

Background

The Break O'Day Municipality has a population of 6194, and has the second highest median age in Tasmania at 50 years (ABS 2011). Health services within the Break O'Day include a hospital and a separate GP clinic at St Helens and a Community Health Centre at St Marys with a GP surgery on site. Break O'Day Healthy Resource Association, known as the Healthy House promotes and runs community health and wellbeing programs /services throughout the municipality. A range of services, including visiting/outreach services (public, private and not-for-profit) are provided throughout Break O'Day including: mental health support services, carer support, disability support, social workers, psychologists, occupational therapy, physiotherapy and dental. Unfortunately though, some services that would otherwise provide preventative health benefits for this area remain inaccessible for many members of the community due to factors such as isolation, transport, infrastructure, affordability, lack of communication/awareness or lack of understanding of the value of health benefits. The St Marys pass is also seen as a significant barrier. Despite the proximity, the two hospitals and their visiting services are essential because of this geographical and socio-cultural barrier (there is a distinct culture of the two areas - Valley versus Coast). The social determinants of health must be considered for any health service provision, and particularly for preventative health care in Break O'Day as there is a high number of people living in relative poverty.

Early this year, a discussion group of local health professionals was arranged to consider preventative health measures and the existing situation in the Break O'Day municipality. The points raised below arise from these discussions and are based on both empirical and observed knowledge.

Affordability and lifestyle

Many residents of the Break O'Day are caught in the Henderson poverty trap. High unemployment and poverty exist alongside remoteness and social isolation. Unemployment is at 10.3% (ABS 2011). Many people struggle to find worthwhile employment in Break O'Day and even volunteering for an organisation, whilst providing something worthwhile to do, has its costs, such as travel to venues. Weekly household income is just \$654 (compared to Tasmania at \$948), with 45.9% of households receiving less than \$600 gross weekly income (Tas is 30.7%) (ABS 2011). Retirees, right through to the younger generation (especially considering single parents being forced to survive on Newstart) are trapped at the lower end of the socio-economic scale. A significant number of teenagers become pregnant in the area, many of whom are likely to only obtain low paid jobs and remain in poverty as many do not have the skills to obtain decent employment.

The Fingal Valley has a lot of substandard housing, and many residents are unwilling to move out of their home into a unit (even if they could access a Housing Tasmania unit). Affordability and access to home maintenance services, such as plumbers and electrician is also a concern. Much of this housing has poor heating/insulation which contributes to poor health. Additionally, many homes in the Fingal Valley are still heated with woodfires as older residents are resistant to changing to heat pumps (deterrents are: the way heat pumps work, the relative affordability of fire wood versus electricity as well as personal preference/familiarity with woodfires). There are many modern wood fires that are more efficient, but considering the low socio-economic factors and the health factors (asthma, etc) throughout the Fingal Valley (fog and smoke can lay in the valley at times for nearly a full day) there might be a need to subsidise replacements. Also, up until recently, burning coal for heating and cooking was common among many of the older households in the Valley. Not only is affordability an issue, but the socio-cultural factors of the Fingal Valley need to be overcome - many residents have lived in the same townships (and sometimes in the same house) for several generations and have grown up with the familiarity of wood fires and family traditions of gathering firewood together.

Affordability of even basic things, such as a decent pair of shoes is a matter of concern – older people report not being able to afford decent walking shoes, which is essential to encourage physical activity. Are there any subsidies (though occupational therapists or podiatrists) to purchase a decent pair of walking shoes if a person commits to a program of walking for health benefits? Also, arthritic-friendly shoes can be very expensive.

Affordability of fresh food is a major concern, especially considering that in some years, farmers dig in their potatoes etc if the market crashes. What is the reason for this (such as supply contracts) when access stock could be extremely beneficial to poor families/individuals? People tend to be more than willing to take time and effort to avail themselves of free fresh food, for example, it is common to see people stop and pick apples and blackberries growing along the roadsides (such as Esk Main Road).

Break O'Day has a high number of lone person households at 32.8% (ABS 2011). This creates its own problems. A single person living on their own often cannot be bothered cooking healthy nutritious meals if there is no one to share the social aspect of meal preparation/eating. There are several programs aimed at combatting this problem being run by local churches and Neighbourhood Houses, such as eating with friends programs. However, many who most need these programs are not attending. Unless they have a friend to attend with, it can be intimidating to turn up to an event with a social purpose by oneself. Additionally, the costs of heating a home (particularly an old or poorly constructed home) if borne by one person can be too much. There are reports of people going to bed in the afternoon as they are too cold and cannot afford heating. There are many unhealthy, lonely, isolated, poor and cold (in winter) people living within the municipality.

Usually unemployed people are visible in the streets, but in the Break O'Day, they tend to stay alone at home, smoking, drinking, and suffering depression, etc. It is easy to grow marijuana, and it is the only form of motivation and activity for some people. They are not engaged with the community.

Long term preventative health programs need to be run in schools to tackle issues of smoking, drugs and nutrition. There is a problem with drugs and alcohol in the Break O'Day area –drug use in school-aged children (cannabis, amphetamines) is normalised here. Life-skills need to be taught within schools. Also, the parents need to understand general health for school lunches/nutrition, etc.

The Child and Family Centre at St Helens is offering support programs/services for families with children aged 0-5. It is hoped that this early intervention stage will assist with post natal depression, dietary issues, parenting problems and learning issues that the child may have. The biggest problem for the Child and Family Centre is being accessible by people in the Fingal Valley, and they have at times gone and picked up people (but this is a huge drain on the centre). Transport to services being offered is severely lacking.

Access, Infrastructure and Isolation

With a land area of 3526 square kilometres and a decentralised population, service provision for the area is a challenge, and this is further compounded by access limitations, such as infrastructure and public transport. Access to services, inadequate infrastructure and isolation are some of the key factors contributing to social determinants of health within Break O'Day.

Many service providers find it difficult to recruit and retain health professionals and relief workers/locums to work within the Break O'Day Municipality. This challenge extends to the provision of outreach/visiting services as well. The high turnover of service providers results in a loss of continuity of care/contact and in some cases a loss of services. The constant turn-over of staff means clients need to repeatedly rebuild confidence in new workers and to frequently retell their history (sometimes painful). Also, outreach service providers spend much of their allocated hours in travelling (to the area and/or between clients if visiting them) and travelling professionals tend to suffer from tiredness as a result. It is often said that a fast, safe road to Launceston is needed in the area. Additionally, the passes (as the main access routes to the coastal towns) are a deterrent for health professionals to work in and visit the area.

Just as the roads and distances to travel are a factor in attracting health professionals to come to the area, these are also a deterrent for clients to attend appointments and to follow up on health matters. Driving to Launceston to see specialists is problematic, and even driving locally (especially on the passes) is difficult for many. It is even worse for those who do not drive, particularly many who are aged and disabled. Loss of a drivers licence can be very isolating for people, considering the limited availability of public transport.

Regardless of the pressures put on service providers, there is a need for more home-visit services – particularly to attend to the needs of those who are unable to drive.

Road access is an increasing concern, particularly considering climate change. Our area has already experienced many extended access difficulties due to bushfires (the 2006-7 East Coast Bushfire saw the temporary closure of the main access to coastal towns), and floods (the 2011 floods caused temporary closure as well as serious damage to all access roads to some towns, some of which took many weeks/months to repair). Sea level rise is also a concern for many of our coastal communities (some are already impacted during flooding events coinciding with high-tide).

Additionally, access to individual properties is problematic even for something as simple (yet vital) as Meals on Wheels. Some people cannot access Meals on Wheels because their driveways are in too poor condition for the volunteers to risk driving their vehicles to deliver the meals - alternate ways are usually considered (eg frozen meals picked up by friend and delivered, or the client drives to meet the volunteer at the end of the driveway). This difficulty in accessing individual properties applies to other service provision, such as social-workers and other health/wellbeing professionals.

There are limited hours for access to some services in the Break O'Day. For example, full-time working people can find it difficult to attend x-rays appointments (10:00-14:00 at St Helens only) unless they can take sick leave. This also applies to obtaining doctors appointments outside of work hours. Many services do not offer out of hours access locally. Also, working people can find it difficult to attend specialist appointments in Launceston, as this often means taking a full day off work.

Public services need to be increased, but private services also need to be attracted to the area. For example, a private physiotherapist is needed for the East Coast as referrals to the public service is overloaded, and clients who have the capacity to pay/access a private physiotherapist (such as MAIB clients) tend to be referred to Launceston-based services so as to free up the local public-provided services, with little consideration of the individuals access to transport and of travelling costs, time and distance.

Specialist appointments in Launceston might require several trips before treatment is even started. Clients are tempted to “put off” accessing specialists due to travel costs/arrangements, time (full day off work), tiredness, etc. Technologies, such as e-health, are starting to be used more, and will likely be developed further, but there needs to be improvements in telecommunications before these tools can be fully utilised - Telstra services in the Break O'Day area are poor (mobile phone coverage, technology support, etc).

The low median weekly rent at \$167 in Break O'Day (compared to Tasmania at \$200) and median mortgage repayments at \$953 (compared to Tasmania at \$1300) (ABS 2011) helps to attract people to the area, however, before moving, many do not fully consider factors, such as: how much travel is required to access services/education/shops, isolation, expense to travel to events/friends, or the infrastructure limitations making it difficult to contact friends/family via internet or phone. The cost of living including access to services, activities, etc can be very high. Additionally, many of the houses have poor heating/insulation, and this can be very expensive to rectify. People with mental health conditions often prefer to leave the crowded cities and rent in more isolated/less crowded areas, but the serious lack of services and/or the difficulties in accessing services can have a negative impact on their health and wellbeing. The trend of young people leaving then coming back in their 40s now appears to be changing. There are cheap houses in Fingal – this can attract young families, but they often do not know what they are getting in to as far as the isolation, lack of services/facilities, jobs, education options, etc. Also, many isolated people tend to watch TV as their main form of entertainment, however there is limited access to educative television stations, such as SBS channels, with some areas only being able to access SBS and other educative stations through purchasing satellite dishes – and this is too expensive for many households.

The new Polytechnic is offering a way of retaining the young people and their families in the area, reducing the rate of young people leaving the area for education. However, many who do stay tend to suffer from

depression and anxiety as there are limited jobs and some find they still need to leave once they are trained to obtain employment in their chosen field. The trade training centres need to focus on offering training in sectors that will offer employment in the area, such as aged/disability care. Despite the aged care/disability sector being a field in which jobs are available in the Break O'Day, people may be reluctant to take up training for these positions due to the pay conditions for childcare, disability and aged care workers. Also, there are many opportunities to create employment based on tourism activities utilising our natural environment and history (convict history, etc) - adventure tourism could work well, especially in the Fingal Valley.

Diet is a matter of concern for the Break O'Day. There are remote small townships/areas that have no outlet to purchase fresh food within the township (Mathinna, Upper Esk, Ansons Bay, Weldborough, etc), some of which are more than 30km from the closest supermarket. Transport and affordability is a concern for many residents, with many only choosing to/able to shop weekly or fortnightly – fresh food will be impossible to retain for that long. Also, access to information and understanding of nutrition is concerning – a lot of people do not know how to cook, and they fall back on the easy and cheaper options, such as frozen meat pies and pizza. It has been suggested local people could be trained (such as the Food patch program and community kitchens) to help improve diet and information among locals - this is cheaper than providing a dietician visiting service. Also, there are Apps available with which a person can check their shopping basket - a barcode is scanned and it provides easy to read/understand information on nutrition. However, it is important to complement this with a dietician or a volunteer trained in nutrition.

The lack of public transport is problematic for the frail-aged and disabled. They can have difficulty getting groceries home from the shops, particularly if carrying their shopping home on foot to the outer boundaries of the townships. Older people have been observed making multiple lengthy trips home from a shop carrying only one or two items at a time. A local aged/disability service provider apparently runs out of funds to drive people to shops rather early in the financial year. If people cannot access fresh food regularly due to the effort or cost to obtain it, they are either eating processed long-life food, or are keeping the 'fresh' food for lengthy periods of time.

Access to short easy walkways helps people to connect to the natural environment (which in turn promotes wellbeing) - these need to be accessible from towns. Pathways, lighting, personal safety, marked/safe crossings are just some of the range of infrastructure considerations that are currently contributing to poor health and wellbeing in the community by making exercise unattractive and access to services difficult. Also footpaths tend to have very hard surfaces such as concrete. If recycled/pelletised tyres could be used for footpaths, this would be durable and soft, and will encourage walking, reduce injury from falls and will lower impact for those with conditions such as arthritis. Exercise opportunities are impeded through poor linkages in footpaths and access to walking tracks. For example, there is an excellent walking track around Beauty Bay at St Helens, but access to this requires crossing a busy main road, and there are inadequate linkages into the town centre. Some towns have no/limited footpaths (such as Weldborough, Cornwall, etc to encourage activity for wellbeing). These problems are being considered by Break O'Day Council through the Municipal Management Plan, looking at urban design and recreation/open space strategies. However, there are many other walking tracks owned by other service providers, such as Parks and Wildlife or Forestry that people have difficulty accessing either because the linkages are not there or road access is poor.

Individuals living with a disability and their carers in rural areas do not receive the level of support that is needed. 545 (8.8%) people need assistance for core activities in Break O'Day, and 703 people (13.6%) provided unpaid assistance to a person with a disability (ABS 2011). However, there are no disability supported accommodation facilities in the Break O'Day – this is a matter that needs to be addressed urgently. If people can no longer live at home, they are forced to move away from the area, thus losing contact from their natural local supports (friends, family, GP, local businesses that understand their specific needs, etc). Aging carers/family might not have the means or ability to travel to visit a loved one in a

supported accommodation facility outside the municipality. The impact on the whole person needs to be considered before moving them to a facility outside their local/familiar area.

The population in the coastal townships swell significantly in the summer months, due to the high number of holiday makers and tourists. Break O'Day has a high number of houses that are second homes for holiday makers who normally reside outside the municipality, and this is reflected in the number of unoccupied private dwellings at 38.3% (compared to Tasmania at 14.4%) (ABS 2011). This has its own unique challenges in the provision of infrastructure and services to meet the needs of the visiting populations as well as the ongoing needs of the permanent population. Lack of access to services can also affect holiday-makers visiting the East Coast (for example, lack of renal care), deterring some from visiting - this impacts on the sustainability of the current population, which is dependent on tourism-based employment.

There have been many calls for a community gym in the municipality as well as a public access swimming pool. The school pools allow a degree of public access, but this does not provide the level of access required. For example, users need to purchase a seasonal ticket rather a day use ticket (too expensive for some users). There is also a need for day-time access and year round access so users can maintain health, fitness and wellbeing programs – eg water aerobics. People of all ages (especially the elderly and children) would greatly benefit in health if they could have regular access to a pool. A hydrotherapy pool and public access pool is needed within the Break O'Day, particularly considering the aging population and the prevalence of asthma, arthritis and depression – all of which will benefit from a pool and pool-based activities.

Communication, education and engagement

Some of the biggest challenges is communicating to people about what services and supports are available, educating them on health and wellbeing matters, and engaging them in managing their own health needs. Communication between service providers can also be a challenge.

Due to the isolation and access challenges of the Break O'Day area, it may be more functional and affordable to provide technology-assisted services for health care. However, consideration needs to be given of the aging population and their familiarity with technology. There is a culture of expecting direct contact with doctors and specialists, especially amongst the older generation, and they might not feel comfortable participating in tele-health. Telehealth acceptance starts with the GP's encouraging people to try this option. Currently, psychiatrists appointments are held through tele-conferencing, and many people find they are more comfortable with this, due to the anonymity this might afford (particularly considering small town gossip/confidentiality breaches). Additionally, the Healthy House is encouraging groups, such as the Get Active groups to use Apps for their phones. However, Telstra infrastructure is an issue in this area, as there are problems with connectivity (many people live out of mobile phone range) and those who are not experienced with this technology need simple, easy to use phones and systems.

Many people in the Break O'Day have limited experience and knowledge in managing their own health needs and dealing with a somewhat complex system. Often if a person has a partner, they will 'drag them along' and speak on their behalf. However, given that Break O'Day has a high number of lone-person households and also many older persons, there are many who do not have an advocate to support them through this process. A person spends 10 minutes with a GP, receives a referral, but there are no checks that the person actually follows up on obtaining the referred services. One solution could be a "hand-holding" program involving a support person who will talk to an individual following a GP consultation and help to follow up on making appointments or obtaining the services/equipment suggested. For example, the support person would take the individual around to the Healthy House and make bookings, or will ensure they will follow-up by going to the pharmacy to collect their medication. Some people need support to actually physically go and do these things. This is particularly important for those who are developing chronic illness, but still feel healthy and do not yet feel the need to partake in a potentially lengthy/time-

consuming and confusing process. There is a need to focus on empowerment models rather than treatment models. The "Get the Most Out of Life" program is excellent – it helps to normalise a person's experiences and provides advanced care planning and goal setting.

A "hand-holding" program could extend to other practical measures, such as helping people access digital TV, understand mobile phones, learn to use Skype and social networking/emails, etc. Whilst the Digital Hub offers training and information on technology use, there are people who have no means to access these mentors and services. There is a need for technology/service providers to go around into people's homes and mentor them (perhaps young people to mentor older people) – this would be particularly important for full-time carers and people with a disability or those with a mental health condition who struggles to get out into the community.

Additionally, many people are simply not aware of the assistance they can receive. This includes pensioner discounts on telephone landlines, heating allowance, and spectacle assistance scheme. There needs to be better information dissemination in a format that people can easily access (including those who do not get out and about). All forms of local media needs to be utilised to promote what is available – council newsletters, school newsletters, local newspapers (Valley Voice, Fingal Focus, Coastal Column), local radio, etc. Information provision also includes practical money-saving projects, such as grey water information which helps with the affordability of growing vegetables (considering the rising costs of water which is a deterrent for people to grow their own food).

Different communities need different strategies to promote health and wellbeing events or services. In some smaller communities, simply telling one key person gets the message to the whole community, others requires multiply forms of communication. Networking through verbal communication, such as word of mouth tends to work well throughout Break O'Day – for example, 20% of attendees to events organised by Health House report see events advertised by flyers, but 80% hear about it (by radio or word-of-mouth).

There is also the challenge of communicating to and engaging certain groups, such as men. There are some good programs being run around the state, having meetings in pubs (Bubs and Pubs program), and there has been an attempt to do the same in Break O'Day. A successful men's health session was held last year at a hardware store in St Helens. Local sporting clubs are essential preventative health outlets for men, as they provide socialisation opportunities, fitness, as well as potential venues to run men's health sessions. Role models (eg retired sports people) could be used to promote walking, gardening, etc as well as promoting access to services to target groups.

Another group that needs programs tailored to support them are those suffering from depression – the symptoms of depression itself are some of the challenges in accessing these individuals, as many do not go outside their homes or attend events that can support them. The Friendship program run through the Healthy House provides an opportunity to offer some social support to those who tend to be housebound – this could lead to individuals feeling more able to participate in organised events/programs. A significant number of people are on anti-depressant medication in the St Marys area – and there are questions as to whether this is a reflection of whether there are no alternate activities/programs that could aid recovery from depression (counsellors, worthwhile employment/volunteer work, social programs, etc). The beautiful environment in Break O'day attracts retirees and sea/tree-changers. Many are very talented, skilled people and should be happy and functioning, however a significant number suffer depression, as they find there are limited opportunities to use their skills or access activities that keep them suitably active (mind or body) in the area.

Wait lists to see doctors and services are contributing to poor health for many individuals. It can take several weeks to obtain an appointment with a doctor and then individuals might need to wait in the waiting room for two hours – people tend to give up, particularly in the early stages of developing a preventable chronic condition (whilst they are still feeling relatively ok). The high number of elderly people living in the area, impacts on the availability of doctors appointments which are taken up with age-

related maintenance visits, such as repeat prescriptions – things that could be dealt with by a GP-assistant-practitioner. People suffer from anxiety whilst on waiting lists for services (such as bowel screening) – follow-ups can be lengthy and this can create anxiety whilst waiting for assessments/testing and results.

Despite there being quarterly networking meetings coordinated through Healthy House, many service providers do not know what other services are available in the area or how to contact them. Outreach workers often do not know how to access clients when they start providing a new service to the area and find it challenging to understand the culture, networks, and local knowledge as well as being accepted (if the worker is not a local) and understanding the dynamics of confidentiality and local gossip. Also, when a new service is provided, people might feel uncomfortable or reluctant to try the new service, such as social workers.

Also, communication between providers is essential for service planning. Care planning is not happening here on the East Coast (need a registered nurse to be employed to do this). This can include doctors being aware that a patient admitted to hospital might require prescribing nicotine patches (as smoking is no longer permitted on hospital grounds). It has been suggested that GPs might be missing half those with chronic illnesses (such as diabetes) to pass on invitations to participate in programs that are being run in the area, as there is no list which would enable them connect with all residents with a specific condition. There is also inadequate research and statistics of where individuals with certain conditions (such as asthma or diabetes) are located so that programs can be arranged and presented in targeted locations. Medicare Local needs to work better together and communication needs to be improved – to access anything through Medicare Local requires a GP referral, but it can take several weeks to obtain an appointment with a doctor. A streamlined process needs to be developed for referrals to other services.

There are poor linkages of programs, and many GP's might not even know what services they can refer to, especially the programs that are not directly seen as a health service, such as social dancing programs for those at risk of falls (even if those programs were available locally). A functional, up-to-date operational directory needs to be developed which not only lists the services available, but also outlines referral processes, approximate wait-list times, frequency of visiting/outreach services, etc – this would aid integrated service provision. Also, services should be required to be 'called into account' for what they are providing and whether they are achieving the planned service development – perhaps an outside body, such as councils could call all health services to account twice a year, so they can demonstrate to the public how they are working to improve health services in the area.

There is inadequate communication and connecting between groups – for example, for a while, a toenail clinic visiting the area did not have clients utilising their service, whilst a similar service was overwhelmed by clients. Better communication and coordination of services would result in people having more timely access to services. The GP Clinic and the Healthy House are the two main hubs to disseminate information to individuals in the St Helens area. As an aside (to demonstrate poor communication), the Healthy House was only made aware of this inquiry through a third party, yet they are a prime example of an organisation that directly provides preventative health services/measures in Break O'Day.

Summary

Break O'Day municipality has a unique set of demographic, cultural, geographical and economic attributes contributing to the social determinants of health. These must be considered for any preventative health care measures including the timing, coordination, integration, and location of all service provision. Additionally, planning for and construction of infrastructure (from roads and footpaths through to telecommunications) has a huge impact on the social determinants of health of the residents of Break O'Day. Promoting the availability of services and events, ensuring affordability is considered, and engaging marginalised residents are further challenges that must be overcome to ensure residents of Break O'Day are receiving the best possible health outcomes.