Chapter 7

Health and Welfare

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Essendon Hospital

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OVERVIEW

Victoria has a wide range of health services provided by government, non-profit organisations and private enterprise to help safeguard the health and well-being of Victorians and to assist those who are sick.

This chapter provides an overview of health statistics for Victoria. Data is provided on public and private hospitals, children's immunisation, causes of death, the 1995 National Health Survey, Indigenous health, Women's health, Medicare services, Social Security, Veterans Affairs and voluntary work. There are also features on the cost of injury and the Australian Red Cross Blood Service in Victoria.

Causes of death

Statistics on causes of death, numbers of inpatients in hospitals, psychiatric units and nursing homes and details of conditions treated and operations performed are important indicators that assist in analysing the health needs of the Victorian population.

The main cause of death for Victorian residents in 1996 was 'diseases of the circulatory system' (including heart attack and stroke), followed by cancer (malignant neoplasms). Diseases of the circulatory system accounted for 38% of male and 44% of female deaths and were the main cause of death for both males and females aged 65 years and over. The most common cause of death under this broad category was ischaemic heart disease, which accounted for 23% of all male and 22% of all female deaths. Cancer accounted for 30% of male and 26% of female deaths.

The number of deaths due to cancer (which is included in the category of neoplasms) increased marginally to 9,200 deaths in 1996. Cancer was the major cause of death for males aged between 45 and 64 years, and for females aged between 25 and 64 years. The most common types were lung cancer for males and breast cancer for females.

Accidents, poisonings and violence were responsible for 5% of the total deaths in 1996, and were the major causes of male deaths in the age groups 1 to 44 years, and female deaths in the age groups 1 to 24 years.

In 1996, as in 1995, the total number of suicides exceeded motor vehicle traffic accidents thus making suicide the major external cause of death. The total number of suicides fell by 12% to 500 in 1996, whilst motor vehicle traffic accidents increased by 6% to 410. Suicide was the major cause of death for males aged between 25 and 44 years, whilst motor vehicle accidents was the predominant cause for both males and females in the 15 to 24 year age group.

The number of AIDS-related deaths in Victoria in 1996 were 128 males and 6 females, compared with 139 males and 15 females in 1995.

7.1 CAUSES OF DEATH: NUMBERS AND RATES, VICTORIA, 1996

Cause of death (a)	Number of deaths	Proportion of total	Rate (b)
Infectious and parasitic diseases (001–139)	395	1.2	87
Neoplasms (140–239)	9 200	28.1	2 017
Endocrine, nutritional and metabolic diseases, and immunity disorders (240–279)	1 261	3.9	276
Diseases of the blood and blood-forming organs (280–289)	121	0.4	27
Mental disorders (290–319)	954	2.9	209
Diseases of the nervous system and sense organs (320–389)	796	2.4	175
Diseases of the circulatory system (390–459)	13 492	41.2	2 958
Diseases of the respiratory system (460–519)	2 631	8.0	577
Diseases of the digestive system (520–579)	957	2.9	210
Diseases of the genito-urinary system (580–629)	591	1.8	130
Complications of pregnancy, childbirth, and the puerperium (630–676)	0	—	—
Diseases of the skin and subcutaneous tissue (680–709)	38	0.1	8
Diseases of the musculoskeletal system and connective tissue (710–739)	227	0.7	50
Congenital anomalies (740–759)	166	0.5	36
Certain conditions originating in the perinatal period (760–779)	139	0.4	30
Signs, symptoms, and ill-defined conditions (780–799)	102	0.3	22
Accidents, poisonings, and violence (external causes) (800–999)	1 656	5.1	363
Total	**32 726**	**100.0**	**7 175**

(a) The classification used is the International Classification of Diseases, Ninth Revision (ICD–9 CM), aggregated at the class level.
(b) Per 1,000,000 mean population.

Source: Causes of Death, Australia (3303.0).

7.2 MAIN CAUSES OF DEATH IN AGE GROUPS, VICTORIA, 1996

Cause of death	Deaths from specified cause: In age group no.	In age group %(a)	At all ages no.
UNDER 1 YEAR			
Certain conditions originating in the perinatal period (760–779)	137	44.5	139
Congenital anomalies (740–759)	100	32.5	166
Signs, symptoms, and ill-defined conditions (780–799)	36	11.7	102
1–14 YEARS			
Other external accidents (excluding motor vehicle accidents and suicides) (800–807, 820–949, 960–999	32	19.8	746
Malignant neoplasms (140–208)	30	18.5	9 060
Motor vehicle traffic accidents (810–819)	26	16.0	410
Congenital anomalies (740–759)	21	13.0	166
15–24 YEARS			
Motor vehicle traffic accidents (810–819)	120	29.1	410
Other external accidents (excluding motor vehicle accidents and suicides) (800–807, 820–949, 960–999	97	23.5	746
Suicide and self-inflicted injury (950–959)	78	18.9	500
Malignant neoplasms (140–208)	27	6.6	9 060
25–44 YEARS			
Malignant neoplasms (140–208)	352	25.2	9 060
Suicide and self-inflicted injury (950–959)	231	16.5	500
Other external accidents (excluding motor vehicle accidents and suicides) (800–807, 820–949, 960–999	207	14.8	746
Diseases of the circulatory system (390–459)	175	12.5	13 492
45–54 YEARS			
Malignant neoplasms (140–208)	633	44.3	9 060
Ischaemic heart disease (410–414)	223	15.6	7 284
Cerebrovascular disease (430–438)	88	6.2	3 136
Suicide and self-inflicted injury (950–959)	65	4.6	500
55–64 YEARS			
Malignant neoplasms (140–208)	1 413	47.8	9 060
Ischaemic heart disease (410–414)	539	18.2	7 284
Diseases of the respiratory system (460–519)	157	5.3	2 631
Endocrine, nutritional and metabolic diseases and immunity disorders (240–279)	127	4.3	1 261
65–74 YEARS			
Malignant neoplasms (140–208)	2 835	40.4	9 060
Ischaemic heart disease (410–414)	1 587	22.6	7 284
Diseases of the respiratory system (460–519)	608	8.7	2 631
Cerebrovascular disease (430–438)	462	6.6	3 136
75 YEARS AND OVER			
Ischaemic heart disease (410–414)	4 845	25.4	7 284
Malignant neoplasms (140–208)	3 767	19.8	9 060
Cerebrovascular disease (430–438)	2 426	12.7	3 136
Diseases of the respiratory system (460–519)	1 785	9.4	2 631

(a) Deaths in this age group from the stated cause expressed as a percentage of all deaths in the age group.

Source: ABS unpublished data.

Acute health

Total expenditure for the 91 Victorian public hospitals in 1995–96 was $3,456 million. Wages and salaries ($1,933 million) was the largest expenditure item, comprising 56% of total Victorian expenditure. Average expenditure per occupied bed day was $933 and per separation was $3,962. Total revenue for Victorian public hospitals was $3,412 million of which 81% was derived from Government grants (including Commonwealth and state indirect contributions).

In 1995–96, Victoria's public hospitals treated a total of 872,312 patients, with each separation having an average length of stay of 4 days. Females accounted for 54% of all cases treated in Victorian public hospitals.

The most treated condition related to diseases and disorders of the Kidney and urinary tract, which accounted for 108,783 separations or 12% of the total. This was followed by diseases and disorders of the Digestive system, which accounted for 95,319 separations (11%), and Pregnancies and childbirth 83,633 separations (9%).

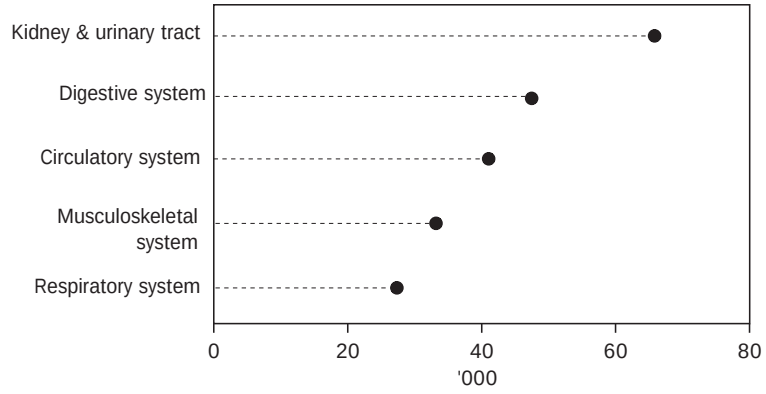
Mental diseases and disorders represented the highest average length of stay, with each case involving a 13 day stay in hospital on average. In contrast, the average for cases relating to Eyes, Ears, nose, mouth and throat and to Kidney and urinary tract conditions was under 2 days.

7.3 SEPARATIONS AND AVERAGE LENGTH OF STAY BY MAJOR DIAGNOSTIC CATEGORY AND SEX, VICTORIAN PUBLIC HOSPITALS, 1995–96

	Males		Females		Total	
Major medical condition	Separations	Average length of stay	Separations	Average length of stay	Separations	Average length of stay
Alcohol/drug use & alcohol/drug induced organic mental disorders	1 890	5.61	808	4.89	2 698	5.39
Burns	714	7.74	303	6.88	1 017	7.49
Blood & blood forming organs & immunological disorders	7 798	2.20	7 016	2.41	14 814	2.30
Circulatory system	41 064	4.98	31 761	5.17	72 825	5.06
Digestive system	48 083	2.91	47 236	2.99	95 319	2.95
Ear, nose, mouth & throat	23 091	1.83	19 308	1.74	42 399	1.79
Eye	8 727	1.64	9 861	1.55	18 588	1.59
Female reproductive system	—	—	40 932	2.23	40 932	2.23
Hepatobiliary system & pancreas	7 359	5.39	9 744	4.61	17 103	4.95
Kidney & urinary tract	66 206	1.60	42 577	1.85	108 783	1.70
Male reproductive system	15 492	2.64	—	—	15 493	2.65
Musculoskeletal system & connective tissue	33 643	4.32	32 456	5.73	66 099	5.01
Nervous system	20 878	6.33	18 901	6.93	39 779	6.62
Respiratory system	28 006	5.41	22 061	5.85	50 067	5.60
Skin, subcutaneous tissue & breast	15 622	3.49	20 706	3.81	36 328	3.67
Endocrine, nutritional & metabolic diseases & disorders	5 138	5.34	6 854	6.05	11 992	5.75
Factors influencing health status & other contacts with health services	20 169	9.17	22 070	11.82	42 239	10.55
Infectious & parasitic diseases (systemic or unspecified sites)	6 906	5.82	4 326	5.67	11 232	5.76
Injuries, poisonings & toxic effects of drugs	8 696	3.44	8 889	3.04	17 585	3.24
Mental diseases & disorders	9 778	13.05	11 643	13.50	21 421	13.29
Myeloproliferative diseases & disorders & poorly differentiated neoplasms	24 358	2.25	20 029	2.21	44 387	2.23
Newborns & other neonates with conditions originating in the perinatal period	26 553	5.09	24 192	4.93	50 787	5.01
Pregnancy, childbirth & the puerperium	—	—	83 633	3.33	83 633	3.33
Total	**420 171**	**4.06**	**485 307**	**4.27**	**905 520**	**4.17**

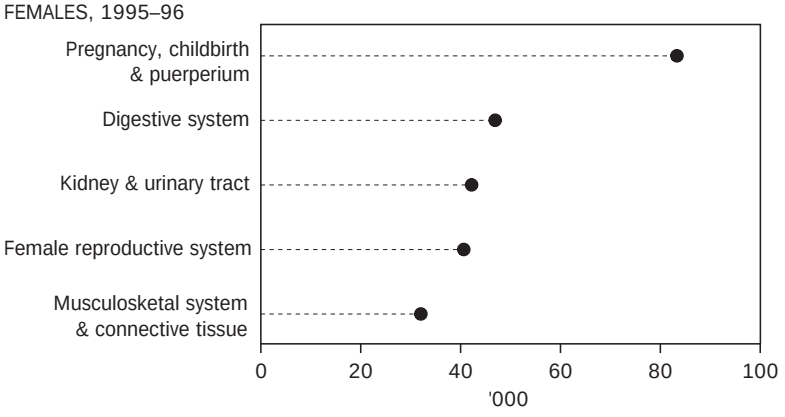
Source: Department of Human Services, Victoria.

SEPARATIONS BY MAJOR DIAGNOSTIC CONDITION, VICTORIAN PUBLIC HOSPITALS, MALES, 1995–96



Source: Dept of Human Services, Victoria.

SEPARATIONS BY MAJOR DIAGNOSTIC CONDITION, VICTORIAN PUBLIC HOSPITALS, FEMALES, 1995–96



Source: Dept of Human Services, Victoria.

The profile for the conditions of men and women in the public hospital system was quite different. The most commonly treated conditions for men were diseases and disorders of the Kidney and urinary tract (66,206 separations), the Digestive system (48,083 separations) and the Circulatory system (41,064 separations). For women, the most commonly treated conditions were Pregnancy and childbirth (83,633 separations), diseases and disorders of the Digestive system (47,236 separations) and the Female reproductive system (40,932 separations).

Staffing and administration

In 1995–96, there were 42,274 effective full time (EFT) staff in Victorian public hospitals. This is a small increase of 1.5% from the 41,643 EFT in 1994–95. Of these staff, nurses numbered 18,471 (43.7%) , hotel staff, involved in the general running of the hospitals (orderlies, cleaners, caterers, laundry workers, etc), accounted for 8,170 (19.3%) and 3,298 (7.7%) were resident, salaried or sessional medical staff.

Staffing levels in Public Hospitals in 1995–96 were affected by Mental Health Services staff transferring to the public hospital payroll throughout the year, 215 day hospital staff transferring from Community Health to Aged Care Centres and staff at the Heidelberg Repatriation Hospital moving to the public hospital payroll 1 January 1995.

7.4 STAFF(a) IN PUBLIC HOSPITALS

Position	1994–95 no.	1995–96 no.
Nurse	18 558	18 471
Administration	5 924	6 217
Medical support	5 612	6 118
Hotel(b)	8 437	8 170
Hospital medical officers	1 911	2 066
Salaried medical staff	638	675
Sessional medical staff	562	557
Total	**41 643**	**42 274**

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

Source: Dept of Human Services, Victoria.

Private hospitals

In Victoria in 1995–96 there were 99 private acute hospitals, 5 private psychiatric hospitals and 23 day hospital facilities. Day hospital facilities provide investigation and treatment for acute conditions on a day-only basis.

7.5 PRIVATE HOSPITALS BY TYPE AND SIZE, VICTORIA AND AUSTRALIA, 1995–96

	Victoria		Australia	
Hospitals	no.	%	no.	%
Acute	99	95.2	299	92.6
Psychiatric	5	4.8	24	7.4
Hospital size(a)				
0–25 beds	33	31.7	67	20.7
26–50	30	28.8	92	28.5
51–100	24	23.1	102	31.6
101–200	13	12.5	46	14.0
Over 200	4	3.8	16	5.0
Total acute and psychiatric	**104**	**100.0**	**323**	**100.0**

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

Source: Private Hospitals, Australia (4390.0).

There were 389,900 separations in Victorian private hospitals in 1995–96, accounting for 1,603,900 occupied bed days. This represented 26.8% and 27.4% respectively of the Australian total. The Victorian occupancy rate was 71.4% and the average length of stay was 4.1 days, compared with the Australian average of 4.0 days.

In Victoria there were 10,952 full-time equivalent staff employed (over the 1995–96 year) in private acute and psychiatric hospitals. This number represented 28% of the Australian full-time equivalent staff employed total. In Victoria, 57% of employed staff comprised nursing staff. The average number of staff per occupied bed was 2.5, slightly above the national figure of 2.4.

Total recurrent expenditure in Victorian private hospitals amounted to $814.7 million. Gross capital expenditure was $95.9 million. Wages and salaries, $493.3 million, was the largest recurrent expenditure item, comprising 60.5% of total Victorian expenditure. Average expenditure per occupied bed day was $508 and per separation was $2,089. This compared with the Australian average of $483 and $1,944 respectively. Total revenue for Victoria was $875.1 million, of which 94.5% was patient revenue.

COST OF INJURY

Injury has been identified as a major public health problem in Australia and internationally. It is still the major cause of death and disability in young people and the potential life years lost to age 70 from injury exceed those of cancer and heart disease combined.

Although injury accounted for only 5.7% of all deaths in Australia in 1994 it is the leading cause of death of persons aged between 1 and 44 years, accounting for 38% of deaths in children (1–14 years) and 72% of deaths in the 15–24 year old age group. It is also the single leading cause of inpatient hospital episodes in Australia.

The largest number of injuries, for each level of severity, is for males. Almost three quarters (72.5%) of injury deaths and over three fifths (61.5%) of non fatal injuries occur among males.

7.6 NUMBER OF INJURED PERSONS BY SEX AND SEVERITY, VICTORIA, 1993–94

	Fatalities no.	Hospitalised no.	Non-hospitalised no.	Total no.
Males	1 078	38 839	246 825	286 742
Females	409	28 563	150 335	179 307
Persons	**1 487**	**67 042**	**397 160**	**466 049**

In 1993–94 injuries resulted in at least 1,487 deaths (with an estimated 142 deaths occurring in later years as a result of injuries sustained in that year), 67,042 persons hospitalised and an estimated 397,160 medically treated non-hospitalised injured persons. In total over 466,000 persons were injured or 10.5 persons injured per year for every 100 Victorian residents.

Just over 40% of all injury deaths involve intentional injuries. Of the intentional injury deaths that occurred in 1993–94 in Victoria 88.5% were suicides (527) and 9.5% were homicides (57). The remaining 60% of injury deaths were due to unintentional causes, mainly motor vehicles (49%) and falls (21%).

The total lifetime cost of injury sustained in 1993–94, in Victoria, is $2,583 million, consisting of direct costs of $759 million, plus indirect costs (estimated using the human capital method and including mortality costs) of $813 million and morbidity costs of $1,010 million. The human capital approach in the most commonly used method for valuing the foregone productivity, or indirect cost, of illness or injury. The human capital approach values people in terms of their production, and equates the value of life with the net present value of expected future earnings. An individual is seen as producing over time a stream of output valued at market earnings or by the imputed worth of housekeeping services.

7.7 LIFETIME COST OF AN INJURY BY SEX AND LEVEL OF INJURY SEVERITY, VICTORIA, 1993–94

	Cost				Cost per injured person			
	Fatalities $m	Hospitalised $m	Non-hospitalised $m	Total $m	Fatalities $	Hospitalised $	Non-hospitalised $	Total $
Males	611.9	798.3	225.0	1 635.2	521 680	20 554	912	5 701
Females	212.8	590.8	144.1	947.7	466 619	20 684	959	5 284
Persons	**824.7**	**1 389.1**	**369.2**	**2 582.9**	**502 267**	**20 609**	**929**	**5 541**

Most major injuries occur in the home with 35.9% of all injuries being sustained in a private residential setting. Injuries that occur in areas of transport are the next most prevalent at 11.7% followed by Educational 8.3%, Commerce 7.2% and Sport 6.6%.

Source: Watson, Wendy L. & Ozanne-Smith, Joan. (1997). The cost of injury to Victoria. Monash University Accident Research Centre Report No. 124.

Mental health services

In recent years the State Government's emphasis on provision of mental health services has changed from a reliance on separate psychiatric hospitals to an increased focus on community-based care. Community-based care involves the provision of specialised services and the integration of mental health care with existing types of health and community care.

In Victoria, in the three years to June 1996, this was reflected in a reduction in the number of beds in stand-alone psychiatric hospitals, an increase in the number of psychiatric beds in general hospitals and an increase in the provision of community-based services.

There were 1,508 psychiatric beds available in the Victorian public health system at June 1996. In the three years to June 1996, the number of beds in stand-alone psychiatric hospitals had fallen to 1,180 beds. Over the same period, an additional 31 beds were provided in psychiatric units in general hospitals. Of the net reduction, most occurred in the provision of non-acute psychiatric beds with a decrease of 327 compared to a decrease of 27 in acute beds. Spending on stand-alone hospitals was reduced by $37.6 million over the same period.

Victorian Government spending on community-based mental health services increased by $38 million (37%) in the three years to June 1996. In 1995–96 community based services received 44% of the $322.7 million spent on mental health services. These services include: ambulatory services such as outpatient clinics, mobile assessment and treatment teams, and day programs; specialised residential services; and services provided by not-for-profit non-government organisations which may include accommodation, recreation, rehabilitation, social support and advocacy programs.

During 1995–96, in the 7 private psychiatric hospitals operating in Victoria there were 339 psychiatric beds available. A further 11 private hospitals operated specialised psychiatric units or wards within the State. The average length of stay for patients admitted to private hospitals with psychiatric conditions in Victoria was 9.5 days.

INFECTIOUS DISEASES

Infectious diseases

A vital aspect of health care is the prevention and containment of disease. As more becomes known about the 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 the 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, the natural environment and the 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 the Infectious Diseases Unit of the 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, VICTORIA

		1995		1996	
	1991 no.	no.	rate(a)	no.	rate(a)
Food and water-borne diseases					
Campylobacter infections	2 466	2 964	66.2	3 453	77.1
Giardiases (Giardia)	913	985	21.9	1 102	24.3
Hepatitis A	496	257	5.7	454	10.0
Salmonellosis (Salmonella)	932	971	21.7	915	20.1
Listeriosis	26	23	0.5	20	0.4
Typhoid	21	13	0.3	15	0.3
Other diseases					
AIDS	190	143	3.9	129	2.8
Barmah Forest Virus(b)	n.a	7	0.2	43	0.9
Haemophilus influenza type b (Hib)	270	26	0.6	13	0.3
Hepatitis B					
Acute	84	93	2.1	88	2.0
Prevalent	1 708	1 900	42.4	2 069	46.2
Hepatitis C	1 735	4 513	100.7	4 544	101.5
HIV	311	173	3.9	195	4.3
Legionellosis (Legionnaires' Disease)	20	22	0.5	36	0.8
Leptospirosis	88	70	1.6	61	1.3
Malaria	111	119	2.7	109	2.5
Measles	448	150	3.4	96	2.1
Meningococcal infection	82	75	1.7	93	2.1
Mumps	49	77	1.7	50	1.1
Pertussis (Whooping cough)	71	393	8.9	1 344	29.6
Q Fever	39	62	1.4	63	1.4
Ross River Virus	404	32	0.7	147	3.2
Rubella	181	1 292	28.8	672	15.0
Shigellosis	86	83	1.8	74	1.7
Tetanus	0	4	0.1	1	0.0
Tuberculosis	244	286	6.4	288	6.4
Typhus	0	6	0.1	9	0.2
Sexually transmitted diseases(c)					
Gonorrhoea	337	341	9.6	397	8.7
Syphilis	100	264	5.9	101	2.2
Chlamydia	832	1 317	29.4	1 611	35.5

(a) Notifications per 100,000 population. (b) Testing was not available in 1991. (c) Rate quoted is for population over 15 years of age.

Source: Dept of Human Services, Victoria.

Blood-borne and sexually transmitted infections

Blood-borne viral infections, such as 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.

A total of 3,727 people have been diagnosed with Human Immunodeficiency Virus (HIV) in Victoria to date when there has been a steady decline in the number of new HIV cases diagnosed since 1991. In 1996, 195 people were newly diagnosed with HIV, compared with 311 in 1991. A significant reduction in the number of homosexual men diagnosed with HIV contributed to this decrease. In total, Acquired Immune Deficiency Syndrome (AIDS) has been diagnosed in 1,601 people in Victoria, of whom 1,244 people have died. The number of new AIDS cases diagnosed fell from 190 cases in 1991 to 129 cases in 1996.

Of other sexually transmitted diseases diagnosed in 1996, Syphilis accounted for 101 cases, Gonorrhoea 397 and Chlamydia 1,611. In the treatment of gonorrhoea, an increase in the level of resistance to traditional antibiotics is an area of concern. A significant number of antibiotic resistant strains were contracted overseas, highlighting the need for an ongoing campaign to warn travellers of the risks of acquiring sexually transmitted diseases when overseas.

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 illnesses 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.

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 the incidence of serious *Haemophilus influenza* type b (Hib), which mainly affects children under 5 years. In 1991, 270 cases of Hib were notified compared with 117 in 1993 and 13 in 1996. The 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 1996 to 1,344.

In April 1995 the ABS collected data on child immunisation. Data from the survey 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. The following table is the current recommended childhood vaccination schedule for children aged 6 years and less, as introduced by the National Health and Medical Research Council (NH & MRC) in August 1994. It was used by the ABS to define the immunisation status of children in the survey.

7.9 NH AND MRC VACCINATION SCHEDULE FOR CHILDREN, AUGUST 1994

Age	Disease	Vaccine
2 months	Diptheria, Tetanus, Pertussis	DTP-Triple antigen
	Poliomyelitis	OPV-Sabin vaccine
	Haemophilus influenza type b (Hib) (Schedule 1 or 2)(b)	Hib Vaccine (a, b or c)(a)
4 months	Diptheria, Tetanus, Pertussis	DTP-Triple antigen
	Poliomyelitis	OPV-Sabin vaccine
	Hib (Hib) (Schedule 1 or 2)(b)	Hib Vaccine (a, b or c)(a)
6 months	Diptheria, Tetanus, Pertussis	DTP-Triple antigen
	Poliomyelitis	OPV-Sabin vaccine
	Hib (Hib) (Schedule 1 only)	Hib Vaccine (a or b)(a)
12 months	Measles, Mumps and Rubella	MMR
	Hib (Schedule 2 only)	Hib vaccine(c)(a)
18 months	Diptheria, Tetanus, Pertussis	DTP-Triple antigen
	Hib (Schedule 1 only)	Hib vaccine (a or b)(a)
Prior to school entry (4–5 years)	Diptheria, Tetanus, Pertussis	DTP-Triple antigen
	Poliomyelitis	OPV-Sabin vaccine

(a) Abbreviations for Hib vaccine-(a) is HbOC ('HibTITER'), (b) is PP-T ('Act-HIB'), (c) is PRP-OMP ('PedvaxHIB'). (b) is PP-T('Act-HIB'), (c) is PRP-OMP ('PedvaxHIB'). (b) Schedule 1 Hib vaccination refers to the use of HbOC and PRP-T. Schedule 2 Hib vaccination refers to the use of PRP-OMP. A fourth vaccine (PRP-D('ProHIBit') is approved for use as a single injection for children over the age of 18 months.

Source: National Health and Medical Research Council.

A higher proportion of Victorian children aged 1 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 Whooping cough (Pertussis) for children aged 2 years, and additionally for Polio for children aged 6 years. The drop in the proportion of children aged 2 years immunised for Diphtheria, Tetanus and Whooping cough (Pertussis) occurred nation-wide. A possible explanation for this decline was the omission of the DTP (Triple Antigen) booster, required at 18 months.

7.10 PERCENTAGE OF CHILDREN FULLY IMMUNISED BY CONDITION, VICTORIA AND AUSTRALIA, APRIL 1995

Age	Diphtheria/Tetanus	Whooping cough (Pertussis)	Polio	Hib	Measles	Mumps	Rubella
			VICTORIA				
1 year	91.7	89.6	87.9	65.6	87.4	86.9	84.9
2 years	58.4	52.4	88.2	55.6	92.5	92.0	85.2
6 years	39.4	15.5	56.0	30.1	94.9	93.1	72.5
			AUSTRALIA				
1 year	88.5	86.2	86.3	62.3	86.8	86.0	81.4
2 years	63.0	57.5	86.9	52.4	91.5	90.1	81.1
6 years	45.2	17.2	60.2	26.6	91.7	88.4	62.8

Source: Children's Immunisation, Australia (4352.0).

The proportion of those fully immunised against Polio remained similar for children of all ages, until the age 6, when significant decreases were recorded nation-wide. Proportions of children fully immunised against Hib were lower than for any other disease on the immunisation schedule at all ages.

In addition to information about vaccinations recommended in the Standard Childhood Vaccination Schedule, the survey collected information about selected other types of vaccination. The highest proportion of children had received a Tetanus vaccination, other than in DTP or CDT form.

The ABS also studied the reasons why children were not immunised. The table below is for Australia because the sample size for Victoria alone was generally too small for the information to be useful, but there is no reason to believe that Victoria is different from the rest of Australia in this area. The main reason given for not immunising was that the child was too young. The most commonly reported reason for children not being immunised against Hib was that the parent had not heard of the vaccine. For almost a third of children who had not been immunised against Rubella the main reason given was that it was only for girls.

7.11 CHILDREN AGED 3 MONTHS TO 6 YEARS NOT IMMUNISED: CONDITION BY MAIN REASON NOT IMMUNISED, AUSTRALIA, APRIL 1995

Reason	Diptheria, Tetanus or Pertussis	Polio	Measles(a)	Mumps(a)	Rubella(a)	Hib
Advised against it	(b)8.3	(b)5.6	(b)2.3	(b)1.8	1.1	3.4
Concerned about side-effects	(b)6.6	(b)3.3	6.5	5.6	2.2	3.2
Hadn't heard of it	10.1	(b)6.7	6.6	10.6	5.3	37.8
Hadn't got around to it	14.5	19.7	26.2	24.4	14.0	11.3
Opposed to immunisation	18.4	16.7	5.7	4.7	1.9	1.8
Sick when due for immunisation	(b)7.4	(b)6.7	9.8	8.0	3.3	1.5
Too expensive	. .	. .	(c)0.4	(c)0.3	(b)0.3	3.0
Too young	25.4	31.6	30.0	29.7	28.9	7.8
Vaccine available/given	(c)0.9	(b)2.2	3.1	3.5	5.7	7.8
Boy (rubella injection is for girls only)	. .	. .	. .	. .	32.3	. .
Hib-too old/out of danger age	. .	. .	. .	. .	. .	16.8
Other	(b)7.4	(b)7.4	9.3	11.4	5.1	5.7

(a) Children aged 1 year or less were excluded from estimates for Measles, Mumps and Rubella. (b) Relative standard error between 25% and 50%. (c) Subject to sampling variability too high for most practical purposes.

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

NON INFECTIOUS DISEASES

Non-infectious diseases of most concern in the community include the incidence of cardiovascular disease and cancer. Advances in screening technologies, treatment, and community education have led to significant reductions in the incidence of these conditions in the community.

Despite substantial decreases in death rates over the past 20 years, cardiovascular disease remains a major health problem for Victorians. In 1996, ischaemic heart disease was responsible for the deaths of 7,284 people, of whom 2,439 were under the age of 75 years. A further 3,136 people died from cerebrovascular disease.

Although improvements in the treatment have made some contribution to the decrease of deaths from cardiovascular disease, much of the decline in heart disease has been attributed to the reduction in risk factors leading to heart attacks. A decline in smoking and consumption of animal fats, and improved screening and control of hypertension have been particularly significant. The decline in deaths from stroke in Australia is largely attributed to reductions in blood pressure levels within the community, through the use of anti-hypertensive drugs and improved diet.

Cancers accounted for 9,060 Victorian deaths in 1996. For males, lung cancer is the primary cause of cancer related death, while prostate cancer is responsible for the highest incidence of cancer. For females, breast cancer accounts for the highest incidence and the highest number of deaths.

While significant gains have been made as a result of preventative programs and improvements in detection and treatment, numbers of deaths overall continue to rise. The successful treatment of cancers depends on the type of cancer and stage of its detection.

Some cancers can be prevented by managing risk factors, for example smoking in the case of lung cancer and sunlight in the case of melanoma. Community education programs, such as the 'Quit' and 'Slip Slop Slap' campaigns, have been employed to raise awareness of specific risk factors to health. Cancers usually manifest after a lengthy latent period. This results in a lag between the introduction of a preventative program and a subsequent reduction in incidence or death rates.

Where screening for cancer is undertaken and reliable tests and treatments are available, significant gains for the community can be made. In 1996 the death rate from cancer of the cervix was 2.8 per 100,000 women, less than half the rate of 6.5 per 100,000 recorded in 1973. Early detection and treatment made possible through the Pap smear screening program is a significant factor in this reduction. To reduce deaths from breast cancer through early detection and treatment, screening for women over 50 years old has been progressively introduced in Victoria since 1990. Effective screening tests have not been developed yet for the more common cancers of the colon and rectum. Work is also continuing on the development and evaluation of screening tests for cancer of the prostate in men.

DISABILITY AND AGEING

In 1993 the ABS conducted a Survey of Disability, Ageing and Carers, providing estimates of the numbers and main characteristics of persons with disabilities, persons with handicaps, persons aged 60 years or more, and carers. The next Survey will be conducted by the ABS in 1998.

A person was identified as having a disability if he/she had one or more of a group of selected limitations which had lasted, or was likely to last, for 6 months or more. A handicap results from a disability which limits a person's ability to perform certain tasks associated with daily living.

Results showed that 818,000 Victorians had a disability, with 640,100 of these people experiencing a handicap because of their disability. Overall the rates per 1,000 population were slightly higher than the Australian average. There were more females than males with both disabilities and handicaps, putting the rates for females well above the Australian average.

7.12 HANDICAP AND DISABILITY STATUS AND RATES(a), 1994

	Handicap	No handicap	Total disability	No disability	Total
Males					
Number ('000)	295.1	102.5	397.5	1 812.8	2 210.3
Victorian rate	133	46	180	820	—
Australian rate	140	45	184	816	—
Females					
Number ('000)	345.0	75.5	420.5	1 830.7	1 251.2
Victorian rate	153	34	187	813	—
Australian rate	144	32	176	824	—
Persons					
Number ('000)	640.1	177.9	818.0	3 643.4	4 461.4
Victorian rate	143	40	183	817	—
Australian rate	142	38	180	820	—

(a) Rate per 1,000 population.

Source: Disability, Ageing and Carers, Australia: Summary of Findings (4430.0).

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. The following table relates to the Health Insurance Commission's (HIC) Medicare operations.

In 1995–96, a total of 48,659,076 Medicare services were processed in Victoria, accounting for a quarter of all Medicare services nationally. This represented a dollar value of $1,517.6 million.

The largest proportion of Medicare services comprised unreferred consultations by general practitioners, which accounted for 45.4% of the Victorian total (22,101,216 cases). The next most commonly accessed Medicare service was pathology: 11,528,304 cases were processed or 23.7% of total services. These two services corresponded to the two most accessed services across Australia.

In terms of the dollar value of services processed, however, general practitioners' consultations was 33% of the total ($507 million) and Pathology 13% ($190 million). Specialist attendance and diagnostic imaging both accounted for a larger proportion of services processed by dollar value than pathology. Respectively they accounted for $244.8 million (16%) and $213.5 million (14%) of the value of total services, while only accounting for 10% and 5% of visits respectively.

7.13 MEDICARE: NUMBER AND VALUE OF SERVICES PROCESSED BY BROAD TYPE OF SERVICE, VICTORIA, 1995–96(a)

	Number of services		Value of services	
Broad type of service	'000	%	$m	%
Unreferred attendances				
General practitioner/VRGP	22 101.2	45.4	507.0	33.4
Other	3 482.1	7.2	75.3	5.0
Specialist attendance	4 908.6	10.1	244.8	16.1
Obstetrics	375.0	0.8	16.3	1.1
Anaesthetics	475.6	1.0	33.3	2.2
Pathology	11 528.3	23.7	189.7	12.5
Diagnostic imaging	2 530.7	5.2	213.5	14.1
Operations	1 169.1	2.4	134.8	8.9
Assistance at operations	71.6	0.2	7.2	0.5
Optometry	850.3	1.8	33.8	2.2
Radio and nuclear therapy	107.5	0.2	7.4	0.5
Miscellaneous	1 059.0	2.2	54.6	3.6
Total	**48 659.1**	**100.0**	**1 517.6**	**100.0**

(a) For services processed from 1 July 1995 to 30 June 1996.

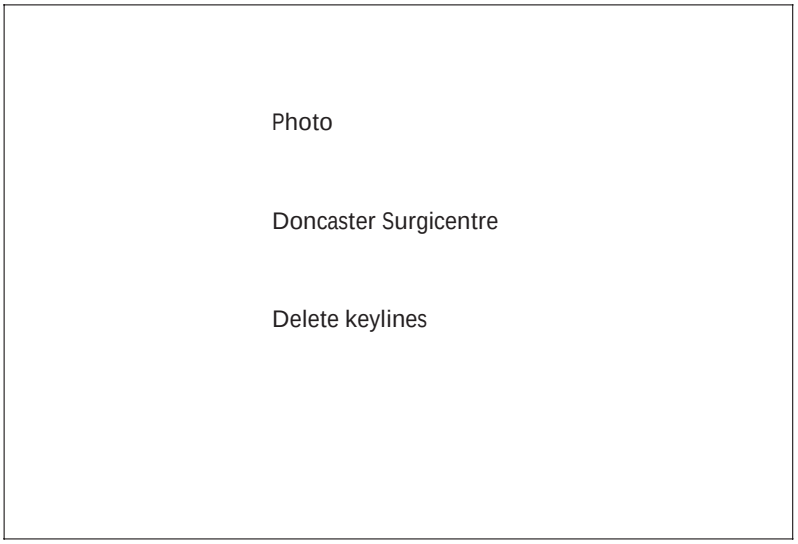
Source: Health Insurance Commission—1995–96 Medicare, Pharmaceutical Benefits and Childcare Cash Rebate Statistical Tables.

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 consider themselves as being in good health with 84% reporting their health status as good, very good or excellent. The percentage 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%). Many of the 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 2 weeks prior to interview.



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

7.14 PERSONS BY TYPE OF RECENT AND/OR LONG-TERM CONDITION REPORTED, 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
Total population	**4 503 100**	**18 061 100**

Source: National Health Survey, unpublished data.

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 percentage of adults who were overweight or obese has declined.

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, representing 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% of Victorian adults, a decline from the 28% recorded in 1989–90. Most of this decline is attributable to people giving up smoking. The percentage of the adult population in Victoria who were ex-smokers in 1989–90 was 23% compared to 27% in 1995.

High levels of alcohol consumption have been linked to an increased risk of heart disease, stroke, neurological disease, liver disease, pancreatic disease and cancer of the liver and other organs. Alcohol intoxication is also a leading cause of road traffic accidents. In 1995, of Victorians who drank, 87% consumed alcohol at levels of low risk to their health compared with 85% nationally.

7.15 SELECTED HEALTH RISK FACTORS, VICTORIA

	Percentage of population		Number
	1989–90	1995	1995
Stubs	%	%	'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: National Health Survey, unpublished data.

Health related actions

In the two weeks prior to the survey 72% of people reported taking one or more health related actions. Use of medication was the most common action people took for their health (66% of the population). This was followed by consultation with a doctor (23% of the population). 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) which were used by approximately 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 the treatment of coughs and colds declined with age.

7.16 HEALTH RELATED ACTIONS TAKEN IN THE TWO WEEKS PRIOR TO THE SURVEY, VICTORIA, 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: National Health Survey, unpublished data.

WOMEN'S HEALTH

The leading causes of death in Australia for women are circulatory diseases (ischaemic heart disease and stroke) and cancers (breast, lung and colon).

Breast cancer is the most common cause of cancer death among females. The risk of developing or dying from breast cancer increases significantly with age, the average age of diagnosis being 64 years. Although there appears to be little that can be done to prevent breast cancer it is possible to reduce deaths from this cause if the cancer is identified at an early stage. Women aged 45–64 years were the most likely to have used any form of breast cancer screening. In comparison women over 64 years were less likely than women aged 45–64 years to have used any method of breast cancer screening despite being more at risk. In Victoria 61% of women over 18 years of age conducted regular breast self-examination. This was lower than the national average of 65%.

7.17 WOMEN'S USE OF CERVICAL AND BREAST CANCER SCREENING(a), AUSTRALIA, 1995

	Age group (years)						
	18–24 %	25–34 %	35–44 %	45–64 %	65–74 %	75 and over %	Total %
Cervical cancer							
Have ever had a pap smear test	58.6	88.3	91.2	89.2	73.1	46.1	80.8
Have had a pap smear test in last 2 years	52.4	74.8	70.4	56.5	30.3	9.6	57.2
Breast cancer							
Regular self-examination	52.1	63.7	70.9	72.5	62.5	51.1	65.0
Have ever had examination by doctor	37.1	69.5	80.4	83.9	76.1	55.6	70.9
Have ever had mammogram	3.5	10.9	31.8	66.6	55.0	29.5	35.0

(a) Includes only those women who participated in this part of the National Health Survey.

Source: Australian Women's Year Book (Cat. no. 4124.0).

The fall in deaths due to cervical cancer during the 1980s and 1990s is attributed to national screening and treatment programs. It is recommended that women have a pap test every 2 years. Nationally, in 1995, women aged 25–34 were most likely to have been tested in the previous 2 years. For women aged 35 and over, the likelihood of having had a recent test declined with age. In Victoria, 57% of women had had a pap test within the 2 years prior to the National Health Survey and almost 18% reported that they had never had a pap test.

Breastfeeding has major health advantages for both infants and mothers. For infants it provides nutritional, immunological and psychological benefits and is of particular value in the first 4–6 months of life. For mothers, breastfeeding assists with contraception and may give protection against pre-menopausal breast cancer and osteoporosis. In Victoria records from infant welfare centres indicate that the proportion or children fully breastfed at 3 months of age dropped significantly between 1950 and 1970 (from 48% to 21%). Since the 1970s, health promotion programs by governments and organisations such as the Nursing Mothers Association have assisted in reversing this trend. Nationally, in 1995, 86% of children under 4 years of age had been breastfed at some time (87% in Victoria). The average time of being exclusively breastfed was 16 weeks, with solid food most commonly introduced between 17 and 28 weeks.

Indigenous Health

In this section information is included about the Indigenous population in relation to health status, health related actions, health risk factors and availability of health services. Because of the size of the Victorian Indigenous population it is often difficult to obtain reliable data specific to the State's Indigenous population. Where possible Victorian data has been included.

The 1994 National Aboriginal and Torres Strait Islander survey, which represented 19,200 Indigenous people in Victoria, identified that 54% of this population (10,300 people) experienced recent illness (in the two weeks prior to the survey) compared to the national average of 41%. Illnesses related to the respiratory system was the most common being reported by 35% of those who experienced a recent illness.

Photo

Aboriginal Arts, Grampians

Delete keylines

An estimated 57% of people (44% nationally) stated that they took a health related action in the two weeks prior to the survey. The most common actions were the use of medication (76%), consultation with a doctor (52%) or reduction of daily activities (34%). An Aboriginal health worker was consulted by 6% of those who took health related actions in the period.

The most commonly reported health conditions affecting Indigenous Victorians were asthma which affected 23% of the population, ear and hearing problems (13%), skin problems (13%) and high blood pressure which affected 10% of the population.

One aspect of access to health facilities can be measured by distance. Within the Melbourne region, the percentage of Indigenous households within 25km of permanent health services was over 90% for most services surveyed. However, access to Aboriginal Health Workers, Mental Health Services and Health Promotion Services was much lower (74%, 78% and 78% respectively) 19% of households reported that Aboriginal Health Workers were not available within a distance of 25kms.

In other urban and rural areas of Victoria, significantly fewer households were within 25 kms of permanent or visiting health services. A substantial proportion of households reported that Aboriginal Health Workers (18%), Dentists (24%), Health promotional services (26%), Diabetic services (17%) and Sexually transmitted diseases clinics (23%) were not available within a distance of 25kms.

7.18 AVAILABILITY OF HEALTH PROFESSIONALS WITHIN 25KM OF HOUSEHOLD, VICTORIA, 1994

Health service	Capital city	Other rural/urban
Doctor	100.0	93.0
Nurse	98.9	96.0
Aboriginal health worker	73.5	74.0
Dentist	98.9	44.8
Mental health service	77.5	63.1
Health promotional services	77.7	48.6
Ante-natal services	94.3	59.0
Diabetic services	94.3	74.6
Women's health services	98.9	62.6
Baby health services	98.9	72.9
Sexually transmitted diseases	91.6	61.0

Source: National Aboriginal and Torres Strait Islander Survey (4190.2).

73% of persons aged 13 years and over thought that it was important for Indigenous people to be involved in the provision of their health care. For the same population, 84% said they were happy, or sometimes happy, with the local health services provided while 8% indicated they were not happy with local health services and 13% stated that they had problems with local health services.

Health risk factors

Health risk factors relate to lifestyle, diet and community practices which can impact on the overall health of the individual, for example, leading to higher susceptibility to heart disease or respiratory illness.

In addition to the greater risk of various forms of cancer, cigarette smoking is also been found associated with numerous other conditions such as heart disease, stroke and low birth weight. Nationally in 1994, about 50% of Indigenous people over the age of 13 years reported that they smoked. In Victoria, in the same survey, 53% of Indigenous males and 61% of Indigenous females reported that they smoked. In comparison the 1995 National Health Survey found that 23% of the total Victorian population 18 years and over stated that they smoked.

Relative body weight is important both as a consequence of past and current health and as a predictor of future health. For example, being underweight may reflect poor nutrition or illness, while obesity is a risk factor for diabetes. In Victoria 43% of Indigenous people were classified (according to calculated Body Mass Index (BMI) as overweight or obese and 44% were classified as underweight or of acceptable weight.

Breastfeeding has nutritional and immunological advantages for the developing child and is associated with reduced infant and child mortality. In Victoria, in 1994, it was found that 62% of Indigenous children aged 12 years and under were breastfed as infants (71% nationally), with 26% of children being breastfed for 6 months or longer.

SOCIAL SECURITY

The Department of Social Security administers a range of schemes which provide financial support to individuals and families. It also provides the framework to support access to employment for those with the ability to participate in the workforce. This section brings together statistical information relating to the recipients of each main payment type. Separate data on supplementary payments (such as remote area allowance) are not included.

Unless otherwise indicated, these statistics relate to the relevant pay periods closest to 30 June of the reference year.

Additional classifications have been included in this section relating to new payments, such as maternity allowance and parenting allowance. Other benefit payments such as home child care allowance have either been included in alternative payments or have been renamed since June 1995.

It is important to note that over the years there have been changes to the conditions of eligibility applying to the payments. As it is not readily possible to indicate all the changes that have occurred, any analysis of historical data should generally be undertaken with caution.

7.19 SOCIAL WELFARE PROGRAMS, VICTORIA

Type of program	June 1994	June 1995	June 1996
Pensions, the sick and disabilities			
Age pension	404 830	404 540	410 122
Disability support pension	101 845	107 709	115 580
Wife pension	36 620	38 560	35 403
Carer pension	4 251	5 014	6 278
Sickness allowances	10 696	10 856	8 796
Mobility allowances	6 094	6 772	7 572
Child disability allowance	17 742	19 679	22 730
Labour market allowance			
Youth training(a)	—	4 260	6 361
Jobsearch allowance	114 966	99 802	111 579
Newstart allowance	121 190	108 208	93 879
Mature age	7 192	10 664	12 606
Mature age partner	2 798	4 350	3 474
Partner allowance(a)	—	56 304	20 137
Family payment			
Family	447 771	440 179	441 065
Double orphan pension	298	297	295
Sole parent pensions	68 734	71 417	75 144
Parenting allowance(b)	—	—	165 427
Maternity allowance(c)	—	—	19 901
Child care assistance(a)	—	53 426	61 164
Other social security payments			
Special benefits	7 626	6 142	5 682
Drought relief	—	—	14
Widow pension class B	15 497	14 110	12 982
Widow allowance(a)	—	2 477	3 365

(a) From 1 Jan 1995. (b) From 1 July 1995. (c) From 1 Feb 1996.

Source: DSS customers-A Statistical Overview 1996.

VETERANS AFFAIRS

Veterans' Affairs is a Commonwealth responsibility. The Repatriation Commission provides veterans and their dependants with a range of benefits to compensate for the effects of war or defence service. The Department of Veterans' Affairs provides administrative support to the Repatriation Commission in providing these benefits.

Service Pensions

Service Pensions are payable to veterans who served in a theatre of war and have reached the age of 60 years for males or 56 years for females, or who are permanently incapacitated for work regardless of age. The Government has introduced changes to the minimum age at which female veterans qualify for a Service Pension, so that the age qualification will be lifted from 55 to 60 years in six monthly increments every two years. This will bring it in line with the male age qualification on 1 July 2013. On 1 July 1997 the female qualifying age was 56 years. Service Pensions are also paid to wives and widows of veterans. They are also available to certain Commonwealth and Allied veterans who satisfy residency requirements.

7.20 SERVICE PENSIONS PAYABLE, JULY 1997

	Service pensions to veterans		Service pensions to veterans' wives and widows	
	Victoria	Australia	Victoria	Australia
World War 1	18	82	62	272
World War 2	32 752	136 717	24 934	103 314
Korea, Malaya, and Far East Strategic Reserve	1 287	8 140	909	5 799
Special Overseas Service (Viet Nam War)	1 169	9 959	822	7 030
Gulf War	—	2	—	1
Australian Mariners	227	1 758	152	1 269
British Commonwealth and Allied (not separated by conflict)	6 205	29 576	5 312	24 835
Total	**41 658**	**186 234**	**32 191**	**142 520**

Source: Benefits Statistics Summary, June 1997, Dept of Veterans Affairs.

Disability Pensions

Disability pensions may be paid to veterans with qualifying service who are suffering incapacity from a service related injury or disease. It is also payable to widows and dependants of veterans whose death was service related or who were totally and permanently incapacitated prior to their death.

The rate for disability pension changes in proportion to the degree of incapacity. Higher rates of pension are available to the most severely disabled veterans.

Note that pensioners can receive both a service and a disability pension.

7.21 DISABILITY PENSIONS PAYABLE, JULY 1997

	Disability pensions to veterans		Pensions to dependants of incapacitated veterans		Pensions to dependants of deceased veterans (War widows)	
	Victoria	Australia	Victoria	Australia	Victoria	Australia
World War 1	14	47	249	848	851	2 543
World War 2	26 763	112 580	14 990	60 479	24 441	91 117
Korea, Malaya, and Far East Strategic Reserve	738	5 302	304	1 930	229	1 667
Special Overseas Service (Viet Nam War)	3 129	15 375	1 595	6 469	208	962
Defence Forces, Peace Keeping Forces, and Gulf War	2 897	26 335	441	4 633	26	906
Seaman's war pension	57	506	3	31	48	323
Other(a)	—	—	—	15	—	4
Total	**33 598**	**160 145**	**17 582**	**74 405**	**25 803**	**97 522**

(a) British Merchant Navy and Veterans of PNG.

Source: Benefits Statistics Summary, June 1997, Dept of Veterans Affairs.

Other Services

Other Veterans' programs include Defence Service Homes Scheme which provides low interest housing loans, Health Programs and the Viet Nam Veterans Counselling Service.

VOLUNTARY WORK

In 1995 the Australian Bureau of Statistics did a study of volunteer work throughout Australia. A volunteer is defined as someone who willingly gave unpaid help in the form of time, service or skills through an organisation or group. Voluntary work makes an important contribution to Victorian life. It meets needs within the community at the same time as it develops and reinforces social networks and cohesion. The amount and type of volunteer work a person is likely to involved in varies considerably with such factors as geographical location, sex, occupation and age.

The volunteer rate varies markedly across States and Territories from 26% in Australian Capital Territory to 15% in New South Wales. Victoria at 20% was slightly above the Australian average of 19%. The rate varies within the State with Victorians outside Melbourne more involved in volunteer work (29%) than people who live in Melbourne (16%). Victorian women (22%) are more likely to be involved than men (18%).

7.22 VICTORIAN VOLUNTEERS: MAJOR STATISTICAL REGION BY SEX, 1995

	Unit	Melbourne	Balance of Victoria	Total
Males	'000	174.7	127.9	302.6
	Volunteer rate (%)	14.1	26.5	17.6
	Total hours (million)	25.9	19.9	45.7
Females	'000	238.5	156.8	395.2
	Volunteer rate (%)	18.6	31.6	22.2
	Total hours (million)	34.3	26.0	60.4
Persons	'000	413.2	284.6	697.8
	Volunteer rate (%)	16.4	29.1	20.0
	Total hours (million)	60.2	45.9	106.1

Source: Voluntary Work, Australia (Cat. no. 4441.0).

Males were more likely to involve themselves in sport, recreation and hobby activities (41%) followed by Welfare and community activities (28%). Women were most likely to involve themselves in education, training and youth development activities (34%), followed by welfare and community activities (32%). In both sexes the 35–44 year age group were most likely to be involved in volunteer work and the 14–24 year age group the least likely.

7.23 FIELD OF VOLUNTARY WORK BY SEX, VICTORIA, 1995

	Males		Females		Persons	
Field of voluntary work(a)	'000	%	'000	%	'000	%
Sport/recreation/hobby	124.5	41.2	92.4	23.4	216.9	31.1
Welfare/community	85.3	28.2	125.0	31.6	210.4	30.1
Health	15.4	5.1	42.0	10.6	57.4	8.2
Emergency services	25.7	8.5	5.9	1.5	31.5	4.5
Education/training/youth development	58.2	19.2	135.6	34.3	193.9	27.8
Religious	47.1	15.6	6 838.0	17.4	115.9	16.6
Environmental/animal welfare	14.1	4.7	12.0	3.0	26.1	3.7
Business/professional/Union	13.4	4.4	6.5	1.6	19.9	2.9
Law/justice/political	(b)5.2	(b)1.7	5.7	1.5	10.9	1.6
Arts/culture	10.5	3.5	15.4	3.9	25.9	3.7
Other(c)	(b)4.8	(b)1.6	8.9	2.3	13.8	2.0
Total	**302.6**	**100.0**	**395.2**	**100.0**	**697.8**	**100.0**

(a) As a volunteer can work for more than one organisation, the figures for individual field of voluntary work will not add to the total.
(b) Subject to sampling variability between 25% and 50%. (c) Includes Foreign/international.

Source: ABS unpublished data.

7.24 VOLUNTEERS BY AGE BY SEX, VICTORIA, 1995

	Males		Females		Persons	
Age group (years)	'000	Volunteer rate %	'000	Volunteer rate %	'000	Volunteer rate %
15–24	32.5	9.6	43.7	13.3	76.2	11.4
25–34	49.2	14.0	76.3	21.3	125.6	17.7
35–44	85.4	25.5	110.8	32.4	196.2	29.0
45–54	61.6	22.3	64.4	23.6	126.0	22.9
55–64	35.7	18.7	40.7	21.4	76.4	20.0
65 and over	38.1	16.8	59.3	20.7	97.4	19.0
Total	**302.6**	**17.6**	**395.2**	**22.2**	**697.8**	**20.0**

Source: ABS Unpublished data.

The study also found that the nature of a person's voluntary work is closely related to their type of paid employment. Managers and administrators were more likely to be involved in management and committee work, whereas tradespersons were much more likely to be involved in repairs, maintenance or gardening activities. Volunteer workers also tended to do volunteer work of a similar nature to the industry in which they are employed.

People involve themselves in voluntary work for a number of reasons. The most common were to help others and the community, personal or family involvement and personal satisfaction. Gaining work experience or a reference was not an important reason except in the 15–24 year age group. The main benefits people felt they got from performing volunteer work were, personal satisfaction and social contact.

Volunteer work is a diverse phenomenon and reflects the diversity of the circumstances of the people involved and the wider community itself. Many charities, sporting, educational and religious organisations depend on Australia's army of volunteer workers. Volunteers also ensure that many more essential services continue to operate in the community, these include fire services, rescue services and the Red Cross Blood service.

AUSTRALIAN RED CROSS BLOOD SERVICE – VICTORIA

During 1997 the Australian Red Cross Blood Service (ARCBS) was formed to manage and co-ordinate Australia's blood service. The transfer of management of the eight State and Territory based blood services form the State divisions of Australian Red Cross Society with a Board of Management and a Chief Executive Officer responsible for its operation. It employs around 2,000 paid staff and 2,500 volunteers.

Australian Red Cross Blood Service—Victoria (formerly known as Red Cross Blood Bank Victoria) continues to be responsible for providing blood and blood products to the Victorian community.

Increase in blood collections

The number of blood donations made in metropolitan Melbourne increased in 1996–97—ending a four year decline. More than 180,000 whole blood collections occurred representing a 1.5% increase on the previous year. Plasma donations also increased by 12.7% on 1995–96.

Major projects have been commenced to improve customer service and maximise collection opportunities in metropolitan Melbourne. These projects will be implemented during 1997–98.

While overall donations from Victoria's 46 regional collection centres were less than the previous year, whole blood collections at the Geelong Blood Bank reached 20% above target. Plasma collections were introduced at Geelong and reached the monthly target by June 1997.

A new system was introduced to monitor the training needs of the 1,250 volunteer staff based at regional collection centres and to maintain compliance with the Code of Good Manufacturing Practice.

Blood products issued

A total of 350,000 units of blood and blood products were provided for Victorian patients. These included 133,400 units of red blood cells for the treatment of haemorrhage and anaemia and 71,750 units of platelets for patients undergoing cancer treatment or suffering from bleeding disorders. The issues of red cells increased by 6.6%, resulting in hospital stocks being limited for several months.

A record amount of plasma, 52.3 tonnes from 174,000 units of plasma, was provided to CSL Bioplasma Ltd. This was manufactured into products for treating kidney and liver diseases, haemophilia, burns and providing patients at risk with temporary protection against rubella, hepatitis A, chickenpox and tetanus.

Victoria joined a national program to provide anti-D immunisation to pregnant women in order to protect their newborn babies from rhesus disease.

Source: Australian Red Cross Blood Services—Victoria.

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