

Introduction

This chapter contains information about the health and well-being of the Victorian population. The World Health Organisation (WHO) has defined health as a state of complete physical, mental and social wellbeing, rather than merely the absence of disease or infirmity. This definition of health is reflected in changing attitudes to health care where much greater emphasis is now being placed on preventative measures to protect people's health, and the identification and avoidance of health risk factors. A framework for health statistics comprises two components, namely health services (provision and use of health services and health finance) and health status (sickness and disease, disability, occupational health and safety, mortality, etc.).

Data in this chapter is sourced from the Australian Institute of Health and Welfare (AIHW), the Victorian Department of Human Services (DHS), the Health Insurance Commission, VicRoads, and the ABS.

Health care provision

During 1999–2000 there were 229 public and private hospitals in Victoria, providing acute and psychiatric care for a total of over 5.5 million patient days (tables 8.1 and 8.2). The number of available beds increased to 18,341, with private hospitals providing 33.7% of all available beds in Victorian hospitals.

There were 1,495,800 separations reported in public and private hospitals in Victoria, accounting for 26% of the Australian total. The number of patient separations is a commonly used measure of the level of health care provision. A patient separation occurs when an admitted patient: is discharged; is transferred to another institution; leaves against medical advice; dies while in care; changes status, e.g. from acute care to nursing home care; or, leaves hospital for a period of seven days or more.

Public hospitals

In 1999–2000 there were 143 public hospitals in Victoria, 49 in metropolitan areas, 92 in rural areas and 2 in remote areas. The number of available beds in public hospitals increased by 4.5% in 1999–2000 to 12,162, after a 5.7% decrease in 1998–99 (table 8.1). In 1999–2000 there were 1.9 available beds per 1,000 population in remote areas, 2.4 in metropolitan areas and 3.2 per 1,000 population in rural areas.

During this period, Victorian public hospitals recorded over 1 million separations, with same day separations accounting for almost half. The average length of stay in public hospitals remained the same as the previous period, at 3.8 days. When same day separations are excluded, the average length of stay increased slightly, from 6.5 days in 1998–99 to 6.6 days in 1999–2000.

Total revenue (excluding general revenue payments received from the State and Federal governments) decreased marginally to \$344.9 million while recurrent expenditure (excluding depreciation) increased to \$3,507.2 million. Wages and salary accounted for the largest component of the expenditure, at \$2,255.2 million, of which 44% was payments to nursing staff. Total staff numbers have continued to rise since 1997–98, totalling 40,526 in 1999–2000. Diagnostic and allied health staff had the largest increase of 5.4% compared with the previous year.

8.1 PUBLIC HOSPITALS, Selected Characteristics

	Unit	1997–98	1998–99	1999–2000
Hospitals				
Acute	no.	146	140	142
Psychiatric	no.	1	2	1
<i>Total</i>	<i>no.</i>	<i>147</i>	<i>142</i>	<i>143</i>
Available beds(a)				
Acute	no.	12 284	11 565	12 072
Psychiatric	no.	53	73	90
<i>Total</i>	<i>no.</i>	<i>12 337</i>	<i>11 638</i>	<i>12 162</i>
Separations	'000	928.8	970.2	1 003.6
Patient days	'000	3 728.5	3 710.7	3 829.7
Average stay in days	no.	4.0	3.8	3.8
Recurrent expenditure	\$'000	3 093 020	3 267 590	3 507 211
Revenue	\$'000	322 874	349 038	344 939
Staff(b)				
Salaried medical officers	no.	3 511	3 767	3 858
Nurses	no.	16 714	17 214	17 660
Other personal care staff	no.	1 405	723	523
Diagnostic and allied health professionals	no.	5 993	6 408	6 755
Administrative and clerical	no.	6 383	6 616	6 672
Domestic and other staff	no.	5 192	5 112	5 058
<i>Total</i>	<i>no.</i>	<i>39 198</i>	<i>39 840</i>	<i>40 526</i>

(a) Average for the year. (b) Average full-time equivalents.

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

Private hospitals

The number of private hospitals has been in decline in Victoria since 1993–94, a trend which is reflected nationally. There were 113 private hospitals in Victoria in 1993–94 and 86 in 1999–2000 (table 8.2). The number of available beds decreased to 6,179 in 1999–2000, with 83.3% of all available beds in private hospitals located in the metropolitan areas.

The number of patient days fell by 1.8% in 1999–2000 and the average stay in days dropped from 3.6 days in 1998–99 to 3.4 days in 1999–2000. Revenue increased marginally in 1999–2000, with 90.3% of all revenue from patients. Recurrent expenditure in Victorian private hospitals increased by 0.7% to \$1,057.7 million. Wages and salary constituted 57.1% of all expenditure, a 1.0% decrease on the previous year.

After a 3.0% increase in 1998–99, total staffing levels fell by 4.0% in 1999–2000 to 11,456. Salaried medical officers and other diagnostic health professionals had the largest staff decrease of 6.7% in 1999–2000, following a 11.6% decrease in 1998–99.

8.2 PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, Selected Characteristics

	Unit	1997–98	1998–99	1999–2000
Hospitals				
Acute	no.	92	89	81
Psychiatric	no.	5	6	5
<i>Total</i>	<i>no.</i>	97	95	86
Available beds(a)				
Acute	no.	5 826	6 031	5 891
Psychiatric	no.	307	326	288
<i>Total</i>	<i>no.</i>	6 133	6 357	6 179
Separations	'000	437.8	480.0	492.2
Patient days	'000	1 628.9	1 702.6	1 672.5
Average stay in days	no.	3.7	3.6	3.4
Recurrent expenditure	\$'000	927 852	1 050 625	1 057 685
Revenue	\$'000	1 008 711	1 097 348	1 101 123
Average recurrent expenditure				
Per separation	\$	2 119	2 189	2 149
Per patient day	\$	570	617	632
Staff(b)				
Nursing staff	no.	6 697	6 981	6 721
Salaried medical officers and other diagnostic health professionals	no.	848	750	700
Administrative and clerical	no.	1 412	1 606	1 585
Domestic and other staff	no.	2 629	2 596	2 451
<i>Total</i>	<i>no.</i>	11 585	11 933	11 456

(a) Average for the year. (b) Average full-time equivalents.

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

Diseases

Public hospitals: patient diagnoses

In 1999–2000, kidney and urinary tract diseases was the diagnosed condition which was most prevalent in public hospitals, accounting for 16.9% of all separations in Victoria (table 8.3). There were 175,507 reported kidney and urinary tract separations, an 11.0% increase on 1998–99. Males reported 61.6% of all separations in this diagnosis group. The average length of stay for patients with kidney and urinary tract diseases decreased marginally compared with the previous year, to 1.4 days.

Disorders of the digestive system were the second most prevalent medical condition treated during 1999–2000, accounting for 99,528 cases (9.6% of separations). Separations for this condition increased by 3.5% between 1998–99 and 1999–2000.

Alcohol and drug use, and induced mental disorders were more prevalent amongst men, with men reporting 68.8% of all separations in this diagnosis group. The total number of separations for alcohol and drug use, and induced mental disorders increased by 5.5% in 1999–2000.

Females recorded 53.0% of all separations in Victorian public hospitals in 1999–2000. Pregnancy, childbirth and the puerperium was the most frequently reported separation for females, accounting for 15.0% of all female separations and 7.9% of total separations. The average length of stay in hospital for this diagnosis group remained the same as 1998–99, at 2.9 days.

8.3 PUBLIC HOSPITALS, Separations and Average Length of Stay — 1999–2000(a)

Major diagnosis group	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	2 850	3.8	1 294	3.9	4 144	3.8
Burns	761	7.8	370	8.1	1 131	7.9
Blood/blood organs and immunological disorders	8 031	2.2	7 904	2.4	15 935	2.3
Circulatory system	43 336	4.5	34 964	4.5	78 300	4.5
Digestive system	49 108	2.7	50 420	2.9	99 528	2.8
Ear, nose, mouth and throat	23 774	1.7	20 114	1.7	43 888	1.7
Eye	9 098	1.3	10 751	1.3	19 849	1.3
Female reproductive system	—	—	39 081	1.9	39 081	1.9
Hepatobiliary system and pancreas	7 986	5.1	10 823	4.1	18 809	4.5
Kidney and urinary tract	108 168	1.4	67 339	1.5	175 507	1.4
Male reproductive system	13 478	2.4	—	—	13 478	2.4
Musculoskeletal system and connective tissue	36 536	3.9	36 327	5.3	72 863	4.6
Nervous system	26 631	7.2	24 973	7.9	51 604	7.5
Respiratory system	30 152	5.4	25 279	5.7	55 431	5.5
Skin, subcutaneous tissue and breast	14 439	3.5	20 264	3.6	34 703	3.6
Endocrine, nutritional and metabolic	5 389	5.1	6 737	4.9	12 126	5.0
Factors influencing health status	21 851	9.0	26 653	10.6	48 504	9.9
Infectious and parasitic diseases	5 648	5.6	5 013	5.5	10 661	5.5
Injuries, poisonings and toxic effects of drugs	13 205	2.9	11 544	3.0	24 749	3.0
Mental diseases and disorders	13 798	9.9	16 487	8.9	30 285	9.4
Myeloproliferative, poorly differentiated neoplasms	27 509	1.8	27 480	1.8	54 989	1.8
Newborns and other neonates	26 714	4.6	25 380	4.4	52 094	4.5
Pregnancy, childbirth and the puerperium	—	—	82 649	2.9	82 649	2.9
Total	488 462	3.7	551 846	3.9	1 040 308	3.8

(a) Separations for non-acute care (e.g. rehabilitation and palliative care) and care for newborn babies of less than one day are excluded from this table.

Source: Victorian Department of Human Services.

External causes for admitted patients

External causes are those events, circumstances or conditions associated with the occurrence of injury, poisoning or violence. The figures presented for 1999–2000 are markedly higher than those presented in previous reports in this series. This is because in previous reports data were presented only on the first reported external cause for separation for which the principle diagnosis was an injury or poisoning. In 1999–2000 external causes have been reported for both the principal diagnosis and additional diagnoses.

In 1999–2000 there were 169,339 separations in public and private hospitals with an external cause (table 8.4). These separations accounted for 1,219,508 patient days in Victoria. Private hospitals had 24.3% of all separations with an external cause, accounting for 328,016 patient days. The most frequently reported group in both private and public hospitals was complications of medical and surgical care (44.3% of separations) followed by falls (21.5%). These causes were also the most frequently reported causes nationally.

8.4 SEPARATIONS BY EXTERNAL CAUSE, Public and Private Hospitals — 1999–2000

	Public	Private	Total	
			no.	%
Transport accidents	11 315	1 976	13 291	7.8
Falls	28 446	7 979	36 425	21.5
Exposure to mechanical forces	13 463	2 607	16 070	9.5
Accidental drowning and submersion	90	1	91	0.1
Other accidental threats to breathing	491	58	549	0.3
Exposure to electricity, radiation, extreme temperature/pressure	173	31	204	0.1
Exposure to smoke, fire, flames, hot substances	1 229	166	1 395	0.8
Exposure to venomous plants, animals, forces of nature	779	82	861	0.5
Accidental poisoning	3 458	160	3 618	2.1
Other external causes of accidental injury	6 140	5 508	11 648	6.9
Intentional self-harm	5 583	241	5 824	3.4
Assault	3 557	95	3 652	2.2
Events of undetermined intent	1 316	134	1 450	0.9
Legal intervention and operations of war	19	1	20	0.0
Complications of medical and surgical care	54 007	20 928	74 935	44.3
Sequelae and supplementary factors	2 714	2 244	4 958	2.9
Total	128 247	41 092	169 339	100.0

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

Infectious diseases

One vital aspect of health care is the prevention and containment of disease. In order to monitor the incidence and spread of infectious diseases, medical workers involved in the diagnosis of disease are required to notify the Communicable Diseases Section of the Victorian Department of Human Services, of any new occurrences of specified diseases.

The number of notifications of infectious diseases decreased by 4.5% in 2000 (table 8.5). The rate of infection per 100,000 of the population decreased from 398.2 in 1999 to 375.6 in 2000 (table 8.5). Hepatitis C (not further specified) recorded the highest number of new notifications, representing 120.6 notifications per 100,000 population, followed by campylobacter infections, with 5,105 cases or 107.1 per 100,000 population. Reported notifications of meningococcal infection increased by 17.4%, from a very low base, in 2000.

In 2000, there was a 12.5% increase in notifications of sexually transmitted infections. Chlamydia was again the most frequently notified sexually transmitted disease, with 3,294 notifications in Victoria, 58.8% of which were infections reported in females. There were 198 new notifications of HIV, a 41.4% increase on 1999. Males accounted for 177 of the HIV notifications in 2000. The notifications of AIDS doubled in 2000, representing 1.3 notifications per 100,000 population. There were 58 new cases of AIDS reported in males, and 2 in females. In 2000, the total number of people living with AIDS in Victoria was estimated to be 457, an 18.7% increase on the previous year.

8.5 NOTIFICATIONS OF SELECTED INFECTIOUS DISEASES

Disease	1999		2000	
	no.	rate(a)	no.	rate(a)
Food and water-borne diseases				
Campylobacter infections	4 699	99.8	5 105	107.1
Cholera	1	—	—	—
Botulism	—	—	1	—
Giardiasis (Giardia)	921	19.6	866	18.2
Listeriosis	12	0.3	11	0.2
Salmonellosis (Salmonella)	1 192	25.3	1 009	21.2
Shigellosis	107	2.3	115	2.4
Cryptosporidium(b)	104	2.2	119	2.5
Hepatitis A	261	5.5	199	4.2
Amoebiasis	111	2.4	89	1.9
Paratyphoid	5	0.1	4	0.1
Typhoid	17	0.4	12	0.3
Haemolytic Uraemic Syndrome	8	0.2	2	—
Yersiniosis	17	0.4	9	0.2
VTEC	5	0.1	—	—
Other	321	6.8	222	4.7
Blood borne viruses				
Hepatitis B — Acute	94	2.0	115	2.4
Hepatitis B — Chronic	2 232	47.4	1 965	41.2
Hepatitis C — Acute	76	1.6	79	1.7
Hepatitis C — Not further specified	6 182	131.3	5 749	120.6
Hepatitis D	—	—	12	0.3
Other				
Arbovirus infection	325	6.9	363	7.6
Haemophilus influenzae type b	4	0.1	3	0.1
Hydatid Disease	16	0.3	14	0.3
Legionellosis (Legionnaires' Disease)	64	1.4	246	5.2
Leptospirosis	29	0.6	36	0.8
Malaria	80	1.7	119	2.5
Measles	112	2.4	21	0.4
Meningococcal infection	138	2.9	162	3.4
Mumps	74	1.6	43	0.9
Q Fever	26	0.6	23	0.5
Pertussis (whooping cough)	986	20.9	734	15.4
Psittacosis	69	1.5	86	1.8
Rubella	123	2.6	66	1.4
Tuberculosis	324	6.9	290	6.1
Taeniasis	12	0.3	12	0.3
Tetanus	—	—	1	—
Total	18 747	398.2	17 902	375.6
Sexually transmitted infections(c)				
Acquired Immune Deficiency Syndrome (AIDS)	30	0.6	60	1.3
Chlamydia	2 950	62.7	3 294	69.1
Gonorrhoea	702	14.9	742	15.6
Human Immunodeficiency Virus (HIV)	140	3.0	198	4.2
Syphilis	2	—	7	0.1
<i>Total sexually transmitted infections</i>	<i>3 824</i>	<i>81.2</i>	<i>4 301</i>	<i>90.2</i>

(a) Notifications per 100,000 of the estimated mid-year population. (b) Cryptosporidium was notifiable on a voluntary basis in 1999 and 2000. (c) Rate quoted is for population over 15 years of age.

Source: Victorian Department of Human Services.

Mental health

Measuring mental health in the community through household surveys is a complex task because mental disorder is usually determined through clinical diagnoses. For the 1997 Survey of Mental Health and Wellbeing, a comprehensive interview of adults was used to assess current and lifetime prevalence of mental disorders through the measurement of symptoms and their impact on day-to-day activities. Anxiety disorders include conditions such as phobias – which involve feelings of tension, distress or nervousness — as well as generalised anxiety disorder (GAD), obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD). Affective disorders (mood disturbance) include conditions such as depression, dysthymia, mania, hypomania, and bipolar affective disorder.

The survey indicated that 37.0% of Victorians had a physical condition and 17.0% had a mental disorder at some time during the 12 months preceding the survey (table 8.6). Prevalence rates of mental disorders were similar for men and women in Victoria, however there were differences with respect to the type of disorder experienced and prevalence associated with age. Men were more than twice as likely to have a substance abuse disorder than women, while women were twice as likely to have experienced an affective disorder.

In Victoria, the prevalence of mental disorders, including substance use disorders, was higher amongst those persons who lived outside the capital city. However, the prevalence of anxiety disorders was higher in the capital city.

8.6 PREVALENCE OF DISORDERS(a) — 1997

	Unit	Capital city		Rest of state		Total	
		Males	Females	Males	Females	Males	Females
Physical conditions	%	32.5	38.0	38.2	44.9	34.1	39.9
Mental disorders							
Anxiety disorders	%	8.0	10.8	6.0	11.5	7.4	11.0
Affective disorders	%	4.3	6.3	*2.9	7.7	3.9	6.7
Substance use disorders(b)	%	10.6	3.7	12.6	5.2	11.1	4.1
<i>Total mental disorders(c)</i>	%	17.4	16.5	17.6	19.0	17.4	17.2
No mental disorder or physical condition	%	55.9	52.7	51.6	46.5	54.8	51.0
<i>Total</i>	%	100.0	100.0	100.0	100.0	100.0	100.0
Total persons	'000	1 210.5	1 271.7	452.7	464.8	1 663.2	1 736.5

(a) During the 12 months prior to interview. (b) Includes harmful use and dependence. (c) A person may have more than one mental disorder, therefore the sum of components may be greater than the total number of mental disorders.

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

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 person, which has lasted or is likely to last, for six months or more, and restricts everyday activities.

In 1998, nearly one-fifth (834,700) of Victoria's population had a disability (table 8.7). Of those with a disability, 88.3% (736,900) had specific restrictions in core activities (communication, mobility and self-care) and/or schooling or employment. Participation in education and the labour force contribute to a person's development and independence: 43.6% (290,100 persons) of those with a core restriction activity also experienced restrictions in schooling or employment. Depending on the level of assistance needed, or difficulty experienced, restriction in core activities was profound/severe in 5.8% of the Victorian population.

Disability rates tend to increase with age, from 2.9% for children aged 0–4 years to 81.3% for adults aged 85 years and over. Of the 834,700 persons with a disability, 85.5% had a physical disability and 14.5% had a mental or behavioural disorder. Of those persons with a disability, 17.8% lived alone, 75.5% lived with at least one other person and 5.4% lived in non-private cared accommodation. Arthritis and related disorders accounted for the largest proportion (17.3%) of physical conditions.

8.7 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
<i>Total</i>	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)*.

Carers

Caring is a response to a need arising from the family or community, and contributes to the cohesion of a society. Any person 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, can be defined as a carer.

In 1998, there were 577,000 Victorians who provided some assistance to those who needed help because of disability or ageing (table 8.8). Over half (56.5%) of all carers were female. The highest proportion (35.9%) of carers were in the 35–54 age range.

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 whom 62.1% were female.

8.8 CARER STATUS, By Age — 1998

	Age group (years)								Total
	Less than 18 years of age	18–24	25–34	35–44	45–54	55–64	65–74	75 years and over	
	'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).*

Health insurance

Medicare

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

In 2000–01, there were 53.7 million Medicare claims processed in Victoria, with a total value of \$1,844.9 million (table 8.9). Of these Medicare claims, 69.8% were directly billed, accounting for 58.2% of the total value for Medicare services.

The average benefit for Medicare services in 2000–01 remained the same as the previous year at \$34.33. The average benefit paid for unreferral attendances by general practitioners was \$25.68, while specialist attendances were paid an average benefit of \$52.55.

Unreferred consultations by general practitioners accounted for over 22 million services, the largest proportion (41.6%) of total Medicare services, followed by pathology services with 28.6% of the total. The number of specialist attendances increased by 80,100 in 2000–01, resulting in a 2.7% increase in the value of services for specialists.

8.9 MEDICARE, By Broad Type of Service — 2000–01(a)

Type of service	Number of services		Value of services	
	'000	%	\$m	%
Unreferred attendances				
General practitioner/VRGP	22 332.4	41.6	573.4	31.1
Other	2 883.3	5.4	68.8	3.7
Specialist attendance	5 356.3	10.0	281.5	15.3
Obstetrics	424.4	0.8	17.2	0.9
Anaesthetics	565.9	1.1	42.5	2.3
Pathology	15 350.5	28.6	276.9	15.0
Diagnostic imaging	3 032.7	5.6	288.5	15.6
Operations	1 242.1	2.3	160.6	8.7
Assistance at operations	65.3	0.1	7.1	0.4
Optometry	1 011.2	1.9	38.9	2.1
Radio and nuclear therapy	167.8	0.3	16.6	0.9
Miscellaneous	1 304.3	2.4	73.0	4.0
Total(b)	53 736.3	100.0	1 844.9	100.0

(a) For services rendered during 2000–01 and processed by the Health Insurance Commission prior to 30 June 2001. (b) Sum of components may not equal totals 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. Private health insurance is not permitted for services provided by medical practitioners outside hospitals. In January 1999, the Federal government introduced new arrangements under which all persons with private health insurance were entitled to a 30% rebate on their insurance premiums.

At June 2001, there were over 2 million Victorians (44.7% of the population) with hospital insurance, a 54.4% increase on June 1999 (table 8.10). Much of this increase occurred between 1999 and 2000, which coincided with the introduction of the Lifetime Health Cover initiative on 1 July 2000. This initiative encourages people to take out private hospital cover prior to their 31st birthday, in order to avoid paying higher premiums should they opt for private health insurance at an older age. There was also an increase in hospital insurance plus ancillary, from 17.7% of the population covered in 1999 to 27.1% in 2001.

8.10 PRIVATE HEALTH INSURANCE, Membership and Persons Covered(a)

	Unit	1999	2000	2001
HOSPITAL INSURANCE				
Membership				
Single	'000	345	482	521
Family	'000	342	482	298
<i>Total members</i>	'000	687	964	819
Persons covered	'000	1 398	2 009	2 159
Population covered	%	29.6	42.1	44.7
HOSPITAL INSURANCE PLUS ANCILLARY				
Membership				
Single	'000	183	264	300
Family	'000	204	281	188
<i>Total members</i>	'000	387	545	488
Persons covered	'000	834	1 177	1 307
Population covered	%	17.7	24.7	27.1
ANCILLARY INSURANCE ONLY				
Membership				
Single	'000	32	28	27
Family	'000	49	38	22
<i>Total members</i>	'000	80	66	49
Persons covered	'000	202	158	140
Population covered	%	4.3	3.3	2.9

(a) As at June. Figures in this table do not add to total number of people covered as an individual or family may have ancillary and hospital cover with different insurance companies.

Source: Private Health Insurance Administration Council.

Household expenditure on health and medical care

The Household Expenditure Survey (HES) provides estimates of total household expenditure, including details of expenditure on health and medical care nett of any refunds and rebates received from Medicare, private health insurance, or employers.

In the 12 months to June 1999, Victorian households spent an average of \$718.19 each week on goods and services (table 8.11). Of this amount, \$33.90 (\$4.7%) was spent on health and medical care.

Expenditure on accident and health insurance accounted for the largest percentage of total expenditure on health and medical care in Victorian households, accounting for 34.6% in 1998–99. The proportion of total expenditure on nett health practitioners' fees increased from 25.0% in 1993–94 to 35.2% in 1998–99, mainly attributable to increases in the proportion of expenditure on dental fees (from 11.2% to 16.6%) and specialist doctors' fees (from 4.8% to 8.8%).

8.11 AVERAGE WEEKLY HOUSEHOLD EXPENDITURE ON HEALTH

	1993-94		1998-99	
	\$	%	\$	%
Accident and health insurance				
Hospital, medical and dental	11.56	43.8	11.73	34.6
Ambulance	0.51	1.9	0.43	1.3
Sickness and personal accident	0.93	3.5	1.29	3.8
Total	13.00	49.2	13.44	39.6
Health practitioners' fees				
General practitioner doctors	0.70	2.7	0.86	2.5
Specialist doctors	1.26	4.8	2.98	8.8
Dental	2.97	11.2	5.62	16.6
Opticians	0.87	3.3	1.21	3.6
Physiotherapy and chiropractic(a)	n.a.	n.a.	0.92	2.7
Health practitioners n.e.c.(a)	0.82	3.1	*0.35	1.0
Total	6.61	25.0	11.94	35.2
Medicines, pharmaceutical products, therapeutic appliances and equipment				
Medicines, pharmaceutical products, therapeutic appliances n.f.d.	0.66	2.5	0.75	2.2
Prescriptions	2.41	9.1	2.67	7.9
Non-prescribed pain relievers	0.48	1.8	0.50	1.5
Non-prescribed ointments and lotions	0.54	2.0	0.82	2.4
Medicines and pharmaceutical products n.e.c.	1.61	6.1	2.23	6.6
Surgical dressings	0.15	0.6	0.18	0.5
First aid supplies, therapeutic appliances and equipment n.e.c.	0.42	1.6	*0.12	0.4
Total	6.26	23.7	7.62	22.5
Other medical care and health expenses				
Total	0.53	2.0	*0.90	2.7
Total expenditure on medical and health expenses	26.41	100.0	33.90	100.0
Total goods and services expenditure	601.76	0.0	718.19	0.0

(a) For the 1993-94 survey, physiotherapy and chiropractic fees were included in the "Health practitioners n.e.c." category.

Source: Household Expenditure Survey: Detailed Expenditure Items (Cat. no. 6535.0).

Occupational health and safety

WorkCover

The Victorian WorkCover Authority (WorkCover) is the manager of Victoria's workplace safety system. WorkCover's business encompasses health and safety in the workplace and for the public, workers' compensation in the event of work-related injury or illness, and the return to work of injured workers. In 1999-2000 there were 31,561 claims reported to WorkCover. Since 1995-96 reported claims have decreased by 5.0%.

There were 103 compensated work-related deaths in Victoria in 1999-2000 compared to 133 in 1998-99. Claims for back injuries also decreased in 1999-2000, to 7,618, a 4.9% reduction on the previous year.

Work-related injuries and illnesses

Between September 1999 and September 2000, 4.2% of Victorians who worked at some time during the year experienced a work-related injury or illness (table 8.12). Of the 102,700 Victorians who experienced a work-related injury or illness in the year ending September 2000, 69.3% (71,200) were male. There were 31,500 females who experienced a work-related injury in the period, of which 97.5% were employees in the job in which they experienced their work-related injury or illness, compared with 85.5% of males who were classified as employees.

The 35–44 year age group reported the most work-related injuries or illnesses, accounting for 31.5% of all work-related injuries and illnesses in Victoria. This age group constituted 24.0% of the Victorian workforce at September 2000.

8.12 WORK-RELATED INJURIES — 12 months ended September 2000

Age group (years)	Experienced a work-related injury or illness	Did not experience a work-related injury or illness	Total persons who worked at some time
	'000	'000	'000
15–19	6.0	168.0	174.0
20–24	12.7	275.7	288.4
25–34	25.8	585.2	611.0
35–44	32.4	558.4	590.8
45–54	18.3	486.7	505.0
55–59	5.7	148.9	154.6
60–64	*1.5	86.9	88.4
65 and over	**0.3	47.1	47.4
Total	102.7	2 356.9	2 459.6

Source: *Work-Related Injuries, Australia* (Cat. no. 6324.0).

Road accidents

VicRoads, the Transport Accident Commission (TAC), the Department of Justice and Victoria Police have combined to adopt a number of strategies aimed at reducing road fatalities and injuries, including: research and education; the design and safety of roads and vehicles; and enforcement of road laws. In recent years, the TAC media campaign has focussed on issues such as drink driving, speeding and fatigue, with the specific aim of reducing the road toll.

The number of persons killed in road traffic crashes in 2000 increased by 6.3%, and the number injured increased by 4.6% when compared to 1999 (table 8.13). The 35.3% increase in motorcycle fatalities is particularly noteworthy. The only category of road user to record a decrease in fatalities between 1999 and 2000 was pedestrians, although serious injuries to both pedestrians and cyclists also decreased.

8.13 ROAD TRAFFIC ACCIDENTS INVOLVING CASUALTIES

Category of road user	1998		1999		2000	
	Killed	Injured	Killed	Injured	Killed	Injured
Drivers of motor vehicles	148	3 096	191	3 036	195	3 187
Motor cyclists	45	654	34	695	46	739
Passengers (any type)	105	1 424	72	1 304	94	1 431
Pedestrians	79	751	76	730	59	705
Pedal cyclists	13	363	10	301	13	271
Other	—	7	—	16	—	28
Total	390	6 295	383	6 082	407	6 361

Source: VicRoads, Information Services Department.

Causes of death

The number of deaths of Victorian residents increased from 31,918 in 1999 to 32,018 in 2000. Diseases of the circulatory system (including heart attack and stroke) were the most frequently reported cause of death in 2000, despite being in decline in recent years. There were 11,917 deaths registered for this cause, accounting for 37.2% of the total (table 8.14).

Neoplasms (cancer) were the next most frequently reported cause of death, at 9,333. Neoplasms increased by 1.5% on the previous year, and constituted 29.1% of all deaths in Victoria. In this category, cancer of the bronchus and lung reported 1,689 causes of death, 64.7% of which were male. In 2000, 682 reported causes of death were attributed to prostate cancer (all male) and 718 reported causes of death due to breast cancer (709 female, 9 male).

Deaths due to symptoms, signs and abnormal clinical and laboratory findings increased by 41.3% in 2000, and deaths due to mental and behavioural disorders rose by 24.1%. The largest decrease in registered causes of death was for diseases of the skin and subcutaneous tissue, which had 35.8% less registrations in 2000. Certain conditions originating in the perinatal period reported a 21.0% decline in cause of death registrations in 2000.

8.14 CAUSES OF DEATH — 2000(a)

Cause of death and ICD code	no.	Proportion of total	
		%	Rate(b)
Certain infectious and parasitic diseases (A00-B99)	432	1.3	91
Neoplasms (C00-D48)	9 333	29.1	1 958
Diseases of the blood & blood-forming organs (incl. disorders involving immune mechanism) (D50-D89)	101	0.3	21
Endocrine, nutritional and metabolic diseases (E00-E90)	1 251	3.9	262
Mental and behavioural disorders (F00-F99)	911	2.8	191
Diseases of the nervous system (G00-G99)	1 051	3.3	220
Diseases of the ear and mastoid process (H60-H95)	1	—	—
Diseases of the circulatory system (I00-I99)	11 917	37.2	2 500
Diseases of the respiratory system (J00-J99)	2 590	8.1	543
Diseases of the digestive system (K00-K93)	967	3.0	203
Diseases of the skin and subcutaneous tissue (L00-L99)	43	0.1	9
Diseases of the musculoskeletal system and connective tissue (M00-M99)	239	0.7	50
Diseases of the genitourinary system (N00-N99)	801	2.5	168
Pregnancy, childbirth and the puerperium (O00-O99)	2	—	—
Certain conditions originating in the perinatal period (P00-P96)	124	0.4	26
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	155	0.5	33
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	147	0.5	31
External causes of morbidity and mortality (V01-Y98)	1 953	6.1	410
Total	32 018	100.0	6 717

(a) The classification used is the International Classification of Diseases, Tenth Revision (ICD-10 CM), 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 of age, has been traditionally viewed as an indicator of the general level of mortality, health, wellbeing and social development of a population. In 2000 there were 268 infant deaths registered in Victoria (table 8.15). The rate of infant deaths per 1,000 live births was 4.5 in 2000, declining from 5.6 in 1999.

The leading cause of infant deaths in 2000 was certain conditions originating in the perinatal period, which includes prematurity, birth injury and respiratory conditions present from birth. This cause accounted for 45.9% of all infant deaths in 2000.

8.15 LEADING CAUSES OF INFANT DEATH — 2000

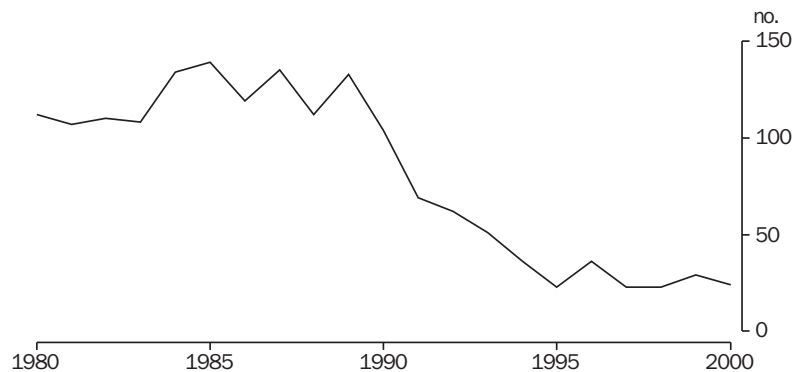
Cause of death and ICD code	no.	rate(a)
Congenital malformations		
Congenital malformations of the nervous system (Q01-Q04,Q06,Q07)	6	0.1
Congenital malformations of the heart and circulatory system (Q20-Q28,P29)	29	0.5
Total congenital malformations (Q00-Q99)	74	1.3
Certain conditions originating in the perinatal period		
Disorders relating to short gestation and low birth weight (P07)	5	0.1
Hypoxia, birth asphyxia and other respiratory conditions (P20-P28)	29	0.5
Total certain conditions originating in the perinatal period (P00-P96)	123	2.1
Sudden infant death syndrome (R95)	24	0.4
Other causes	47	0.8
Total(b)	268	4.5

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

Source: Causes of Death, Australia (Cat. no. 3303.0); Births, Australia (Cat. no. 3301.0); ABS data available on request, Causes of Death Survey.

Infant deaths due to Sudden Infant Death Syndrome (SIDS), have been generally declining since 1989, despite small increases in 1996 and 1999 (table 8.16). In 1989 the number of SIDS deaths was 133, after a peak of 139 in 1985. Reported cases of SIDS dropped to their lowest point of 23 in 1995, 1997 and 1998. In 2000 the number of SIDS deaths in reported in Victoria stood at 24, a 17.2% decrease on 1999.

8.16 INFANT DEATHS DUE TO SIDS



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

Bibliography

ABS sources

Births, Australia (Cat. no. 3301.0).

Causes of Death, Australia (Cat. no. 3303.0).

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

Private Hospitals, Australia (Cat. no. 4390.0).

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

Work-Related Injuries, Australia (Cat. no. 6324.0).

Household Expenditure Survey: Detailed Expenditure Items, Australia
(Cat. no. 6535.0).

Non-ABS sources

Australian Institute of Health and Welfare, Australian Hospital Statistics.

Health Insurance Commission, Medicare Statistical Tables.

Private Health Insurance Administration Council.

Victorian Department of Human Services.

Victorian WorkCover Authority.

VicRoads, Information Services Department.