



**Submission:
Inquiry into Rural Health Services
in Tasmania**

March 2021

1. Overview

There is unequivocal evidence that pet ownership has implications for the healthcare system and overall public expenditure. Companion animals offer a range of health related benefits including improvement in overall health and psychological wellbeing, which is important given the increased life expectancy and the prevalence of chronic diseases in the general population.

These issues are especially evident when considering the specific health challenges facing rural communities.

Yet, to date, there has been little discussion of the role that companion animals can play in primary healthcare and health promotion, particularly in rural communities.

The RSPCA makes the following recommendations for consideration in the development and delivery of future policy in this area:

- **Integrating agency approaches to deliver improved rural health outcomes**

The development of strong and supportive inter-agency networks is a key factor in delivering improved rural health outcomes – and this should be a key focus of government policy.

- **Recognition of the role of pets in delivery of health care services**

- Delivery of multi-purpose health care services should include an embedded focus on the importance of human/pet dynamics; and
- traditional health care service models should engage with and encompass organisations with appropriate expertise in this area.

- **Upskilling the rural health care workforce**

- Workforce programs for rural health services need to be prioritised;
- these programs should include an embedded focus on the importance of human/pet dynamics; and
- strong professional links should be formed with organisations with appropriate expertise in this area.

- **The role of NGOs and volunteers in delivering improved rural health outcomes**

- The important role of NGOs and volunteers in delivering a range of health and social services in rural communities - including organisations with appropriate expertise in human/pet dynamics - needs to be recognised;
- NGOs need to be meaningfully engaged in the process of developing programs/policies and appropriately resourced where there is an expectation that they will be involved in program delivery; and
- programs for volunteers in these areas need to be not only recognised but strongly supported.

- **The role of pets in domestic violence**

Recognising the role of companion animals in domestic violence situations, rural health services should include a range of 'safe haven' programs.

- **Removing barriers to pet ownership in rental properties**

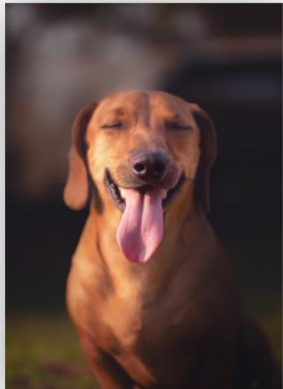
Tasmanian legislation should be amended to address issues restricting pet ownership in rental properties, aged care facilities, and strata developments.

Mahatma Gandhi understood the importance of the human animal bond. In his autobiography, he said “man’s supremacy over the lower animals meant not that the former should prey upon the latter, but that the higher should protect the lower, and that there should be mutual aid between the two.”

Recognising the ways that companion animals enrich human lives - and understanding the depth of the affection between many humans and animals - may be the key to not only better health, but to improving the welfare of society as a whole.

2. About RSPCA Tasmania

What we do



To prevent cruelty to animals by ensuring the enforcement of animal welfare laws.

Through advocacy, to promote the amendment or creation of new animal welfare legislation as necessary.

To develop and promote modern policies using scientific knowledge.

To educate the community with regard to the humane caring for animals humanely.

To engage with relevant stakeholders that enable the improvement of animal welfare.

To sustain an intelligent public opinion in regards to animal welfare.

Who we are

The Royal Society for the Prevention of Cruelty to Animals Tasmania (RSPCA) is a not-for-profit non-government organisation that cares for, treats, protects, and rehomes animals across the state. We've been working to improve the lives of animals in this state since 1878.

As a charity, we strive to maintain an open-door policy, so no abandoned, neglected, injured or surrendered animal is turned away or forgotten. Along with cats and dogs, the RSPCA provides assistance to a wide range of other animals, including horses, rabbits, guinea pigs, birds, goats and sheep.

With an ultimate goal of improving animal welfare education and keeping people and animals together, we acknowledge the crucial role of humans in keeping our animals safe.

So we not only serve animals in need, but also owners and carers who require guidance and support through education and assistance in relation to domestic violence, aged care, homelessness, mental health, and more.

Animals deserve our protection and respect – they make our lives full and remind us what it means to live humanely.

- Our Animal Care Centre (ACC) at Devonport is dedicated to caring for, rehabilitating and rehoming animals.
- Our Animal Retail Centres (ARCs) in Launceston and Hobart are our bases in the community. Animals are surrendered and rehomed through these centres; owners can access advice and supplies for their companion animals; and our ARC teams assist with local microchipping and education activities in their communities.
- Our Inspectorate operates under delegated powers from the state government to investigate and prosecute instances of alleged animal cruelty. This team is supported by a call centre equipped to handle reports.
- Our team of dedicated volunteers assists across all our activities. They serve on our board; they care for animals in our ACC and ARCs; they organise fundraising events; and they support us in many other activities. We could not do what we do without these wonderful people.
- Supporting our frontline teams, we have a group of dedicated professionals working across many areas – including fundraising and marketing, policy and advocacy, volunteer organisation, project delivery and – last but not least – our administration team who answer the phones and keep the lights on.

3. Rural communities face health disadvantages

Australians generally enjoy good health and experience one of the highest life expectancies in the world. Unfortunately, however, many residents of Australia's rural and remote communities experience poorer health outcomes compared with many of their metropolitan counterparts. Rates of potentially preventable diseases and avoidable hospitalisations increase significantly with geographical remoteness. Mortality rates for both males and females, possibly the best indicator of the health of the population, are significantly higher in very remote areas compared with major cities.

Others will no doubt provide evidence as to the health disadvantages faced by rural and remote communities. This is not our specific area of expertise, so we will leave this detailed exposition to those better qualified.

However, in summary, the situation is as follows:

- Approximately one in three Australians live outside major cities in regional centres, rural and remote areas.
- Many factors differentiate urban Australians and those living outside major cities, such as fewer years of education and lower incomes; higher rates of disability, smoking and risky alcohol consumption; poorer access to the internet and mobile phones; and relatively poor access to health professionals.
- Australians living outside major cities have significantly poorer health and lower life expectancy than their urban counterparts.
- These stark differences are driven by the distribution of health risk factors and how they interact with the nature of rural and remote places.

Several factors contribute to the discrepancy between urban and regional, rural and remote health in Australia outcomes.

- Chronic diseases such as diabetes, mental illness and cancer are responsible for nine out of 10 deaths in Australia, and substantially reduce many Australians' quality of life. They are also economically significant - and eliminating chronic diseases would significantly increase the workforce and Australia's productivity.
- Behavioural factors such as smoking and risky alcohol consumption are key risk factors in the development of chronic disease, and both are more prevalent in rural and regional Australia.
- Physical and environmental factors, including increased deaths from transport accidents. This is due in part to the relatively large distances non-metropolitan Australians must travel to work, shop and visit family and friends, but might also be attributable to higher average speeds on rural roads, poorer road conditions and longer waiting times for emergency services following an accident.
- Long-term health conditions due to injury were 30 per cent more likely in non-metropolitan Australians than in those who lived in major cities – probably as a result of participation in agriculture, forestry, mining and other physically demanding industries endemic to rural and regional areas.¹
- Regional, rural and remote regions have higher proportions of indigenous Australians than metropolitan areas, and indigenous people continue to have poorer health outcomes than non-indigenous people on most measures.

Recently released government data shows that the average National Disability Insurance Scheme plan is worth \$80,000 in the North of Tasmania - more than \$25,000 lower than the average plan in Hobart. This statistic alone demonstrates the very real disadvantages facing people who live in rural communities.

4. Pets improve lives

Australia has one of the highest rates of pet ownership in the world with over two thirds of households owning pets. Quite simply, pets are part of the Australian way of life.

Pets are good for our health and good for the health of our communities. The tangible benefits to the physical and mental well-being of pet owners have been confirmed by scientific research. Pets provide companionship, encourage exercise and increase social interaction. They give pleasure, teach responsibility, they love and are loved in return. Their owners are healthier and happier than non-owners.

In fact, our pets are such positive influences on our lives that one study found that Australian ownership of cats and dogs saved approximately \$3.86 billion in health expenditure over one year.

Physical health benefits

- Increased cardiovascular health (lower blood pressure, lower triglycerides and in men, lower cholesterol)
- Increased physical activity: Dogs especially help us get out and enjoy the outdoors while getting some regular exercise. They are great motivators and personal trainers, never wanting to miss a training session no matter the weather.
- Young people growing up around pets have reduced risks of allergies and strengthened immune systems.
- Fewer visits to the doctor: Research has shown that pet owners in Australia visit their doctor 15 per cent fewer times annually than non-pet owners.
- Growing up with a dog (and other pets to a lesser extent) during infancy may help to strengthen the immune system and may reduce the risk of allergies
- Children who have pets are less likely to miss days of school due to illness

Psychological health benefits

- Studies of school children have shown that pet owners are more popular amongst their peers, and they also seemed more empathetic.
- Pet owners, including children and adolescents, have been shown to have higher self-esteem.
- Teenagers who own pets have a more positive outlook on life and report less loneliness, restlessness, despair and boredom.
- Pet owners report less depression and appear to cope with grief, stress and loss better than non-pet owners.
- Pets are also great caregivers, keeping people company when they're sick or feeling down.

Social health benefits

- Rural social networks are breaking down, with a consequent increase in social isolation and loneliness, especially among older people. The fact that social isolation influences health outcomes in its own right suggests that this is an important and hitherto neglected area in the promotion of improved public health outcomes.
- Social networks that are developed based on shared concern over the welfare of animals can lead to increased human-human interaction, as well as activities involving pets (eg dog-walking clubs). Walking a dog gets people out of private spaces, which can be isolating, and into public areas where interactions with neighbours and other walkers are possible.
- Pets play important roles as social enablers, by enhancing social connectedness and social skills.
- Pets make people feel safe when they are home alone, and they also keep an eye on the house while we're out – both important components of social connectedness.

General Health

There is a wide range of research that points to the positive impact pets have on our general health.

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Children, Social Development and Family Life

Pets are more than a simple playmate or confidante. Research shows that pets can also aid childhood development.

[Read More >](#)



Dogs and Exercise

Australian universities are at the forefront of research into dogs and exercise and there is a growing body of evidence that owners are healthier.

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Immunity

Research suggests the presence of cats and dogs in the home from an early age may acclimatise the immune system so that it is less sensitive to allergens in later life.

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Companionship

Research has established that pets create a valuable connection with people.

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Pets and the Elderly

The positive role pets play later in life is particularly significant for those living in nursing homes.

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Cardiovascular Health

The impact of animal companions on cardiovascular health was first recognised in the early 1980s.

[Read More >](#)

Pets and the Community

Research is now exploring how pets help build social bridges in our communities.

[Read More >](#)

Source: <https://www.petpositives.com.au/pets-improve-lives>

5. Improving rural health outcomes

Integrating agency approaches to deliver improved rural health outcomes

To achieve better outcomes in access and equity, it is necessary to develop and apply service models and models of care that are appropriate for, and respond to, the unique challenges of delivering quality care in rural and remote settings and that support continuity of care.

In Australia, significant investment has been made to improve health services in rural and remote communities and to create better, more flexible approaches to care. Yet there remains scope to apply and expand new and innovative approaches in delivery.

The multi-purpose service model provides an innovative approach for small scale, integrated and flexible services designed to meet the health and aged care needs of small rural communities. It also provides the venue for innovative models of care with linked clinical pathways, able to focus on improving the patient journey.

To address the specific challenges of rural and remote settings, successful models have demonstrated the following features:

- a multi-disciplinary approach, including expertise in human/pet dynamics
- integration and coordination
- flexibility in design, funding, workforce and resource allocation
- sustainability and responsiveness.

Establishing and strengthening links and client referral pathways with services in metropolitan and larger regional centres will enable rural and remote services to better access secondary consultation, specialist advice and emergency services when needed.

As well as developing the appropriate networks and communications links, there may also be a need to establish partnerships and agreements to facilitate cross-agency and NGO coordination and resource sharing arrangements.

In order to make this work, NGOs and governmental organisations need to put aside sometimes conflicting philosophies and priorities. Overall, there needs to be a willingness shown by all stakeholders to build relationships, engage with each other and work towards common goals.

This creates the possibility of linking local level engagement with regional and national health initiatives which could bring about many benefits, such as utilising NGOs in pilot studies to test health policies and programs at the local level prior to implementing them at regional and national levels. Thus, multi-stakeholder networks have the potential to become critical tools in co-ordinating and implementing health policy.

The situation of hoarding is just one example of the need for integrated agency responses. These situations will require expertise from a range of specialist services including medical and mental health practitioners, case workers from Centrelink or the NDIS or other support agencies, the RSPCA, and potentially the police.

Working together, agency and NGO teams can in some cases identify at-risk members of the community and initiative preventative interventions. Even if the engagement comes at a later stage, a strong working relationship between responders can minimise harm and stress and hopefully deliver better longer-term outcomes.

Recommendation: The development of strong and supportive inter-agency networks is a key factor in delivering improved rural health outcomes – and this should be a key focus of government policy.

Recognition of the role of pets in delivery of health care services

Multi-purpose health care services that embrace the range of existing health care service providers and addresses the gaps in service provision are critical to improving health outcomes. Team-based care should also be paired with programs to educate consumers about the various types of qualified practitioners who are available – and this should include specialist expertise in human/pet dynamics.

The subject of companion animals can be a catalyst for engaging patients in discussions about preventive health. Practitioners in team-based care environments are in an ideal position to understand the human-pet dynamic, and to encourage patients to interact with their pets to improve their own health and wellbeing. Questions relating to companion animals could be asked during routine social history taking. The knowledge gained from this approach may facilitate more tailored patient management and personalised lifestyle recommendations. On that basis, it is important that traditional health care services engage with organisations with appropriate expertise in human/pet dynamics. This would include the RSPCA.

Recommendations: Delivery of multi-purpose health care services should include an embedded focus on the importance of human/pet dynamics, and traditional health care service models should engage with and encompass organisations with appropriate expertise in this area.

Upskilling the rural health care workforce

People working in the rural health sector require specific qualifications and skill sets in order to provide appropriate assistance and care. In many areas, integrated primary care models foster inter-professional working relationships, and staff are experienced at working in collaboration and in partnership.

However, for these models to be effective, there needs to be an expanded understanding of the role of existing occupations, the further development and deployment of emerging occupations such as the GP generalist, nurse practitioner, enhanced community nursing role, physician assistants, and the extended scope of paramedics, to name just a few.

Of course, in our view, this should also include those with appropriate skills in, and understanding of, the unique dynamics of human/animal relationships.

To achieve this, we believe there should be a specific focus ensuring these qualifications and skills needs are met or there is a real risk the needs of this critical workforce will be overlooked – and that means existing disadvantage in diverse rural communities will be exacerbated and perhaps even further entrenched.

Recommendations: Workforce programs for rural health services need to be prioritised; these programs should include an embedded focus on the importance of human/pet dynamics; and strong professional links should be formed with organisations with appropriate expertise in this area.

The role of NGOs and volunteers in delivering improved rural health outcomes

There is clear evidence that supporting the development of social capital will deliver better health outcomes, particularly in rural areas.

Strong and direct links between government and NGOs and volunteers will strengthen social networks and community-centred approaches to health enable greater involvement by these groups and result in improved outcomes across a range of metrics.

While relationships and trust take time to nurture and build up, communities can (and do) come together in times of crisis. For example, a multi-stakeholder approach was utilised to great effect during the Dunalley fires in Tasmania in 2012 and, more recently, major disaster events such as the widespread bushfires last year across the mainland.

The relationships forged in these times stand communities in good stead and should be maintained so they are readily accessed when disasters loom – and to avert or mitigate possible future adverse outcomes.

More and more, policy changes implemented without a clear cost/benefit analysis and in the absence of any evidence-based impact assessment. These decisions often result in cost-shifting between levels of government and/or unrealistic expectations on what NGOs are able to deliver as part of their existing cause-based activities.

The state government's recently implemented Cat Management Act is one such example. While the regulations imposed under this Act are welcome, the outcomes are unfunded. Local government does not have the capacity to police or enforce the Act; and charitable NGOs such as the RSPCA are being expected to undertake a range of costly activities that are simply unsustainable without funding support. This is simply untenable.

Along with other NGOs, the RSPCA expects a commitment from government to:

- A consultative approach that engages with the organisation on issues that are relevant to our field of expertise;
- Accountability and transparency in regulatory and administrative processes and, in particular, a commitment to undertaking credible regulatory impact statements when considering policy change; and
- Increased accessibility to forums and consultative processes to ensure meaningful and genuine engagement between government and our stakeholder groups.

Recommendations: The important role of NGOs and volunteers in delivering a range of health and social services in rural communities - including organisations with appropriate expertise in human/pet dynamics - needs to be recognised; NGOs need to be meaningfully engaged in the process of developing programs/policies and appropriately resourced where there is an expectation they will be involved in program delivery; and programs for volunteers in these areas need to be not only recognised but strongly supported.

The role of pets in domestic violence

Numerous studies have confirmed that in households with companion animals experiencing domestic violence and abuse, there is also a high probability of animal abuse. Animal abuse often is linked to the severity of domestic violence, and individuals who commit pet abuse are more likely to inflict physical and mental violence on other family members.

Links between animal abuse and domestic violence and abuse are complex. However, four main themes apparent from existing research:

- animal abuse as part of a continuum of abuse within the family
- animal abuse perpetrated by children who show later aggressive and deviant behaviour
- animal abuse as an indicator of the existence of child abuse
- the therapeutic potential of animals in child development and within post abuse work.

Australian studies report that more than half the women entering a refuge to escape domestic violence and abuse reported that their pets had been harmed. There is also evidence to show that individuals and families will often delay fleeing a violent situation due to concerns regarding the safety of their companion animal.

This is a particular issue in rural communities where it is difficult for victims of domestic violence to move away from an abusive situation, and to become 'invisible' to their abuser. It is therefore important to ensure there are programs to assist victims of domestic violence to place their companion animals out of harm's way so that they may seek safety for themselves.

'Safe haven' programs operate differently from community to community. Some rely on networks of foster care homes. Some are allowed to use the additional kennel space of a local welfare organisation or veterinarian. Depending on the local arrangement, family members may be able to visit their pets while they are in safekeeping. In all cases, confidentiality of the pet's location is highly guarded in order to protect both the pets and their family members.

However, keeping the whole family together, including the pet, during this critical time is paramount. Children in particular often rely on their pet to provide stability, security and companionship. Some refuges are able to accommodate companion animals under certain conditions, but this needs to be greatly expanded.

Recommendation: Recognising the role of companion animals in domestic violence situations, rural health services should include a range of 'safe haven' programs.

Removing barriers to pet ownership in rental properties

Despite most Australian households (almost two thirds) having at least one pet, it is often difficult to find 'pet-friendly' accommodation. This is an important issue for both human well-being and for animal welfare.

Unfortunately, there are still significant barriers for tenants with a companion animal who wish to rent. These problems are also faced by many older people downsizing to move into apartments and/or aged care facilities.

Nationally, RSPCA data shows that between 15-30% the pets surrendered to shelters are from owners who could not take their pets with them when they move.

Because of the considerable benefits pet ownership brings to individuals, the community and the economy, serious attention should be given to the issues limiting pet ownership.

Some states have already amended tenancy and strata laws to ensure pet owners are not discriminated against.

Last year, new laws on pets and renting were introduced in Victoria. Tenants must now request their landlord's consent to bring a new pet into the property. A landlord can only refuse a pet request if the Victorian Civil and Administrative Tribunal (VCAT) orders that it is reasonable to do so.

In Western Australia, landlords can legally charge a separate pet rental bond to cover the cost of any damage a pet causes to the property.

Recommendation: Tasmanian legislation should be amended to address issues restricting pet ownership in rental properties, aged care facilities, and strata developments.

6. Appendix A: Inquiry Terms of Reference

To inquire into and report on health outcomes and access to community health and hospital services for Tasmanians living in rural and remote Tasmania, with particular regard to:

1. *Health outcomes, including comparative health outcomes;*
2. *Availability and timeliness of health services including:*
 - a. *Ambulance services;*
 - b. *Primary care, allied health and general practice services;*
 - c. *Non-GP specialist medical services;*
 - d. *Hospital services;*
 - e. *Maternity, maternal and child health services;*
 - f. *Pain management services;*
 - g. *Palliative care services;*
 - h. *Pharmacy services;*
 - i. *Dental services;*
 - j. *Patient transport services;*
 - k. *'After hours' health care;*
 - l. *Indigenous and culturally and linguistically diverse (CALD) communities; and*
 - m. *Other.*
3. *Barriers to access to:*
 - a. *Ambulance services;*
 - b. *Primary care, allied health and general practice services;*
 - c. *Non-GP specialist medical services;*
 - d. *Hospital services;*
 - e. *Maternity, maternal and child health services;*
 - f. *Pain management services;*
 - g. *Palliative care services;*
 - h. *Pharmacy services;*
 - i. *Dental services;*
 - j. *Patient transport services;*
 - k. *'After hours' health care;*
 - l. *Indigenous and culturally and linguistically diverse (CALD) communities; and*
 - m. *Other*
4. *Planning systems, projections and outcomes measures used to determine provision of community health and hospital services;*
5. *Staffing of community health and hospital services;*
6. *Capital and recurrent health expenditure;*
7. *Referral to tertiary care including: a. Adequacy of referral pathways; b. Out-of-pocket expenses; c. Wait-times; and d. Health outcome impact of delays accessing care;*
8. *Availability, functionality and use of telehealth services; and*
9. *Any other matters incidental thereto.*



Contact for submissions:

Jan Davis, CEO

jdavis@rspcatas.org.au

0409 004 228

CONTACT DETAILS

PO Box 66 Mowbray Tas 7248

Centralised phone number for all RSPCA Centres: 03 6709 8100

Devonport Animal Care Centre: 108 Tarleton Road, Spreyton,

7310 Launceston Adoption & Retail Centre: 3/207 Invermay

Road, 7248 Hobart Adoption & Retail Centre: 55-57 Albert

Road, Moonah, 7009

Animal Cruelty Hotline: 1300 139 947

Email: rspca@rspcatas.org.au Web: www.rspcatas.org.au

A blue circular badge with white text that reads 'HELP US — HELP — TASMANIAN ANIMALS'.

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