

Start where health starts

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

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

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

Why it's important

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

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

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

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

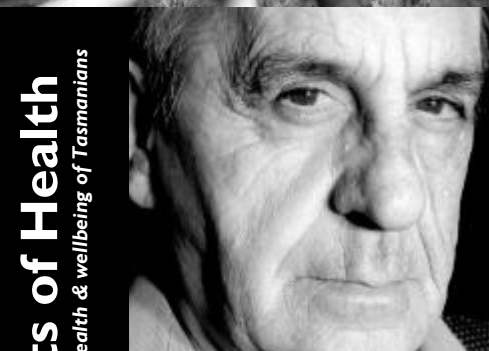
Health starts with schools that educate our children for life and work, and send them home safe at the end of the day.

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

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

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

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



Start where health starts

The Tasmanian Story

In these fact sheets we present ten social determinants of health relevant to Tasmanians:

- Aboriginality
- Education & literacy
- Food
- Health & social services' system
- Housing
- Poverty
- Sex, sexuality & gender identity
- Social exclusion
- Transport
- Work.

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

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

Ways to use these fact sheets

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

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

www.healthpromotion.org.au

www.tascoss.org.au



Why it's important

The health and wellbeing of Aboriginal people, and the discrepancy in life expectancy between Aboriginal and non-Aboriginal people, have been described as a national disgrace.

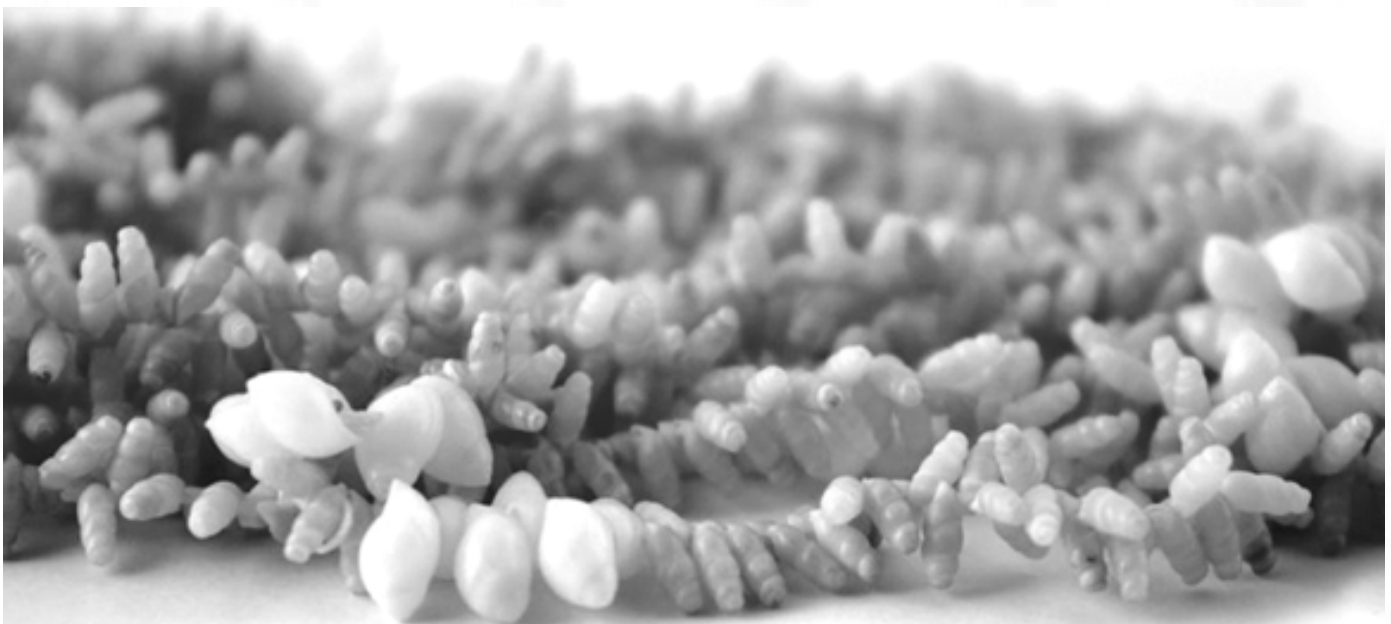
The life expectancy at birth for Aboriginal people in Australia is much lower than for non-Aboriginal Australians. For the period 2005–2007, the life expectancy at birth was estimated to be 67 years for Aboriginal and Torres Strait Islander males and 73 years for Aboriginal and Torres Strait Islander 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 was a difference of 12 years for males and 10 years for females.¹

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

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

- suffer from ill health, disability and reduced quality of life
- smoke tobacco and drink alcohol in excess
- have poor nutrition and higher levels of obesity
- live in overcrowded and sub-standard housing
- have lower levels of education, be unemployed and live in poverty.¹

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



Why is Aboriginality an issue for the health of Tasmanians?

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| Aboriginal people are part of our communities | According to the Australian Bureau of Statistics, there are around 17,000 Tasmanian Aborigines. ² |
| Many Aboriginal people experience poor health and reduced quality of life | Aboriginal people generally have significantly more ill health than other Australians. They typically die at a much younger age and are more likely to experience disability and reduced quality of life because of ill health. ¹ |
| Many Aboriginal people are socioeconomically disadvantaged | One of the reasons for this poorer health is that Aboriginal Australians are socioeconomically disadvantaged compared with other Australians. On average, they report having lower incomes than other Australians, higher rates of unemployment, lower educational attainment, and more overcrowded households. ¹ |
| Many Aboriginal people live unhealthy lifestyles | This socioeconomic disadvantage also places Aboriginal people at greater risk of unhealthy lifestyle factors such as smoking and alcohol misuse, as well as overweight and obesity. ¹ |
| Tasmanian Aboriginal babies are vulnerable | The percentage of babies born with a low birth weight among the Tasmanian Aboriginal population is above the state and national average. Tasmanian Aboriginal women were twice as likely to smoke during pregnancy compared with non-Aboriginal mothers. Aboriginal mothers are less likely than non-Aboriginal mothers to exclusively breastfeeding infants during the first 6 weeks of life. ³ |
| Tasmanian Aboriginal children and young people are vulnerable | Tasmanian Aboriginal children are more likely to be developmentally vulnerable, to be absent from school, to be in Out of Home Care and experience difficulties in that system, and to be involved with the Youth Justice System than their non-Aboriginal counterparts. Aboriginal children are twice as likely to live in public housing compared with non-Aboriginal children. ³ |

References & Resources

1. Australian Institute of Health and Welfare, *Australia's Health 2010*.
 2. Australian Bureau of Statistics, 2006, *Census Quickstats*.
 3. Department of Health and Human Services 2011, *Outcomes for Aboriginal Children and Young People in Tasmania*.
- Reconciliation Australia, www.reconciliation.org.au.
 - Closing the Gap, *The Indigenous Reform Agenda*, www.fahcsia.gov.au/sa/indigenous/progserv/ctg/Pages/default.aspx.
 - Department of Health and Ageing, *Aboriginal and Torres Strait Islander Health*, www.health.gov.au/internet/main/publishing.nsf/Content/Aboriginal+and+Torres+Strait+Islander+Health-11p.

Communities

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

Individuals

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



Workplaces (Managers, Workers, Volunteers) & Service Providers

- Help to collect data about Aboriginal health. Know how to ask clients and patients about their Aboriginality
- As an organisation, undertake cultural competence training
- Develop a Reconciliation Action Plan (RAP). See: Reconciliation Australia www.reconciliation.org.au/home/reconciliation-action-plans/what-is-a-rap-

What is a RAP?

The RAP program was launched in July 2006 as a forward looking aspect of the 40th anniversary of the 1967 referendum, the most successful in Australia's history, in which more than 90% of voters said "YES" to equality for Aboriginal and Torres Strait Islander fellow citizens.

The RAP program turns "good intentions into action" by encouraging and supporting organisations, large and small, to engage within their sphere of influence in the national effort to close the 17-year gap in life expectancy between Aboriginal and other Australians. A Reconciliation Action Plan (RAP) is a tool to help your organisation build positive relationships between Indigenous and non-Indigenous people.

- RAPs give you a format for exploring how reconciliation can advance your business / organisational objectives.
- RAPs are your public contribution towards the national effort to close the 17-year life expectancy gap between Aboriginal and non-Aboriginal children.
- A RAP formalises your contribution by encouraging you to identify clear actions and realistic targets, as well as lessons learnt.
- While each organisation shapes their own RAP, all plans include a creative blend of relationships, respect and opportunities.
- Developing a meaningful RAP takes time, but the final product is a simple, easy to read plan of no more than five pages.

Politicians & Governments

- Give the Aboriginal Tasmanian community power over their own endeavours
- Make Aboriginal health a priority, invest appropriately, focus on health promotion, and evaluate the effectiveness of strategies that aim to enhance Aboriginal health and wellbeing
- Commit to delivering on the *Closing the Gap* targets
- Address the education and housing needs of Aboriginal people
- All politicians and government employees should participate in cultural competency training
- Government departments should have Reconciliation Action Plans (RAP) as outlined above.

Why it's important

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.

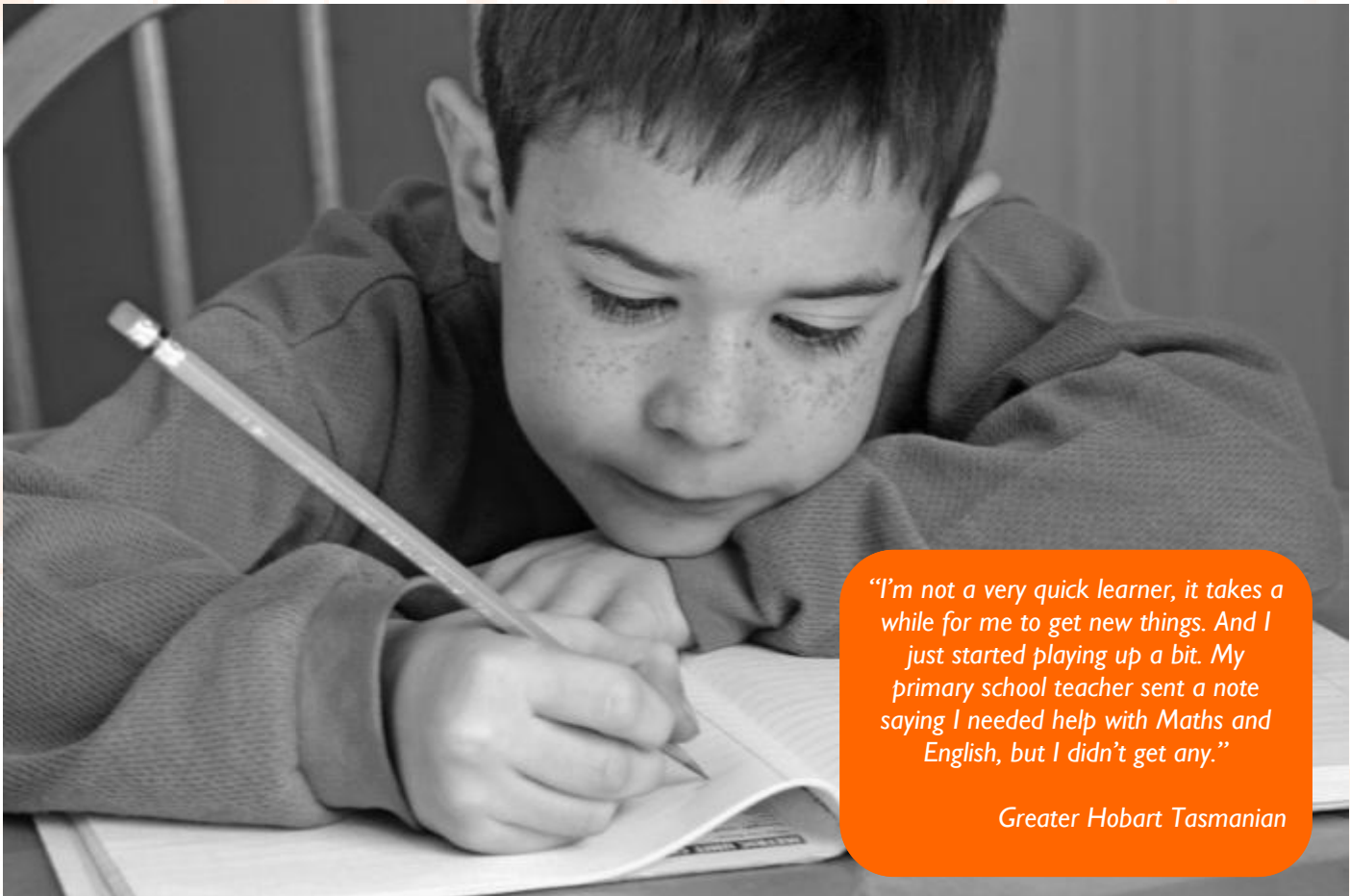
Lack of education in itself does not lead to ill health. However, in combination with other social determinants, it contributes to poorer health and wellbeing.

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.

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

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



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

Greater Hobart Tasmanian

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

Many young people do not complete their secondary education

In Tasmania, just over half of students progress from Year 8 to Year 12, compared with a national progression rate of about 70%. Only the Northern Territory has a lower senior secondary retention rate. Males are less likely to complete their secondary education than females.¹

Many people do not have post-school qualifications

Tasmania has the lowest proportion of people aged 15-64 with post-school qualifications compared with the national average.²

Tasmanian adults have very low literacy skills

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 since they had previously been measured in 1996.³

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.³ Other results included:

Prose literacy:

- 20% of Tasmanians had the lowest level for prose literacy, which is the ability to understand and use information from various kinds of narrative texts.

Document literacy:

- 21.4% of Tasmanians had the lowest level for document literacy, which is the knowledge and skills required to locate and use information contained in various formats including job applications, payroll forms and transportation schedules.

Numeracy literacy:

- 26.2% of Tasmanians had the lowest level for numeracy literacy, which is the knowledge and skills required to effectively manage and respond to the mathematical demands of diverse situations

Problem solving:

- 37.6% of Tasmanians have the lowest level for problem solving, which is goal-directed thinking and action in situations for which no routine solution is available.³

Lower levels of literacy exist in rural areas

Tasmanians in regional municipalities tended to have lower literacy levels compared with those living in major metropolitan areas.³

Tasmanians have low health literacy skills

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.³

References & Resources

1. Australian Bureau of Statistics, 2009, *Schools Australia*, 4221.0.
 2. Australian Bureau of Statistics, May 2009, *Education and Work*, 6227.0.
 3. Australian Bureau of Statistics, 2008, *Adult Literacy and Life Skills Survey, Summary Results 2006*, 4228.0.
- Department of Education, 2010, *Tasmanian Adult Literacy Action Plan 2010-2015*, Tasmanian Government.
 - World Health Organisation, 2003, *Social Determinants of Health, The Solid Facts*.

Communities

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

Individuals

- **For help with literacy difficulties contact the *Reading Writing Hotline* – Free call 1300 655 506**
- Read, listen and talk to your children
- Support young people to stay in school to Year 12 and beyond
- Encourage young people to reach their potential and choose pathways that lead to satisfying work and life long learning
- Support neighbours, friends and colleagues to seek help with literacy difficulties
- Become a literacy volunteer with the Tasmanian Government's *Adult Literacy Network*. Contact the *Community Knowledge Network* on 6233 7511 for more information
- Share your knowledge and skills with others either through formal training programs or informally with individuals or groups
- Participate in knowledge and skill development programs yourself, such as those offered by Adult Education, Community Houses, University of the 3rd Age, Learning & Information Network Centres (LINCS) and On-line Access Centres
- Volunteer for programs that offer literacy support for newly arrived migrants and refugees.



Workplaces (Managers, Workers, Volunteers) & Service Providers

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

Politicians & Governments

- Provide free educational opportunities for all Tasmanians
- Commit to a well-resourced, system-wide supportive schools framework that ensures that all schools are equipped with enough specialised staff to support higher needs students
- Increase access to educational opportunities by providing affordable and appropriate accommodation and transport for students living in remote, regional and urban fringe areas
- Provide further education and training opportunities, including accredited training programs, to disadvantaged job seekers in areas of locational disadvantage
- Increase access to child care options by people undertaking education and training and those living and working in rural communities
- Provide resources to investigate and respond to the nature and incidence of absenteeism in schools
- Fund a mandatory statewide program to tackle bullying and discrimination
- Improve resource allocation to students with disabilities in mainstream schools so that they are truly included. This includes better access to trained teachers' aides as well as assistance with forward planning for the transition from school to work
- Allocate funding to implement comprehensive and sequential sexual health and relationships education from K-12 in partnership with government and non-government organisations
- Extend and evaluate the *Adult Literacy Action Plan*
- Protect vulnerable citizens from being targeted by high interest money lending businesses and other businesses that lock people into expensive contracts (because they do not understand the fine print)
- Support the Adult Education sector and extend Adult Education opportunities to all Tasmanians as an entry point to adult learning
- Increase and enhance early learning opportunities, particularly among disengaged families so that children are 'school ready'
- Provide support for University students, particularly first year students on low incomes or from disadvantaged backgrounds, who are more likely to drop out.

Why it's important

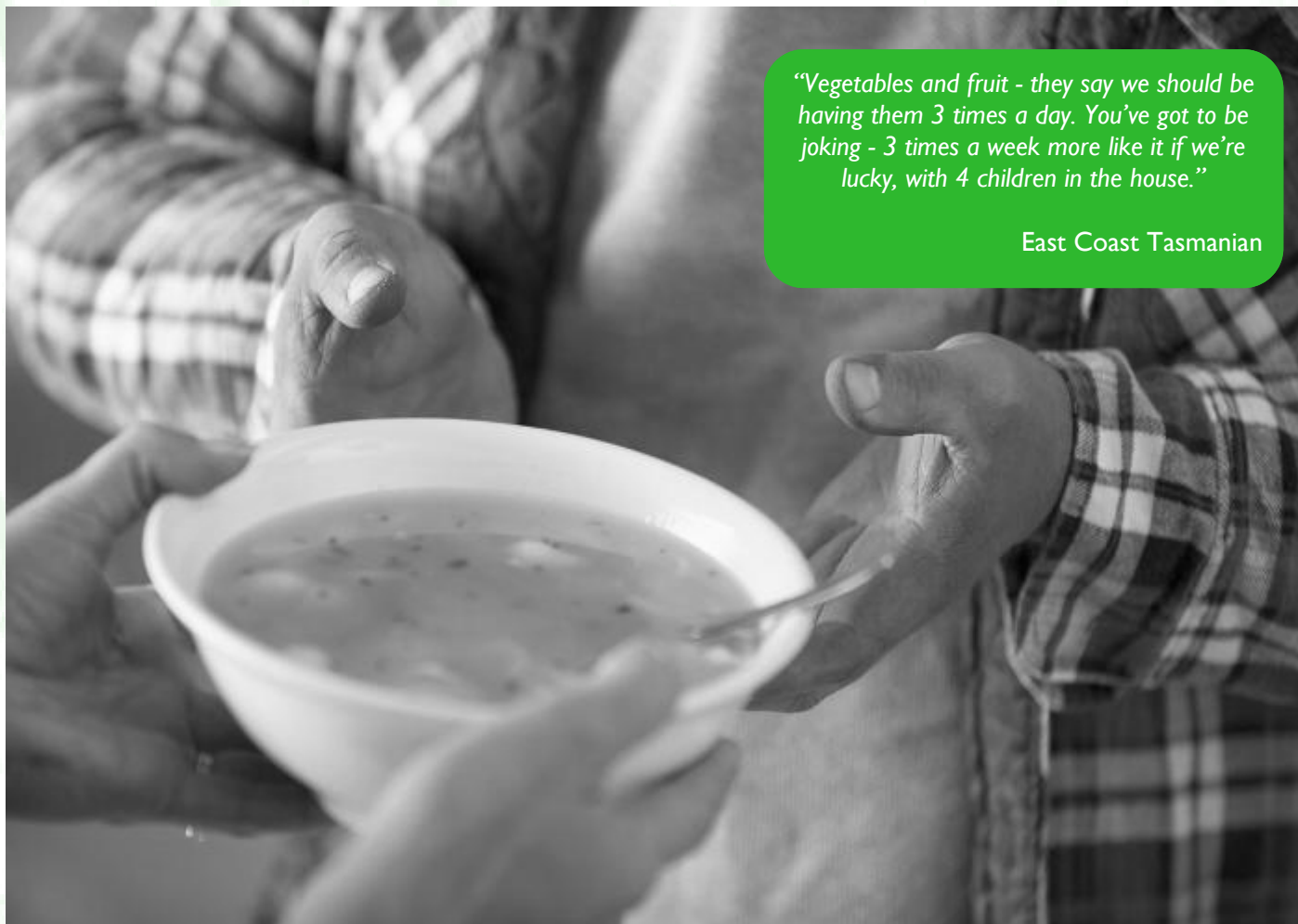
Access to fresh, nutritious and affordable food is a fundamental human right.

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

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

People who are food insecure may:

- not get the nutrients they need (malnutrition). 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.



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

East Coast Tasmanian

Why is food an issue for the health of Tasmanians?

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| Some Tasmanians don't have enough to eat | Studies have shown that about 5% of Tasmanians sometimes run out of food or can't afford to buy food. ¹ However, we don't know exactly how many people are affected by food insecurity in Tasmania. (More research is needed). |
| Tasmania has a high proportion of people living on low incomes | 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. ² This can make it difficult to purchase a diet that is in accordance with healthy diet recommendations. |
| The cost of food in Tasmania contributes to hardship | 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. ³ |
| Overweight and obesity is an issue in Tasmania | Eating more than your body needs and eating large quantities of food that is cheap but not nutritious, can contribute to people becoming overweight and obese. In Tasmania in 2007-08, 36.4% people were overweight and 22.5% were obese. ⁴ |
| Junk food is cheaper | Studies have shown that high energy and high fat foods are proportionally cheaper per kilojoule than foods from the core food groups. |
| Going without food creates significant distress for people | A research study in 2010 indicated that many Tasmanians on low incomes worry about not having enough food and will sacrifice food for other needs - e.g. one response to increased heating bills in winter is to cut back on the food budget. ⁵ |
| People in rural areas have reduced access to food | Tasmanian research suggests that people in rural and isolated areas find it particularly hard to buy affordable fresh food. ⁶ |
| The number of people accessing emergency food relief is increasing | Data shows that the number of people seeking emergency relief assistance in Tasmania has increased in recent years. ⁷ |
| Tasmania produces a lot of good food but it is not accessible to everyone | Tasmania has some of the best food productivity yet an unacceptable number of people still experience food insecurity. Access to good affordable food makes more difference to what people eat than health education. |

References & Resources

1. Tasmanian Government, 2004, *Tasmanian Food and Nutrition Policy*.
 2. Australian Bureau of Statistics, 2011, *Household Economic Resources*, 1307.6.
 3. Adams, D, 2011, *Cost of Living in Tasmania: Interim Report*, Tasmanian Government.
 4. Australian Bureau of Statistics, 2009, *Tasmanian State and Regional Indicators*, 1307.6.
 5. Flanagan K, 2010, *Hard times: Tasmanians in financial crisis*, Anglicare Social Action Research Centre, Tasmania.
 6. Tasmanian Council of Social Service, 2009, *Just Scraping By? Conversations with Tasmanians living on low incomes*, TasCOSS, Tasmania.
 7. Herzfeld M, 2010, *The Intersection of Emergency Food Relief and Food Security*, TasCOSS, Tasmania.
- Australian City Farms and Community Gardens Network: www.communitygarden.org.au.
 - National Health and Medical Research Council, *Dietary Guidelines for All Australians*.
 - Rychetnik et al, 2003, *Food Security Options Paper: A food security planning framework: A menu of options for policy and planning interventions*, NSW Centre for Public Health Nutrition.
 - World Health Organisation, 2003, *Social Determinants of Health, The Solid Facts*.

Communities

- Encourage and support breastfeeding for mothers and their babies
- Establish community gardens, garden sharing programs and excess produce distribution schemes in local communities
- Support the establishment and operation of farmers' markets and local food businesses that offer healthy food choices
- Eat together through programs such as *Eating With Friends*. See www.tach.asn.au/projects/eatingwithfriends
- Be vocal if there is a problem: advocate to improve food security and for healthy food choices (write letters to politicians, become part of lobby groups and write to the media)
- Explore local enterprise opportunities such as shopping shuttles (using a local community bus), bulk buying, food coops, community kitchens and market gardens
- Establish gardens in schools and integrate the garden into the curriculum
- Support emergency food relief providers by donating food or assisting with distribution
- Share knowledge in the community about growing and preparing food
- Advocate for local councils to recognise their role in food security and the availability of healthy food. See *Food for All - Resources for Local Governments* at Vic Health: www.vichealth.vic.gov.au/Publications/Healthy-Eating/Healthy-Eating-Programs/Food-For-All---Resources-for-Local-Governments.aspx
- Find out if there are any home economists in your neighbourhood and tap into their vast knowledge and skills.

Individuals

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



Workplaces (Managers, Workers, Volunteers) & Service Providers

- Provide healthy food choices when catering for meetings, in canteens, for fundraising activities and in food vending machines
- Provide appropriate food storage and preparation facilities for staff
- Provide fruit for a small fee in the workplace (cost recovery schemes tend to be more sustainable than profit-making ones)
- Provide free drinking water and, if possible, fruit such as apples in waiting rooms
- Form alliances with local food businesses and encourage them to offer healthy food choices
- Implement policies and programs that contribute to a culture of *food for health*, through childcare, schools, universities and workplaces
- When delivering emergency food relief, provide people in need with healthy food choices and basic recipes using raw ingredients. Develop cooking programs and where appropriate engage clients in food preparation as part of emergency relief programs
- Be aware of specific barriers and opportunities relating to culture, tradition, language and life experience when implementing programs involving food with Culturally and Linguistically Diverse (CALD) communities, the Aboriginal community and people who have low literacy levels.
- Work with local government to enhance food security - see *Food for All - Resources for Local Governments* at Vic Health: www.vichealth.vic.gov.au/Publications/Healthy-Eating/Healthy-Eating-Programs/Food-For-All---Resources-for-Local-Governments.aspx.
- Link gardening programs into the school curriculum
- Use tools and resources that can help you consider the health effects of urban development policies, plans and proposals - e.g. *Food-sensitive Planning and Urban Design* (Vic Health), *Healthy By Design Guidelines* (Heart Foundation) and the *Healthy Urban Development Checklist* developed by NSW Health (see website details below)
- * **Food-sensitive Planning & Urban Design** (Vic Health): www.vichealth.vic.gov.au/Publications/Healthy-Eating/Reports-and-evaluations/Food-sensitive-planning-urban-design.aspx.
- * **Healthy By Design Guidelines** (Heart Foundation): www.heartfoundation.org.au/SiteCollectionDocuments/HW_HBD_Tas_UpdateAug2010_FINAL%20LR.pdf.
- * **Healthy Urban Development Checklist** (NSW Health): www.health.nsw.gov.au/pubs/2010/hud_checklist.html.

Politicians & Governments

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

Health & social services system

Why it's important

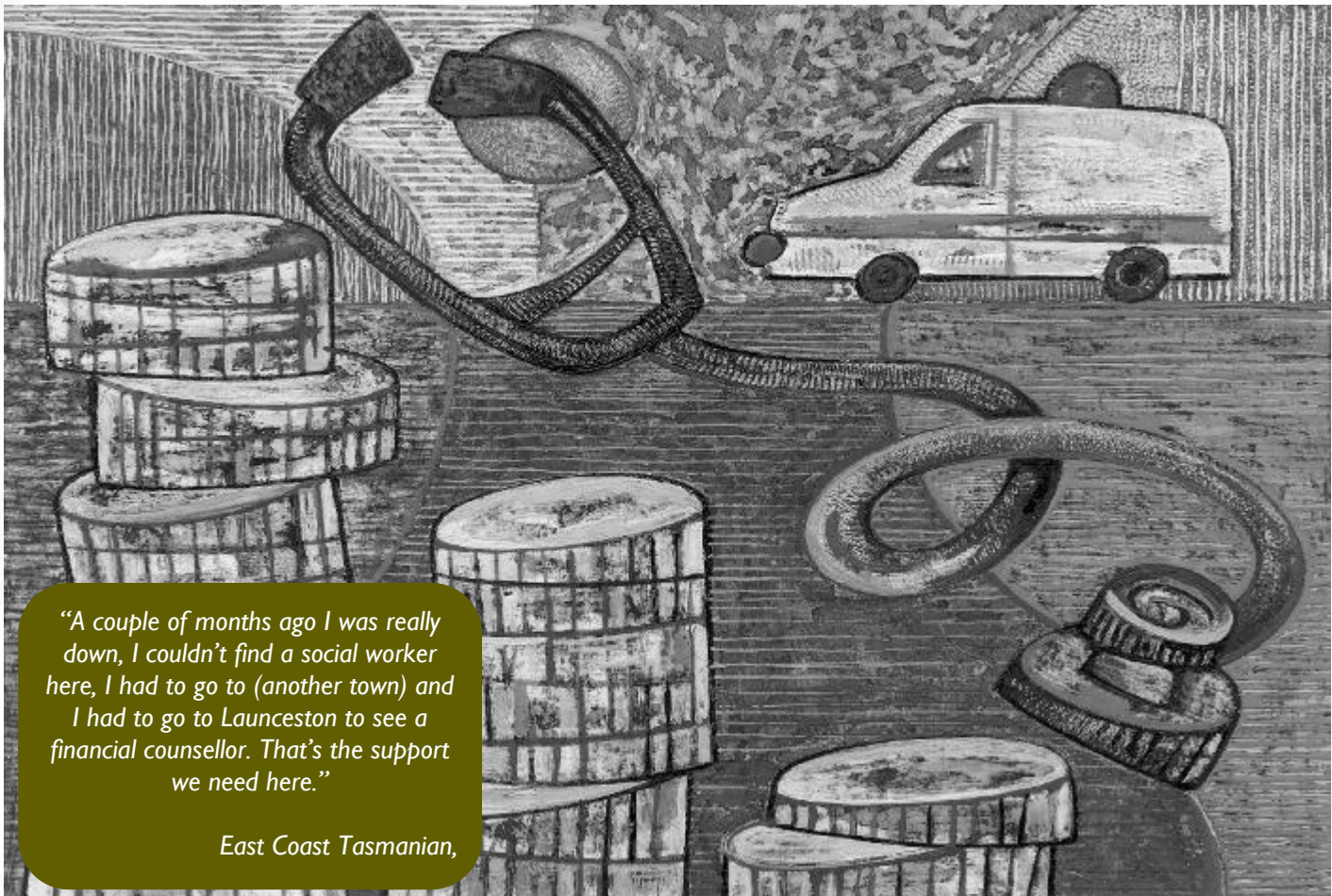
Access to high quality health services is a very important social determinant of health. Health services include health care services that treat people when they are unwell or sick, as well as primary health, health promotion, prevention services such as screening (e.g. cancer screening and dental health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

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

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

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

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



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

East Coast Tasmanian,

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

Many Tasmanians depend on income support from the social services system

The proportion of households whose principal source of income is Government income support payments was over 30% in 2010.¹ A *Social Inclusion Strategy for Tasmania* stated that around 13% of Tasmanians live below the poverty line (2005-06).²

Many Tasmanians are physically isolated and have poor access to services

A *Social Inclusion Strategy for Tasmania* lists the following data for 2006:²

- 13,000 Tasmanians lived in rural areas with a population of less than 1,000 people
- 39,000 people lived in disadvantaged areas
- 9,400 people had difficulty accessing transport
- 81,000 people had difficulty accessing the services they need
- 79,000 people did not have access to the internet.

Health and social services do not reach all parts of Tasmania

Tasmania has dispersed settlement patterns. There are many areas where local health and social services are not available and people are dependent on accessible transport to travel to necessary services. Accessible public transport is often limited or non-existent, particularly in rural and urban fringe areas.

Rural & disadvantaged urban areas may lack adequate health services

The absence of allied, dental and specialist medical services is especially acute in more isolated areas. Tasmanian research has shown that people on the West Coast, the far North West, the East Coast and on the Tasman Peninsula feel disadvantaged because of the need to travel long distances to major centres for specialist medical treatment.³

Emergencies exacerbate problems for Tasmanians

For many people, it takes only one incident - a medical emergency, the need for car repairs or an unexpectedly large bill - to tip them over the edge and make a manageable situation unmanageable.³

Health care costs a lot

Poor health can have high associated financial costs, such as the cost of medications; treatment, diagnostic and monitoring costs; transport costs to health care services; and the costs of equipment and aids. Many Tasmanians find these to be an additional financial and emotional burden.³

Many Tasmanians are on waiting lists for health care

Many Tasmanians are awaiting surgery for 'non-urgent' health problems. This may have a serious impact on people's quality of life.

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

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

References & Resources

1. Australian Bureau of Statistics, 2011, *Household Economic Resources*, 1307.6.
 2. Adams, D, 2009, *A Social Inclusion Strategy for Tasmania*, Tasmanian Government.
 3. Tasmanian Council of Social Service, 2009, *Just Scraping By? Conversations with Tasmanians living on low incomes*, TasCOSS, Tasmania.
- Tasmanian Government, 2009, *State of Environment Tasmania, Issues Report*.
 - Brown L and Nepal B, 2010, *Health lies in wealth, Health inequalities of Australians of working age*, Catholic Health Australia.
 - World Health Organisation, 2003, *Social Determinants of Health, The Solid Facts*.
 - Keleher, H, 2001, 'Why primary health care offers a more comprehensive approach for tackling health inequities than primary care', *Australian Journal of Primary Health*, vol 7 (2), 57-61.

Communities

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

Individuals

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



Workplaces (Managers, Workers, Volunteers) & Service Providers

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

Politicians & Governments

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

Why it's important

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


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

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

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

Those who do not have adequate housing may:

- be 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, over crowding, unsafe conditions, insecurity or social exclusion
- seek unhealthy means of coping such as substance abuse.



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

Age pensioner, North West Coast Tasmania

Why is housing and health an issue for Tasmanians?

| | |
|--|--|
| Housing costs a lot | 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. ¹ |
| The level of housing stress is high | Housing stress (where housing costs exceed 30% of the household's disposable income) affects 5.1% of Tasmanian households in private rentals and 5.1% of Tasmanian households with a mortgage. A total of 6,227 households in Tasmania were subject to housing stress in 2006-2007. ² |
| Affordable rental properties are in short supply | 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. ³ |
| A large number of Tasmanians are homeless | In 2006 it was estimated that there were around 2,500 homeless people in Tasmania. Of these, 385 people were <i>sleeping rough</i> . ⁴ |
| There isn't enough public housing in Tasmania | In 2010, over 3,000 people were on the waiting list for public housing in Tasmania. ⁵ |
| Fuel poverty is an issue for many Tasmanians | Fuel poverty is defined as the inability to afford sufficient warmth in a home or comfort, health and quality of life. Fuel poverty, which can lead to mould growth in homes and cause respiratory problems, is common in Tasmania. |
| Assessing the adequacy of housing is a subjective process | The Public Health Act 1997, which has a provision for dealing with sub-standard housing, does not adequately define <i>unhealthy housing</i> and as a result, the assessment process is usually more focused on the structural elements of housing than on the associated social issues. |
| Many Tasmanian homes are not energy efficient | Space heating accounts for about 50% of energy used in Tasmanian homes, not only costing consumers financially but also contributing to climate change. ⁶ |

References & Resources

1. AMP.NATSEM Income and Wealth Report 19. *Whenever I lay my debt, that's my home: Trends in housing affordability and housing stress, 1995-96 and 2005-06.*
 2. Australian Institute of Health & Welfare, 2008, *Housing Assistance in Australia.*
 3. Anglicare Tasmania, 2011, *Affording a rental home*, www.anglicare-tas.org.au/news/listitem/11-04-28/Affording_a_rental_home.aspx
 4. Housing Tasmania, Department of Health & Human Services, 2010, *Tasmanian Homelessness Plan 2010-2013*, Tasmanian Government.
 5. Department of Health & Human Services Progress Chart, August 2010.
 6. Sustainable Living Tasmania, 2007, *Energy Use in the Typical Tasmanian Family Home*: www.shelertas.org.au/images/2010%20entries/Home%20Energy%20efficiency%20tips.pdf.
- Flanagan K, 2010, *There are people living here, exploring urban renewal and public housing estates*, Anglicare Social Action Research Centre, Tasmania.
 - Giles Corti B, 2006, *The impact of urban form on public health*, paper prepared for the 2006 Australian State of the Environment Committee, Department of the Environment and Heritage, Canberra.
 - Perkins M & Pisarski P, 2011, *Housing Australia Fact Sheet, a quick guide to housing facts and figures*, Shelter NSW.
 - Shelter Tasmania: www.shelertas.org.au and Tenants Union of Tasmania: www.tutas.org.au
 - Vic Health, *Housing and Health, Research Summary*: www.vichealth.vic.gov.au/Publications/Health-Inequalities/Housing-and-health-research-summary.aspx.

Communities

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

Individuals

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



Workplaces (Managers, Workers, Volunteers) & Service Providers

- Take a broad understanding of the term *adequate housing* and recognise the multiple factors that may trigger or be linked with housing problems - e.g. mental illness, abusive relationships, care arrangements, education, employment and poverty. Work with others to address the underlying causes of inadequate housing, and empower clients to be in charge of the solutions
- Provide information about housing that is suitable for people with low literacy and from non-English speaking backgrounds
- Provide appropriate housing and aides to people with mobility difficulties so they can stay at home and do not have to enter supported living accommodation
- Provide life skills training for young people in areas such as budgeting, cooking, gardening and home maintenance
- If you are delegated under the Public Health Act 1997, apply a broad understanding of the term *unhealthy premises* and work collaboratively with social services
- Explore different housing models such as co-housing
- Recognise transition periods in people's lives and how these may affect housing needs - e.g. leaving school, having children, leaving the paid workforce and becoming a carer
- Consider the needs and circumstances of different groups - e.g. those with disabilities or those with extended families migrating from other countries
- Use tools and resources that can help you consider the health effects of urban development policies, plans and proposals - e.g. the Healthy Urban Development Checklist developed by NSW Health: www.health.nsw.gov.au/pubs/2010/hud_checklist.html.

Politicians & Governments

- Ensure that **all Tasmanians** have access to adequate housing including those who are experiencing particular difficulties such as young people in out-of-home care, people with disabilities and mobility issues, homeless people, people coming out of prison, refugees, and those with mental illness
- Provide more public housing for Tasmanians
- Amend the Residential Tenancy Act 1997 to include minimum standards for rental properties
- Consult with communities in a meaningful way about housing issues, community needs, and proposed development or re-development
- Adequately resource public housing, address energy efficiency in housing, and provide public housing in areas that have access to services and amenities
- Increase resourcing for emergency accommodation
- Provide adequate funding for tenancy support services
- Ensure land use planning and development takes into consideration access to services and amenities, and the needs of young people as well as the ageing population into the future.

Why it's important

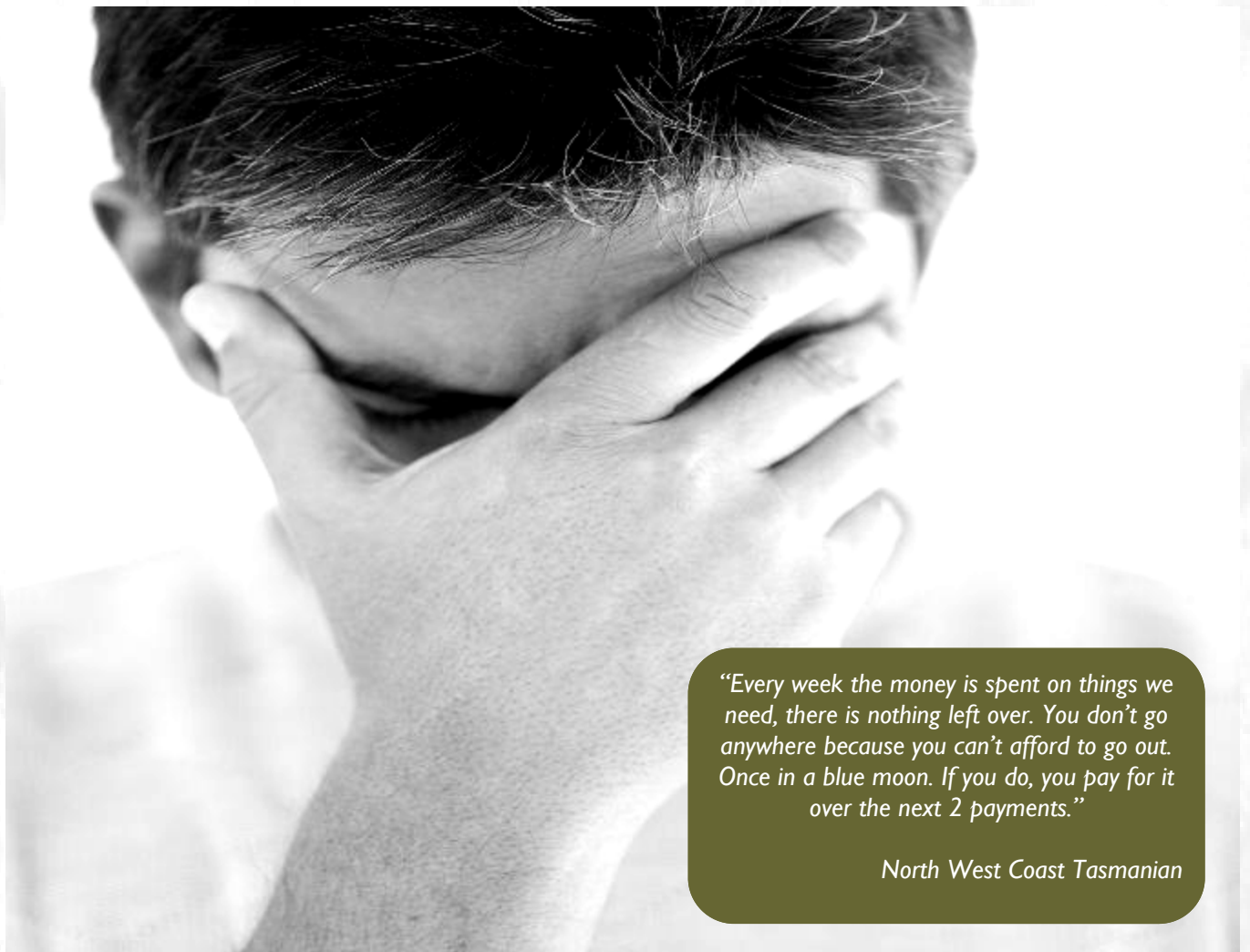
Globally, poverty is about much more than low income. About 1.7 billion people live in *absolute poverty* around the world - i.e. not having enough to feed and clothe a family, not having a school or health service to go to, not having land on which to grow food or a job to earn a living, not having access to credit, not having security, being powerless and excluded, being susceptible to violence, and living in marginal or fragile environments without access to clean water or sanitation (United Nations, 1998).

In Australia, we more commonly refer to *relative poverty* - the condition of having fewer resources or less income than others.

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

People living on low incomes:

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



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

North West Coast Tasmanian

Why is poverty an issue for the health of Tasmanians?

Tasmanians earn less than other Australians

On average, Tasmanians earn less per week than the average Australian weekly income.¹

Many Tasmanians live on low incomes

About one third of households in Tasmania receive Government income support payments as their principal source of income, which is more than the national average.²

Many Tasmanians receive government-funded concessions

More Tasmanians receive concessions relating to health care, aged and disability support pensions, and parenting support, than the national average.³

Tasmania has a high unemployment rate

Tasmania has a higher unemployment rate than the national average.⁴

Long term unemployment is high

More than half of people receiving Newstart and Youth Allowance have been on these allowances for more than 12 months.⁴

Many Tasmanians experience financial stress

A recent 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.⁵

It costs more to live in Tasmania

Compared with other Australians, Tasmanians spend more on food, transport, fuel, and power.⁶

References & Resources

1. Australian Bureau of Statistics, May 2010 *Average Weekly Earnings Australia*, 6302.0.
 2. Australian Bureau of Statistics, 2011, *Household Economic Resources*, 1307.6.
 3. Centrelink Electorate Data, March 2011, www.humanservices.gov.au/corporate/publications-and-resources/facts-and-figures/electorate-data/2011-03-centrelink.
 4. Australian Bureau of Statistics, August 2010, *Labour Force*, 6202.0.
 5. Flanagan K, 2010, *Hard times: Tasmanians in financial crisis*, Anglicare Social Action Research Centre, Tasmania.
 6. Adams D, 2011, *Cost of Living in Tasmania: Interim Report*, Tasmanian Government.
- Brown L and Nepal B, 2010, *Health lies in wealth, Health inequalities of Australians of working age*, Catholic Health Australia.
 - Marmot M, 2010, *Fair Society, Healthy Lives, Strategic Review of Health Inequalities in England Post 2010*.
 - Tasmanian Council of Social Service, 2009, *Just scraping by? Conversations with Tasmanians living on low incomes*, TasCOSS, Tasmania.
 - World Health Organisation, 2003, *Social Determinants of Health, The Solid Facts*.

Communities

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

Individuals

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



Workplaces (Managers, Workers, Volunteers) & Service Providers

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

Politicians & Governments

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

Sexuality, sex and gender identity

Why it's important

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

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

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

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

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



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

Life expectancy for males is lower than females

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).¹

Sexually transmitted infections (STIs) are common in Tasmania

Notifications of chlamydia (a sexually transmitted infection) have significantly increased over the last 10 years in Tasmania. Females are more likely than males to be tested and diagnosed with chlamydia.² Women are more likely to be coerced into sex and are less able to insist on the use of condoms.

Gender discrimination occurs in Tasmania

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.³

Violence against women is common

One in three Australian women experiences physical violence in their lifetime and nearly one in five Australian women experiences sexual assault.⁴

Suicide and self harm among certain groups is concerning

Tasmania has a high suicide rate with three out of four suicides being committed by males.⁵ Suicide among Lesbian, Gay, Bisexual Transgender & Intersex (LGBTI) communities are much higher than in the general population.

Some of us are less likely to seek health care

Men generally use health services at a lower rate than women. Tasmania does not have any funded organisation to advocate for men's health and wellbeing. LGBTI community members are also less likely to access health services, often because they lack confidence that the system will respect their needs and/or their identity.

Men are more likely to go to jail

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

We should do better

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.⁴

References & Resources

1. Australian Bureau of Statistics, March 2011, *Tasmanian Indicators*, 1304.6.
 2. General Practice Tasmania, April 2011, *Primary Health Indicators Tasmania Report*, vol. 4, Issue 1, www.gptasmania.com.au/content/Document/Information%20Management/PHIT%20Reports/PHIT%204.1/PHIT%20Vol%204%20Issue%201%20April%202011.pdf.
 3. Office of the Anti-Discrimination Commissioner website, various publications including annual reports, www.antidiscrimination.tas.gov.au/publications.
 4. Australian Human Rights Commission website, *Sex Discrimination*, various publications, www.hreoc.gov.au/sex_discrimination/index.html.
 5. Australian Institute of Health and Welfare, *Australia's Health 2010*.
- Commonwealth of Australia, *National Male Health Policy Supporting Document, Social Determinants and Key Actions Supporting Male Health* and the *National Male Health Policy 2009* and *National Women's Health Policy 2010*.
 - AusAID, 2010, *Promoting Gender Equality through the Millennium Development Goals*, Australian Government.
 - World Health Organisation, 2003, *Social Determinants of Health, The Solid Facts*.
 - Australian Bureau of Statistics, 2005, 4906.0 - *Personal Safety, Australia*.

Communities

- Speak out about gender inequality (write letters to politicians, become part of lobby groups or write to the media). The Sex Discrimination Commissioner in Australia has said that, “Achieving gender equality requires our elected political representatives to drive and champion the policy reforms that are needed to build a stronger, more productive and fairer Australia.” Advocate for politicians to implement the recommendations of the *Gender Equality Blueprint 2010*
- Create safe communities for all members of the community
- Support women’s choice to stay at home and raise children, or to return to work
- Support men to spend more time with their children and take on other caring roles
- Develop an understanding of how women can be supported to leave domestic violence situations and the role that communities can play in providing support
- Celebrate community diversity through education and promotion programs that are inclusive of sexual orientation and gender identity
- Establish men’s programs and support groups for new parents that cater for their differing needs
- Establish new programs that support men in times of crisis and help them to develop better communication skills
- Support community education initiatives that raise awareness of gender equity issues.

Individuals

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



Workplaces (Managers, Workers, Volunteers) & Service Providers

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

Politicians & Governments

- Act on the Sex Discrimination Commissioner's *Gender Equality Blueprint 2010*, which sets out recommendations that affect both the public and private lives of women and men in Tasmania. Priority areas include:
 - Balancing paid work and family and caring responsibilities (e.g. in order to make flexible work a normal part of workplace culture, the Commissioner recommends that National Employment Standard and the Sex Discrimination Act should be amended)
 - Ensuring women's lifetime economic security (e.g. to ensure women receive the same pay as men for doing paid work of equal or comparable value, a number of actions are recommended)
 - Promoting women in leadership
 - Preventing violence against women and sexual harassment (e.g. to reduce the incidence of violence against women and ensure women who experience violence have access to adequate support, a number of recommendations are made)
 - Strengthening national gender equality laws, agencies and monitoring (e.g. recommendations ensure women experience equal outcomes in the workplace).

The full report can be found on the Commission's website: www.hreoc.gov.au/sex_discrimination/publication/blueprint/index.html#rec

- Invest in the health of Tasmanian men by funding an organisation to focus on men's health and wellbeing, and provide leadership regarding the prevention of poor health outcomes among men (such as suicide and physical violence)
- Seek alternative approaches to 'dealing with' men under the criminal justice system.

Why it's important

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

Factors that contribute to social exclusion include:

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

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

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

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



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

Aged Pensioner, North West Coast Tasmania

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

Much of the data cited below has been sourced from *A Social Inclusion Strategy for Tasmania*¹.

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

The proportion of Tasmanian households whose principal source of income is Government income support payments is around 30%.¹

In 2009-2010, more than 25,000 Tasmanians accessed emergency relief. Demand for emergency relief has increased significantly in recent years.²

In 2005-06, 64,000 Tasmanians lived below the poverty line.¹

Many Tasmanians are homeless or have inadequate housing

In 2006 it was estimated that there were around 2,500 homeless people in Tasmania.³

In 2010, over 3,000 people were on the waiting list for public housing in Tasmania.⁴

Many Tasmanians are unemployed and have low education levels

In excess of 174,000 Tasmanian adults have poor literacy skills, 116,000 have no formal qualifications and over 2,000 are long term unemployed.¹ At least 21,000 children live in households where there is no adult in paid employment.¹

Many Tasmanians are physically isolated and have poor access to services

Around 130,000 Tasmanians live in rural communities of less than 1,000 people; 39,000 live in disadvantaged areas; almost 9,500 have difficulty accessing transport; 81,000 have difficulty accessing the services they need; and 79,000 do not have access to the internet.¹

Many people consume alcohol at risky levels and use illicit drugs

A large number of Tasmanians over 14 years of age consume alcohol at risky levels and use illicit drugs.¹

Many Tasmanians are socially excluded because of who they are

A Social Inclusion Strategy for Tasmania states that in 2006-07:

- 24,000 Tasmanians had a disability
- 17,000 Tasmanians were Aboriginal
- 20,000 Tasmanians were aged over 65 and were living alone
- There were 12,000 single parent families with children under 15 years of age.¹

References & Resources

1. Adams D, 2009, *A Social Inclusion Strategy for Tasmania*, Tasmanian Government.
 2. Herzfeld M, 2010, *The Intersection of Emergency Food Relief and Food Security*, Tasmanian Council of Social Service.
 3. Housing Tasmania, Department of Health & Human Services, 2010, *Tasmanian Homelessness Plan 2010-2013*, Tasmanian Government.
 4. Department of Health & Human Services Progress Chart, August 2010.
- Brown L and Nepal B, 2010, *Health lies in wealth, Health inequalities in Australians for working age*, Catholic Health Australia.
 - Flanagan K, 2010, *Hard times: Tasmanians in financial crisis*, Anglicare Social Action Research Centre, Tasmania.
 - Marmot M, 2010, *Fair Society, Healthy Lives, Strategic Review of Health Inequalities in England Post 2010*.
 - Tasmanian Council of Social Service, 2009, *Just scraping by? Conversations with Tasmanians living on low incomes*, TasCOSS, Tasmania.
 - World Health Organisation, 2003, *Social Determinants of Health, The Solid Facts*.

Communities

- Identify community strengths and how these can be built on, rather than focusing on problems and weaknesses
- Use existing community resources to help address social exclusion in the community - e.g. schools, the knowledge and skills of older people, Learning & Information Network Centres (LINCS), on-line access centres and community houses
- Establish social enterprise programs to create employment in local areas
- Speak out about social exclusion (write letters to politicians, become part of lobby groups or write to the media)
- Implement community-based programs that seek to enhance confidence and self-esteem
- Create safe and welcoming communities that do not tolerate discrimination
- Celebrate migrant and refugee communities and their cultures
- Ensure that not only those who have the loudest voices are heard
- Enable participation for people who have disabilities and those who are physically isolated
- Establish community gardens, community meal sharing programs and other opportunities for community members from all walks of life to get to know each other.

Individuals

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



Workplaces (Managers, Workers, Volunteers) & Service Providers

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

Politicians & Governments

- Implement the recommendations of the *Social Inclusion Strategy for Tasmania* and its associated reports and recommendations
- Increase income support payments to a level sufficient to provide recipients with a basic acceptable standard of living
- Increase the supply of public housing and implement and evaluate the *Tasmanian Homelessness Plan*
- Make it easier for people who are disadvantaged in the labour market to obtain and keep work - e.g. by widening the availability of jobs suitable for single parents, carers and people with mental and physical health problems
- Act on the recommendations of the Sex Discrimination Commissioner's *Gender Equality Blueprint 2010*
- Provide meaningful support for social enterprise programs
- Support the establishment of local and sustainable food supply systems in Tasmania
- Welcome and support refugees and migrants
- Recognise and value Tasmania's ageing population and make the most of their knowledge and skills
- Listen to Tasmanian Aboriginal people and work together to improve Aboriginal health and wellbeing
- Increase investment in mental health promotion and prevention programs. Provide adequate support for people experiencing poor mental health
- Listen to the voices of people with disabilities and their Carers and provide them with appropriate support services and opportunities to make meaningful contributions to Tasmanian communities.

Why it's important

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

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

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

People who have accessible transport are more likely to:

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

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

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



Why is transport an issue for the health of Tasmanians?

| | |
|---|---|
| We depend on cars | The places where we live, shop and work, and where we do many of our daily activities are often located some distance apart. Tasmania's dispersed development patterns have contributed to a dependence on motorised transport. |
| We drive a lot | Tasmanians are highly dependent on private cars, having the second highest car ownership rate in Australia. ¹ |
| There are too many road accidents | Hundreds of road accidents as well as an unacceptable number of fatalities occur each year in Tasmania. For the latest statistics visit: www.transport.tas.gov.au/safety/crash_statistics . ² |
| Motorised transport is bad for the environment | Road transport contributes 92% of transport greenhouse gas emissions in Tasmania, with cars being the largest contributor. ³ |
| Not everyone can afford to run a car | Despite the high car ownership rate, there are still many Tasmanians who do not own or have access to a car, who cannot afford to run a car to the extent that they need, or who are unable to drive because of age or disability. Almost one in 10 occupied private dwellings (9%) in Tasmania do not have a motor vehicle. ¹ |
| Public transport is not widely available | Accessible public transport (defined as being those services on which a commercial fare is levied) is limited, particularly in rural and urban fringe areas. |
| Community transport could be improved | Community transport is funded and delivered by a number of different organisations and is not always well coordinated to meet the needs of clients. |
| Where we live is not always conducive to walking & cycling | Fewer than 1% of residents in Hobart cycle and only 20% walk as part of their daily travels. ⁴ |
| We are getting older and our transport needs will change into the future | It is highly likely that the need for personalised, door-to-door services will increase in the future. |

References & Resources

1. Australian Bureau of Statistics, 2010, *Tasmanian State and Regional Indicators*, 1307.6.
 2. Department of Infrastructure, Energy and Resources, *Tasmanian Crash Statistics*, www.transport.tas.gov.au/safety/crash_statistics.
 3. Department of Infrastructure, Energy and Resources, 2010, *Tasmanian Urban Passenger Transport Network*, Tasmanian Government.
 4. Department of Infrastructure, Energy and Resources, 2010, *Greater Hobart Household Travel Survey, Summary of analysis and key findings*, Tasmanian Government.
- Department of Infrastructure, Energy and Resources & Southern Tasmanian Councils Authority, 2006, *Southern Region Background Report, Accessibility*, pp. 49-75.
 - Giles Corti B, 2006, *The impact of urban form on public health*, paper prepared for the 2006 Australian State of the Environment Committee, Department of the Environment and Heritage, Canberra.
 - Pauley, J, 2007, *Connected Communities, Better Bus Services in Tasmania, Report of the Core Passenger Services Review*.
 - World Health Organisation, 2003, *Social Determinants of Health, The Solid Facts*, pp. 28-29.

Communities

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

Individuals

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



Workplaces (Managers, Workers, Volunteers) & Service Providers

- Support and participate in *active* commuting (walk, cycle) to and from work, schools and child care services
- Organise meetings in accessible venues or use telephone and internet connectivity
- Provide adequate parking for people with disabilities, older Tasmanians and parents with babies, as well as for bicycles, in close proximity to services
- Ask clients if transport is an issue and provide information about transport options to services
- Provide outreach services, so instead of expecting those who are transport disadvantaged to come to you, travel to them
- If you are a transport service, provide information suitable for people with low literacy and those who are from non-English speaking backgrounds, and ensure that vehicles are accessible for people with mobility difficulties
- Think laterally about transport solutions - e.g. organise collaborative initiatives between community and commercial sectors such as the use of taxis for outings and events
- Use tools and resources that help you consider the health effects of urban development policies, plans and proposals - e.g. Healthy By Design Guidelines (Heart Foundation) and the Healthy Urban Development Checklist developed by NSW Health (*see website details below):
 - * **Healthy By Design Guidelines** (Heart Foundation): www.heartfoundation.org.au/SiteCollectionDocuments/HW_HBD_Tas_UpdateAug2010_FINAL%20LR.pdf
 - * **Healthy Urban Development Checklist** (NSW Health): www.health.nsw.gov.au/pubs/2010/hud_checklist.html

Politicians & Governments

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

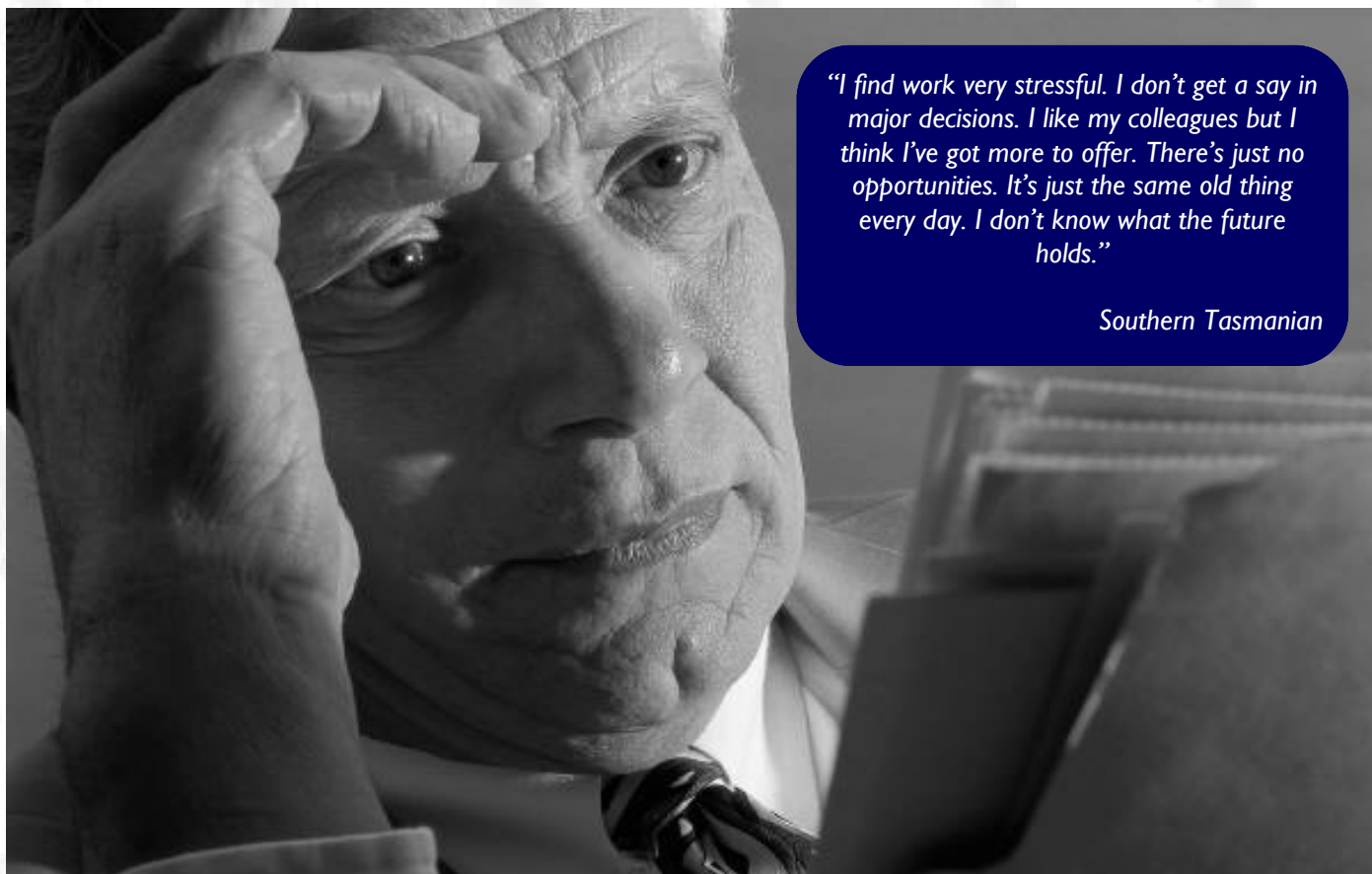
Why it's important

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.

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

Some examples of how work and health are linked 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



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

Southern Tasmanian

Why is work an issue for the health of Tasmanians?

Workforce participation rates are lower in Tasmania

Around 60% of Tasmanians participate in the workforce including around 65% of men and 55% of women. The Australian Bureau of Statistics reported a labour force participation rate for Australia of 65.6 per cent in August 2011.¹

Women do a significant amount of unpaid work

The Australian Bureau of Statistics reports that, at a national level over recent decades, economic and social changes have increased opportunities for women to participate in the paid workforce. Between 1992 and 2006, the proportion of women who were employed increased from 48% to 55%. While women have assumed a greater role in the workplace, they have not compensated by reducing the amount of work undertaken around the home.²

Workplace stress is a reality in Tasmania

In Tasmania in 2009, almost 400 injuries were related to mental stress, including depression, anxiety, or drug and alcohol-related problems.³

Chronic conditions are preventable

The long term physical responses to stress (including workplace stress) include heart disease, cardio-vascular disease and Type 2 Diabetes. Such conditions are largely preventable.

Workplace injury is common

In Tasmania in 2009, over 9,000 people were injured and 15 people were killed at work.³

Casual jobs are common

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, on-going colleagues.⁴

Equity in job opportunities needs to improve in Tasmania

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.

People with disabilities and people from Culturally and Linguistically Diverse (CALD) Communities may also experience specific employment challenges.

References & Resources

1. Department of Education, Employment and Workplace Relations, August 2011, *trends The Tasmanian Labour Market Review*.
 2. Australian Bureau of Statistics, March 2009, *Australian Social Trends*, 4102.0.
 3. Workplace Relations Minister Media Release 2010, www.sites.thomsonreuters.com.au/workplace/2010/11/05/no-let-up-in-workplace-mental-stress and www.abc.net.au/news/2010-10-24/stress-blamed-for-workplace-injuries/2309234.
 4. Australian Bureau of Statistics, Dec 2008, *Tasmanian State and Regional Indicators*, 1307.6.
- Australian Government, *Comcare*, www.comcare.gov.au.
 - World Health Organisation, 2003, *Social Determinants of Health, The Solid Facts*.
 - Work Safe Tasmania, 2010, *Workplace Stress A Guide for employers and workers*, www.wst.tas.gov.au/__data/assets/pdf_file/0020/146252/GB252.pdf.

Communities

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

Individuals

- Talk to managers about workplace health and wellbeing to ensure this becomes a workplace priority.
- Speak out as a group to management if workplace conditions are not conducive to health and wellbeing.
- Initiate, and participate in workplace social, health and wellbeing programs.
- Speak out (write letters to politicians, become part of lobby groups or write to the media) about workplace health and wellbeing.
- Contribute to the creation of safe workplaces that focus on injury prevention.
- Encourage employers to offer incentive programs that lead to enhanced health and wellbeing outcomes for workers.
- Encourage employers to link with the *Business in Mind* Project. See: www.businessinmind.edu.au.



Workplaces (Managers, Workers, Volunteers) & Service Providers

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

Politicians & Governments

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