

2013

Preventative Health Care Submission to Joint Select Committee Parliament of Tasmania

Submission on behalf of Bethlehem House
Inc.

Based on the experience at Bethlehem House, men that have experienced
homelessness have a life expectancy of only 47.49 years.

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TERMS OF REFERENCE

PREVENTATIVE HEALTH CARE

To inquire into and report upon —

- (1) The current impact of inequalities in the major social determinants of health on the health outcomes, including mental health outcomes of Tasmanians and including current evidence describing social gradients in health, and the capacity for health and community services to meet the needs of populations adversely affected by the social determinants of health;
 - (2) The need for an integrated and collaborative preventative health care model which focuses on the prevention, early detection and early intervention for chronic disease;
 - (3) The need for structural and economic reform that promotes the integration of a preventative approach to health and wellbeing, including the consideration of funding models;
 - (4) The extent to which experience and expertise in the social determinants of health is appropriately represented on whole of government committees or advisory groups;
 - (5) The level of government and other funding for research addressing social determinants of health;
- Any other matter incidental thereto.



Abstract

The Parliament of Tasmania enquiry into the preventative Health enquiry is an opportunity to highlight the plight of the homeless male in our community.

Based on the records of the 41 recent clients at Bethlehem House who had died in the period 1998 to 2011, the average mortality age was just 47.49 years. Being homeless detracts from a person's ability to alter the daily conditions of living that influences their long-term health outcomes.

There is a need to assist the homeless male to improve their health and wellbeing and reduce the cost of poor health.



History of Bethlehem House

In 1972, the St Vincent de Paul Society purchased a Guest House at 56 Warwick Street to convert into an overnight shelter for homeless men and named it Bethlehem House. At that time the doors were opened at 5.00 pm each night, guests were given a towel and pyjama's on entry and required to leave the House by 8.00 am the next morning. One year later the founding members recognised that was uncompassionate to expect homeless men to wander the streets during the day; it became a 24-hour service, operated by a pool of volunteers.

This occurred 4 decades ago and many things have happened and changed over that time. At one period in history, up to 50 men were accommodated in dormitory type rooms.

Bethlehem House is proud that it has operated continuously 24 hours every day of the year for many years now. 24-hour operation is a unique feature of our service as men's homeless shelters nation-wide have largely stayed with the traditional 5 pm to 8 am entry routine with no surety of accommodation night to night.

40 years on we are now a stand-alone incorporated organisation that is mostly funded via DHHS Housing Tasmania services.

Bethlehem House Today

- Provides 29 beds plus 1 overnight emergency bed at the House. This includes the availability of 12 beds for men experiencing an episode of homelessness provided under the Specialist Homeless Services Program (SHS) for crisis accommodation up to 6 weeks. The other beds are for mostly men for whom semi supported accommodation is the best mid to longer-term option.
- One x 3 bedroom share house adjacent to Bethlehem House called Hallam House. Hallam House offers a 'step in between' accommodation in the main house and further step forward into either transitional or independent accommodation.
- 4 x 1 bedroom units in Hobart suburbs. This accommodation may be transitional and for men who are able to live independently with outreach support from the House, Mental Health services and / or other supporting agencies.
- Rents from Housing Tasmania 2 x 2 bedroom properties (we currently have a single father and his children in one of these).
- Provides meals, laundry and shower facilities and other support services to single men in need.



- Has a strong emphasis on consumer participation in the day-to-day planning and operations of the service.

Casual clients and non-residents, men over the age of 20, may access the House from Monday to Friday between the hours of 7.30 am – 9.30 am and 3.00 pm – 5.30 pm.

A number of casual clients utilize our service for breakfast and evening meals, showers and laundry. Non-residents have access to the lounge rooms, courtyard, laundry and dining areas of the house. There are toilets and showers available to non-residents and they are also supported through the generous donation of toiletry bags donated by the Catholic Women's League and care packs donated by St Vincent de Paul and Mornington Community Church.

All clients who access the service generally have complex support needs. There are a range of attending complexities that lead to homelessness, some of these include physical and mental health issues, alcohol and other drug abuse, mild intellectual disability or acquired brain injury, history of grief, trauma and loss, previous incarceration in the criminal justice system and estrangement from family and social connectedness.



Introduction

Bethlehem House welcomes the Parliament of Tasmania establishment of a Joint Select Committee inquiry into Preventative Health Care.

The launch of the “a healthy Tasmania” report states *“Many aspects of the health of Tasmanians do not equate favourably with the whole of Australia. Overall health of the population falls below the national average in a number of important health and lifestyle measures.”ⁱ*

Minister for Health Hon M O’Byrne, in her introduction to the report said *“When we take action to be healthy, we improve our life choices and our life chances.”*

“In just a decade, Tasmania’s reputation as a place to live, work, visit and play has improved dramatically. We now need to do the same with our health and wellbeing outcomes. We want a healthier and stronger Tasmania. We want to see all Tasmanians live well. That means taking action.”ⁱⁱ

“Encouraging Place-Based Approaches – so that we can mobilise the strengths of communities to help them overcome the barriers Tasmanians face to living well.”ⁱⁱⁱ

We believe that the creation of an integrated Preventative Health Care Plan will be an important step in the ongoing efforts to improve the lives and life choices of Tasmanian homeless.

In its role as the only adult male homelessness intervention centre in the south of the state, Bethlehem House brings to the Joint Committee’s attention the inequality of the homeless to participate in the necessary opportunities, capabilities and resources to enable them to contribute to and share in their communities and society at large to learn, work, access services, connect with people and their communities, and have a voice in decisions that affect them. At the moment, however, this vision is out of reach for many a Tasmanian homeless person. Tasmanian homeless men are disproportionately at risk of social, health, economic and political exclusion, with higher levels of disability, a high rate of single parenthood, at risk of having experienced or perpetrated domestic violence and sexual assault, a higher proportion of those in low income and in casual and vulnerable employment.

Bethlehem House in October 2012 invited a community health nurse to start a regular visit to the house to assist the residents to identify and seek help with their health related issues. Although this is in its infancy this service has started to have a positive effect on the health of a number of residents. Bethlehem House has also set up a relationship with a local General Practice doctor who is willing and able to undertake comprehensive health checks with our clients and takes the time to fully examine the health history of the client.

To overcome the social exclusion of many homeless Tasmanians, the Tasmanian Government can work to ensure that all government policies, services and programs contribute positively to the safety, health, inclusion and participation of homeless in our community.



Social Determinants

The Tasmanian Council of Social Services Inc. research document^{iv} defines the social determinants as:

The Tasmanian Story

.... we present ten social determinants of health relevant to Tasmanians:

- 1. Aboriginality*
- 2. Education & literacy*
- 3. Food*
- 4. Health & social services' system*
- 5. Housing*
- 6. Poverty*
- 7. Sex, sexuality & gender identity*
- 8. Social exclusion*
- 9. Transport*
- 10. Work.*

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

In this presentation the above ten social determinants are addressed as we discuss the issues that lay before the Joint Committee for deliberation.

Similarly the work of Abraham Maslow an American psychologist who is known for creating Maslow's hierarchy of needs, a theory of psychological health predicated on fulfilling innate human needs in priority, culminating in self-actualization.

Maslow sees the necessities of human existence as being the provision of fundamental needs covering the similar primary health determinants that humans cannot survive without.

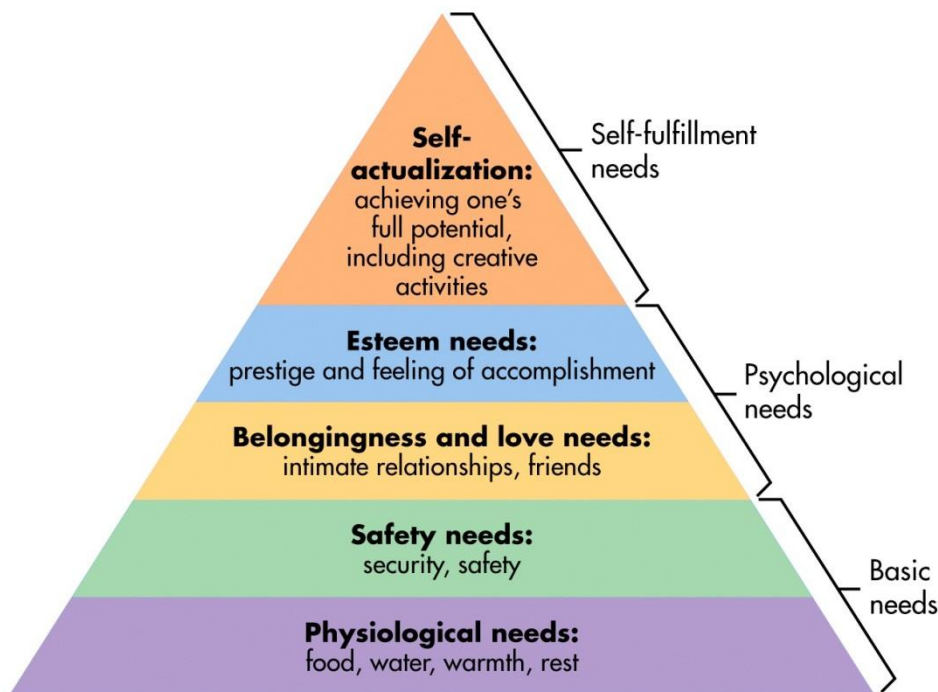


Table 1 Maslow Hierarchy of needs

What Is Homelessness?

For the purposes of the Australian Census, homelessness is defined as:

- *Primary homelessness, which includes all people without conventional accommodation, such as people living on the streets, sleeping in parks, squatting in derelict buildings, or using cars or railway carriages for temporary shelter.*
- *Secondary homelessness includes people who move frequently from one form of temporary shelter to another. On census night, it includes all people staying in emergency or transitional accommodation provided under the Supported Accommodation Assistance Program (SAAP). Secondary homelessness also includes people residing temporarily with other households because they have no accommodation of their own and people staying in boarding houses on a short-term basis, operationally defined as 12 weeks or less.*
- *Tertiary homelessness refers to people who live in boarding houses on a medium to long-term basis, operationally defined as 13 weeks or longer. They are homeless because their accommodation situation is below the minimum community standard of a small self-contained flat.^v*



Homelessness Facts

The Australian Bureau of Statistic census data from the 2011 count shows that 105,237 Australians were homeless on census night, up 17 per cent on the 2006 figure. 60 per cent of the homeless, identified in the ABS census were aged less than 35 years.

Tasmanians homeless on the census night 2011 was counted as 1,579, a rate of 32 persons for every 10,000 persons enumerated, compared to 1,145 or 24 persons in 2006. This represents an increase of 38 per cent compared to the national average of 17 per cent over the five year period.

The Greater Hobart Homelessness Survey, a joint initiative of Common Ground Tasmania and the Salvation Army was undertaken between November 2011 and November 2012. ^{vi} Below are tables of results from the survey from the Common Ground Tasmania website showing the level of vulnerability and the rate risk factors for those surveyed:

Gender	Vulnerable	Not Vulnerable	Total
Male	78	35	113
Female	28	8	36
Total	106	43	149
Percentage	71%	29%	100%

Table 2 Gender Vulnerable index

Risk Factor	Number	Per cent
Tri-morbid	80	75%
3 x ER or Hospital last year	44	42%
3 x ER last 3 months	22	21%
> 60 years old	8	8%
HIV + / AIDS	1	1%
Liver Disease	41	39%
Kidney Disease	5	5%
Cold/Wet Weather Injury	16	15%
Total Vulnerable	106	100%

Table 3 Survey risk factor

This was a limited survey of the homeless people restricted to the greater Hobart area, compared to the latest released figures from the Australian Bureau of Statistic 2011 census data which counted 831 persons in the Hobart and South East region.



Reasons for seeking assistance, by homeless clients (first reported) at the beginning of their first support period, 2011–12, adjusted for non-response (extract) ^{vii}

Health	Mental health issues	262	157	419	18.9
	Medical issues	115	72	187	8.4
	Problematic drug or substance use	174	75	248	11.2
	Problematic alcohol use	112	36	148	6.7

Table 4 ABS Reason for seeking

Both tables clearly show that the health of the homeless in Tasmania have poor health indicators which are driven by the marginalization homelessness of this cohort.



Social Determinants for homeless males

Aboriginality

In the Specialist Homelessness Services Collection annual report 2011 -12, Table Tas2.2: All clients by indigenous status and age and sex, 2011–12, adjusted for non-response found that the Aboriginal or Torres Strait Islander people were, however, over-represented relative to their population size—19% of Tasmanian service users identified as Indigenous compared with 4% of Tasmanians population.

Over the last eighteen months 311 males have presented to Bethlehem House for assistance and of which twenty nine (29) identified as being Aboriginal and or Torres Islander, a rate of 9.3% of this population being twice the rate for the whole of Tasmania population.

Education & literacy

TasCOSS^{viii} on their website document on Social Determinants of Health highlights the impact of education and literacy on individual's health as:

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

Education indirectly impacts on health in a number of ways:

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

The Australian Bureau of Statistics (ABS) in 2006 data release looked at a fifth domain in their publication on *Adult Literacy and Life Skills Survey*^{ix}

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

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



They further explain how they ^xhave determined this:

“As a by-product of the above domains, a fifth domain measuring health literacy was produced. Health literacy is defined as the knowledge and skills required to understand and use information relating to health issues such as drugs and alcohol, disease prevention and treatment, safety and accident prevention, first aid, emergencies, and staying healthy.”

The Tasmania Together 2020 Individuals and Wellbeing^{xi} report show in their table Standard 3.1 shows:

Adult literacy Functional literacy is important for self-development and effective engagement in community life.	3.1.4 Proportion of persons (15-74) who are considered to be functionally literate <i>Source: Aspects of Literacy: Assessed Skill Levels, Australia (ABS 4228.0.55.004)</i>		
	Baseline	Latest Data*	Targets
	1996: 1. Prose literacy 51.7% 2. Document literacy 46.7% 2006: 3. Health literacy levels 3/4/5 36.6%	2006: 1. Prose literacy 51.0% 2. Document literacy 49.3% 3. Online baseline data available	2010: 53.5% 2015: 2.5 percentage point increase on 2010 result 2020: 2.5 percentage point increase on 2015 result

Table 5 Tasmania Together literacy levels

There is no more up to date figure available on the Health Literacy level since last report in 2006, based on the small variance in the prose and document literacy levels it could be inferred that the level of health literacy in Tasmania would not have significantly increased above the 2006 levels. The 2008 ABS reported that the Australian average for the same health literacy levels 3/4/5 was closer to 47% almost 30% higher than that recorded for Tasmania. Similarly the both the prose and document literacy levels in Tasmania are 20% below the national averages.

Although level of education is not a statistic captured on entry to Bethlehem House, a review of current residents show out of the thirty seven engaged, one holds a post-graduate qualification; less than seven hold post-secondary qualifications and the majority of the remainder left school at year ten and several did not complete a secondary school education

Food

Based on information received from sources including Loui's Van; current residents and ex-residents of Bethlehem House, fruit and vegetables are very low on the priority list of food items for person's living rough.

The World Health Organisation (WHO) notes on their website^{xii} that:

- *Approximately 1.7 million (2.8%) of deaths worldwide are attributable to low fruit and vegetable consumption.*
- *Low fruit and vegetable intake is among the top 10 selected risk factors for global mortality.*



- *Worldwide, insufficient intake of fruit and vegetables is estimated to cause around 14% of gastrointestinal cancer deaths, about 11% of ischemic heart disease deaths and about 9% of stroke deaths.*

The revised Tasmania Together report shows as part of their reporting to the State of Tasmania includes under its health section a report on the healthy eating choices of the population.

Standard 4.2 Promote and support healthy lifestyle choices ^{xiii}

Healthy eating Good nutrition should lead to better health.	4.2.3 Proportion of Tasmanians over 18 who eat at least two serves of fruit and five serves of vegetables a day <i>Source: National Health Survey (ABS 4362.0)</i>		
	Baseline 2001: 1. Fruit (2 or more serves) 50.6% 2. Vegetables (5 or more serves): 20.6%	Latest Data* 2007 – 08: 1. Fruit (2 or more serves) 48.4% 2. Vegetables (5 or more serves): 21.2%	Targets 1. Fruit 2005: 55% 2010: 60% 2. Vegetables 2005: 25% 2010: 30% Both measures 2015: 5 percentage point increase on 2010 result 2020: 5 percentage point increase on 2015 result

Table 6 Tasmania Together healthy lifestyle

WHO further notes that the cornerstone of good health is a well balance diet combined with regular physical exercise. Thus the corollary is poor nutrition can lead to increased susceptibility to disease, reduced immune systems and impair both physical and mental health. Major health risk includes cardiovascular diseases; cancers; diabetes and other obesity linked illnesses.

Health & social services' system

“The top five causes of death in Tasmania during the period 2001 to 2005 were:

- *Cancer (28.8% of all deaths)*
- *Ischaemic heart disease (18.5% of all deaths)*
- *Cerebrovascular diseases (7.8% of all deaths)*
- *Injury and poisoning (6.4% of all deaths)*
- *Chronic respiratory disease (5.5% of all deaths).*

Tasmania’s mortality rates were significantly higher for 9 of the 10 top causes of mortality than the Australian mortality rates in 2005. These include cancer (16% higher), diabetes mellitus (81% higher), ischaemic heart disease (8% higher), injury and poisoning



(37% higher), chronic lower respiratory disease (29% higher) and other forms of heart disease (35% higher). Tasmania's age-standardised mortality rate for cerebrovascular disease was lower than the national rate by 16%. Mortality rates per 100,000 population are shown in the chart below".^{xiv}

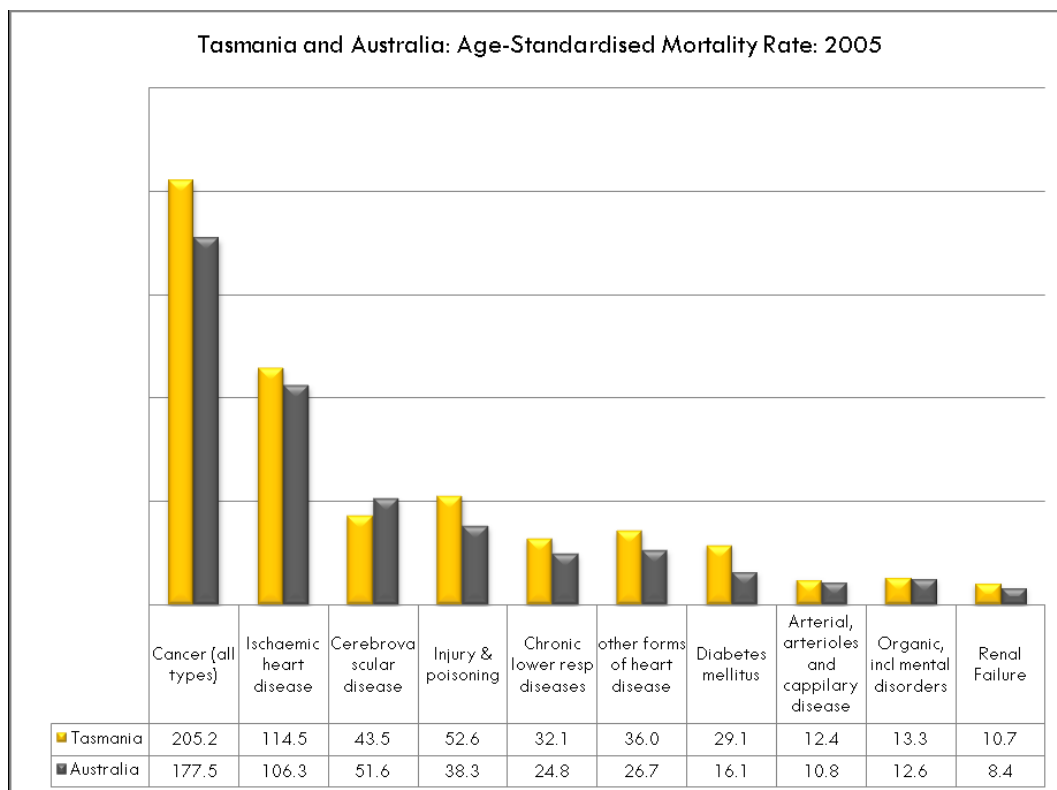


Table 7 Cancer mortality rates

During the period 1998 through to 2011 forty one past residents of Bethlehem House were recorded as having died leading to an average at death of only **47.49** years old. (See Table below)

This statistic clearly demonstrates that those males who have experienced homeless have a significant risk of dying younger than both the state average of 77.4 years for Tasmanian males or compared to Tasmanian Aboriginal and Torres Islander males at 67.2 years old.

More damning is when this average age of mortality is compared to the statistical information collected and reported through the United Nations Department of Economic and Social Affairs/Population Division World Mortality Report 2009. (See table below). When comparing the mortality age for Bethlehem House ex-residents the death age is significantly below all regional averages.

According to the CIA website^{xv} the life expectancy for males in Somalia is 48.86 and for a male Afghanistan it is estimated to 48.4 years old!



Bethlehem House recorded deceased males 2002 to 2010

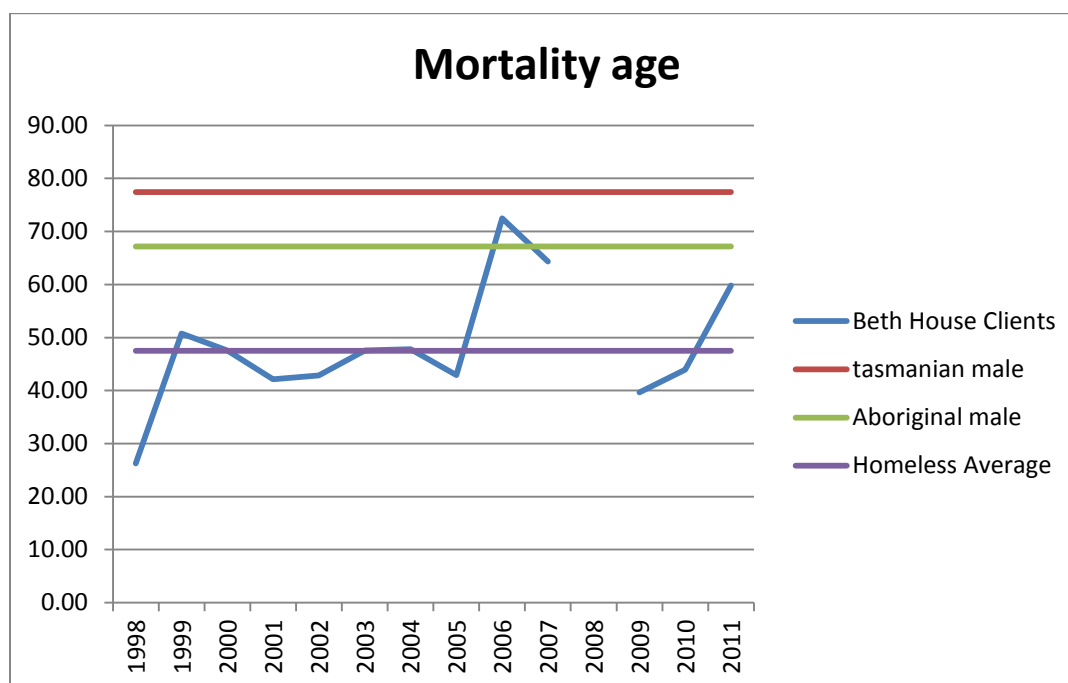


Table 8 Bethlehem House mortality

Life expectancy at birth by sex, by development group and major area, 2005-10^{xvi}

(male)	
World	65.4
More developed regions	73.6
Less developed regions	63.9
Least developed countries	54.7
Other less developed countries	66.0
Africa	52.9
Asia	67.1
Europe	71.1
Latin America and the Caribbean	70.2
Northern America	77.0
Oceania	74.1

Table 9 UN world mortality report



Housing

TasCOSS in their document about the Social Determinants of Health point out that those who do not have adequate housing may:

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

As noted in the introduction Bethlehem House is a crisis accommodation service for males based in Hobart, as such all of our clients are clearly disadvantaged in the area of adequate accommodation.

During the 2012 calendar year, of the over three hundred men that came to Bethlehem House for assistance, approximately two out of three had not had a permanent address in the last month.

Poverty

The Melbourne Institute of Applied Economic and Social Research^{xvii} has updated the poverty line for Australia to the June quarter 2012. Inclusive of housing costs, the poverty line is \$474.20 per week for a single person. All current clients of Bethlehem House fall below this poverty line figure with approximately 39.47% earning a maximum under the Disability Support Pension which is only \$447.80 per week including maximum rent assistance, the remainder of the clients are below this weekly income figure.

As TasCOSS observed in their review on the Social Determinants of Health,

“People living on low incomes:

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



Whilst engaged with the Bethlehem House services, clients are encouraged to work with their health challenges like smoking; improving their eating habits and food quality; level of physical activities; oral health and gaining access to a General Practice doctor for a full health check. Bethlehem House has recently, working in partnership with DHHS Southern Tasmania Primary Health Service, has introduced a visiting Community Health nurse to conduct primary health assessments and to assist clients with better understanding of health related issues. Through this partnership men have had their blood levels checked for diabetes and blood pressure tests with advice on healthy levels and recommended corrective action to reduce early onset of fatal disease.

Where appropriate, clients are also encouraged to engage in reduction / abstinence from illicit drugs and or alcohol during the connection with Bethlehem House.

Sex, sexuality & gender identity

To access Bethlehem House services you have to be a male over the age of twenty. The individuals sexuality and gender identity is not part of the assessment, it is not an inherent requirement to access support, so men do not generally disclose or discuss their sexuality or gender identity.

Social exclusion

The term 'Social Exclusion' appears to originate in Europe and was primarily related to the physical or spatial exclusion of an individual or community isolated by geographical location or barriers.

In the Department of Justice "Corrective Services Breaking the Cycle – Tasmanian Corrections Plan (2010-2020)" Background Paper they comment on social exclusion:^{xviii}

"Although there is some disagreement about the exact meaning of the term and Australia has been slow to adopt policies based on its principles in comparison to other countries, social exclusion can be most aptly defined as:

"a complex and multi-dimensional process [that] involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole²²."

Hence, social exclusion incorporates more than just income poverty, and can happen when people or areas experience a combination of linked problems such as unemployment, lack of knowledge and skills,



low incomes, poor housing, and family breakdown. Whilst the combination of problems may vary, they are typically long standing - beginning in childhood, mutually reinforcing and unlikely to be resolved by services working in isolation.

Although offenders form a distinct subset of the socially excluded they also share much in common with the chronically excluded. These include:

- Behaviour and impulse control difficulties
- Difficulty forming and sustaining relationships
- Skills deficits
- History of institutionalization and abuse
- Poor housing/homelessness
- Poor physical and mental health
- Limited economic and employment prospects.”

The above seven dot points similarly do equally apply to homeless persons. Bethlehem House clients present with some or most case the full range of the above social exclusion factors.

The below table shows, the primary reason for presenting seeking accommodation support at Bethlehem House for the 313 clients that presented in the 2012 calendar year.

	Year 2012
Difficulty forming and sustaining relationships	13.8%
History of institutionalization and abuse	0.3%
Poor housing/homelessness	59.1%
Poor physical and mental health	4.9%
Limited economic and employment prospects	14.4%

Table 10 Bethlehem House primary presentation reason

The absolute majority of clients seeking accommodation presented as a result of factors which are clear social exclusion factors.

Transport

Bethlehem House as at census date had twenty eight residents of whom only two had their own motor vehicle. Residents that do not have their own vehicles are reliant on public transport, by foot, or dependent on Bethlehem House providing transport.



Work

An extract from the Australian Bureau of Statistics 2011 Census of Population and Housing:
Estimating homelessness

	Persons in supported accommodation for the homeless	Per cent
Labour force status		
In the labour force	3,797	22.99%
Employed, worked full-time	856	5.18%
Employed, worked part-time	979	5.93%
Employed, away from work	236	1.43%
Unemployed	1,726	10.45%
Not in the Labour force	7,705	46.64%
Not stated	3,291	19.92%
	16,519	

Table 11 ABS Homeless Employment rate

Bethlehem House currently has thirty seven assisted residential clients of whom only two are engaged in some form of paid employment. One works as a casual fruit picker and work has been very spasmodic over the last three months and the other resident works as a casual in a gardening centre and averages only twelve hours of paid work per week.

Over the last six months, 43.4% of Bethlehem House residents have been on the Newstart Allowance. *“To keep getting Newstart Allowance, you need to participate in activities that will increase your chances of finding work. This is called meeting the activity-test requirements. The activity-test requirements usually mean you need to apply for jobs; to train or study; or to work part time.”^{xix}*



Conclusion

Over the forty years Bethlehem House has been operating it has been focused on the plight of the homeless male, providing the basic necessities of life, shelter, food and comfort.

Bethlehem House has commenced, in a limited way, to try and help reduce the rate of premature death of homeless males through the introduction of some primary health support for the homeless males that seek assistance from the centre.

This is a small step that which, we hope, can and will make a difference of the health outcomes of the current and future homeless males in Tasmania.

Bethlehem House seeks to become an organisation that is placed to help develop health and wellbeing programs for males, both homeless and those at risk of being homeless.



References

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