

Tasmanian Population Health Survey 2019

Key Findings

Background

The Tasmanian Population Health Survey 2019 was conducted by telephone from September to November 2019.

Around 6 300 Tasmanians aged 18 years and over answered a series of questions on their health and lifestyle, understanding health information, dental health, chronic conditions, health screening, and environmental health and wellbeing issues.

This short report is a synopsis of survey results limited to key indicators of population health and presented state-wide only. Where available, ten years of data are included based on four surveys.

Detailed findings, including regional analyses and local government area data will be included in the *Report on the Tasmanian Population Health Survey 2019*.

Health and Well-Being

Self-assessed health: Self-assessed health is a person's appraisal of their own of health and wellbeing at a given point of time. It is commonly used as an indicator of a population's overall health.

The self-reported health status in 2019 has remained similar to that of 2016. Despite a decline in excellent/very good health since 2009, Tasmania's health profile has been relatively stable for the last 10 years.

In 2019, 37 per cent of Tasmanians described their health as excellent/very good and 21.7 per cent described their health as fair/poor.

One in five Tasmanians have poor or fair health and almost one in seven Tasmanians experienced high or very high levels of psychological distress in 2019.

Self-assessed health, age standardised, 18 years and over, Tasmania 2009 to 2019

Assessment	2009	2009	2013	2013	2016	2016	2019	2019
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Excellent/Very Good	43.0%	[41.2%,44.9%]	41.2%	[38.9%,43.6%]	37.1%	[34.6%,39.7%]	37.0%	[33.8%,40.2%]
Good	37.9%	[36.1%,39.7%]	40.9%	[38.5%,43.2%]	38.9%	36.4%,41.6%]	41.1%	[37.9%,44.4%]
Fair/Poor	18.9%	[17.6%,20.2%]	17.6%	[16.2%,19.1%]	23.7%	[21.6%,25.9%]	21.7%	[19.6%,24.0%]

Tasmanian Population Health Surveys 2009-2019

Psychological distress: Psychological distress was measured using a standardised scale called the Kessler10. High and very high levels of psychological distress as measured with the Kessler10 are associated with anxiety and depression.

Rates of high/very high psychological distress remained similar over the last ten years, and no change in high levels of distress was noted in 2019 when compared with 2016.

Of all adults, 13.9 per cent reported very high or high levels of psychological distress in 2019. Females were significantly more likely than males to report high levels of psychological distress – 15.7 per cent for females compared with 12.1 per cent for males.

High/very high level of psychological distress[^]by sex, 18 years and over, Tasmania 2009 to 2019

Gender	2009		2013		2016		2019	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Males	8.7%	[7.4%,10.2%]	10.3%	[8.5%,12.5%]	11.4%	[9.4%,13.7%]	12.1%	[10.4%,14.0%]
Females	13.0%	[11.7%,14.4%]	12.4%	[10.8%,14.1%]	16.0%	[13.9%,18.4%]	15.7%*	[14.0%,17.5%]
Persons	10.9%	[9.9%,11.9%]	11.4%	[10.1%,12.7%]	13.7%	[12.3%,15.4%]	13.9%	[12.7%,15.2%]

Tasmanian Population Health Surveys 2009-2019; [^]measured with the Kessler 10 Psychological Distress Scale; * statistically significantly different from males

Lifestyle risk factors

Smoking: Tobacco smoking is the leading cause of preventable death and disease in Australia. Smoking rates in Tasmania have declined overall since 2009.

The proportion of daily and occasional smokers, collectively referred to as *current smokers*, fell from 15.7 per cent in 2016 to 12.1 per cent in 2019. The proportion of *daily smokers* has declined from 12.1 per cent to 9.3 per cent in 2019.

Over the last decade the proportion of current smokers declined significantly, with the strongest decrease noted between 2009 and 2013 which appears to be largely driven by a reduction in the proportion of people reporting daily smoking.

The proportion of smokers declined in 2019, with one in eight Tasmanians reporting smoking daily or occasionally in 2019.

Smoking status, 18 years and over, Tasmania 2009 to 2019

Smoking status	2009		2013		2016		2019	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Current smoker [^]	19.8%	[18.5%,21.1%]	15.0%	[13.6%,16.5%]	15.7%	[14.2%,17.4%]	12.1%*	[10.9%,13.3%]
Daily smoker	16.1%	[15.0%,17.4%]	11.9%	[10.7%,13.2%]	12.1%	[10.7%,13.6%]	9.3%*	[8.3%,10.4%]
Ex-smoker	27.6%	[26.1%,29.0%]	27.5%	[26.3%,28.9%]	28.0%	[26.2%,29.8%]	31.2%	[29.6%,32.8%]
Never-smoked	52.2%	[50.6%,53.7%]	56.9%	[55.1%,58.7%]	56.2%	[54.1%,58.3%]	56.5%	[54.8%,58.2%]

Tasmanian Population Health Surveys 2009-2019; [^]daily and occasional smoking combined; * statistically significantly different from 2016

Compared with 2016, the proportion of current smokers for all age groups is similar in 2019, with the smallest proportion for persons 65 years and over.

Current smokers[^] by age, Tasmania 2009 to 2019

Age	2009		2013		2016		2019	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
18-24	23.0%	[18.1%,28.8%]	19.7%	[13.6%,27.8%]	18.3%	[11.8%,27.3%]	18.2%[^]	[10.2%,30.5%]
25-34	27.1%	[22.6%,32.0%]	22.5%	[17.0%,29.0%]	20.8%	[15.8%,26.9%]	19.3%	[13.5%,26.9%]
35-44	25.7%	[22.8%,28.9%]	16.9%	[14.2%,20.1%]	20.4%	[16.2%,25.4%]	15.1%	[11.0%,20.2%]
45-54	22.9%	[20.2%,25.8%]	16.2%	[13.8%,18.9%]	20.0%	[16.8%,23.7%]	18.4%	[15.1%,22.2%]
55-64	13.6%	[11.6%,15.9%]	12.2%	[10.4%,14.2%]	12.1%	[9.9%,14.6%]	13.3%	[11.1%,15.9%]
65+	8.8%	[7.4%,10.4%]	7.0%	[6.0%,8.2%]	7.8%	[6.0%,10.0%]	5.8%	[4.8%,7.1%]
Total	19.8%	[18.5%,21.1%]	15.0%	[13.6%,16.5%]	15.7%	[14.2%,17.4%]	12.1%	[10.9%,13.3%]

Tasmanian Population Health Surveys 2009-2019; [^]daily and occasional smoking combined; [^] Use with caution (RSE >=25% -<50%)

Alcohol: Consuming more than four standard drinks on a single occasion, irrespective of frequency, increases the risk of harm from alcohol-related accidents, injuries and violence on that occasion.

The proportion of Tasmanians at risk of harm from alcohol use on a single occasion has declined since 2016 for both males and females.

There has been a statistically significant decline in the risk of harm from alcohol use on a single occasion since 2016 for both males and females.

Overall, more than one-third (35.1 per cent) of Tasmanian adults in 2019 were at risk of harm from alcohol use on a single occasion.

Alcohol use causing risk of harm on a single occasion, 18 years and over, Tasmania 2016 and 2019

Single occasion risk (>4 drinks)	2016		2019	
	%	95% CI	%	95% CI
At least yearly	22.2%	[20.3%,24.2%]	22.9%	[21.4%,24.5%]
At least monthly [^]	22.8%	[21.0%,24.8%]	17.4%*	[16.0%,18.9%]
Total at risk of harm - Persons	45.0%	[42.9%,47.1%]	35.1%*	[33.4%,36.8%]
Total at risk of harm - Males	57.0%	[53.8%,60.1%]	47.2%*	[44.5%,49.8%]
Total at risk of harm - Females	33.2%	[30.5%,36.0%]	23.5%*	[21.5%,25.7%]

Tasmanian Population Health Surveys 2016 and 2019; [^] includes weekly or daily; * statistically significantly different from 2016

Frequently drinking more than two standard drinks a day increases the risk of lifetime harm by aiding the development of a range of chronic conditions.

The proportion of Tasmanians at risk of lifetime harm from alcohol use in 2019 was similar to 2016 for both males and females. However, lifetime risk of harm continues to be significantly higher for males. In 2019, males were almost three times as likely to be at risk of lifetime harm from alcohol use (28.5 per cent) as females (10 per cent).

Alcohol use causing risk of lifetime harm[^] by sex, 18 years and over, Tasmania 2016 and 2019

Life time harm (>2 drinks)	2016		2019	
	%	95% CI	%	95% CI
Males	28.5%	[25.7%,31.4%]	28.5%	[26.1%,31.1%]
Females	13.3%	[11.4%,15.5%]	10.0%	[8.7%,11.6%]
Persons	20.8%	[19.1%,22.6%]	19.1%	[17.7%,20.5%]

Tasmanian Population Health Surveys 2016 and 2019; [^] exceeding 2 standard drinks per day either daily or weekly

Body Mass Index (BMI): This survey used self-reported BMI, which is known to under-estimate overweight/obese status compared to objectively measured BMI (ABS, NHS 2017/18).

There was a small increase in the proportion of adults with an obese BMI and a decline in overweight BMI in 2019 compared with 2016.

Over the last decade, the proportion of overweight and obese adults combined has remained stable.

The proportion of Tasmanians overweight and obese has remained stable over the last decade with more than half either overweight or obese.

Self-reported BMI, age standardised, 18 years and over, Tasmania 2009-2019

BMI category	2009		2013		2016		2019	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Underweight	2.3%	[1.7%,3.1%]	2.0%	[1.3%, 3.0%]	1.1%	[0.8%,1.6%]	1.0%	[0.6%,1.5%]
Normal weight	43.4%	[41.4%,45.4%]	39.1%	[36.7%,41.5%]	38.9%	[36.3%,41.6%]	40.5%	[37.3%,43.8%]
Overweight	35.3%	[33.4%,37.2%]	36.9%	[34.5%,39.3%]	35.6%	[33.2%,38.2%]	30.4%	[27.6%,33.3%]
Obese	19.0%	[17.7%,20.4%]	22.0%	[20.3%,23.9%]	24.3%	[22.2%,26.6%]	28.2%	[25.6%,30.9%]
Overweight/Obese	54.3%	[52.4%,56.3%]	58.9%	[56.5%,61.3%]	60.0%	[57.3%,62.6%]	58.5%	[55.3%,61.7%]

Tasmanian Population Health Surveys 2009-2019

Obesity is associated with socio-economic disadvantage. In 2009, obesity was twice as common in the most disadvantaged quintile compared to the least disadvantaged quintile. Over the last decade, the difference between the first and fifth quintiles narrowed and was not significantly different in the last two surveys.

Self-reported obese BMI by SEIFA quintiles, age-standardised, 18 years and over, Tasmania 2009 to 2019

SEIFA IRSD^2016	2009		2013		2016		2019	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
1st (most disadvantaged)	24.5%	[21.3%,28%]	29.7%	[25.5%,34.3%]	25.0%	[20.5%,30.2%]	28.2%	[23.3%,33.7%]
2nd	19.7%	[17.2%,22.3%]	22.4%	[18.8%,26.4%]	28.4%	[24.5%,32.7%]	35.9%	[29.5%,42.8%]
3rd	20.3%	[17.8%,23.1%]	21.4%	[18.0%,25.3%]	25.1%	[20.7%,30.0%]	32.6%	[26.8%,39%]
4th	18.8%	[15.8%,22.2%]	18.5%	[15.3%,22.1%]	27.1%	[21.6%,33.4%]	27.4%	[22.5%,33%]
5th (least disadvantaged)	12.1%	[9.9%,14.8%]	17.0%	[13.8%,20.7%]	18.0%	[13.9%,23.1%]	20.1%	[15.4%,25.7%]

Tasmanian Population Health Survey 2009-2019; ^ Index of Relative Socio-economic Disadvantage

Physical Activity: Physical activity is reported as either sufficient or insufficient in achieving health benefits by meeting national guidelines.

For trend data, the previous (1999) Physical Activity Guidelines were applied to the 2019 data, showing almost two-thirds of adults (63.2 per cent) reporting sufficient levels of moderate or vigorous physical activity (MVPA).

Less than one in three adults had sufficient levels of physical activity in 2019.

Active transport was used significantly less often in 2019.

Level of physical activity[^], 1999 Guidelines, 18 years and over, Tasmania 2009 to 2019

1999 Guidelines	2009		2013		2016		2019	
Activity levels (MVPA)	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Insufficient	27.5%	[26.1%,28.9%]	31.0%	[29.3%,32.7%]	27.9%	[26.1%,29.7%]	29.3%	[27.8%,30.9%]
Sufficient	68.2%	[66.7%,69.6%]	63.9%	[62.1%,65.6%]	66.0%	[64.1%,67.9%]	63.2%	[61.5%,64.8%]

Tasmanian Population Health Surveys 2009-2019; [^]during the last 7 days

According to the 2014 Guidelines, less than one-third of Tasmanians aged 18-64 years engaged in sufficient physical activity in 2019. Although sufficient moderate and/or vigorous physical activity (MVPA) was reported by 84.1 per cent of Tasmanians, only 33.4 per cent reported at least twice weekly muscle strengthening activity.

Compared with 2016, there has been a statistically significant decline in *insufficient* activity levels (MVPA), as well as for the combined measure which includes muscle strengthening activity.

Level of physical activity by type of activity[^], 2014 Guidelines, 18-64 years, Tasmania 2016 and 2019

2014 Guidelines	2016		2019	
Activity levels (MVPA) [^]	%	95% CI	%	95% CI
Insufficient	14.9%	[13.2%,16.8%]	11.1%*	[9.7%,12.6%]
Sufficient	81.2%	[79.2%,83.1%]	84.1%	[82.3%,85.8%]
Muscle strengthening activity				
Insufficient	70.2%	[67.7%,72.5%]	65.7%	[63.3%,68.1%]
Sufficient	29.2%	[26.8%,31.7%]	33.4%	[31.0%,35.8%]
Combined measure				
Insufficient	68.6%	[66.1%,71.0%]	63.6%*	[61.1%,66.0%]
Sufficient	27.5%	[25.1%,29.9%]	31.1%	[28.8%,33.6%]

Tasmanian Population Health Survey 2016 and 2019 [^]during the last 7 days; * statistically significantly different from 2016

Active transport: Active transport, meaning walking/running or cycling to get from place to place, or walking to a bus stop, reduces greenhouse gas emissions and provides health benefits with more physical activity.

Frequency of using active transport during last seven days, Tasmania 2016 and 2019

	2016		2019	
Frequency	%	95% CI	%	95% CI
1-3 days	17.4%	[15.8%,19.0%]	14.7%	[13.5%,16.0%]
4 or more	24.5%	[22.6%,26.4%]	19.4%*	[18.0%,20.9%]
Not used	56.9%	[54.7%,58.9%]	64.5%*	[62.8%,66.2%]

Tasmanian Population Health Surveys 2016 and 2019 * statistically significantly different from 2016

Fruit and Vegetables: The National Health and Medical Research Council (NHMRC) updated the dietary guidelines for fruit and vegetables in 2013.

The proportion of Tasmanians eating at least two pieces of fruit daily increased from 39.3 per cent in 2016 to 46.1 per cent in 2019.

Only around one in twelve adults met the national guidelines for daily vegetable consumption in 2019. Over the last decade, daily mean serves of vegetables have progressively declined.

The proportion of Tasmanians eating enough fruit and vegetables remains low. Whilst fruit intake has increased, with almost half meeting national guidelines, only one in twelve met the national vegetable guidelines for healthy eating.

Meeting NHMRC 2013 guidelines for fruit and vegetables, 18 years and over, Tasmania 2009 to 2019

Guidelines	2009 [^]		2013		2016		2019	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Met fruit guidelines	49.8%	[48.2%,51.4%]	44.2%	[42.4%,46.1%]	39.3%	[37.3%,41.4%]	46.1%*	[44.3%,47.8%]
Mean serves of fruit daily	1.70	[1.66,1.74]	1.59	[1.55,1.64]	1.46	[1.41,1.50]	1.62*	[1.57,1.68]
Met vegetable guidelines	10.9% [^]	[10.1%,11.9%]	8.5%	[7.6%, 9.4%]	7.5%	[6.5%,8.6%]	8.3%	[7.4%,9.3%]
Mean serves of vegetables	2.54	[2.49,2.59]	2.51	[2.46,2.56]	2.34	[2.27,2.40]	2.29	[2.23,2.34]

Tasmanian Population Health Survey 2009-2019; [^]2003 NHMRC Guidelines; * statistically significantly different from 2016

Females are more likely to meet national fruit and vegetable guidelines compared to males, with one in two and about one in ten matching fruit and vegetable guidelines respectively.

Meeting NHMRC 2013 guidelines for fruit and vegetables by sex, 18 years and over, Tasmania 2019

Guidelines 2013	Males		Females	
	%	95% CI	%	95% CI
Met fruit guidelines	41.9%	[39.2%,44.6%]	50.0%*	[47.7%,52.3%]
Met vegetable guidelines	5.8%	[4.6%,7.3%]	10.7%*	[9.3%,12.2%]

Tasmanian Population Health Survey 2019; * statistically significantly different from males

Understanding health information

Understanding information well enough to know what to do is one component of health literacy.

Health literacy includes other factors and affects the capacity to make decisions and manage health and healthcare.

Understanding health information has been assessed in this survey using a small selection of content from the *Health Literacy Questionnaire (HLQ)*.

Health literacy is affected by factors like education and general literacy, employment, early life and social support.

Questions from the *Health Literacy Questionnaire (HLQ)* assess components of health literacy, including understanding information well enough to know what to do, health system navigation, and access to and engagement with health care providers.

In 2019, about nine out of ten Tasmanians (89.4 per cent) found it very easy or easy to understand health information and to know what to do, essentially the same as for 2016.

While most adults (82.5 per cent) found it easy to discuss health concerns with health care providers, there has been a statistically significant increase in the proportion of adults reporting difficulties with this task (16.8 per cent) compared with 2016.

Close to half of all adults (44.9 per cent) reported difficulties with accessing the health care providers that they need.

Level of difficulty in selected health literacy domains, 18 years and over, Tasmania 2016 and 2019

Health literacy domain	Difficult (a)		Easy (b)	
	%	95% CI	%	95% CI
Understanding health information and knowing what to do [^]				
2019	10.6%	[9.5%,11.7%]	89.4%	[88.3%,90.5%]
2016	9.0%	[7.9%,10.3%]	91.0%	[89.7%,92.1%]
Ability to discuss health concerns with health care provider [^]				
2019	16.8%*	[15.5%,18.2%]	82.5%*	[81.1%,83.8%]
2016	13.4%	[11.9%,15.0%]	85.8%	[84.2%,87.3%]
Get to see the healthcare providers that I need [^]				
2019	44.9%	[43.1%,46.6%]	54.0%	[52.2%,55.7%]

Tasmanian Population Health Surveys 2016 and 2019; [^]proportions are calculated using ABS 2017/18 health literacy methodology (a) cannot do/always difficult are combined with usually difficult and sometimes difficult b) usually easy and always easy combined

* statistically significantly different from 2016

While most Tasmanians find it always or usually easy to understand health information close to half of all Tasmanian adults reported difficulties with accessing the health care providers that they need.

Chronic conditions

Chronic disease estimates have been age-standardised to remove the effects of population ageing over the last decade.

Compared with 2016, there were no significant changes in the ever-diagnosed chronic conditions reported in 2019. The only statistically significant change was in hypertension, which fell from 25.8 per cent in 2009 to 22.5 per cent in 2019.

However, since 2009, increases were noted for cancers, from 6.5 per cent in 2009 to 8.4 per cent in 2019, depression/anxiety, rising from 21.4 per cent to 33.6 per cent in 2019, and diabetes, up from 5.5 per cent to 8.3 per cent.

Depression/anxiety, diabetes, and cancers have increased significantly in Tasmania over the last ten years, while hypertension has declined.

Self-reported ever diagnosed[^] chronic conditions, age standardised, 18 years and over, Tasmania 2009-2019

	2009		2013		2016		2019	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Heart disease ^(a)	5.6%	[5.1%,6.1%]	6.8%	[6.7%,7.0%]	7.0%	[6.2%,7.9%]	6.5%	[5.7%,7.3%]
Stroke ^(b)	2.8%	[2.4%,3.3%]	2.3%	[2.0%,2.7%]	2.8%	[2.3%,3.4%]	2.3%	[1.9%,2.6%]
Cancer	6.5%	[5.9%,7.1%]	7.6%	[6.8%,8.5%]	8.5%	[7.5%,9.6%]	8.4%	[7.5%,9.4%]
Osteoporosis	5.2%	[4.7%,5.7%]	5.2%	[4.8%,5.7%]	6.1%	[5.5%,6.8%]	5.6%	[5.1%,6.2%]
Depression/anxiety	21.4%	[20.0%,22.8%]	25.5%	[23.5%,27.7%]	30.0%	[27.7%,32.4%]	33.6%	[30.5%,36.7%]
Other mental health	n/a		n/a		n/a		6.6%	[5.2%,8.3%]
Arthritis	21.0%	[20.1%,22.0%]	22.5%	[21.3%,23.6%]	23.3%	[21.9%,24.6%]	22.9%	[21.4%,24.5%]
Hypertension ^(c)	25.8%	[24.6%,27.0%]	24.9%	[23.5%,26.3%]	23.9%	[22.4%,25.4%]	22.5% *	[21.0%,24.1%]
COPD ^(d)	n/a		n/a		n/a		1.9%	[1.5%,2.4%]
Kidney disease	n/a		n/a		n/a		2.0%	[1.6%,2.5%]
Asthma	21.7%	[20.1%,23.4%]	24.3%	[22.2%,26.5%]	25.4%	[23.2%,27.9%]	25.1%	[22.6%,27.8%]
Diabetes	5.5%	[5.0%,6.1%]	6.2%	[5.5%,6.9%]	8.1%	[7.1%,9.2%]	8.3%	[7.3%,9.5%]
Hyperglycaemia ^(e)	3.8%	[3.1%,4.5%]	3.5%	2.9%,4.3%]	4.9%	[4.0%,6.0%]	5.2%	[4.1%,6.5%]

Tasmanian Population Health Surveys 2009-2019; [^]ever diagnosed refers to chronic conditions diagnosed by a health care provider at any time during a person's lifetime. This therefore may include conditions which are no longer **current** chronic conditions.

(a) includes cardiomyopathy, coronary and ischaemic heart disease, heart failure, hypertensive and inflammatory heart disease, disease of heart valves, heart murmur, having pacemaker (b) includes mini strokes, aneurisms and trans-ischaemic attacks (c) includes high blood pressure during pregnancy; (d) chronic obstructive pulmonary disease; (e) high blood sugar. *Statistically significantly different compared with 2009.

Chronic disease management

A range of actions can help with the management of chronic conditions.

A GP management or care plan identifies care needs and actions that can be taken to help manage chronic conditions.

More than three in five Tasmanians with three or more chronic conditions have a GP management plan.

Of all adults with **current** chronic conditions, the majority of Tasmanians with three or more chronic conditions (61.9 per cent) have a current care/management plan for their conditions.

Current care/management plan provided by General Practitioner, Tasmania 2019

Number of conditions	Provided		Not provided	
	%	95% CI	%	95% CI
1 or 2 current chronic conditions	37.8%	[35.3%,40.4%]	60.8%	[58.3%,63.3%]
≥3 current chronic conditions	61.9%	[58.4%,65.3%]	36.8%	[33.4%,40.2%]

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The proportion of adults provided with an asthma action plan for their current asthma has varied over the last ten years, with no significant change noted since 2016.

Provided with an asthma action plan for current asthma, 18 years and over, Tasmania 2009 to 2019

Gender	2009		2013		2016		2019	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Males	64.5%	[55.3%,72.7%]	55.1%	[45.1%,64.8%]	71.9%	[63.3%,79.2%]	61.6%	[52.8%,69.7%]
Females	60.9%	[55.5%,66.1%]	59.2%	[52.6%,65.5%]	71.8%	[64.6%,78.1%]	69.3%	[63.8%,74.4%]
Persons	62.2%	[57.4%,66.7%]	57.6%	[52.0%,63.1%]	71.9%	[66.4%,76.8%]	66.5%	[61.7%,70.9%]

Tasmanian Population Health Survey 2009-2019

About four in five adults manage diabetes with medications and diet, and most include exercise in their management strategy. With the sole exception of medications, these management strategies were also used to a similar degree by those with high blood sugar levels.

Actions taken to manage current diabetes or high blood sugar, 18 years and over, Tasmania 2019

Actions	Diabetes*		High blood sugar	
	%	95% CI	%	95% CI
Modify diet	77.8%	[73.3%,81.7%]	75.0%	[67.9%,80.9%]
Weight loss	47.8%	[43.0%,52.6%]	48.5%	[41.3%,55.8%]
Exercise	59.7%	[54.8%,64.4%]	55.2%	[47.9%,62.3%]
Medications	77.1%	[72.4%,81.2%]	28.1%	[22.3%,34.8%]

Tasmanian Population Health Survey 2019; * excludes gestational diabetes

Health screening

Preventive health screening allows timely diagnoses and can reduce the burden of chronic diseases.

There has been an increase in preventive health screening for high blood pressure, cholesterol and diabetes/high blood sugar from 2016 to 2019.

More than one-third of all adults (35.3 per cent) reported having been screened for kidney disease during the previous two years.

There has been an increase in preventive health screening for hypertension, cholesterol and diabetes, and over one-third of all adults were screened for kidney disease in 2019.

Preventive health screening during previous two years, 18 years and over, Tasmania 2009 to 2019

Screening type	2009		2013		2016		2019	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Blood pressure	81.5%	[80.2%,82.8%]	83.3%	[81.6%,84.9%]	82.4%	[80.5%,84.1%]	88.3%*	[87.1%,89.5%]
Cholesterol	53.2%	[51.8%,54.6%]	57.2%	[55.6%,58.8%]	54.9%	[53.0%,56.9%]	66.8%*	[65.3%,68.4%]
Diabetes/hyperglycaemia	50.7%	[49.3%,52.2%]	52.7%	[51.0%,54.3%]	50.3%	[48.3%,52.2%]	58.5%*	[56.7%,60.1%]
Kidney disease	n/a		n/a		n/a		35.3%	[33.8%,36.9%]

Tasmanian Population Health Surveys 2009-2019; * statistically significantly different from 2016

The use of screening is linked to age, and screening for cholesterol and diabetes was most commonly reported by older adults.

Whilst only about 1 in 6 adults aged less than 45 years were screened for kidney disease, this increased significantly to a third (33.5 per cent) for persons aged 45-64 and almost one half (47.6 per cent) for those aged 65 years and over.

Preventive health screening during the previous two years by age, Tasmania 2019

Age	Blood pressure		Cholesterol		Diabetes/hyper glycaemia		Kidney disease	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
18-44	73.7%	[69.3%,77.7%]	31.2%	[27.2%,35.5%]	35.0%	[30.7%,39.6%]	15.7%	[12.6%,19.4%]
45-64	88.6%	[86.7%,90.4%]	69.8%	[67.1%,72.3%]	57.9%	[55.1%,60.7%]	33.5%	[30.9%,36.3%]
65+	95.7%	[94.6%,96.5%]	82.4%	[80.6%,84.1%]	71.3%	[69.1%,73.4%]	47.6%	[45.3%,49.9%]
Total	88.3%	[87.1%,89.5%]	66.8%	[65.3%,68.4%]	58.5%	[56.7%,60.1%]	35.3%	[33.8%,36.9%]

Tasmanian Population Health Survey 2019

Oral health

Good oral hygiene is important for good health and in preventing some chronic conditions.

In 2019, less than half (40.6 per cent) of all adults assessed their oral health as excellent or very good, and over a quarter (26.5 per cent) of all adults reported their oral health as fair or poor.

Compared with 2016, a statistically significant increase was noted in the proportion of adults reporting complete tooth loss, up from 6.4 per cent in 2016 to 7.9 per cent in 2019.

The proportion of Tasmanians reporting complete tooth loss has increased significantly, and more than one in four reported fair or poor oral health.

Self-assessed oral health, 18 years and over, Tasmania 2016 and 2019

Oral health status	2016		2019	
	%	95% CI	%	95% CI
Excellent/Very Good	38.8%	[36.6%,41.0%]	40.6%	[38.8%,42.5%]
Good	35.5%	[33.4%,37.7%]	32.5%	[30.8%,34.3%]
Fair/Poor	25.5%	[23.6%,27.4%]	26.5%	[24.9%,28.1%]
Complete tooth loss	6.4%	[5.7%,7.2%]	7.9%*	[7.2%,8.7%]

Tasmanian Population Health Surveys, 2016 and 2019; * statistically significantly different from 2016

Oral hygiene practices have not changed since 2016, with about three quarters of all adults brushing their teeth at the recommended level of at least twice daily in 2019.

Usual frequency of brushing teeth, 18 years and over, Tasmania 2016 and 2019

Brushing frequency	2016		2019	
	%	95% CI	%	95% CI
≥ twice a day (or more)	72.0%	[69.9%,74.0%]	74.0%	[72.3%,75.6%]
once a day	24.6%	[22.7%,26.6%]	23.5%	[21.9%,25.2%]
Less than once a day	3.1%	[2.3%,4.2%]	2.3%	[1.9%,3.0%]

Tasmanian Population Health Survey 2016 and 2019

As in 2016, more than one in four adults (26.1 per cent) had avoided a dental visit because of the costs involved.

Avoided dental visit during last 12 months because of cost, 18 years and over, Tasmania 2016 and 2019

2016		2019	
%	95% CI	%	95% CI
27.6%	[25.8%,29.6%]	26.1%	[24.6%,27.7%]

Tasmanian Population Health Surveys 2016 and 2019

Environmental health

Heating: How Tasmanian's heat their home remains unchanged from 2016.

The majority of Tasmanians (62.2 per cent) used electricity as their main source of heating in 2019, with three in ten (29.8 per cent) using wood as their main source of heating.

Main source of energy used to heat home, Tasmania 2016 and 2019

Source of energy	2016		2019	
	%	95% CI	%	95% CI
Electricity	61.7%	[59.7%,63.7%]	62.2%	[60.4%,63.9%]
Wood	30.2%	[28.3%,32.1%]	29.8%	[28.2%,31.4%]
Gas	5.1%	[4.2%,6.1%]	4.8%	[4.0%,5.7%]
Pellets	0.5%	[0.2%,0.9%]	0.5%	[0.3%,0.8%]
Other source	2.1%	[1.6%,2.8%]	2.2%	[1.8%,2.8%]

Tasmanian Population Health Surveys 2016 and 2019

Cooling: Air conditioner use is on the rise. In 2019, increases were observed in the proportion of Tasmanians cooling their homes with air conditioners (51.5 per cent) or fans (17.2 per cent), matching a decrease in the proportion of those without home cooling appliances (down from 37.6 per cent in 2016 to 29.7 per cent in 2019).

Main method of cooling home, Tasmania 2016 and 2019

Method	2016		2019	
	%	95% CI	%	95% CI
Air conditioner	46.7%	[44.6%,48.9%]	51.5%*	[49.7%,53.3%]
Portable air conditioner/air cooler	0.8%	[0.5%,1.2%]	1.5%	[1.1%,1.9%]
Fans	14.5%	[13.1%,16.0%]	17.2%*	[16.0%,18.5%]
None of the above	37.6%	[35.6%,39.7%]	29.7%*	[28.1%,31.3%]

Tasmanian Population Health Survey 2016 and 2019 * statistically significantly different from 2016

There has been a significant increase in the use of cooling appliances in Tasmania since 2016, with about one in seven Tasmanians cooling their homes in 2019.

Notes on interpretation:

Demographic attributes such as age, gender, and socio-economic status affect self-reported health and lifestyle risk factors, particularly smoking, alcohol consumption, and nutrition.

Unlike earlier surveys, which excluded mobile phone users, this survey included a sample of 1 800 Tasmanian mobile phone users of which 1 082 (60.1 per cent) were **sole** mobile phone users.

As in 2016, the sole mobile phone sample in this survey shows a bias towards younger age (54 years and under, and particularly so for persons aged under 44 years), but not towards greater socio-economic disadvantage.

Overall, the key demographic characteristics of the survey participants are similar to those in 2016, except there was generally a lower proportion of adults aged less than 65 years participating in the survey, with a commensurately higher proportion of persons aged 65 years and over.

There was no significant difference in the distribution of socio-economic disadvantage, but there was a reduction in the proportion of participants under the age of 35 years when compared to 2016.

Chronic conditions, BMI, and self-assessed health status have been age standardised to the 2001 Australian population to remove the impact of population ageing when making comparisons over time.

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Social Research Centre Pty Ltd conducted the survey on behalf of the Department of Health.