



HEALTH AND DISABILITY: ASPECTS OF THE AUSTRALIAN EXPERIENCE AUSTRALIA

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For further information about these and related statistics, contact the National Information and Referral Service on 1300 135 070.

NOTES

ABOUT THIS PUBLICATION

The aim of this publication is to analyse the health experiences of those in our population with a profound or severe disability in comparison to those with no reported disability. The analysis aims to inform discussion and debate around health policies which impact on people with Profound/severe core activity limitation.

The data is drawn from the 2007–08 National Health Survey, conducted by the Australian Bureau of Statistics (ABS) from August 2007 to June 2008. Around 20,800 people from all States and Territories and across all age groups were included. As the NHS is a household survey, residents of hospitals, nursing or convalescent homes or similar accommodation were outside the scope of the survey, therefore prevalence data for some conditions are likely to be affected. The survey did not go to very remote areas.

Brian Pink
Australian Statistician

INTRODUCTION

INTRODUCTION

Disability statistics define disability and explain how a high proportion of disabilities relate to long-term health conditions. In contrast, health statistics measure the health status of the population, health related aspects of lifestyle, other health risk factors and the use of health services or other actions people had recently taken for their health¹. This article draws the two concepts together, to present a statistical picture of Profound/severe disability and:

- social and demographic indicators;
- chronic disease;
- health risk factors;
- health professional consultations; and
- health insurance.

The main measure of disability from the National Health Survey (NHS) used in this publication is the combined Profound/severe core activity limitation classification, referred to as 'people with Profound/severe disability'. These are people who need some ongoing help or supervision with communication, self-care and/or mobility for six months or more.

This combined classification in the NHS 2007/08, consistently aligns to measures of Profound/severe disability in the benchmark Survey of Disability, Ageing and Carers (SDAC), see *Disability, Ageing and Carers: Summary of Findings, 2003*, (cat. no. 4430.0). While the two measures differ, the measure in the NHS is useful for describing the characteristics of people within the survey who have a disability compared to those who have no disability. The main comparison in this publication is between 'people with Profound/severe core activity limitation' and 'people with no disability'.

The category 'Other disability' refers to people who have a disability that is not profound or severe. This is a derived category which includes:

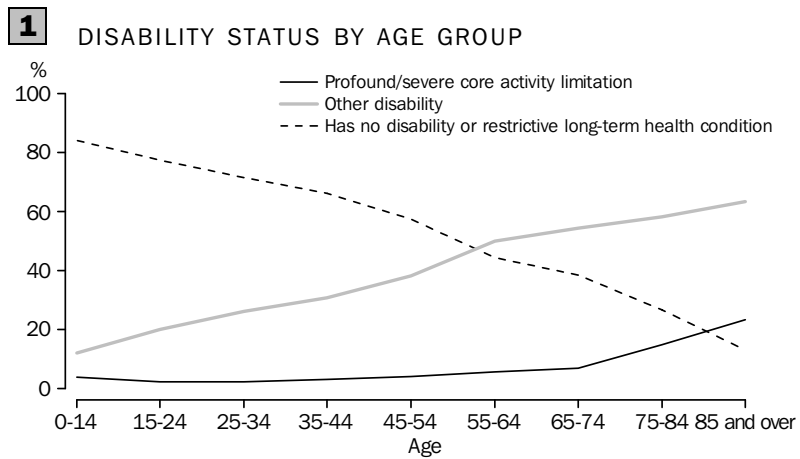
- Moderate and Mild core activity limitation;
- Schooling/employment restriction only; or
- Has a disability, with no restriction or specific limitation.

For a comprehensive discussion of disability measures, comparing the NHS and SDAC results, see *Sources of Disability Information Australia, 2003–2008*, (cat. no. 4431.0.55.002).

AGE DISTRIBUTION

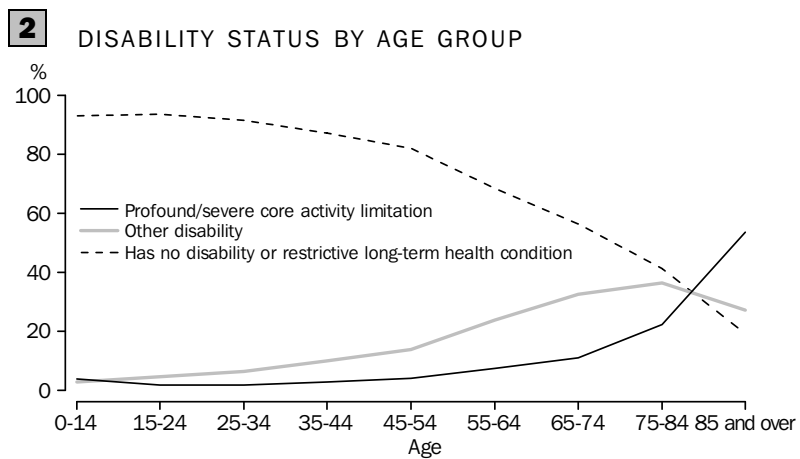
AGE DISTRIBUTION

Graph 1 compares age by disability status from the 2007–08 NHS. The proportion of people with Profound/severe disability increased with age, most dramatically after 65 years. People generally develop more serious conditions as they age and are therefore more likely to be diagnosed or reported as having a Profound/severe disability in the later stages of life.



Source: ABS National Health Survey 2007–08 (cat. no. 4364.0)

Graph 2 shows the related measures as recorded in SDAC 2009, the benchmark survey of disability in Australia. These graphs, when compared, highlight the alignment of Profound/severe disability in the two surveys and the apparent over-identification of people in the Other disability category as reported in the 2007–08 NHS.



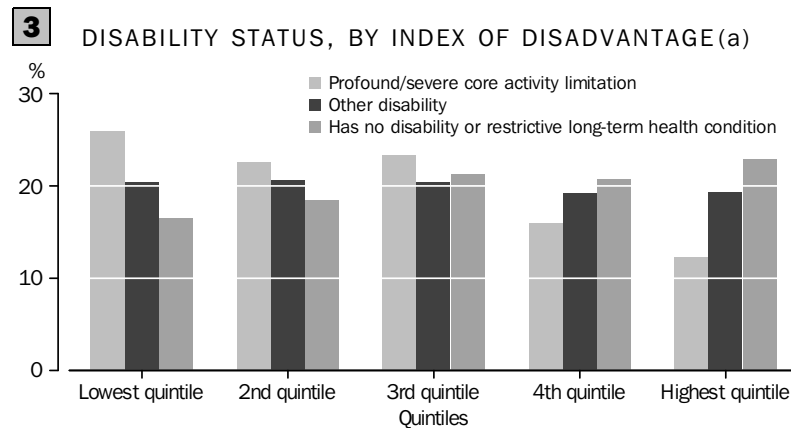
Source: ABS Survey of Disability, Ageing and Carers 2009 (cat. no. 4430.0)

INDEX OF DISADVANTAGE

INDEX OF DISADVANTAGE

Disability is both a health and a social issue.² The Index of Disadvantage, is an area-based measure of relative disadvantage within society and is derived from attributes such as income, educational attainment, unemployment and dwellings without motor vehicles. For more information see Information Paper: An Introduction to Socio-Economic Indexes for Areas (SEIFA), 2006 (cat. no. 2039.0).

There are significant differences between people with Profound/severe disability and people without disability in the different SEIFA quintiles. Of people with Profound/severe disability, 12.3% were in the highest quintile (ie lived in the areas of least disadvantage), compared to 22.7% of people with no disability. In the lowest quintile, 25.9% were reported as people with Profound/severe disability, compared to 16.5% of people with no disability or restrictive long-term health condition (Graph 3).



(a) Does not include Not stated.

Source: ABS National Health Survey, 2007–08

There are various social reasons why people living in disadvantaged areas experience poorer health outcomes. People with chronic conditions may have a reduced ability to earn income. Family members may reduce or cease employment to provide care, while people or families whose income is reduced may move to disadvantaged areas in order to access low-cost housing (*Australian Social Trends, Mar 2010*, cat. no. 4102.0)). It is not possible to establish any association or causal relationship between disability and where people with disability live. Nor is it possible to tell from the data whether disability is acquired while living in these locations or whether people move to these areas because of lower costs or other reasons.

SELECTED LONG-TERM HEALTH CONDITIONS

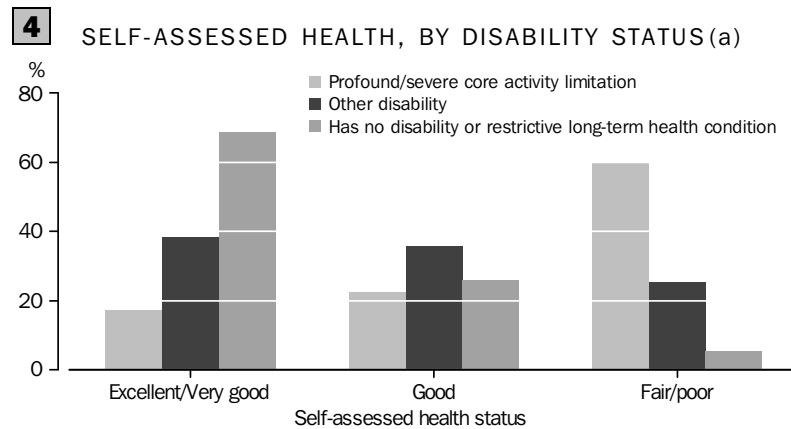
SELECTED LONG TERM HEALTH CONDITIONS

This section examines people's perceptions of their own health, the prevalence of people experiencing more than one medical condition and the most prevalent chronic conditions in the Australian population by Disability status.

Disability can be associated with mobility impairments which places people at a higher risk of circulatory disorders, that is, ischaemic heart disease, hypertension and cerebrovascular disease. It is also a risk factor for type 2 diabetes.

Self assessed health

Of people aged 18 years and over with Profound/severe disability, 17.4% considered their overall health to be very good or excellent and 22.6% stated that their health was good. In contrast, 68.8% of people without a disability rated their health as very good or excellent and 25.8% as good. Of people with Profound/severe disability, 59.9% considered their health to be fair or poor, compared to 5.5% of people without a disability (Graph 4).



(a) Persons aged 18 years and over.

Source: ABS National Health Survey 2007-08 (cat. no. 4364.0)

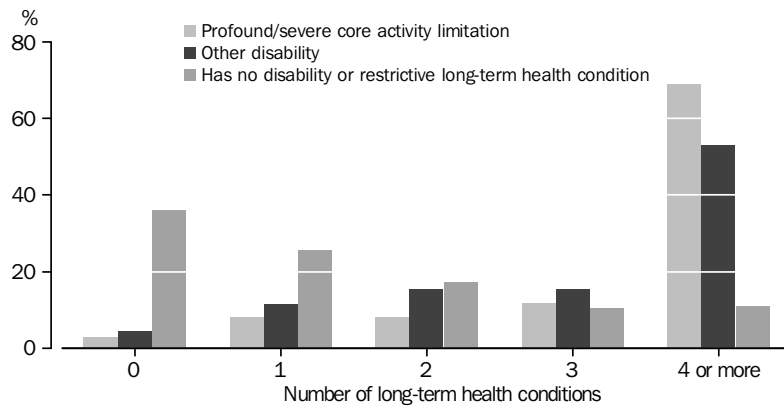
Number of long-term conditions

Of people with Profound/severe disability, 3.0% reported no long-term health condition, compared to 36.0% of people without a disability. Of people with Profound/severe disability, 68.9% reported having four or more long term health conditions, compared to 10.8% of people without a disability (Graph 5). This has implications for the provision of co-ordinated support and clinical management of people with Profound/severe disability who have high and complex long-term health condition needs.

SELECTED LONG-TERM HEALTH CONDITIONS *continued*

Number of long-term conditions *continued*

5 NUMBER OF LONG-TERM HEALTH CONDITIONS, BY DISABILITY STATUS



Source: ABS National Health Survey 2007-08

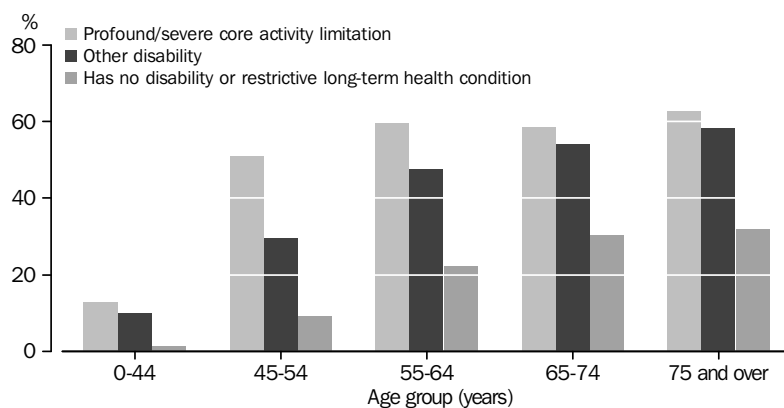
Arthritis

Arthritis is an inflammatory condition of the joints, characterised by pain, swelling, heat, redness and limitation of movement.

Across all age groups, the proportion of people with Profound/severe disability that reported arthritis was noticeably higher than those people without disability.

Although we cannot determine the cause of the disability from the survey, 62.5% of people with Profound/severe disability reported arthritis in the 75 and over age group, compared to 32.0% of people without disability (Graph 6).

6 ARTHRITIS, BY DISABILITY STATUS



Source: ABS National Health Survey 2007-08

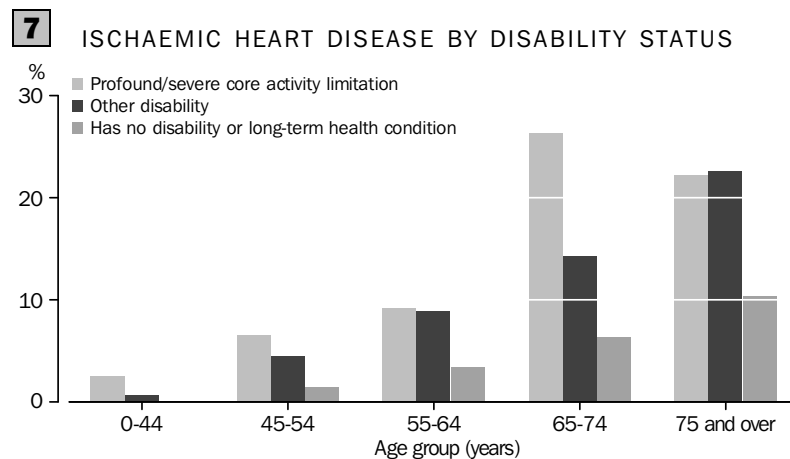
Ischaemic heart disease

Ischaemic heart disease, like arthritis, is associated with the ageing process. It is a pathological condition caused by a lack of oxygen in the cells of the muscles surrounding the heart.

SELECTED LONG-TERM HEALTH CONDITIONS *continued*

Ischaemic heart disease continued

More people with Profound/severe disability had Ischaemic heart disease (10.6%) than people without a disability (0.9%). The rate of Ischaemic heart disease increased dramatically for people with Profound/severe disability between the ages of 55–64 and 65–74 (9.2% rising to 26.3%). In comparison, for those without disability, the rate went from 3.4% to 6.4% (Graph 7).

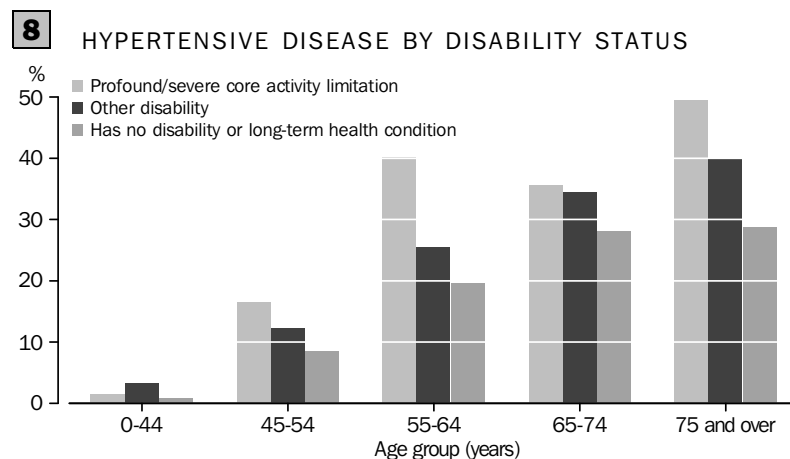


Source: ABS National Health Survey 2007–08

Hypertensive disease

Hypertensive disease is a common disorder characterised by high blood pressure. Risk for the disorder is increased by obesity, high cholesterol levels, high sodium levels and a family history of high blood pressure. Age and disability status are both statistically significant factors in the presence of hypertensive disease.

People with Profound/severe disability were more affected by hypertensive disease than people without a disability across all age groups (Graph 8). In the 45–54 age group, 16.6% of people with Profound/severe disability reported having hypertension, compared to 8.6% of people with no disability. The proportion of people with Profound/severe disability who had hypertension in the 75 and over age group was 49.4%, in comparison to 28.8% of people with no disability.



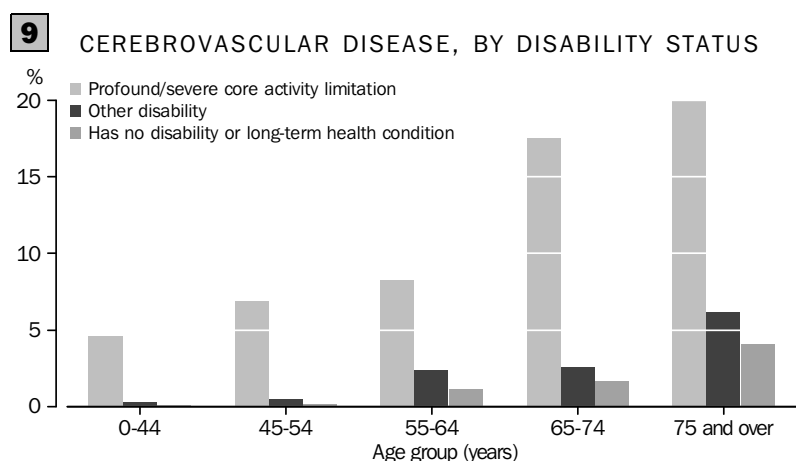
Source: ABS National Health Survey 2007–08

SELECTED LONG-TERM HEALTH CONDITIONS *continued*

Cerebrovascular disease

Cerebrovascular disease was the second highest leading cause of death in Australia in 2008 (*Causes of Death, 2008*, cat.no. 3303.0). This disease pertains to a lack of blood supply and therefore oxygen to the brain due to a vascular blockage, commonly known as stroke.

The rate of cerebrovascular disease was 4.6% amongst the 0–44 year old people with Profound/severe disability, compared to 0.1% of 0–44 year olds without a disability. There was a marked increase in this disease in the people with Profound/severe disability from age 55–64yrs (8.3%) to age 65–74yrs (17.5%) (Graph 9).



Source: ABS National Health Survey 2007–08

Type 2 diabetes

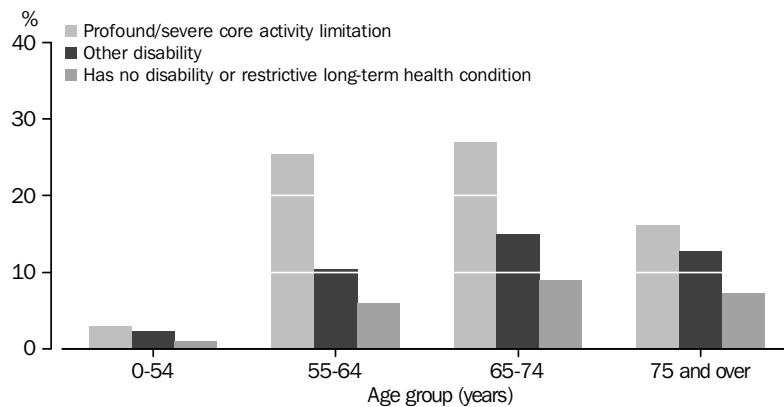
Type 2 diabetes is a complex metabolic disorder, characterised by hyperglycaemia and associated with a relative deficiency of insulin secretion, along with a reduced response of target tissues to insulin (insulin resistance). The prevalence of Type 2 diabetes in Australia has increased from 2.4% in 1995 to 4.0% in 2007–08. There is a tendency for the increased prevalence of Type 2 diabetes to be concentrated in lower socioeconomic groups in developed countries.³

The proportion of people with Profound/severe disability who have Type 2 diabetes is markedly higher than people who have no disability, particularly in the 55–64 age group (25.5% compared to 6.0%) and 65–74 year age group (26.9% compared to 9.0%).

SELECTED LONG-TERM HEALTH CONDITIONS *continued*

Type 2 diabetes *continued*

10 TYPE 2 DIABETES BY DISABILITY STATUS



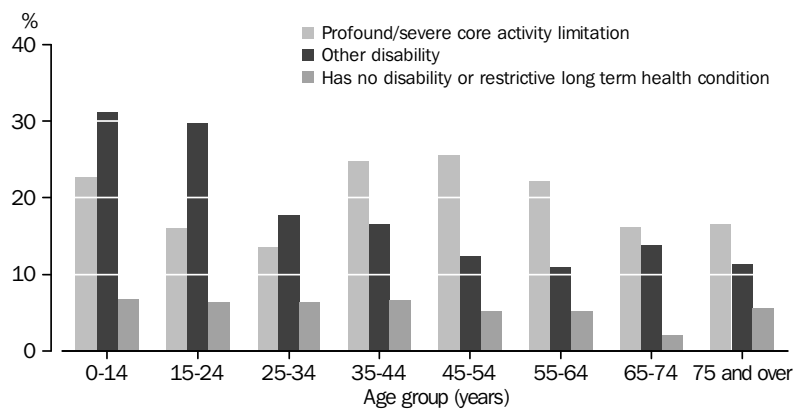
Source: ABS National Health Survey 2007–08

Asthma

Asthma is a condition characterised by laboured breathing, caused by airway inflammation which leads to restriction of the smooth muscle around the bronchi. It can be triggered by allergens, pollutants, cold air, infection, vigorous exercise or emotional stress.

In 2007–08, 10.0% of people in Australia reported asthma as a current and long term condition. There is a higher prevalence rate of asthma for people with Profound/severe disability across all age groups. The differential was particularly marked in the 0–14, 35–44 and 45–54 age groups (Graph 11).

11 ASTHMA, BY DISABILITY STATUS



Source: ABS National Health Survey 2007–08

PERSONAL STRESSORS AND MENTAL HEALTH

PERSONAL STRESSORS AND MENTAL HEALTH

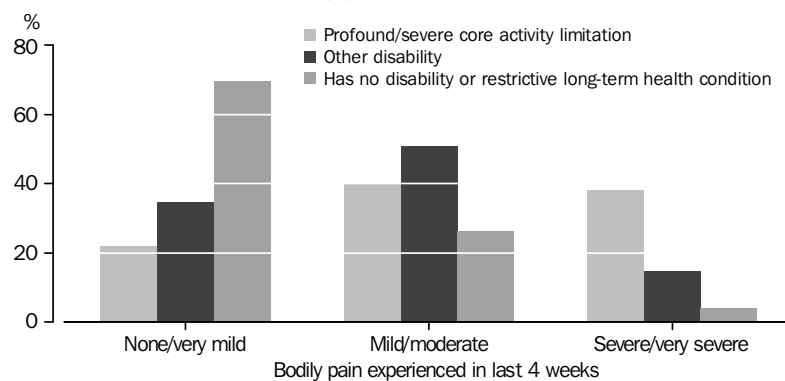
As with the general population, people with a Profound/severe disability are often subject to emotional and psychological experiences that impact on their lives in significant ways. Study of Personal stressors in the 2007–08 NHS, demonstrates that people with Profound/severe disability are at a much greater risk of stress (and by definition, other problems associated with stress) than people without a disability. These include measures of bodily pain, personal distress (Kessler 10 score) and medications taken as an indicator of the presence of chronic conditions and poor mental health.

Bodily pain by Disability status

According to studies carried out by the Accident Research Centre in Monash University, bodily pain, if experienced over a prolonged period, contributes to mental stress and limitation in the workplace and in learning.⁴ As well as injury, chronic conditions such as arthritis, rheumatism or osteoporosis are strongly associated with chronic pain.

The 2007–08 NHS asked respondents how much bodily pain they experienced in the four weeks prior to interview, referring to the severity of bodily or physical pain and the extent to which it interfered with normal work (both outside the home and housework). Of people with a Profound/severe disability, 38.0% experienced severe or very severe pain, compared to 4.0% of people without a disability (Graph 12). Although disability can exist without bodily pain, Graph 12 indicates that those experiencing Profound/severe disability were dealing with greater levels of pain compared to people without a disability.

12 BODILY PAIN EXPERIENCED IN THE LAST FOUR WEEKS BY DISABILITY STATUS (a)



(a) Persons aged 15 years and over.

Source: ABS National Health Survey 2007–08 (cat. no. 4364.0)

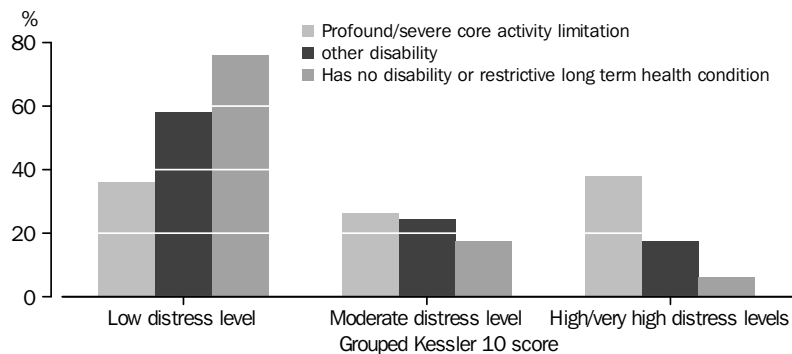
Kessler 10 score by Disability status

In 2007–08, people with Profound/severe disability experienced greater High/Very high psychological distress levels (37.8%) when compared to people without a disability (6.3%) (Graph 13).

PERSONAL STRESSORS AND MENTAL HEALTH *continued*

Kessler 10 score by
Disability status *continued*

13 GROUPED KESSLER 10 SCORE BY DISABILITY STATUS (a)(b)



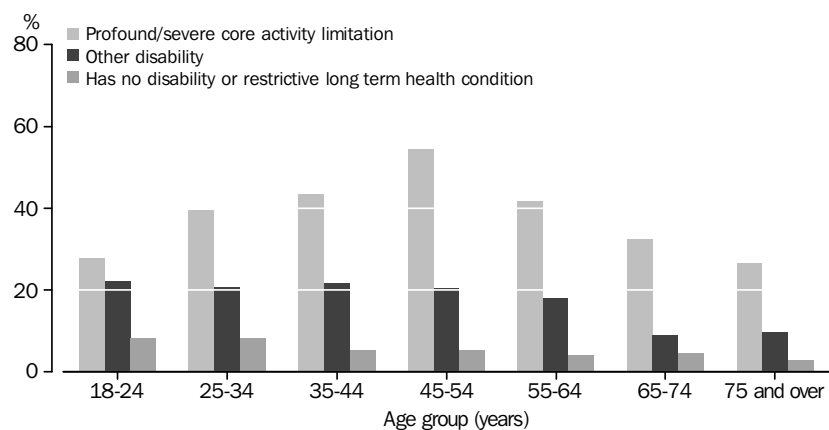
(a) Does not include Unable to be determined.

(b) Persons aged 18 years and over.

Source: ABS National Health Survey 2007–08 (cat. no. 4364.0)

A further examination of K10, by age, reveals that at all ages, people with Profound/severe disability are experiencing more high and very high psychological distress levels, compared to people without a disability (Graph 14). Distress levels of people without a disability decrease markedly from the peak at age 25–34 (8.4%) to a low at age 75 years and over (2.9%). High/very high distress levels of people in the Profound/severe disability population increased from 28.0% in the 18–24 age group to 54.6% in the 45–54 age group, and remained relatively high to 75 years and over.

14 SELECTED GROUPED KESSLER 10 SCORE (HIGH/VERY HIGH DISTRESS LEVELS) BY DISABILITY STATUS (a)



(a) Does not include unable to be determined.

Source: ABS National Health Survey 2007–08

Personal stressors in the
last 12 months

In the 2007–08 NHS, Personal stressors were defined as life events that may have been a problem for the respondent or anyone close to them in the 12 months prior to interview.

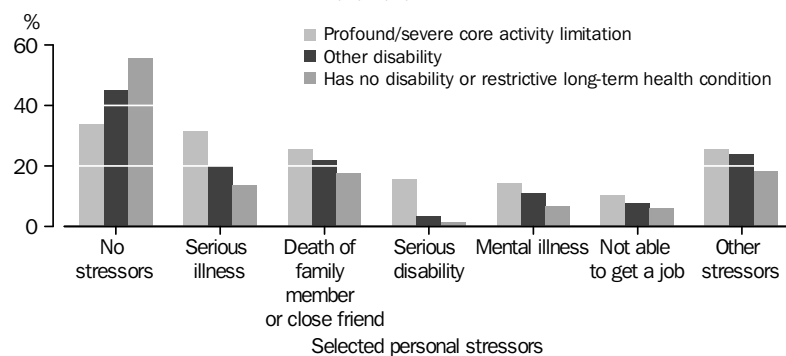
PERSONAL STRESSORS AND MENTAL HEALTH *continued*

Personal stressors in the last 12 months continued

Graph 15 examines the top five stressors reported by people with Profound/severe disabilities. Of people with Profound/severe disability, 15.6% considered Serious disability a major stressor and 14.4% responded that Mental illness had been a problem in the last 12 months (compared to 6.8% of the people without a disability). Of people with Profound/severe disability, 10.7% considered being unable to get a job a serious stressor compared to 6.0% of the people without a disability.

No stressors were reported by 33.9% of people with profound/severe disability, compared to 55.9% of people without a disability.

15 SELECTED PERSONAL STRESSORS IN THE LAST 12 MONTHS BY DISABILITY STATUS (a) (b)



(a) Does not include not stated and not applicable.

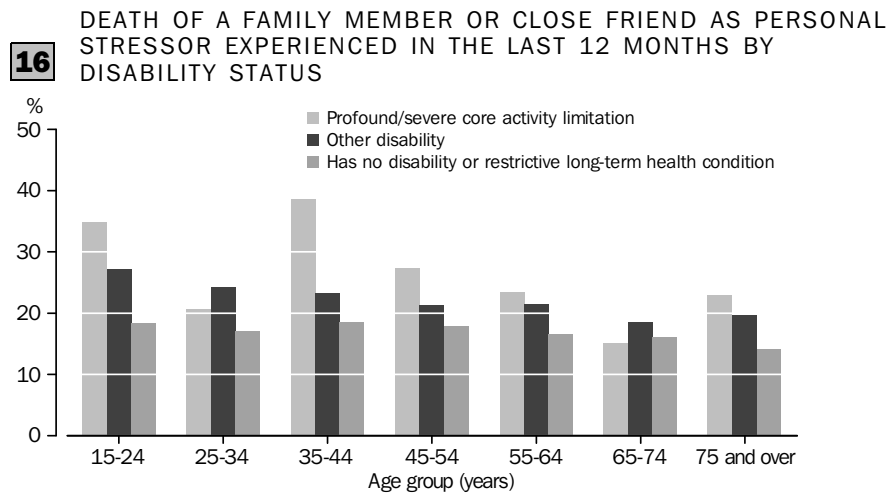
(b) Persons aged 15 years and over.

Source: ABS National Health Survey 2007-08

A higher proportion of people with Profound/severe disability experienced the death of a family member or close friend as a major stressor, than people without a disability. The differential was particularly marked in the 15-24 and 35-44 age groups (34.8% and 38.6%, compared to 18.4% and 18.5% of people with no disability). This finding was consistent throughout all life stages (Graph 16) and may be due to the dependence people with Profound/severe disability on people close to them, overlaid by the usual grief people feel with the passing of a family member.

PERSONAL STRESSORS AND MENTAL HEALTH *continued*

Personal stressors in the last 12 months *continued*



Source: ABS National Health Survey 2007–08

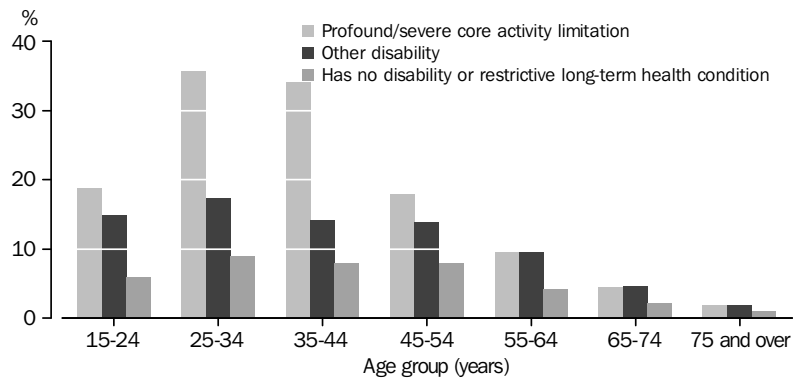
There are complex social factors that contribute to a high prevalence rate of mental illness in people living with disability. People with intellectual disability have a poorer ability to manage stress through reduced cognitive and expressive functioning. This may include lack of control over one's life is an everyday experience by the Profound/severe population, who may rely on family members and paid carers for support networks, friendships, problem solving and conflict resolution as well as being fed and cleaned. The staff turnover of disability workers is high, so a continuity of care is difficult to achieve, especially where multiple physical and communication needs have to be explained and carried over to subsequent carers or staff, increasing the stress load of the recipient of care.⁵

Graph 17 shows mental illness is more likely to be an issue for people with Profound/severe disability than those without a disability, particularly between the ages of 15–44 years. For those people with Profound/severe disability in the 25–34 year age group, 35.7% had experienced mental illness as a personal stressor, compared to 9.0% of people with no disability. Similarly, 34.0% of people with Profound/severe disability in the 35–44 year age group had experienced mental illness as a personal stressor in the last 12 months, compared to 7.9% of people with no disability.

PERSONAL STRESSORS AND MENTAL HEALTH *continued*

Personal stressors in the last 12 months *continued*

17 MENTAL ILLNESS AS PERSONAL STRESSOR IN THE LAST 12 MONTHS BY DISABILITY STATUS (a)



(a) Persons aged 15 years and over.

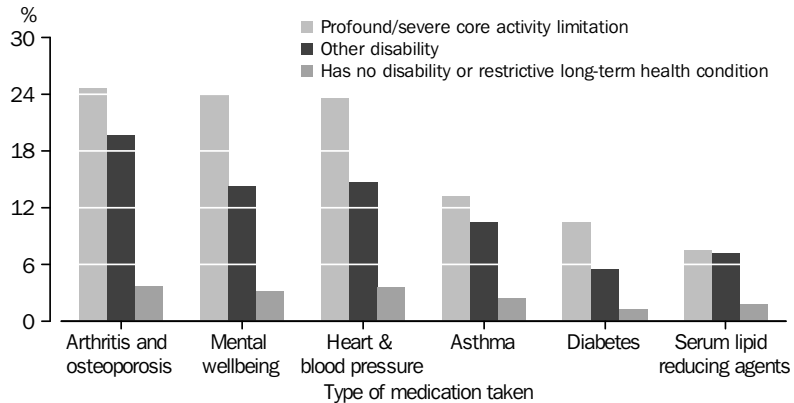
Source: ABS National Health Survey 2007-08

MEDICATION

MEDICATION

Of people with Profound/severe disability, 23.9% took medication for Mental well-being in 2007–08. The other highest ranking medications were for Arthritis and osteoporosis (24.6%), Heart and blood pressure (23.6%), Diabetes (10.5%) and Serum lipid reducing agents (7.5%) (Graph 18).

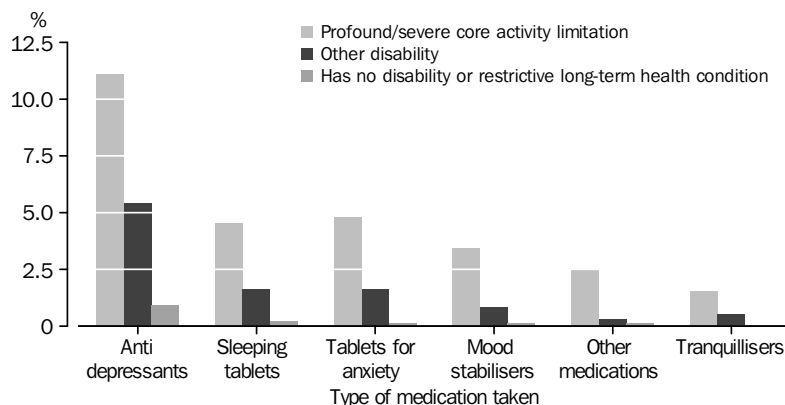
18 TYPE OF MEDICATION TAKEN FOR SELECTED CONDITIONS BY DISABILITY STATUS



Source: ABS National Health Survey 2007–08

Graph 19 examines medication taken for mental health in the last two weeks prior to interview in 2007–08. Of people with Profound/severe disability, 11.1% had taken antidepressants in the last two weeks, compared to 0.9% of people without a disability. Similarly, anxiety or nerve medications were taken by 4.8% of people with Profound/severe disability, compared to 0.1% of people without a disability.

19 MEDICATION TAKEN FOR MENTAL HEALTH IN THE LAST TWO WEEKS, BY DISABILITY STATUS



Source: ABS National Health Survey 2007–8

SELECTED HEALTH RISK FACTORS

SELECTED HEALTH RISK FACTORS

Smoking status

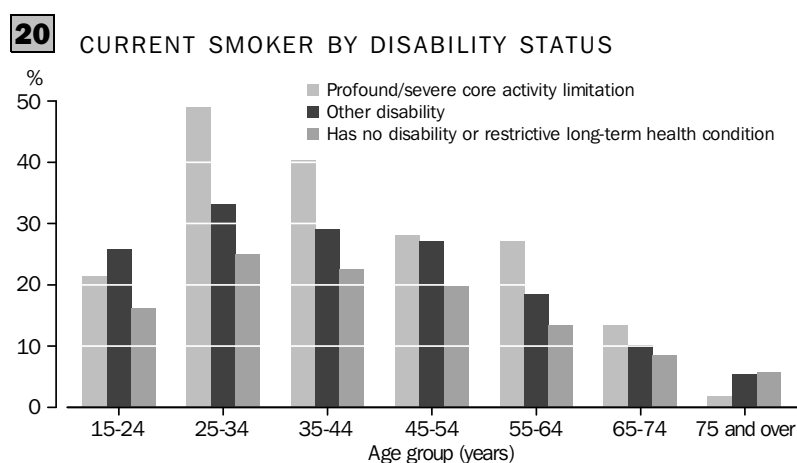
According to SANE Australia, "Like all smokers, people with Profound/severe disability use tobacco because it can be a way of dealing with stress and boredom, as well as because nicotine is physically addictive".⁶

A New York State Department of Health study found that smoking and disability were associated with lower health related quality of life and that people with disability smoke at higher rates than those without disability. The study also found that smoking appeared to be more highly associated with mental distress than physical distress.⁷

For the purposes of the NHS 2007–08, the topic of smoking primarily described smoking status at the time of interview; i.e. current smokers (daily, weekly and other), ex-smokers, and those who had never smoked.

In 2007–08, the proportion of people with Profound/severe disability who were current smokers, peaked at 48.8% in the 25–34yr age group, compared to 24.9% of people without a disability (Graph 20). From that age, the proportion of current smokers in the population without a disability declined markedly to 5.7% of persons aged 75 and over.

Higher rates of smoking amongst people with Profound/severe disability is a contributing factor to their chronic disease profile, particularly circulatory disorders such as hypertension, ischaemic heart disease, cerebrovascular disease and lung disease such as asthma.



Source: ABS National Health Survey 2007–08

Alcohol consumption

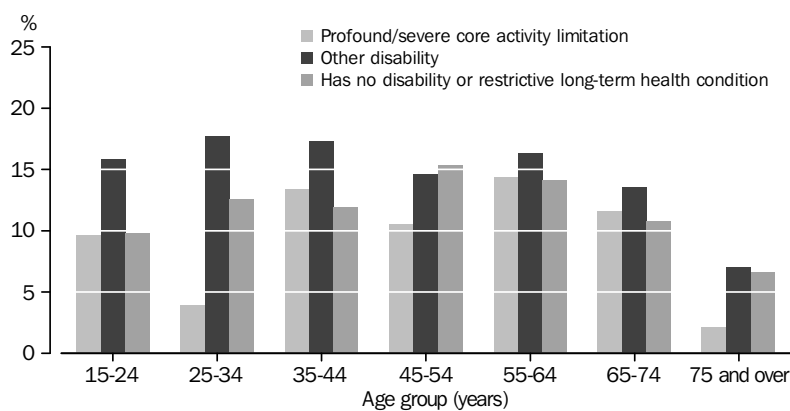
The NHS 2007–08 grouped respondents into categories of relative risk level for alcohol consumption based on the 2001 National Health and Medical Research Council (NHMRC) risk levels for harm in the long term. For more information, see *National Health Survey: User's Guide, 2007–08* (cat. no.4363.0.55.001).

People with profound or severe disabilities were not significantly more or less likely to participate in medium to risky/high risk alcohol consumption, with the exception of those aged 25–34yrs (Graph 21).

In all ages other than age 45–54, people with Other disability are partaking of alcohol at a risky level substantially more often than those people with Profound/severe disability and people who have no disability.

Alcohol consumption
continued

21 MEDIUM TO HIGH RISK ALCOHOL CONSUMPTION BY DISABILITY STATUS



Source: ABS National Health Survey 2007–08

Body mass index

While Body Mass Index (BMI) is a useful tool to assess and monitor changes in body mass at the population level, when interpreting the NHS 2007–08 data, users should bear in mind that it may be an inappropriate measure of the body mass of certain populations and certain individuals. For example:

- those whose high body mass is due to muscle rather than fat;
- those with osteoporosis who have lower than usual BMI;
- people of non-European background, whose risk levels are not accurately reflected in the BMI cut-off points used; or
- people who cannot be measured because of a physical restriction.

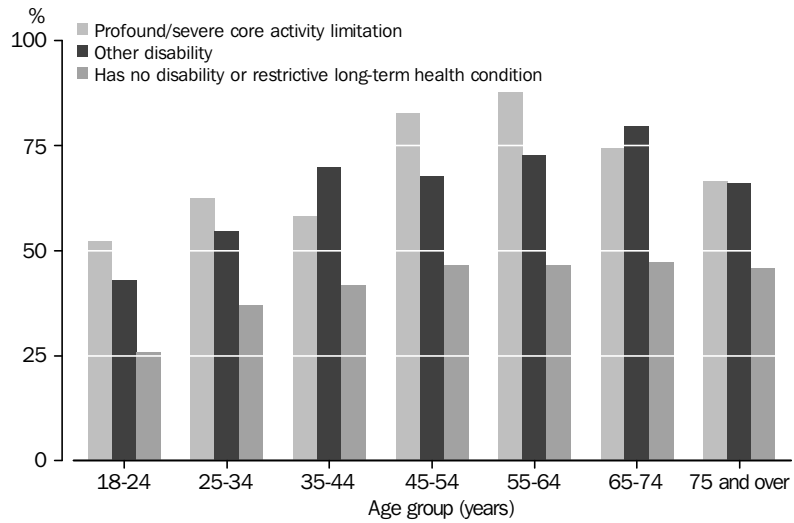
For more information, see *National Health Survey: User's Guide, 2007–08* (cat. no.4363.0.55.001).

Graph 22 shows that people who are profoundly or severely disabled are more likely to be overweight or obese than those without disabilities across all age groups. There is a decrease in the prevalence of overweight and obesity among people with Profound/severe disability after the age of 64.

SELECTED HEALTH RISK FACTORS *continued*

Body mass index *continued*

22 BODY MASS INDEX (MEASURED) OVERWEIGHT AND OBESE, BY DISABILITY STATUS



Source: ABS National Health Survey 2007–08

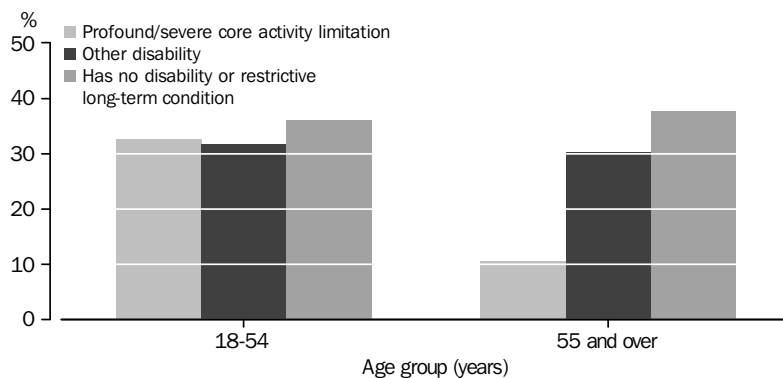
Physical activity

In the NHS 2007–08, physical activity guidelines for Australian adults included at least 30 minutes of moderate–intensity physical activity on most, preferably all, days of the week. Levels of activity were gauged by respondents being asked a series of questions about the exercise they undertook in the last week, expressed in the three categories of walking, moderate exercise and vigorous exercise.

Graph 23 indicates that of those aged 18–54 years, there was no statistically significant difference in meeting the physical activity guidelines between people with Profound/severe disability (32.7%) and people without a disability (36.1%).

The NHS 2007–08 also found that for people with Profound/severe disability, there was a marked difference in meeting the physical activity guidelines between younger people aged 18–54yrs (32.7%) and older people aged 55+ yrs (10.5%).

23 PROPORTION OF PEOPLE WHO MET RECOMMENDED EXERCISE GUIDELINES BY DISABILITY STATUS (a)



(a) Does not include not applicable, unable to be determined and not known

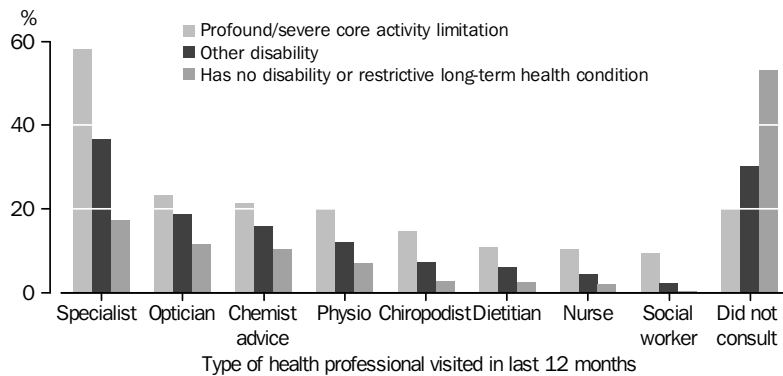
Source: ABS National Health Survey 2007–08

MEDICAL SERVICE USE

MEDICAL SERVICE USE

Graph 24 presents selected information about the consultation with health professionals by respondents in the 12 months prior to the 2007–08 NHS interviews. More health professionals were consulted by people with Profound/severe disability than people without disability in all categories. Of people with Profound/severe disability, 58.2% had visited a specialist doctor in the past 12 months, compared to 17.3% of people without a disability.

24 TYPE OF HEALTH PROFESSIONAL CONSULTED IN THE LAST 12 MONTHS, BY DISABILITY STATUS (a)



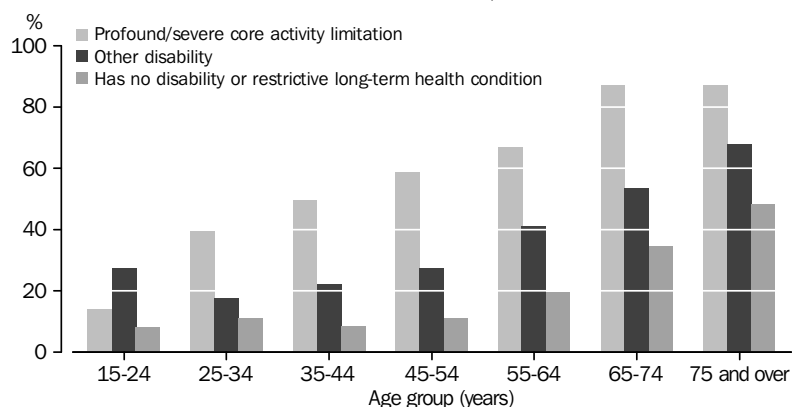
(a) Persons aged 15 years and over.

Source: ABS National Health Survey 2007–08

Frequency of GP check-ups

Graph 25 shows that a higher proportion of people with Profound/severe disability had a check-up with a GP at least every 3 months, than those who did not have a disability in all age groups.

25 THREE MONTHLY GP CHECK-UPS, BY DISABILITY STATUS



Source: ABS National Health Survey 2007–08

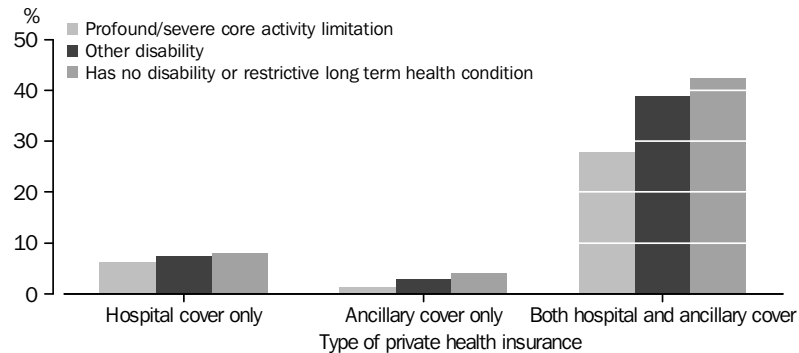
HEALTH INSURANCE COVER

HEALTH INSURANCE COVER

Two different kinds of private health insurance are available in Australia: coverage for hospital related expenses and coverage for medical expenses which are not a component of hospitalisation and are not otherwise covered by medicare. The latter cover is referred to as 'ancillary cover'.

There was no marked difference between the proportion of people with Profound/severe disability and those without a disability who had Hospital cover only, 6.3% and 8.0% respectively. A very small proportion of people with Profound/severe disability had Ancillary cover only, (1.3%), compared to 4% of people without a disability. The disparity between the proportion of those with both hospital and ancillary cover was wider: 27.9% of people with Profound/severe disability, compared to 42.4% of people without a disability (Graph 26).

26 TYPE OF PRIVATE HEALTH INSURANCE COVER BY DISABILITY STATUS (a) (b)



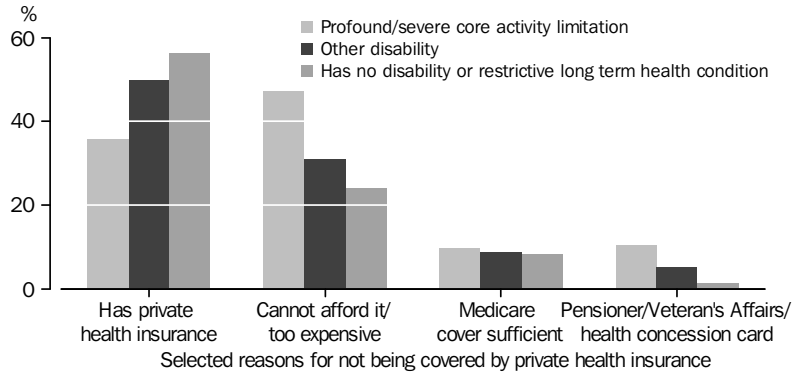
(a) Persons aged 15 years and over.
 (b) Does not include Not applicable.

Source: ABS National Health Survey 2007-08

Of people with Profound/severe disability, the leading reason for not being covered by private health insurance was "Cannot afford it/too expensive" (47.2%), compared to 24.0% of people with no disability. Other reasons for people with Profound/severe disability were that they had a Pensioner/Veteran's Affairs/health concession card (10.3%) and Medicare cover was sufficient (9.8%) (Graph 27).

HEALTH INSURANCE
COVER *continued*

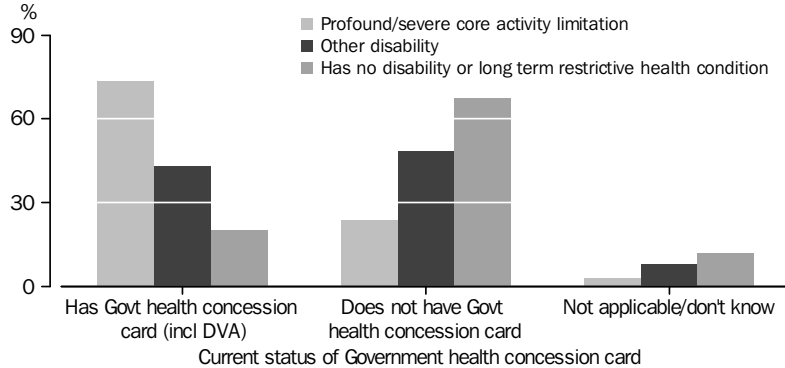
27 SELECTED REASONS NOT COVERED BY PRIVATE HEALTH INSURANCE BY DISABILITY STATUS (a)



(a) Persons aged 15 years or more.
Source: ABS National Health Survey 2007–08

Of people with Profound/severe disability, 73.3% reported having some form of Government health concession card in the 2007–08 NHS compared to 20.5% of people without a disability (Graph 28).

28 WHETHER PERSON CURRENTLY HAS GOVERNMENT HEALTH CONCESSION CARD, BY DISABILITY STATUS



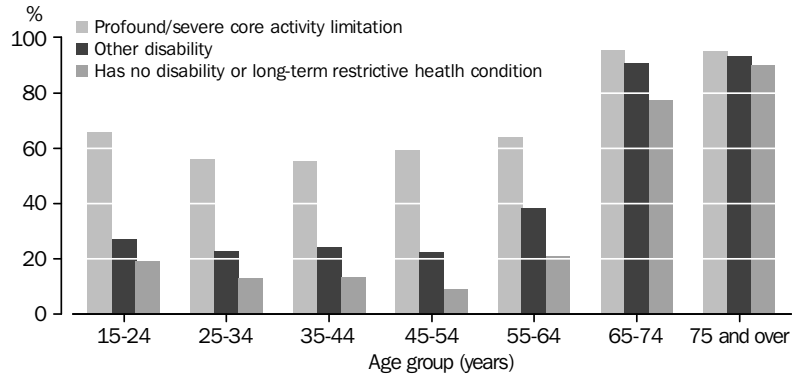
(a) Persons aged 15 years and over.
Source: ABS National Health Survey 2007–08

Graph 29 further examines people who have a Government health concession card by age. While people with disability generally had greater access to Government health concession cards than people without disability, there was an increasing tendency to obtain these concession cards the older people became. Of people aged 65 years or more who were profoundly or severely disabled, 95% reported having a health concession card in the 2007–08 NHS.

HEALTH INSURANCE COVER *continued*

HEALTH INSURANCE
COVER *continued*

29 PERSONS WITH GOVERNMENT HEALTH CONCESSION CARD (INCLUDING DVA) BY DISABILITY STATUS (a)



(a) Persons aged 15 years and over.

Source: ABS National Health Survey 2007-08

EXPLANATORY NOTES

DATA SOURCES AND DEFINITIONS

1 The 2007-08 National Health Survey, interviewed one adult (aged 18 years or more) and one child (where applicable) for each sampled dwelling. The survey was designed to obtain national benchmarks on a wide range of health issues, including the health status of the population, health related aspects of lifestyle and other risk factors; and the use of health services and other actions people had recently taken for their health. For more explanation about the survey design, methodology, quality and interpretation of results, please refer to the *National Health Survey: User Guide, 2007–08* (cat.no. 4363.0.55.001).

2 The NHS uses the short disability module to measure the disability status of respondents. This short module is a set of 10 questions and a series of prompt cards, which apply the same criteria as the Survey of Disability, Ageing and Carers (SDAC) to identify people with disabilities and the severity of their restrictions. The questions in the short module are compatible with the Activities and participation component of the International Classification of Functioning and are based directly on the questions used in the SDAC. However, an analysis of the data collected from a number of surveys using the short disability module indicate there are issues with the quality of the data being obtained from it. For a full discussion of this analysis please see *ABS Sources of Disability Information, 2003–2008* (cat.no. 4431.0.55.002). Whilst it should be noted the ABS does not recommend the use of data from the short module to compare or update disability prevalence rates in the period between SDACs, the prevalence rates of the Profoundly/Severely disabled population in the NHS corresponds well with that obtained from the SDAC and as a result, forms the basis for the analysis conducted in this paper. The paper also includes comparisons of people who have no disability or long-term restrictive health condition. It should be noted the short disability module appears to underestimate the size of this population and therefore any differences identified between the Profoundly/Severely disabled and those with no disability or long-term restrictive health condition may be understated.

3 For more information about ABS health conditions measures, see *National Health Survey: User's Guide, 2007–08* (cat.no. 4363.0.55.001).

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