Chapter Nine

Health

Contents

	Page
THE HEALTH OF AUSTRALIANS	271
National Health Survey, 1989–90	271
Health status	271
Health risk factors	274
Communicable diseases	276
Notifiable diseases	276
Childhood immunisation	278
Acquired Immune Deficiency Syndrome (AIDS)	279
Causes of death	280
All ages	280
Perinatal deaths	283
HOSPITALS	284
Repatriation hospitals and institutions	284
Mental health institutions	284
Hospital statistics	284
HEALTH WORK FORCE	284
Health personnel	284
Employment in selected health occupations	284
HEALTH EXPENDITURE	285
HEALTH INSURANCE AND BENEFITS	285
Medicare	285
Medicare benefits	286
Hospital benefits	286
Health insurance coverage	288
Pharmaceutical Benefits Scheme	289

Contents **Page**

NATIONAL HEALTH STRATEGY 289
Mental health 291

COMMONWEALTH GOVERNMENT SUBSIDIES AND GRANTS TO ORGANISATIONS 291
Commonwealth Government funding of hospitals 291
Homeless youth 291
Family planning program 291
Women's health 291
National Women's Health Program 291
Alternative Birthing Services 291
Early Detection of Breast Cancer 292
Preventing Cervical Cancer 292
National Health Advancement Program 292
Public Health Education and Research Program 292
Royal Flying Doctor Service 293
Red Cross Blood Transfusion Service 293
Australian Bone Marrow and Organ Donor Register 293
National Heart Foundation of Australia 293
World Health Organization 294
International Agency for Research on Cancer 294

NATIONAL HEALTH SERVICES AND ADVISORY ORGANISATIONS 294
Australian Health Ministers' Conference and the Australian Health Ministers' Advisory Council 294
Health services organisations 294
Australian Radiation Laboratory 294
Therapeutic Goods Administration 294
National Health and Medical Research Council 294
Communicable Diseases Network — Australia 295

Contents **Page**

Quarantine and inspection 295
Australian Institute of Health and Welfare 296
National Occupational Health and Safety Commission 297
National Campaign Against Drug Abuse 297

BIBLIOGRAPHY 298

This chapter provides information on various aspects of the health of the Australian population and the activities of the Commonwealth relating to health. There is, however, government responsibility for health at the State and local levels. There are constitutional limits on the Commonwealth Government's role in the health care field, and the primary responsibility for planning and provision of health services is with the State and Territory Governments.

At the national level, health services in Australia are administered by the Commonwealth Government. The Government appoints three Ministers to the Portfolio of Health. The Minister for Health exercises overall responsibility over the Commonwealth Department of Health, represents the portfolio in Cabinet and has particular responsibility for Budget matters and major policy decisions. The other two Ministers have responsibility for Family Services and Veterans' Affairs, respectively. The Commonwealth Government is primarily concerned with the formation of broad national policies, and influences policy making in health services through its financial arrangements with the State and Territory Governments, through the provision of benefits and grants to organisations and individuals, and through the regulation of health insurance.

The direct provision of health services, broadly speaking, is the responsibility of the State and Territory Governments. Each has a Minister who is responsible to the Government of his/her particular State or Territory for the administration of its health authorities. In some, the responsibility for health services is shared by several authorities whilst in others, one authority is responsible for all these functions.

Health care is also delivered by local government, semi-voluntary agencies, and profit making non-governmental organisations.

Information on the activities of government and other bodies on health-related matters is provided later in this chapter.

THE HEALTH OF AUSTRALIANS

The following information from various sources provides a profile of the health of the Australian population.

National Health Survey, 1989–90

During 1989–90 the ABS interviewed approximately 57,000 persons in the first of a new series of five yearly National Health Surveys. The survey focused on the health status of Australians, their use of health facilities and services and lifestyle factors affecting the health of the nation. The 1992 Year Book contained the survey results regarding certain aspects of health — long-term conditions, health related action and medication taken by people, and relative weight by age. This edition includes a selection of further statistics from the survey on various other aspects of health.

Health status. As shown in table 9.1, of those aged 18 years and over, 79.2 per cent reported that their health was good or excellent, while 16.3 per cent reported their health was fair and only 4.5 per cent reported they were in poor health.

Some 72.9 per cent of the population reported experiencing one or more illnesses/injuries during the two weeks prior to interview. This compared to 62.3 per cent of persons who reported a recent illness in the Australian Health Survey of 1983. Of these recent conditions, headaches (due to unspecified or trivial cause) were the most frequently reported single condition affecting 12.2 per cent of the population.

Of the total Australian population, 66.2 per cent reported having one or more long-term conditions (conditions which had lasted or were expected to last for a period of six months or more), with more females reporting such a condition than males (68.4% and 64.0% respectively).

29.4 per cent (an estimated 5,003,000 people) experienced one or more musculoskeletal conditions. These conditions may have been reported as recent illness (that is, experienced in the two weeks before interview) and/or as long-term conditions. As shown in table 9.2, the most commonly reported musculoskeletal condition was arthritis, reported by 11.4 per cent of respondents. Unspecified back trouble (9.1%) was also commonly reported.

A comparison with results from the 1977–78 Australian Health Survey shows an increase in the prevalence of musculoskeletal conditions. More than one in ten (10.6%) reported

experiencing arthritis as a long-term condition in 1989–90 compared with 4.6 per cent in 1977–78. Similarly, the number of persons reporting long-term disorders of the intervertebral disc has increased from 1.0 per cent in 1977–78 to 2.6 per cent in 1989–90.

9.1 PERSONS AGED 18 AND OVER: SELF ASSESSED HEALTH STATUS(a), 1989–90 (per cent)

	Self assessed health status				
Whether experienced illness condition	*Excellent*	*Good*	*Fair*	*Poor*	*Total*
No recent or long-term conditions	47.6	48.0	4.2	*0.2	100.0
Recent conditions only	38.8	51.6	8.6	1.0	100.0
Long-term conditions only	40.4	50.6	8.5	0.5	100.0
Both recent and long-term conditions	21.7	49.9	21.5	6.9	100.0
Total					
Per cent	**29.2**	**50.0**	**16.3**	**4.5**	**100.0**
Number ('000)	**3,633.3**	**6,221.2**	**2,023.7**	**566.0**	**12,444.2**

(a) As reported by respondents.

* Relative standard error between 25 per cent and 50 per cent.

Source: National Health Survey: Summary of Results, 1989–90 (4364.0).

9.2 PERSONS WITH MUSCULOSKELETAL CONDITIONS, BY TYPE OF CONDITION, 1989–90 ('000)

Type of condition	*Recent only*	*Long-term only*	*Recent and long-term*	*Number*	*Total per cent of population*
Arthritis	132.1	1,132.8	670.6	1,935.5	11.4
Rheumatism	16.3	115.7	36.4	168.4	1.0
Sciatica	11.0	81.6	22.8	115.4	0.7
Disorders of the intervertebral disc	30.4	329.2	117.1	476.8	2.8
Back trouble (unspecified)	182.2	1,096.2	274.4	1,552.9	9.1
Other musculoskeletal conditions(a)	592.4	868.9	360.7	(b)1,799.3	10.6
Total(b)	**619.6**	**2,766.3**	**1,617.3**	**5,003.1**	**29.4**

(a) Including aches and sore muscles/joints. (b) Each person may have reported more than one condition and therefore components do not add to totals.

Source: National Health Survey: Musculoskeletal Conditions, 1989–90 (4374.0).

In 1989–90, 34.7 per cent of the population reported one or more respiratory conditions (an estimated 5,896,000 people). The most commonly reported conditions included asthma (8.5% of the population), hay fever (10.3%) and the common cold (9.6%). A larger proportion of persons in younger age groups reported respiratory conditions than in the older age groups. For example, 12.4 per cent of persons under 25 years reported asthma and 55.8 per cent of all people reporting asthma were aged under 25 years. The proportion of people with respiratory conditions declined with age, except for bronchitis and emphysema which showed an increase in the age group 55 to 74 years (table 9.3).

An estimated 2,213,000 people (13.0% of the population) had a cardiovascular condition in 1989–90. Of these, 10.2 per cent reported the condition as being long-term, (an estimated 1,741,000 of the population), a notable increase since 1977–78 when 5.0 per cent reported having a long-term cardiovascular condition (785,000). In 1989–90 the most common condition was hypertension (1,537,000 persons), followed by heart disease (450,000 persons). The prevalence of cardiovascular conditions increases with age, with 53.5 per cent of persons aged 65 years or more reporting one or more conditions.

Table 9.4 shows that, of employed persons, managers and administrators had the highest prevalence of cardiovascular conditions (11.9%) and of hypertension and heart disease in particular. The lowest prevalence was recorded for professionals and para-professionals.

9.3 PERSONS WITH RESPIRATORY CONDITIONS(a), BY AGE AND SEX, 1989–90 ('000)

	Age group (years)									
Type of condition	*0–14*	*15–24*	*25–34*	*35–44*	*45–54*	*55–64*	*65–74*	*>74*	*Males*	*Females*	*Persons*
Bronchitis, emphysema	81.6	75.7	78.4	60.6	53.3	92.6	95.6	49.0	289.8	297.0	586.8
Asthma	518.6	287.8	192.2	146.5	103.8	83.6	82.9	28.6	734.4	709.7	1,444.1
Sinusitis	47.8	99.7	144.5	163.8	101.6	92.5	56.9	20.3	279.6	447.6	727.2
Hay fever	186.0	368.8	399.2	317.2	203.5	137.7	97.4	43.1	799.9	953.0	1,752.9
Other respiratory conditions(b)	934.4	512.3	428.6	334.7	214.5	173.2	145.2	85.5	1,424.5	1,404.1	2,828.5
Total persons with respiratory conditions(c)											
Number ('000)	**1,474.9**	**1,040.3**	**981.8**	**823.9**	**541.2**	**462.9**	**381.0**	**189.6**	**2,864.8**	**3,030.8**	**5,895.6**
Per cent	***39.6***	***37.7***	***35.1***	***32.2***	***30.2***	***31.8***	***31.5***	***27.6***	***33.8***	***35.6***	***34.7***
Total persons	3,723.8	2,758.1	2,799.9	2,561.2	1,794.4	1,454.4	1,209.0	688.1	8,475.5	8,513.3	16,988.8

(a) Reported as a recent and/or long-term condition. (b) Includes common cold, influenza, cough and sore throat. (c) Persons may have experienced more than one type of respiratory condition and therefore components do not add to totals.
Source: National Health Survey: Asthma and Other Respiratory Conditions, 1989–90 (4373.0).

9.4 EMPLOYED PERSONS AGED 15 TO 64 WITH CARDIOVASCULAR CONDITIONS(a) BY OCCUPATION, 1989–90 ('000)

Type of condition	*Managers & administrators*	*Professionals*	*Para-professionals*	*Tradespersons*	*Clerks*	*Sales persons, Personal service workers*	*Plant & machine operators /drivers*	*Labourers & related workers*	*Total(b)*
Hypertension	79.1	46.1	20.9	59.8	70.6	41.0	39.8	66.9	424.2
Heart disease	14.5	5.2	6.2	13.5	9.2	9.2	6.8	10.0	74.9
All other diseases of the circulatory system(c)	8.0	10.8	2.0	9.5	15.4	11.4	5.5	15.6	78.9
Ill-defined signs & symptoms of heart conditions	12.5	6.6	4.6	7.3	13.6	10.8	5.0	8.0	68.5
Total cardiovascular conditions(d)									
Number ('000)	**105.5**	**64.6**	**31.0**	**80.0**	**101.8**	**66.2**	**50.7**	**90.5**	**591.1**
Per cent of employed persons	**11.9**	**6.4**	**6.4**	**6.6**	**8.3**	**7.1**	**8.6**	**9.0**	**8.0**
Total employed persons	885.0	1,015.0	487.6	1,220.2	1,233.0	933.8	591.5	1,004.7	7,390.3

(a) Reported as a recent and/or long-term condition. (b) Includes occupation not stated. (c) Includes atherosclerosis, cerebrovascular disease, stroke after effects and other diseases of the circulatory system. (d) Each person may have reported more than one type of condition and therefore components do not add to totals.
Source: National Health Survey: Cardiovascular and Related Conditions, 1989–90 (4372.0).

In 1989–90, an estimated 234,000 people had diabetes, and a further 23,000 had high blood sugar levels. The proportion of persons with these conditions increased with age, with 6.0 per cent of persons aged 65 years or more reporting diabetes and a further 3.1 per cent indicating they had previously had diabetes or high blood sugar although it was not a current condition.

A comparison with the 1983 Australian Health Survey shows an increase in the prevalence of diabetes. One per cent of the population reported

diabetes as an illness condition experienced in the two weeks prior to being interviewed in 1989–90, an estimated 170,000 people, compared with 106,000 (0.7%) in 1983.

9.5 PERSONS WITH DIABETES OR HIGH BLOOD SUGAR, BY AGE AND SEX, 1989–90 ('000)

	Age group (years)						
	<25	*25–44*	*45–64*	*>64*	*Males*	*Females*	*Persons*
Reported as a current condition(a)							
Diabetes	9.5	28.1	88.0	108.6	120.3	114.0	234.3
High blood sugar	2.2	8.1	6.7	6.1	9.2	13.9	23.0
Total	*11.7*	*36.2*	*94.7*	*114.7*	*129.5*	*127.9*	*257.3*
Reported as a previous condition(b)							
Diabetes	6.4	15.7	48.0	58.2	66.6	61.7	128.4
High blood sugar	0.8	0.1	2.4	1.1	1.6	2.7	4.4
Total	*7.2*	*15.8*	*50.4*	*59.3*	*68.2*	*64.4*	*132.8*
Total persons reporting diabetes/ high blood sugar							
Number	**18.9**	**52.0**	**145.1**	**174.0**	**197.7**	**192.3**	**390.1**
Rate(c)	**2.9**	**9.7**	**44.7**	**91.7**	**23.3**	**22.6**	**23.0**

(a) Reported as a recent and/or long-term condition. (b) Not reported as either a recent or long-term condition but previously advised by a doctor or nurse that they had the condition. (c) Rate per 1,000 population of same age and sex.
Source: National Health Survey: Diabetes, 1989–90 (4371.0).

Health risk factors. Results of the 1989–90 National Health Survey show that over 3.5 million people aged 18 years and over smoke, which is equivalent to 28.4 per cent of the adult population. A further 23.2 per cent reported they were ex-smokers. The proportion of smokers is highest in the younger age groups; 36.0 per cent of those aged 18 to 24 reported being smokers compared with 29.6 per cent of those aged 35 to 44 years, and only 8.1 per cent of those aged 75 years and over. More males than females smoked (32.1% and 24.7% respectively), although the difference was less marked in the younger age groups (table 9.6).

62.5 per cent of people aged over 18 years reported having an alcoholic drink during the week prior to interview: 73.5 per cent of males and 51.8 per cent of females. 8.9 per cent of persons reported they had never consumed alcohol.

People who consumed alcohol were grouped by health risk level according to the quantity of alcohol they consumed. These levels are based on the standards adopted by the National Health and Medical Research Council. In total, 82.2 per cent of drinkers were categorised as at low risk level, 10.9 per cent at medium risk level and 6.9 per cent at high risk level. High risk drinkers amongst males outnumbered females in this category by more than three to one (table 9.7).

Based on results of the survey, an estimated 8,671,000 persons aged 15 years and over (65.4% of the population in that age group) exercised in the two weeks prior to interview. Walking was the most common exercise, followed by moderate and then vigorous exercise (table 9.8).

9.6 PERSONS AGED 18 YEARS AND OVER: SMOKER STATUS, BY AGE AND SEX, 1989–90 (per cent)

	Age group (years)								
Smoker status	*18–24*	*25–34*	*35–44*	*45–64*	*65–74*	*>74*	*Males*	*Females*	*Persons*
Smokers									
Manufactured cigarettes only	34.6	32.1	26.8	22.4	13.3	5.9	27.0	24.2	25.6
Manufactured cigarettes and cigars or pipes	0.6	0.7	0.8	0.7	*0.2	. .	1.2	0.1	0.6
Roll your own cigarettes only	0.8	1.8	1.5	2.0	2.0	1.4	2.9	0.4	1.6
Cigars or pipes and roll your own only	. .	*0.2	*0.1	0.2	*0.2	. .	0.2	. .	0.1
Total smokers(a)	*36.0*	*34.9*	*29.6*	*26.0*	*16.5*	*8.1*	*32.1*	*24.7*	*28.4*
Ex-smoker	10.4	19.5	22.7	28.1	36.0	31.2	28.8	17.8	23.2
Never smoked	53.7	45.6	47.7	45.9	47.5	60.7	39.1	57.4	48.4
Total persons									
Per cent	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number ('000)	**1,937.3**	**2,799.9**	**2,561.2**	**3,248.7**	**1,209.0**	**688.1**	**6,144.7**	**6,299.5**	**12,444.2**

(a) Includes other.

Source: National Health Survey: Smoking, 1989–90 (4382.0) and National Health Survey: Summary of Results, 1989–90 (4364.0).

9.7 PERSONS AGED 18 YEARS AND OVER WHO CONSUMED ALCOHOL IN THE WEEK PRIOR TO INTERVIEW: HEALTH RISK LEVEL OF ALCOHOL INTAKE(a), BY AGE AND SEX, 1989–90 (per cent)

	Age group (years)								
Risk level	*18–24*	*25–34*	*35–44*	*45–64*	*65–74*	*>74*	*Males*	*Females*	*Persons*
Low	49.6	56.0	55.8	50.9	43.4	37.0	58.6	44.3	51.5
Medium	7.9	7.5	7.3	7.0	5.0	1.9	7.8	5.9	6.8
High	6.0	4.9	4.1	4.5	2.3	0.4	7.1	1.6	4.3
Total persons who consumed alcohol(b)	*63.4*	*68.5*	*67.1*	*62.4*	*50.8*	*39.4*	*73.5*	*51.7*	*62.5*
Total persons who did not consume alcohol(b)	36.6	31.5	32.9	37.6	49.2	60.6	26.5	48.3	37.5
Total persons									
Per cent	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number ('000)	**1,937.3**	**2,799.9**	**2,561.2**	**3,248.7**	**1,209.0**	**688.1**	**6,144.7**	**6,299.5**	**12,444.2**

(a) Based on the average daily consumption during the week prior to interview and grouped according to standards adopted by the National Health and Medical Research Council. (b) In the reference week.

Source: National Health Survey: Alcohol Consumption, 1989–90 (4381.0).

9.8 PERSONS AGED 15 YEARS AND OVER: TYPE OF EXERCISE, BY SEX, 1989–90 ('000)

Type of exercise	*Males*	*Females*	*Persons*
Vigorous	1,497.5	882.1	2,379.6
Moderate	2,311.4	2,017.8	4,329.1
Walking	2,649.5	3,276.4	5,925.8
Total persons exercising(a)	**4,329.6**	**4,341.8**	**8,671.4**
Population aged 15 years and over	6,566.6	6,698.4	13,265.0

(a) Each person may have reported more than one type of exercise and therefore components do not add to totals.

Source: National Health Survey: Exercise, 1989–90 (4383.0).

In 1989–90 an estimated 2,388,400 people (14.1% of the population) had a recent and/or long-term illness or injury caused by an accident. A comparison with results of the 1983 Australian Health Survey show a significant increase in the proportion of persons with recent illness or injury due to accidents, from 5.8 per cent in 1983 to 12.7 per cent in 1989–90.

Proportionally more males than females reported illness or injury due to accidents; 16.3 per cent compared with 11.8 per cent. For both males and females the highest proportion of people reporting accidents were in the middle age groups; 21.0 per cent of males aged 55 to 64 years and 51.1 per cent of females aged 45 to 54 years.

9.9 PERSONS WHO HAD ILLNESS OR INJURY(a) RESULTING FROM AN ACCIDENT, BY AGE AND SEX, 1989–90
(per cent)

Whether had an illness/ injury resulting from an accident	*Age group (years)*									
	<5	*5–14*	*15–24*	*25–34*	*35–44*	*45–54*	*55–64*	*65–74*	*>74*	*Total*
Males										
Illness/injury	6.3	8.5	16.8	20.4	18.8	19.5	21.0	16.9	16.1	16.3
No illness/injury	93.7	91.5	83.2	79.6	81.2	80.5	79.0	83.1	83.9	83.7
Females										
Illness/injury	5.0	7.7	11.6	12.4	12.5	15.1	15.0	13.8	14.7	11.8
No illness/injury	95.0	92.3	88.4	87.6	87.5	84.9	85.0	86.2	85.3	88.2
Persons										
Illness/injury	5.6	8.1	14.3	16.4	15.7	17.4	18.0	15.2	15.2	14.1
No illness/injury	94.4	91.9	85.7	83.6	84.3	82.6	82.0	84.8	84.0	85.9

(a) Recent and/or long-term illness or injury.
Source: National Health Survey: Accidents, 1989–90 (4384.0).

Women respondents to the survey who were aged 18 to 64 years were invited to complete a small additional questionnaire about specific women's health issues. Results of this component of the survey showed that 85.5 per cent of women in this age group reported they had at some time had a Pap Smear Test, for evidence of cervical cancer, and 42.5 per cent had last been tested in the twelve months prior to interview. An estimated 29.3 per cent of women aged 18 to 64 years had never had a Pap Smear Test or had not been tested within the last three years. Results of the survey also showed a tendency for older women to have tests less frequently than women in younger age groups.

Of women aged 18 to 64 years, 62.8 per cent regularly examine their own breasts for lumps, and 70.9 per cent reported having had a breast examination by a doctor or nurse. One-third (32.9%) of women aged 45 to 54 years reported having had a mammogram, and 17.8 per cent of women overall in the age group 18 to 64 years had been tested. Of those women who reported having had a mammogram, 74.0 per cent had last been screened within the three years prior to interview.

Communicable diseases

Notifiable diseases. State and Territory health authorities submit notifiable disease data to the Commonwealth Department of Health, Housing and Community Services for publication in *Communicable Diseases Intelligence.*

9.10 NOTIFIABLE DISEASES: NUMBER OF CASES NOTIFIED, 1991

Disease	*NSW*	*Vic.*	*Qld*	*SA*	*WA*	*Tas.*	*NT*	*ACT*	*Total*
Arbovirus infection n.e.c.	65	1	35	72	1	25	(a)	—	199
Dengue	(a)	3	43	(a)	(a)	(a)	—	(a)	46
Ross River Virus	402	390	2,119	(a)	135	(a)	486	(a)	3,532
Brucellosis	2	2	24	—	—	—	—	—	28
Campylobacteriosis	(a)	2,303	2,644	1,581	911	729	409	95	8,672
Chlamydial infection	(a)	814	2,306	—	—	392	477	55	4,044
Diphtheria	—	1	2	—	—	—	5	—	8
Donovanosis	(a)	—	17	(a)	38	—	17	—	72
Gonococcal infection	395	162	500	67	652	14	730	10	2,530
Haemophilus influenza b	218	140	112	53	(a)	16	(a)	10	549
Hepatitis A	1,026	457	247	112	247	14	71	21	2,195
Hepatitis B	1,250	80	1,642	28	517	51	37	47	3,652
Hepatitis C	657	1,667	1,690	(a)	(a)	33	10	59	4,116
Hepatitis n.e.c.	217	13	99	4	(a)	1	—	4	338
HIV infection	—	—	—	34	—	—	—	19	53
Hydatid infection	7	3	31	—	2	1	—	—	44
Legionellosis	26	18	29	21	15	—	—	1	110
Leprosy	—	6	—	—	4	—	3	—	13
Leptospirosis	29	75	53	5	4	3	—	—	169
Listeriosis	8	26	7	(a)	—	3	(a)	(a)	44
Malaria	139	79	417	40	36	10	46	23	790
Measles	418	444	139	144	59	24	90	62	1,380
Meningococcal infection	112	80	7	18	40	14	12	2	285
Ornithosis	(a)	94	2	31	3	—	2	4	136
Pertussis	45	65	131	44	43	2	—	7	337
Q Fever	175	30	358	26	5	—	—	1	595
Rubella	59	170	192	89	—	5	3	102	620
Salmonellosis	1,161	903	1,443	491	725	210	471	36	5,440
Shigellosis	(a)	80	87	88	281	1	361	4	902
Syphilis	588	28	518	197	252	8	457	5	2,053
Tetanus	3	—	(a)	1	2	—	1	—	7
Tuberculosis	287	—	109	63	63	21	31	16	590
Typhoid	57	1	13	5	11	—	—	1	88
Yersiniosis	(a)	60	255	180	2	—	18	(a)	515
Total	**7,346**	**8,195**	**15,271**	**3,394**	**4,048**	**1,577**	**3,737**	**584**	**44,152**

(a) Not notifiable.

Source: Commonwealth Department of Health, Housing and Community Services.

9.11 NOTIFIABLE DISEASES: NUMBER OF CASES NOTIFIED, 1987 TO 1991

Disease	*1987*	*1988*	*1989*	*1990*	*1991*
Arbovirus infection n.e.c.	1,085	897	2,809	2,008	199
Dengue(a)	—	—	—	—	46
Ross River Virus(a)	—	—	—	—	3,532
Brucellosis	12	16	20	46	28
Campylobacteriosis	2,923	4,082	4,279	5,683	8,672
Chancroid	4	4	3	13	—
Cholera	—	2	—	1	—
Chlamydial infections(b)	274	268	504	5	4,044
Diptheria	32	61	1	7	8
Donovanosis	148	133	99	91	72
Gonococcal infection	4,979	4,079	3,153	1,919	2,530
Haemophilus influenza b	—	—	—	—	549
Hepatitis A	715	600	460	530	2,195
Hepatitis B	1,605	1,683	3,017	2,970	3,652
Hepatitis C	—	—	—	—	4,116
Hepatitis n.e.c.	131	69	43	707	338
HIV infection(c)	—	—	—	—	53
Hydatid infection	17	15	15	16	44
Legionellosis	96	67	104	90	110
Leprosy	31	20	34	31	13
Leptospirosis	133	104	99	121	169
Listeriosis	—	—	—	—	44
Lymphogranuloma venereum	—	—	—	—	—
Malaria	574	601	770	882	790

For footnotes *see* end of table.

9.11 NOTIFIABLE DISEASES: NUMBER OF CASES NOTIFIED, 1987 TO 1991 — *continued*

Disease	*1987*	*1988*	*1989*	*1990*	*1991*
Measles	—	248	169	880	1,380
Meningoccal infection	96	126	204	295	285
Ornithosis	13	21	25	23	136
Petussis	291	153	614	862	337
Plague	—	—	—	—	—
Poliomyelitis	—	—	—	—	—
Q Fever	355	424	353	431	595
Rabies	—	—	—	—	—
Rubella(d)	3	2	—	2	620
Salmonellosis	2,739	3,484	4,492	4,564	5,440
Shigellosis	586	581	779	610	902
Syphilis	3,190	3,056	2,099	1,643	2,053
Tetanus	5	5	11	6	7
Tuberculosis	686	1,165	1,351	684	590
Typhoid	47	40	57	70	88
Viral Haemorrhagic Fever	—	—	—	—	—
Yellow Fever	—	—	—	—	—
Yersiniosis	122	172	241	433	515
Total	**20,892**	**22,178**	**25,805**	**25,623**	**44,152**

(a) Dengue fever and Ross River fever included in the Arbovirus infection from 1987–90. (b) Notified as Trachoma from 1987–90. (c) More complete data on new diagnosis of HIV infections are compiled by the National Centre for HIV Epidemiology and Clinical Research. (d) Notified only as Congenital Rubella Syndrome from 1987–90.

Source: Commonwealth Department of Health, Housing and Community Services.

Childhood immunisation. Immunisation is recommended for all Australian children as a protection against childhood diseases such as poliomyelitis, diphtheria, measles, mumps, tetanus and whooping cough. Immunisation programs are implemented in all States and Territories of Australia. The childhood immunisation schedule, as recommended by the National Health and Medical Research Council, is available from the Commonwealth Department of Health, Housing and Community Services.

Results of the 1989–90 National Health Survey show that the immunisation status of children varies with the type of immunisation involved. For example, while 86.3 per cent of children were protected against diptheria and tetanus, only 70.9 per cent of those in the same age group were immunised against whooping cough and 72.1 per cent against polio, although a further 19.3 and 15.3 per cent respectively were partially immunised against the latter two diseases (that is, they had received less than the number of vaccinations recommended for their age).

9.12 CHILDREN AGED 0 TO 6 YEARS: TYPE OF IMMUNISATION BY IMMUNISATION STATUS(a), 1989–90 ('000)

	Immunisation status				
Type of immunisation	*Fully immunised*	*Partly immunised*	*Not immunised*	*Not known whether immunised*	*Total*
Diptheria/Tetanus	1,508.9	95.5	65.4	77.8	1,747.7
Whooping cough	1,238.7	337.3	93.8	77.8	1,747.7
Polio	1,260.8	278.4	101.3	107.2	1,747.7
Measles(b)	1,276.9	..	163.9	44.0	1,484.8
Mumps(b)	1,195.7	..	221.8	67.3	1,484.8

(a) Based on the number of vaccinations received compared with levels recommended by the National Health and Medical Research Council. Children who had received the recommended number of vaccinations for their age are classified as fully immunised; those who had received some, but less than the number recommended for their age are classified as partly immunised. (b) Excludes children aged less than one year.

Source: National Health Survey: Summary of Results, 1989–90 (4364.0).

Of children in the 1 to 6 years age group, 86.0 per cent (1.3 million) were immunised against measles and 80.5 per cent (1.2 million) against mumps.

Hepatitis B vaccine is currently offered to neonates born to mothers belonging to community groups in which the carrier rate for Hepatitis B is estimated to exceed five per cent.

Acquired Immune Deficiency Syndrome (AIDS). The National HIV/AIDS Strategy was launched in August 1989. The Strategy outlines the direction of AIDS policy and the specific programs to be put in place to manage the epidemic into the 1990s. It was developed following extensive national community consultations and release of the Policy Discussion Paper *AIDS: A Time to Care, A Time to Act — Towards a Strategy for Australians* in November 1988. To date the majority of National Strategy recommendations have been, or are in the process of being implemented.

The Strategy is coordinated at the national level by the AIDS/Communicable Diseases Branch of the Commonwealth Department of Health, Housing and Community Services. An evaluation of the programs outlined and funded through the National Strategy commenced in 1990 to allow consideration of future directions in the 1993–94 Budget context. The evaluation is being undertaken jointly by the Commonwealth and the States. The Branch has the responsibility for coordinating and evaluating community AIDS projects, assessing the funding of these initiatives, and undertaking liaison with a wide range of Australian and overseas agencies. In addition, the Department closely monitors medical and scientific developments in relation to the disease. It also provides executive support for national AIDS bodies which have been established to consider and advise on all aspects of AIDS, including the Australian National Council on AIDS, the Parliamentary Liaison Group, and the Intergovernmental Committee on AIDS.

In 1991–92 the Commonwealth made available approximately $88 million for the fight against AIDS. The expenditure was divided between the National AIDS Program ($29 million), the AIDS Matched Funding Program ($23 million) and Medicare payments to the States ($36 million).

Activities under the National AIDS Program include research, the national AIDS education campaign, grants to community-based organisations and to develop educational resources for health care workers, exchange of information both within Australia and internationally and support of national AIDS advisory committees.

Table 9.13 shows that 3,414 male and 104 female cases of AIDS had been reported up to 30 September 1992, an increase of 618 and 18, respectively, since 30 September 1991. There had been 2,322 known deaths from AIDS, compared with 1,820 up to 30 September 1991. Table 9.14 classifies these cases and deaths according to categories of transmission.

9.13 REPORTED AIDS CASES TO 30 SEPTEMBER 1992

	NSW	*Vic.*	*Qld*	*SA*	*WA*	*Tas.*	*NT*	*ACT*	*Total*
Number of cases									
Males	2,002	738	301	140	161	19	12	41	3,414
Females	63	14	9	7	8	1	—	2	104
Known deaths									
Number	1,359	523	197	82	107	14	6	34	2,322
Per cent	58.5	22.5	8.5	3.5	4.6	0.6	0.3	1.5	100.0

Source: Australian HIV Surveillance Report.

9.14 CASES OF AIDS AND KNOWN DEATHS FROM AIDS BY TRANSMISSION CATEGORY TO 30 SEPTEMBER 1992

	Cases				*Known deaths*			
Transmission category	*Males*	*Females*	*Total*	*Per cent of all cases*	*Males*	*Females*	*Total*	*Per cent of cases by category*
Male homo-bisexual	3,013	—	3,013	85.5	2,017	—	2,017	86.9
Male homo-bisexual IDU	96	—	96	2.7	59	—	59	2.5
Heterosexual contact	69	25	94	2.7	24	12	36	1.6
Heterosexual IDU	39	28	67	1.9	22	10	32	1.4
Haemophilia	52	—	52	1.5	37	—	37	1.6
Blood transfusion	54	38	92	2.6	38	34	72	3.1
Other/undetermined	72	8	(a)85	2.4	46	3	(a)52	2.2
Children under 13								
Mother to child	4	4	8	0.2	—	3	3	0.1
Haemophilia	5	—	5	0.1	4	—	4	0.2
Blood transfusion	10	1	11	0.3	9	1	10	0.4
Total	**3,414**	**104**	**(a)3,523**	**100.0**	**2,256**	**63**	**(a)2,322**	**100.0**

(a) Includes persons whose sex was reported as transexual.
Source: Australian HIV Surveillance Report.

Causes of death

Information relating to crude death rates and life expectancy is contained in the chapter, Demography.

All ages. Causes of death in Australia are classified according to the Ninth Revision of the International Classification of Diseases (ICD) produced by the WHO. Table 9.15 shows the number of deaths registered during 1991, classified to broad groupings of causes of death.

The major causes of death in the community in 1991 remained diseases of the circulatory system (accounting for 44.5%), neoplasms (26.5%), diseases of the respiratory system (7.5%) and accidents, poisonings and violence (6.5%). In 1991, fewer than one per cent of all deaths were due to infections and parasitic diseases.

9.15 CAUSES OF DEATH IN EACH AGE GROUP, 1991

	Age group (years)									
Causes of death	*<1*	*1–14*	*15–24*	*25–34*	*35–44*	*45–54*	*55–64*	*65–74*	*>74*	*Total (a)*
	NUMBER									
Infectious and parasitic diseases	26	34	13	26	48	49	86	138	410	830
Neoplasms	11	116	151	369	1,112	2,618	5,828	9,701	11,703	31,609
Endocrine, nutritional and metabolic diseases and immunity disorders	16	25	29	148	230	229	393	778	1,510	3,358
Diseases of the nervous system and sense organs	42	81	75	58	88	103	175	386	1,340	2,348
Diseases of the circulatory system	11	22	69	184	626	1,636	4,711	11,895	33,852	53,010
Diseases of the respiratory system	51	39	53	64	92	215	859	2,397	5,135	8,906
Diseases of the digestive system	7	5	7	64	165	271	527	857	2,160	4,063
Congenital anomalies	475	76	48	38	25	28	30	30	28	778
All other diseases(b)	796	10	87	164	119	151	313	801	3,440	5,881
Signs, symptoms and ill-defined conditions	364	19	13	27	18	21	23	32	142	660
Accidents, poisonings and violence	37	362	1,533	1,455	1,054	779	651	682	1,148	7,703
All causes	**1,836**	**789**	**2,078**	**2,597**	**3,577**	**6,100**	**13,596**	**27,697**	**60,868**	**119,146**

For footnotes *see* end of table.

9.15 CAUSES OF DEATH IN EACH AGE GROUP, 1991 — *continued*

Causes of death	*Age group (years)*								*Total (a)*
	<1	*1–14*	*15–24*	*25–34*	*35–44*	*45–54*	*55–64*	*65–74*	*>74*	
	RATE(c)									
Infectious and parasitic diseases	10	1	(d)	1	2	3	6	12	54	5
Neoplasms	4	3	5	13	42	140	398	822	1,550	183
Endocrine, nutritional and metabolic diseases and immunity disorders	6	1	1	5	9	12	27	66	200	19
Diseases of the nervous system and sense organs	16	2	3	2	3	6	12	33	177	14
Diseases of the circulatory system	4	1	2	6	24	87	322	1,009	4,483	307
Diseases of the respiratory system	20	1	2	2	4	11	59	203	680	52
Diseases of the digestive system	3	(d)	(d)	2	6	14	36	73	286	23
Congenital anomalies	185	2	2	1	1	1	2	3	4	4
All other diseases(b)	309	(d)	3	6	5	8	21	68	456	34
Signs, symptoms and ill-defined conditions	141	1	(d)	1	1	1	2	3	19	4
Accidents, poisonings and violence	14	10	55	51	40	42	44	58	152	45
All causes	**714**	**22**	**75**	**91**	**136**	**326**	**929**	**2,350**	**8,061**	**689**
	PERCENTAGE(e)									
Infectious and parasitic diseases	1.4	4.3	0.6	1.0	1.3	0.8	0.6	0.5	0.7	0.7
Neoplasms	0.6	14.7	7.3	14.2	31.1	42.9	42.9	35.0	19.2	26.5
Endocrine, nutritional and metabolic diseases and immunity disorders	0.9	3.2	1.4	5.7	6.4	3.8	2.9	2.8	2.5	2.8
Diseases of the nervous system and sense organs	2.3	10.3	3.6	2.2	2.5	1.7	1.3	1.4	2.2	2.0
Diseases of the circulatory system	0.6	2.8	3.3	7.1	17.5	26.8	34.6	42.9	55.6	44.5
Diseases of the respiratory system	2.8	4.9	2.6	2.5	2.6	3.5	6.3	8.7	8.4	7.5
Diseases of the digestive system	0.4	0.6	0.3	2.5	4.6	4.4	3.9	3.1	3.5	3.4
Congenital anomalies	25.9	9.6	2.3	1.5	0.7	0.5	0.2	0.1	(f)	0.7
All other diseases(b)	43.4	1.3	4.2	6.3	3.3	2.5	2.3	2.9	5.7	4.9
Signs, symptoms and ill-defined conditions	19.8	2.4	0.6	1.0	0.5	0.3	0.2	0.1	0.2	0.6
Accidents, poisonings and violence	2.0	45.9	73.8	56.0	29.5	12.8	4.8	2.5	1.9	6.5
All causes	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

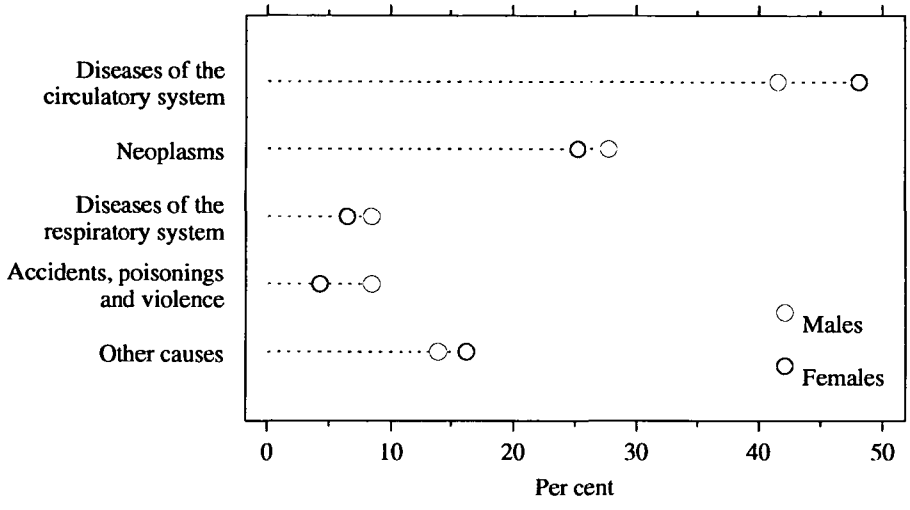
(a) Total includes 8 deaths where age is not known. (b) Includes 798 deaths from conditions originating in the perinatal period and 1,969 deaths from diseases of the genitourinary system. (c) Rates are per 100,000 of population at risk, except for children under one year of age which are per 100,000 live births registered. (d) Less than 0.5. (e) Percentage of all deaths within each age group. (f) Less than 0.05.

Source: Causes of Death, Australia (3303.0).

The relative importance of groups of causes of death varies with age. Diseases of the circulatory system and neoplasms are predominant in middle and old age. Accidents, particularly those involving motor vehicles, are the primary cause of death in childhood and early adulthood. The majority of infant deaths (62.2% in 1991) occur within less than 28 days of birth.

As well as differing by age, the relative significance of certain causes of death also varies by sex, as illustrated in graph 9.16.

9.16 CAUSES OF DEATH: MALES AND FEMALES, 1991



Source: Causes of Death, Australia (3303.0).

There has been an upward trend in the number and rates of death by suicide in recent years, which is concentrated among males. In 1991, the total of 2,360 suicide deaths exceeded the 2,112 people killed in road traffic accidents.

9.17 SUICIDE DEATHS, BY SEX AND AGE GROUP, 1971–91

	1971	*1976*	*1981*	*1986*	*1987*	*1988*	*1989*	*1990*	*1991*
					MALES				
Age group (years)									
<25	190	187	242	302	349	394	342	385	382
25–44	389	420	490	646	723	710	704	742	823
45–64	412	334	353	368	448	384	380	380	407
>64	159	155	173	215	252	242	232	228	235
Total(a)	*1,150*	*1,098*	*1,259*	*1,531*	*1,773*	*1,730*	*1,658*	*1,735*	*1,847*
Rate(b)	18	16	17	19	22	21	20	20	21
					FEMALES				
Age group (years)									
<25	70	51	57	73	81	61	47	60	88
25–44	214	119	147	166	168	187	178	173	200
45–64	230	183	146	144	132	131	122	105	144
>64	74	53	63	68	86	88	91	88	81
Total(a)	*588*	*406*	*413*	*451*	*467*	*467*	*438*	*426*	*513*
Rate(b)	9	6	6	6	6	6	5	5	6
					PERSONS				
Total(a)	1,738	1,504	1,672	1,982	2,240	2,197	2,096	2,161	2,360
Rate(b)	13	11	11	12	14	13	12	13	14

(a) Total includes suicide deaths where age was not stated. (b) Per 100,000 of estimated resident population.
Source: Unpublished ABS data under the title Causes of Deaths, Australia (3303.0).

Perinatal deaths. Since deaths within less than 28 days of birth (neonatal deaths) are mainly due to conditions originating before or during birth, and the same conditions can cause fetal death (stillbirth), special tabulations are prepared combining the two. These are termed 'perinatal deaths'. The statistical definition of perinatal deaths in Australia was amended in 1979 from that previously used, in accordance with a recommendation of the Ninth Revision Conference (1975) of the World Health Organization 'that national perinatal statistics should include all fetuses and infants delivered weighing at least 500 grams (or, when birth-weight is unavailable, the corresponding gestational age (22 weeks) or body length (25 cm crown–heel), whether alive or dead'. Table 9.18 incorporates a further recommendation of the Conference in that it shows the number of fetal, neonatal and total perinatal deaths in Australia classified by both the main condition in the fetus/infant and the main condition in the mother.

The perinatal death rate for Australia decreased from 10.27 per 1,000 total births in 1990 to 9.63 in 1991.

Of the conditions in the child, the three main groups responsible for perinatal deaths were Hypoxia, birth asphyxia and other respiratory conditions (38.0% of the total), Other conditions originating in the perinatal period (24.0%) and Congenital anomalies (20.6%). 41.9 per cent of all perinatal deaths did not mention any condition in the mother as contributing to the death. Where maternal conditions were reported, 29.2 per cent of all perinatal deaths were reported as being due to Complications of placenta, cord and membranes.

9.18 PERINATAL DEATHS BY CAUSE, 1991

	Number of deaths			*Rate*		
Cause of death	*Fetal*	*Neonatal*	*Perinatal*	*Fetal(a)*	*Neonatal (b)*	*Perinatal (a)*
Conditions in fetus/infant						
Slow fetal growth, fetal malnutrition and immaturity	99	142	241	0.38	0.55	0.93
Birth trauma	1	20	21	—	0.08	0.08
Hypoxia, birth asphyxia and other respiratory conditions	667	280	947	2.58	1.09	3.66
Fetal and neonatal haemorrhage	25	67	92	0.10	0.26	0.36
Haemolytic disease of fetus or newborn	8	2	10	0.03	0.01	0.04
Other conditions originating in the perinatal period	507	90	597	1.96	0.35	2.31
Congenital anomalies	161	351	512	0.62	1.36	1.98
All other causes	10	60	70	0.04	0.23	0.27
Conditions in mother						
Maternal conditions which may be unrelated to present pregnancy	171	70	241	0.66	0.27	0.93
Maternal complications of pregnancy	133	304	437	0.51	1.18	1.69
Complications of placenta, cord and membranes	594	134	728	2.30	0.52	2.81
Other complications of labour and delivery	26	15	41	0.10	0.06	0.16
No maternal condition reported	554	489	1,043	2.14	1.90	4.03
All causes						
1991	1,478	1,012	2,490	5.71	3.93	9.63
1990	1,590	1,122	2,712	6.02	4.27	10.27
1989	1,451	1,058	2,509	5.75	4.22	9.95
1988	1,473	1,164	2,637	5.95	4.73	10.65
1987	1,432	1,159	2,591	5.84	4.75	10.56

(a) Per 1,000 births registered (live births and stillbirths) weighing 500 grams or more at birth. (b) Per 1,000 live births registered weighing 500 grams or more at birth.

Source: Perinatal Deaths, Australia (3304.0).

HOSPITALS

Repatriation hospitals and institutions

Details of repatriation hospitals, institutions and other facilities are given in the chapter, Social Security and Welfare.

Mental health institutions

The emphasis has shifted from institutions for care of patients certified insane to a range of mental health services provided for in-patients and outpatients at psychiatric hospitals, admission and reception centres, day hospitals, outpatient clinics, training centres, homes for the mentally ill and geriatric patients, psychiatric units in general hospitals, and the like. The presentation of meaningful statistics of mental health services has become increasingly difficult because of a shift since the 1970s away from institutional care of mental patients. Statistics relating to mental health institutions are available from relevant agencies in most States.

Hospital statistics

A major factor in the cost of health care in Australia is hospital treatment of patients. Attempts to measure the number of in-patients treated and bed-days involved for each disease or injury have been going on for some years, but as coverage is incomplete it is not possible to present national statistics. Figures for Victoria, Queensland, and South Australia, however, are published in the ABS publications *Public Hospital Morbidity, Victoria* (4301.2), *Hospital Morbidity, Queensland* (4303.3) and *Hospital Statistics, South Australia* (4308.4) (ABS/SAHC). Statistics for New South Wales, Western Australia, Tasmania, the Northern Territory and the Australian Capital Territory are available from the relevant State and Territory health authorities.

In 1992, the Australian Bureau of Statistics introduced a new national statistical collection to obtain information on facilities, activities, staffing and expenses from all private hospitals in Australia. This collection will be for the 1991–92 financial year. This information will contribute to the first comprehensive set of national statistics relating to hospitals. The collection is based on the National Minimum Dataset for Institutional Health Care developed by the Australian Institute of Health and Welfare through the Australian Health Ministers' Advisory Council.

HEALTH WORK FORCE

Health personnel

Between 1981 and 1991, total employment in the health industry increased from 406,100 to 580,000 people (about 6.8% of the civilian labour force and 7.6% of all employed persons). In that period, the average annual increase in employment in the health industry was 3.6 per cent, compared with increases of 2.3 per cent in the civilian labour force (which includes employed and unemployed people) and 1.8 per cent in the number of persons employed in industries other than the health industry. Between 1990 and 1991, the number of people working in the health industry increased by almost 4 per cent, compared with an increase of 0.7 per cent in the civilian labour force and a decrease of 2.0 per cent in the number of employed persons in other industries.

Employment in selected health occupations

At present, detailed figures of the numbers of people employed in different occupations in the health industry on a national basis are available only through the ABS five-yearly population censuses. At the request of Australian Health Ministers' Advisory Council (AHMAC), the Australian Institute of Health and Welfare (AIHW) is working on the development of a National Health Labourforce Collection, which will cover all registered health occupations. According to the 1986 Census there were 32,790 medical practitioners (23,790 general practitioners and 9,000 specialists) and 138,220 registered nurses in Australia (table 9.19).

In an attempt to improve medical work force data, AHMAC established a Medical Workforce Data Review Committee (MWDRC) in 1989. In a recent report to AHMAC, the MWDRC (1992) estimated that there were between 38,500 and 42,000 active medical practitioners in Australia, representing a doctor:population ratio of between 225 and 239 per 100,000. Other evidence presented in the Committee's report suggests that the doctor:population ratio for Australia is slightly lower than that for Canada and the United States, and higher than that for New Zealand and the United Kingdom. The Committee recommended that AHMAC should establish, as a planning target, a ratio of around 200 medical practitioners per 100,000.

9.19 PERSONS EMPLOYED IN SELECTED HEALTH OCCUPATIONS BY SEX, 30 JUNE 1986

Occupation	Males (%)	Females (%)	Persons (no.)
Dental nurses	1	99	8,800
Dentists	86	14	6,310
Medical practitioners			
General practitioners	75	25	23,790
Specialists	84	16	9,000
Nurses			
Enrolled	6	94	35,220
Registered	8	92	138,220
Occupational therapists	7	93	2,770
Pharmacists	61	39	10,640
Physiotherapists	16	84	5,930
Radiographers	37	63	4,270
Speech pathologists	4	96	1,320

Source: Characteristics of Persons Employed in Health Occupations, Australia, Census of Population and Housing (4346.0).

HEALTH EXPENDITURE

Health expenditure by Australian governments and individuals in 1990–91 was $30.9 billion or $1,796 per person. Health expenditure per person increased at an average annual rate of 2.2 per cent in real terms between 1984–85 and 1990–91. Health expenditure as a proportion of gross domestic product (GDP) was estimated to be 8.1 per cent in 1990–91. This increase from the previous year's ratio of 7.6 per cent is the result of the fall in real GDP during the recession, rather than because of a large health expenditure increase. Real health expenditure grew by only 3.1 per cent in 1990–91. This was lower than the average of 4.0 per cent over the previous five years. The average annual growth rate in real health expenditure for the period after the introduction of Medicare from 1984–85 to 1990–91 was 3.8 per cent. The growth rate in the last three years has been lower than during the first three years of the period.

9.20 TOTAL HEALTH EXPENDITURE AND RATE OF GROWTH, 1982–83 TO 1990–91

	Amount ($m)		Rate of growth (%)	
Year	Current prices	Constant 1984–85 prices(a)	Current prices	Constant 1984–85 prices(a)
1982–83	13,241	14,967	..	..
1983–84	14,957	15,916	13.0	6.3
1984–85	16,541	16,541	10.6	3.9
1985–86	18,575	17,427	12.3	5.4
1986–87	21,091	18,124	13.5	4.0
1987–88	23,276	18,749	10.4	3.5
1988–89	26,145	19,677	12.3	4.9
1989–90(b)	28,381	20,111	8.6	2.2
1990–91(b)	30,923	20,729	9.0	3.1

(a) Health expenditure 1982–83 to 1990–91 deflated to constant prices using specific health deflators (AIHW 1991, *Health Expenditure Information Bulletin* No. 6, Table 16, and AIHW unpublished data). (b) Based on preliminary ABS estimates.
Source: Australian Institute of Health and Welfare, Health Expenditure Bulletin, No. 7, July 1992.

HEALTH INSURANCE AND BENEFITS

Medicare

Details of the health financing arrangements under the Medicare program introduced by the Commonwealth Government in February 1984 are available in *Year Book Australia 1984.*

The Medicare levy was increased from 1 per cent to 1.25 per cent of taxable income on 1 December 1986 and is to increase to 1.4 per cent on 1 July 1993.

From 1 July 1992 no levy is payable by single people earning less than $11,887 per annum or by sole parents and married couples with combined income of less than $20,070 per annum, with a further $2,100 per annum allowed for each dependent child.

'Shading-in' arrangements apply in respect of persons with taxable incomes marginally above the threshold.

Medicare benefits. The Health Insurance Act provides for a Medicare Benefits Schedule which lists medical services and a schedule fee applicable in respect of each medical service. The Schedule covers services attracting Medicare benefits rendered by legally qualified medical practitioners, certain prescribed services rendered by approved dentists and optometrical consultations by optometrists. Medical services in Australia are generally delivered by either private medical practitioners on a fee-for-service basis, or medical practitioners employed in hospitals and community health centres. The Schedule is constantly being reviewed through ongoing consultation with the medical profession and it is updated twice yearly to reflect current medical practice.

Medicare benefits are payable at the rate of 85 per cent of the schedule fee services except those for private in-patients in hospitals.

For medical services rendered to private in-patients in hospitals or day-hospital facilities, the level of Medicare benefit is 75 per cent of the schedule fee for each item with no maximum patient gap. The private health insurance funds cover the remaining 25 per cent gap (that is, up to the level of the schedule fee) for insured patients.

Fee-for-service rebates are paid at differential rates if a medical practitioner has been recognised by the Minister for Community Services and Health as a specialist or consultant physician (or psychiatrist) and the patient has been referred by another practitioner. Similar arrangements apply to general practitioners who are vocationally registered.

Currently, Australia has reciprocal health care agreements with the United Kingdom, New Zealand, Italy, Sweden, Malta, Finland and the Netherlands whereby Australian visitors to those countries, and from those countries to Australia, are entitled to access the host country's public health system for immediately necessary medical and hospital treatment.

In 1991–92 claims associated with 157 million services were processed by the Health Insurance Commission involving benefit payments of $4,584 million. Summary statistics on benefits paid for medical services are provided in tables 9.21 and 9.22.

9.21 MEDICARE: NUMBER OF SERVICES, BENEFITS PAID AND PERCENTAGE OF SERVICES DIRECT BILLED, 1991–92

	NSW	*Vic.*	*Qld*	*SA*	*WA*	*Tas.*	*NT*	*ACT*	*O'seas*	*Aust.*
Number of services ('000)	59,875	37,956	26,527	12,713	12,894	3,727	921	2,172	3	156,788
Benefits paid ($ million)	1,755.4	1,117.8	767.3	381.6	365.9	106.3	25.2	64.0	0.1	4,583.6
Direct billed (per cent)	67.0	59.3	63.1	58.3	63.0	50.4	66.6	50.4	80.0	62.8

Source: Commonwealth Department of Health, Housing and Community Services.

Hospital benefits. From 1 February 1984, basic public hospital services have been provided free of charge. Under Medicare, in-patient accommodation and care in a shared ward by a doctor employed by a public hospital are provided free of charge, together with a range of casualty and outpatient services. The scheme does not cover hospital charges for private accommodation in a public hospital, private hospital treatment, nor care in a public hospital by a doctor of the patient's choice. It is possible, however, for persons to take out hospital insurance with registered health benefits organisations to cover these situations and Medicare benefits are available for private medical practitioners' charges in respect of those medical services provided in hospital.

9.22 MEDICARE BENEFITS BY BROAD TYPE OF SERVICE, 1991–92
($ million)

Type of service	*NSW*	*Vic.*	*Qld*	*SA*	*WA*	*Tas.*	*NT*	*ACT*	*O'seas*	*Aust.*
GP attendances										
VRGP(a)	364.2	247.3	195.3	104.8	78.2	28.5	3.2	17.5	—	1,038.9
Non-VRGP	283.8	178.2	94.7	41.4	59.4	14.2	5.5	7.1	—	684.4
Other GP	15.6	11.9	7.6	9.0	5.0	1.6	0.2	0.5	—	51.4
Total	*663.6*	*437.3*	*297.6*	*155.2*	*142.6*	*44.2*	*9.0*	*25.0*	—	*1,774.6*
Specialist attendances	272.5	187.3	104.6	64.8	48.5	15.3	2.5	9.7	—	705.2
Obstetrics	20.9	16.3	8.6	4.6	5.5	1.6	0.6	1.3	—	59.3
Anaesthetics	32.3	26.6	16.0	8.4	7.5	2.4	0.5	1.2	—	94.9
Pathology	248.0	138.0	119.4	42.7	53.5	13.6	5.4	8.2	—	628.8
Diagnostic imaging	238.5	133.9	88.8	43.0	49.4	12.4	3.4	8.5	—	577.7
Operations	172.3	112.0	88.1	40.7	36.8	10.5	2.3	6.1	—	468.8
Assistance at operations	6.1	5.4	4.6	2.8	0.9	0.3	0.1	0.2	—	20.4
Radio and nuclear med. therapy	8.1	3.9	2.4	1.5	1.6	0.7	0.1	0.4	—	18.7
Optometry	39.1	25.3	18.4	8.0	9.5	3.2	0.9	1.7	—	106.2
Miscellaneous	53.9	31.7	18.9	10.0	10.1	2.2	0.4	1.7	—	128.9
Total	**1,755.4**	**1,117.8**	**767.3**	**381.6**	**365.9**	**106.3**	**25.2**	**64.0**	**0.1**	**4,583.6**

(a) Vocationally Registered General Practitioners.
Source: Commonwealth Department of Health, Housing and Community Services.

Patients who are accommodated in either private or public hospitals for continuous periods in excess of 35 days and who have not been certified as acute care patients, are classified as nursing home-type patients and are required to make a statutory non-insurable patient contribution in the same way that a patient in a nursing home does. For a private nursing home-type patient in a public hospital, fees are reduced and hospital benefits paid by registered health benefits organisations are decreased accordingly. These patients are also required to make the patient contribution. In a private hospital, the benefits are reduced to $100 a day, less the amount of the patient contribution. Any charges by private hospitals in excess of available benefits plus the statutory patient contribution become the responsibility of the patient.

Where a patient's doctor considers that a patient has continuing need of acute care, the doctor may issue a certificate under section 3B of the Health Insurance Act to that effect, and the nursing home-type patient arrangements do not apply. The arrangements also provide for a review mechanism in the form of the Acute Care Advisory Committee which, when requested (for example, by a private health fund) to do so, may review such certificates and recommend that they be varied or revoked.

Since 1 October 1986 basic health insurance benefits for patients in private hospitals have been structured according to a system of patient classification. Under this system, basic health insurance benefits are set to more appropriately relate hospital costs to the actual medical needs (that is, complexity of service) of patients. Initially there were three classification groupings: advanced surgical, surgical/obstetric and other (medical) patients. These groupings were expanded from 1 March 1987 to include psychiatric and rehabilitation patients. Additional supplementary health insurance benefits for higher private hospital charges are similarly orientated towards the patient classification model.

In December 1989, differential Basic Table benefits were introduced. Previously only one flat level of benefit was available, now there are four levels with the top level (Band 4) being equivalent to an overnight stay benefit. The purpose is to promote and encourage greater use of day surgery. Current statistics indicate that day surgery is an accepted everyday occurrence in overseas countries. Australia has the potential to emulate those practices and the differential day benefit arrangement is a crucial factor in expounding the benefits of day surgery to the Australian health industry.

Health insurance coverage

Surveys about the levels and types of private health insurance cover in the Australian community have been conducted for the years 1979–84, 1986, 1988, 1990 and 1992. The 1984 survey covered employed wage and salary earners in capital cities only.

Results of the June 1992 survey showed that 47.8 per cent of the population was covered by private health insurance, with 43.0 per cent covered for hospital expenses and 38.8 per cent for expenses associated with ancillary services such as dental, physiotherapy and ambulance. However, the proportion covered and the types of cover held differed markedly according to the type of contributor unit to which the persons belonged (tables 9.23 and 9.24).

9.23 CONTRIBUTORS: COMPOSITION OF UNIT(a) BY TYPE OF PRIVATE HEALTH INSURANCE, JUNE 1992

	With private health insurance						
Composition of contributor unit	*Hospital and ancillary*	*Hospital only*	*Ancillary only*	*Type of insurance not known*	*Total*	*Without private health insurance*	*Total*
				— '000 —			
Contributor only	1,106.2	337.4	138.5	51.1	1,633.2	2,672.0	4,305.3
Contributor and dependant children	169.3	35.6	48.9	10.3	264.2	967.8	1,231.9
Contributor and partner only	1,319.8	409.3	92.8	14.6	1,836.6	1,725.9	3,562.4
Contributor, partner and dependant children	3,369.4	671.9	439.3	26.7	4,507.4	3,629.7	8,137.0
Total(b)	**5,964.8**	**1,454.3**	**719.5**	**102.8**	**8,241.4**	**8,995.3**	**17,236.7**
				— per cent —			
Contributor only	25.7	7.8	3.2	1.2	37.9	62.1	100.0
Contributor and dependant children	13.7	2.9	4.0	0.8	21.4	78.6	100.0
Contributor and partner only	37.0	11.5	2.6	0.4	51.6	48.4	100.0
Contributor, partner and dependant children	41.4	8.3	5.4	0.3	55.4	44.6	100.0
Total(b)	**34.6**	**8.4**	**4.2**	**0.6**	**47.8**	**52.2**	**100.0**

(a) A contributor unit consists of a contributor plus all persons in the same family who are covered by the health insurance arrangements of the contributor. The term also applies to those families or members within families not covered by private health insurance. (b) Includes dependant members or contributor units reporting single rate insurance who were not therefore covered by that insurance and are not included elsewhere in the table.

Source: Health Insurance Survey, Australia (4335.0).

9.24 COMPARISON OF NUMBER OF PERSONS WITH PRIVATE HEALTH INSURANCE 1986 TO 1992

	March 1986	*June 1988r*	*June 1990*	*June 1992*
		— '000 —		
With private health insurance	8,208.1	8,663.8	8,916.7	8,241.4
Without private health insurance	7,170.0	7,891.3	8,220.4	8,995.3
Total(a)	**15,457.2**	**16,573.3**	**17,160.2**	**17,259.0**
		— per cent —		
With private health insurance	53.1	52.3	52.0	47.8
Without private health insurance	46.4	47.6	47.9	52.1
Total(a)	**100.0**	**100.0**	**100.0**	**100.0**

(a) Includes persons for whom insurance details were unknown.
Source: Health Insurance Survey, Australia (4335.0).

Pharmaceutical Benefits Scheme

The Scheme (PBS) was established under the provisions of the *National Health Act 1953* and provides a large range of drugs and medicinal preparations. These can be prescribed by medical and dental practitioners for the Australian community. The medicines can be dispensed by an approved pharmacist upon presentation of a prescription.

Depending on the circumstances, the patient may pay as little as $2.60, and should pay no more than $15.90, for the same medicine. (These figures are adjusted for inflation once a year.)

If the patient is a pensioner or other client of either the Department of Social Security, or the Department of Veterans' Affairs they should have one of the following approved concession cards:

- Pensioner Health Benefits Card;
- Health Benefits Card;
- Pharmaceutical Benefits Concession Card;
- Health Care Card; and
- Veterans' Affairs Lilac or Red Cards.

These cards entitle the pensioner to pay no more than $2.60 for each prescription item. A compensatory payment of $2.60 per week is added to the pension to cover this cost.

There is a safety net limit on payments for PBS medicines. It is especially designed for people who are chronically ill and for families who have a lot of unexpected sickness in a particular year.

The safety net limit varies according to the patient's circumstances, but for most families it is $361.50 each calendar year. (This figure is adjusted for inflation at the beginning of each calendar year.) Once the patient or his/her immediate family has spent $309.90 on PBS medicines in a year, they need only pay $2.60 for additional PBS items. When they have spent another $51.60 in this way they are able to get PBS medicines free for the rest of the calendar year.

If the patient holds one of the special concession cards listed earlier, the safety net limit is $135.20 per calendar year (similarly adjusted for inflation). When the patient has spent $135.20 on PBS medicines for themselves and/or his/her dependants they can get further PBS medicines free for the rest of the year.

In 1991–92, the total cost of the PBS, including patient contribution of prescriptions processed for payment, was $1,455 million (table 9.25). This figure does not include the cost of drugs supplied through special arrangements, such as the Royal Flying Doctor Service, methadone maintenance programs and hormone treatment programs.

NATIONAL HEALTH STRATEGY

The Minister for Health, Housing and Community Services, announced the establishment of the National Health Strategy on 21 August 1990. The aim of the strategy is to refine and improve Medicare, deal with pressures in the health system, and combat future problems.

The strategy's terms of reference cover:

- the distribution of health costs and their impact on individuals and families;
- factors creating demand for medical services, and options to contain costs at reasonable levels;
- identification of the causes of the increasing demand for and costs of hospital services and of options to contain demand and cost while maintaining accepted standards of quality and access;
- the role of the private sector, particularly private hospitals and private health insurance, in relation to Medicare and the Australian health care delivery system;
- methods to stimulate an increased focus on preventive services and integrate them with community services and hospital and medical services;
- service delivery systems that better integrate health and community services;
- the effect of current financial and organisational arrangements on effective health care delivery; and
- the balance between supply and demand for health workers.

The strategy is exploring the arrangements under which health services are funded by a variety of measures involving the Commonwealth Government, State and Territory Governments, private health insurance and patient contributions. In particular, the strategy is examining how fragmentation of responsibility, uncertainty due to artificial boundaries, historical arrangements, and undefined roles between the Commonwealth, the States and Territories, and the public and private sectors have hindered efficient health care planning and delivery.

9.25 NUMBER AND COST OF THE THIRTY MOST FREQUENTLY PRESCRIBED DRUG GROUPS, 1991–92

	Prescriptions		*Total cost of prescriptions*	
Drug group	*'000*	*%*	*$'000*	*%*
Anti-asthmatics and anti-bronchitics	9,134	9.70	155,080	10.66
Antihypertensives (other than Beta-blockers)	6,774	7.20	209,321	14.38
Benzodiazepines, sedatives and hypnotics	6,207	6.59	32,049	2.20
Penicillins	5,799	6.16	72,716	5.00
Non-steroidal anti-inflammatory drugs	5,630	5.98	63,843	4.39
Anti-anginals	4,349	4.62	84,976	5.84
Beta-blockers	3,514	3.73	36,203	2,49
Anti-depressants	3,292	3.50	28,421	1.95
Non-narcotic analgesics	3,090	3.28	19,250	1.32
Diuretics	3,039	3.23	30,274	2.08
Narcotic analgesics	2,383	2.53	19,213	1.32
Drugs for gastric and duodenal ulcers	2,318	2.46	94,947	6.52
Water, salts and electrolytes	2,204	2.34	17,215	1.18
Topical corticosteroids	2,166	2.30	14,660	1.01
Anti-hyperlipidaemics	2,110	2.24	102,499	7.04
Tetracyclines	1,904	2.02	17,380	1.19
Anti-emetics	1,691	1.80	13,464	0.92
Eye preparations(a)	1,556	1.65	17,026	1.17
Sex hormones (other than oral contraceptives)	1,441	1.53	29,655	2.04
Eye anti-irritants and anti-allergics	1,411	1.50	11,463	0.79
Vaccines	1,248	1.32	23,157	1.59
Sulphonamides and urinary antiseptics	1,247	1.32	10,746	0.74
Topical antifungals	1,233	1.31	8,120	0.56
Antacids	1,228	1.30	10,843	0.74
Cephalosporins	1,186	1.26	13,558	0.93
Anti-diabetics (other than insulins)	1,149	1.22	15,523	1.07
Systemic corticosteroids	1,060	1.13	9,856	0.68
Macrolides — antibiotics	1,025	1.09	8,587	0.59
Oral contraceptives	945	1.00	12,096	0.83
Anti-epileptics	902	0.96	25,520	1.75
Other drug groups	12,886	13.69	247,759	17.02
Total	**94,121**	**100.00**	**1,455,420**	**100.00**

(a) Other than antivirals, antibacterials, anti-irritants and anti-allergics.

Note: Includes patients' contributions. Excludes government expenditure on miscellaneous services. Includes extemporaneously prepared items in other drug groups. Includes Doctor's Bag items.

Source: Commonwealth Department of Health, Housing and Community Services.

Mental health

Commonwealth funding of $135 million over six years was approved in the 1992 Budget to assist in implementing the National Mental Health Policy to accelerate the process of reform in the mental health sector. Of this approximately $107 million will be made available directly to the States and Territories, about $22 million will be allocated to innovate projects of national significance, and $5 million will be used to support a mental health research network.

The main objectives of the reform process include: providing community-based mental health services to replace outdated, inefficient psychiatric institutions; improving consumer rights; reforming mental health legislation; restructuring the mental health work force; and promoting mental health and community awareness of mental health problems and mental disorders.

COMMONWEALTH GOVERNMENT SUBSIDIES AND GRANTS TO ORGANISATIONS

The Commonwealth Government gives financial assistance to certain organisations concerned with public health. Examples of organisations included in this category are outlined below.

Commonwealth Government funding of hospitals

In 1991–92 hospital funding grants by the Commonwealth Government, totalling $3,784 million to the States and Territories, provided $3,705 million for hospital and related services; $43 million for incentives in the areas of post-acute and palliative care and day surgery procedures; $36 million towards hospital care for AIDS patients; and an additional $2.581 million was allocated for National Diagnosis Related Groups (Casemix) projects.

Homeless youth

The Innovative Health Services for Homeless Youth Program was established in 1989 as part of the $100 million strategy 'Towards Social Justice for Young Australians'. The Program develops and implements innovative primary health care services for homeless youth. The Commonwealth has allocated $7 million over four years to this program ($14 million when cost shared with States and Territories).

Emphasis is being placed on community involvement in service delivery, and on the coordination of this Program with other Commonwealth and State programs directed at homeless youth.

The ultimate objective of the Program is to encourage a more positive attitude among homeless young people towards their personal health care.

Family planning program

Commonwealth funding is provided to approved non-government organisations to assist them to provide clinical and non-clinical services associated with family planning. Eligible activities may include medical practitioner and nursing services; training of health professionals in family planning techniques; counselling services for clients; preparation and dissemination of information and publicity; workshops; and research. The Commonwealth allocation for family planning in 1992–93 was $13.9 million.

Women's health

In addition to the following, the section on the national health survey earlier in this chapter contains statistics on certain women's health issues.

National Women's Health Program. This Program, which commenced in 1989–90, is a four year, $33.7 million program which aims to improve the health and well-being of all women in Australia with a focus on those most at risk, and to encourage the health system to be more responsive to the health needs of women. The Program is cost shared with the States and Territories on a dollar for dollar basis. The Program provides funding to the following components: improvements in health services for women; establishment of an information and education strategy; and for the provision of training and education on women's health issues for health care professionals.

Alternative Birthing Services Program. In recognition of increased community desire for greater choice in birthing services, the Commonwealth introduced a $6.4 million four year incentive package in 1989–90 to assist States and Territories to provide a range of alternative birthing services.

National Program for the Early Detection of Breast Cancer. In 1990, the Commonwealth Government committed $64 million for the first three years of this National Program which is being implemented over five years. The goal of the Program is to reduce mortality and morbidity from breast cancer which is a major cause of death amongst women.

A national network of dedicated and accredited breast cancer screening and assessment services is being established within each participating State or Territory to provide screening to women over 40 years of age.

Following a start-up phase in which the Commonwealth provided $11.4 million to establish or expand screening services, the Program is being cost shared equally between the Commonwealth Government and State/Territory Governments.

Organised Approach to Preventing Cervical Cancer. In April 1992, all health ministers endorsed an Organised Approach to Preventing Cervical Cancer, which promotes:

- an increased number of women tested in the age range 11 to 70 years;
- more reliable and accessible services for taking, interpreting and reporting Pap tests;
- improved management of screen detected abnormalities; and
- monitoring and evaluation.

The Approach seeks to reduce mortality from cervical cancer from the current rate of 350 per year. Cervical cancer is largely preventable if detected and appropriately managed in its pre-cancerous stages.

Of the $23 million allocated to this program over four years by the Commonwealth, $17 million will be directed to the States/Territories for development of cervical cytology registries and supplementary field services to meet the needs of special groups. States/Territories will contribute a further $9 million.

The balance of the Commonwealth's contribution will go towards a comprehensive communication strategy directed towards service providers and women, reviews of quality assurance in cervical cytology and optimal management of abnormalities detected by screening.

National Health Advancement Program

The National Health Advancement Program (NHAP) replaces the National Health Promotion Program (NHPP) and the National Better Health Program (NBHP) following completion of their terms of agreement and subsequent evaluation.

The NHAP refocuses the aims of the previous Programs and builds upon their achievements. It aims to improve the health of all Australians through the commitment of $22.1 million in four target areas, with specific emphasis on reducing the health status inequalities of the lower socio-economic groups.

The four target areas are:

- further development, refinement and application of the new set of national health goals and targets into the Australian health system.
- establishment of a national framework to protect the health of all Australians from environmental impacts on their health and well-being, including the development of environment and health based guidelines, standards and indicators.
- implementation of the national food and nutrition policy in areas of nutrition education, information monitoring and surveillance, structural changes in the food supply and distribution to improve accessibility to affordable nutritious food, and programs for disadvantaged groups through local government initiatives.
- planning and development of a coordinated national injury control strategy to provide a framework applicable to injuries in the areas of the home, transport, workplace, sport, the community and injuries of a deliberate nature.

The funding arrangements include continuing arrangements of funds flowing to the participating States and Territories through the previous program and retention of funds from the development of the initiatives in the four target areas.

Public Health Education and Research Program

The Public Health Education and Research Program was one of the initiatives resulting from the 1985 Independent Review of

Research and Educational Requirements for Public Health and Tropical Health in Australia.

The program has funded (from 1986–87 to 1993–94) nine universities and research institutions throughout Australia, with the aim of strengthening public health education and research.

Royal Flying Doctor Service

The Royal Flying Doctor Service (RFDS) is a non-profit organisation providing medical and emergency evacuation services in rural and remote areas of Australia. Up to 90 per cent of the operating costs are shared between the Commonwealth Government and State/Territory Governments with the balance being provided by the RFDS, mainly through donations. The Commonwealth and the RFDS share on a 50:50 basis the costs of approved capital programs. During 1991–92 the Commonwealth contributed $11.49 million towards the operating costs and $2.86 million towards capital purchases.

Red Cross Blood Transfusion Service

The Blood Transfusion Service (BTS) is conducted by the Australian Red Cross Society throughout Australia. The operating costs of the BTS are met by the States/Territories paying 60 per cent, the BTS contributing 5 per cent of operating costs or 10 per cent of appeals and donations whichever is the lesser and the balance being met by the Commonwealth. The costs of jointly approved capital programs are cost shared between the Commonwealth and the State/Territories on a 50:50 basis. During 1991–92 the Commonwealth contributed $30.53 million towards the operating costs and $2.50 million towards the capital costs.

Australian Bone Marrow and Organ Donor Register

The organ and tissue donation strategies are aimed at increasing the rate of organ transplantation for patients suffering from diseases relating to bone marrow and organ degeneration, by increasing the number of donor organs available. The Commonwealth and the States share the cost of the Register and support activities related to organ donation and transplantation. In 1991–92 the Commonwealth contributed $500,000 towards the program.

National Heart Foundation of Australia

The Foundation is a voluntary organisation, supported almost entirely by public donations, established with the objective of reducing the toll of heart disease in Australia. It approaches this objective by programs sponsoring research in cardiovascular disease, community and professional education directed to prevention, treatment and rehabilitation of heart disease and community service programs including rehabilitation of heart patients, risk assessment clinics and surveys, and documentation of various aspects of heart disease and treatment of heart disease in Australia.

The Foundation's income in 1991 was $24.9 million of which $17.7 million was from public donations and bequests. Commonwealth, State and semi-government authorities made grants of $0.4 million for specific projects conducted by the Foundation. Since the inception of the Foundation, research has been a major function and a total of $6.4 million was expended in 1991 in grants to university departments, hospitals and research institutes and for fellowships tenable in Australia and overseas. It is notable however that with increasing opportunities for prevention and control of heart disease, the Foundation's education and community service activities are increasing significantly. In 1991 the expenditure on research, education and community service totalled $12.5 million.

In 1989 the National Heart Foundation repeated its 1980 and 1983 surveys of risk factor prevalence in Australia. The 1989 Risk Factor Prevalence Survey asked over 9,000 randomly selected adults aged 20 to 69 living in Australian capital cities about factors related to heart health, such as exercise, smoking and dietary habits. They also had their weight, blood pressure and blood cholesterol levels checked. The survey was undertaken in collaboration with the Australian Institute of Health and Welfare and Commonwealth Department of Health, Housing and Community Services. A major analysis of trends in risk factor prevalence over the three surveys is in progress. Copies of the report of the 1989 survey can be obtained from National Heart Foundation offices.

World Health Organization

The WHO is a specialised agency of the United Nations having as its objective the attainment by all peoples of the highest level of health. Australia is assigned to the Western Pacific Region, the headquarters of which is at Manila, and is represented annually at both the World Health Assembly in Geneva and the Regional Committee Meeting in Manila. Australia's contribution to WHO for 1992 was $7,336,126.

International Agency for Research on Cancer

The IARC was established in 1965 within the framework of the World Health Organization. The headquarters of the agency are located in Lyons, France. The objectives and functions of the agency are to provide for planning, promoting and developing research in all phases of the causation, treatment and prevention of cancer. Australia's contribution to the IARC for 1992 was $980,000.

NATIONAL HEALTH SERVICES AND ADVISORY ORGANISATIONS

Australian Health Ministers' Conference and the Australian Health Ministers' Advisory Council

The Australian Health Ministers' Conference (AHMC) and its advisory body, the Australian Health Ministers' Advisory Council (AHMAC) provide a mechanism for the Commonwealth Government, State and Territory Governments to discuss matters of mutual interest concerning health policy, services and programs. Neither the Conference nor the Council has statutory powers, and decisions are reached on the basis of consensus. Their constitution rests on the formal agreement by the Commonwealth Government, and State and Territory Governments of the membership and functions.

The AHMC comprises the Commonwealth, State and Territory Health Ministers. Other Commonwealth Ministers may be invited to speak on items relevant to their portfolio. The New Zealand and Papua New Guinea Health Ministers may attend meetings as observers.

Health services organisations

Australian Radiation Laboratory. The Laboratory is concerned with the development of national policy relating to radiation health and:

- formulates policy by developing codes of practice and by undertaking other regulatory, compliance, surveillance and advisory responsibilities at the national level with respect to public and occupational health aspects of radiation;
- maintains national standards of radiation exposure and radioactivity;
- provides advice in relation to the quality and use of radio-pharmaceutical substances; and
- in support of the above activities, undertakes research and development in the fields of ionising and non-ionising radiations which have implications for public and occupational health.

Therapeutic Goods Administration. The TGA is an organisation within the Department of Health, Housing and Community Services. Its role is to undertake activities with the goal of ensuring that therapeutic goods available in Australia are safe, effective and of high quality. Therapeutic goods include prescription drugs, non-prescription medicines, traditional remedies and all types of medical equipment (therapeutic devices).

TGA monitors the quality of therapeutic goods available in Australia by sampling products for testing and investigating problems and deficiencies. The various laboratories analyse therapeutic goods for acceptable quality and carry out developmental research associated with new or improved testing methods and the development of standards.

In 1991–92 tests were performed on 1,462 products for human use to check compliance with official standards. A total of 158 of these products failed to comply. Investigations were also conducted on reported drug (164) and device (700) problems. These investigations resulted in the recall of 5 drug products and 144 device products.

National Health and Medical Research Council

The NHMRC advises the Commonwealth Government and State Governments on matters of public health administration and the

development of standards and guidelines for pesticides, agricultural chemicals, water and air. It also advises the Commonwealth Government and State Governments on matters concerning the health of the public and on the merits of reputed cures or methods of treatment which are from time to time brought forward for recognition. The objective of the NHMRC is to advise the Australian community on the achievement and maintenance of the highest practicable standards of individual and public health and to foster research in the interests of improving those standards.

The Council has nominees of State and Territory health authorities, professional and scientific colleges and associations, unions, universities, business, consumer groups, welfare organisations, the Commonwealth administration, including the Aboriginal and Torres Strait Islander Commission, and conservation groups. The Council meets twice a year to consider and make decisions on reports from committees and working parties.

The NHMRC funds medical and public health research in Australia and supports many of the medical advances made by Australians. NHMRC is currently funding 1,039 research projects as well as providing block funding for several major research centres and institutes.

The Council advises the Commonwealth Minister for Health, Housing and Community Services on medical research and on the application of funds from the Medical Research Endowment Fund. NHMRC research funding is on a triennial arrangement. Expenditure for 1991–92 for medical research was $98.6 million. Funds are also appropriated for public health research through the Public Health Research and Development Committee. Expenditure in 1991–92 was $4.76 million.

Communicable Diseases Network — Australia

The Communicable Diseases Network — Australia was established in 1990 under the auspices of the National Health and Medical Research Council and the Australian Health Ministers' Advisory Council to enhance the national capability in communicable disease control. The Network's functions include: the collection, analysis and dissemination of surveillance information on communicable diseases, the coordination of responses to epidemic or endemic problems, development of policy recommendations for the NHMRC and AHMAC, and the training of public health professional staff.

Surveillance of communicable diseases is conducted using data derived from four major sources: notifiable diseases surveillance carried out by States and Territories, the Communicable Diseases Intelligence laboratory reporting schemes, reports from sentinel general practices (Australian Sentinel Practice Research Network of the RACGP), and from specialised schemes such as the Central Malaria Register.

Quarantine and inspection

The Australian Quarantine and Inspection Service (AQIS) carries significant health related responsibilities in export inspection and quarantine administration.

Export inspection activities are derived from the Export Control Act 1982, which is the principal legislation for export activities, and subordinate legislation comprising regulations enabled under this Act and Ministerial Orders made under these regulations.

Inspection covers meat, fish, dairy products, processed foods and vegetables, dried fruit, fresh fruit and vegetables, grains, horticultural and plant products, live animals, and some animal products. The aims of the inspectorate are to assist the export of Australian agricultural, forestry and fishery products by providing information, services and facilities that enable exporters to comply with the animal and plant health requirements of importing countries. It also aims to provide effective inspection services for food and other products under AQIS control to ensure they are safe and wholesome, are informatively described, meet international requirements and facilitate trade.

Inspection services are provided by AQIS on behalf of State Governments in New South Wales, Victoria, South Australia, the Northern Territory and the Australian Capital Territory for meat produced for domestic consumption. The total value of products inspected by AQIS in 1991–92 was approximately $9.4 billion. Of this, $4.7 billion worth of meat and meat products was inspected, of which about $3.2 billion worth was exported. In excess of $4.7 billion worth of non-meat products was

inspected by AQIS in 1991–92, all of which was exported.

AQIS' quarantine activities derive from the Quarantine Act 1908 and the Biological Control Act 1984. Programs are designed to address the risk of introduction of disease while enabling the importation of cleared agricultural products. Animal and plant health requirements are negotiated with exporting countries involving the latest technology for assistance of quarantine safety.

Quarantine activities are contracted to State Departments of Agriculture on the Commonwealth's behalf, and include both monitoring and surveillance elements. Monitoring covers incoming passengers, live animals, cargo and mail as well as incoming ships and aircraft. In summary, it involves clearance of over 4.83 million passengers arriving in Australia each year (growing at an annual rate of 0.6%) and over 610,000 container units. The discharge of ballast water from overseas shipping, estimated at some 66 million tonnes annually, poses a particular quarantine risk which is subject to specific control arrangements. Imports of biological materials for research, diagnosis and industry are also controlled.

The Australian National Parks and Wildlife Service coordinates and administers with AQIS the introduction and release of biological control agents aimed at combating existing pest and disease problems in Australia under the Biological Control Act.

Quarantine responsibilities include the administration of animal quarantine stations at Sydney, Melbourne, Adelaide and Perth and a high security quarantine station on Cocos (Keeling) Islands, and the supervision of a range of plant quarantine stations, private facilities for both animal and plant quarantine.

Consignments of high and medium risk imported foods are also subject to food inspection. Since July 1991, AQIS has sampled over 2,970 consignments of risk-categorised foods with over 200 failing to meet Australian food safety standards giving an overall failure rate of almost seven per cent. The major problems with imported food have been microbiological problems in cooked prawns and other crustaceans, molluscs, high aflatoxin levels in peanuts and heavy metals in fish. Of particular concern has been the incidence of failure in some canned foods, notably canned mushrooms. Where an overseas government's inspection system can be shown to provide equivalent safety assurances to Australia's food inspection system, food accompanied by that agency's certification is allowed entry without additional routine testing on arrival. Two such agreements were finalised in 1991–92 making a total of five currently operating.

AQIS has significant international involvement in the development of international food safety standards and related additions of hygiene and manufacturing practice by the joint FAO/WHO Food Standards Program (Codex Alimentarius Commission), and in the development of international approaches to plant and animal health and quarantine, animal welfare protocols in such international bodies as the office of International des Epizooties (OIE) and the Food and Agriculture Organisation of the United Nations.

Australian Institute of Health and Welfare

The Institute, established in 1987, is a statutory authority within the Health, Housing and Community Services portfolio. It is a Commonwealth health and welfare statistics and health research agency which, as part of its national role, also provides support to the States and Territories in these areas primarily through the Australian Health Ministers' Advisory Council, the standing Committee of Social Welfare Administrators and State and Territory housing authorities.

The mission of the Institute is to contribute to the improvement of the health and welfare of Australians and to the efficient use of resources in the provision of services, including those directed at health promotion and illness prevention, by pursuing its legislative mandate to:

- collect and assist in the production of health related information and statistics;
- conduct and promote research into the health of Australians and their health services;
- undertake studies into the provision and effectiveness of health services and technologies; and
- make recommendations on the prevention and treatment of diseases and the improvement and promotion of health and health awareness of the people of Australia.

The Institute also has responsibility for collation, analysis and publication of statistics relating to national welfare services, community services, and housing assistance.

In addition, the Institute has four external units.

The National Injury Surveillance Unit is based in Adelaide and is affiliated with Flinders University. The Unit's main role is to improve the availability of statistics relating to injury control and for monitoring the effectiveness of new initiatives.

The National Perinatal Statistics Unit, based at the University of Sydney, collects national data on perinatal health and mortality and on congenital anomalies, conducts epidemiological studies in this field, and operates a register of IVF (in-vitro fertilisation) pregnancies.

The Dental Statistics and Research Unit at the University of Adelaide undertakes statistical collection and research on oral health, the dental labour force and on dental health status.

The National Reference Centre for Classification in Health was established at the Queensland University of Technology in February 1992. It is a national resource centre for matters relating to disease classification.

National Occupational Health and Safety Commission

The National Commission (known by its working title as Worksafe Australia) is a tripartite body comprising representatives of the Commonwealth Government, State and Territory Governments, and peak employee and employer bodies.

The mission of the National Occupational Health and Safety Commission is to lead national efforts to provide healthy and safe working environments, and to reduce the incidence and severity of occupational injury and disease.

National Campaign Against Drug Abuse

The National Campaign Against Drug Abuse (NCADA) is a program aimed at minimising the harm caused to Australian society by the misuse of drugs, both licit and illicit.

A feature of the Campaign, and one which differentiates it from previous approaches in Australia and the approach used by a number of other nations, is its focus on both the reduction of the demand for drugs and on the control of drug supply.

The Campaign was launched following the special Premiers' Conference on Drugs in April 1985, when all Governments — Commonwealth, State and Territory — committed themselves to this initiative, involving both the allocation of new financial resources and new ways of addressing drug problems in Australia. Evaluations of NCADA in 1988 and 1991 have documented significant achievements in the areas of policy development, increases in the number and range of relevant programs and services, positive changes in alcohol, tobacco and other drug use trends and positive changes in people's attitudes toward alcohol and other drug use.

A National Drug Strategic Plan 1992–97 has been developed proposing appropriate goals and objectives, key national indicators and program priorities and the next five years will build on these initial achievements, once again, with the cooperation of the Federal Government and State/Territory Governments and the goodwill of the Australian community.

The Commonwealth contributed $38.9 million in 1991–92, of which $25.3 million was allocated to the States and Territories which matched it on a dollar for dollar basis, and $13.6 million to national initiatives in the areas of prevention, including The Drug Offensive, data management and research.

During 1991–92, over 380 separate projects were funded under the Commonwealth–State cost sharing arrangements. These projects cover such areas as education, training, residential and non-residential treatment, community development and consultancy, research, evaluation and monitoring.

The range of projects involved reflects the diversity of drug abuse problems in Australia, and the recognition by NCADA of the special needs of groups within the community such as youth, Aboriginal people, prisoners, women, intravenous drug users and people of non-English speaking background.

Information research and evaluation are central parts of the national NCADA activities and include:

- a national media information program, 'The Drug Offensive', which is aimed at increasing public awareness of the harm caused by drugs and providing information on them through campaigns such as the young women and smoking campaign and the adolescent alcohol abuse campaign;
- provision of almost $7.9 million in support of 128 research projects since 1985;
- establishment of two national centres for drug research — the Commonwealth in 1991–92 allocated $1.7 million per annum to a Sydney-based centre for drug treatment and rehabilitation, and to the Perth-based centre on research into the prevention of drug abuse; and
- further development of a national drug abuse data system aiming to provide reliable health and law enforcement information on the nature and extent of drug abuse in order to help identify NCADA needs, priorities and achievements and measure progress against those indicators and objectives outlined in the National Drug Strategic Plan.

BIBLIOGRAPHY

ABS Publications

Apparent Consumption of Foodstuffs and Nutrients, Australia (4306.0)

Apparent Consumption of Selected Foodstuffs, Australia, Preliminary (4315.0)

Australian Demographic Statistics (3101.0)

Births, Australia (3301.0)

Causes of Death, Australia (3303.0)

Characteristics of In-Patients of Health Institutions, Australia, Census of Population and Housing (4347.0)

Characteristics of Persons Employed in Health Occupations, Australia, Census of Population and Housing (4346.0)

Deaths, Australia (3302.0)

Disability and Handicap, Australia (4120.0)

Disabled and Aged Persons, Australia, Preliminary Results (4118.0)

Health Insurance Survey, Australia (4335.0)

Health and Welfare Establishments, Queensland (4302.3)

Health and Welfare Establishments, Queensland, Preliminary (4301.3)

National Health Survey: Accidents, 1989–90 (4384.0)

National Health Survey: Alcohol Consumption, 1989–90 (4381.0)

National Health Survey: Asthma and Other Respiratory Conditions, 1989–90 (4373.0)

National Health Survey: Cardiovascular and Related Conditions, 1989–90 (4372.0)

National Health Survey: Children's Immunisation, 1989–90 (4379.0)

National Health Survey: Consequences of Illness, 1989–90 (4367.0)

BIBLIOGRAPHY — *continued*

National Health Survey: Consultations with Health Professionals, 1989–90 (4376.0)

National Health Survey: Diabetes, 1989–90 (4371.0)

National Health Survey: Exercise, 1989–90 (4383.0)

National Health Survey: Health Related Actions, 1989–90 (4375.0)

National Health Survey: Health Risk Factors, 1989–90 (4380.0)

National Health Survey: Health Status Indicators, 1989–90 (4370.0)

National Health Survey: Lifestyle and Health, 1989–90 (4366.0)

National Health Survey: Musculosketal Conditions, 1989–90 (4374.0)

National Health Survey: Screening for Breast and Cervical Cancer, 1989–90 (4378.0)

National Health Survey: Smoking, 1989–90 (4382.0)

National Health Survey: Summary of Results, 1989–90 (4364.0)

National Health Survey: Use of Medications, 1989–90 (4377.0)

National Health Survey: Users' Guide, 1989–90 (4363.0)

Perinatal Deaths, Australia (3304.0)

Road Traffic Accidents Involving Fatalities, Australia (9401.0)

Women's Health, 1989–90 (4365.0)

Other Publications

ALI, ROBERT, MILLER, MEL, CORMACK, SIMONE, EDS. Future directions for alcohol and other drug treatment in Australia. AGPS. Canberra, 1992

AUSTRALIA. DEPT OF HEALTH, HOUSING AND COMMUNITY SERVICES. Ageing, well-being and research. Written by Neville Hicks, with the assistance from Annette Braunack-Mayer and Wendy Zweck. Canberra, 1991

AUSTRALIA. DEPT OF HEALTH, HOUSING AND COMMUNITY SERVICES. Aids: Australia Advances, Canberra, 1990

AUSTRALIA. DEPT OF HEALTH, HOUSING AND COMMUNITY SERVICES. Annual Report. AGPS. Canberra

AUSTRALIA. DEPT OF HEALTH, HOUSING AND COMMUNITY SERVICES. Australia — Communicable Diseases Intelligence. AGPS, Canberra

AUSTRALIA. DEPT OF HEALTH, HOUSING AND COMMUNITY SERVICES. The Australian Health Scheme: an overview. Canberra, 1992

AUSTRALIA. DEPT OF HEALTH, HOUSING AND COMMUNITY SERVICES. The National Campaign Against Drug Abuse 1985–88: Evaluation and Future Directions, AGPS, 1989

AUSTRALIA. DEPT OF HEALTH, HOUSING AND COMMUNITY SERVICES. National Health Strategy Unit. The Australian health jigsaw: integration of health care delivery. Melbourne, 1991

BIBLIOGRAPHY — *continued*

AUSTRALIA. DEPT OF HEALTH, HOUSING AND COMMUNITY SERVICES. National Health Strategy Unit. Hospital services in Australia: access and financing. Melbourne, 1991

AUSTRALIA. DEPT OF HEALTH, HOUSING AND COMMUNITY SERVICES. National Health Strategy Unit. Michael Reed and Shane Solomon. Improving Australia's rural health and aged care services. Melbourne, 1992

AUSTRALIA. DEPT OF HEALTH, HOUSING AND COMMUNITY SERVICES. National women's health program: where is it now? AGPS. Canberra, 1991

AUSTRALIAN HEALTH MINISTERS. National mental health policy. AGPS. Canberra, 1992

Australian HIV Surveillance Report

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE. Annual Report, AGPS, Canberra

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE. Australia's Health 1992. The third biennial report of the Australian Institute of Health and Welfare, AGPS, Canberra

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE. Health Expenditure Bulletin, No. 7, July 1992

AUSTRALIAN NATIONAL COUNCIL ON AIDS. Aids: Facts about Acquired Immune Deficiency Syndrome. AGPS, Canberra, 1990

AUSTRALIAN NATIONAL COUNCIL ON AIDS. AIDS: a world traveller: the facts. Canberra, 1991

BLEWETT, N. National Campaign Against Drug Abuse: Assumptions, Arguments and Aspirations. AGPS, Canberra

D'ESPAIGNET, E.T., VAN OMMEREN, M., TAYLOR, F., BRISCOE, N. and PENTONY, P. Trends in Australian Mortality 1921–1988, Mortality series No. 1, 1991

ENGLISH, BRUCE AND THOMSON, NEIL. A bibliography of drug use and related problems among Australian Aborigines and Torres Strait Islanders. AGPS. Canberra, 1992

GLOVER, JOHN AND WOOLLACOTT, TONY. A social health atlas of Australia. South Australian Health Commission. Adelaide, 1992

HEALTH TARGETS AND IMPLEMENTATION COMMITTEE. Health for all Australians. A Report to the Australian Health Ministers' Advisory Council and the Australian Health Ministers' Conference. AGPS, Canberra, 1988

HENRY-EDWARDS, SUSAN AND POLS, RENE. Responses to drug problems in Australia. AGPS. Canberra, 1991

MCCLELLAND, ALISON. Spending on health: the distribution of direct payments for health and medical services. Australia. Dept of Health, Housing and Community Services. National Health Strategy Unit. Melbourne, 1991

MONGER, EDITH. Bibliography of Australian HIV/AIDS publications. AGPS. Canberra, 1991

NATIONAL CENTRE FOR EPIDEMIOLOGY AND POPULATION HEALTH. Improving Australia's health: the role of primary health care: summary of the final report of the review of the role of primary health care in health promotion in Australia. Australian National University. Canberra, 1992

BIBLIOGRAPHY — *continued*

NATIONAL CENTRE FOR EPIDEMIOLOGY AND POPULATION HEALTH. The role of primary health care in health promotion in Australia: interim report. Canberra, 1991

NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL (AUSTRALIA). Health needs of homeless youth: a summary of the key health issues for those developing policies or providing services for homeless young people. Canberra, 1992

National priorities for drug and alcohol research prepared for the Department of Health, Housing and Community Services for use in association with the National Campaign Against Drug Abuse. AGPS. Canberra, 1992

OMMEREN, MARIJKE VAN AND MERTON, CAROLYN. Inventory of Australian health data collections which contain information on ethnicity. AGPS. Canberra, 1992

THOMSON, NEIL AND ENGLISH, BRUCE. Drug use and related problems among Australian Aborigines and Torres Strait Islanders: current and potential data sources. AGPS. Canberra, 1991

FOR MORE INFORMATION

The ABS has a far wider range of information on Australia than that contained in the *Year Book*. Information is available in the form of regular publications, electronic data services, special tables and from investigations of published and unpublished data.

For further information contact ABS Information Services at one of the addresses listed on the page facing the Introduction to the *Year Book*.