

Overview

This chapter provides a range of health statistics for Victoria, with data provided on public and private hospitals, causes of death, health insurance, allied health care providers, mental health, infectious diseases and disability.

Causes of death

The main cause of death for Victorian residents in 1998 was diseases of the circulatory system (including heart attack and stroke) with 12,429 deaths, followed by neoplasms (mainly malignant neoplasms or cancers) with 9,094 deaths. Together, these conditions accounted for 67% of deaths during 1998 (table 7.1).

Diseases of the circulatory system accounted for 39% of all deaths, and were the main cause of death for both males and females aged 75 years and over. The most common cause of death under the broad category of circulatory diseases was ischaemic heart disease, which accounted for 21% of all male and 20% of all female deaths.

Neoplasms accounted for 31% of male and 25% of female deaths, and was the major cause of death for males aged 45–74 years, and for females aged 25–74 years.

In 1998, there were 50 deaths attributable to acquired immune deficiency syndrome (AIDS), a notable decline from the 74 deaths recorded in 1997. Males comprise the overwhelming majority of deaths from AIDS.

7.1 CAUSES OF DEATH—1998

Cause of death and ICD code(a)	Number	Proportion of total	Rate(b)
Infectious and parasitic diseases (001–139)	308	1.0	66
Neoplasms (140–239)	9 094	28.4	1 954
Endocrine, nutritional and metabolic diseases, and immunity disorders (240–279)	1 229	3.8	264
Diseases of the blood and blood-forming organs (280–289)	134	0.4	29
Mental disorders (290–319)	929	2.9	200
Diseases of the nervous system and sense organs (320–389)	729	2.3	157
Diseases of the circulatory system (390–459)	12 429	38.8	2 670
Diseases of the respiratory system (460–519)	3 054	9.5	656
Diseases of the digestive system (520–579)	983	3.1	211
Diseases of the genito-urinary system (580–629)	722	2.3	155
Complications of pregnancy, childbirth, and the puerperium (630–676)	1	–	–
Diseases of the skin and subcutaneous tissue (680–709)	52	0.2	11
Diseases of the musculoskeletal system and connective tissue (710–739)	192	0.6	41
Congenital anomalies (740–759)	150	0.5	32
Certain conditions originating in the perinatal period (760–779)	137	0.4	29
Signs, symptoms, and ill-defined conditions (780–799)	131	0.4	28
Accidents, poisonings, and violence (external causes) (800–999)	1 733	5.4	372
Total	32 007	100.0	6 876

(a) The classification used is the International Classification of Diseases, Ninth Revision, aggregated at the class level.

(b) Per 1,000,000 of the estimated mid year population.

Source: *Causes of Death, Australia (Cat. no. 3303.0)*.

Infant mortality

Infant mortality, defined as deaths of children under one year, has been traditionally viewed as an indicator of the general level of mortality, health, wellbeing, and social development of a population. In 1988, there were 486 infant deaths in Victoria, but by 1998 this had almost halved to 283 infant deaths (table 7.2). This corresponded with a large decline in the infant mortality rate from 7.8 to 4.7 deaths per 1,000 live births.

In 1998, the main cause of infant death was certain conditions originating in the perinatal period (ICD classes 760–779), which includes prematurity, birth injury and respiratory conditions present from birth. Together, these causes accounted for 48% of infant deaths, compared to 40% in 1988.

Infant deaths due to sudden death or cause unknown, which include Sudden Infant Death Syndrome, declined almost 80% from 1988, when there were 112 deaths, to 23 in 1998.

7.2 LEADING CAUSES OF INFANT DEATH

Cause of death and ICD code	1988		1993		1998	
	no.	rate(a)	no.	rate(a)	no.	rate(a)
Congenital anomalies						
Congenital anomalies of the nervous system (742)	43	0.7	10	0.2	15	0.2
Congenital anomalies of the heart and circulatory system (746–747)	29	0.5	29	0.5	14	0.2
<i>Total congenital anomalies (740–759)</i>	135	2.2	109	1.7	82	1.4
Certain conditions originating in the perinatal period						
Disorders relating to short gestation and unspecified low birth weight (765)	61	1.0	38	0.6	4	—
Hypoxia, birth asphyxia and other respiratory conditions (768–770)	83	1.3	73	1.1	17	0.3
<i>Total certain conditions originating in the perinatal period (760–779)</i>	193	3.1	154	2.4	137	2.3
Sudden death, cause unknown (798)	112	1.8	51	0.8	23	0.4
Other causes	46	0.7	33	0.5	41	0.7
Total	486	7.8	347	5.4	283	4.7

(a) Rate per 1,000 live births. Sum of components may not equal totals due to rounding.

Source: *Causes of Death, Australia* (Cat. no. 3303.0); *Demography, Victoria* (3311.2).

Health care provision

Public hospitals

During 1997–98, total acute health expenditure for the 90 Victorian public hospitals was \$3,085 million, with wages and salaries (\$2,035 million) the largest component (66% of total). Total revenue (acute and other residential) for Victorian public hospitals was \$3,454 million, of which 90% was derived from government grants (including Commonwealth and State indirect contributions).

In 1997–98, Victoria's public hospitals treated a total of 964,527 patients, with each separation having an average length of stay of 4.0 days (table 7.3).

The most treated condition was kidney and urinary tract diseases (133,904 separations, 13.9% of total), followed by digestive system conditions (95,687, 9.9%), and pregnancies and childbirth (85,264, 8.8%).

The most commonly treated conditions for males were diseases and disorders of the kidney and urinary tract (82,230 separations), the digestive system (48,030 separations) and the circulatory system (41,901 separations). The most commonly treated conditions for females were pregnancy and childbirth (85,264 separations), disorders of the kidney and urinary tract (51,674 separations) and disorders of the digestive system (47,657 separations).

Factors influencing health status resulted in the longest average length of stay (11.1 days), followed by mental health diseases and disorders (10.6 days). Interestingly, the condition which had the highest number of separations (kidney and urinary tract disorders) resulted in an average length of stay of just 1.6 days.

7.3 PUBLIC HOSPITALS, Separations and Average Length of Stay—1997–98

Major medical condition	Males		Females		Persons	
	Separations	Average length of stay	Separations	Average length of stay	Separations	Average length of stay
	no.	days	no.	days	no.	days
Alcohol/drug use/induced mental disorders	2 484	4.4	1 064	4.2	3 548	4.3
Burns	737	6.9	337	8.0	1 074	7.2
Blood/blood organs and immunological disorders	9 300	2.0	8 468	2.2	17 768	2.1
Circulatory system	41 901	4.6	32 276	4.7	74 177	4.6
Digestive system	48 030	2.9	47 657	3.0	95 687	2.9
Ear, nose, mouth and throat	24 450	1.8	20 555	1.7	45 005	1.7
Eye	8 991	1.4	10 378	1.4	19 369	1.4
Female reproductive system	—	—	39 730	2.1	39 730	2.1
Hepatobiliary system and pancreas	7 861	5.1	10 221	4.2	18 082	4.6
Kidney and urinary tract	82 230	1.5	51 674	1.7	133 904	1.6
Male reproductive system	13 677	2.7	—	—	13 677	2.7
Musculoskeletal system and connective tissue	35 928	3.9	34 201	5.4	70 129	4.6
Nervous system	25 762	7.1	23 663	7.7	49 425	7.4
Respiratory system	29 981	5.2	23 985	5.8	53 966	5.5
Skin, subcutaneous tissue and breast	13 404	3.3	19 136	3.6	32 540	3.5
Endocrine, nutritional and metabolic	4 896	5.2	6 297	4.9	11 193	5.0
Factors influencing health status	19 252	10.2	23 987	11.7	43 239	11.1
Infectious and parasitic diseases	5 587	5.9	4 637	5.7	10 224	5.8
Injuries, poisonings and toxic effects of drugs	12 041	2.7	10 604	2.9	22 645	2.8
Mental diseases and disorders	11 945	11.3	14 617	10.0	26 562	10.6
Myeloproliferative, poorly differentiated neoplasms	24 322	1.8	22 299	1.8	46 621	1.8
Newborns and other neonates	26 568	5.0	24 130	4.8	50 698	4.9
Pregnancy, childbirth and the puerperium	—	—	85 264	3.0	85 264	3.0
Total	449 347	3.9	515 180	4.0	964 527	4.0

Source: Department of Human Services, Victoria.

The number of public hospitals in Victoria increased between 1996–97 and 1997–98, from 122 to 147 (table 7.4). The overwhelming majority of public hospitals are acute facilities—there was just one psychiatric public hospital in 1997–98.

In 1997–98, there were 39,198 staff (average full-time equivalents) in Victorian public hospitals, which was a 3.4% decrease on the 1996–97 figure. The majority of staff (43%) were nurses, followed by administrative and clerical staff (16%).

The number of beds available in public hospitals was 12,337 in 1997–98, a 1.7% increase on the previous year's figure.

7.4 PUBLIC HOSPITALS—Selected Characteristics

	Unit	1996–97	1997–98
Hospitals			
Acute	no.	120	146
Psychiatric	no.	2	1
Total	no.	122	147
Available beds(a)			
Acute	no.	12 076	12 284
Psychiatric	no.	58	53
Total	no.	12 134	12 337
Separations(b)	'000	899.9	928.8
Patient days	'000	3 711.7	3 728.5
Average stay in days	no.	4.1	4.0
Recurrent expenditure	\$'000	2 904 048	3 093 020
Revenue	\$'000	291 318	322 874
Staff(c)			
Salaried medical officers	no.	3 454	3 511
Nurses	no.	17 211	16 714
Other personal care staff	no.	1 929	1 405
Diagnostic and allied health professionals	no.	6 042	5 993
Administrative and clerical	no.	6 333	6 383
Domestic and other staff	no.	5 613	5 192
Total	no.	40 582	39 198

(a) Average for the year. (b) For 407 records in public psychiatric hospitals in 1996–97, patient days were not recorded. These separations were not included in counts of patient days or calculations of average stay in days. (c) Average full-time equivalents.

Source: Australian Institute of Health and Welfare, *Australian Hospital Statistics*.

Private hospitals

Acute and psychiatric hospitals provide medical, surgical, obstetric, psychiatric and rehabilitative procedures and treatment for overnight-stay and same-day patients. Free-standing day hospital facilities, on the other hand, provide investigation and treatment for acute conditions on a day-only basis.

In 1997–98, there were a total of 97 private hospitals in Victoria, down from the 1996–97 figure of 101 (table 7.5). Staffing levels in Victorian private hospitals increased by 2.8% to 11,585.3, the majority of which were nursing staff (58%).

7.5 PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS—Selected Characteristics

Hospital type	Unit	1996–97	1997–98
Hospitals			
Acute	no.	96	92
Psychiatric	no.	5	5
Total	no.	101	97
Available beds(a)			
Acute	no.	5 843	5 826
Psychiatric	no.	315	307
Total	no.	6 158	6 133
Separations	'000	416.5	437.8
Patient days	'000	1 631.5	1 628.9
Average stay in days	no.	3.9	3.7
Recurrent expenditure	\$'000	874 615	927 852
Revenue	\$'000	960 061	1 008 711
Average recurrent expenditure			
Per separation	\$	2 100	2 119
Per patient day	\$	536	570
Staff			
Nursing staff	no.	6 419.9	6 696.7
Salaried medical officers and other diagnostic health professionals	no.	654.5	847.7
Administrative and clerical	no.	1 425.3	1 412.1
Domestic and other staff	no.	2 772.8	2 628.8
Total	no.	11 272.5	11 585.3

(a) Average for the year.

Source: *Private Hospitals, Australia* (Cat. no. 4390.0).

During 1997–98, there were 437,800 separations in Victorian private acute and psychiatric hospitals, accounting for 1,628,900 occupied bed days and an average length of stay of 3.7 days.

Total recurrent expenditure in Victorian private acute and psychiatric hospitals amounted to \$927.9 million, of which wages and salaries (\$544 million) was the largest item. Total revenue was just over \$1 billion, much of which was attributable to patient revenue.

Allied health care providers

During 1998 selected allied health service industries were surveyed by the ABS for the first time. The selected industries included audiology and audiometry services, physiotherapy services, chiropractic and osteopathic services, dental services, and optometry and optical dispensing services. Audiology and audiometry services include hearing assessments and the sale and fitting of hearing instruments.

The units of interest in these industries are private businesses and/or practices.

Businesses and practices

An allied health service business is the formal legal and accounting entity for which financial statements are produced. It is either a self-employed (incorporated or unincorporated) practitioner, a partnership, an incorporated company or a trust.

An allied health service practice can be formed in varying ways. In its simplest form the practice equates to the allied health service business, i.e. all income is received and all expenses are paid through the one business. In the more complex situations one or more administrative services businesses provide administrative, secretarial or similar services to one or more allied health service businesses. In such cases the practice is defined as the administrative service business or businesses and all linked allied health service businesses.

In the Victorian allied health service industry as at June 30 1998 there were:

- 1,188 private dental practices in Victoria which employed 5,946 persons and generated a total income of \$403.8 million during 1997–98.
- 875 physiotherapy practices which employed 2,195 persons and generated an income of \$81.7 million or an average of \$93,400 per practice during 1997–98.
- 593 chiropractic and osteopathic practices which employed 1,586 persons and generated an income of \$67.4 million during 1997–98. The average income per practice was \$124,900 for chiropractic practices and \$67,200 for osteopathic practices.

For the audiology and audiometric industry and the optometry/optical dispensing industry data was collected on businesses only. As at June 30 1998 there were:

- 44 audiology and audiometric businesses with a total employment of 321 persons, generating an income of \$36.1 million during 1997–98.
- 363 optometry and optical dispensing businesses which employed 2,005 persons and earned a total income of \$181 million during 1997–98.

7.6 ALLIED HEALTH SERVICE INDUSTRIES, Selected Characteristics—1997–98

Industry	Practices no.	Locations no.	Employment at end June no.	Wages and Salaries \$m	Total Income \$m
Physiotherapy	875	1 151	2 195	30.6	81.7
Chiropractic	477	646	1 391	23.4	59.6
Osteopathic	116	155	195	*1.7	7.8
Dental	1 188	1 511	5 946	135.7	403.8
General Dental	1 062	1 253	5 136	117.4	331.1
Specialist Dental	127	258	810	18.3	72.7
Optometry/Optical Dispensing(a)	n.a.	n.a.	2 005	48.0	181.0
Audiology/Audiometry(a)	n.a.	n.a.	321	9.9	36.1

(a) Figures relate to businesses only.

Source: *Chiropractic and Osteopathic Services, Australia (Cat. no. 8550.0)*; *Dental Services, Australia (Cat. no. 8551.0)*; *Physiotherapy Services, Australia (Cat. no. 8552.0)*; *Optometry and Optical Dispensing Services, Australia (Cat. no. 8553.0)*; *Audiology and Audiometry Services, Australia (Cat. no. 8554.0)*.

Mental health

The 1997 Survey of Mental Health and Wellbeing (SMHWB) was conducted during May to August 1997, from a sample of persons living in private dwellings in all States and Territories of Australia. The SMHWB was commissioned by the Commonwealth Department of Health and Family Services to assist in monitoring National Mental Health Strategy initiatives and provide a baseline against which future activity can be compared and evaluated. A modified Composite International Diagnostic Interview was used for the diagnostic component of the survey. This is a comprehensive interview for adults, which can be used to assess current and lifetime prevalence of mental disorders through the measurement of symptoms and their impact on day-to-day activities.

Nearly one in five (17.3%) Victorians had a mental disorder at some time during the 12 months prior to survey (table 7.7). Overall prevalence rates for mental disorders were similar for both men and women in Victoria, but there were some differences in type of disorder suffered. Women were more likely than men to suffer anxiety disorders (11.0% of women compared to 7.4% of men) and affective disorders (6.7% compared to 3.9%). However, men were more than twice as likely as women to suffer from a substance use disorder (11.1% of men compared with 4.1% of women).

7.7 PREVALENCE OF DISORDERS(a)—1997

Disorders	'000	%
Physical conditions	1 258.7	37.0
Mental disorders		
Anxiety disorders		
Panic disorder	39.2	1.2
Agoraphobia	31.0	0.9
Social phobia	83.5	2.5
Generalised anxiety disorder	108.6	3.2
Obsessive-compulsive disorder	*5.2	*0.2
Post-traumatic stress disorder	120.2	3.5
<i>Total anxiety disorders</i>	315.0	9.3
Affective disorders		
Depression	156.2	4.6
Dysthymia	45.1	1.3
<i>Total affective disorders(b)</i>	180.6	5.3
Substance use disorders		
Alcohol harmful use	99.6	2.9
Alcohol dependence	133.8	3.9
Drug use disorders(c)	53.0	1.6
<i>Total substance use disorders</i>	256.2	7.5
Total mental disorders(d)	588.5	17.3
No mental disorder or physical condition	1 796.2	52.8
Total(e)	3 399.7	100.0

(a) During the 12 months prior to interview. (b) Includes other affective disorders such as mania, hypomania and bipolar affective disorder. (c) Includes harmful use and dependence. (d) A person may have more than one mental disorder, therefore the sum of components may be greater than the total number of mental disorders. (e) A person may have more than one mental disorder with or without a physical condition. The components when added may therefore be larger than the total.

Source: *Mental Health and Wellbeing: Profile of Adults, Victoria* (Cat. no. 4326.2.40.001).

Age

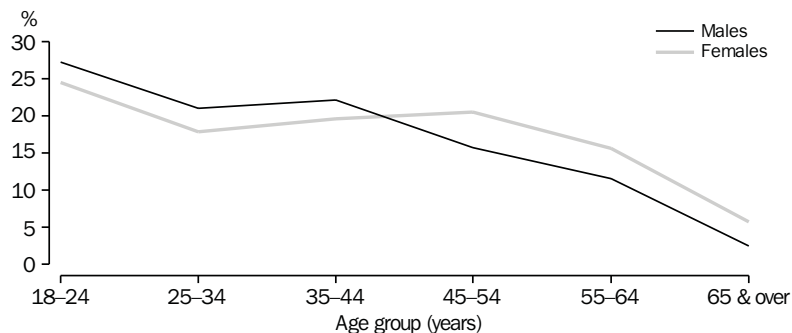
While the overall prevalence rates were similar for men and women, there were some age differences. Younger men were more likely than younger women to suffer from a mental disorder. However, with ageing, this pattern altered so that older women were more likely than older men to suffer from a mental disorder.

Young men aged 18–24 were more than twice as likely as women of the same age to suffer a substance use disorder (22.1% compared to 10.0%). Substance use disorders generally declined with age, to less than 1% for those aged 65 years and over.

Anxiety disorders include conditions which involve feelings of tension, distress or nervousness. The highest prevalence rate for anxiety disorders (18.2%) was observed in women aged 45–54. For men, anxiety disorders peaked at 11.7% in the 35–44 age group, after which the prevalence declined to no observations recorded for those aged 65 years and over.

The prevalence of affective (mood) disorders was highest (10.2%) for young women aged 18–24 years, and more than three times that observed for men of the same age. For men, the prevalence of affective disorders peaked at 7.1% in the 35–44 age group and after this declined sharply to no observations recorded for men aged 55 years and over.

7.8 PREVALENCE OF MENTAL DISORDER, By Sex and Age(a)



(a) Mental disorders from the major groups: anxiety, affective and substance abuse disorders.

Source: *Mental Health and Wellbeing: Profile of Adults, Victoria, Data Report, 1997* (Cat. no. 4326.2.40.001).

Infectious diseases

A vital aspect of health care is the prevention and containment of disease. As more becomes known about factors which contribute to the incidence of specific diseases, it becomes possible to prevent diseases or detect and treat them at earlier stages with improved chances of success.

An important element in containing the spread of disease is surveillance of infectious diseases. These diseases have been largely brought under control in the twentieth century through improvements in living standards and medical advances such as immunisation and antibiotics. However, factors related to large population movements, natural environment and increasing ease of travel can all contribute to the spread of infection from overseas and within Australia.

In order to monitor the incidence and spread of infectious diseases, medical workers involved in the diagnosis of disease are required to notify Disease Control Victoria, Department of Human Services, of any new occurrences of specified diseases. In particular, four types of infectious diseases pose problems for the community: vaccine preventable diseases, hospital acquired infections, blood-borne viral infections and enteric infections.

7.9 NOTIFICATIONS OF SELECTED INFECTIOUS DISEASES

Disease	1997		1998	
	no.	rate(a)	no.	rate(a)
Food and water-borne diseases				
Campylobacter infections	3 612	78.4	4 114	88.4
Giardiasis (Giardia)	1 071	23.3	1 007	21.6
Hepatitis A	363	7.9	173	3.7
Listeriosis	15	0.3	15	0.3
Salmonellosis (Salmonella)	1 691r	36.7	1 128	24.2
Shigellosis	79	1.7	120	2.6
Other diseases				
AIDS	68	1.5	46	1.0
Barmah Forest Virus	43	0.9	18	0.4
Haemophilus influenzae type b (Hib)	6	0.1	5	0.1
Hepatitis B	1 912	41.5	2 296	49.3
Hepatitis C	r 4 925	r 106.9	6 726	144.5
HIV	187	4.1	149	3.2
Legionellosis (Legionnaires' Disease)	r 29	0.7	64	1.4
Leptospirosis	r 23	r 0.5	22	0.5
Malaria	90	2.0	87	1.9
Measles	r 86	r 1.9	36	0.8
Meningococcal infection	99	2.2	60	1.3
Mumps	66	1.4	54	1.2
Pertussis (whooping cough)	r 1 680	36.5	1 142	24.5
Q Fever	r 19	r 0.4	34	0.7
Ross River Virus	r 1 062	r 23.1	112	2.4
Rubella	371	8.1	188	4.0
Tuberculosis	282	6.1	267	5.7
Sexually transmitted diseases(b)				
Gonorrhoea	353	7.7	558	15.1
Syphilis	172	3.7	214	5.8
Chlamydia	2 116	46.0	2 495	67.3

(a) Notifications per 100,000 of the estimated mid-year population. (b) Rate quoted is for population over 15 years of age.

Source: Department of Human Services, Victoria.

Blood-borne and sexually transmissible infections

Blood-borne viral infections, such as Human Immunodeficiency Virus (HIV), Hepatitis B and Hepatitis C are spread by sexual transmission and other exchange of body fluids, such as blood. In Victoria, these infections are being largely contained by a combination of epidemiological surveillance and contact tracing, education programs, and monitoring of blood donors and donated blood. Table 7.9 presents data on the notification of selected infectious diseases in 1997 and 1998.

The downward trend in notifications of AIDS and HIV cases continued in 1998. There were 46 AIDS cases and 149 HIV notifications in 1998, compared to 68 and 187 respectively in 1997. This trend has also been observed nationally and is consistent with changes in the treatment of HIV-related diseases. In contrast, prevalent cases of Hepatitis B and Hepatitis C both increased in 1998. This was particularly true of Hepatitis C which recorded 37% more notifications in 1998 than in 1997, and is thought to reflect the outcome of increased testing.

Notifications of sexually transmitted diseases showed large increases in 1998. There was a 59% increase in gonorrhoea notifications, a 24% increase in syphilis notifications, and an 18% increase in chlamydia notifications.

Food and water-borne infections

Food and water-borne diseases can result in intestinal illness generally described as food poisoning. The organisms which most commonly cause these types of illness are the campylobacter and salmonella organisms. Campylobacter infections occur worldwide, and are now the most commonly notified cause of bacterial diarrhoea in Victoria, with 4,114 cases notified in 1998. Listeriosis, although affecting a small number of people, can cause serious illness. Groups most at risk are pregnant women and their babies, the elderly, and people with lowered immunity. Infection with Giardia is also a commonly reported intestinal illness, although it may often be water rather than food-borne.

Health insurance

Medicare

Medicare was introduced in 1984 and is Australia's public health insurance scheme. Funded by a levy on taxable income, Medicare is available to all Australians and allows a wide range of goods and services to be accessed.

In 1997–98, over 50 million Medicare services were processed in Victoria (table 7.10), accounting for just under a quarter of all Medicare services nationally. This represented a dollar value of \$1,558.5 million.

The largest proportion of Medicare services comprised unreferral consultations by general practitioners, which accounted for 43.7% of the total (21,990,768 cases), followed by pathology with 25.2% of total services (12,705,185 cases). These two services corresponded to the two most accessed services across Australia.

7.10 MEDICARE, By Broad Type of Service—1997–98(a)

Type of service	Number of services		Value of services	
	'000	%(b)	\$m	%(b)
Unreferred attendances				
General practitioner/VRGP	21 990.8	43.7	512.1	32.2
Other	3 647.1	7.3	77.2	4.9
Specialist attendance	4 999.4	9.9	251.8	15.9
Obstetrics	456.7	1.0	15.1	1.0
Anaesthetics	482.5	1.0	35.2	2.2
Pathology	12 705.2	25.2	219.1	13.8
Diagnostic imaging	2 629.3	5.2	231.1	14.6
Operations	1 173.4	2.3	138.7	8.7
Assistance at operations	58.4	0.1	6.0	0.4
Optometry	898.5	1.8	34.1	2.1
Radio and nuclear therapy	124.4	0.3	9.0	0.6
Miscellaneous	1 155.1	2.2	59.1	3.7
Total	50 321.0	100.0	1 558.5	100.0

(a) For services processed from 1 July 1997 to 30 June 1998. (b) Sum of components may not add up due to rounding.

Source: Health Insurance Commission, Medicare Statistical Tables.

Private health insurance

Private Health Insurance is cover provided by organisations, registered under the National Health Act, to reimburse all or part of the cost of hospital or ancillary health services. In recent years the Federal government has provided incentives for people to purchase Private Health Insurance. In 1997 the Federal government introduced the Private Health Insurance Incentives Scheme (PHIIS), and in January 1999 this scheme was replaced by new arrangements under which all persons with private health insurance are entitled to a 30% rebate of their insurance premiums.

During the operation of the PHIIS the ABS conducted the Health Insurance Survey. The results of this survey show that in June 1998 35.1% of the Victorian population (1,690,900 persons) had some type of private health insurance cover, compared with 37.6% of the national population. The majority (54.6%) of Victorians with private health insurance had cover for both hospital and ancillary services, while 34.8% had hospital cover only and 9.2% had ancillary cover only. Of those without private health insurance, 45.9% nonetheless had ambulance cover.

7.11 TYPE OF PRIVATE HEALTH INSURANCE—June 1998

Hospital type	'000	%
With private health insurance		
Hospital and ancillary	879.1	19.2
Hospital only	559.8	12.2
Ancillary only	147.5	3.2
Type of insurance not known	22.7	0.5
Total	1 609.0	35.1
Without private health insurance		
Ambulance only	1 364.9	29.8
No private insurance	1 609.4	35.1
Total	2 974.3	64.9
Total	4 583.3	100.0

Source: Health Insurance Survey, Australia (Cat. no. 4335.0).

Survey of disability, ageing and carers

Disability

Disability is defined as any restriction or lack (resulting from an impairment) of ability to perform an action in the manner or within the range considered normal for a human being, which has lasted or is likely to last for six months or more, and restricts every day activities.

In 1998, nearly one-fifth (18% or 834,700 people) of Victoria's population had a disability (table 7.12). Of those with a disability, 88% (736,000) had specific restrictions in core activities and/or schooling or employment.

7.12 DISABILITY STATUS—1998

	'000	%
Disability		
With core restriction activity	665.2	14.3
With schooling or employment restrictions		
With core activity and schooling or employment restrictions	290.1	6.2
With schooling or employment restrictions only	71.7	1.5
Total	361.8	7.8
All with specific restrictions(a)	736.9	15.9
Without specific restrictions(b)	97.8	2.1
All with disability	834.7	18.0
No disability		
With impairment or long-term condition	765.4	16.5
Without impairment or long-term condition	3 044.8	65.6
All with no disability	3 810.2	82.0

(a) Totals may be less than the sum of components as persons may have both a core activity restriction and a schooling or employment restriction. (b) Includes persons who need assistance with health care, paperwork, transport, housework, property maintenance or meal preparation.

Source: *Disability, Ageing and Carers, Summary tables, Victoria (Cat. no. 4430.2.40.001).*

The core activities of self care, mobility and communication are fundamental to a person's ability to participate normally in everyday life. Almost 80% of people with a disability were restricted in one or more of these core activities. Depending on the level of assistance needed or difficulty experienced, restriction in core activities was profound/severe (5.8% of the Victorian population), moderate (3.2%) or mild (5.3%).

Participation in education and the labour force contribute to a person's development and independence—44% (290,100 persons) of those with a core restriction activity also experienced restrictions in schooling or employment.

Disability rates increase with age from 2.9% for children aged 0–4 years to 81.3% for adults aged 85 years and over (table 7.13). While the overall proportion of men with a disability was slightly less than that of women (17.2% compared to 18.7% respectively), it varied across all age groups.

7.13 PERSONS WITH A DISABILITY(a), By Age and Sex—1998

Age	Males		Females		Persons	
	'000	%	'000	%	'000	%
0-4	*5.1	*3.2	*4.1	*2.7	9.2	2.9
5-14	36.4	11.2	16.8	5.4	53.2	8.4
15-24	30.4	9.0	27.9	8.6	58.3	8.8
25-34	24.4	6.8	35.8	9.8	60.3	8.3
35-44	53.9	15.2	51.0	14.2	104.8	14.7
45-54	53.6	17.9	60.9	20.2	114.5	19.0
55-59	31.0	28.2	33.6	31.1	64.6	29.6
60-64	33.5	36.3	36.4	38.3	69.8	37.3
65-69	31.8	37.5	31.8	35.3	63.6	36.3
70-74	35.0	48.2	41.6	48.4	76.5	48.3
75-79	28.7	57.5	32.9	48.0	61.6	52.0
80-84	17.3	62.1	32.2	69.5	49.5	66.7
85 and over	14.3	78.1	34.5	82.7	48.8	81.3
Total	395.3	17.2	439.4	18.7	834.7	18.0

(a) Includes those who do not have a specific restriction, but may need assistance with health care, paperwork, transport, housework, property maintenance or meal preparation.

Source: *Disability, Ageing and Carers, Summary tables, Victoria (4430.2.40.001)*.

Carers

Caring is a response to a need arising from the family or community, and contributes to the cohesion of a society. Any persons who provides informal (unpaid) assistance, in terms of help or supervision, to an older person or a person with a disability because of their age or condition is defined as a carer.

In 1998, there were 577,000 Victorians who provided some assistance to those who need help because of disability or ageing (table 7.14). The proportion of carers who were female (56.5%) was higher than that of males. The highest proportion (35.9%) of carers were in the 35-54 age range, 8.1% were less than 18 years of age and 6.7% were aged 75 years and over.

7.14 CARER STATUS, By Age—1998

	Age group								
	Less than 18 years of age	18–24	25–34	35–44	45–54	55–64	65–74	75 years and over	Total
	'000	'000	'000	'000	'000	'000	'000	'000	'000
Males									
Carer									
Primary carer	n.p.	n.p.	n.p.	*7.5	10.9	*6.3	*6.1	*5.5	39.6
Not a primary carer	18.8	20.9	28.4	30.5	32.1	32.9	29.3	18.8	211.5
Total	20.0	22.4	29.1	37.9	43.0	39.2	35.4	24.2	251.2
Not a carer	562.6	218.3	331.5	315.3	256.6	162.2	119.8	62.2	2 028.4
Total	582.6	240.6	360.6	353.3	299.6	201.3	155.3	86.4	2 279.6
Females									
Carer									
Primary carer	n.p.	n.p.	*2.9	17.3	15.0	11.3	14.5	**2.5	64.9
Not a primary carer	26.3	29.9	36.4	49.2	44.5	44.1	18.7	11.9	261.0
Total	26.9	30.5	39.3	66.5	59.5	55.4	33.3	14.4	325.8
Not a carer	539.6	190.5	327.4	292.2	241.5	147.1	139.7	114.4	1 992.3
Total	566.5	221.0	366.7	358.7	301.0	202.5	172.9	128.8	2 318.2
Persons									
Carer									
Primary carer	**1.8	**2.2	*3.6	24.8	25.9	17.6	20.6	7.9	104.5
Not a primary carer	45.1	50.7	64.8	79.7	76.6	77.0	48.0	30.6	472.5
Total	47.0	52.9	68.4	104.5	102.5	94.6	68.7	38.6	577.0
Not a carer	1 102.2	408.7	658.9	607.6	498.1	309.2	259.5	176.6	4 020.8
Total	1 149.1	461.6	727.3	712.0	600.6	403.8	328.2	215.1	4 597.8

Source: *Disability, Ageing and Carers, Summary Tables, Victoria (Cat. no. 4430.2.40.001)*.

Primary carers are those who provide most informal assistance with personal activities to a person with a disability, and therefore caring plays a major part in their lives. In 1998, 104,500 (18.1%) of all carers in Victoria were identified as primary carers, of which 62.1% were female.

References

ABS sources

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