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Submission to

***Joint Select Committee Inquiry:
Preventative Health Care***

1 March 2013

About TasCOSS

TasCOSS is the peak body for the Tasmanian community services sector. Its membership comprises individuals and organisations active in the provision of community services to low-income, vulnerable and disadvantaged Tasmanians.

TasCOSS represents the interests of its members and their clients 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.

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Summary of Recommendations

TasCOSS recommends that the State Government:

1. Establish equitable health and wellbeing as a priority goal for the government and Tasmania as a whole.
2. Adopt the recommendations of the WHO Commission on the Social Determinants of Health within the Tasmanian context.
3. Develop a long-term plan for action on the social determinants of health to reduce health inequities.
4. Develop and support policies, strategies, programs and actions that address the social determinants of health, with clearly defined goals, activities and accountability mechanisms and with adequate resources for their implementation.
5. Provide new funding for a strategic planning process that addresses the cultural issues affecting educational participation in Tasmania, as well as examining the possibility of extending all Tasmanian high schools to Year 12 to improve Tasmanian retention rates.
6. Provide additional funding for engagement programs and alternative education programs for disengaged students in conjunction with local communities.
7. Provide funding for more support in schools for vulnerable students, including additional positions for psychologists, social workers, guidance officers, pathway planners and teachers' aides.
8. Relieve Housing Tasmania of its historical debt to the Commonwealth by spreading the debt across government in order to free up annual Commonwealth-provided funds to expand and improve public housing stock.
9. Invest in the construction of 1,400 new public and social housing properties by 2015.
10. Increase funding for Housing Tasmania's maintenance budget to bring all existing Housing Tasmania properties to a healthy and affordable condition.
11. Prioritise the provision of energy-efficiency advice, assistance and retro-fitting, across all housing tenures to those households most in need, and develop clear pathways between residential energy-efficiency programs offering advice and those offering hands-on retro-fitting to households most in need.
12. Provide additional funding to extend the *Power Savings for Tenants* energy efficiency program.
13. Create an opportunity for coordination, integration, and innovation in the passenger transport sector by funding TasCOSS's proposed facilitation project, "Transport in the Community: Integration and Innovation for Social Inclusion".
14. Increase funding for Tasmanian bus industry infrastructure and planning.

15. Increase funding for local driver mentoring programs and other measures to help low-income learner drivers.
16. Re-instate the agreed indexation formula for community sector agency grants in the 2013/14 State Budget and across the forward estimates.
17. Adopt a *Health in All Policies* approach to public policy that involves all government departments.
18. Diversify and strengthen state revenue sources, including by broadening the base of land tax to include all residential properties, with exemptions for low-income earners holding pension concession and healthcare cards.
19. Implement strategies, including the adoption of a *Health in All Policies* approach, to raise awareness of the social determinants of health across government departments, in the non-government sector and in the wider community.
20. Evaluate the health equity impacts of policies across government as an integral part of a *Health in All Policies* approach, and regularly assess the effectiveness of programs designed to reduce health inequalities through action on the social determinants of health.
21. Support and encourage research on the social determinants of health **but not at the expense of action.**

Introduction

The Tasmanian Council of Social Service (TasCOSS) welcomes the establishment of the Joint Select Committee on Preventative Health Care and for the opportunity to make a submission to the Inquiry.

In addressing the terms of reference, this submission will focus particularly on the social determinants of health – that is, the underlying social and economic factors that lead to poor health and the structural drivers of these factors. TasCOSS believes that Tasmania has much to gain from embracing this perspective in seeking to improve the health and wellbeing of the Tasmanian community.

A social determinants of health approach is particularly important for Tasmania because of the relatively poor social, economic and health status of Tasmanians compared with national averages. For example, Tasmania has:

- Higher unemployment – Tasmania 7.4%, Australia 5.4%¹
- Lower labour force participation – Tasmania 60.2%, Australia 65%²
- Lower weekly full-time adult ordinary time earnings – Tasmania \$1,196.20, Australia \$1,352.70³
- Higher levels of reliance on government pensions and benefits as primary source of income – Tasmania 32.3%, Australia 22.6%⁴
- Lower school retention rates to Year 12 – Tasmania 69.8%, Australia 79.3%⁵.

A focus on the social determinants of health provides the link between these key social and economic issues and the health and wellbeing of the community.

The World Health Organization (WHO) has led the international policy movement towards the social determinants of health perspective through the publication of

research reports and the establishment of the WHO Commission on the Social Determinants of Health in 2005.

The social determinants of health have been defined as the social and economic conditions that people enter when they are born and experience as they develop through each stage of life, as well as the systems put in place to deal with illness.⁶ The social determinants of health approach highlights the 'remarkable sensitivity of health to the social environment' and considers 'the role that public policy can play in shaping the social environment' in ways that improve health outcomes.⁷

The social determinants of health approach takes a very broad perspective on the causes of ill health and how to enhance health and wellbeing. Factors such as housing, education, transport, income, work, social support, food quality and stress have all been shown to impact on people's health in critical ways. Importantly, these factors can be shaped through public policies to improve health and wellbeing.

The social determinants of health are central to the work of TasCOSS and the Tasmanian community sector. TasCOSS is working to promote positive action on the social determinants of health in Tasmania. TasCOSS is a founding member of the Social Determinants of Health Advocacy Network and, in partnership with the Australian Health Promotion Association (AHPA Tas), developed a series of ten Tasmanian action sheets (sent with this submission as an attachment). This series provides data and recommendations for action on the following key determinants in Tasmania:

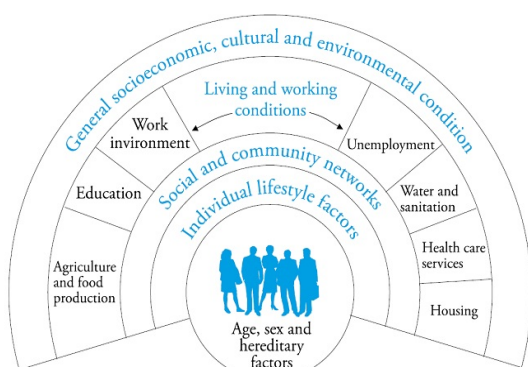
- Aboriginality
- Education and literacy
- Food
- Health and social services system
- Housing

- Poverty
- Sex, sexuality and gender identity
- Social exclusion
- Transport
- Work.

TasCOSS is also actively involved in the Tasmanian Health and Wellbeing Advisory Council through the membership of Chief Executive Tony Reidy and welcomes the Council's focus on the social determinants of health.

In addressing the Terms of Reference of this Inquiry, TasCOSS believes it is important to ensure that the term "social determinants of health" is not used interchangeably with the term "preventative health care". Preventative health care is generally understood to refer to specific programs and services designed to prevent and detect illness, disease and disability. It can include important public health programs such as immunisations and health screening programs, as well as health education and promotion campaigns. Preventative health care forms one important component of the health care system along with services to treat illness. The health care system is just one of the many Social Determinants of Health as shown in Figure 1.

Figure 1. Dahlgren and Whitehead's model of the Social Determinants of Health⁸



The importance of maintaining a high quality health system with a focus on the

prevention and treatment of illness is acknowledged. However, TasCOSS believes that if real improvements are to be made in the health status and wellbeing of Tasmanians there must be a similar focus on the social determinants of health. The Tasmanian Director of Public Health emphasised the importance of these broader factors in the most recent *State of Public Health Report* (2008). In noting the relatively poorer health status among Tasmanians compared with the national average the report stated:

*"These differences in health outcome measures are likely to be largely determined by the cumulative effect of socio-economic and demographic factors, rather than by the quality of Tasmanian hospitals and health system."*⁹

[Note that the next *State of Public Health Report* is expected to be released in coming months. We recommend that the Committee consider this Report on its release.]

The alarming growth in the costs of hospitals and the health system have been widely acknowledged. Indeed, it has been estimated that, at the current rate of growth, the health budget would consume the entire Tasmanian State Budget within 10 years if no changes are made¹⁰. Clearly this situation is unsustainable.

TasCOSS believes it is imperative that there be a major focus on improving the health and wellbeing of Tasmanians by addressing the social determinants of health. The challenge of developing this focus while maintaining the health system is considerable but represents a long-term investment to improve health and wellbeing and reduce the burden of illness and disease in Tasmania.

Economic modeling has indicated that this approach will have economic as well as social benefits. Catholic Health Australia recently commissioned a study by the National Centre for Social and Economic Modelling (NATSEM) which

estimated the economic gains as well as the improvements in health and wellbeing that would be achieved if Australia adopted the WHO recommendations on the Social Determinants of Health.¹¹ A group of non-government health organisations, the Health In All Policies Collaboration, used these figures to estimate the potential gains for Tasmania if the WHO recommendations were implemented (based on 3% of the national figures). It found that:

- 15,000 Tasmanians would avoid chronic illness
- 1,800 fewer Tasmanians would be admitted to hospital each year (saving approximately \$69 million in hospital expenditure)
- 5,100 Tasmanians would be able to enter the workforce
- \$120 million in social security payments would be saved each year.¹²

TasCOSS strongly encourages the Committee to consider long-term leadership and action needed to enhance the health and wellbeing of the Tasmanian community. We are deeply concerned that Tasmania is gaining a reputation for prematurely dismantling positive initiatives that have the potential to enhance the health of Tasmanians – such as the recent demise of the role of the Social Inclusion Commissioner.

In the following section we address each of the Terms of Reference of the Inquiry.

TasCOSS looks forward to the opportunity to make personal representation to the Preventative Health Care Committee to discuss this submission further in the near future.

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;

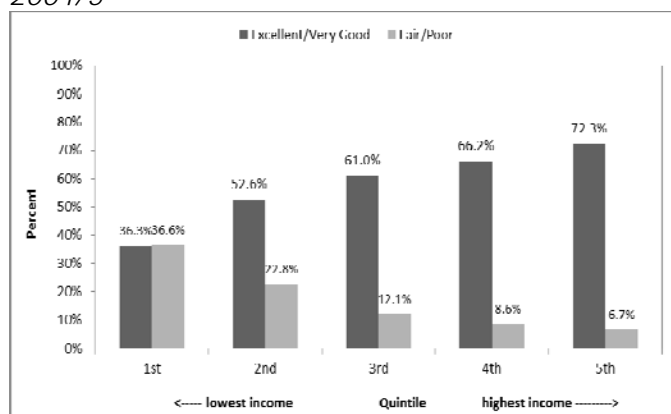
TasCOSS has responded to this term of reference in several sections, as outlined below.

1.1 Current evidence describing social gradients in health for Tasmania

The concept of social gradients in health refers to the evidence that in general, people with low socio-economic status have poorer health and shorter life expectancy than those of higher socio-economic status.¹³

The *State of Public Health Report 2008* details a range of examples where this social gradient in health is evident within the Tasmanian community.¹⁴ Figure 2, reproduced from the report, shows a strong social gradient in self-assessed health status. Based on data from the 2004/05 *National Health Survey*, individuals aged over 15 were asked to report on their own health status. This measure has been shown to be strongly associated with individuals' actual health status and likelihood of survival.¹⁵ As shown in Figure 2, for those in the lowest income group, 36.6% rated their health as fair or poor and a similar proportion (36.3%) rated their health as excellent or very good. By contrast, for those in the highest income group only 6.7% rated their health as fair or poor while 72.3% rated it as excellent or very good.¹⁶

Figure 2. Self-assessed health by household income quintile, Tasmania 2004/5¹⁷

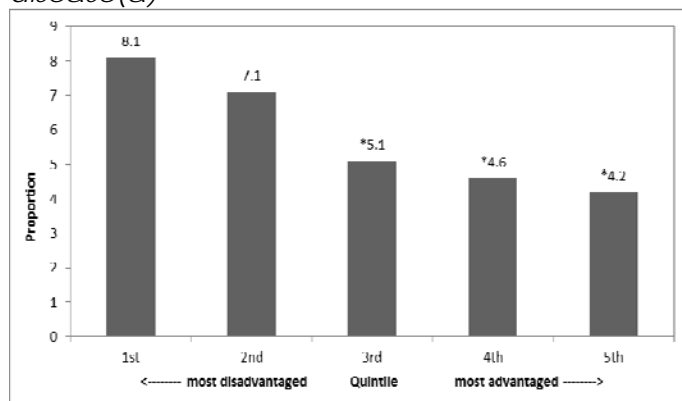


The report also noted that people in lower socio-economic groups were more likely to die from preventable causes before the age of 75 than those in the highest socio-economic group.¹⁸

More recent data from the 2011-12 Australian Bureau of Statistics (ABS) *Australian Health Survey* show similar social gradients of health for Tasmanians across a range of physical and mental health conditions.

For example, as shown in Figure 3, 8.1% of those in the most disadvantaged socio-economic group reported having heart, stroke and vascular disease compared with 4.2% in the most advantaged group.¹⁹

Figure 3. Heart, stroke and vascular disease(a)

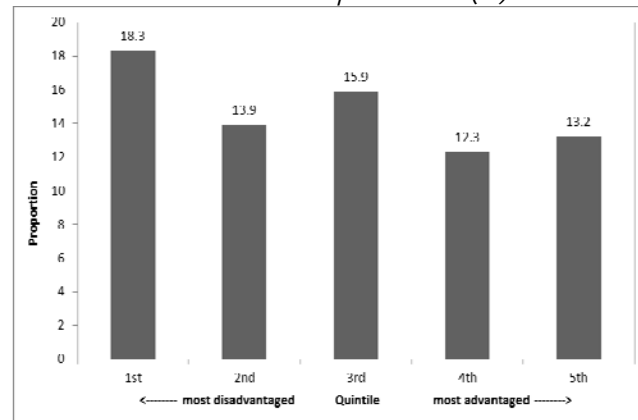


(a) Includes ischaemic heart disease, cerebrovascular disease, oedema, heart failure, and diseases of the arteries, arterioles and capillaries.

* Estimate has a relative standard error of 25 to 50% and should be used with caution.

Similarly, the rate of mental health problems also show a social gradient with 18.3% of those in the most disadvantaged socio-economic group reporting such problems compared with 13.2% of those in the most advantaged group (see Figure 4).²⁰

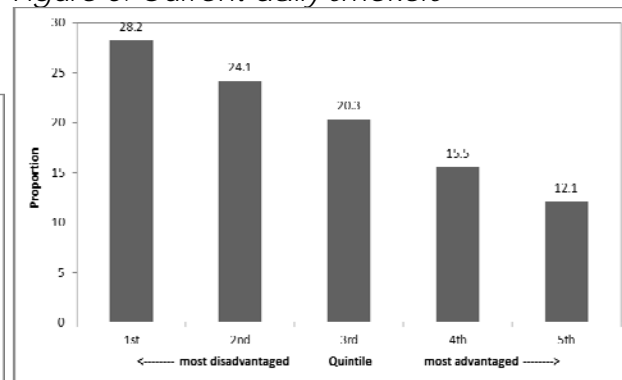
Figure 4. Proportion of persons reporting mental or behavioural problems(b)



(b) Includes organic mental problems, alcohol and drug problems, mood (affective) problems and other mental and behavioural problems.

These social gradients are also evident across behaviours such as smoking. For example, as shown in Figure 5, 28.2% of adult Tasmanians in the most disadvantaged socio-economic group reported that they were daily smokers compared with 12.1% of those in the most advantaged group.²¹

Figure 5. Current daily smokers



Simplistic approaches such as blaming individuals for making poor choices about their behaviour have been recognised as counterproductive in promoting change. Instead the social determinants of health approach considers how public policy can lead to

effective and long-term behaviour change by shaping the environment in ways that promote healthier lifestyles. For example, building public policy that supports positive early child development, education, and access to rewarding work, will contribute to lower rates of smoking and alcohol misuse. Policies to promote more active lifestyles through urban design that prioritises pedestrians, cyclists and public transport represent another example of effective interventions.

As outlined above, social gradients in health are clearly evident within the Tasmanian community. However, the relatively low socio-economic status of Tasmanians compared with the broader Australian community means that overall Tasmanians are concentrated towards the bottom of the national social gradient. For these reasons the State has a great deal to gain from policy interventions which address the social determinants of health.

1.2 Taking action to reduce inequalities

Data and research findings on the current impact of inequalities in the social determinants of health are well documented across the world, as well as within Australia and to some extent in Tasmania (some examples of which were provided in 1.1 above). Equally, a number of important plans and recommendations have been published to guide action in this area. TasCOSS urges the Committee to give consideration to these existing publications as they provide important guidance for all countries, states, territories and communities, including Tasmania.

The WHO's Commission on Social Determinants of Health report, *Closing the gap in a generation: health equity through action on the Social Determinants of Health*,²² as well as the *Rio Political Declaration on Social*

*Determinants of Health*²³ are two such worthy documents.

TasCOSS believes that the WHO Commission on the Social Determinants of Health recommendations provide a significant guide for action in Tasmania:

WHO, Closing the Gap in a Generation Recommendations²⁴

The World Health Organisation (WHO) established the Commission on Social Determinants of Health in 2005 to provide advice on how to reduce the determinants. The Commission's final report was launched in August 2008, and contained the following key recommendations:

1. Improve daily living conditions:

- Equity from the start - Investment in early years provides one of the greatest potentials to reduce health inequities
- Healthy places, healthy people - Where we live affects our health and chances of living flourishing lives
- Fair employment and decent work - Employment and working conditions have powerful effects on health equity
- Social protection throughout life - Everyone needs social protection throughout their lives, as young children, in working life, and in old age
- Universal Health Care - Access to and utilisation of health care is vital to good and equitable health.

2. Tackle the inequitable distribution of power, money, and resources:

Inequity in the conditions of daily living is shaped by deeper social structures and processes. The inequity is systematic, produced by social norms, policies and practices, and practices that tolerate or actually promote unfair distribution of and access to power, wealth and other necessary social resources.

3. Measure and understand the problem and assess the impact of action:

Action on the social determinants of health will be more effective if basic data systems, including vital registration and routine

monitoring of health inequity and the social determinants of health are put in place so that more effective policies, systems and programs can be developed. Education and training for relevant professionals is vital.

For further information visit: WHO website - http://www.who.int/social_determinants/en/

The *Rio Political Declaration on Social Determinants of Health* was adopted during the World Conference on Social Determinants of Health on 21 October 2011.²⁵ The declaration expresses global political commitment for the implementation of a social determinants of health approach to reduce health inequities and to achieve other global priorities. It aimed to help to build momentum within countries for the development of dedicated national action plans and strategies.

The *Rio Political Declaration of 2011* urged action to address the social determinants of health in five areas:

- Adopt improved governance for health and development
- Promote participation in policy-making and implementation
- Further re-orient the health sector towards promoting health and reducing health inequities
- Strengthen global governance and collaboration
- Monitor progress and increase accountability.²⁶

TasCOSS recommends that the State Government:

- Establish equitable health and wellbeing as a priority goal for the government and Tasmania as a whole
- Adopt the recommendations of the WHO Commission on the Social

Determinants of Health within the Tasmanian context

- Develop a long term plan for action on the social determinants of health to reduce health inequities
- Develop and support policies, strategies, programs and actions that address the social determinants of health, with clearly defined goals, activities and accountability mechanisms and with adequate resources for their implementation.

1.3 The impact of inequalities in major Social Determinants of Health on the health outcomes, including mental health outcomes of Tasmanians

The following information has been summarised largely from the series of action sheets referred to earlier on the social determinants of health published by TasCOSS and the Australian Health Promotion Association (Tasmanian Branch). The full action sheets are also provided with this submission as they include additional information as well as ideas for action at the individual, workplace, community and government level. These are not the only social determinants of health relevant for Tasmanians, but are among the key issues identified for the action sheet project. The data presented are not exhaustive rather provide a snapshot of the extent and impact of inequalities in some social determinants.

Aboriginality

Current impact of inequalities:

There are 19,626 Aboriginal people living in Tasmania (4% of the population).²⁷ This equates to the second-highest proportion of Aboriginal people in any Australian state or territory, after the Northern Territory.

The life expectancy at birth for Aboriginal people in Australia is much lower than for non-Aboriginal Australians. For the period 2005–2007, the life expectancy at birth was estimated to be 67 years for Aboriginal and Torres Strait Islander males and 73 years for Aboriginal and Torres Strait Islander females. In contrast, life expectancy at birth for non-Aboriginal Australians for the same period was 79 years for males and 83 years for females. That is a difference of 12 years for males and 10 years for females.²⁸

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

- suffer from ill health, disability and reduced quality of life
- smoke tobacco and drink alcohol in excess
- have poor nutrition and higher levels of obesity
- live in overcrowded and sub-standard housing
- have lower levels of education, be unemployed and live in poverty.²⁹

Not dissimilar to other jurisdictions, the following examples sourced from the Australian Health Ministers' Advisory Council's *Aboriginal and Torres Strait Islander Health Performance Framework Report 2010*, illustrate the additional burden to achieving optimum health for Aborigines in Tasmania:

- More Aboriginal people lived in overcrowded households (9%) than non-Aboriginal people (6%) in Tasmania
- Aboriginal young people were less likely to continue their secondary education: 39.7% of Aboriginal young people in Tasmania compared to 77.3% non-Aboriginal young people (Australia) continue from Year 7 to 12 schooling

- 44% of Aboriginal adults were in the lowest income quintile in Tasmania in 2008
- Aboriginal adults were 3.2 times as likely to be in prison than non-Aboriginal adults in Tasmania
- Aboriginal children were 2.6 times as likely to be in out of home care in Tasmania.³⁰

Culturally & Linguistically Diverse (CaLD) Communities

Current impact of inequalities:

Poor health in CaLD communities is primarily a result of systematic barriers. These barriers unconsciously discriminate and cause inequality for people from CaLD backgrounds. However, the biggest barriers of all are racism and stigma.

Experience of discrimination, racism and stigma can result in stress and mental health problems, as well as illnesses associated with the endocrine and cardiovascular systems, other chronic conditions, as well as premature death.³¹

Particular health problems related to isolation, inactivity and depression are likely to arise for refugees living in the community on visas that do not allow them to work.

Disability

Current impact of inequalities:

ABS figures indicate that Tasmania has one of the highest rates of disability nationally with around 23.5% of Tasmanians living with a disability that restricts their daily activities. If those for whom existing supports are adequate to allow them to participate are included this increases to 46.1%.³²

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

- are more likely to smoke and less likely to get enough exercise
- have poorer self-reported health, disproportionately high levels of secondary medical conditions (such as obesity, diabetes and dental problems) that aren't directly related to their disability
- have poorer mental health
- more frequently suffer discrimination, abuse and neglect
- are less likely to seek health assistance, often facing barriers when they do, and are more likely to find that the help they receive doesn't meet their needs.³³

Many people with disabilities experience discrimination, exclusion and barriers to equal opportunity³⁴ that can lead to stress and mental health and other health problems.

Education & Literacy

Current impact of inequalities:

Education is important to all of us for many reasons, one being that it directly affects how healthy we are. Overall, people who are better educated are healthier than those with lower education levels.³⁵

Tasmania has relatively low levels of education attainment. In 2011, 36.5% of Tasmanians aged 15 years and over (no longer attending school) had completed Year 12 or equivalent, compared to 49.2% nationally.³⁶

Also in 2011, the retention rate of Tasmanian students in school to Year 12 was lower – at 69.8% - than the national average of 79.3%.

The 2006 Australian Adult Literacy and Life Skills Survey found that overall, Tasmania had the lowest level of adult literacy in the nation and there was no improvement in adult literacy levels in Tasmania since they had previously been

measured in 1996.³⁷

Around half of the Tasmanian sample in the survey lacked the literacy skills necessary to cope with the demands of everyday life and work. For example, 49% of adult Tasmanians, or approximately 174 000 people, did not have the basic skills needed to understand and use information from newspapers, magazines, books and brochures.³⁸

Tasmanians living in regional municipalities tended to have lower literacy levels compared with those living in major metropolitan areas.³⁹

The 2006 Survey found that only one third of Tasmanians had sufficient *health literacy* skills to understand and use information relating to health issues such as drugs and alcohol use, disease prevention and treatment, safety and accident prevention, first aid, emergency responses, and staying healthy, compared with 40.5% for Australia.⁴⁰

Food

Current impact of inequalities:

Access to fresh, nutritious and affordable food is a fundamental human right. Food is important for the healthy growth and development of babies, children and young people, and for adults to maintain health and vitality, and prevent diseases.

People who are food insecure may:

- not get the nutrients they need and experience malnutrition. This can affect the body in many different ways. Malnutrition during childhood has long-term effects on a child's physiological and psychological development. Malnutrition among older adults may lead to physical decline and frailty, poor mental health and wellbeing, an increase in health problems and the use of multiple medications

- suffer distress as a result of anxiety and guilt associated with not being able to obtain food
- experience a range of behavioural, emotional and academic problems (particularly school children)
- be at greater risk of being overweight or obese. Foods with high fat, salt and sugar content can appear cheaper and easier to access, and these foods are often felt to be more palatable and acceptable
- be at greater risk of chronic diseases such as heart disease, diabetes, cancer, eye disease and dental problems.⁴¹

Studies have shown that about 5% of Tasmanians sometimes run out of food or can't afford to buy food.⁴² However, we don't know exactly how many people are affected by food insecurity in Tasmania and more research is needed.

Food insecurity is more likely to affect people on low incomes. Tasmanians have lower average incomes than other Australians and more than 30% of people in Tasmania survive on government income support payments.⁴³ This can make it difficult to purchase food that is in accordance with healthy diet recommendations.

Food is consistently one of the key causes of household financial crises in Tasmania. Tasmanians spend more on food than households in other parts of Australia.⁴⁴

A study conducted in 2010 found that many Tasmanians on low incomes worry about not having enough food and will sacrifice food for other needs – for instance, a common response to increased heating bills in winter is to cut back on the food budget.⁴⁵ This has obvious health impacts.

Tasmanian research suggests that people in rural and isolated areas find it particularly difficult to buy affordable fresh food.⁴⁶

Data shows that the number of people seeking emergency relief assistance in Tasmania has increased in recent years.⁴⁷ Much of the need is related to accessing adequate food supplies for individuals and families.

Eating food that is cheap but not nutritious, can contribute to people becoming overweight and obese. The 2011-12 *Australian Health Survey* reports that, 65.6% of Tasmanian adults are overweight or obese.⁴⁸

Sexuality, Sex & Gender Identity

Current impact of inequalities:

The life expectancy of Tasmanian males is 77.9 and for females is 82.2 years. These figures are lower than the Australian average (males: 79.3 years, females: 83.9 years).⁴⁹

In 2009/2010, the Tasmanian Anti-Discrimination Commissioner reported 104 gender complaints, up from 91 in the previous reporting period. Other complaints related to pregnancy, sexual orientation, relationship status and breastfeeding.⁵⁰

Men continue to fare worse than women in education and health outcomes, and are more likely to be involved in crime.⁵¹

One in three Australian women experiences physical violence in their lifetime and nearly one in five Australian women experiences sexual assault.⁵²

Tasmania has a high suicide rate with three out of four suicides being committed by males.⁵³ Suicide rates among lesbian, gay, bisexual transgender & intersex (LGBTI) communities are thought to be much higher than in the general population.

LGBTI community members are less likely to access health services, often because they lack confidence that the system will respect their needs and/or their identity. Many LGBTI Tasmanians continue to

experience discrimination and harassment that can adversely affect health status.

Men generally use health services at a lower rate than women.⁵⁴ Tasmania does not have any funded organisation to advocate specifically for men's health and wellbeing.

Men account for around 95% of the prison population.⁵⁵ Incarceration has a significant negative impact on health and wellbeing.

Overall, Australia is ranked 20th in the World Economic Forum Global Gender Gap Index. The Global Gender Gap Report's index assesses 134 countries on how well they divide resources and opportunities among male and female populations, regardless of the overall levels of these resources.⁵⁶ Australia's position indicates that it performs better than most countries, but that it has significant room for improvement.

Housing

Current impact of inequalities:

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

People who have adequate housing are more likely to be physically, socially and mentally healthy and have a stronger sense of identity.⁵⁷

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.⁵⁸

Over the past 20 years housing prices have increased much more than average earnings. While earnings doubled between 1986 and 2007, housing prices increased five-fold.⁵⁹

Housing stress (where housing costs exceed 30% of the household's disposable income) affects 5.1% of Tasmanian households in private rental and 5.1% of Tasmanian households with a mortgage. It was estimated that a total of 6,227 households in Tasmania experienced housing stress in 2006-2007.⁶⁰

A snapshot survey in 2011 found that none of the listed rental properties in Tasmania were affordable for students or young people living on Austudy or Youth Allowance.⁶¹

In 2006 it was estimated that there were around 2,500 homeless people in Tasmania. Of these, 385 people were *sleeping rough*.⁶²

In June 2012, there were 2,675 people on the waiting list for public housing in Tasmania.⁶³

Fuel poverty is defined as the inability to afford sufficient warmth in a home for comfort, health and quality of life. Fuel poverty, which can lead to mould growth in homes and cause respiratory problems, is common in Tasmania.⁶⁴

Tasmanian housing stock is relatively old and thermally inefficient, as a consequence in our cool climate, space heating accounts for about 50% of

energy used in Tasmanian homes.⁶⁵ This is a major contributor to financial hardship and stress for low-income households in Tasmania.

Poverty

Current impact of inequalities:

More equal income distribution has proven to be one of the best predictors of better overall health of a society.⁶⁶

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.⁶⁷

On average, Tasmanians earn less per week than the average Australian weekly income. The median weekly personal income for people aged 15 years and over in Tasmania in 2011 was \$499 compared to \$577 nationally, for the household it was \$948 compared to \$1234 nationally.

The median family income for families without children (two incomes) was \$1,771 in Tasmania and \$2,081 nationally. For families with children (two incomes) the median family income was \$1,999 compared to \$2,310 nationally. In Tasmania, 30.7% (23.7% nationally) of households had a weekly household income of less than \$600 and 5.4% (11.2% nationally) of households had a weekly income of more than \$3,000.⁶⁸

About one third of households in Tasmania receive Government income support payments as their principal source of income, which is more than the national average.⁶⁹

A 2010 Anglicare study of emergency relief and financial counselling clients found that:

- nearly half of participants said that their household had financial problems regularly or always
- four in five participants had applied for assistance from emergency relief and financial counselling services before
- almost half were using emergency relief or financial counselling services four or more times a year
- three quarters of participants had missed meals in the previous year due to a shortage of money
- over half had been unable to heat their home
- almost one-third had had their electricity supply disconnected.⁷⁰

The latest results from the *Australian Health Survey* found that 10.4% of Tasmanians experience stress associated with not being able to get a job or involuntary loss of job.⁷¹

Transport

Current impact of inequalities:

The places where we live, shop and work are often located some distance apart.

People who have accessible transport are more likely to:

- have a stronger sense of wellbeing
- be at lower risk of depression
- be able to access services that help keep them healthy such as dental check-ups, cancer screening services, and mental health support groups

- participate in social activities that keep them active and engaged in their communities.⁷²

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

- physical activity, which can protect against heart disease, mental illness and diabetes
- increased social contact, which can enhance mental health and wellbeing
- reduced air pollution
- enhanced neighbourhood safety
- reduced fatal motor vehicle-related accidents.⁷³

Tasmania's dispersed settlement patterns have contributed to a dependence on private motorised transport. In excess of 431,000 vehicles are registered in the state. Tasmania had the greatest number of vehicles per 1000 residents of all states and territories in 2012 with 844.⁷⁴

Despite the high car ownership rate, there are still many Tasmanians who do not own or have access to a car, who cannot afford to run a car to the extent that they need, or who are unable to drive because of age or disability. Almost one in 10 occupied private dwellings (9%) in Tasmania do not have a motor vehicle.⁷⁵

Hundreds of road accidents as well as an unacceptable number of fatalities occur each year in Tasmania. In 2012, 32 people lost their lives (up 33.3% from 2011) and 245 people had serious injuries as a result of motor vehicle accidents.⁷⁶

Road transport contributes 92% of transport greenhouse gas emissions in Tasmania, with cars being the largest contributor.⁷⁷

Accessible public transport (defined as being those services on which a

commercial fare is levied) is limited, particularly in rural and urban fringe areas and has been raised as an issue by numerous organisations.⁷⁸

Community transport is funded and delivered by a number of different organisations and is not always well coordinated to meet the needs of clients.⁷⁹

It is highly likely that the need for personalised, door-to-door transport services will increase in the future, as Tasmania's population continues to age.⁸⁰

Work

Current impact of inequalities:

People who have a job generally experience better health than those who do not. However, the relationship between having a job and health is not straightforward. The structure and organisation of workplaces, the way power is managed and decision making is undertaken, as well as the social organisation and relationships that exist in a workplace, all impact on health and wellbeing.⁸¹

Some examples of how work and health are linked include:

- People who experience stress in the workplace are more likely to take sick leave, experience poor health overall and die prematurely
- Studies have shown that not having the opportunity to contribute to work in a meaningful way, not having control over one's work, and receiving inadequate rewards for effort, are strongly related to an increased risk of lower back pain, sickness absence and cardio-vascular disease
- High stress jobs predispose individuals to high blood pressure, cardio-vascular diseases and physical and psychological problems such as depression and anxiety.⁸²

Around 60% of Tasmanians participate in the workforce including around 65.9% of men and 54.7% of women.⁸³ For January 2013, the Labour Economics Office in Tasmania reported that employment in Tasmania fell to 231,700, the unemployment rate increased to 7.4 per cent and the participation rate fell slightly to 60.2 per cent.⁸⁴

In Tasmania in 2009, almost 400 injuries were related to mental stress, including depression, anxiety, or drug and alcohol-related problems.⁸⁵ The long term physical responses to stress (including workplace stress) include heart disease, cardiovascular disease and Type 2 Diabetes. Such conditions are largely preventable.⁸⁶

In Tasmania in 2009, over 9,000 people were injured and 15 people were killed at work.⁸⁷

Many Tasmanians are not offered job security and are only employed on a casual basis. Casual employment has been a growth area in recent years. It can provide greater flexibility for balancing work, family, study and other commitments, but casual employees do not necessarily receive the same entitlements as their full-time, permanently employed colleagues.

Certain groups of workers such as family carers are extremely disadvantaged when it comes to job opportunities and having a voice in the workplace. Barriers to paid employment for carers include difficulty arranging working hours around their caring responsibilities and the lack of alternative care. Even after their caring role has finished, they may experience barriers to employment such as lack of recent job experience, out of date qualifications and lack of confidence.⁸⁸

1.4 Recommendations for Action on Key Social Determinants of Health

TasCOSS wishes to bring to the Committee's attention information and recommendations on several key social determinants that we believe are in need of urgent attention. These recommendations were part of the TasCOSS submission to the Tasmanian Government's 2013-14 Budget Community Consultation process.⁸⁹

Education

There is no doubt that higher levels of educational attainment result in better employment, income and health outcomes. A recent Tasmanian Government discussion paper, *Future provision of Years 11 and 12 education in regional Tasmania*, states:

*... a higher level of education makes people much more likely to enjoy better health, including mental health and physical wellbeing, increased involvement in leisure activities and an increased sense of self-worth and confidence.*⁹⁰

In spite of recent improvements, Tasmania still has an unacceptably low level of students progressing through to the end of Year 12 (or an equivalent qualification) and completing their full school education. As recognised in the discussion paper mentioned above, better educational outcomes are not only fundamental to the health and wellbeing of each individual young Tasmanian, but also to the Tasmanian economy and community in general.

TasCOSS believes that there are two key barriers that must be tackled in order to achieve this: first, that access to a complete secondary education is as equitable as possible for students in all regions of Tasmania, and second, that action is taken to address the embedded culture of leaving school early, particularly at the end of Year 10.

In addition, TasCOSS believes that more must be done to encourage and maintain engagement with education by all Tasmanian students, especially disadvantaged students. In the course of our consultations with community-based services across the State, we have heard much about exclusion from schools, both through increasing absenteeism and exclusion through suspension as a disciplinary measure. These trends are concerning as exclusion from education is highly likely to result in social and economic exclusion later in life. It is vital that Tasmanian students are engaged and supported in their school experience and that schools provide a 'safe haven' for all children and especially children who need one.

TasCOSS recommends that the State Government:

- Provide new funding for a strategic planning process that addresses the cultural issues affecting educational participation in Tasmania, as well as examining the possibility of extending all Tasmanian high schools to Year 12 to improve Tasmanian retention rates.
- Provide additional funding for engagement programs and alternative education programs for disengaged students in conjunction with local communities.
- Provide funding for more support in schools for vulnerable students, including additional positions for psychologists, social workers, guidance officers, Pathway Planners and teachers' aides.

Housing and housing affordability

After decades of low prices, Tasmania's housing affordability has dropped sharply in recent years. As a consequence, increasing numbers of Tasmanians are

now experiencing housing stress—including a third of private renters and almost one in five first homeowners across the state. Those most affected by housing stress are those living on low incomes, who face not only higher prices, but also a lack of supply of private rental properties (particularly in well-serviced and rural areas) and a dwindling stock of public housing.

However, the affordability of housing options is not limited to the purchase or rental cost of a property. Sharp increases in the cost of essential services—in particular electricity and water—have left many Tasmanians struggling to keep owned or rented dwellings adequately heated and free of damp, as well as to pay high bills incurred through inefficient appliances, lack of insulation, or leaky plumbing systems.

Healthy, secure, appropriate and affordable housing provides a base from which to participate both economically and socially. It is a fundamental social determinant of health.

TasCOSS recommends that the State Government:

- Relieve Housing Tasmania of its historical debt to the Commonwealth by spreading the debt across government in order to free up annual Commonwealth-provided funds to expand and improve public housing stock.
- Invest in the construction of 1400 new public and social housing properties by 2015.
- Increase funding for Housing Tasmania's maintenance budget to bring all existing Housing Tasmania properties to a healthy and affordable condition.
- Prioritise the provision of energy-efficiency advice, assistance and retro-fitting, across all housing tenures

to those households most in need, and develop clear pathways between residential energy-efficiency programs offering advice and those offering hands-on retrofitting to households most in need.

- Provide additional funding to extend the *Power Savings for Tenants* energy efficiency program.

Transport

The ability to get where you need to go again emerged in TasCOSS consultations as a key issue for transport-disadvantaged Tasmanians—people who cannot own or operate a vehicle due to age, disability, ill health, or financial constraints.

As of 2010, 25.9% of Tasmanians in the lowest quintile of income could not easily get to the places they needed to go—up from 22.5% in 2006. For adults describing themselves as unemployed, this figure rose to 33.5%. For renters with Housing Tasmania, the figure was a staggering 41.6%, with 46.2% lacking access to a vehicle. For people with self-described health status of 'poor,' the figure was 39.6%.⁹¹

Lack of transport contributes directly to poor mental and physical health, due to:

- Difficulty in accessing routine and specialist medical, counselling and support services
- Lack of access to affordable, nutritious food
- The consequences of social isolation, including depression, anxiety, boredom and stress.

Access to transport is also crucial for people to be able to find, take up and maintain employment and educational and training opportunities - all of which

are associated with better health outcomes.

TasCOSS recommends that the State Government:

- Create an opportunity for coordination, integration, and innovation in the passenger transport sector by funding TasCOSS's proposed facilitation project, "Transport in the Community: Integration and Innovation for Social Inclusion".
- Increase funding for Tasmanian bus industry infrastructure and planning.
- Increase funding for local driver mentoring programs and other measures to help low-income learner drivers.

1.5 The capacity for health and community services to meet the needs of populations adversely affected by the social determinants of health

Community and health services play a vital role in assisting individuals who are experiencing the day-to-day reality of ill health, social exclusion and inadequate incomes. As the peak body for the Tasmanian community services sector, TasCOSS is uniquely placed to comment on the capacity of the sector to assist people who are adversely affected by the social determinants of health.

After an earlier period of relatively strong economic growth and government revenue, in recent years the Tasmanian economy has faced major challenges. Expected GST and state tax revenue has been greatly reduced since the onset of the global financial crisis and the unemployment rate has recently risen to above 7%. These circumstances are especially challenging for community

service organisations, which face increased demand for services and are largely reliant on government funding. TasCOSS member organisations delivering emergency relief assistance have experienced significant increases in the number of individuals and families approaching them for assistance with food and essential bills. Many are seeking help for the first time. Emergency relief providers are reporting that unemployment or reductions in working hours have left people unable to afford the essentials.

Agencies across the community sector are reporting that they do not have the capacity to meet the needs of clients. Quantitative data about this unmet need is gathered at a national level through the Australian Council of Social Services Australian Community Sector Survey⁹². The 2012 study included responses from 665 community sector agencies. Key findings included:

- Housing is the area of highest need with almost 60% of agencies reporting that this was an area of high need for their clients
- 81% of housing and homelessness agencies were unable to meet demand for their services and 63% of agencies reporting an increase in waiting times for services
- Mental health services were identified as the second highest area of need with 57% of agencies reporting a high need for access to mental health services for their clients
- 73% of agencies providing legal services could not meet demand for services.
- Emergency relief agencies provided services to almost 500,000 people but approximately 6% of people were turned away
- 46% of youth services were unable to meet demand for services and 70% of agencies reported requiring

staff/volunteers to work longer hours to try to meet demand

- Just over half of the domestic violence and sexual assault services reported that they were unable to meet demand and that waiting times for their service had increased.⁹³

TasCOSS can confirm that these national survey findings very much reflect the experiences of Tasmanian community service agencies at a local level. Major investments are needed in areas such as housing to ensure that people have their basic need for safe and secure accommodation met and are able to use this as a base to fully participate in community and economic life.

Community organisations are well placed in terms of expertise and relationships to help support individuals and families maintain secure housing and become engaged in education, employment and social activities. Unfortunately, high levels of demand and tight targeting of services towards crisis intervention means that under current models, community sector agencies are often unable to effectively address the social determinants of health.

TasCOSS believes that greater State and Federal Government investment in areas such as housing, education, community infrastructure, public transport and broadening the scope of the community sector to allow organisations to work with clients beyond a crisis point will help build resilience and community connection.

In addition to the high level of demand for services outlined above, Tasmanian community organisations have faced a new funding challenge in the past several years. The State Government is the major source of public funding to the community services sector and the Department of Health and Human Services (DHHS) administers much of this funding. Historically there has been an agreement between the DHHS and community sector organisations regarding the formula used to calculate

the rate of indexation on funding grants.⁹⁴ This indexation agreement took into account increases in public sector wages and the Consumer Price Index and helped ensure that grants to community sector organisations kept pace with the costs of wages, goods and services. In the May 2011 and 2012 State Budgets, DHHS allocated 2.25% for indexation to the sector. Based on the previously agreed formula it has been estimated that the indexation should have been approximately 3.2%, resulting in a loss of \$3.4 million to the sector for each year from 2011/12 to 2013/14.⁹⁵

The failure to provide community sector agencies with adequate indexation has a direct impact on their capacity to meet the needs of Tasmanians who are adversely affected by hardship and disadvantage. TasCOSS commissioned research to examine these impacts and found reduced indexation had impacts across the organisations studied, including direct service delivery to clients⁹⁶. For example, a disability service provider reported that they were no longer offering social activities to clients and that residents were asked to pay for staff wages themselves if they required one-to-one support for an outing.⁹⁷ Indeed, 62% of organisations which responded to the study reported that they had reduced direct service delivery due to the reduction in indexation⁹⁸.

TasCOSS believes it is imperative that the agreed indexation formula be re-instated for 2013/14. Each year of reduced indexation further compounds the difficulties faced by community sector agencies and erodes their capacity to provide services to Tasmanians who need them.

TasCOSS recommends that the State Government:

- Re-instate the agreed indexation formula for community sector agency grants in the 2013/14 State Budget and across the forward estimates.

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;

As outlined in the introductory section of this submission, health care services, including preventative health care services, are just one component of the social determinants of health. TasCOSS acknowledges the importance of collaborative models of health care that focus on the prevention, early detection and early intervention for chronic health conditions. However, in addition to actions within the health care system, TasCOSS proposes the adoption of the much broader 'Health In All Policies' approach.

This approach has been adopted by State and local governments interstate and overseas. For example, the state government in South Australia describes Health in All Policies as being,

... about promoting healthy public policy. It is a way of working across government to encourage all sectors to consider the health impacts of their policies and practices, and at the same time it examines the contribution that a healthier population can make towards achieving the goals of other sectors.⁹⁹

In South Australia, Health in All Policies promotes a highly collaborative approach between the Department of Health and other state government departments and offers a practical way to tackle the broad range of factors that make up the social determinants of health.

TasCOSS recommends that the State Government:

- Adopt a Health in All Policies approach to public policy that involves all government departments.

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;

Addressing the social determinants of health will require substantial funding, particularly in the short-term as the benefits to health and wellbeing will be experienced over a long period. This submission focuses primarily on actions that can be taken at a state government and local community level. However, at a Commonwealth level, the importance to Tasmania of maintaining the principle of Horizontal Fiscal Equalisation through the Commonwealth Grants Commission cannot be overstated. TasCOSS supports the maintenance of the current system to ensure that Tasmania has the capacity to fund services to the same standard as in other states.

At a State level, TasCOSS proposes the development of a more progressive taxation system.

TasCOSS believes it is necessary for Tasmania to have stable, sustainable and diverse sources of revenue if it is to take effective action to address the social determinants of health. TasCOSS welcomed the State Tax Review in 2011 and was very disappointed that this process was discontinued. The review offered the opportunity to consider how the state taxation system could be redesigned to maximise financial autonomy for Tasmania. As detailed in its submission to the State Tax Review, TasCOSS believes that the State needs to diversify its revenue sources, and that a more broadly based land tax scheme (with appropriate exemptions for low income households) would provide the best option for a fair, efficient and sustainable revenue base for Tasmania.¹⁰⁰

TasCOSS recommends that the State Government:

- Diversify and strengthen state revenue sources, including by broadening the base of land tax to include all residential properties, with exemptions for low income earners holding pension concession and health care cards.

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;

It is difficult for TasCOSS to comment on the extent to which experience and expertise in the social determinants of health are appropriately represented on whole-of-government committees or advisory groups currently. TasCOSS is represented on the Health and Wellbeing Advisory Council and can confirm that this Council has members with a sound understanding of the social determinants of health.

We know that here is a strong understanding of the social determinants of health by the Director of Public Health and within the Population Health section of DHHS. It is certain therefore that whole-of-government committees or advisory groups that include the Director of Public Health and/or representatives from Population Health have expertise in the social determinants of health.

However, given the relatively recent emergence of the social determinants of health perspective, it is likely that there are whole-of-government committees and advisory groups that would be unaware of the role and significance of the social determinants of health. Adoption by the State Government of a Health in All Policies approach, as recommended above, would promote

greater focus on, and understanding within government of the social determinants of health as the two concepts are closely linked.

TasCOSS recommends that the State Government:

- Implement strategies, including the adoption of a Health in All Policies approach, to raise awareness of the social determinants of health across government departments, in the non-government sector and in the wider community.

5) The level of government and other funding for research addressing social determinants of health;

TasCOSS is not able to comment on the current level of government and other funding for research addressing the social determinants of health. TasCOSS is aware that DHHS is seeking to link up with the Menzies Research Institute, the Australian Bureau of Statistics and Australian Institute of Health and Welfare staff through the establishment of a Health Intelligence Network.¹⁰¹ The Data Linkage Project between DHHS and the Menzies Research Institute also sought to link data from a range of sources.¹⁰² TasCOSS believes that these efforts should be encouraged and strengthened.

The World Health Organisation (WHO) has made recommendations regarding monitoring, research and training on the social determinants of health.¹⁰³ **It also clearly states that there is enough evidence about the social determinants of health to act now.**¹⁰⁴

Research into the effectiveness of policy measures to reduce health inequalities through action on social determinants is a key recommendation of the WHO.¹⁰⁵ This is especially relevant at a state level and to programs across government,

which should include evaluation of health equity impacts of policy. The development of social action research projects on policies addressing the social determinants of health that involve community members, professionals and researchers should also be encouraged.

TasCOSS recommends that the State Government:

- Evaluate the health equity impacts of policies across government as an integral part of a Health in All Policies approach, as well as regularly assess the effectiveness of programs designed to reduce health inequalities through action on the social determinants of health.
- Support and encourage research on the social determinants of health **but not at the expense of action.**

Conclusion

TasCOSS would like to thank the Joint Select Committee for the opportunity to participate in this Inquiry. We believe that the establishment of the Committee is an important step towards recognising and acting on the broader factors that shape the health and wellbeing of the Tasmanian community.

We hope that the Joint Select Committee's report and recommendations will provide the Tasmanian Government with a blueprint for the structural changes that are needed to address the social determinants of health in Tasmania and to promote a more healthy Tasmanian community.

TasCOSS would welcome the opportunity to engage further with the committee as the Inquiry progresses.

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