

Overview

Victoria has a wide range of health services provided by government, non-profit organisations and private enterprise which help safeguard the health and wellbeing of Victorians and assist the sick. This chapter provides an overview of health statistics for Victoria. Data are provided on public and private hospitals, hospital in-patients, conditions treated, children's immunisation and causes of death; as well as results from the 1995 National Health Survey and the 1997 Survey of Mental Health and Wellbeing (SMHWB).

Causes of death

The main category of cause of death for Victorian residents in 1997 was diseases of the circulatory system with 13,253 deaths, including heart attack and stroke, followed by cancer (malignant neoplasms) (9,181) (table 7.1). Diseases of the circulatory system accounted for 37% of male and 43% of female deaths, and the main cause of death for both males and females aged 65 years and over. The most common cause of death under the broad category of circulatory diseases was ischaemic heart disease, which accounted for 22% of all male and 21% of all female deaths.

Cancer accounted for 29% of male and 25% of female deaths, and was the major cause of death for males aged 45–64 years, and for females aged 25–64 years.

Acquired immune deficiency syndrome (AIDS)-related deaths in Victoria for 1997 numbered 67 males and 7 females, compared with 128 males and 6 females in 1996.

7.1 CAUSES OF DEATH—1997

Cause of death and ICD code(a)	Number of deaths	Proportion of total	Rate(b)
Infectious and parasitic diseases (001–139)	348	1.0	76
Neoplasms (140–239)	9 181	27.6	1 994
Endocrine, nutritional and metabolic diseases, and immunity disorders (240–279)	1 279	3.8	278
Diseases of the blood and blood-forming organs (280–289)	106	0.3	23
Mental disorders (290–319)	915	2.8	199
Diseases of the nervous system and sense organs (320–389)	736	2.2	160
Diseases of the circulatory system (390–459)	13 253	39.8	2 878
Diseases of the respiratory system (460–519)	3 330	10.0	723
Diseases of the digestive system (520–579)	1 022	3.1	222
Diseases of the genito-urinary system (580–629)	645	1.9	140
Complications of pregnancy, childbirth, and the puerperium (630–676)	2	0.0	0
Diseases of the skin and subcutaneous tissue (680–709)	49	0.1	11
Diseases of the musculoskeletal system and connective tissue (710–739)	185	0.6	40
Congenital anomalies (740–759)	192	0.6	42
Certain conditions originating in the perinatal period (760–779)	132	0.4	29
Signs, symptoms, and ill-defined conditions (780–799)	92	0.3	20
Accidents, poisonings, and violence (external causes) (800–999)	1 794	5.4	390
Total	33 261	100.0	7 223

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

(b) Per 1,000,000 30 June population.

Source: *Causes of Death, Australia, 1997* (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 Victoria over the 15 years 1982 to 1996, the infant mortality rate dropped by 44.3% compared with a national drop of 36.6% in the same period (table 7.2).

The rate of infant deaths due to sudden infant death syndrome declined by more than two-thirds (67.8%) from 202.7 deaths per 100,000 live births in the 1982–86 period to 65.3 deaths per 100,000 live births in the 1992–96 period. However, this decline was not uniform over the 15-year timespan, being mostly concentrated in the period between 1992 and 1996 when the death rate dropped by 62.2% from the previous five-year period.

The rate of infant deaths due to perinatal conditions decreased 36.5% over the 15-year period, to an annual 231.1 deaths per 100,000 live births during 1992–96. However, there was an increase of 9.7% in the extreme immaturity death rate to 68.1 per 100,000 live births. This increase was concentrated in the period 1987–91, where it increased 35.3% on 1982–86.

The rate of infant deaths due to congenital anomalies declined 42.0%, from an annual 291.4 deaths per 100,000 live births during 1982–86 to 169.1 deaths per live births during 1992–96.

7.2 LEADING CAUSES OF INFANT DEATH

Cause of death and ICD code	Annual average number(a) and rate(b)					
	1982–86		1987–91		1992–96	
	no.	rate	no.	rate	no.	rate
Congenital anomalies (740–759)	175	291.4	125	195.3	108	169.1
Congenital anomalies of the heart and circulatory system (745–747)	42	70.4	30	46.9	31	48.9
Perinatal conditions (750–779)	219	363.8	194	302.8	147	231.1
Extreme immaturity (765.0)	37	62.1	54	84.0	43	68.1
Symptoms, sign and ill-defined conditions (780–799)	123	203.7	111	174.0	42	65.3
Sudden Infant Death Syndrome (798.0)	122	202.7	111	172.8	42	65.3
Accidents, poisoning and violence (external causes) (E800–E900)	11	18.6	11	17.5	6	10.0
Other causes	34	55.8	28	44.4	28	43.9
Total	562	933.2	470	733.9	331	519.6

(a) Annual average over five-year period. Components may not add to totals due to rounding. (b) Average rate per 100,000 live births averaged over five-year period. Components may not add to totals due to rounding.

Source: *Causes of Infant and Child Deaths, Australia* (Cat. no. 4398.0).

Acute health

During 1996–97, total acute health expenditure for the 92 Victorian public hospitals was \$2,894 million, with wages and salaries (\$1,944 million) the largest component (67% of total). Average expenditure per occupied bed day was \$785, and per patient separation \$3,223. Total revenue (acute and other residential) for Victorian public hospitals was \$3,159 million, of which 91% was derived from government grants (including Commonwealth and State indirect contributions).

In 1996–97, Victoria's public hospitals treated a total of 935,096 patients, with each separation having an average length of stay of 4.1 days (table 7.3). Females accounted for almost 54% of all cases treated in Victorian public hospitals.

The most treated condition was kidney and urinary tract diseases (125,083 separations, 13.4% of total), followed by digestive system diseases (95,712, 10.2%), and pregnancies and childbirth (83,669, 8.9%).

The most commonly treated conditions for males were diseases and disorders of the kidney and urinary tract (74,952 separations), the digestive system (48,219 separations) and the circulatory system (41,407 separations). The most commonly treated conditions for females were pregnancy and childbirth (83,669 separations), disorders of the kidney and urinary tract (50,131 separations) and disorders of the digestive system (47,493 separations).

Mental disease cases had the longest hospital stays, averaging 12.9 days. In contrast, conditions which averaged less than two days stay included eye; ear, nose, mouth and throat; kidney and urinary tract; and myeloproliferative diseases and disorders, and poorly differentiated neoplasms.

7.3 PUBLIC HOSPITALS, Separations and Average Length of Stay—1996–97

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 and alcohol/drug induced organic mental disorders	2 115	4.7	954	4.8	3 069	4.7
Burns	653	7.0	337	8.6	990	7.6
Blood and blood forming organs and immunological disorders	8 384	2.1	7 646	2.4	16 030	2.2
Circulatory system	41 407	4.7	32 055	4.9	73 462	4.8
Digestive system	48 219	2.8	47 493	3.0	95 712	2.9
Ear, nose, mouth and throat	23 182	1.8	19 107	1.7	42 289	1.8
Eye	9 112	1.5	10 267	1.4	19 379	1.5
Female reproductive system	—	—	41 394	2.2	41 394	2.2
Hepatobiliary system and pancreas	7 651	5.5	9 867	4.4	17 518	4.8
Kidney and urinary tract	74 952	1.5	50 131	1.7	125 083	1.6
Male reproductive system	14 704	2.6	—	—	14 704	2.6
Musculoskeletal system and connective tissue	34 625	4.0	33 343	5.5	67 968	4.8
Nervous system	24 735	7.6	23 092	8.2	47 827	7.9
Respiratory system	30 176	5.3	23 130	5.7	53 306	5.5
Skin, subcutaneous tissue and breast	13 303	3.2	18 777	3.7	32 080	3.5
Endocrine, nutritional and metabolic diseases and disorders	4 578	5.3	6 185	5.1	10 763	5.2
Factors influencing health status and other contacts with health services	19 928	9.9	22 545	12.2	42 473	11.1
Infectious and parasitic diseases (systemic or unspecified sites)	5 620	6.1	4 317	5.9	9 937	6.0
Injuries, poisonings and toxic effects of drugs	11 345	2.9	10 043	3.2	21 388	3.1
Mental diseases and disorders	9 507	13.1	10 908	12.7	20 415	12.9
Myeloproliferative diseases and disorders and poorly differentiated neoplasms	23 977	1.8	20 759	1.8	44 736	1.8
Newborns and other neonates with conditions originating in the perinatal period	26 709	4.9	24 195	4.9	50 904	4.9
Pregnancy, childbirth and the puerperium	—	—	83 669	3.2	83 669	3.2
Total	434 882	4.0	500 214	4.2	935 096	4.1

Source: Department of Human Services, Victoria.

Staffing and administration

In 1996–97, there were 43,964 effective full-time staff in Victorian public hospitals. This was a 4.0% increase on 1995–96 (table 7.4). Of these staff, nurses numbered 19,485 (44.3%), hotel staff (orderlies, caterers, laundry workers, etc.) accounted for 7,837 (17.8%), and 3,509 (8.0%) were resident, salaried or sessional medical staff.

7.4 STAFF(a) IN PUBLIC HOSPITALS

Position	1995–96	1996–97
	no.	no.
Nurse	18 471	19 485
Administration	6 217	6 566
Medical support	6 118	6 567
Hotel(b)	8 170	7 837
Hospital medical officers	2 066	2 161
Salaried medical staff	675	833
Sessional medical staff	557	515
Total	42 274	43 964

(a) Effective full-time units. (b) Includes cleaning and catering staff.

Source: Department of Human Services, Victoria.

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Source: Department of Human Services, Victoria.

Private hospitals

In Victoria during 1996–97, there were 96 private acute hospitals, 5 private psychiatric hospitals and 22 private day hospital facilities (table 7.5). Day hospital facilities provide investigation and treatment for acute conditions on a day-only basis.

7.5 PRIVATE HOSPITALS, By Type and Size—1995–96

Hospital type	Victoria		Australia	
	no.	%	no.	%
Acute	96	95.0	295	92.5
Psychiatric	5	5.0	24	7.5
Hospital size(a)				
0–25 beds	30	29.7	67	21.0
26–50 beds	31	30.7	90	28.2
51–100 beds	23	22.8	96	30.1
101–200 beds	13	12.9	49	15.4
Over 200 beds	4	4.0	17	5.3
Total acute and psychiatric	101	100.0	319	100.0

(a) Based on available beds (average for year).

Source: Private Hospitals, Australia, 1995–96 (Cat. no. 4390.0).

During 1996–97, there were 416,500 separations in Victorian private acute and psychiatric hospitals, accounting for 1,631,500 occupied bed days. This represented 27.1% and 27.9% respectively of the Australian total. The Victorian private hospital occupancy rate was 72.6% and average length of stay 3.9 days, compared with an Australian average of 3.8 days.

In Victoria, there were 11,272 full-time equivalent staff employed (1996–97) in private acute and psychiatric hospitals, representing 27.6% of total Australian private hospital staff. In Victoria, nursing staff comprised 57.0% of employed staff in private hospitals. The average number of staff per occupied bed was 2.5, slightly below the national average of 2.6.

Total recurrent expenditure in Victorian private acute and psychiatric hospitals amounted to \$874.6 million, and gross capital expenditure was \$101.2 million. Wages and salaries, \$523.4 million, was the largest recurrent expenditure item, comprising 59.8% of total Victorian private hospital expenditure. Average expenditure per occupied bed day was \$536

and per separation \$2,100; compared with Australian averages of \$527 and \$2,006, respectively. Total revenue for Victoria was \$960.1 million, 94.0% of which was patient revenue.

Mental health

The 1997 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 1 in 5 (17.3%) Victorians had a mental disorder at some time during the 12 months prior to survey (table 7.6). 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).

7.6 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	588.5	17.3
No mental disorder or physical condition	1 796.2	52.8
Total(d)	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 with or without a physical condition. The components when added may therefore be larger than the total.

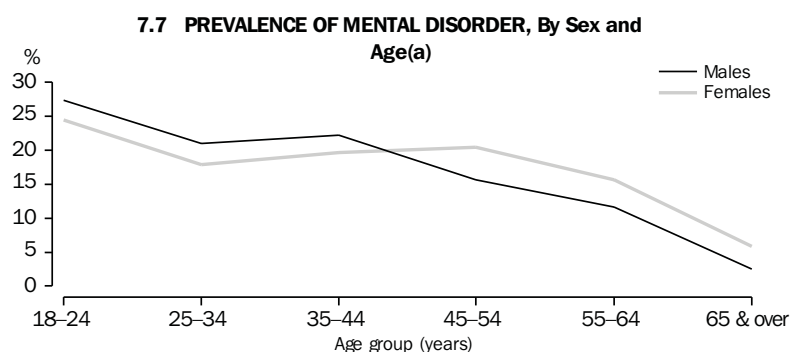
Source: *Mental Health and Wellbeing: Profile of Adults, Victoria, Data Report, 1997* (Cat. no. 4326.2.40.001).

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.



Note: (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, which were the main cause of sickness and death in the nineteenth century, 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, ecological environment and increasing ease of travel can all contribute to spread 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.

7.8 NOTIFICATIONS OF SELECTED INFECTIOUS DISEASES

	1996		1997	
	no.	rate(a)	no.	rate(a)
Food and water-borne diseases				
Campylobacter infections	3 453	77.1	3 612	78.4
Giardiasis (Giardia)	1 102	24.3	1 071	23.3
Hepatitis A	454	10.0	363	7.9
Listeriosis	20	0.4	15	0.3
Salmonellosis (Salmonella)	915	20.1	1 690	36.7
Shigellosis	74	1.7	79	1.7
Typhoid	15	0.3	16	0.4
Other diseases				
AIDS	138	3.0	68	1.5
Barmah Forest Virus	43	0.9	43	0.9
Haemophilus influenzae type b (Hib)	13	0.3	6	0.1
Hepatitis B	2 157	48.2	1 912	41.5
Hepatitis C	4 544	101.5	4 947	107.4
HIV	195	4.3	187	4.1
Legionellosis (Legionnaires' Disease)	36	0.8	30	0.7
Leptospirosis	61	1.3	27	0.6
Malaria	109	2.5	90	2.0
Measles	96	2.1	91	2.0
Meningococcal infection	93	2.1	99	2.2
Mumps	50	1.1	66	1.4
Pertussis (whooping cough)	1 344	29.6	1 679	36.5
Q Fever	63	1.4	24	0.5
Ross River Virus	147	3.2	1 017	22.1
Rubella	672	15.0	371	8.1
Tetanus	1	—	1	—
Tuberculosis	288	6.4	282	6.1
Typhus	9	0.2	2	—
Sexually transmitted diseases(b)				
Gonorrhoea	397	8.7	353	7.7
Syphilis	101	2.2	172	3.7
Chlamydia	1 611	35.5	2 116	46.0

(a) Notifications per 100,000 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 through intravenous drug use. In Victoria, these infections are being largely contained by a combination of epidemiological surveillance and contact tracing, educational programs, and monitoring of blood donors and donated blood. The pattern of sexually transmissible diseases in Victoria for 1997 remains essentially unchanged from 1996.

By the end of 1997, a total of 1,682 people in Victoria had been diagnosed with AIDS, of whom 78% were known to have died. During 1997, there were 68 people diagnosed with AIDS in Victoria; a reduction from 138 in 1996 and 172 in 1995 (table 7.8). This downward trend in AIDS diagnoses has also been observed nationally and is consistent with changes in treatment of HIV-related disease.

The number of diagnoses of gonorrhoea during 1997 (353) was lower than for 1996 (397), and was the third lowest since data were first collected in 1983. The number of infectious syphilis cases (16) notified during 1997 was identical to that for 1996; although the number of cases reported with evidence of current (infectious or non-infectious) syphilis (172) was higher than for 1996 (101) and 1995 (156). Improvements in surveillance methods for syphilis have been introduced progressively from 1990, and this is reflected in the increase in notifications since 1990.

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. 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 lamblia is also a commonly reported intestinal illness, although it may often be water rather than food-borne. Campylobacter infections occur worldwide, and are now the most commonly notified cause of bacterial diarrhoea in Victoria.

Immunisation

There is growing concern that vaccine preventable diseases, such as whooping cough and measles, which have been controlled in the past, could return if immunisation rates are not effectively maintained. A public immunisation program, commenced in August 1993, has led to the reduction in incidence of serious Haemophilus influenza type b (Hib), which mainly affects children under five years. In 1991, there were 270 cases of Hib notified, compared with 117 in 1993 and 6 in 1997. Notifications of whooping cough (pertussis) have fluctuated widely, increasing from 71 cases in 1991 to 527 cases in 1993, before decreasing to 393 cases in 1995 and increasing again in 1997 to 1,679 cases.

In April 1995, the Australian Bureau of Statistics collected data on child immunisation. Survey data showed that the proportion of children considered fully immunised declined with age. This decline was consistent for all diseases covered by the immunisation schedule except measles and mumps. For both these diseases, the proportion of fully immunised children remained relatively high for most age groups in comparison with other diseases.

A higher proportion of Victorian children aged one year were immunised for all conditions when compared with the national average. However, the Victorian immunisation rates fell below the national average for diphtheria/tetanus and pertussis for children aged two years, and for polio for children aged six years. The drop in the proportion of children aged two years immunised for diphtheria, tetanus and pertussis occurred nationwide. A possible explanation for this decline was the omission of the DTP (triple antigen) booster, required at 18 months.

7.9 CHILDREN FULLY IMMUNISED, By Condition—April 1995

Condition	Age (years)		
	1	2	6
	%	%	%
Diphtheria/Tetanus	91.7	58.4	39.4
Whooping cough (pertussis)	89.6	52.4	15.5
Polio	87.9	88.2	55.6
Hib	65.6	55.6	30.1
Measles	87.4	92.5	94.9
Mumps	86.9	92.0	93.1
Rubella	84.9	85.2	72.5

Source: Children's Immunisation Survey, Australia, April 1995 (Cat. no. 4352.0).

The proportion of those fully immunised against polio remained similar for children of all ages, until age six, when significant decreases were recorded nationwide (table 7.9). Proportions of children fully immunised against Hib were lower than for any other disease on the immunisation schedule at all ages.

Medicare

Medicare, as Australia's public health insurance scheme, is one of the major institutions in the health system. Funded by a levy on all employed adults, Medicare is available to all Australians and allows a wide range of goods and services to be accessed.

In 1996–97, a total of 49,935,371 Medicare services were processed in Victoria, accounting for a quarter of all Medicare services nationally (table 7.10). This represented a dollar value of \$1,559.6 million.

The largest proportion of Medicare services comprised unreferral consultations by general practitioners which accounted for 44.6% of the Victorian total (22,289,116 cases), followed by pathology with 24.2% of total Victorian services (12,064,376 cases). These two services corresponded to the two most accessed services across Australia.

7.10 MEDICARE, By Broad Type of Service—1996–97(a)

Type of service	Number of services		Value of services	
	'000	%	\$m	%
Unreferred attendances				
General practitioner/VRGP	22 289.1	44.6	515.4	33.0
Other	3 718.0	7.5	79.8	5.1
Specialist attendance	5 003.4	10.0	250.5	16.1
Obstetrics	476.1	1.0	15.9	1.0
Anaesthetics	480.8	1.0	34.3	2.2
Pathology	12 064.4	24.2	202.3	13.0
Diagnostic imaging	2 551.1	5.1	217.6	14.0
Operations	1 187.8	2.4	137.9	8.8
Assistance at operations	64.3	0.1	6.6	0.4
Optometry	881.1	1.8	35.0	2.3
Radio and nuclear therapy	114.3	0.2	8.1	0.5
Miscellaneous	1 104.9	2.2	56.3	3.6
Total	49 935.4	100.0	1 559.6	100.0

(a) For services processed from 1 July 1996 to 30 June 1997.

Source: Health Insurance Commission—1996–97 Medicare Statistical Tables.

National Health Survey

The National Health Survey conducted in 1995 provides information on the health status, health risk factors and actions taken by people in relation to their health.

The majority of Victorians aged 15 years and over considered themselves as being in good health, with 84% reporting their health status as good, very good or excellent. The proportion of people reporting fair or poor health tended to increase with age. Nationally, fair or poor health was reported by 9% of those aged 15–24 years, compared to 41% of those aged 75 years and over.

The prevalence of reported recent or long-term illness or injury was lower in Victoria (84%) than in Australia overall (86%) (table 7.11). Many reported conditions were minor and/or easily managed, such as most eyesight disorders of refraction or accommodation, which were reported by 46% of the population. Only 7% of Victorians took days off work or school due to illness or injury during the two weeks prior to interview.

Excluding eyesight disorders, the leading causes of illness in 1995 were respiratory conditions experienced by 36% of the Victorian population, musculoskeletal conditions (25%) and diseases of the circulatory system (21%). The most commonly reported conditions of the respiratory system were asthma (11% of the population) and hayfever (15%). Arthritic conditions affected 13% of the population, while hypertension (10%) was the most common circulatory condition experienced. Headaches were reported by over 11% of the population.

7.11 REPORTED RECENT AND/OR LONG-TERM ILLNESS OR INJURY—1995

Condition	Victoria	Australia
	%	%
Infectious and parasitic diseases	3.6	3.7
Neoplasms	1.8	2.1
Endocrine, nutritional and metabolic diseases and immunity disorders	10.6	12.2
Diseases of the blood and blood-forming organs	2.0	2.0
Mental disorders	5.5	5.8
Diseases of the nervous system and sense organs	51.2	52.9
Diseases of the circulatory system	20.8	21.4
Diseases of the respiratory system	36.3	37.4
Diseases of the digestive system	14.5	15.0
Diseases of the genito-urinary system	6.0	6.4
Complications of pregnancy, childbirth, and the puerperium	0.3	0.2
Diseases of the skin and subcutaneous tissue	9.6	9.9
Diseases of the musculoskeletal system and connective tissue	24.6	26.5
Congenital abnormalities	0.3	0.4
Symptoms, signs, and ill-defined conditions	21.6	24.2
Injuries	5.6	6.4
Disability	0.9	1.3
No illness reported	16.2	14.3
	no.	no.
Total population(a)	4 503 100	18 061 100

(a) People may have reported more than one type of action so components do not add to totals.

Source: Unpublished data, National Health Survey, 1995.

Health risk factors

Being overweight or obese increases the risk of developing many health conditions, including heart disease, stroke, high blood pressure, diabetes mellitus, cancer, respiratory and musculoskeletal conditions. Based on self-reported height and weight, results from surveys in 1989–90 and 1995 indicate that the proportion of adults who were overweight or obese has declined from 35.6% to 30.3% (table 7.12).

Regular physical activity is important in the prevention of many health conditions, including heart disease, hypertension, diabetes, osteoporosis and obesity. It also provides health benefits associated with improved self-esteem. In 1995, almost 68% of adult Victorians exercised for recreation, sport or fitness; a small increase on the 66% recorded in 1989–90.

Tobacco smoking is a risk factor for heart disease, stroke, peripheral vascular disease, chronic lung disease, and cancer of the lung and other organs. In 1995, smokers constituted 23.3% of Victorian adults, a decline from 27.8% in 1989–90.

High levels of alcohol consumption have been linked to an increased risk of heart disease, stroke, neurological disease, liver disease, pancreatic disease and cancer. Alcohol intoxication is also a leading cause of road traffic accidents. In 1995, 87.0% of Victorians who drank consumed alcohol at levels of low risk to their health, compared with 85.0% nationally.

7.12 SELECTED HEALTH RISK FACTORS

	1989–90	1995	1995
	%	%	'000
Body mass(a)			
Underweight	11.8	9.2	327.9
Overweight/obese	35.6	30.3	1 076.4
Not stated	4.2	10.7	382.3
Exercise level(a)			
Did not exercise	34.6	32.6	1 160.6
Low	30.6	35.0	1 246.8
Moderate/high	34.9	32.5	1 153.3
Smoker status(b)			
Non-smoker	72.2	76.7	2 584.5
Smoker	27.8	23.3	780.2

(a) Persons aged 15 years and over. (b) Persons aged 18 years and over.

Source: Unpublished data, National Health Survey.

Health related actions

In the two weeks prior to survey, 72% of people reported taking one or more health-related actions (table 7.13). Use of medication (66% of the population) was the most common action people took for their health, followed by consultation with a doctor (23%). Other health professionals, including chemists, physiotherapists/hydrotherapists, chiropractors and nurses were consulted by 10% of the population.

Apart from vitamins and minerals, the most commonly used medications were analgesics (pain relievers), used by about a quarter of the population. Medication used for the treatment of heart/blood pressure, arthritis and sleep disorders increased with age, while that used for treatment of coughs and colds declined with age.

7.13 HEALTH-RELATED ACTIONS TAKEN IN THE TWO WEEKS PRIOR TO SURVEY—1995

Action taken	%	'000
Hospitalisation	0.7	31.5
Emergency/outpatient visit	2.5	111.0
Day clinic visit	1.4	63.0
Doctor consultation	23.0	1 042.2
Dentist consultation	5.5	248.4
Consultation with other health professional	9.9	448.4
Other health-related contact	3.7	165.0
Medication use		
Herbal/natural medicine	8.3	374.9
Vitamins/mineral supplements	24.0	1 082.6
Other medication	55.7	2 519.6
Total medications	65.5	2 961.3
Day(s) away from work/school	7.3	325.8
Other days of reduced activity	5.4	245.3
No action taken	27.9	1 245.5
Total population(a)	100.0	4 503.1

(a) People may have reported more than one type of action, so components do not add to totals.

Source: Unpublished data, National Health Survey, 1995.

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