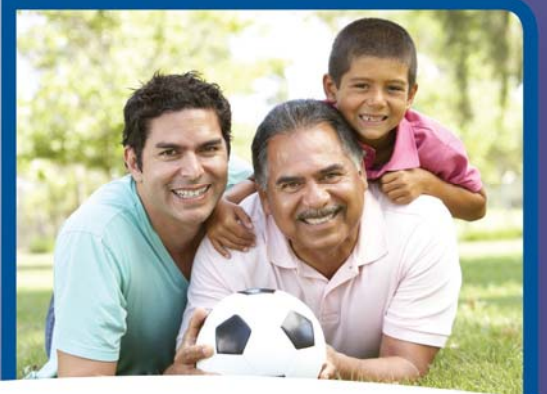


# Population Health Services

Notable facts and achievements 2014



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## Aboriginal cross-cultural training

In 2013–2014, PHS delivered face-to-face Aboriginal Cultural Competence Training to over 500 health and human service workers in Tasmania.

For workers not able to attend face-to-face Aboriginal Cultural Competence Training, PHS developed an Aboriginal Cultural Competence e-learning module – the first of its kind in Tasmania – that went live at the end of March 2014. Nearly 100 health and human service workers in Tasmania completed this module in the first three months, despite very limited promotion.

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## Alcohol Use

All statewide whole-of-population level indicators of alcohol harm from risky drinking (both short term and long term) have fallen since the last Population Health Survey in 2009. A number of these decreases are statistically significant. (*2014 Report of the Tasmanian Population Health Survey, DHHS*)  
(*In sub groups of the Tasmanian population, CALD peoples, the unemployed and those in the second lowest SEIFA quintile demonstrated a rise in alcohol harms from 2009–2013 but none were statistically significant.*)

### Alcohol use in pregnancy

The rate of alcohol use by pregnant women in Tasmania has nearly halved in recent years. In 2005, 18.3 per cent of pregnant women reported alcohol use while pregnant. In 2011, 9.5 per cent of pregnant women reported alcohol use while pregnant.

PHS has worked with the National Organisation for Foetal Alcohol Spectrum Disorder and local organisations to put in place measures to reduce alcohol consumption by pregnant women, including by training health professionals and targeted awareness-raising.

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## Breastfeeding

The Infant Feeding Guidelines (DoHA, 2013) state the goal is for babies to breastfeed exclusively to around six months. In Tasmania:

- around nine out of ten babies begin their life breastfeeding. (AIHW 2011, 2010 Australian National Infant Feeding Survey)
- just over seven in ten are still being breastfed on discharge from maternity services, with the rate declining in recent years. (Tas Council of Paediatric Morbidity and Mortality Annual Report 2010 & 2011)
- Four in ten are being exclusively breastfed at four months of age. (AIHW 2011)
- Young mothers in low income areas are five time less likely than older mothers in higher income areas to exclusively breastfeed for four months. (Child Health and Parenting Service, DHHS, 2003–2013)

These figures highlight a need to focus on maintaining breastfeeding in maternity services and reducing early cessation of breast feeding, and the importance of breastfeeding support services for young and low income mothers.

The [Breastfeeding Coalition Tasmania](#), mobilised by PHS and comprising 30 concerned groups, works to improve community support for breastfeeding, providing resources to local services, contributions to national and state policy debates and disseminating information about breastfeeding trends.

## Breast Screening

BreastScreen screened more than 28 000 Tasmanian women during 2012–2013 (1 000 more than the previous year) improving women’s chances of early detection and successful treatment of breast cancer.

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## Childhood Obesity

In Tasmania there was a significant increase in the prevalence of childhood overweight and obesity from 18.6 per cent in 2007–2008 to 28.8 per cent in 2011–2012. This was the largest increase of all jurisdictions over the three-year period, and the Tasmanian prevalence of overweight /obesity combined in children (five to 17 years) is the second highest of all jurisdictions after the Northern Territory. (State of Public Health, 2013)

For every 10 current primary school-age children, two will already be overweight or obese, and its projected another five will become overweight or obese as adults. There is poor evidence for sustained weight loss once obesity is established. We need to help all children develop healthy behaviours, regardless of current weight status – before they go on to face a lifetime of obesity and its complications.

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## Falls Prevention

In 2013–2014, PHS printed and distributed over 25 000 Tasmanian Stay on Your Feet brochures and posters and 8 000 ‘*Don’t Fall For It – Falls Can be Prevented*’ booklets to the community sector and a wide range of health and human service providers. These resources are in high demand and are used routinely across community, primary health care and aged care sectors and Tasmanian Health Organisations including Departments of Emergency Medicine.

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## Healthcare Associated Infections

Led by PHS, Tasmania was the first jurisdiction in Australia – and remains one of only two jurisdictions – to routinely publish information about hospital acquired infection rates, including the names and infection rates for each hospital. PHS established this surveillance system including validation processes, and collects, manages and publishes the data.

Monitoring healthcare-associated infections is the cornerstone of infection prevention programs, and this benefits everyone accessing hospital services in Tasmania.

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## Health Literacy

Tasmania was the first jurisdiction in Australia to develop a health literacy action plan: the Communication and Health Literacy Action Plan (2011–2013). Only 37 per cent of Tasmanian adults (and 41 per cent nationally) are considered to have adequate health literacy skills to meet the complex demands of everyday life. (ABS 2006)

In 2014, PHS published an extensive [Communication and Health Literacy Workplace Toolkit](#)

## Healthy Workers

Over 1 000 workplaces in Tasmania have accessed the Tasmanian Healthy Workplace resources and services developed by PHS since 2012, helping to make healthy choices easy and normal in Tasmanian workplaces.

These resources and services include the WorkCover Health and Wellbeing Advisory Service, Your Simple Guide to Workplace Health and Wellbeing (2012), Going Smoke-free: Your Workplace Kit (2012), and many well-attended breakfast seminars and workshops.

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## Heatwave Response

Heat events have killed more people than any other natural hazard experienced in Australia over the past 200 years (Pricewaterhouse Coopers 2011, *Protecting human health and safety during severe and extreme heat events: A national framework*, Commonwealth Government).

In 2013, PHS worked with Ambulance Tasmania to develop Tasmania's first heatwave alert system to help prepare for and manage extreme heat events. PHS also developed resources for the public and those providing care to people vulnerable to heat-related illness.

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## Immunisations

PHS oversees immunisation programs in Tasmania, making sure people have easy access to vaccines that are transported, stored and used correctly, and that health professionals have easy access to advice and the latest information about immunisation protocols.

This benefits all Tasmanians. High immunisation rates make it difficult for the relevant contagious diseases to spread from person-to-person, providing some protection to those who have not developed immunity, including newborn babies and people who cannot receive vaccines safely because of egg allergies or medical conditions.

### PHS

- manages vaccine stock and distribution of vaccine to immunisation providers
- provides advice to health professionals about improving immunisation uptake, safe storage, transport and use of vaccines, and care of the very small proportion of people who experience vaccine side effects or reactions
- sets education requirements for nurse immunisers, contributes to nurse immuniser training provided by the University of Tasmania and authorises nurse immunisers annually
- promotes the importance of immunisation to people in Tasmania.

## Iodine

PHS led Australia and New Zealand by introducing voluntary fortification of bread with iodine in 2001, to correct iodine deficiency. It is now mandatory for bread available for sale in Australia and New Zealand to contain iodised salt in place of regular salt.

PHS routinely monitors the iodine status of the Tasmanian population, which has shown a progressive, stepwise improvement in iodine nutrient over the periods of voluntary and mandatory fortification. PHS also monitors levels of iodine in major food sources (bread and milk).

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## Move Well Eat Well

### **Early Childhood Award Program (Mary Eckhardt 20/8/14)**

Since 2012, 122 early childhood services (long day-care centres, family day care schemes and kindergarten programs) in Tasmania have joined the *Move Well Eat Well* – Early Childhood (MWEW–EC) Award Program, covering

- 70 per cent of long day care services
- 90 per cent of family day care services
- 10 per cent of kindergartens.

In total, the MWEW–EC Award Program has reached 6 800 children aged 0–4 years (23 per cent of children aged 0–4 years in Tasmania) and their family members. It has also reached 1 670 early childhood educators in Tasmania.

Nineteen (16 per cent of participating services) have received a MWEW award in recognition of their organised and sustainable whole-service approach to healthy eating and physical activity as normal and positive parts of every day for every child.

### **Primary Schools Award Program (Sue Moir 20/8/14)**

There are 164 Tasmanian primary schools (73 per cent of eligible schools) participating in the PHS *Move Well Eat Well* Primary Schools (MWEW–PS) Award Program, bringing every day benefits to over 38 000 children aged 5–12 years living in Tasmania, as well as potentially delivering take-home messages to the households of those children.

Forty (25 per cent of participating schools) have received a MWEW award in recognition of their organised and sustainable whole-school approach to healthy eating and physical activity as normal and positive parts of every day for every child.

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## Needle and Syringe Program

Through the Needle and Syringe Program, PHS handles about 3 000 needle and syringe transactions each month from a variety of sites including hospitals, community health centres, pharmacies and other sites established for the specific purpose of ensuring the availability of sterile injecting equipment and services to injecting drug users. This reduces the incidence of people sharing or reusing injecting equipment. Tasmania's rates of blood-borne virus infections remain generally around or lower than the national average.

## Nutrition, malnutrition and nutrition programs

- Less than half of Tasmanian adults eat the recommended two serves of fruit per day.
- Only one in 10 Tasmanian adults eat the recommended five serves of vegetables per day.
- Over one third of the energy (kilojoules) consumed by Australians comes from 'junk' food (food of very limited nutritional value). (ABS, Australian Health Survey, 2013)

### **Nutrition community education and workforce capacity building**

As well as providing nutrition education resources for the Tasmanian community, health and community workers working directly with families access to evidence-based information, training and resources about healthy eating. This helps ensure promotion of nutrition messages consistent with the *Infant Feeding Guidelines (2013)* and *Australian Dietary Guidelines (2013)*.

- PHS has developed and delivers an accredited nutrition short course for **practice nurses** in Tasmania. Around 78 per cent of general practices in Tasmania employ at least one practice nurse, and most of these practice nurses perform adult health checks and deliver health promotion advice as a normal part of their work. About one third have completed the PHS nutrition training and use the resources in their day-to-day work.
- PHS provides infant and childhood nutrition resources, training and support for **CHaPs** staff. CHaPs provides routine child health and development assessments, and information and support for families with children aged under five years. The CHaPs service reaches about 90 per cent of parents/carers of newborns in Tasmania, and about 60 per cent of parents/carers of 2-year olds.

PHS also provides CHaPs staff with current and objective information about the nutrition profile of infant formula and its use, assisting CHaPs to meet its obligations under the *International Code of Marketing Breastmilk Substitutes*.

- PHS works with **Oral Health Services** to ensure important nutrition messages consistent with the *Australian Dietary Guidelines (2013)* are routinely included in their advice, programs and resources. Oral Health Services provides oral health assessment, care and advice to around 35 000 children aged 0–18 years in Tasmania every year.
- PHS provides training every year to **pharmacy graduates** (through the Pharmacy Guild of Australia) on the marketing of breast milk substitutes, the nutrition profile and use of infant formula and appropriate introduction of solid foods to babies' diets.

### **Family Food Patch**

PHS provides funding, nutrition and physical activity expertise to the Family Food Patch program, which has trained more than 300 volunteer peer educators (Family Food Educators) in 28 locations across Tasmania since 2001. Over 70 per cent of the volunteers remain engaged with the program.

Family Food Patch has a focus on communities with populations most at risk of poor health and poor nutrition. The Family Food Educators support their local communities by improving knowledge and skills of parents and carers of young children and addressing common food and physical activity concerns. The sustained investment in this program is showing benefits which were not initially anticipated, with Family Food Educators now showing up in school canteens and putting to good use the skills they gained from Family Food Patch.

## **Food Security**

Food security means having access to healthy and affordable food on a regular basis. Not all Tasmanians have this. About one in 10 Tasmanian adults living in low income areas experience food insecurity (Tasmanian Population Health Survey, 2013 ) About one in 20 children in Tasmania experience food insecurity, however this figure increases dramatically in households with annual incomes below \$40 000 a year, with almost one third experiencing food insecurity. (Tasmanian Child Health and Wellbeing survey, 2009)

PHS:

- was instrumental in the first Tasmanian Food Security Council and the development of the first Tasmanian Food Security Strategy
- provides planning and evaluation advice and support to 16 projects funded through the Food For All Tasmanians Strategy grants
- facilitates the Tasmanian Food Security network, building and strengthening partnerships between government, non-government, research and the business sector
- delivers training to help organisations understand the causes of food insecurity, develop long term solutions and increase their skills and knowledge about nutrition, food safety and evaluation
- works in partnership with Second Bite to provide training for Community Food Programs.

## **Home and Community Care Nutrition Service**

The PHS Home and Community Care (HACC) Nutrition Service provides nutrition support and training to HACC-funded community nursing services and almost 60 per cent of relevant HACC Service Provider groups across Tasmania, including day respite centres, in-home care service providers and delivered meals assessment officers.

Over 12 000 older Tasmanians receive services from these HACC providers.

Of HACC provider groups supported:

- 80 per cent now actively promote good nutrition as part of their daily activities
- 47 per cent now have an up-to-date food and nutrition policy or principles document that guides quality improvement
- 64 per cent of the services providing food now have menus that meet nutrition recommendations on most days
- about 40 per cent now carry out malnutrition screening as a routine part of their assessment process.

In 2013–2014, the HACC Nutrition Service delivered 21 training sessions to a total of 242 staff and volunteers to increase their knowledge and skills in managing nutrition issues for their clients.



## Malnutrition

It is estimated that around one in 10 Australians receiving community care at home are malnourished.

Malnutrition is often overlooked even though it is linked with increased mortality, greater risk of infection, reduced quality of life and increased care costs. Early recognition and management is vital.

PHS has developed a system and resources for malnutrition risk screening and management, and provides ongoing support to community-based aged-care service providers using this system.

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## Physical Activity and Sedentary Behaviour

Globally, physical inactivity is a leading risk factor for mortality (WHO 2010).

Most Tasmanians are insufficiently active:

- 69.4 per cent of adults in Tasmania do not meet national physical activity guidelines, compared with 67.5 per cent nationally. (Australian Health Survey, 2013)
- Nationally, 80.6 per cent of children aged 5–17 years are not physically active for the recommended 60 minutes per day.
- As children get older, the amount of physical activity they take reduces.
  - 64.3 per cent of children aged 5–8 years are not physically active for the recommended 60 minutes a day.
  - 94.2 per cent of young people aged 15–17 years are not physically active for the recommended 60 minutes a day. (Australian Health Survey, 2013 Cat.no. 43640DO016)

Even when physical activity guidelines are met, prolonged periods of sedentary behaviour (time spent in a sitting or reclining posture other than for sleeping) can compromise metabolic health leading to heart disease and type-2 diabetes. Most young Tasmanians spend significant time being sedentary, and this increases as children get older:

- Australian adults spend on average 39 hours per week being sedentary, of which 10 hours was work time and 29 hours was transport and leisure time. In Tasmania, adults spend on average nearly 37 hours per week being sedentary, of which 30 hours work time. (Australian Health Survey, 2013 Cat.no. 43640 Table 5.1)
- Nationally, 71 per cent of children aged 5–17 years spend more than the recommended maximum of 2 hours for recreational screen time every day. As children get older, their recreational screen time increases. 59 per cent of children aged 5–8 years and 81.5 per cent of children aged 15–17 years exceed national maximum recommendations for recreational screen time. (Australian Health Survey, 2013 Cat.no. 43640DO016)

PHS provides information, advice, resources and training about physical activity and sedentary behaviour – and how to encourage healthy behaviours – to

- *Move Well Eat Well* member services / schools, reaching more than 44 000 Tasmanian children
- Home and Community Care Services, which support over 12 000 Tasmanians
- many other organisations and workplaces.

## Potable (Drinking) Water

The provision of drinking water is regulated by PHS, which oversees the *Tasmanian Drinking Water Quality Guidelines* (DHHS 2005) and the Drinking Water Quality Management Plans developed by TasWater to deliver safe drinking water as required under the *Public Health Act 1997*. TasWater reports annually to the Director of Public Health against the requirements set in the Tasmanian Drinking Water Quality Guidelines.

At 30 June 2013, about 89 per cent of people in Tasmania received a reticulated drinking water supply to their home through 90 separate public supply systems. Of that population:

- 97 per cent receive drinking water through a treated supply system
- one per cent receive drinking water with a Permanent Boil Water Alert
- nearly one per cent receive drinking water with a Temporary Boil Water Alert
- 0.4 per cent receive water with a Public Health Alert, meaning they cannot drink the water safely
- approximately 97 per cent receive a fluoridated water supply, helping to prevent tooth decay.

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## Public Events

PHS provides legislated direction and guidelines to local councils for the management of all large-scale public events in Tasmania, to ensure appropriate provisions are made for public health safety, for example access to adequate toilet and sanitation arrangements.

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## Public Health Impact Assessments

Under the *Environmental Management and Pollution Control Act 1994*, Public Health Impact Assessments must be completed on all developments not regulated by municipal councils, for example quarries, mines and projects of State significance. Population Health Services completes around 60 Public Health Impact Assessments every year.

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## Public Health Alerts

In 2013–2014, PHS issued 25 Public Health Alerts. Public Health Alerts provide important information for Tasmanians about urgent public health issues including infectious disease outbreaks, water and air quality concerns, shellfish food safety risks and product recall.

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## Radiation Protection Unit

In Tasmania it is estimated about 356 000 medical/surgical and 455 000 dental x-rays are taken each year. With a population of 514 000 (at 31 December 2014), that is around 1.6 x-rays per Tasmanian every year.

These x-rays are taken by licensed operators in registered premises with radiation safety management plans approved by the Director of Public Health through the Radiation Protection Unit.

The Unit also regulates and oversees a wide range of veterinary, industrial and other radiation uses.

## Recreational Water Quality

The *Public Health Act 1997* requires municipal councils to monitor the water quality at all popular swimming sites (including rivers, beaches and lakes) in Tasmania every week over the summer months. Over 130 sites are monitored weekly.

All councils provide a report to PHS each year on their monitoring activity. Where water quality fails to meet minimum standards, the Director of Public Health is notified and PHS liaises with the council about the actions to take. PHS also maintains information on the DHHS website about the water quality across sites and provides information to consumers through the Public and Environmental Health Information Line.

This benefits all Tasmanians who use public waterways for recreation.

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## School Canteen Accreditation Program

PHS provides funding and nutrition expertise to the Tasmanian School Canteen Association (TSCA), which promotes and facilitates the provision of safe, nutritious and healthy food in over 100 school canteens in Tasmania, or nearly half of the school canteens in Tasmania (government and non-government schools, at primary, secondary and college levels).

Of the 278 schools in Tasmania, 207 have a canteen. Of these schools, 113 are working with the TSCA, and of these 44 have accredited canteens and the remaining are working towards accreditation.

This program has evolved over the past 20 years and the sustained investment is starting to pay dividends. The program now reaches over 30 000 children and young people in Tasmania and has further reach into school communities including families and staff.

School canteens are an important part of the school setting; they can make healthy choices easy, positive and normal through product availability (including options and serving sizes), pricing, placement and promotion, and help students develop healthy habits. They can also play an important role in linking the canteen and daily food choices with a whole-school approach to healthy eating.

The Tasmanian School Canteen Association also

- works collaboratively with food industry groups to identify and stimulate the development of products suitable for sale in school canteens
- works closely with the *Move Well Eat Well* – Primary School Award Program, to provide consistency and efficiency through joint initiatives and a cross-referrals.

The School Canteen Accreditation Program is jointly funded by PHS (\$110 000 per annum) and the Department of Education (\$45 000 per annum).

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## Sexual health

In 2012, Population Health Services adapted and published *Talk Soon. Talk Often: A guide for parents talking to their kids about sex* (originally produced by Department of Health, Western Australia). 25 000 copies of this highly-popular resource have been distributed, with multiple copies provided to every Tasmanian high school, primary school and Aboriginal organisation. Many schools asked for additional copies to provide to every family enrolled in the school. Copies were also given to all GPs and Neighbourhood Houses.

## Tasmanian Shellfish Quality Assurance Program (TSQAP)

Maintaining shellfish food safety standards is an economic imperative for Tasmania, with the 'farmgate' value of shellfish aquaculture estimated to be \$27 million a year.

Population Health Services provides the Tasmanian Shellfish Quality Assurance Program to ensure farmed shellfish in Tasmania meet food safety standards.

This directly benefits all shellfish consumers and the shellfish workforce in Tasmania. With the economic value of the industry, it indirectly benefits all Tasmanians.

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## Teenage pregnancy and Core of Life program

In 2011, Tasmania had the highest rate of teenage pregnancy of all Australian states.

Since 2012, PHS has funded and coordinated highly interactive education sessions to 1 000 Grade 9 students (girls and boys) about the realities of pregnancy, birth and parenting a baby, through the Core of Life program. PHS has also trained 40 Core of Life facilitators.

Core of Life is a national education program providing valuable knowledge prior to pregnancy and for young parents. The program encourages young people to challenge their beliefs, knowledge and expectations about pregnancy, childbirth and parenting, and to make healthy choices for themselves and their baby. This evidence-based program provides benefits to the individuals who participate – and their families, friends and future children who benefit from the person's knowledge, including about local support services.

Core of Life is funded in Tasmania through the Indigenous Early Childhood Development National Partnership Agreement, one of COAG's Closing the Gap in Indigenous Disadvantage initiatives.

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## Tobacco and Smoking

There is no safe level of exposure to tobacco smoke. PHS leads the way in protecting Tasmanians from the harm of second-hand tobacco smoke, restricting and de-normalising smoking and prompting and supporting people to quit. This benefits all Tasmanians.

PHS:

- coordinated amendments to the *Public Health Act 1997* to strengthen laws prohibiting smoking in a range of settings and restricting the display and sale of tobacco products
- enforces tobacco laws through Tobacco Control Officers
- coordinates the Tobacco Control Coalition, which developed the *Tasmanian Tobacco Action Plan 2011–2015*
- provides funding to the Cancer Council Tasmania for Quit Tasmania
- published and coordinates implementation of
  - *A Smoke Free Start for Every Tasmanian Baby: A Plan for Action (2014)*
  - *the Smoke-free Young People Strategy 2013–2017*
  - *Smoking – but it's the least of their problems: A guide for Youth Workers and Youth Service Managers in Tasmania (2014)*.
  - *Going Smoke-free: Your Workplace Kit (2012)*

## **Tobacco control**

- Tasmania has some of the toughest tobacco laws in Australia.
- In 2014, Tasmania, along with the ACT, was awarded the clean ashtray award for the most effective smoking legislation in the country. Tasmania has been in the top three for each of the past four years.

## **Tobacco sales**

- The number of retailers selling tobacco declined from 1 260 in 2008 to 831 in 2014, reducing the availability and visibility of tobacco products.
- Sales of cigarettes to minors dropped from 30 per cent of retailers in 2009 to just one per cent of retailers in 2011, and has remained at one per cent for the past three years.

## **Smoking rates**

- In 2011–2012, 21.7 per cent of adults in Tasmania were current smokers. (ABS, Australian Health Survey updated results 2012)
- Other more recent surveys indicate a drop in the adult smoking rates over recent years. In 2009, the Tasmanian Population Health Survey found 19.8 per cent of adults smoked; in 2013, the same survey found 15.1 per cent of adults smoked.
- In 2011, nine per cent of secondary school students aged 12–17 years were current smokers (Cancer Council Tasmania, ASSAD Survey, 2011)
- In 2011, 17 per cent of pregnant women in Tasmania smoked during their pregnancy (Tasmanian Perinatal Database, 2011).

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## **Vitamin D Guidelines**

In winter and spring, around two-thirds of teenagers and adults in Tasmania are vitamin D deficient ([www.dhhs.tas.gov.au/news/2014/new\\_vitamin\\_d\\_guidelines\\_for\\_tasmanians\\_released](http://www.dhhs.tas.gov.au/news/2014/new_vitamin_d_guidelines_for_tasmanians_released))

In 2013–2014, PHS worked with the University of Tasmania, Cancer Council Tasmania and others to develop vitamin D guidelines across skin types, the Tasmanian seasons and ultra violet light conditions.