

1.2 Human function

1.2.1 Disability

Summary of findings

In 1998, 18% of males and 19% of females in Major Cities had some disability – 5% and 7% of males and females, respectively, in Major Cities had a profound or severe disability.

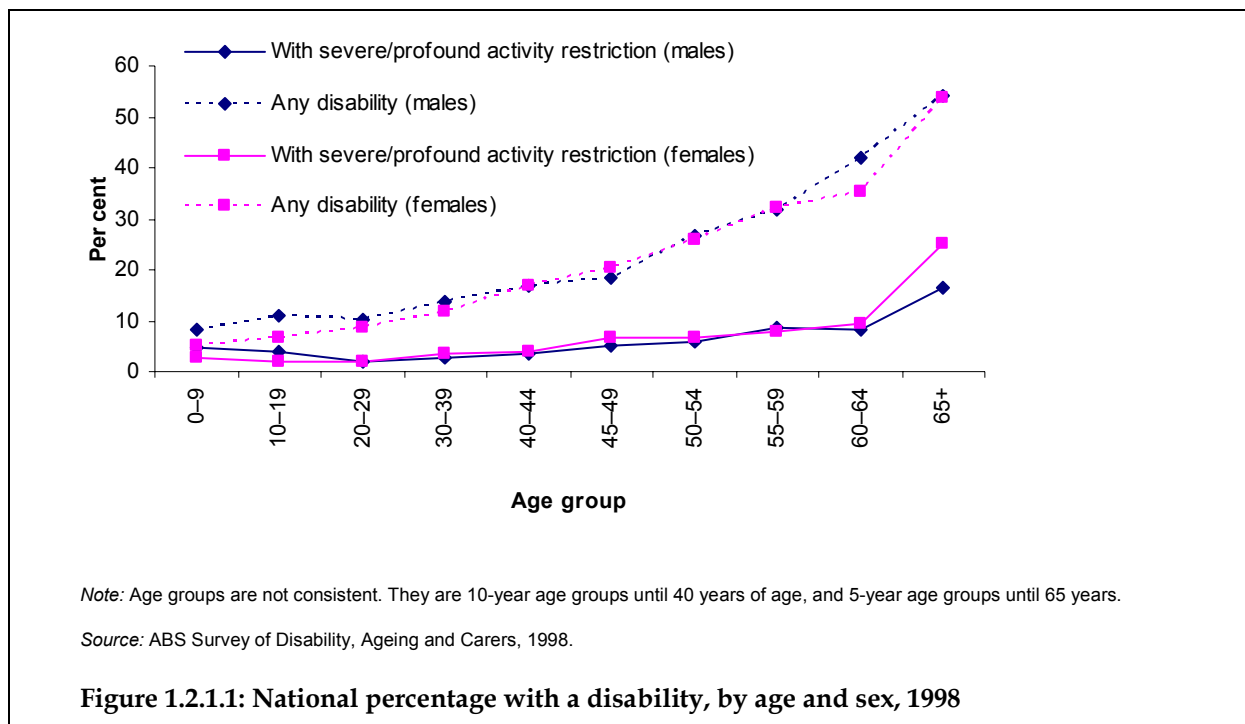
Males in Inner Regional and Outer Regional areas were about 1.2 times and 1.3 times as likely, respectively, to have a disability as those in Major Cities. For males younger than 65 years, rates were 1.3 and 1.4 times, respectively, those in Major Cities.

Females in regional areas were about 1.05 times as likely to have a disability as their counterparts in Major Cities. For females younger than 65 years, rates were 1.1 times those in Major Cities.

Males in Inner Regional and Outer Regional areas were about 1.4 times and 1.2 times as likely, respectively, to have a severe/profound disability as their counterparts in Major Cities. For males younger than 65 years, rates were 1.6 and 1.5 times, respectively, those in Major Cities.

Females in Inner Regional and Outer Regional areas were, respectively, about 1.05 and 0.9 times as likely to have a severe/profound disability as their counterparts in Major Cities. For females younger than 65 years, rates were 1.3 and 1.05 times, respectively, those in Major Cities.

Background



Disability data were provided from the 1998 ABS Survey of Disability, Ageing and Carers (ABS 1999b). This survey collected data from 37,580 people in private dwellings and 5,716 people in cared accommodation.

Because the prevalence of disability is strongly age-dependent (Figure 1.2.1.1), rates have been indirectly age-standardised using 1998 Major Cities age-specific rates as the standard. Standard errors were not provided by ABS with the data, and so it has not been possible to calculate confidence intervals for the estimates.

Detailed results

In 1998, 18% of males and 19% of females in Major Cities had some disability – 5% and 7% of males and females, respectively, had a profound or severe disability. In Major Cities overall, 82% of males and 81% of females had no disability (Table 1.2.1.1).

Table 1.2.1.1: Ratio of the number of persons with a disability^(a) to the expected number if 1998 Major Cities rates of disability had occurred, by ASGC Remoteness Area, 1998

Level of disability	MC	IR	OR
Males			
With disability	1.00	1.18	1.29
Severe ^(b) /profound ^(c) activity restriction	1.00	1.40	1.21
With disability (< 65 years)	1.00	1.27	1.38
Severe ^(b) /profound ^(c) activity restriction (< 65 years)	1.00	1.57	1.46
Crude percentage with disability	18	22	24
Crude percentage with severe/profound activity restriction	5	7	6
Females			
With disability	1.00	1.06	1.03
Severe ^(b) /profound ^(c) activity restriction	1.00	1.06	0.91
With disability (< 65 years)	1.00	1.09	1.09
Severe ^(b) /profound ^(c) activity restriction (< 65 years)	1.00	1.27	1.03
Crude percentage with a disability	19	21	19
Crude percentage with severe/profound activity restriction	7	7	6

(a) Defined by the World Health Organization (WHO) as any restriction or lack of ability (resulting from an impairment) to perform an action in the manner or within the range considered normal for a person. In the Survey of Disability, Ageing and Carers, a person has a disability if he/she has a limitation, restriction or impairment, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

(b) Person sometimes needs help with communication, mobility or self-care.

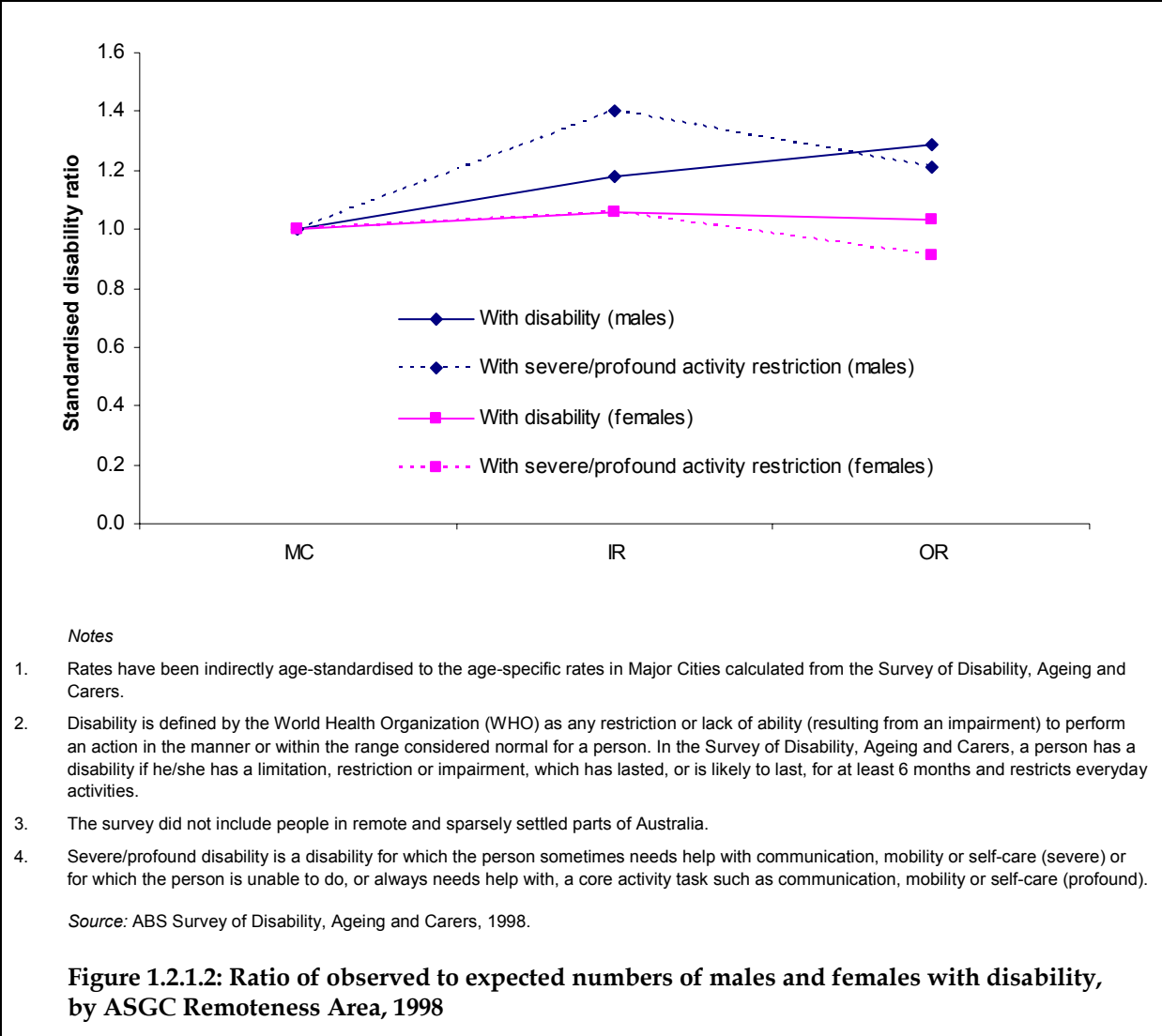
(c) Person is unable to do, or always needs help with, a core activity task (communication, mobility or self-care).

Notes

1. Rates have been indirectly age standardised to the age-specific rates in Major Cities calculated from the Survey of Disability, Ageing and Carers.
2. The survey did not include people in remote and sparsely settled parts of Australia.

Source: ABS Survey of Disability, Ageing and Carers, 1998.

Males in Inner Regional and Outer Regional areas were, respectively, 1.18 times and 1.29 times as likely to have a disability as those in Major Cities (Table 1.2.1.1 and Figure 1.2.1.2). Females in Inner Regional areas were 1.06 times as likely to have a disability as their counterparts in Major Cities, and females in Outer Regional areas were 1.03 times as likely. Males in Inner Regional and Outer Regional areas were 1.40 times and 1.21 times as likely, respectively, to have a severe/profound disability as their counterparts in Major Cities. Females in Inner Regional areas were 1.06 times as likely to have a severe/profound disability as their counterparts in Major Cities, and females in Outer Regional areas were 0.91 times as likely.



1.2.2 Reduced activity because of illness

Summary of findings

In 2001, the average number of days of reduced activity increased slightly with remoteness.

A lack of information with which to calculate statistical significance has reduced the confidence with which these results can be reported. Despite this, it would appear that, for both males and females, the average number of days of reduced activity was 3–4% higher in Inner Regional areas, and for males was more than 10% higher in Outer Regional areas than their counterparts in Major Cities.

Non-Indigenous males and females in Major Cities and Inner Regional areas had averages that were similar to those for the total populations in those areas, but in Outer Regional areas, averages were slightly higher than for the total populations there. However, the overall pattern of averages increasing with remoteness remained (and, indeed, strengthened).

It is unclear exactly how averages for Indigenous people compare, but results from this survey suggest lower average numbers of days of reduced activity, compared with the non-Indigenous population, at least in Outer Regional areas.

Background

Days of reduced activity because of illness is a measure of short-term disability. Necessarily, a 'normal level of activity' will be different for each person – what is a normal level for a healthy 25-year-old male will (in most cases) be greater than for someone who is 95 years old, or for someone of the same age but with a chronic illness.

'Days of reduced activity due to illness' is a preferred measure to 'days off work (or study) due to illness', because people who are unemployed, not in the paid workforce, the elderly and children are included in the former. 'Days of reduced activity' includes 'days off work' as well as days when normal activities other than paid work could not be undertaken.

The basic data from which these indicators have been calculated were from the 2001 ABS National Health Survey (NHS). About 26,000 people participated in this face-to-face survey. The ABS did not sample in sparsely populated areas. It is possible that sampling in regional areas is biased towards people who live in larger centres. NHS data for 1995 was not provided.

Although the ABS has published the percentage of people who had days of reduced activity due to illness, it has not published the average number of days of reduced activity (ABS 2002b). For Indigenous people, the number of days off work or study due to illness has been published, but not the number of days of reduced activity due to illness (ABS 2002a).

Values of standard error for estimates of the mean number of days of reduced activity in the previous fortnight were not available. This prevents discussion of the statistical significance of the differences.

The age-standardisation process was direct, and involved applying the age-specific averages from each sex and area to the 2001 Australian population in each age group. The resultant total 'expected' number of days of reduced activity was then divided by the total 2001 Australian population, to give a direct age-standardised average (see page 302 – statistical methods section).

Detailed results

In 2001, on average, Australians experienced 0.96 days of reduced activity due to illness in the 2 weeks prior to the NHS (Table 1.2.2.1, Figure 1.2.2.1).

The number of days of reduced activity tended to be greater in regional areas than in Major Cities. For males, the average increased from 0.88 days per fortnight in Major Cities to 0.90 and 0.97 days in Inner and Outer Regional areas, respectively. In other words, the average for males appeared to be 3% higher in Inner Regional areas, and 11% higher in Outer Regional areas than in Major Cities.

Females apparently experienced a greater average number of days of reduced activity due to illness than males. The average increased from 1.03 days per fortnight in Major Cities to 1.07 days in Inner Regional areas (4% higher than in Major Cities). However, the average for females in Outer Regional areas (1.03 days) was similar to that in Major Cities.

Non-Indigenous males and females reported fewer days of reduced activity in Major Cities and Inner Regional areas, but similar numbers in Outer Regional areas to those experienced by the total populations in those areas. For non-Indigenous females, there is little (2–3%) inter-regional difference, but for non-Indigenous males in Outer Regional areas who took part in the survey, the average number of days away from usual activity was about 13% higher.

The ABS (2002a) reported a similar percentage of Indigenous people having days off work or study to non-Indigenous people, but did not report the percentage having days away from usual activity (nor the average number of such days).

The similarity of the presented averages for the total and non-Indigenous populations in Major Cities and Inner Regional areas is not surprising, considering the small proportions of Indigenous people in these populations. The higher averages for non-Indigenous males and females in Outer Regional areas (compared with the total populations in these areas) indicates that the Indigenous people who participated in the NHS experienced, on average, fewer days of reduced activity than non-Indigenous people.

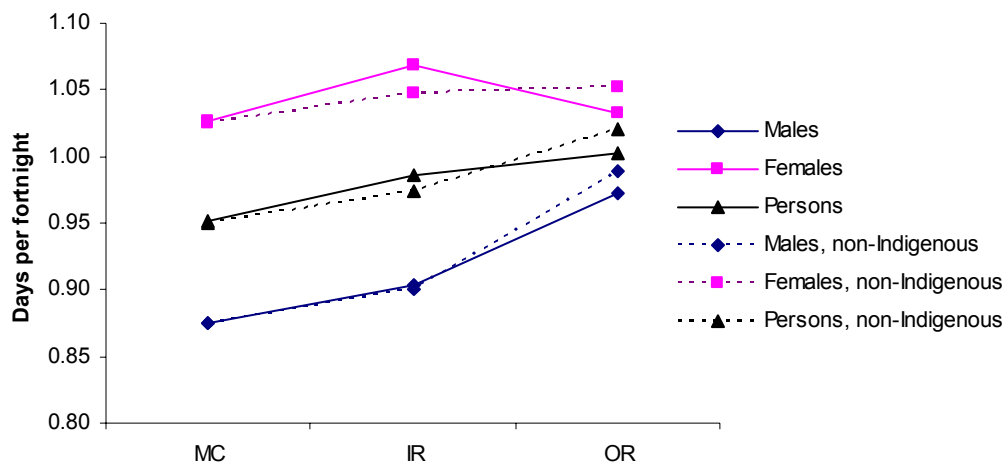
Table 1.2.2.1: Direct age-standardised mean number of days of reduced activity due to illness, people aged 5 years and over, 2001

	Males				Females				Persons			
	MC	IR	OR	Australia	MC	IR	OR	Australia	MC	IR	OR	Australia
	(Days)											
All people	0.88	0.90	0.97	0.89	1.03	1.07	1.03	1.03	0.95	0.99	1.00	0.96
Non-Indigenous people	0.88	0.90	0.99	0.89	1.03	1.05	1.05	1.03	0.95	0.97	1.02	0.96

Notes

1. Data from Remote and Very Remote areas are included in Outer Regional areas.
2. Direct age-standardised to the 2001 Australian population.

Source: ABS National Health Survey, Australia, 2001.



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Figure 1.2.2.1: Age-standardised mean number of days of reduced activity in the previous 2 weeks due to illness, for persons 5 years and over, by ASGC Remoteness Area, 2001