

Tasmanian Population Health Survey 2016

Key Findings

The Tasmanian Population Health Survey 2016 was conducted by phone from October to November 2016 for the Department of Health and Human Services.

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

This summary is an overview of findings, including trends since 2009. Results are presented statewide only.

Detailed findings, including regional analyses and local government area data, will be included in the *Report on the Tasmanian Population Health Survey 2016*.

Health and wellbeing

Self-assessed health: Tasmanian adults assessing their health as excellent or very good continues to fall and fair or poor health has increased.

Age standardised self-reported fair/poor health has increased statewide from 18.9 per cent in 2009 to 23.7 per cent in 2016.

The increase is statistically significant when compared to 2009 and 2013, and this trend is evident in each of the three regions.

Almost one in four Tasmanians have poor or fair health and almost one in seven Tasmanians experienced high or very high levels of psychological distress.

Self-assessed health, age standardised, 18 years and over, Tasmania 2009 to 2016

Year	2009		2013		2016	
	%	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%]
Good	37.9%	[36.1%,39.7%]	40.9%	[38.5%,43.2%]	38.9%	[36.4%,41.6%]
Fair/Poor	18.9%	[17.6%,20.2%]	17.6%	[16.2%,19.1%]	23.7%*	[21.6%,25.9%]

Tasmanian Population Health Surveys 2009, 2013, 2016 *statistically significant increase compared to 2009 and 2013

Psychological distress: High and very high levels of psychological (mental) distress measured with the Kessler 10 (a standardised scale) are associated with anxiety and depression and show an upward trend in Tasmania.

Of all Tasmanians, 13.7 per cent reported very high or high levels of psychological distress in 2016. This is statistically significant when compared to 2009 but not when compared to 2013.

High levels of psychological distress have increased across all age groups in 2016. Most high/very high levels of psychological distress is seen in young people 18-24 years (22.4 per cent) and Aboriginal and Torres Strait Islanders (22.8 per cent).

Differences in psychological distress by socio-economic quintiles are not significant.

High/very high level of psychological distress* by sex, 18 years and over, Tasmania 2009 to 2016

Year	2009		2013		2016	
	%	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%]
Females	13.0%	[11.7%,14.4%]	12.4%	[10.8%,14.1%]	16.0%	[13.9%,18.4%]
Persons	10.9%	[9.9%,11.9%]	11.4%	[10.1%,12.7%]	13.7%#	[12.3%,15.4%]

Tasmanian Population Health Surveys 2009, 2013, 2016 * measured with the K10 #statistically significant increase in 2016 compared with 2009

Lifestyle risk factors

Smoking: Tasmanian smokers at 15.7 per cent (63 247 people) has remained stable since 2013.

The difference in smoking prevalence between the regions was not statistically significant.

Males were slightly more likely to smoke (16.5 per cent) than females (15 per cent), except at age 18-24 years.

Smoking has remained relatively constant since 2013 with just under one in six Tasmanians reporting daily or occasionally smoking in 2016.

Smoking status, 18 years and over, Tasmania 2009 to 2016

Year	2009		2013		2016	
	%	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%]
Daily smoker	16.1%	[15.0%,17.4%]	11.9%	[10.7%,13.2%]	12.1%	[10.7%,13.6%]
Ex-smoker	27.6%	[26.1%,29.0%]	27.5%	[26.3%,28.9%]	28.0%	[26.2%,29.8%]
Never-smoked	52.2%	[50.6%,53.7%]	56.9%	[55.1%,58.7%]	56.2%	[54.1%,58.3%]

Tasmanian Population Health Survey 2009, 2013, 2016 [^]daily and occasional smoking combined;

Differences in smoking by age since 2013 are not statistically significant. This includes small reductions in smoking among young Tasmanians aged 18-34 years and small increases in smoking for those aged 35-54 years.

For the age group 18-24 years, more females (19.6 per cent) than males (17.1 per cent) were current smokers in 2016, but this is not statistically significant.

Current smokers[^] by age, Tasmania 2009 to 2016

Year	2009		2013		2016	
	%	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%]
25-34	27.1%	[22.6%,32.0%]	22.5%	[17.0%,29.0%]	20.8%	[15.8%,26.9%]
35-44	25.7%	[22.8%,28.9%]	16.9%	[14.2%,20.1%]	20.4%	[16.2%,25.4%]
45-54	22.9%	[20.2%,25.8%]	16.2%	[13.8%,18.9%]	20.0%	[16.8%,23.7%]
55-64	13.6%	[11.6%,15.9%]	12.2%	[10.4%,14.2%]	12.1%	[9.9%,14.6%]
65+	8.8%	[7.4%,10.4%]	7.0%	[6.0%,8.2%]	7.8%	[6.0%,10.0%]
Total	19.8%	[18.5%,21.1%]	15.0%	[13.6%,16.5%]	15.7%	[14.2%,17.4%]

Tasmanian Population Health Survey 2009, 2013, 2016 [^]daily and occasional smoking combined

Alcohol: Drinking more than four standard alcoholic drinks on a single occasion increases the risk of accidents, injuries and violence.

Over half of all Tasmanian males 18 years and over (57 per cent) are at risk of harm from drinking too much alcohol on single occasions with 32.1 per cent at risk at least once a month.

The North West region reported the lowest single occasion harm for all persons (39.7 per cent).

Statewide, younger age groups are more likely to drink more than four standard drinks on single occasions than older age groups.

About one in three Tasmanian males are at risk of accidents, injuries or violence at least monthly, and almost three in 10 males have drinking habits that put them at risk of lifetime health harms.

Alcohol consumption on a single occasion causing risk of harm[^], Tasmania 2016

Single occasion risk	Males		Females		Persons	
	%	95% CI	%	95% CI	%	95% CI
At least yearly*	24.8%	[21.9%,28.0%]	19.5%	[17.2%,22.1%]	22.2%	[20.3%,24.2%]
At least monthly**	32.1%*	[29.1%,35.3%]	13.7%	[11.6%,16.0%]	22.8%	[21.0%,24.8%]
Total at risk of harm	57.0%*	[53.8%,60.1%]	33.2%	[30.5%,36.0%]	45.0%	[42.9%,47.1%]

Tasmanian Population Health Surveys 2016 [^] > 4 standard drinks on a single occasion for males/females; *at least yearly, but less often than monthly **includes daily, weekly or monthly; *statistically significantly higher than females and total persons

Frequently drinking more than two standard size alcoholic drinks a day increases the risk of lifetime harm leading to chronic diseases.

Overall, 20.8 per cent of Tasmanian adults drink more than two standard drinks a day either daily or weekly. Males are twice as likely to be at risk of lifetime harm as females.

Risk of lifetime harm is similar across regions; statewide, younger age groups report the least risk of lifetime harm.

Alcohol consumption causing risk of life time harm, daily/weekly by sex[^], Tasmania 2016

Life time harm (>2)	Males		Females		Persons	
	%	95% CI	%	95% CI	%	95% CI
Total risk of harm	28.5%*	[25.7%,31.4%]	13.3%	[11.4%,15.5%]	20.8%	[19.1%,22.6%]

Tasmanian Population Health Surveys 2016 [^] > 2 standard drinks per day either daily or weekly; *statistically significantly higher than females and total persons

Body Mass Index: The BMI estimates are based on self-reported height and weight, resulting in lower estimates than **measured** height and weight by ≥ 5 per cent (ABS, NHS 2007-08).

Overweight and obese BMI has increased. This is statistically significant for obese and combined overweight and obese BMI compared to 2009 estimates.

Self-reported BMI, age standardised, 18 years and over, Tasmania 2009-2016

Year	2009		2013		2016	
	%	95% CI	%	95% CI	%	95% CI
BMI (age standardised)						
Underweight	2.3%	[1.7%,3.1%]	2.0%	[1.3%, 3.0%]	1.1%	[0.8%,1.6%]
Normal weight	43.4%	[41.4%,45.4%]	39.1%	[36.7%,41.5%]	38.9%	[36.3%,41.6%]
Overweight	35.3%	[33.4%,37.2%]	36.9%	[34.5%,39.3%]	35.6%	[33.2%,38.2%]
Obese	19.0%	[17.7%,20.4%]	22.0%	[20.3%,23.9%]	24.3%	[22.2%,26.6%]
Overweight/Obese	54.3%	[52.4%,56.3%]	58.9%	[56.5%,61.3%]	60.0%	[57.3%,62.6%]

Tasmanian Population Health Survey 2009, 2013, 2016

Gender distributions of obese BMI show a statistically significant increase in female obesity in 2016 (25.9 per cent) when compared to 2009 (18.4 per cent).

Obese BMI used to be associated with socio-economic disadvantage. In 2009, obesity was twice as high in the most disadvantaged compared to the least disadvantaged quintile.

By 2013, the difference between quintiles narrowed but remained statistically significant between the lowest and highest quintile.

In 2016, the gap between the first and fifth quintile continued to decrease and is no longer statistically significant.

Self-reported obese BMI by SEIFA quintiles, age-standardised, 18 years and over, Tasmania 2009 to 2016

Year	2009		2013		2016	
	%	95% CI	%	95% CI	%	95% CI
Obese BMI						
1 st (most disadvantaged)	24.5%	[21.3%,28%]	29.7%	[25.5%,34.3%]	25.0%	[20.5%,30.2%]
2 nd	19.7%	[17.2%,22.3%]	22.4%	[18.8%,26.4%]	28.4%	[24.5%,32.7%]
3 rd	20.3%	[17.8%,23.1%]	21.4%	[18.0%,25.3%]	25.1%	[20.7%,30.0%]
4 th	18.8%	[15.8%,22.2%]	18.5%	[15.3%,22.1%]	27.1%	[21.6%,33.4%]
5 th (least disadvantaged)	12.1%	[9.9%,14.8%]	17.0%	[13.8%,20.7%]	18.0%	[13.9%,23.1%]

Tasmanian Population Health Survey 2009, 2013, 2016 ^SEIFA 2011 Index of Relative Socio-economic Disadvantage; * statistically significant difference between quintiles

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

For trend data, the previous (1999) Physical Activity Guidelines were applied to the 2016 data, which show two-thirds of Tasmanians with sufficient levels of moderate and vigorous physical activity (MVPA).

Two out of three Tasmanians engage in health promoting levels of physical activity (1999 Guidelines) but more muscle strengthening activity and less sedentariness would give additional benefits.

Level of physical activity[^], 1999 Guidelines, 18 years and over Tasmania 2009 to 2016

1999 Guidelines	2009		2013		2016	
Activity levels (MVPA)	%	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%]
Sufficient	68.2%	[66.7%,69.6%]	63.9%	[62.1%,65.6%]	66.0%	[64.1%,67.9%]

Tasmanian Population Health Survey 2009, 2011, 2016 [^]during the last 7 days

Under the new 2014 Guidelines, 81.2 per cent of Tasmanians aged 18-64 years report sufficient moderate and/or vigorous physical activity (MVPA) but only 29.2 per cent of Tasmanians engage in twice weekly muscle strengthening exercises.

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

2014 Guidelines	Moderate/vigorous activity		Muscle strengthening activity	
Activity levels	%	95% CI	%	95% CI
Insufficient	14.9%	[13.2%,16.8%]	70.2%	[67.7%,72.5%]
Sufficient	81.2%	[79.2%,83.1%]	29.2%	[26.8%,31.7%]

Tasmanian Population Health Survey 2016 [^]during the last 7 days

Sedentary behaviour refers to sitting time spent at work, on transport, or while reading or watching television. Sitting for eight hours or more a day indicates a high level of sedentariness.

Sitting for eight hours or more a day on weekdays and weekends[^], 18 years and over, Tasmania 2016

	Weekdays		Weekends	
≥8 hours per day sitting	%	95% CI	%	95% CI
Males	18.0%	[15.6%,20.7%]	10.6%	[8.7%,12.9%]
Females	16.9%	[14.8%,19.3%]	9.1%	[7.5%,11.0%]
Persons	17.4%	[15.8%,19.2%]	9.9%	[8.6%,11.3%]

Tasmanian Population Health Survey 2016 [^]during the last 7 days

Fruit and Vegetables: Eating fruit and vegetables has declined further in 2016.

Tasmanians eating at least two pieces of fruit daily fell from 44.2 per cent in 2013 to 39.3 per cent in 2016 (statistically significant).

According to 2013 NHMRC guidelines, eating vegetables has fallen by a further percentage point since 2013, but this is not statistically significant.

More Tasmanians aged 65 years and over met the national fruit and vegetable guidelines than any other age group, but this is not statistically significant.

The downward trend in eating fruit and vegetable continues. Only two in five Tasmanians eat sufficient fruit and one in 13 eats enough vegetables. Eating vegetables continues to be very low among males with only one in 30 meeting national guidelines for healthy eating.

Met the 2013 NHMRC guidelines[^] for fruit and vegetables, 18 years and over, Tasmania 2009 to 2016

Year	2009 ^{^^}		2013 [^]		2016 [^]	
National guidelines	%	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%]
Met vegetable guidelines	10.9% [^]	[10.1%,11.9%]	8.5%	[7.6%, 9.4%]	7.5%	[6.5%,8.6%]

Tasmanian Population Health Survey 2009, 2013, 2016 [^]2013 NHMRC Guidelines; ^{^^}2003 NHMRC Guidelines; ***statistically significant decline since 2013**

There is a strong socio-economic gradient, with statistically significantly higher proportions of Tasmanians in the least disadvantaged quintile meeting national fruit guidelines. This does not apply to eating vegetables.

For males, eating fruit and vegetables was statistically significantly below levels reported by females at 43.5 per cent and 11.7 per cent respectively.

Met the 2013 NHMRC guidelines[^] for fruit and vegetables by sex, 18 years and over, Tasmania 2016

	Males		Females		Persons	
2013 Guidelines	%	95% CI	%	95% CI	%	95% CI
Met fruit guidelines	35.0%*	[32.0%,38.2%]	43.5%	[40.8%,46.4%]	39.3%	[37.3%,41.4%]
Met vegetable guidelines	3.1%*	[2.1%,4.5%]	11.7%	[10.1%,13.6%]	7.5%	[6.5%,8.6%]

Tasmanian Population Health Survey 2009, 2013, 2016 [^]2013 National Health and Medical Research Council Guidelines; ***statistically significantly lower compared to females and total persons for vegetables**

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* (Deakin University).

Most Tasmanians (>80 per cent) report a good understanding of health information, with an average of 10 per cent of Tasmanians reporting they experience difficulties sometimes. Results for the three regions were similar.

Younger age groups and females scored more highly than males and older people, with gender differences showing statistical significance. There were statistically significant differences across socio-economic quintiles and the lowest scores recorded in the most disadvantaged quintile.

Over 85 per cent of Tasmanians find it usually or always easy to talk about their health concerns with a healthcare provider; this was highest in the over 65 year age group (91.4 per cent). These results were similar across regions and socio-economic quintiles.

Most Tasmanians find it always or usually easy to understand health information and to discuss health concerns with their healthcare providers.

Levels of health literacy, 18 years and over, Tasmania 2016

Understanding health information well enough to know what to do					
Understanding health information indicators	Cannot do/always difficult	Usually difficult	Sometimes difficult	Usually easy	Always easy
Confidently fill medical forms in the correct way	1.6%	2.0%	12.0%	42.1%	39.2%
Accurately follow instructions from healthcare providers	0.6%	1.3%	8.8%	45.0%	43.2%
Read and understand written health information	1.1%	1.7%	10.1%	40.6%	45.6%
Read and understand all the information on medication labels	1.3%	1.6%	10.6%	38.0%	47.8%
Understand what health care providers are asking you to do	0.5%	1.0%	9.1%	44.7%	43.3%
Ability to actively engage with health care providers					
Ability to discuss health concerns with health care provider	0.8%	1.5%	11.0%	38.1%	47.7%

Tasmanian Population Health Survey 2016

Chronic conditions

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

Most chronic conditions have increased in prevalence since 2013, with depression/anxiety, diabetes and eye diseases showing statistically significant increases.

Regional variations were not statistically significant.

More Tasmanians sought help for current mental health issues in 2016 than in previous years with a statistically significant increase in females (21.9 per cent).

Depression/anxiety, diabetes and eye conditions have increased significantly in Tasmania over the last few years. Three in 10 Tasmanians experienced depression/anxiety at some point in their life with one in 12 reporting diabetes and almost one in eight diagnosed with eye conditions.

Self-reported ever diagnosed* chronic conditions, age standardised, 18 years and over, Tasmania 2009-2016

Year	2009		2013		2016	
	%	95% CI	%	95% CI	%	95% CI
Asthma	21.7%	[20.1%,23.4%]	24.3%	[22.2%,26.5%]	25.4%	[23.2%,27.9%]
Hypertension [^]	25.8%	[24.6%,27.0%]	24.9%	[23.5%,26.3%]	23.9%	[22.4%,25.4%]
Diabetes	5.5%	[5.0%,6.1%]	6.2%	[5.5%,6.9%]	8.1%	[7.1%,9.2%]
Hyperglycaemia	3.8%	[3.1%,4.5%]	3.5%	[2.9%,4.3%]	4.9%	[4.0%,6.0%]
Cancer	6.5%	[5.9%,7.1%]	7.6%	[6.8%,8.5%]	8.5%	[7.5%,9.6%]
Arthritis	21.0%	[20.1%,22.0%]	22.5%	[21.3%,23.6%]	23.3%	[21.9%,24.6%]
Osteoporosis	5.2%	[4.7%,5.7%]	5.2%	[4.8%,5.7%]	6.1%	[5.5%,6.8%]
Heart disease [^]	5.6%	[5.1%,6.1%]	6.8%	[6.7%,7.0%]	7.0%	[6.2%,7.9%]
Stroke [^]	2.8%	[2.4%,3.3%]	2.3%	[2.0%,2.7%]	2.8%	[2.3%,3.4%]
Depression/Anxiety	21.4%	[20.0%,22.8%]	25.5%	[23.5%,27.7%]	30.0%	[27.7%,32.4%]
Eye diseases [^]	9.2%	[8.6%,9.7%]	10.1%	[9.5%,10.6%]	11.7%	[10.9%,12.5%]

Tasmanian Population Health Survey 2009, 2013, 2016 *refers to a past or current diagnosis, with the condition either still present or not;

* statistically significant difference

[^]hypertension includes gestational hypertension; heart disease includes coronary heart disease, cardiomyopathy, ischaemic heart disease, heart failure, hypertensive heart disease, inflammatory heart disease, disease affecting heart valves, heart murmur, having pacemaker; stroke includes mini strokes, aneurisms and trans-ischaemic attacks; eye diseases include cataracts, glaucoma, diabetic eye disease/retinopathy, macular degeneration.

Being diagnosed with three or more chronic conditions has increased.

In 2016 21.5 per cent of Tasmanians reported three or more chronic conditions listed above compared to 19.2 per cent in 2013 and 16.3 per cent in 2009.

Chronic disease management

There are a range of actions available to help manage chronic conditions.

Asthma action plans provided by healthcare professionals substantially increased, with 71.9 per cent of Tasmanians with current asthma having a plan in 2016.

Seven in 10 Tasmanians with current asthma now have an asthma management plan compared to almost six in 10 adults in 2013.

Provided with asthma action plan by region, 18 years and over, Tasmania 2009 to 2016

Year	2009		2013		2016	
	%	95% CI	%	95% CI	%	95% CI
Persons	62.2%	[57.4%,66.7%]	57.6%	[52.0%,63.1%]	71.9%*	[66.4%,76.8%]

Tasmanian Population Health Survey 2009, 2013, 2016 * statistically significant difference from 2013

Four in five adults manage diabetes with medications and diet, and more than half include weight loss and exercise in their management strategy.

Actions taken to manage current type 1 and type 2 diabetes, 18 years and over, Tasmania 2016

Diabetes		
Actions	%	95% CI
Modify diet	81.5%	[77.0%,85.3%]
Weight loss	50.6%	[44.6%,56.6%]
Exercise	57.8%	[51.8%,63.6%]
Medications	80.4%	[74.6%,85.1%]

Tasmanian Population Health Survey 2016

Medications (78.4 per cent) and exercise (57.8 per cent) were the most frequent actions taken to manage hypertension. Stress management was significantly less often reported than in 2013.

Actions taken to manage current hypertension, ^18 years and over, Tasmania 2009 to 2016

Year	2009		2013		2016	
	%	95% CI	%	95% CI	%	95% CI
Modify diet (eg salt)	43.1%	[40.5%,45.8%]	45.5%	[42.8%,48.2%]	46.2%	[42.7%,49.8%]
Weight loss	42.0%	[39.4%,44.7%]	46.8%	[44.2%,49.4%]	43.2%	[39.7%,46.7%]
Exercise	60.4%	[57.7%,63.0%]	62.5%	[59.9%,65.0%]	57.8%	[54.2%,61.2%]
Medications	75.5%	[73.2%,77.7%]	77.0%	[74.7%,79.1%]	78.4%	[75.2%,81.3%]
Stress management	52.8%	[50.1%,55.5%]	59.2%	[56.6%,61.8%]	49.2%	[45.7%,52.7%]
Other action	1.4%	[0.8%,2.2%]	2.0%	[1.4%,2.8%]	2.0%	[1.2%,3.2%]
No action	5.8%	[4.6%,7.3%]	4.0%	[2.9%,5.4%]	2.7%	[1.8%,4.1%]

Tasmanian Population Health Survey 2009, 2013, 2016 ^excludes gestational hypertension; Estimates in green font have RSE >25% - <50%- use with caution; * statistically significant difference from 2013

Health screening

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

There has been a statistically significant increase in bowel cancer screening from 25.4 per cent in 2013 to 32.1 per cent in 2016.

Of the three regions, the South reported the greatest increase in bowel cancer screening with a 13.1 per cent increase since 2009.

There has been a significant increase in bowel cancer screening. Almost one in three Tasmanians has been screened for bowel cancer in 2016 compared to one in four in 2013 and one in five in 2009.

Participation in preventive health screening,[^] 18 years and over, Tasmania 2009 to 2016

Screening type	2009		2013		2016	
	%	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%]
Cholesterol	53.2%	[51.8%,54.6%]	57.2%	[55.6%,58.8%]	54.9%	[53.0%,56.9%]
Diabetes/hyperglycaemia	50.7%	[49.3%,52.2%]	52.7%	[51.0%,54.3%]	50.3%	[48.3%,52.2%]
Bowel cancer	20.7%	[19.7%,21.8%]	25.4%	[24.3%,26.6%]	32.1%*	[30.5%,33.8%]

Tasmanian Population Health Survey 2009, 2013, 2016 [^]during the previous 2 years; *statistically significantly higher than 2013 and 2009

Screening is most commonly reported by Tasmanians aged 45 years and over, although more than 60 per cent of younger Tasmanians reported blood pressure screening during the previous two years.

Screening rates were similar for males and females, except for blood pressure screening, which had a significantly higher female participation rate at 85.1 per cent.

Participation in preventive health screening[^] by gender, Tasmania 2016

Screening type	Males		Females	
	%	95% CI	%	95% CI
Blood pressure	79.6%	[76.6%,82.3%]	85.1%*	[82.8%,87.1%]
Cholesterol	55.5%	[52.5%,58.4%]	54.4%	[51.8%,56.9%]
Diabetes/hyperglycaemia	49.2%	[46.4%,52.0%]	51.3%	[48.6%,54.0%]
Bowel cancer	32.4%	[30.1%,34.8%]	31.9%	[29.7%,34.1%]

Tasmanian Population Health Survey 2016 [^]during the previous 2 years; *statistically significantly higher than males

Oral health

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

Males assessed their dental health as significantly worse than females with only 33.9 per cent reporting excellent or very good dental health and 29 per cent reporting fair or poor dental health.

Conversely, significantly fewer males reported complete tooth loss. Complete tooth loss was highest in the North West.

Self-assessed dental health status was similar across age groups, except for those aged 18-24 years who reported significantly better dental health.

Tasmanians in the most disadvantaged socio-economic quintile assessed their dental health as worse than those in the least disadvantaged quintile.

One in four Tasmanian adults reported fair or poor dental health. Males report significantly poorer dental health and poorer dental hygiene habits than females.

Self-assessed dental health, 18 years and over, Tasmania 2016

Gender	Males		Females		Persons	
	%	95% CI	%	95% CI	%	95% CI
Dental health status						
Excellent/Very Good	33.9%*	[30.8%,37.2%]	43.8%	[40.8%,46.8%]	38.8%	[36.6%,41.0%]
Good	37.0%	[33.8%,40.4%]	34.0%	[31.2%,36.9%]	35.5%	[33.4%,37.7%]
Fair/Poor	29.0%*	[26.1%,32.0%]	21.9%	[19.6%,24.4%]	25.5%	[23.6%,27.4%]
Complete tooth loss	4.4%*	[3.6%,5.4%]	8.4%	[7.3%,9.6%]	6.4%	[5.7%,7.2%]

Tasmanian Population Health Survey 2016 *statistically significantly different from females

Significantly fewer males (64.1 per cent) than females (80 per cent) brush their teeth at least twice daily and more males than females brush their teeth only once a day or less.

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

Gender	Males		Females		Persons	
	%	95% CI	%	95% CI	%	95% CI
Frequency						
>twice or twice a day	64.1%*	[60.9%,67.3%]	80.0%	[77.3%,82.4%]	72.0%	[69.9%,74.0%]
once a day	30.0%*	[27.1%,33.1%]	19.0%	[16.7%,21.6%]	24.6%	[22.7%,26.6%]
< once a day or never	5.3%*	[3.9%,7.2%]	1.0%	[0.4%,2.2%]	3.1%	[2.3%,4.2%]

Tasmanian Population Health Survey 2016 *statistically significantly different from females; Estimates have RSE >25% -<50% - use with caution

Health service use and satisfaction

Use of health services: A high and increasing proportion of Tasmanians (55.2 per cent) used a public hospital compared to 2013.

Visits to community health centres and Child Health and Parenting Services (CHaPS) were reported by 21.7 per cent and 12.7 per cent of Tasmanians respectively.

Visits to CHaPS services were slightly lower in 2016 but this is not statistically significant.

More than half of Tasmanians visited a public hospital and more than one in five used a community health centre. Services provided by community health centres had the highest level of satisfaction.

Used a Tasmanian health service[^] during preceding 12 months by type of service, Tasmania 2009-2016

Year	2009		2013		2016	
	%	95% CI	%	95% CI	%	95% CI
Public Hospital	49.5%	[47.9%,51.1%]	49.7%	[47.8%,51.5%]	55.2%*	[53.1%,57.2%]
Community Health Centre	20.5%	[19.3%,21.8%]	20.2%	[18.7%,21.8%]	21.7%	[19.9%,23.5%]
Child Health and Parenting Service (CHaPS)	15.8%	[14.7%,17.0%]	14.6%	[13.4%,16.0%]	12.7%	[11.3%,14.2%]

Tasmanian Population Health Survey 2016 [^] used by respondent or close family member; *statistically significantly higher from previous years

Service satisfaction: CHaPS and public hospitals received high satisfaction ratings with 86.7 per cent and 80.5 per cent respectively.

Highest satisfaction was reported for community health centres with 89.4 per cent satisfied or very satisfied with the services.

Across regions, community health centres and CHaPS had the highest level of satisfaction in the Northern region with 93 per cent and 91.6 per cent respectively.

Level of satisfaction with Tasmanian health services, Tasmania 2016

Health Service Type	Public Hospital		Community Health Centre		CHaPS	
	%	95% CI	%	95% CI	%	95% CI
Very satisfied/satisfied	80.5%	[78.0%,82.9%]	89.4%*	[85.7%,92.2%]	86.7%	[81.7%,90.5%]
Neither satisfied nor dissatisfied	9.0%	[7.3%,11.0%]	6.3%	[4.0%,9.8%]	3.9%	[1.9%,8.1%]
Very dissatisfied/dissatisfied	8.5%	[7.0%,10.3%]	2.9%	[1.8%,4.5%]	4.1%	[2.2%,7.4%]

Tasmanian Population Health Survey 2016 Estimates in green font have RSE >25% -<50%- use with caution; *statistically significantly higher than public hospitals

Environmental health and wellbeing

Heating: Most Tasmanians use electricity to heat their homes followed by wood. There were statistically significant regional differences with the North reporting the highest use of wood.

Main source of energy used to heat home, Tasmania 2016

Persons		
Source of energy	%	95% CI
Electricity	61.7%	[59.7%,63.7%]
Wood	30.2%	[28.3%,32.1%]
Gas	5.1%	[4.2%,6.1%]
Pellets	0.5%	[0.2%,0.9%]
Other source	2.1%	[1.6%,2.8%]

Tasmanian Population Health Survey 2016

Cooling: Nearly half of all Tasmanians have air conditioning/air coolers with 37.6 per cent reporting no air conditioning or cooling method.

Tasmanians in the North West region have the lowest (statistically significant) ownership of air conditioning (36.5 per cent).

Main method of cooling home, Tasmania 2016

Persons		
Method	%	95% CI
Air conditioner	46.7%	[44.6%,48.9%]
Portable air conditioner/air cooler	0.8%	[0.5%,1.2%]
Fans	14.5%	[13.1%,16.0%]
None of the above	37.6%	[35.6%,39.7%]

Tasmanian Population Health Survey 2016 Estimates in green font have RSE >25% -<50%- use with caution

Bushfire risk: Statewide, 30.5 per cent of Tasmanians live in an area at risk from bushfire. The South has significantly more homes in bushfire prone areas than the North or the North West.

Home is located in an area at risk from bushfire by region, Tasmania 2016

At risk from bushfire		
Persons		
Region	%	95% CI
South	36.0%*	[32.8%,39.4%]
North	28.1%	[25.1%,31.3%]
North West	20.8%*	[18.3%,23.7%]
Tasmania	30.5%	[28.6%,32.5%]

Tasmanian Population Health Survey 2016 *statistically significantly different from statewide

Three in 10 Tasmanians use wood as their main source of heating. About two in five do not have fans or air conditioning to cool their home.

Close to one-third of Tasmanians live in areas at risk from bushfires, with most living in the South and the least in the North West.

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 742 (41.3 per cent) were **sole** mobile phone users.

The sole mobile phone sample in this survey shows a bias towards younger age (under 55 years), but not towards greater socio-economic disadvantage.

Overall, the key demographic characteristics of the survey participants are similar to those in 2013 except there was a greater participation of males.

There was no significant difference in the distribution of socio-economic disadvantage, and no change in the proportion of participants under the age of 35 years compared to 2013.

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 and Human Services.