

# Tasmanian Population Health Survey 2013

## Key Findings

This report summarises key health and lifestyle behaviours and health status from the Tasmanian Population Health Survey 2013. Data from the 2013 survey are compared with 2009 survey data to allow for some trend analysis. Results are presented state-wide only, with regional analyses presented in a more comprehensive report expected to be released in March 2014.

As in 2009, the Tasmanian Population Health Survey 2013 was conducted as a CATI telephone survey. The survey took place during 28 October to 13 December 2013. During this time, 6,301 Tasmanians aged 18 years and over participated in answering a series of questions on their health and lifestyle.

The questionnaire for the 2013 survey was identical to the 2009 questionnaire, except for some minor changes in wording to improve on question clarity and therefore response reliability, which does not affect survey comparability. The survey questionnaire has been developed by the Victorian Department of Health and has been used annually in Victoria since the late 1990s.

### **Caveats:**

- As in 2009, sole mobile phone users (without access to a landline telephone) have been excluded from this survey. The reasons were 1) survey cost increase significantly with the inclusion of mobile phone users, and 2) concerns about comparability with the 2009 survey results.
- As sole mobile phone use is very common amongst young people, younger age groups, particularly 18-24 years, are under-represented in this survey, resulting in less robust estimates for this cohort.
- Research has found that sole mobile phone users are over-represented in lower socio-economic strata as well as in younger age groups, resulting in different risk factor profiles for sole mobile users. This means that prevalence estimates of some risk factors, particularly smoking, may be underestimates.

### **Comparisons with 2009:**

All data for 2013 are presented alongside 2009 data to allow for trend analysis. Confidence intervals (95% CI) have been included to allow for statistical significance testing. Regarding statistical significance, please note that when the 95% CI of two estimates do not overlap, the estimates are statistically significantly different. When the 95% CI of the estimates do overlap, the estimates are deemed to be not significantly different.

## Health and Well Being

Although the proportion of Tasmanians assessing their health as excellent/very good or good is less than in 2009, this is not significant.

One in five Tasmanians assessed their health as fair or poor in 2013. The proportion of Tasmanians with fair or poor health in 2013 was slightly lower (19%) than in 2009 (19.9%).

### Self-assessed health status, 18 years and over, Tasmania 2009 and 2013

Self Assessed Health Status	2009		2013		Significant
	%	95% CI	%	95% CI	
Excellent/Very Good	42.6%	[41.0%,44.2%]	40.9%	[39.0%,42.7%]	<b>N</b>
Good	37.3%	[35.7%,38.8%]	39.8%	[37.9%,41.6%]	<b>N</b>
Fair/Poor	19.9%	[18.7%,21.2%]	19.0%	[17.8%,20.4%]	<b>N</b>

Tasmanian Population Health Surveys 2009 and 2013

Almost one in nine Tasmanians (11.4%) reported high or very high levels of psychological distress in 2013. More Tasmanians reported high levels of psychological distress in 2013 (11.4%) than in 2009 (10.9%).

### Psychological distress level, 18 years and over, Tasmania 2009 and 2013

Psychological Distress	2009		2013		Significant
	%	95% CI	%	95% CI	
Not High	89.1%	[88.1%,90.1%]	88.6%	[87.3%,89.9%]	<b>N</b>
High/Very High	10.9%	[9.9%,11.9%]	11.4%	[10.1%,12.7%]	<b>N</b>

Tasmanian Population Health Surveys 2009 and 2013

Levels of high or very high psychological distress did not change significantly for any age group since 2009. Young people aged 18-24 years reported higher levels from psychological distress in 2013 compared to 2009, but this increase was not significant due to the small number of young respondents.

### High/very high levels of psychological distress, 18 years and over by age, Tasmania 2009 and 2013

High/very high distress		2009		2013		Significant
Age	%	95% CI	%	95% CI		
18-24	11.3%	[7.8%,15.9%]	16.6%	[11.4%,23.7%]	<b>N</b>	
25-34	11.6%	[8.9%,15.0%]	10.8%	[6.5%,17.2%]	<b>N</b>	
35-44	12.1%	[10.0%,14.6%]	12.4%	[10.0%,15.1%]	<b>N</b>	
45-54	11.0%	[9.2%,13.2%]	12.9%	[10.7%,15.5%]	<b>N</b>	
55-64	10.6%	[8.8%,12.8%]	10.9%	[9.2%,12.8%]	<b>N</b>	
65+	8.8%	[7.4%,10.6%]	7.2%	[6.1%,8.4%]	<b>N</b>	
Total	10.9%	[9.9%,11.9%]	11.4%	[10.1%,12.7%]	<b>N</b>	

Tasmanian Population Health Surveys 2009 and 2013

There is a change in the pattern of high levels of psychological distress since 2009, with a more distinct gradient of psychological distress linked to areas of greater socio-economic disadvantage. Unlike 2009, the differential between the lowest and highest quintiles for 2013 is pronounced and statistically significant.

### High/very high levels of psychological distress by SEIFA quintiles\*, 18 years and over, Tasmania 2009 and 2013

High/very high distress		2009		2013		Significant
SEIFA*IRD	%	95% CI	%	95% CI		
1 <sup>st</sup> (lowest)	11.8%	[9.7%,14.4%]	16.0%	[12.5%,20.2%]	<b>N</b>	
2nd	12.3%	[10.4%,14.4%]	11.3%	[9.1%,13.9%]	<b>N</b>	
3rd	11.5%	[9.6%,13.7%]	11.7%	[9.4%,14.5%]	<b>N</b>	
4th	9.8%	[7.9%,12.2%]	10.2%	[7.8%,13.2%]	<b>N</b>	
5 <sup>th</sup> (highest)	9.0%	[6.9%,11.7%]	7.7%	[5.4%,10.9%]	<b>N</b>	

\*SEIFA 2011 – Index of Relative Disadvantage

Tasmanian Population Health Surveys 2009 and 2013

## Risk Factors

### Smoking

Smoking has significantly declined since 2009. Almost one in seven Tasmanians (15%) smoked in 2013 compared to one in five (19.8%) in 2009. The under-representation of younger people in this survey may have contributed to lower smoking estimates.

#### Smoking prevalence, 18 years and over, Tasmania 2009 and 2013

Smoking	2009		2013		Significant
	%	95% CI	%	95% CI	
Current Smoker*	19.8%	[18.5%,21.1%]	15.0%	[13.6%,16.5%]	Y
Daily Smoker	16.1%	[15.0%,17.4%]	11.9%	[10.7%,13.2%]	Y

\*includes occasional smoking; Tasmanian Population Health Surveys 2009 and 2013

Smoking prevalence has declined for every age group since 2009. There has been a statistically significant decline in the current smoker rates for Tasmanians aged 35-44 years and for those aged 45-54 years, from 25.7% in 2009 to 16.9% in 2013, and from 22.9% to 16.2% in 2013 respectively.

The rate of current smokers among younger age groups has declined by several percentage points, but this reduction is not significant.

#### Current smokers by age, Tasmania 2009 and 2013

Current smokers*	2009		2013		Significant
	%	95% CI	%	95% CI	
Age					
18-24	23.0%	[18.1%,28.8%]	19.7%	[13.6%,27.8%]	N
25-34	27.1%	[22.6%,32.0%]	22.5%	[17.0%,29.0%]	N
35-44	25.7%	[22.8%,28.9%]	16.9%	[14.2%,20.1%]	Y
45-54	22.9%	[20.2%,25.8%]	16.2%	[13.8%,18.9%]	Y
55-64	13.6%	[11.6%,15.9%]	12.2%	[10.4%,14.2%]	N
65+	8.8%	[7.4%,10.4%]	7.0%	[6.0%,8.2%]	N
Total	19.8%	[18.5%,21.1%]	15.0%	[13.6%,16.5%]	Y

\*includes occasional smoking; Tasmanian Population Health Surveys 2009 and 2013

Smoking continues to be more prevalent in lower socio-economic areas, with one in five (18.7%) Tasmanian adults residing in the most disadvantaged geographic areas (1<sup>st</sup> quintile) reported to be current smokers, compared to fewer than one in ten (9.1%) residing in areas with the least socio-economic disadvantage (5<sup>th</sup> quintile).

The decline in smoking prevalence since 2009 has occurred across all SEIFA quintiles, with the largest reductions in the 5<sup>th</sup> and 1<sup>st</sup> quintiles, of 6.6% and 5.3%, respectively.

**Current smokers by SEIFA 2011 quintiles, Tasmania 2009 and 2013**

SEIFA *	2009		2013		Significant
	IRD	% 95% CI	% 95% CI	% 95% CI	
1 <sup>st</sup> (lowest)		24.0% [20.8%,27.4%]	18.7% [15.4%,22.6%]		<b>N</b>
2nd		21.8% [19.4%,24.5%]	17.5% [14.8%,20.5%]		<b>N</b>
3rd		20.3% [17.8%,23.1%]	16.9% [13.7%,20.5%]		<b>N</b>
4th		17.4% [14.7%,20.4%]	12.7% [10.0%,16.1%]		<b>N</b>
5 <sup>th</sup> (highest)		15.7% [12.6%,19.4%]	9.1% [6.4%,12.8%]		<b>N</b>

\*SEIFA 2011 – Index of Relative Disadvantage

**Alcohol Harm**

Alcohol consumption at lifetime risk (chronic alcohol related harm) has declined for Tasmanians aged 18 years and over since 2009, from 5.9% to 4.6%. Single occasion risk has also decreased from 26.7% in 2009 to 20.4% in 2013. This difference is statistically significant.

**Alcohol consumption levels, 18 years and over, Tasmania 2009 and 2013**

Alcohol consumption 2009 Guidelines	2009		2013		Significant
	%	95% CI	%	95% CI	
Lifetime risk*	5.9%	[5.2%,6.7%]	4.6%	[3.9%,5.3%]	<b>N</b>
Single occasion risk**	26.7%	[25.2%,28.1%]	20.4%	[18.8%,22.1%]	<b>Y</b>

Tasmanian Population Health Surveys 2009 and 2013; \*>2 drinks daily males/females \*\* >4 drinks at a single occasion males/females

The prevalence of alcohol consumption at levels causing short term harm (single occasion risk) has fallen for all age groups since 2009, with statistically significant reductions reported for Tasmanians aged 25-44 years.

**Alcohol consumption causing single occasion risk, 18 years and over, Tasmania 2009 and 2013**

Single occasion*	2009		2013		Significant	
	Age	%	95% CI	%		95% CI
	18-24	52.8%	[46.1%,59.4%]	50.4%	[41.9%,58.9%]	<b>N</b>
	25-34	41.2%	[36.5%,46.0%]	25.1%	[19.4%,31.7%]	<b>Y</b>
	35-44	32.9%	[29.8%,36.2%]	24.4%	[21.1%,28.1%]	<b>Y</b>
	45-54	22.6%	[20.0%,25.4%]	18.7%	[16.0%,21.8%]	<b>N</b>
	55-64	16.5%	[14.2%,19.1%]	13.4%	[11.4%,15.6%]	<b>N</b>
	65+	6.1%	[4.9%,7.6%]	5.2%	[4.2%,6.4%]	<b>N</b>
	Total	26.7%	[25.2%,28.1%]	20.4%	[18.8%,22.1%]	<b>Y</b>

Tasmanian Population Health Surveys 2009 and 2013; \* > 4 standard drinks for males/females on a single occasion

The most pronounced reduction in alcohol consumption causing long term harm (life time risk) has occurred in the age groups 35-44 years. For 2013, the proportion for 18-24 years was too unreliable to be reported.

**Alcohol consumption causing life time risk, Tasmania 2009 and 2013**

Life time risk*	2009		2013		Significant	
	Age	%	95% CI	%		95% CI
	18-24	4.2%*	[2.2%,7.8%]	N/A	N/A	<b>N/A</b>
	25-34	5.1%	[3.3%,8.0%]	3.4%*	[1.5%,7.2%]	<b>N</b>
	35-44	6.6%	[5.1%,8.7%]	4.2%	[2.8%,6.3%]	<b>N</b>
	45-54	7.0%	[5.4%,8.9%]	6.3%	[4.7%,8.4%]	<b>N</b>
	55-64	7.2%	[5.7%,9.1%]	6.6%	[5.1%,8.4%]	<b>N</b>
	65+	4.6%	[3.5%,5.9%]	4.5%	[3.7%,5.6%]	<b>N</b>
	Total	5.9%	[5.2%,6.7%]	4.6%	[3.9%,5.3%]	<b>N</b>

Tasmanian Population Health Surveys 2009 and 2013; >2 drinks daily males/females

\*Relative Standard Error > 25% but < 50%. Use estimate with caution

The decline in single occasion risk of alcohol harm has occurred across all SEIFA quintiles. The most pronounced reductions can be observed in geographic areas of relatively moderate socio-economic disadvantage involving quintiles two and three. These reductions are statistically significant.

**Alcohol consumption causing single occasion risk, 18 years and over by SEIFA 2011 quintiles, Tasmania 2009 and 2013**

SEIFA*	2009		2013		Significant
	%	95% CI	%	95% CI	
1 <sup>st</sup> (lowest)	27.4%	[23.9%,31.2%]	21.3%	[17.6%,25.5%]	<b>N</b>
2nd	26.6%	[23.9%,29.5%]	18.9%	[15.9%,22.3%]	<b>Y</b>
3rd	28.0%	[25.0%,31.2%]	18.2%	[15.2%,21.7%]	<b>Y</b>
4th	26.0%	[22.6%,29.7%]	22.0%	[18.3%,26.3%]	<b>N</b>
5 <sup>th</sup> (highest)	25.5%	[21.9%,29.5%]	21.6%	[17.4%,26.5%]	<b>N</b>

\*SEIFA 2011 – *Index of Relative Disadvantage* has been used for comparability; Tasmanian Population Health Surveys 2009 and 2013

**BMI status – self-reported**

The prevalence of higher body mass index (BMI) continues to increase. Using self-reported height and weight, approximately three in five Tasmanians were either overweight or obese (61.2%) in 2013, and almost one in four Tasmanians was obese (23.6%).

Note that these proportions are significantly lower than the proportions reported by the AHS 2011, which found measured obese BMI of 27.8% and overweight/obese combined of 65.6%. It was noted in the NHS 2007/8 that self-reported BMI underestimates overweight and obese BMI when using self-reported height and weight as opposed to actual measurement.

A statistically significant reduction has been observed in the proportion of Tasmanian adults who self-reported to be of normal weight in 2013 (37%), compared to 41.3% in 2009. Reflecting this trend towards higher BMI, obesity has seen a statistically significant increase from 20.4% in 2009 to 23.6% in 2013 using self-reported height and weight. Similarly, the combined category of overweight/obesity has increased significantly from 56.7% in 2009 to 61.2% in 2013.

**Self-reported BMI\*, 18 years and over, Tasmania 2009 and 2013**

BMI (self-reported)*	2009		2013		Significant
	%	95% CI	%	95% CI	
Underweight	2.0%	[1.5%,2.6%]	1.8%	[1.3%,2.4%]	<b>N</b>
Normal weight	41.3%	[39.6%,42.9%]	37.0%	[35.1%,39.0%]	<b>Y</b>
Overweight	36.3%	[34.8%,37.9%]	37.6%	[35.7%,39.6%]	<b>N</b>
Obese	20.4%	[19.2%,21.7%]	23.6%	[22.0%,25.2%]	<b>Y</b>
Overweight/Obese	56.7%	[55.1%,58.4%]	61.2%	[59.3%,63.1%]	<b>Y</b>

\*It was reported in the NHS 2007/8 that self-reported BMI underestimates overweight and obese BMI by >5% when using self-reported height and weight as opposed to actual measurement. Tasmanian Population Health Surveys 2009 and 2013

There were no significant changes in self-reported overweight BMI since 2009. The rate of overweight BMI in young people 18-24 years increased from 22.4% to 32.5% in 2013.

**Self-reported overweight BMI by age, Tasmania 2009 and 2013**

Overweight	2009		2013		Significant
	%	95% CI	%	95% CI	
18-24	22.4%	[16.8%,29.1%]	32.5%	[24.6%,41.5%]	<b>N</b>
25-34	36.7%	[31.9%,41.9%]	35.2%	[28.3%,42.9%]	<b>N</b>
35-44	38.4%	[34.9%,42.0%]	38.4%	[34.3%,42.7%]	<b>N</b>
45-54	36.6%	[33.4%,40.0%]	38.6%	[34.9%,42.3%]	<b>N</b>
55-64	39.8%	[36.6%,43.2%]	38.4%	[35.4%,41.5%]	<b>N</b>
65+	38.7%	[36.1%,41.5%]	40.2%	[37.9%,42.5%]	<b>N</b>
Total	36.3%	[34.8%,37.9%]	37.6%	[35.7%,39.6%]	<b>N</b>

Tasmanian Population Health Surveys 2009 and 2013



There were no significant changes in self-reported overweight BMI since 2009. The greatest increase in self-reported obesity since 2009 occurred with Tasmanians aged 25-34 years.

**Self-reported obese BMI by age, Tasmania 2009 and 2013**

Obese	2009		2013		Significant
	%	95% CI	%	95% CI	
18-24	10.4%	[7.0%,15.3%]	9.7%	[5.6%,16.3%]	<b>N</b>
25-34	18.8%	[15.1%,23.1%]	24.1%	[18.2%,31.1%]	<b>N</b>
35-44	21.1%	[18.2%,24.3%]	24.2%	[20.8%,27.9%]	<b>N</b>
45-54	25.7%	[22.8%,28.8%]	30.1%	[26.7%,33.8%]	<b>N</b>
55-64	26.0%	[23.2%,29.1%]	28.8%	[26.0%,31.7%]	<b>N</b>
65+	16.7%	[14.7%,18.8%]	20.4%	[18.6%,22.2%]	<b>N</b>
Total	20.4%	[19.2%,21.7%]	23.6%	[22.0%,25.2%]	<b>Y</b>

Tasmanian Population Health Surveys 2009 and 2013

Obese BMI continues to be more common in areas with the greatest socio-economic disadvantage.

Increases in obese BMI can be observed within all socio-economic quintiles, with the greatest increases occurring in quintile one (+6.3%) and quintile five (+4.9%).

**Self-reported obese BMI by SEIFA quintile\*, 18 years and over, Tasmania 2009 and 2013**

Obese	2009		2013		Significant
	%	95% CI	%	95% CI	
SEIFA*IRD					
1 <sup>st</sup> (lowest)	25.7%	[22.4%,29.3%]	32.0%	[27.6%,36.8%]	<b>N</b>
2nd	22.6%	[20.0%,25.3%]	23.6%	[20.8%,26.7%]	<b>N</b>
3rd	21.9%	[19.3%,24.8%]	23.3%	[20.3%,26.7%]	<b>N</b>
4th	19.3%	[16.6%,22.4%]	21.0%	[18.1%,24.2%]	<b>N</b>
5 <sup>th</sup> (highest)	13.0%	[10.6%,15.8%]	18.1%	[14.8%,21.9%]	<b>N</b>

\*SEIFA 2011 – Index of Relative Disadvantage; Tasmanian Population Health Surveys 2009 and 2013

### **Fruit and vegetables**

A statistically significant decline in fruit consumption can be observed between 2009 and 2013, with the proportion of Tasmanians reporting adequate fruit consumption decreasing from 49.8% to 44.2% in 2013.

#### **Fruit and vegetable consumption, 18 years and over, Tasmania 2009 and 2013**

Fruit/Vegetables	2009		2013		Significant
	%	95% CI	%	95% CI	
Adequate fruit consumption*	49.8%	[48.2%,51.4%]	44.2%	[42.4%,46.1%]	<b>Y</b>
Adequate vegetable consumption**	10.9%	[10.1%,11.9%]	9.8%	[8.8%,10.8%]	<b>N</b>
Mean number of serves of fruit daily	1.70	[1.66,1.74]	1.59	[1.55,1.64]	<b>Y</b>
Mean number of serves of vegetables daily	2.54	[2.49,2.59]	2.51	[2.46,2.56]	<b>N</b>

\* $\geq 2$  serves daily; \*\* $\geq 5$  serves daily; Tasmanian Population Health Surveys 2009 and 2013

Adequate fruit consumption has declined among most age groups since 2009, except the 18-24 year group, with statistically significant reductions in fruit consumption reported by Tasmanians aged 55 years and over.

#### **Adequate fruit consumption\* by age, Tasmania 2009 and 2013**

Adequate Fruit*	2009		2013		Significant
	%	95% CI	%	95% CI	
18-24	46.0%	[39.4%,52.8%]	47.0%	[38.6%,55.6%]	<b>N</b>
25-34	45.3%	[40.6%,50.2%]	40.4%	[33.5%,47.8%]	<b>N</b>
35-44	49.3%	[45.9%,52.8%]	42.9%	[39.0%,46.9%]	<b>N</b>
45-54	47.3%	[44.0%,50.6%]	42.8%	[39.3%,46.3%]	<b>N</b>
55-64	53.9%	[50.7%,57.1%]	44.2%	[41.3%,47.2%]	<b>Y</b>
65+	55.1%	[52.4%,57.7%]	47.7%	[45.6%,49.9%]	<b>Y</b>
Total	49.8%	[48.2%,51.4%]	44.2%	[42.4%,46.1%]	<b>Y</b>

\* $\geq 2$  serves daily; Tasmanian Population Health Surveys 2009 and 2013

**Physical activity**

There has been a statistically significant reduction since 2009 in the proportion of Tasmanian adults who are sufficiently active, with a corresponding statistically significant increase in the proportion reporting insufficient activity.

**Physical activity levels, 18 years and over, Tasmania 2009 and 2013**

Physical Activity	2009		2013		Significant
	%	95% CI	%	95% CI	
Insufficient physical activity	27.5%	[26.1%,28.9%]	31.0%	[29.3%,32.7%]	<b>Y</b>
Sufficient physical activity	68.2%	[66.7%,69.6%]	63.9%	[62.1%,65.6%]	<b>Y</b>

Tasmanian Population Health Surveys 2009 and 2013

The proportion of Tasmanians reporting insufficient levels of physical activity has increased for all age groups since 2009, but this is statistically significant only for those aged 25-34 years.

**Insufficient physical activity by age, Tasmania 2009 and 2013**

Insufficient Activity	2009		2013		Significant
	%	95% CI	%	95% CI	
18-24	20.0%	[15.1%,26.0%]	21.1%	[14.9%,28.8%]	<b>N</b>
25-34	20.7%	[16.8%,25.2%]	32.1%	[25.4%,39.6%]	<b>Y</b>
35-44	23.3%	[20.5%,26.3%]	24.0%	[20.8%,27.6%]	<b>N</b>
45-54	24.6%	[21.9%,27.6%]	26.5%	[23.4%,29.7%]	<b>N</b>
55-64	29.9%	[27.0%,32.9%]	32.5%	[29.7%,35.3%]	<b>N</b>
65+	42.1%	[39.5%,44.8%]	43.4%	[41.3%,45.6%]	<b>N</b>
Total	27.5%	[26.1%,28.9%]	31.0%	[29.3%,32.7%]	<b>Y</b>

Tasmanian Population Health Surveys 2009 and 2013

### Chronic conditions

Almost one in three Tasmanians suffer from hypertension (29.5%), one in four has arthritis (25%), and more than one in five (21.8%) reported depression/anxiety in 2013.

There has been an increase in the prevalence of all chronic conditions included in the TPHS, except for stroke. Statistically significant differences were found for cancer, from 7.8% in 2009 to 9.4% in 2013, arthritis up from 25% to 28.1%, heart disease from 6.9% to 8.5%, and depression/anxiety from 21.8% in 2009 to 25% in 2013.

### Chronic conditions (self-reported), 18 years and over, Tasmania 2009 and 2013

Chronic Conditions*	2009		2013		Significant
	%	95% CI	%	95% CI	
Diabetes	6.6%	[6.0%,7.2%]	7.6%	[6.9%,8.3%]	N
Hypertension*	29.5%	[28.3%,30.8%]	30.1%	[28.9%,31.5%]	N
Cancer	7.8%	[7.1%,8.5%]	9.4%	[8.6%,10.3%]	Y
Arthritis	25.0%	[24.0%,26.1%]	28.1%	[26.9%,29.3%]	Y
Osteoporosis	6.4%	[5.8%,7.0%]	6.8%	[6.3%,7.3%]	N
Heart disease	6.9%	[6.3%,7.5%]	8.5%	[7.8%,9.3%]	Y
Stroke	3.4%	[2.9%,3.9%]	2.9%	[2.6%,3.4%]	N
Depression/Anxiety	21.8%	[20.6%,23.1%]	25.0%	[23.4%,26.7%]	Y

\*includes gestational hypertension; Tasmanian Population Health Surveys 2009 and 2013

### Financial and food security

There has been a slight increase in the proportion of Tasmanians who were unable to raise \$2,000 in an emergency, but the proportion of Tasmanians experiencing food insecurity remained the same.

Security	2009		2013		Significant
	%	95% CI	%	95% CI	
Unable to raise \$2,000 within 2 days in an emergency	11.1%	[10.2%,12.2%]	12.2%	[10.9%,13.5%]	N
Ran out of food in last 12 months, and couldn't afford to buy more	5.0%	[4.3%,5.7%]	5.0%	[4.2%,5.9%]	N

Tasmanian Population Health Surveys 2009 and 2013

**Epidemiology Unit**

**Population Health Services**

February 2014