 44.4%
- Derwent Valley: 38.2%
- Glamorgan/Spring Bay: 32%
- George Town: 31%
- Sorell: 30.5%[4]

As a consequence, Tasmanians living in rural regions have a higher relative risk of mortality than Tasmanians living in the greater Hobart and Launceston areas. [5]

Poor outcomes in preventable health conditions among Tasmanians living rurally can be correlated with a range of socially mediated risk factors that are themselves correlated with rurality. Tasmania's rural regions generally report higher rates than the greater Hobart and Launceston regions of:

- Daily smoking
- Obesity
- Inadequate fruit and vegetable consumption
- Insufficient activity and muscle strengthening
- Alcohol consumption causing lifetime harm
- Use of wood as main heating source (a risk factor for asthma).[6]

But inequities in health *outcomes* for rural Tasmanians also stem from inequities in healthcare *access*. As has been documented and discussed in numerous studies,[7] healthcare

[2] https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Needs-Assessment-Report-1-July-2019-30-June-2022-1.pdf
[3] ROGS 2021, Part E (Health), Section 10 (Primary and Community Health), Table 10A.66
[4] https://dhhs.tas.gov.au/__data/assets/pdf_file/0005/398174/Report_on_the_Tasmanian_Population_Health_Survey_2019.pdf
[5] https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Needs-Assessment-Report-1-July-2019-30-June-2022-1.pdf ; https://dhhs.tas.gov.au/__data/assets/pdf_file/0005/398174/Report_on_the_Tasmanian_Population_Health_Survey_2019.pdf
[6] https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Needs-Assessment-Report-1-July-2019-30-June-2022-1.pdf ; https://dhhs.tas.gov.au/__data/assets/pdf_file/0005/398174/Report_on_the_Tasmanian_Population_Health_Survey_2019.pdf
[7] See, for example, the Clarence City Council GP Access Project report (2017), https://ehq-production-australia.s3.ap-southeast-

access can be difficult for all Tasmanians. However, Tasmanians living in rural and remote communities can face particular struggles to access healthcare.

Rural areas have fewer services. Tasmania's rural areas have the nation's second-lowest rate of GPs per 100,000 residents (90.8 in 2019, compared to 112.2 for the state's urban areas and 100.6 for Australian rural areas as a whole).[8] As of 2019, for instance, there was/were:

- One general practice each in the Circular Head, Derwent Valley, Flinders, George Town, King Island, Southern Midlands and Tasman LGAs;
- Two general practices each in the Break O'Day, Central Highlands, Kentish and Latrobe LGAs
- Three general practices each in the Meander Valley, Sorell and Waratah-Wynyard LGAs.[9]

Low levels of GPs are often correlated with higher-than-average rates of fair/poor health among LGA residents. Compared to Tasmania as a whole, where 21.7% of people reported fair/poor health in 2019, the rate of fair/poor health among Tasmanians living in predominantly rural LGAs with low GP levels was:

- One general practice:
    - Circular Head: 28.6%
    - Derwent Valley: 38.2% (second highest in state)
    - George Town: 31%
    - King Island: 27.9%[10]
- Two general practices:
    - Break O'Day: 22.6%
    - Kentish: 26.6%
    - Latrobe: 28.7%
- Three general practices:
    - Meander Valley: 17.9%
    - Sorell: 30.5%
    - Waratah/Wynyard: 21.4%[11]

Meanwhile, ambulance response time for areas outside Hobart are often significantly longer than those in town (32.8 minutes at the 90th percentile, compared to 25.6 minutes for Hobart, which equates to one of the longest waits in the country).[12]

2.amazonaws.com/e822cc5759745325716370dafa2e12ff950bd91a/documents/attachments/000/112/321/original/GP_Access_Project.pdf?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIAIBJCUKKD4ZO4WUUA%2F20210216%2Fap-southeast-2%2Fs3%2Faws4_request&X-Amz-Date=20210216T032637Z&X-Amz-Expires=300&X-Amz-SignedHeaders=host&X-Amz-Signature=338319dfd7f23dfb369445f83cf5a7e3e6bedb4c0ba4ec570544c30ee0a8a145

[8] ROGS 2021, Part E (Health), Section 10 (Primary and Community Health), Table 10A.19

[9] https://www.primaryhealthtas.com.au/wp-content/uploads/2020/12/General-Practice-in-Tasmania-Report-2019.pdf

[10] https://dhhs.tas.gov.au/__data/assets/pdf_file/0005/398174/Report_on_the_Tasmanian_Population_Health_Survey_2019.pdf . Flinders, Southern Midlands, Tasman, Central Highlands n.a.

[11] https://dhhs.tas.gov.au/__data/assets/pdf_file/0005/398174/Report_on_the_Tasmanian_Population_Health_Survey_2019.pdf

[12] ROGS 2021, Part E (Health), Section 11 (Ambulance Services), Table 11A.3.

Mental health, and access to mental health services are a particular concern for Tasmanians living rurally. In 2017-18, Tasmanians living in outer regional and remote areas had higher rates of high/very high psychological distress than those living in inner regional areas (14.6%, compared to 13.5%),[13] and in 2019 the suicide rate was 20 per 100,000 people living outside of Hobart, compared to 17.8 for Hobart dwellers.[14] Nevertheless, the proportion of remote/very remote Tasmanians receiving state-funded clinical mental health services in 2018-19 was 1.6%, compared to 2.2% for Tasmanians residing in Hobart and Launceston. For MBS/DVA-subsidised services, the proportion in very remote areas (7.9%) was only 70% that of people in Hobart and Launceston (11.3%), and for young people (aged 25 years or less), the proportion was only 57% (6%, compared to 10.6%).[15]

All of these issues are compounded for Tasmanians on low incomes and facing compound inequities (see Our Healthcare Future submission below). In this regard, it is worth noting that at the last census the median weekly household income of Tasmania's outer regional areas is 82% of that of the state's inner regional areas; in the case of remote areas, this proportion drops to 76%. It is also worth noting the proportion of households with incomes below $650/week across Tasmania's remoteness regions and in the state's highest and lowest-income LGAs are as follows:

- Tasmania: 26.3%
- Inner regional: 24.6%
- Not in any significant urban area: 28.6%
- Outer regional: 29.7%
- Remote: 34.1%
- Hobart: 21%
- Break O'Day: 40.7%[16]

Recommendation 2: All Tasmanian healthcare reform initiatives:

- **Acknowledge existing inequities between non-rural and rural /remote Tasmanians—and particularly rural/remote Tasmanians on low incomes –in health *outcomes* and in *access* to all elements of healthcare systems, including primary, specialist, mental, dental, allied health care, diagnostic services and social health support services such as drug and alcohol services.**
- **Have equity between non-rural and rural/remote Tasmanians—and particularly rural/remote Tasmanians on low incomes –in health *outcomes* and in *access* to all elements of healthcare systems, including primary, specialist, mental, dental, allied health care, diagnostic services and social health support services such as drug and alcohol services as explicit objectives.**

[13] ROGS 2021, Part E (Health), Section 13 (Mental Health), Table 13A.46.
[14] ROGS 2021, Part E (Health), Section 13 (Mental Health), Table 13A.54.
[15] ROGS 2021, Part E (Health), Section 13 (Mental Health), Tables 13A.18, 13A.21.
[16] ABS Census 2016 Quickstats

From a workforce development perspective, what is also of concern is that **the Tasmanian outer regional/remote health workforce is older than the state average and younger people are not taking up these positions at the same rate as they are statewide**.

- In 2019, the proportion of Tasmanian medical practitioners aged 60+ was 18.8% in outer regional areas and 37.8% in remote/very remote areas, compared to 16.5% for the state as a whole.
    - By the same token, the proportion of outer regional medical practitioners aged 30-39 under 30 was 22.5% and of remote/very remote was 12.9%, compared to 25% statewide. [17]
- Similarly, the proportion of the Tasmanian nursing and midwife workforce aged 60+ was 17.8% in outer regional areas and 27.3% in remote areas, compared to 14.2% for the state as a whole.
    - By the same token, the proportion of remote/very remote nurses and midwives aged under 30 was 8.3%, compared to 16.5% statewide.[18]

Recommendation 3: The Tasmanian Health Workforce Strategy 2040 be updated to specifically address rural health workforce recruitment and training.

Thank you for the opportunity to make a submission to this inquiry. Please do not hesitate to contact us if any additional information is required.

[17] ROGS 2021, Part E (Health), Section 12 (Public Hospitals), Table 12A.57.
[18] ROGS 2021, Part E (Health), Section 12 (Public Hospitals), Table 12A.55.

Summary of recommendations

Recommendation 1: The Tasmanian Department of Health and the Tasmanian Government adopt in full the TasCOSS' recommendations to the Our Healthcare Future reform process, with particular attention to the specificities of needs and services for rural and remote Tasmanians and communities.

OHF Recommendation 1: All Tasmanian healthcare reform initiatives should:

- Acknowledge existing inequities in health *outcomes* and in *access* to all elements of healthcare systems, including primary, specialist, mental, dental, allied health care, diagnostic services, and social health support services such as drug and alcohol services.
- Have equity in health *outcomes* and in *access* to all elements of healthcare systems, including primary, specialist, mental, dental, allied health care, diagnostic services, and social health support services such as drug and alcohol services as explicit objectives.

OHF Recommendation 2: All improvement and reform areas in Our Healthcare Future be revisited to include an explicit focus on health promotion and prevention of ill health and disease.

OHF Recommendation 3: Greatly increase the Department of Health's focus on affordable health promotion, ill health and disease anticipation and prevention and early detection and intervention, as well as recovery and rehabilitation:

- Delivered through holistic, integrated primary, mental, oral, dental, allied and diagnostic health services.
- With care coordination for clients with complex conditions and needs.
- Delivered as close as feasible to clients' homes and supported by transport and child care.
- With good information sharing and warm handovers when clients move between communities.
- With rapid access to specialists and to community and home-based programs, including equipment and modifications.
- Including services and programs that are concerned with supporting people to better manage their own health.
- Integrated with social support services to address the social foundations of health.

OHF Recommendation 4: To build health promotion, prevention of ill health and disease, and increased health literacy, the Tasmanian Government should:

- Encourage Tasmanians to think of themselves as healthcare decision-makers, not simply passive consumers.
- Engage individuals and communities in identification and co-design of health promotion/prevention/literacy needs, mobilisation to address these needs, and design and delivery of programs.

- Ensure that programs address health-related behaviours, beliefs, experiences and emotions.
- Ensure that initiatives include social support.

OHF Recommendation 5: The Tasmanian Government should:

- Make available, at little to no cost, devices and other resources needed to empower disadvantaged Tasmanians and the Tasmanian community sector that supports them, to access digital healthcare and information.
- Expand the roll-out of community-level digital literacy initiatives, including coaching and mentoring, to empower digitally excluded Tasmanians to access digital healthcare and health information.
- Extend Tasmania's concessions scheme to include telecommunications.

OHF Recommendation 6: All consumer engagement mechanisms, at the individual, community and health systems levels, be developed through co-design with consumers, carers and communities.

OHF Recommendation 7: The Tasmanian community sector should be included in the capital investment planning process for new facilities providing holistic co-location of medical and social services.

OHF Recommendation 8: The Tasmanian Health Workforce Strategy 2040 be updated to reflect the need for a workforce that provides healthcare that is culturally safe, sensitive to the priorities and needs of diverse groups, and strongly trauma-informed.

OHF Recommendation 9: Further place-based consultations directly with individuals and communities are needed on:

- Barriers to accessing healthcare services, including primary, mental, dental, allied, and diagnostic health services.
- Service gaps, needs and wishes.
- Specific models of community care arising from this first stage of consultations.

OHF Recommendation 10: To underpin the Our Healthcare Future process and to support better health outcomes envisaged by reforms, the Tasmanian Government should as a matter of urgency develop and adopt a Health in All Policies approach, framework and action plan.

Recommendation 2: All Tasmanian healthcare reform initiatives:

- **Acknowledge existing inequities between rural and non-rural Tasmanians in health *outcomes* and in *access* to all elements of healthcare systems, including primary, specialist, mental, dental, allied health care, diagnostic services, and social health support services such as drug and alcohol services.**

- **Have equity between rural and non-rural Tasmanians in health *outcomes* and in *access* to all elements of healthcare systems, including primary, specialist, mental, dental, allied health care, diagnostic services, and social health support services such as drug and alcohol services as explicit objectives.**

Recommendation 3: The Tasmanian Health Workforce Strategy 2040 be updated to specifically address rural health workforce recruitment and training.

TasCOSS submission: Our Healthcare Future February 2021

Introduction

Thank you for the opportunity to make a submission to the Our Healthcare Future consultation.

Across years of consultations across Tasmania, Tasmanians have told TasCOSS that health – physical and mental -- is the most important component of a good life. Throughout our consultations, one phrase has emerged again and again: "Health is everything."

> *"We value our health above all else. Growing older is hard enough without ill health." (Dodges Ferry)*
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TasCOSS' goal is that all Tasmanians have the support that they need to live healthy lives. In support of this goal, we have two key targets:

- **All Tasmanians can get affordable, timely, high-quality, holistic, whole-of-life-oriented primary, secondary and allied health care, including for physical, mental and dental health.**
- **All Tasmanians are supported to prevent ill-health and to promote good health and wellbeing.**

Our submission will discuss the elements of a health system that can achieve these targets. It is based on consultations held with individuals, communities and members across Tasmania over the last several years in relation to our Good Life framework (see Appendix A) and our 2019-2020 Budget Priorities Statement (attached) and on research into the social foundations of health.

Our submission is structured around Our Healthcare Future's three improvement areas:

- Improvement Area 1: Better Community Care
- Improvement Area 2: Modernising Tasmania's Health System
- Improvement Area 3: Planning for the Future

Summary of recommendations

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- Barriers to accessing healthcare services, including primary, mental, dental, allied, and diagnostic health services.
- Service gaps, needs and wishes.
- Specific models of community care arising from this first stage of consultations.

Recommendation 10: To underpin the Our Healthcare Future process and to support the better health outcomes envisaged by reforms, the Tasmanian Government should as a matter of urgency develop and adopt a Health in All Policies approach, framework and action plan.

Background: Inequities in outcomes, driven by inequities in access

Behind the Our Healthcare Future reform process lies a backdrop of poor health outcomes in Tasmania. **Overall, Tasmanians have notably worse health than the national norm.** Tasmanians have:

- The nation's lowest rates of self-reported excellent/very good health (52.5%, Australia 57.2%), and the highest rates of fair/poor health (16.3%, Australian 14.2%).[19]
- The nation's highest rate of multiple chronic conditions, with 22% of the population -- nearly 130,000 Tasmanians -- having two or more chronic conditions (Australia 18.7%).[20]
- High rates of adverse lifestyle risk factors for chronic disease.[21]

In particular, Tasmanians on low incomes have much worse health than their more advantaged peers. When compared to someone living in Tasmania's most advantaged community, a person living in Tasmania's most disadvantaged community is:

- 2.4 times as likely to have fair-to-poor health[22]
- 2.5 times as likely to have three or more chronic conditions at age 60 (55.1% of the population, compared to 22.4%).[23]
- 2.2 times as likely to die prematurely.[24]

Poor health outcomes among Tasmanians on low incomes are particularly noticeable in relation to conditions that are considered to be preventable through lifestyle factors and early detection and intervention. For instance, compared to Tasmania's most advantaged suburb, Tasmania's least advantaged suburb has:

- A rate per 100 of heart, stroke and vascular disease[25] 1.6 times higher.[26]
- A rate per 100 of chronic obstructive pulmonary disease[27] 2.1 times higher.[28]
- A rate per 100 of diabetes[29] 2.1 times higher.[30]
- **A rate of death from all avoidable causes 2.8 times higher.[31]**

[19] ABS National Health Survey 2017-18, First Results, Table 2.3, age-standardised.
[20] ABS National Health Survey 2017-18, First Results, Table 2.3, age-standardised.
[21] For a range of risk factors, see https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Needs-Assessment-Report-1-July-2019-30-June-2022-1.pdf
[22] TasCOSS (2019) Preventing Hospitalisations in Tasmania: 2020/2021 TasCOSS Budget Priorities Statement.
[23] ABS National Health Survey 2017-18, First Results, Table 33.4.
[24] TasCOSS (2019) Preventing Hospitalisations in Tasmania: 2020/2021 TasCOSS Budget Priorities Statement.
[25] https://www.heartfoundation.org.au/heart-health-education/are-you-at-risk-of-heart-disease
[26] PHIDU
[27] https://my.clevelandclinic.org/health/diseases/8709-chronic-obstructive-pulmonary-disease-copd#prevention
[28] PHIDU
[29] https://www.betterhealth.vic.gov.au/health/ten-tips/10-tips-to-help-prevent-type-2-diabetes
[30] PHIDU
[31] PHIDU

Meanwhile, Tasmanians on low incomes are over-represented in the state's most intensive healthcare settings. According to PHT, in 2018-19, the state's 24 most disadvantaged SA2s, making up 25.15% of the Tasmanian population in 2016, were represented in:

- 28% of total emergency department episodes of care
- 34.1% of the state's 9808 potentially preventable hospital episodes of care
- 39.7% of the state's 26,901 potentially preventable hospital bed days.[32]

Poor outcomes in preventable health conditions for Tasmanians on low incomes can be correlated with a range of socially mediated risk factors that are themselves correlated with low incomes. These include:

- Higher rates of smoking (in Tasmania's least advantaged community, 3.7 times those of Tasmania's most advantaged community in 2017-18) and obesity (in Tasmania's least advantaged community, 2.5 times those of Tasmania's most advantaged community in 2017-18).[33]
- Lower rates of exercise (in Tasmania's least advantaged community, 69% of that of Tasmania's most advantaged community in 2017-18) and healthy diet (in Tasmania's least advantaged community, 76% of that of Tasmania's most advantaged community in 2017-18).[34]
- Higher separation rates with a drug-related principal diagnosis.[35]
- Lower rates of participation in disease screening programs such as the National Bowel Cancer Screening Initiative (in Tasmania's least advantaged community, 58% of those of Tasmania's most advantaged community in 2016 and 2017).[36]

But inequities in health *outcomes* for Tasmanians on low incomes also stem from inequities in healthcare *access*. Measuring access to health care is complex, due to its inherently multidimensional nature. 'Access' incorporates measures of physical proximity to services, such as distance or drive time (availability); financial aspects (affordability); and cultural aspects (acceptability). Ideally, assessment of access also includes consideration of need for care. In practice, however, much of the available data on usage of health services by different populations does not fully account for differences in health care needs. Services may be mainstream or targeted to a specific population group (such as specialist Indigenous services). Access to primary health care services is key because it is usually an individual's first point of contact with the health system.[37]

[32] TasCOSS (2019) Preventing Hospitalisations in Tasmania: 2020/2021 TasCOSS Budget Priorities Statement.
[33] PHIDU
[34] PHIDU
[35] https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Needs-Assessment-Report-1-July-2019-30-June-2022-1.pdf
[36] PHIDU
[37] https://www.aihw.gov.au/getmedia/01d88043-31ba-424a-a682-98673783072e/ah16-6-6-indigenous-australians-access-health-services.pdf.aspx

As has been documented and discussed in numerous studies,[38] healthcare access can be difficult for all Tasmanians.

- In 2019, Tasmania had the lowest rate of GPs per 100,000 persons of any state (although higher than the ACT or the NT).[39]
- In 2019, 45% of Tasmanians state-wide – and 51% in the North West – said that it was difficult to get to see the healthcare providers they needed.[40]
- In 2019-20, 37% of Tasmanians needing to see a GP urgently had to wait 24 hours or more, the second-highest proportion in the country, and only 50% were able to be seen within four hours, the second-lowest proportion in the country.[41]
- In 2013-14 (the latest figures available), a third of Tasmanians said that they were not able to access their preferred GP in the previous 12 months.[42]

However, Tasmanians on low incomes can face particular struggles to access healthcare due to:

- **Unaffordability of primary care, due to lack of bulk-billing GPS**. Tasmania has the nation's highest proportion of people deferring visits to GPs due to cost, with 8.3% of adults delaying or failing to see a GP due to cost in 2019-20.[43] This is not surprising: Tasmania has the nation's second-lowest level of bulk-billing GPs,[44] and many GPs who do bulk bill are not taking new patients.
    - For example, as of December 2020, neither of the GP clinics in Mowbray (the closest to the disadvantaged suburbs of Rocherlea/Newnham) bulk bills and the GP clinics in Bridgewater and Ravenswood, which do bulk-bill, are not taking new patients.

- **Unaffordability of prescription medications**. In 2019-20, 7.2% of Tasmanians delayed filling or did not fill prescriptions due to cost.[45]

[38] See, for example, the Clarence City Council GP Access Project report (2017), https://ehq-production-australia.s3.ap-southeast-2.amazonaws.com/e822cc5759745325716370dafa2e12ff950bd91a/documents/attachments/000/112/321/original/GP_Access_Project.pdf?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIAIBJCUKKD4ZO4WUUA%2F20210216%2Fap-southeast-2%2Fs3%2Faws4_request&X-Amz-Date=20210216T032637Z&X-Amz-Expires=300&X-Amz-SignedHeaders=host&X-Amz-Signature=338319dfd7f23dfb369445f83cf5a7e3e6bedb4c0ba4ec570544c30ee0a8a145

[39] Full-time equivalent. ROGS 2021, Part E (Health) Section 10 (Primary and Community Health), Table 10A.8

[40] https://health.tas.gov.au/__data/assets/pdf_file/0005/398174/Report_on_the_Tasmanian_Population_Health_Survey_2019.pdf

[41] ROGS 2021, Part E (Health) Section 10 (Primary and Community Health), Table 10A.41

[42] https://www.aihw.gov.au/reports-data/indicators/healthy-community-indicators/national/all-australia/primaryhealthcare/primary-health-care?filter=IND0005|2|Per%20cent&filter=IND0005|4|2013%E2%80%9314&filter=IND0005|1|Accessing%20a%20preferred%20GP

[43] ROGS 2021, Part E (Health), Section 10 (Primary and Community Health), Table 10A.26

[44] ROGS 2021, Part E (Health), Section 10 (Primary and Community Health), Table 10A.28

[45] ROGS 2021, Part E (Health), Section 10 (Primary and Community Health), Table 10A.31.

- **Unaffordability/unavailability of diagnostic services**. In 2017-17, even prior to the reduction of bulk-billing for diagnostic services, 27% of Tasmanians incurred out-of-pocket costs for diagnostic imaging, compared to 23.5% of Australians overall. In some parts of the state, particularly in and around Hobart, proportions were even higher (31-37%).[46] Meanwhile, imaging services are not available in many regional areas.

> *It's a two-and-a-half hour drive for a ten-minute ultrasound. People don't get the scans because they can't afford the petrol, can't take the time because they have to be there when the kids get home from school. (St Helens)*

- **Unaffordability/unavailability of specialists**. In 2019-20, nearly 65% of Tasmanians faced out-of-pocket costs for specialists.[47] For those unable to absorb such costs, the waitlist for public specialists is dismaying.
    - For instance, in October 2020, the indicative wait for urgent gastroenterology cases in the south was 347 days, while in the north, it was 420 days.[48]

- **Unaffordability/unavailability of dental, mental and allied health care**. The contributions of poor oral health to poor general and mental health have been richly documented,[49] as have the direct and indirect cross-effects between physical and mental health.[50] Allied health services, meanwhile, contribute to reducing prevalence and impact of disease and aid in rehabilitation and recovery.[51] However, Tasmania's low levels of private health insurance (44.5% statewide, compared to 52.1% for Australia, and as low as 17.1% in the state's most disadvantaged suburb[52]) severely complicate access to dental, mental and allied health care for Tasmanians unable to the full cost of such treatments.
    - In 2017-18, 20.6% of Tasmanian adults delayed seeing or did not see a dentist, dental hygienist or dental specialist due to cost.[53] In 2018-19, the Tasmanian Government spent the second-least per capita on dentistry of any state or territory in the country.[54] In 2019-20, half of Tasmanians approaching the public

[46] AIHW, Out of-pocket cost per diagnostic imaging service, by PHN/SA3, 2016-17 https://www.aihw.gov.au/reports/health-welfare-expenditure/patient-out-pocket-spending-medicare-2016-17/data
[47] ROGS 2021, Part E (Health), Section 10 (Primary and Community Health), Table 10A.30
[48] http://outpatients.tas.gov.au/clinicians/wait_times/wait_times
[49] https://www1.health.gov.au/internet/publications/publishing.nsf/Content/report_nacdh~report_nacdh_ch1~report_nacdh_out
[50] https://www.sciencedirect.com/science/article/pii/S0277953617306639 ; https://www.health.tas.gov.au/__data/assets/pdf_file/0005/419549/Rethink_2020_A_state_plan_for_mental_health_in_Tasmania_20202025.pdf
[51] https://sarrah.org.au/sites/default/files/docs/sarrah_report_on_the_economic_impact_of_allied_health_interventions_-_final_-_091015.pdf
[52] PHIDU
[53] AIHW, Patient experiences in Australia by small geographic area (PHN), 2017-18, Supplementary Table 18.
[54] ROGS 2021, Part E (Health), Section 10 (Primary and Community Health), Table 10A.6

dental service for general dental care waited 662 or more days for their first appointment to be booked, and 708 or more days for their first visit.[55] As of September 2020, 16,279 patients were waiting for public general dental care and/or dentures.[56]

- Rates of high/very high psychological distress among Tasmanians living in the lowest SEIFA quintile are notably higher than the state average (20% in 2017-18, Tasmania 13.8%).[57]
- Tasmania has a low level of Medicare-subsidised allied health services: for example, the state has far fewer Medicare-subsidised physical health care allied health services per 100 people (9.25) than the national average (15.49).[58] As of October 2020, the indicative waiting period to see a public allied health professional for a semi-urgent patient in Tasmania's south was 145 days.[59]

- **Infrequency/inflexibility of rural and regional outreach services**. Participants in TasCOSS consultations have told us that many of the state health system's outreach services visit rural and regional areas only infrequently and according to schedules that are not set in consultation with prospective users or local community sector organisations; as a consequence, people in need of their services miss out due to scheduling conflicts or lack of transport options.

> *The mental health worker comes down from Burnie once a week, but it's on their terms, not the client's. (Rosebery)*

Screening services are among those that can be hard to access outside the greater Hobart and Launceston areas: apart from disadvantaged areas of greater Hobart, crude cancer screening rates in Tasmania are lowest in the North West, West Coast and Central Highlands SA3 regions.[60]

- **Lack of/unaffordability of transport.** Even where services are available and affordable, lack of transport can be an insurmountable barrier for Tasmanians on low incomes, particularly in peri-urban, rural and remote areas.[61] In 2014 (the latest data available), residents of Tasmania' least advantaged suburb were 2.3 times as likely as the average

[55] ROGS 2021, Part E (Health), Section 10 (Primary and Community Health), Table 10A.38
[56] https://www.healthstats.dhhs.tas.gov.au/healthsystem
[57] ROGS 2020, Table 13A.46
[58] AIHW, Medicare-subsidised services by Primary Health Network (PHN) area: 2018-19. https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-health-local-areas-2019/data
[59] http://www.outpatients.tas.gov.au/clinicians/wait_times/wait_times
[60] https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Needs-Assessment-Report-1-July-2019-30-June-2022-1.pdf
[61] See, for instance, the 2017 Clarence City Council GP Access Project report https://www.liveclarence.com.au/wp-content/uploads/2017/09/GP-Access-Project-Report1.pdf

Tasmanian to report difficulties getting where they need to go, and 3.3 times as likely as residents of Tasmania's most advantaged area.[62]

> *I have my psychologist sessions free through my mental health plan, but I have to pay $30 to get there and back (George Town).*

Lack of transport affects not only access to Tasmanian-Government-provided health services, but also Commonwealth-funded vision services for the more than half of Tasmanians who have vision problems,[63] or hearing services for the estimated 75,600 Tasmanians with hearing loss. [64]

- **Digital exclusion.** The ability to transmit images and video is a crucial component of effective telehealth for many conditions.[65] However, Tasmanians on low incomes lag behind the state average in both access to digital services and the ability to use them effectively.
    - Twenty-five of the 28 SA2s in Tasmania where more than 20% of the dwellings did not have internet access in 2016 were in the state's areas of highest relative socio-economic disadvantage.[66]
    - Tasmanians on low incomes lag behind the state average digital ability score by 13.2 points.[67]

  Telehealth arrangements frequently do not take account of digital exclusion. Many GP practices, for instance, lack a practice mobile number to which patients can send photos by SMS, instead requiring patients to send photos by email – which some patients may not be able to access.

- **Confusing and complex systems.** All levels of care can be complicated for Tasmanians to navigate. In 2018, 15.4% of Tasmanians found navigating the healthcare system difficult;[68] Health Consumers Tasmania has found growing concern in communities about the complexities of navigating the healthcare system, particularly among the elderly and the young and people with disabilities and chronic health conditions.[69] People with low literacy or poor access to the internet can particularly struggle to find out what services are most appropriate for them to access for a given problem, or if these services will be affordable.

[62] PHIDU
[63] https://www.aihw.gov.au/news-media/media-releases/2015/2015-dec/1-in-2-australians-affected-by-eye-problems-higher#:~:text=More%20than%20half%20(54%25),Health%20and%20Welfare%20(AIHW).
[64] Extrapolated from national figures: https://www.health.gov.au/health-topics/ear-health#:~:text=In%20Australia%3A,that%20could%20have%20been%20prevented
[65] https://algorithm.data61.csiro.au/telehealth-usage-in-australia-has-sky-rocketed/
[66] ABS Census 2016.
[67] https://apo.org.au/sites/default/files/resource-files/2020-10/apo-nid308474.pdf
[68] ABS Health Literacy Survey 2018, Tables 3.3, 4.3
[69] Health Consumers Tasmania (2021), Op-ed: Our Healthcare Future – a North West Tasmanian perspective.

- For example, many GP practices which do bulk-bill use differing criteria. As of December 2020, for instance, Burnie has four GP clinics. Three of these bulk-bill patients with any concession card, including Healthcare cards; however, for one of these, the first visit is not bulk-billed. The fourth only bulk-bills patients with aged or disability pension cards.

- **Lack of communication between medical services.** Participants in TasCOSS consultations frequently describe their frustration at having to provide medical information to every new healthcare service they visit, particularly as many are concerned that they have not fully understood all details. The My Health Record scheme was designed to overcome this situation, and as of December 2020, 490,000 My Health Records have been created in Tasmania.[70] However, the bulk of these have been automatically created after the opt-out period ended, meaning that record-holders are not necessarily informing their GPS or other healthcare services of their existence or vice versa.[71] Furthermore, many GPs and diagnostic/imaging services do not currently access the scheme.
  - As at 30 November 2020, none of the major non-hospital diagnostic/imaging services in Tasmania were active participants.[72]
  - As at December 2020, 14% of GPs nationally were not using the scheme.[73]

  An estimated 50,600 Tasmanians also have opted out of the scheme due to well-publicised privacy concerns.[74]

Compound inequities

Inequities in access to health care can be compounded for:

Aboriginal Tasmanians. Regardless of income, Aboriginal people in Tasmania:

- **Report poorer health**. In 2018-19, 29% of Aboriginal Tasmanians reported fair or poor health,[75] compared to 17.7% of Tasmanians as a whole in 2017-18.[76]
- **Are more likely to be hospitalised due to a potentially preventable condition** -- 1.4 times as likely as non-Aboriginal Tasmanians for all potentially preventable conditions

[70] https://www.myhealthrecord.gov.au/statistics
[71] DATA REQUEST TO THE AUSTRALIAN DIGITAL HEALTH AGENCY, ID HCR-0042968.
[72] https://www.myhealthrecord.gov.au/sites/default/files/web_diagnostic_imaging_provider_connections_30_nov_2020.pdf
[73] DATA REQUEST TO THE AUSTRALIAN DIGITAL HEALTH AGENCY, ID HCR-0042970.
[74] Tasmanian population as at June 2020: 540,600. https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release#states-and-territories ; My Health Record telephone call, 22 February 2021, reference # CAS-398239-M3Y2N2.
[75] https://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing
[76] PHIDU, Social Health Atlas of Australia by Primary Health Network.

(rate per 1000 in 2017-18: 35.7, non-Aboriginal Tasmanians 25.2), and 1.8 times as likely for chronic conditions (rate per 1000, 2017-18: 20.2, non-Aboriginal Tasmanians 11.4).[77]

The West Coast has been identified as a region of poor access to health services – both culturally appropriate services and general health services -- for Aboriginal Tasmanians. [78]

People who have experience of trauma. If the figures from a highly conservative estimate of the prevalence of trauma in Australia hold true for Tasmania, then some 24,000 Tasmanians aged 15+ have experienced negative life outcomes because of trauma and abuse.[79] Proportions are even higher among Australia's refugee population: Australia-wide, refugees have been found to be 3.1 times more likely to have a mental health issue and twice as likely to have post-traumatic stress disorder as Australian-born individuals.[80] A history of trauma can lead to difficulties in consenting to being examined and in complying with medical advice, or avoidance of medical care completely.[81] Indeed, the healthcare environment itself can be traumatising.[82]

People who are homeless. Homelessness can itself be both a cause and a result of issues with health, particularly mental health: in 2019-202, 51% of clients of Tasmanian specialist homelessness services -- 57.5% of female clients -- had a current mental health issue.[83] People experiencing the dislocation and shame of homelessness can find it harder to access health services due to shifting addresses, stigma, and mental health impacts.[84] Common issues include poor continuity of care due to shifting locations; medications and scripts getting lost or stolen; and being blacklisted by private practices due to failure to attend appointments.

People who live with disability. Tasmanians with disability face additional issues of:

- **Cost.** In 2015, Australia-wide:
    - 19.4% of people with disability did not see a GP due to cost,85 nearly triple the overall rate in Tasmania in 2016-17. [86]
    - 26.5% did not see a medical specialist due to cost[87]
    - 63.7% did not see a dental professional due to cost[88]

[77] ROGS 2021, Primary and Community Health, Table 10A.59. Aboriginal Tasmanians are also 1.1 times as likely to be hospitalised for a potentially preventable acute condition as non-Aboriginal Tasmanians (rate per 1000, 2017-18: 13.4, non-Aboriginal Tasmanians 11.8)
[78] https://www.aihw.gov.au/getmedia/01d88043-31ba-424a-a682-98673783072e/ah16-6-6-indigenous-australians-access-health-services.pdf.aspx
[79] https://www.blueknot.org.au/Portals/2/Economic%20Report/The%20cost%20of%20unresolved%20trauma_budget%20report%20fnl.pdf
[80] https://www.aihw.gov.au/getmedia/f3ba8e92-afb3-46d6-b64c-ebfc9c1f945d/aihw-aus-221-chapter-5-3.pdf.aspx
[81] https://www.health.harvard.edu/blog/trauma-informed-care-what-it-is-and-why-its-important-2018101613562 ; https://www.chcs.org/understanding-trauma-affects-health-health-care/
[82] https://www.socialworktoday.com/news/enews_0416_1.shtml
[83] AIHW Specialist Homelessness Services Annual Report 2020, Tables Clients.1, MH.2.
[84] https://www.womenshealthtas.org.au/sites/default/files/resources/talking-women-about-homelessness-tasmania-2020-report/talking-women-about-homelessness-tasmania-2020-report.pdf
[85] AIHW Access to Health Services by Australians with Disability, 2017, Table S1.
[86] AIHW, Patient experiences in Australia by small geographic area (PHN), 2017-18, Supplementary Table 16.
[87] AIHW Access to Health Services by Australians with Disability, 2017, Table S1.
[88] AIHW Access to Health Services by Australians with Disability, 2017, Table S1.

  - 23.8% did not go to hospital due to cost. [89]
- **Physical access**. Beyond issues of transport, in 2015, Australia-wide, 37.5% of people with disability had difficulty physically accessing medical buildings or facilities.[90] Participants in TasCOSS consultations have particularly noted this issue in relation to private specialist clinics, including in association with private hospitals, and private allied health services.
- **Discrimination**. In 2015, Australia-wide, 17.3% of people with disability faced discrimination from health staff.[91]

The NDIS has not provided a full solution to these issues: as of 31 March 2020, only 8,343 Tasmanians – only 60% of the eligible Tasmanian population, and only 34% of Tasmanians with profound or severe limitations – were enrolled in the scheme.[92]

People with caring responsibilities for children or others who cannot be left unattended. Tasmanian parents who cannot find care for young children have told researchers that they will avoid medical visits because they feel embarrassed/can face disapproval if their children are noisy or active.[93] TasCOSS consultations have also heard that because young women often are not getting licences, young mothers not on public transport routes are often dependent on rides from others to get to health appointments; however, any child under the age of around four is required to be in a fixed car seat,[94] meaning that a friend or family member who does not have such a seat installed cannot offer a ride. Taxis are legally able to transport infants without car seats, but are unaffordable for people on low incomes or in outlying areas.

People with addiction. People with addiction show lower rates of presentation to medical care[95] and also can struggle to receive medical and psychosocial treatment for addiction. In 2018-19, Tasmania offered the nation's second-lowest rate of drug and alcohol treatment episodes per capita.[96]

People who live with stigma and discrimination. For example, Australia-wide, 30.9% of LGBTI Australians reported their general health as fair or poor in 2020, compared to 14.7% of Australians in 2017-18, and 57.2% reported high/very high psychological distress, compared to 13% of Australians; however, only 65.5% reported having a regular GP, compared to 73%/81%

[89] AIHW Access to Health Services by Australians with Disability, 2017, Table S1.
[90] AIHW Access to Health Services by Australians with Disability, 2017, Table S11.
[91] AIHW Access to Health Services by Australians with Disability, 2017, Table S10.
[92] https://www.ndis.gov.au/about-us/publications/quarterly-reports; ROGS 2020, Part F, Section 15, Table 15A.10.
[93] https://www.liveclarence.com.au/wp-content/uploads/2017/09/GP-Access-Project-Report1.pdf
[94] The formula for determining whether a child requires a fixed backward-facing seat, a fixed forward-facing seat, or a booster seat is complicated and can depend on the make of car seat; see http://www.transport.tas.gov.au/roadsafety/people/carseats . Child seat attachment points only became mandatory in vehicles sold in Australia in 2005, meaning added expense to modify older vehicles. https://www.legislation.gov.au/Details/F2012C00358/Html/Text#primary-content.
[95] https://drgabormate.com/preview/in-the-realm-of-hungry-ghosts-introduction/
[96] ROGS 2021, Part E (Health), Section 10 (Primary and Community Health), Table 10A.12, http://www.population.net.au/

of Australian males/females. [97] In some cases, medical conditions can be drivers of stigma: for example, Australia-wide, 31.7% of people with mental illness report experiencing discrimination or unfair treatment, compared to 15.5% of people without mental illness.[98]

People from culturally and linguistically diverse backgrounds. English proficiency is most frequently cited as raising the highest barriers to healthcare access for people from culturally and linguistically diverse backgrounds, particularly among the elderly. However, cultural attitudes such as shame when receiving care from a non-family member can also act as barriers to healthcare access.[99] At the national level, humanitarian entrants also have immunisation rates significantly lower than those of Australians as a whole; language barriers can lead people to be unaware of the opportunity for catch-up immunisations.[100]

People experiencing domestic and family violence and coercive control. People experiencing domestic and family violence and coercive control experience higher burdens of disease across every area of health (physical, mental, oral).[101] Health practitioners can play a pivotal role not only in addressing medical issues, but in guiding people experiencing violence towards assistance.[102] But people experiencing domestic and family violence and coercive control often avoid or are prevented from accessing health services,[103] particularly in small communities and rural areas.[104]

People who are younger or older. Both younger and older Tasmanians face additional challenges in accessing healthcare. Beyond cost and transport, some barriers that can be experienced by younger and older people include:

- Problems accessing care without a guardian
- Problems with confidentiality around parents, spouses, family members, guardians or carers
- Unsympathetic, condescending, disapproving, or authoritarian staff attitudes and communication styles
- Bullying or coercive control
- Gender sensitivity
- Short and/or poorly timed consultation slots (for instance, requiring an older person to drive at dusk)
- Intimidating or ageing-unfriendly physical spaces
- Complex booking procedures.[105]

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[97] https://www.latrobe.edu.au/__data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf
[98] ROGS 2021, Part E (Health), Section 13 (Services for Mental Health), Table 13A.64
[99] https://publichealthreviews.biomedcentral.com/articles/10.1186/s40985-018-0097-4
[100] https://www.health.gov.au/sites/default/files/free-catch-up-vaccines-for-refugees-and-humanitarian-entrants-aged-20-years-and-over-fact-sheet_0.pdf
[101] https://www.aihw.gov.au/reports/australias-health/health-impacts-family-domestic-and-sexual-violence
[102] https://medicinetoday.com.au/2020/april/regular-series/domestic-violence-what-role-gp
[103] https://www.health.qld.gov.au/__data/assets/pdf_file/0025/465154/understanding-dfv-booklet.PDF
[104] https://aifs.gov.au/cfca/publications/domestic-and-family-violence-regional-rural-and-remote-communities
[105] https://www.health.nsw.gov.au/kidsfamilies/youth/Documents/youth-health-resource-kit/youth-health-resource-kit-sect-2-chap-2.pdf ; https://publichealthreviews.biomedcentral.com/articles/10.1186/s40985-018-0097-4

Older people in Tasmanian residential aged care facilities, particularly people with diabetes, have particularly high rates of transfer by ambulance to hospital emergency departments due to staff inability to manage hypo/hyperglycaemia and complex care needs.[106]

People living rurally. Rurality is an independent risk factor for poor health, and rural Tasmanians experience poorer health outcomes than non-rural Tasmanians.[107] In 2018-19, the rate of potentially preventable hospitalisations for chronic conditions among people living in outer regional Tasmania was 13.3 per 1000, compared to 12.9 for inner regional Tasmania.[108] Tasmania's rural regions generally report higher rates than the greater Hobart and Launceston regions of:

- Daily smoking
- Obesity
- Inadequate fruit and vegetable consumption
- Alcohol consumption causing lifetime harm.
- Relative risk of mortality.[109]

Tasmania's rural areas have the nation's second-lowest rate of GPs per 100,000 residents (90.8 in 2019, compared to 112.2 for the state's urban areas and 100.6 for Australian rural areas as a whole).[110]

- As of 2019, for instance, there was one general practice each in the Circular Head, Derwent Valley, Flinders, George Town, King Island, Southern Midlands and Tasman LGAs; two in the Break O'Day, Central Highlands, Kentish and Latrobe LGAs; and three in the Brighton, Meander Valley, Sorell, and Waratah-Wynyard LGAs.[111]

Meanwhile, Tasmania already has the nation's longest wait times for an ambulance in a capital city (25.6 minutes at the 90th percentile in 2019-20, compared to 15.4 minutes for Perth or 15.8 minutes for Melbourne); outside Hobart, those wait times increase significantly (32.8 minutes for the rest of Tasmania, compared to 16 minutes for the rest of Western Australia or 18.7 minutes for the rest of Victoria).[112]

People with low health literacy. Low levels of health literacy -- a person's 'skills, knowledge, motivation and capacity to access, understand, appraise and apply information to make

[106] https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Needs-Assessment-Report-1-July-2019-30-June-2022-1.pdf
[107] https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Needs-Assessment-Report-1-July-2019-30-June-2022-1.pdf
[108] ROGS 2021, Part E (Health), Section 10 (Primary and Community Health), Table 10A.66
[109] https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Needs-Assessment-Report-1-July-2019-30-June-2022-1.pdf
[110] ROGS 2021, Part E (Health), Section 10 (Primary and Community Health), Table 10A.19
[111] https://www.primaryhealthtas.com.au/wp-content/uploads/2020/12/General-Practice-in-Tasmania-Report-2019.pdf
[112] ROGS 2021, Part E (Health), Section 11 (Ambulance Services), Table, 11A.3).

effective decisions about health and healthcare and take appropriate action'[113] -- also contribute to inequities in both access to health services and health outcomes for Tasmanians on low incomes.

- A national health literacy survey in 2018 found that 16.9% of Tasmanians found good health information difficult to find, and 11.4% found it difficult to understand health information well enough to know what to do – in each case the highest proportion in the country.[114]
- Additionally, 10.9% found it difficult to actively engage with healthcare providers; 17% found it difficult to appraise health information; and 8.2% had difficulty actively managing their health.[115]

Worryingly, Tasmanian health literacy is declining. The 2019 Tasmanian Population Health Survey found that:

- 10.6% of Tasmanians had difficulty understanding health information and knowing what to do, up from 9% in 2016.
- 16.8% found it difficult to discuss health concerns with a health care provider, up from 13.4% in 2016.[116]

Low levels of health literacy have impacts beyond an individual's ability to support their own health, also affecting people's ability to support others: 6.8% of Tasmanians – the second-highest proportion in the country, after the NT – felt in 2018 that their social environment did not provide them with support for maintaining their health.[117]

> *In a more health literate Tasmania, people would feel the health system was for all and that they are an important part of 'health' – that they can truly control their health journey through life.*[118]

Inequities in access often:

- **Are self-compounding**. A lack of transport to access hearing services can make telehealth impossible for someone with hearing loss. Chronic pain from musculoskeletal issues that could be addressed through physiotherapy can make someone who is unable

113 https://www.health.tas.gov.au/__data/assets/pdf_file/0006/383379/Health_Literacy_Action_Plan_20192024_accessible.pdf

114 ABS Health Literacy Survey 2018, Table 4.3

115 ABS Health Literacy Survey 2018, Tables 3.3, 4.3

116 https://health.tas.gov.au/__data/assets/pdf_file/0004/398173/Tasmanian_Population_Health_Survey_2019_Key_Findings.pdf

117 ABS Health Literacy Survey 2018, Table 3.3, Health literacy by geography. Indicators of social support included: I can get access to several people who understand and support me; When I feel ill, the people around me really understand what I am going through; If I need help, I have plenty of people I can rely on; I have at least one person that can come to medical appointments with me; I have strong support from family or friends.

118 https://www.health.tas.gov.au/__data/assets/pdf_file/0006/383379/Health_Literacy_Action_Plan_20192024_accessible.pdf

to access allied health services miss dental appointments. A mental health issue can make it hard to approach a GP for a skin infection.

- **Entangle state- and Commonwealth-funded services**. Embarrassment over missing teeth or bad breath due to an inability to access state-funded dental services can make someone avoid their Commonwealth-funded GP appointments that could ward off their need to access state-funded hospital clinic appointments.

The shift, as envisaged by Our Healthcare Future, from hospital-based care to care in the community, as well as the modernisation and future-proofing of the Tasmanian healthcare system, **therefore require a central focus on inequities in healthcare access and health outcomes.**

Recommendation 1: *All Tasmanian healthcare reform initiatives should:*

- *Acknowledge existing inequities in health **outcomes** and in **access** to all elements of healthcare systems, including primary, specialist, mental, dental and allied health care, diagnostic services, and social health support services such as drug and alcohol services.*
- *Have equity in health **outcomes** and in **access** to all elements of healthcare systems, including primary, specialist, mental, dental and allied health care, diagnostic services, and social health support services such as drug and alcohol services as explicit objectives.*[119]

Importantly, a health system that meets the access needs of Tasmania's most vulnerable residents will meet the needs of any Tasmanian experiencing a moment of vulnerability. One way of thinking of this is to draw an analogy to universal design: the concept of designing all products and the built environment to be usable to the greatest extent possible by everyone, regardless of their age, ability or status in life (see Appendix B).[120] A person with core disability may depend on an access ramp every time they approach a building, but an otherwise able-bodied person may also benefit from that ramp when they sprain an ankle, are pushing a pram, or are carrying a heavy load. Similarly, while Tasmanians on low incomes and facing compound inequities may be the ones finding the current healthcare system difficult to access on a regular basis, any Tasmanian can find themselves overwhelmed by an unanticipated change in their health or their life – an abrupt loss of a job, an expensive dental accident, a sudden need to move house when a lease is terminated, a temporary inability to drive due to a broken leg, a mental health crisis brought on by the COVID pandemic. In these circumstances, a health system designed for the most vulnerable –one with reliable, affordable access to local facilities, telehealth, support in the home, transport, social support -- will come into its own.

[119] https://chf.org.au/sites/default/files/chf_fed_election_priorities_2019.pdf
[120] https://fpg.unc.edu/sites/fpg.unc.edu/files/resources/other-resources/NCODH_RemovingBarriersToHealthCare.pdf

The Our Healthcare Future reforms

Our Healthcare Future's vision of reforms is focused on three improvement areas, comprising five reform initiatives. We will discuss each of these areas in turn. However, as an overarching observation, notably underplayed in all of these areas is a specific discussion of preventative health initiatives—strategies to promote wellness and prevent disease.[121] This is despite the fact that **Australia-wide, approximately 32% of the country's total burden of disease can be attributed to risk factors that can be modified through lifestyle and effective early management.**[122] This underplaying is particularly notable in relation to Improvement Area 1, Better Community Care, where preventative health is folded into a single question along with health literacy and self-management.

For a genuine shift to community-based care, as well as to build a modern and future-oriented healthcare system, the Tasmanian healthcare system needs to focus its attentions towards keeping Tasmanians from becoming severely ill in the first place. A healthcare system that focuses on keeping people out of acute care in hospitals and in community-level care through health promotion and prevention of ill health and disease IS both a modern healthcare system and the healthcare system of the future.[123]

> ***Recommendation 2:*** *All improvement and reform areas in Our Healthcare Future be revisited to include an explicit focus on health promotion and prevention of ill health and disease.*

Improvement Area 1 – Better Community Care

Reform Initiative 1: Increase and target our investment to the right care, place and time

In relation to this Improvement Area/Reform Initiative, TasCOSS has identified two general issues: moving from hospital-based care to integrated care in the community, and improving health promotion, prevention of ill health and disease, and health literacy.

Moving from hospital-based care to integrated care in the community
Relevant consultation questions:

- *How can we shift the focus from hospital-based care to better care in the community?*

121 https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BriefingBook43p/preventativehealth
122 https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BriefingBook43p/preventativehealth
123 https://chf.org.au/sites/default/files/healthvoices_nov2015_web2.pdf

- *How can we target our current investment as well as future investments in health to ensure a sustainable and balanced mix of services are delivered across the whole of the health system to provide right care in the right place at the right time?*
- *How can we facilitate increased access to primary healthcare, in particular:*
    - *After-hours and on weekends*
    - *In rural and regional areas*
    - *For low-income and vulnerable clients*
    - *For extended treatment options (e.g. urgent care or non-emergency care)?*
- *How can we make better use of telehealth, so people can receive care closer to home, and what are the barriers preventing utilisation of telehealth?*
- *How can we make better use of our District Hospitals to enable maximum utilisation of beds in these facilities as a step-down from public hospitals and a step-up from the community to improve patient flow in acute hospitals and care in the community?*
- *How can we improve integration across all parts of our health system and its key interfaces (e.g. primary health, mental health, disability services, aged care and acute care)? What should be our priorities for integration?*
- *How can we strengthen the interface between hospital services and aged care to improve community healthcare for older Tasmanians?*
- *How do we provide clear pathways into our health system so that patients are accessing the most appropriate care for them?*

TasCOSS strongly supports the broad proposition of expanding and shifting the focus from hospital-based care to better care in the community. In addition to the monetary costs associated with hospital-based care, all evidence is that hospital-based care, while often life-saving, frequently carries high health and wellbeing costs for the patient.[124] An approach to health system planning that envisages providing Tasmanian patients, where appropriate, with care in environments that can lead to better health and wellbeing outcomes will be a welcome development. These types of initiatives often fall under the rubric of "right care, right place, right time."[125]

However, important caveats of particular relevance to Tasmanians on low incomes apply.

- In addition to acute care, hospitals provide free, on-site diagnostic and allied health services, in environments that are physically safe and (to the best of the ability of often overstretched staff) personally supportive. TasCOSS has heard from Tasmanians on low incomes that discharge from hospital can mean losing access – whether due to cost, lack of mobility, or social isolation -- to basic health monitoring (blood pressure, for instance), scans, physiotherapy, safety features such as bars in toilets and showers, regular meals, or a friendly face. **A shift from hospital-based to community-based care therefore requires a shift in spending beyond the areas of health addressed by acute care to include the full range of allied health and social services and supports that hospital-based care currently provides.**

[124] https://insidestory.org.au/the-price-of-a-medical-miracle/
[125] See TasCOSS Budget Priorities Statement 2019-2020 (attached to this submission).

- Even a healthcare system devolved to the community level will have to take into account the facts that:
    - **Tasmanians do not spend their whole lives in one community, particularly if they are unemployed**. In 2016, 37.8% of Tasmanians had moved since 2011; nearly 15% had moved in the year between 2015 and 2016. Among Tasmanians who were unemployed, however, around 52% had moved in the past five years, and around 25% had moved in the last year.[126] This means that good information sharing and warm handovers between services are required.
    - **Devolving care to the community level can actually heighten, rather than reduce, transport barriers for Tasmanians without access to the private car**. It can be hard for a rural resident living between a metropolitan area and a regional community hub to access the regional community by bus during working hours because public transport schedules are typically oriented towards/away from metropolitan areas in the morning/evening.
- At the same time, a shift to community-based care will lead to only limited improvements in the overall health and wellbeing of Tasmanians if it focuses only on the facility in which severely ill patients find themselves. As noted above, **for a genuine shift to community-based care, the Tasmanian health system needs to redirect its attentions towards keeping people from becoming severely ill in the first place.**

A genuine shift in focus from hospital-based care to better care in the community therefore requires:

- A health-equity-driven shift in focus and resources to health promotion, ill health and disease anticipation and prevention, and early detection and intervention, in order to keep health issues from emerging in the first place or keeping them at a level of urgency that can be addressed at the community level and outside the acute care system.
- Approaching health promotion, ill health and disease anticipation and prevention, and early detection and intervention holistically, to include GPs, allied health, mental health, oral health, diagnostic services (pathology/imaging), drug and alcohol services, and integration of social support services ("social prescribing"[127]), with care coordination for clients with complex conditions and needs. A holistic approach to these areas includes helping people access:
    - Healthy food.

> *[With the higher Jobseeker rate] some people have put on weight who have never put on weight before. They seem healthier and happier than I have ever seen. (Rosebery)*

    - Exercise
    - Social connection

[126] ABS Census 2016.
[127] https://chf.org.au/social-prescribing#:~:text=Social%20prescribing%20is%20the%20practice,of%20loneliness%20and%20social%20isolation.

- Quit-smoking incentives[128]
- Participation in screening programs
- Dental hygiene visits
- Drug and alcohol rehabilitation supports
- Mental health supports[129]

People are told that they need to go to rehab for their health, but they can't get help. (George Town)

- A health-equity-driven shift in focus and resources to a state-wide network of facility-based services, mobile services,[130] and telehealth, including 24-hour services in regional centres and a general increase in after-hours and weekend services.
- Proactive outreach services and support services aimed at people with particular vulnerability, including young people, people experiencing disability or mental health challenges, parents with young children, the elderly, and people who are physically or socially isolated.[131]
- Easy movement along the continuum from primary to non-hospital specialist care.
- Boosting initiatives designed to prevent hospitalisation where issues are becoming more acute, such as the Community Rapid Response Service and Hospital in the Home.
- Support at all stages of healthcare for transport, home modifications, and equipment -- including telecommunications equipment and plans where needed.

These steps will require detailed mapping of all levels of healthcare use, including primary, mental, dental, and allied health services, diagnostic services, prevalence of disability, and prevalence of in-home and residential aged care at the SA2 level. A data linkage team and system is required to allow data from all relevant non-THS providers, including the private and not-for-profit sectors, to be linked and accessed.

These steps should also be accompanied by development and regular public release of outcomes-focused Key Performance Indicators for preventive health, primary care, allied health, diagnostic services, community-level care, and rural and remote health, as well as the existing indicators for mental and dental healthcare. At the moment, 12 of the DoH's Health System Dashboard's 15 key performance areas are focused on hospitals or ambulances.[132]

[128] http://interactive.den.org.au/documents/TFC%20Evaluation%20Report_GeorgeTown_2020_DEN.pdf
[129] See Reform Directions 2, 6 *of Rethink Mental Health*, https://www.health.tas.gov.au/__data/assets/pdf_file/0005/419549/Rethink_2020_A_state_plan_for_mental_health_in_Tasmania_20202025.pdf
[130] See, for example, the RFDS mobile oral healthcare unit: https://www.flyingdoctor.org.au/news/mobile-dental-vehicle-launch/
[131] See Health Consumers Tasmania (2021), Op-ed: Our Healthcare Future – a Launceston perspective.
[132] https://www.healthstats.dhhs.tas.gov.au/healthsystem

Recommendation 3: *Greatly increase the Department of Health's focus on affordable health promotion, ill health and disease anticipation and prevention, and early detection and intervention, as well as recovery and rehabilitation:*

- *Delivered through holistic, integrated primary, mental, oral, dental, allied and diagnostic health services*
- *With care coordination for clients with complex conditions and needs*
- *Delivered as close as feasible to clients' homes and supported by transport and child care*
- *With good information sharing and warm handovers when clients move between communities*
- *With rapid access to specialists and to community- and home-based programs, including equipment and modifications*
- *Including services and programs that are concerned with supporting people to better manage their own health*
- *Integrated with social support services to address the social foundations of health.*

The vision laid out by the Clarence City Council GP Access Project for the future of GP services in the area can be taken as a starting point for all such services (see Appendix C).

Transforming community-based health services to a model that can understand and respond holistically to people's physical, mental and social health needs, and can organise and coordinate care around those needs, requires:

- Increasing the share of the budget allocated to community-based services while maintaining budgets for acute services
- Focusing on improving population health and wellbeing as well as individual health
- Empowering people to take control of their own health and care
- Permitting and helping communities to identify their own priorities and strategies to address these priorities
- Making use of all available assets in a community
- Designing delivery models to support and strengthen relational aspects of care
- Integrating different health services as well as health and social services
- Building in access to specialist advice and support and enabling professionals to work together across boundaries.
- Using an inclusive definition of community health services, to include elements such as informal care from family members and unpaid carers, supported housing, aged care and disability home support services and residential facilities, and a wide range of community sector support services.[133]

A range of right-care-right-place-right-time models exist. For example, Health Consumers Tasmania has called for community-driven health hubs which deliver health promotion as well as health services, including follow-up for people who are receiving treatments and those

[133] https://www.kingsfund.org.uk/sites/default/files/2018-01/Reimagining_community_services_report.pdf

recently discharged from hospital. Meanwhile, TasCOSS has outlined a number of models in our 2019-2020 Budget Priorities Statement, Preventing Hospitalisations in Tasmania (attached to this submission), including:

- Institute for Urban Indigenous Health Multidisciplinary Clinics, Queensland[134]
- Sustainability and Transformation Plan, National Health Service, Kent and Medway Councils, UK.[135]

Right-care-right-place-right-time models all have as their key a pool of funding that follows the individual across multiple providers and settings,[136] and benefit from blended funding approaches that create incentives for consumer-centered, team-based care.[137] In Canada, for instance, bundled care payments encompass all aspects of a patient's care across multiple providers and settings, over a fixed period of time, including pre-acute, acute and post-acute care spanning different healthcare settings and providers.[138] In Tasmania, the Anticipatory Care project has called for an authorising environment and funding models for community-based preventative initiatives which emphasise:

- Place-based and collaborative governance
- Promoting, building and sustaining relationships and collaboration
- Information-sharing and building organisational and community capacity.
- Flexible, long-term and adaptable funding models.[139]

In relation to the question of how better to use District Hospitals, the obvious answer is to ask locals about their needs, barriers, and hopes for these facilities. Consultation days should be organised in all District Hospital communities, with time spent at Neighbourhood Houses, Men's Sheds, Child and Family Centres (CFCs), libraries; a list of appropriate contacts in each community can be found in Appendix D.

In relation to better use of telehealth, TasCOSS is currently funded to complete an action research project in partnership with Primary Health Tas and Public Health Services to understand what consumers want and need from online/digital service delivery models such as telehealth and phone-based community services and allied health services in a post- COVID-19 environment. Questions to be addressed include barriers to access and use of telehealth and phone-based services and how best to equip community and allied health services to meet Tasmanians' needs and wishes.

Improving health promotion, prevention of ill health and disease, and health literacy
Relevant consultation questions:

[134] https://www.iuih.org.au/our-services/
[135] https://kentandmedway.nhs.uk/stp/stp/
[136] TasCOSS (2019) Preventing Hospitalisations in Tasmania: 2020/2021 TasCOSS Budget Priorities Statement.
[137] https://chf.org.au/sites/default/files/docs/chf_consumer_commision_report_v4final.pdf
[138] http://healthcarefunding.ca/key-issues/bundle-test-2/
[139] Anticipatory Care Project (2020) Policy Briefs: Systems Thinking for Health, Organisational Leadership. Funding Models for Anticipatory Care.

- *How can we build health literacy, self-management and preventative health approaches into the day-to-day practices of our health services across the whole of the health system?*
- *How can we better incorporate preventative health and health literacy initiatives into current and future care, across the range of settings, including acute, community, primary and private?*

As noted above, a shift from reaction to proactivity – from healthcare to promotion of health and wellbeing, prevention of ill health and disease, and promotion of health literacy – will be vital to achieving meaningful changes in health outcomes for all Tasmanians, but particularly Tasmanians on low incomes and facing compound inequities.

Activities to promote health, prevent ill health and disease, and increase health literacy should:

- Encourage Tasmanians to think of themselves as healthcare decision-makers, not simply passive consumers.
- Engage individuals and communities in identification and co-design of health promotion/prevention/literacy needs, mobilisation to address these needs, and design and delivery of interventions.[140] Community-designed and –delivered health engagement programs have been shown to be more successful than those lacking community participation in these processes.[141] Key community engagement components that affect health outcomes among disadvantaged populations include real power-sharing; collaborative partnerships; bidirectional learning; incorporating the voice and agency of beneficiary communities; and using bicultural health workers for intervention delivery.[142]
- Ensure that programs address health-related behaviours, beliefs, experiences and emotions.[143]
- Ensure that initiatives include social support. Community health engagement initiatives which also build social support show promise in achieving positive health behaviour outcomes.[144]

Initiatives should follow the OpHeLia (Optimising Health Literacy and Access) principles used by the University of Tasmania to develop the HealthLit4Kids program.[145]

OpHeLiA Principles	Description
1. Outcomes focused	Improved health and reduced health inequalities

[140] O'Mara-Eves et al. (2013) Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. *Public Health Research*, 1(4), November: 1-548 ; Cyril et al. (2015), Exploring the role of community engagement in improving the health of disadvantaged populations: a systematic review. *Global Health Action*, 8(1).
[141] O'Mara-Eves et al. (2013): p. 93.
[142] Cyril et al. (2015): p. 1.
[143] https://pubmed.ncbi.nlm.nih.gov/24556894/ ; https://www.researchgate.net/publication/261064781_Predictors_of_Avoiding_Medical_Care_and_Reasons_for_Avoidance_Behavior
[144] O'Mara-Eves et al. (2013), p. 75.
[145] https://www.utas.edu.au/hl4k/research-and-funding/ophelia

2. Equity driven	All activities at all stages prioritise disadvantaged groups and those experiencing inequity in access and outcome
3. Co-design approach	In all activities at all stages, relevant stakeholders engage collaboratively to design solutions
4. Needs- diagnostic approach	Participatory assessment of local needs using local data
5. Driven by local wisdom	Intervention development and implementation is grounded in local experience and expertise
6. Sustainable	Optimal health literacy practice becomes normal practice and policy
7. Responsiveness	Recognise that health literacy needs and the appropriate responses vary across individuals, contexts, countries, cultures and time
8. Systematically applied	A multilevel approach in which resources, interventions, research and policy are organised to optimise health literacy

One key issue that needs to be addressed in activities to promote health, prevent ill health and disease and promote health literacy is healthcare avoidance. Access to healthcare requires both that people have services available to them and that they take the steps necessary to gain access. But some participants' responses to the Clarence GP Access Project[146] highlight the extent to which some Tasmanians avoid seeking out healthcare.

> *(The hardest part of the process is…) "…getting the courage to ring up to go! I just don't like doctors or what they tell me."*
>
> *"I was scared to go and see a doctor about my nerves and depression. I wouldn't know how the doctor would react."*

For the individual involved, healthcare avoidance can lead to late detection of disease, reduced survival, and potentially preventable human suffering,[147] while also increasing pressure on hospitals and affecting health system efficiency and cost-effectiveness.[148]

In addition to money, time, and poor mental health, some of the main reasons that people do not seek care are:

[146] https://www.liveclarence.com.au/wp-content/uploads/2017/09/GP-Access-Project-Report1.pdf
[147] https://link.springer.com/article/10.1007/s11606-014-3089-1
[148] https://ahha.asn.au/sites/default/files/images/ahha_think_tank_communique_hospital_avoidance_and_prevention_0.pdf

- Fear, dislike and distrust associated with doctors and/or medical examinations and treatments. People with a history of medical trauma are particularly likely to fall into this category.[149]
- Fear of learning about a serious or terminal illness
- Lack of health self-efficacy and a sense that health is in the person's control.[150]

Activities intended to promote health, prevent ill health and disease (including through promoting primary healthcare use), and increase health literacy need to address the health-related behavioural, beliefs, experiential and emotion traits associated with delay and the interpersonal communication between patients and providers.[151]

In relation to making health information more accessible to all Tasmanians, Health Consumers Tasmania have suggested a centralised information service for health consumers, available face-to-face, over the phone and online. Community sector organisations and other gathering points (Neighbourhood Houses, CFCs, Men's Sheds, libraries) should be trained and resourced to help clients access this if it eventuates – and in the meantime, to access Primary Health Tasmania's services portal, a useful resource not easily accessible for people with low literacy, low health literacy, low digital skills, or limited digital access. [152]

Meanwhile, toolkits already exist to help health services improve their health literacy. For example, the HeLLOTas! (**He**alth **L**iteracy **L**earning **O**rganisations **Tas**mania) Toolkit is a simple step-by-step quality improvement process to enhance organisational health literacy, developed by community sector workers for the community sector and for smaller community health organisations. The process outlined in the toolkit guides organisations through health literacy self-assessment and enhancement across six health literacy domains. [153]

[149] https://www.socialworktoday.com/news/enews_0416_1.shtml

[150] https://www.researchgate.net/publication/264247173_Who_Avoids_Going_to_the_Doctor_and_Why_Audience_Segmentation_Analysis_for_Application_of_Message_Development ; https://pubmed.ncbi.nlm.nih.gov/29249189/ ; https://link.springer.com/article/10.1007/s11606-014-3089-1

[151] https://pubmed.ncbi.nlm.nih.gov/24556894/ ; https://www.researchgate.net/publication/261064781_Predictors_of_Avoiding_Medical_Care_and_Reasons_for_Avoidance_Behavior

[152] https://services.primaryhealthtas.com.au/

[153] https://www.hellotas.org.au/

HeLLOTas! Health Literacy Domains

The toolkit includes resources designed to help organisations:

- Embed health literacy in organisational practice
- Build consumer health literacy and efficacy[154]
- Involve consumers in organisational planning and evaluation

Mechanisms are also necessary to assist health practitioners to link their patients in with social services, for instance by building a community organisation service directory and referral pathways into the existing Health Pathways online infrastructure.

> ***Recommendation 4:*** *To build health promotion, prevention of ill health and disease, and increased health literacy, the Tasmanian Government should:*
>
> - *Encourage Tasmanians to think of themselves as healthcare decision-makers, not simply passive consumers.*
> - *Engage individuals and communities in identification and co-design of health promotion/prevention/literacy needs, mobilisation to address these needs, and design and delivery of programs.*
> - *Ensure that programs address health-related behaviours, beliefs, experiences and emotions.*
> - *Ensure that initiatives include social support.*

[154] see HelloTas Tool #13, Consumers Taking Control, https://www.hellotas.org.au/sites/default/files/Tool%2013%20-%20Consumers%20taking%20control.pdf

Improvement Area 2: Modernising Tasmania's Health System

Reform Initiative 2: Invest in modern ICT infrastructure for hospitals, patient information, and workforce management

Relevant consultation questions:

- *What information would help to improve your experience as a patient or consumer interacting with public hospital or health services in Tasmania?*
- *How can we use technology to empower patients with their own self-care?*

The goal of using technology to empower patients with their own self-care is unlikely to be achieved without investment in digital inclusion, which must also be seen as investment in Tasmania's healthcare system.

Access to digital services is becoming an essential for health, given the increasing thrust towards telehealth – a modality that can deliver great benefits to health consumers and providers alike, provided that everyone has affordable access to internet services as well as the ability to use the relevant technology effectively. However, according to the 2020 *Australian Digital Inclusion Index*[155]:

- Tasmania is the most digitally disadvantaged state in the country, with an ADII score of 59.6 compared to an Australian average of 63.
- Access is particularly poor in Burnie and the North West, where people also have the lowest quality of internet technology and the smallest data allowances.
- Affordability is the lowest in the North West, although southern Tasmania receives the worst value for money.
- The greatest gap between Tasmania and the national average is in the area of digital ability, with a 4.9 point gap (47.1 versus 52). In the North West, this gap is 15.7 points. For Tasmanians in the lowest income quintile, the gap is 18.1 points; for Tasmanian seniors, the gap is 21.4 points.
- Other groups at particular risk of exclusion include Tasmanians who are not in the labour force and less educated Tasmanians.

Census data shows that overall levels of internet access vary widely between local government areas: less than 10% of dwellings in Kingborough lack access to the internet, compared to 23% in the Derwent Valley, 21.5% in Glenorchy, 21% in Brighton, and 20% in Devonport.[156] Unsurprisingly, levels of digital exclusion are higher in areas of relative socioeconomic disadvantage: 25 of the 28 SA2s in Tasmania where more than 20% of the dwellings did not have internet access in 2016 were in areas of highest socio-economic disadvantage.[157]

The Premier's Economic and Social Recovery Advisory Council has called for the Tasmanian Government to take steps to address the digital divide in Tasmania, including through:

[155] https://apo.org.au/sites/default/files/resource-files/2020-10/apo-nid308474.pdf
[156] ABS Census 2016.
[157] Index of Relative Social Disadvantage (IRSD), ABS Census 2016.

- **Making available at little to no cost, devices and other resources needed to enable disadvantaged Tasmanians to…seek the assistance they may require from support services, regardless of location (Recommendation 54).** This measure should be extended to community sector organisations providing access to health information and telehealth for clients. In March/April 2020, the Tasmanian Government created an Essential Technology Fund for community services organisations to purchase devices, data, and software to keep providing services to Tasmanians. The Fund, which began at $250,000 and was later increased by $100,000 to $350,000, received over 120 applications, with a total combined ask of over $1m.
- **Expanding the roll-out of digital literacy initiatives in communities across Tasmania** (Recommendation 55).[158] This measure should include investment in recruitment/employment of digital skill coaches and peer mentors, in community-based organisations to host coaches/mentors, and in Libraries Tasmania to add capacity building to their existing core digital literacy and skills training.

Meanwhile, the high cost of telecommunications for many Tasmanians, coupled with the fact that internet access is now an essential service for daily life, argues for extending Tasmania's concessions scheme to include telecommunications.

Recommendation 5: *The Tasmanian Government should:*

- *Make available, at little to no cost, devices and other resources needed to empower disadvantaged Tasmanians, and the Tasmanian community sector that supports them, to access digital healthcare and health information.*
- *Expand the roll-out of community-level digital literacy initiatives, including coaching and mentoring, to empower digitally excluded Tasmanians to access digital healthcare and health information.*
- *Extend Tasmania's concessions scheme to include telecommunications.*

[158] https://www.pesrac.tas.gov.au/__data/assets/pdf_file/0016/250441/Interim_Report.pdf

Improvement Area 3: Planning for the Future

Reform Initiative 3a: Develop a long-term health infrastructure strategy for Tasmania
Reform Initiative 3b: Build a strong health professional workforce, aligned to a highly integrated health service, to meet the needs of Tasmanians.
Reform Initiative 3c: Strengthen the clinical and consumer voice in health service planning

Truly effective and sustainable answers to the questions under Improvement Area 3: Planning for the future will be only elicited through effective consultation with health consumers and place-based consultation with communities (Reform initiative 3c).
Relevant consultation questions:

- *How can we better engage meaningfully and effectively with consumers and other key stakeholders in health service planning, delivery and quality improvement?*
- *How can we strengthen and optimise consumer engagement and participation at all levels of healthcare including:*
    - *Personal: participation and engagement in a person's own care*
    - *Local: participation and engagement in service improvement at a local level*
    - *Policy and service system: participation and engagement in planning, developing, reviewing, evaluating and reforming services at a system level?*
- *How can we improve opportunities for consumers to feed back on their healthcare including following discharge from care?*
- *Are there particular models of consumer engagement and participation that we should consider?*

TasCOSS supports a health system where all Tasmanians have are involved from beginning to end in health and care decisions. Health Consumers Tasmania has noted in their submission to this consultation that patient and community input around the Tasmanian health system currently is largely complaints-driven, and that there is a need to build the voices of healthcare consumers and communities into longer-term, strategic and proactive health reform and systems-based improvements.

The National Safety and Quality Health Services Standards already have a mandatory 'partnering with consumers' requirement for health services to:

- Put in place governance structures to form partnerships with consumers and carers.
- Support consumers and carers to actively participate in the improvement of the patient experience and patient health outcomes.
- Provide information to consumers and carers on the service's performance and include consumers and carers in the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.[159]

The Australian Charter of Healthcare Rights also stipulates that Australians receiving healthcare have a right to share their experiences and participate to improve the quality of care and health services, in order to ensure that all Australians have access to healthcare services and

[159] https://www.safetyandquality.gov.au/sites/default/files/migrated/NSQHS-Standards-Fact-Sheet-Standard-2.pdf

treatment that meets their needs and are cared for in environments that make them feel safe, respected, included, informed, and heard.[160] All health organisations should be ensuring that their staff understand and adhere to the key attributes of high-performing person-centred healthcare organisations prescribed by the Australian Commission on Safety and Quality in Health Care (ACSQHC), including comprehensive care, strong leadership and person-centred culture and governance.[161]

TasCOSS concurs with the Consumers Health Forum of Australia recommendation that to build better health systems into the future, consumer engagement, choice and control should be embedded across the system, alongside shared decision-making in all health services. [162] Engagement initiatives should be co-designed with the individuals and communities that are their intended audiences, drawing on extensive existing experience in co-design.[163]

- At the personal level, as noted above, engagement initiatives must empower Tasmanians to think of themselves as healthcare decision-makers, not simply passive consumers. To this end, resourcing should be provided to locally-based community sector and government organisations (Neighbourhood Houses, Men's Sheds, Child and Family Centres) to assist clients to provide feedback on services.
- At the local level, consumer engagement programs, as with health promotion and ill health and disease prevention programs, should be co-designed with local communities. Throughout, co-design processes should draw on the knowledge of groups with experience in promoting the voices of particular cohorts, for example Aboriginal Tasmanians, people with disability, or different genders.[164]
- At the policy and service systems level, consumers and carers should be embedded into shared decision-making into all health services and settings as leaders and co-creators, not simply through engagement.[165]

Meanwhile, as noted above, the HeLLOTas! (**He**alth **L**iteracy **L**earning **O**rganisations **Tas**mania) Toolkit[166] includes tools designed to help organisations integrate and embed:

- Involvement of consumers in organisational planning and evaluation processes
- Supporting consumers to be experts on their own needs and wellbeing.
- Improving consumer health literacy.

[160] https://www.safetyandquality.gov.au/sites/default/files/2019-06/Charter%20of%20Healthcare%20Rights%20A4%20poster%20ACCESSIBLE%20pdf.pdf
[161] https://chf.org.au/sites/default/files/docs/chf_consumer_commision_report_v4final.pdf
[162] https://chf.org.au/sites/default/files/docs/chf_consumer_commision_report_v4final.pdf
[163] For example, for effective models of co-design, see VCOSS, Walk Alongside https://insight.vcoss.org.au/co-design-ways-to-walk-alongside/
[164] See, for example: https://apo.org.au/sites/default/files/resource-files/2020-08/apo-nid310904.pdf ; https://www.womenshealthtas.org.au/sites/default/files/resources/talking-women-rural-and-remote-tasmania-2019/talking-women-rural-and-remote-tasmania2019.pdf
[165] https://chf.org.au/sites/default/files/docs/chf_consumer_commision_report_v4final.pdf
[166] https://www.hellotas.org.au/

In relation to strengthening the clinical voice, TasCOSS supports the recommendation by Health Consumers Tasmania that any Statewide Clinical Senate and/or Future Health Leaders Forum be co-designed with consumers and carers, have consumer and carer representation and be co-chaired by consumers/carers.

> ***Recommendation 6:*** *All consumer engagement mechanisms, at the individual, community and health systems levels, be developed through co-design with consumers, carers and communities.*

Answers to the questions posed under the other reform initiatives **(**Reform Initiative 3a: Develop a long-term health infrastructure strategy for Tasmania and Reform Initiative 3b: Build a strong health professional workforce, aligned to a highly integrated health service, to meet the needs of Tasmanians) will substantially flow from improved health consumer and place-based consultation. To ensure that infrastructure is available to provide the right care in the right place at the right time and to understand the key factors for development of modern health facilities in community settings, for instance, it will be necessary to talk with communities about local healthcare services, service use, gaps and needs.

As a general principle, however, new facilities should include co-location:

- Of primary, allied, mental, dental and allied health services, all with the ability to collect samples for diagnostic services.
- With community services
- In locations that provide ample space for disability parking of adequate width to accommodate both side- and rear-loading wheelchair vans (a point that has come up in more than one TasCOSS consultation).

Capital investment planning should take place in discussion not only with the private sector but also with Tasmania's community sector in order to ensure that public, private and not-for-profit investments complement and supplement each other.

> ***Recommendation 7:*** *The Tasmanian community sector should be included in the capital investment planning process for new facilities providing holistic co-location of medical and social services.*

Meanwhile, the Health Workforce Strategy 2040 and its accompanying documents (allied health, medical workforce, nursing and midwifery) refer only to the qualifications required for a range of positions, and not to the content that these qualifications should be conveying, or to professional development to permit people with older qualifications to stay abreast of new approaches and needs. In particular, the Tasmania health care system requires a workforce that is:

- Culturally safe and sensitive to the priorities and needs of:
    - Aboriginal Tasmanians

  - Tasmanians of all age groups, particularly including older and younger Tasmanians
  - Tasmanians on low incomes
  - Tasmanians living with physical, emotional or intellectual limitations and disability
  - Tasmanians facing marginalisation, including the state's LGBTI+ community
  - Tasmanians from culturally and linguistically diverse backgrounds
  - Tasmanians experiencing bullying, violence and coercive control
- Strongly trauma-informed, due to well-established links between a history of trauma and health care utilisation.[167]

The Tasmanian healthcare system should also actively recruit staff that reflects Tasmania's diverse population.[168] The Youth Connectors proposed by the Youth Network of Tasmania (YNOT) have the potential to guide young Tasmanians towards training and employment in the health sector.[169]

> ***Recommendation 8:*** *The Tasmanian Health Workforce Strategy 2040 be updated to reflect the need for a workforce that provides healthcare that is culturally safe, sensitive to the priorities and needs of diverse groups, and strongly trauma-informed.*

Further steps

In preparing this submission, TasCOSS has drawn on the results of our consultations with Tasmanians on issues of importance to them, including health, as well as member organisations. However, the timeframe for the consultation process for Our Healthcare Future has spanned the Christmas holiday period, meaning that many TasCOSS members have struggled to consult with their clients on our behalf, or indeed to put in submissions themselves. While the extension of the submission period to early February has been appreciated, for Tasmanian communities and the state's community sector to be fully engaged in a detailed and fruitful discussion about future healthcare planning, many more avenues for engagement are needed. This consultation should therefore be approached as a starting point, rather than an endpoint.

> ***Recommendation 9:*** *Further place-based consultations directly with individuals and communities are needed on:*
>
> - *Barriers to accessing healthcare services, including primary, mental, dental, allied, and diagnostic health services.*
> - *Service gaps, needs and wishes.*

[167] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5798942/
[168] https://www.theguardian.com/commentisfree/2021/feb/10/i-am-a-doctor-heres-what-i-know-about-communicating-with-reluctant-patients ; https://www.pennmedicine.org/news/news-releases/2020/november/study-finds-patients-prefer-doctors-who-share-their-same-race-ethnicity
[169] https://www.ynot.org.au/sites/default/files/documents/2020-08/YNOT%20BPS%202020-21%20Youth%20Connectors.pdf

- *Specific models of community care arising from this first stage of consultations.*

These consultations should be conducted in ways that make them accessible to people with low literacy, health literacy and digital access; with disability or mobility impairment; of a range of ages; and/or who speak languages other than English at home. Tasmania's Aboriginal community deserves particularly diligent engagement. Participants in consultations should be provided with:

- **Compensation**. Lived experience is a kind of expertise, and telling stories of lived experience requires time and work, both intellectual and emotional. Just as one would recognise and reward expertise from a consultant or a researcher, people who are willing to share their lived experiences for the benefit of others should be recognised and rewarded.
- **Up-front payments for incidental expenses** (transport, child care). These permit participants who may not have the capacity to cover costs up front to get to the table in the first place.
- **Capacity development**. There is no point in including lived experience consultants if they cannot engage on an equal footing with other participants in a reform process. Participants may need to have people to read and explain documents, fill out forms, or help navigate cross-cultural nuances.

Health in All Policies

Finally, the Tasmanian Government's goal of significant improvements in Tasmania's health by 2025 will not be achieved through Tasmania's healthcare system alone. Every aspect of a person's life – the house they live in, the education they receive, the job they hold, the way they get around, the economic resources available to them, the environment around them, their daily experience of safety and social connection – has implications for their health. So, by extension, does every policy of every government department involved in housing, planning, infrastructure, education, employment, transport, taxes and concessions, environmental protection, safety and justice, or community-building – in other words, every part of government. **Without an overarching policy framework aligning all Tasmanian government policies and activities towards the objective of better health for the state, achieving this goal will be harder, take longer, and cost more – and the strains on the Tasmanian healthcare system will only increase.**

Recommendation 10: *To underpin the Our Healthcare Future process and to support the better health outcomes envisaged by reforms, the Tasmanian Government should as a matter of urgency develop and adopt a Health in All Policies approach, framework and action plan.*

‘A GOOD LIFE’ IN TASMANIA

EVERY TASMANIAN DESERVES A GOOD LIFE — THE OPPORTUNITY TO DO MORE THAN SPEND EACH DAY JUST GETTING BY.

But what does a good life look like for Tasmanians on low incomes? What are the basics of a good life, and what makes a good life hard to achieve?

To find out, TasCOSS engaged 338 people across the state, combining these with results from similar processes undertaken by other organisations.

Taken together, our community highlighted nine key elements of ‘a good life’ in Tasmania.

TasCOSS
INTEGRITY
COMPASSION
INFLUENCE

A HEALTHY MIND AND BODY

One phrase emerged again and again: "Health is everything." Respondents emphasised the value of good health and health care that treats the whole person.

"If you have good mental health, anything is possible."

But Tasmanian health outcomes are poor overall and Tasmanians on low incomes struggle to get primary medical, dental and mental health care.

A PLACE TO CALL HOME

Participants spoke of the pleasure that they take in their homes and the security that a stable home brings. But they also spoke of the anxiety associated with watching rents and house prices go up, the stress of trying to find an appropriate place in a tight housing market, and the stresses on families as people are crowded together.

"I feel a level of fear now, in my mid-forties, that I have never felt before - I feel like I'm priced out of the market."

Tasmanians on low incomes face exceptional difficulties in finding either a home to buy or a secure, affordable rental. The supply of social housing has not kept up with demand and the number of homeless Tasmanians has grown.

KNOWING YOU'RE NOT ALONE

Most participants in the Good Life consultations felt that relationships, both intimate and social, were crucial to their wellbeing and to their ability to thrive. Being connected, participants suggested, requires three things: people who persevere; a strong, caring community; and help from the pros when more support is required than friends and family or the general community can give.

"Knowing someone who believes in you [is necessary] to flourish."

"With so many people in the world, no one should have to be alone."

Combining strengthened social connection with other support initiatives can lead to a virtuous spiral that addresses multiple issues simultaneously.

LEARNING FOR LIFE

Tasmanians told us a good, broad-ranging education leads to a better life across the board: literacy, numeracy, digital competence, and life skills ranging from cooking to budgeting to effective communication. All people of all ages deserve an equal chance at an education that takes their needs into account.

"Hard as it was to improve our education in our 30s, we are now seeing the benefit of having done so and wish young people could only understand how important education is to quality of life."

Tasmanians need to be supported to understand what education is right for them across the broad range of options on offer in the Tasmanian educational system.

FEELING VALUED, INCLUDED, AND HEARD

Good Life consultations were filled with pain at being considered to be worth less than other Tasmanians. Respondents described feeling looked down on, left out, invisible, and unheard.

"I wish…that others would understand disability a little bit more, rather than just discriminating against us and not including me and my family in the community."

"If we want to be more innovative and inclusive, we need to open [decision-making] to people from all backgrounds."

Behind these experiences lie attitudes of individuals and structural inequalities like racism, ableism, and sexism.

BEING ABLE TO AFFORD THE BASICS

Financial stress was the one of the biggest barriers to a good life, making it harder to cope with other stressors.

"Financial stress leads to major anxiety. It's mentally draining. There's no need for luxuries, but just no stress."

Tasmanians face sweeping increases in the cost of living with rising prices significantly outstripping increases in benefits and allowances. Thousands of Tasmanians struggle to get into employment that would lift their incomes above subsistence levels.

FEELING SAFE

Fear has no place in a good life. While women, children, older Tasmanians, and Tasmanians with disability are particularly vulnerable to feeling unsafe, everyone deserves to feel safe – even people caught up in the justice system, which is short on therapeutic and culturally appropriate approaches to rehabilitation.

"Safety underpins everything else. If you're not safe, you don't have a healthy mind – you're always worried, always stressed. If you don't feel safe at home because of violence, your home is worthless. If you don't feel safe at school, you can't get an education."

GETTING WHERE YOU NEED TO GO

Having your own transport equates to freedom. Tasmanians pointed out it can be deeply frustrating to struggle to get to employment, education, health and support services, shops, socialising, and Tasmania's natural beauty.

"[I need] reliable, affordable access to supermarkets, playgrounds."

Getting where you need to go extends beyond transport: the built environment can act as a significant barrier to Tasmanians with limited mobility or disability.

HOPE FOR THE FUTURE

Tasmanians want support which is future-oriented, taking whole-of-life approaches. Three key areas emerged around **looking ahead**:

Across life stages. A longer-term vision in relation to two main groups living through periods of dramatic life changes: young people and older people.

A changing economy. Even prior to COVID-19, participants, particularly those from regions of industrial downturn, are worried about the future of work.

"What worries me most: lack of employment opportunities for my daughter. It's bad enough now; I hate to think what it will be like in 15-20 years."

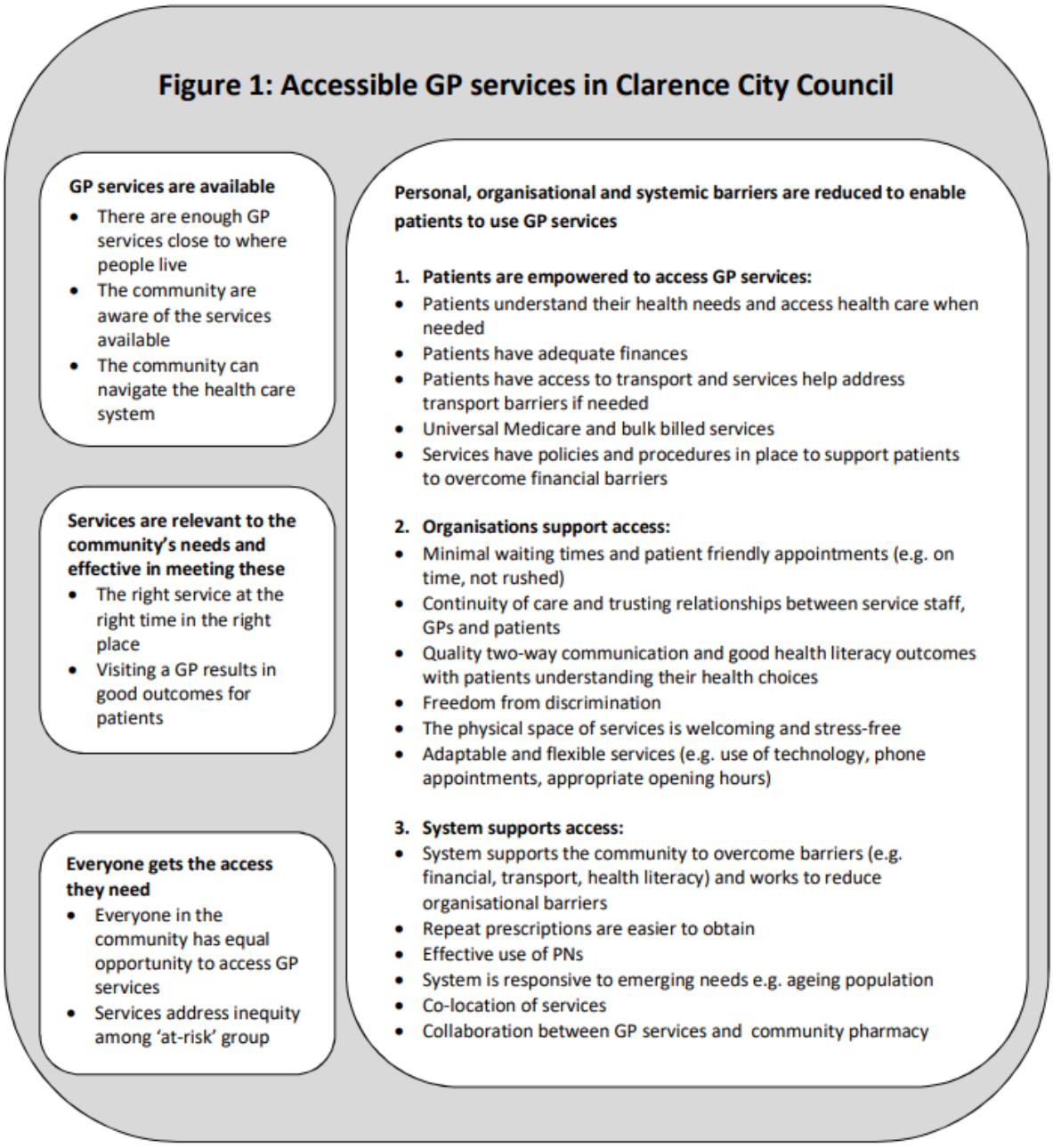
Response to climate change. Climate change is now a significant concern for older and younger Tasmanians alike.

Appendix B: Universal Design Principles[170]

Principles	Objectives	Guidelines
1. Equitable Use	The design is useful and marketable to people with diverse abilities.	1a. Provide the same means of use for all users: identical whenever possible; equivalent when not. 1b. Avoid segregating or stigmatizing any users. 1c. Provisions for privacy, security, and safety should be equally available to all users. 1d. Make the design appealing to all users.
2. Flexibility in Use	The design accommodates a wide range of individual preferences and abilities.	2a. Provide choice in methods of use. 2b. Accommodate right- or left-handed access and use. 2c. Facilitate the user's accuracy and precision. 2d. Provide adaptability to the user's pace.
3. Simple and Intuitive Use	Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level.	3a. Eliminate unnecessary complexity. 3b. Be consistent with user expectations and intuition. 3c. Accommodate a wide range of literacy and language skills. 3d. Arrange information consistent with its importance. 3e. Provide effective prompting and feedback during and after task completion.
4. Perceptible Information	The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.	4a. Use different modes (pictorial, verbal, tactile) for redundant presentation of essential information. 4b. Provide adequate contrast between essential information and its surroundings. 4c. Maximize "legibility" of essential information. 4d. Differentiate elements in ways that can be described (i.e., make it easy to give instructions or directions). 4e. Provide compatibility with a variety of techniques or devices used by people with sensory limitations.
5. Tolerance for Error	The design minimizes hazards and the adverse consequences of accidental or unintended actions.	5a. Arrange elements to minimize hazards and errors: most used elements, most accessible; hazardous elements eliminated, isolated, or shielded. 5b. Provide warnings of hazards and errors. 5c. Provide fail safe features. 5d. Discourage unconscious action in tasks that require vigilance.
6. Low Effort	The design can be used efficiently and comfortably and with a minimum of fatigue.	6a. Allow user to maintain a neutral body position. 6b. Use reasonable operating forces. 6c. Minimize repetitive actions. 6d. Minimize sustained physical effort.
7. Size and Space for Approach and Use	Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility.	7a. Provide a clear line of sight to important elements for any seated or standing user. 7b. Make reach to all components comfortable for any seated or standing user. 7c. Accommodate variations in hand and grip size. 7d. Provide adequate space for the use of assistive devices or personal assistance.

[170] http://universaldesign.ie/What-is-Universal-Design/The-7-Principles/

Appendix C: Clarence City Council GP Access Project vision for accessible GP services[171]



[171] https://ehq-production-australia.s3.ap-southeast-2.amazonaws.com/e822cc5759745325716370dafa2e12ff950bd91a/documents/attachments/000/112/321/original/GP_Access_Project.pdf?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIAIBJCUKKD4ZO4WUUA%2F20210216%2Fap-southeast-2%2Fs3%2Faws4_request&X-Amz-Date=20210216T032637Z&X-Amz-Expires=300&X-Amz-SignedHeaders=host&X-Amz-Signature=338319dfd7f23dfb369445f83cf5a7e3e6bedb4c0ba4ec570544c30ee0a8a145

Appendix D: District Hospital Community Consultation partners

- New Norfolk: Derwent Valley Community House, Derwent Valley Men's Shed, Ptunarra CFC, New Norfolk Library
- Queenstown: Queenstown Men's Shed, Queenstown CFC, Queenstown Library, neighbourhood houses/centres in Rosebery and Zeehan
- Smithton: Wyndarra Centre, Circular Head Men's Shed, Smithton Library
- Deloraine: Deloraine House, Deloraine Community Shed, Deloraine Library
- Beaconsfield: Beaconsfield House, Beaconsfield Men's Shed, Beaconsfield CFC, Beaconsfield Library
- George Town: George Town Neighbourhood House, George Town CFC, George Town Library
- Scottsdale: Dorset Community House, Dorset Community Men's Shed, Scottsdale Library
- St Helens: St Helens Neighbourhood House, St Helens Men's Shed, St Helens CFC, St Helens Library
- St Marys: Break O'Day Woodcraft Guild and Men's Shed, St Mary's Library, Fingal Valley Neighbourhood House in Avoca
- Campbell Town: Campbell Town and Districts Men's Shed, Campbell Town Library
- Oatlands: Oatlands Men's Shed, Oatlands Library