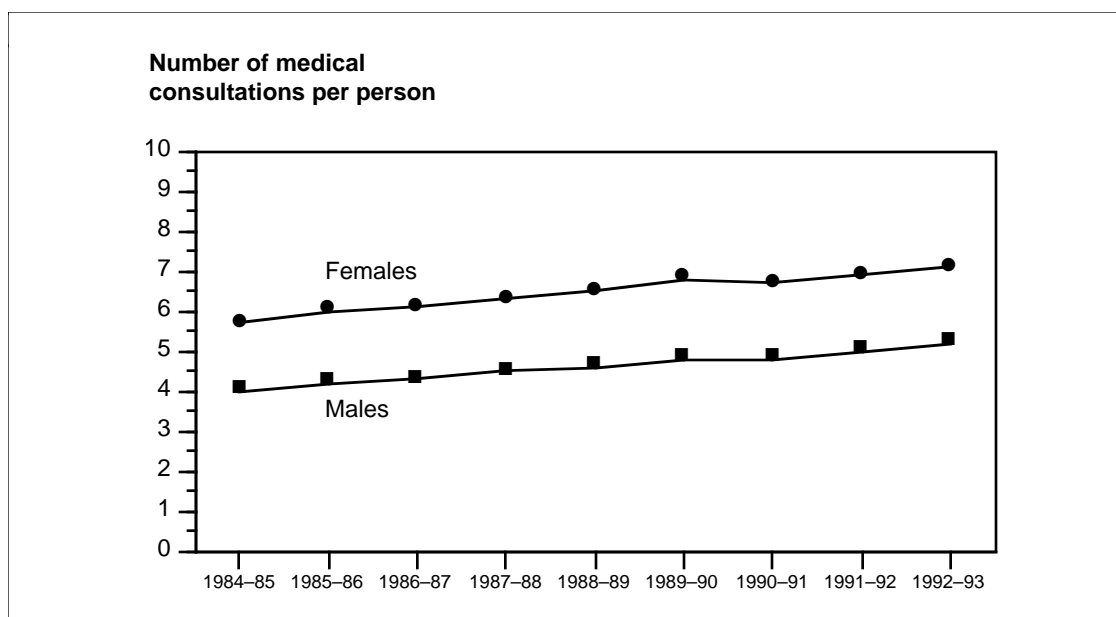


Health service use

- ◆ *Medical services*
- ◆ *Dental services*
- ◆ *Hospital use*
- ◆ *Secondary prevention*
- ◆ *Aged care*

Number of medical consultations per person



	1984-85	1985-86	1986-87	1987-88	1988-89	1989-90	1990-91	1991-92	1992-93
Males	4.0	4.2	4.3	4.5	4.6	4.8	4.8	5.0	5.2
Females	5.7	6.0	6.1	6.3	6.5	6.8	6.7	6.9	7.1
Total	4.9	5.1	5.2	5.4	5.6	5.8	5.8	6.0	6.2

Notes: 1. Includes general practice and specialist consultations (excludes services such as pathology, radiology, optometry, obstetrics, etc).

2. The consultation rates were age-adjusted using the total Australian population as at 30 June 1991.

Source: AIHW, derived from Medicare Claims data provided by the Health Insurance Commission.

- Services by doctors (general practitioners and specialists) are a major component of Australia's health service system. In 1992-93, attendances to GPs and specialists represented about 64% of all medical services. The remaining services were provided by practitioners in various fields such as obstetrics, anaesthesia, pathology, radiology and surgery.
- The average number of GP and specialist consultations increased from 4.9 consultations per person in 1984-85 to 6.2 in 1992-93.
- Even excluding pregnancy related consultations, more females than males consulted GPs and specialists during that time. However, the ratio of female to male con-

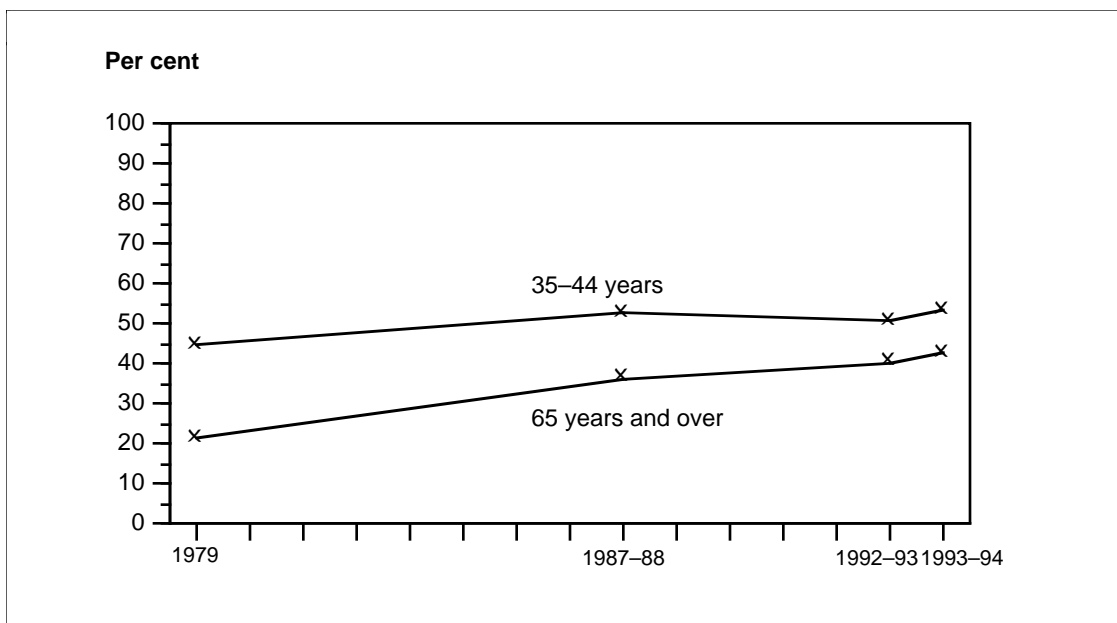
sultations has decreased slightly over that period. In 1984-85, there were 143 female for every 100 male consultations compared with 136 in 1992-93.

- One possible explanation for the increase between 1984 and 1993 is that access to practitioners has improved as a result of a 40% increase in the number of GPs and specialists.

For more information, see:

AIHW (1994) *Australia's health 1994: the fourth biennial report of the Australian Institute of Health and Welfare*. Canberra: AGPS.

Proportion of adults attending a dentist within the previous 12 months



	1979	1987-88	1992-93	1993-94
Age				
35-44 years (%)	44.9	52.6	51.0	53.4
65 years and over (%)	21.5	36.4	40.4	42.6

Source: AIHW Dental Statistics Research Unit.

- In the period 1979 to 1993-94, the proportion of people in both age groups (35-44 years and 65 years and over), attending a dentist in the previous 12 months increased substantially.
- This increase can be attributed to an increased awareness of the need for preventive care within the community and to the decline in edentulism (loss of all natural teeth) within the adult community. Both of these changes are associated with an increase in the frequency of visits to a dentist, and an increase in the proportion of visits that are for check-ups rather than dental problems.
- Despite a total increase in dental attendance in adults aged 65 years and over in

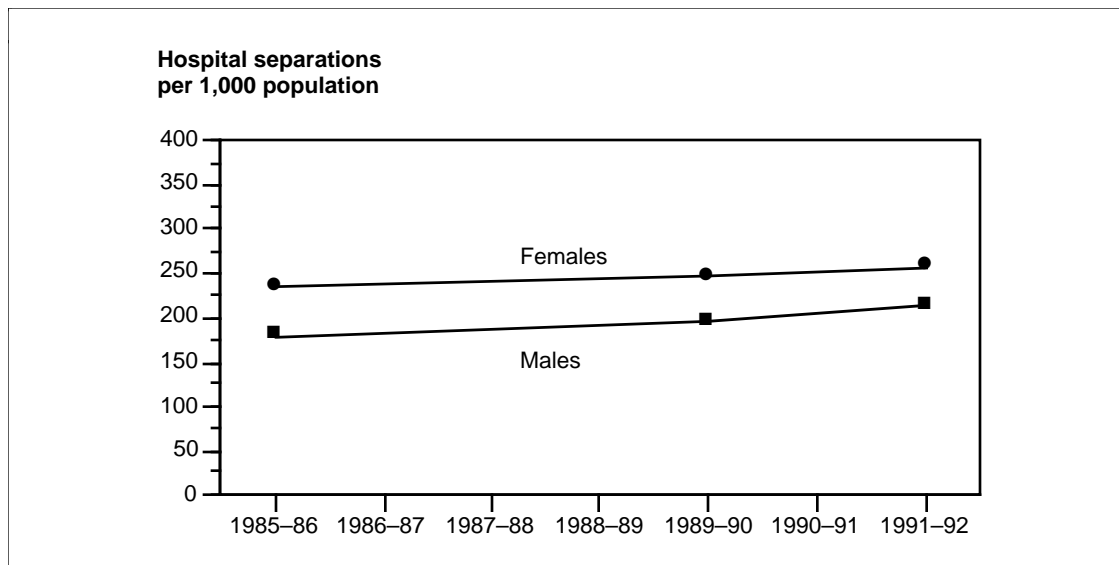
the previous 15 years, fewer dental visits occur in older men and women with lower socioeconomic status. Among younger age groups, socioeconomic differences are not as apparent.

For more information, see:

AIHW Dental Statistics Research Unit (1993) *Dental care for adults in Australia*. Adelaide: DSRU.

Mathers C. (1994) *Health differentials among older Australians*. AIHW Health monitoring series No. 2. Canberra: AGPS.

Acute care hospital separation rate per 1,000 population



	1985-86	1987-88	1989-90	1991-92
Males	179.0	na	193.8	214.0
Females	233.5	na	245.8	258.0
Total	206.3	213.5	219.8	237.0

na Data not available

- Notes:
1. Includes public, private and repatriation hospitals (operated by the Department of Veterans' Affairs) and private psychiatric hospitals.
 2. Excludes prison hospitals, hospitals operated by the Department of Defence and public psychiatric hospitals.
 3. Private hospital separations have been estimated for Vic, ACT and NT.

Source: AIHW Hospital utilisation and costs study.

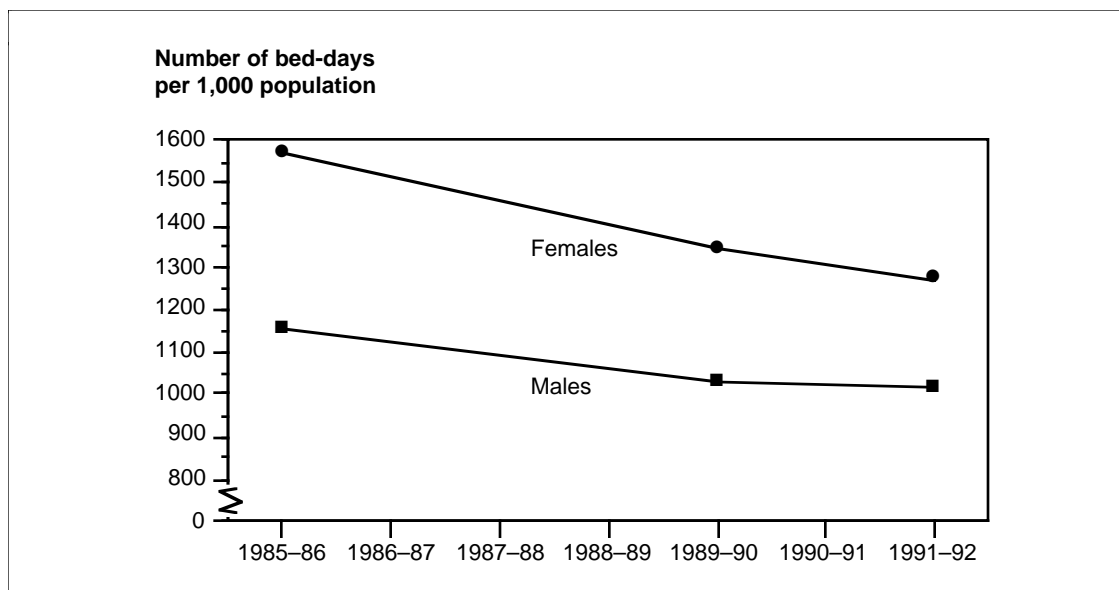
- Hospital separation rates provide an indicator of the numbers of episodes of hospital care per person and include same-day episodes when the patient is admitted.
- Trends in hospital separations (or discharges) are influenced not only by levels of serious illness in the population, but also by access to hospitals, repeated admissions, current medical attitudes towards treating an illness or injury in hospital and changes in the definition of a hospital separation.
- The number of acute care hospital separations has grown from 206 per 1,000 population in 1985-86 to 237 in 1991-92 representing an average annual growth rate of 2.3%. Part of the rise in the growth of services that occurred between 1989-90 and 1991-92 is due to an increase in the number of private hospitals which provide investigation and treatment of acute conditions on a same-day basis.
- Hospital separation rates for females were greater than for males throughout the reported period. This difference is due in part to a higher rate of hospital admissions among women for reproductive health care.

For more information, see:

AIHW (1994) *Australia's health 1994: the fourth biennial report of the Australian Institute of Health and Welfare*. Canberra: AGPS.

AIHW *Hospital utilisation and costs study series*.

Number of acute care hospital bed-days per 1,000 population (days)



	1985-86	1987-88	1989-90	1991-92
Males	1,159	na	1,033	1,013
Females	1,569	na	1,341	1,273
Total	1,346	1,319	1,187	1,145

na Data not available

- Notes:
1. Includes public, private and repatriation hospitals (operated by the Department of Veterans' Affairs) and private psychiatric hospitals.
 2. Excludes prison hospitals, hospitals operated by the Department of Defence and public psychiatric hospitals.
 3. Private hospital bed-days have been estimated for Vic, ACT and NT.

Source: AIHW Hospital utilisation and costs study.

- The number of acute care hospital bed-days has declined steadily from 1,346 bed-days per 1,000 population in 1985-86 to 1,145 in 1991-92, representing an average annual fall of 2.6%.
- The decline in bed-days is due to two related factors. The first is that, on average, patient stays are shorter now than a few years ago (for the same conditions). The second is that some treatments that previously required patients to stay overnight can now be provided on a same-day basis (see *Average length of stay in acute care hospitals* on page 99). Same-day episodes of care count as one bed-day if the patient was admitted.
- The hospital bed-day rates for females were higher than for males in each of the

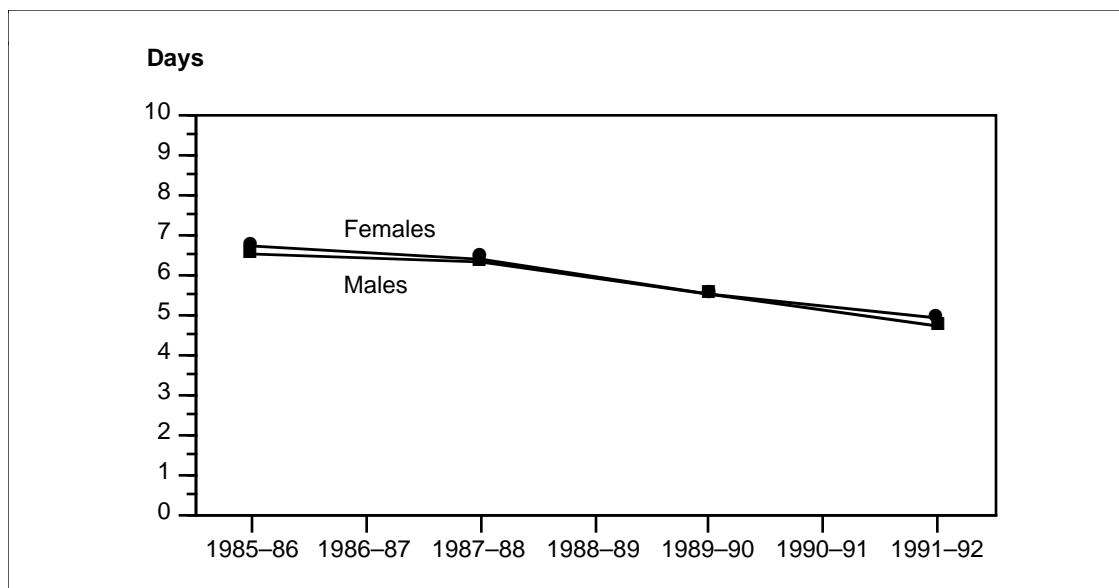
years shown, though the decline during this period was more rapid for females (3.3%). The higher number of bed-days among females is due in part to a higher rate of hospital admissions for reproductive health care.

For more information, see:

AIHW (1994) *Australia's health 1994: the fourth biennial report of the Australian Institute of Health and Welfare*. Canberra: AGPS.

AIHW *Hospital utilisation and costs study* series.

Average length of stay in acute care hospitals (days)



	1985-86	1987-88	1989-90	1991-92
Males	6.5	6.3	5.5	4.7
Females	6.7	6.4	5.5	4.9
Total	6.6	6.3	5.5	4.8

Notes: 1. Includes public, private and repatriation hospitals (operated by the Department of Veterans' Affairs) and private psychiatric hospitals, except 1987-88 which includes public hospitals only.
 2. Excludes prison hospitals, hospitals operated by the Department of Defence and public psychiatric hospitals.
 3. Private hospital bed-days and separations have been estimated for Vic, ACT and NT.
 4. Same-day hospital separations (or discharges) and a single overnight stay are attributed a length of stay of one day.

Source: AIHW Hospital utilisation and costs study.

- The average length of stay in acute care hospitals has fallen from 6.6 days to 4.8 days in the period 1985-86 to 1991-92, representing an overall reduction of 26.0% or an average annual fall of 4.9%. The average length of stay profile is similar for males and females, both in terms of the average length of stay for any one year and for the rate of decline over the period shown.
- The decline in the average length of stay is due to several factors. These include better use of anaesthetics and antibiotics, the use of less invasive surgical techniques and the

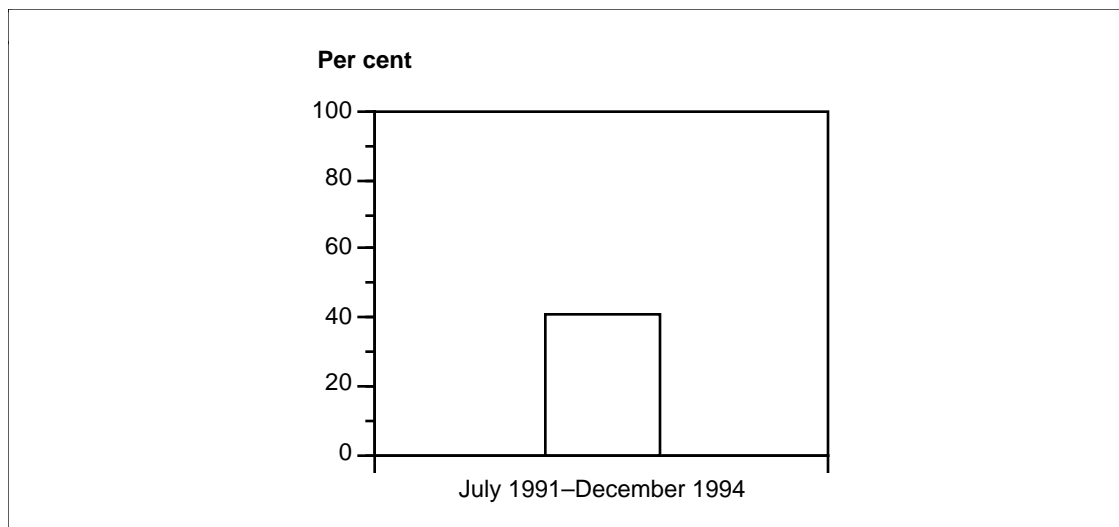
expansion of early discharge programs enabling patients to return to their home to receive follow-up care.

For more information, see:

AIHW (1994) *Australia's health 1994: the fourth biennial report of the Australian Institute of Health and Welfare*. Canberra: AGPS.

AIHW *Hospital utilisation and costs study series*.

Proportion of women aged 40 years and over who have participated in the national breast cancer screening program (%)



1 July 1991–31 December 1994

Women aged 40 years and over (%)

41

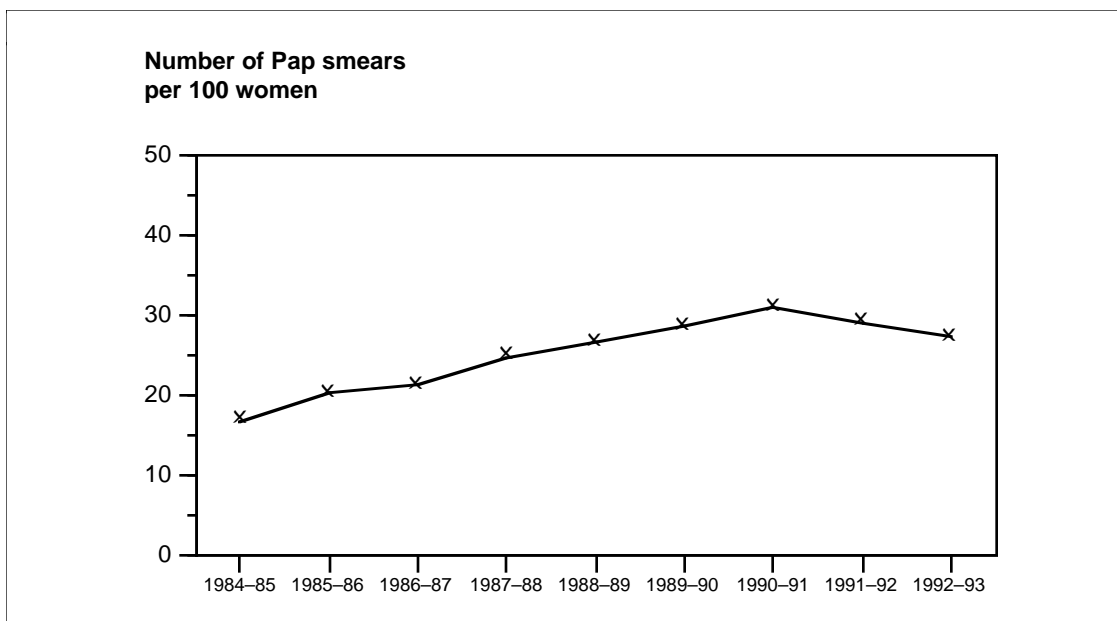
Source: Commonwealth Department of Human Services and Health.

- Breast cancer is the most common cause of cancer death in women. In 1993, 2,641 women in Australia died from the disease. Secondary prevention of breast cancer, via the early detection of symptoms, may help to stop the natural progression of the disease.
- A national breast cancer screening program began in 1991. The program aims to reduce mortality from breast cancer by the early detection of tumours. Two methods are being employed to encourage early detection: breast examinations (either self examination or examination by a clinician) and screening mammography.
- In the period 1 July 1991 to 31 December 1994, 41% of the 1.7 million Australian women over 40 years of age had participated in the national breast cancer screening program.
- Women aged 40 years or over are eligible for screening mammography offered under the program, although women in the 50–69 year age group have been actively targeted for screening.
- A reduction of 16% in breast cancer mortality amongst all women is projected to occur by the year 2005. This estimate allows for deaths among women who are not targeted or do not participate in screening and is based on a two yearly screening interval.

For more information, see:

AIHW (1992) *Australia's health 1992: The third biennial report of the Australian Institute of Health and Welfare*. Canberra: AGPS.

Pap smear rate for the early detection of cervical cancer per 100 women aged 15–69 years



	1984-85	1985-86	1986-87	1987-88	1988-89	1989-90	1990-91	1991-92	1992-93
Rate per 100 women aged 15 to 69 years	16.9	20.5	21.4	24.9	26.6	28.7	31.0	29.2	27.5

Source: Dankiw 1994.

- Between 1981 and 1993, cervical cancer caused the death of an average of 350 Australian women each year.
- The risk of cervical cancer increases with age. Women who are, or have been, sexually active and who have not had a hysterectomy are regarded as those at higher risk of developing the cancer. It is estimated that 90% of new cases of squamous cervical cancer (comprising 80–85% of all cases) could be prevented if women in the target group were to have a Pap smear once every two years.
- The 1989–90 ABS National Health Survey found that 72% of women aged 18–64 years had been screened at least once in the previous three years. Annual data from the Medicare system indicate that the Pap smear rates for women aged 15–69 years showed an upward trend between 1984–85 and 1992–93, although there has been a slight decline in the last two years.

The proportion of Pap smears being performed in private (Medicare-funded) versus public laboratories may have influenced this rise.

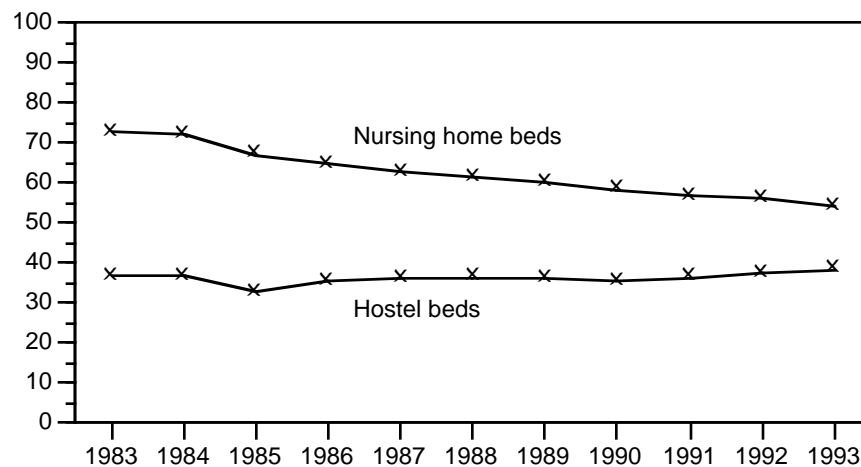
- Although overall screening rates appear to have increased, it has been estimated that only half the potential cases are currently being prevented. The reason for this is that much of the screening is occurring among younger women who are at lower risk. Screening rates are lower among older women, Aboriginal women, women of non-English speaking background, and women of lower socioeconomic status.

For more information, see:

AIHW (1992) *Australia's health 1992: The third biennial report of the Australian Institute of Health and Welfare*. Canberra: AGPS.

Nursing home and hostel beds per 1,000 population aged 70 years and over

Number of beds per 1,000 population aged 70 years and over



	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993
Nursing homes	72.8	72.0	67.2	64.9	63.0	61.4	60.4	58.5	56.8	56.4	54.3
Hostels	37.1	36.8	32.8	35.8	36.1	36.6	36.2	35.8	36.5	37.4	38.5
TOTAL	109.9	108.8	100.0	100.7	99.2	98.0	96.6	94.3	93.3	93.8	92.7

Sources: Department of Health, Housing and Community Services 1991; DSHS Annual reports.

- Nursing homes provide long-term nursing care to chronically ill, frail or disabled persons. They cater mainly for the aged. Hostels provide accommodation for people who are unable to live wholly independently but do not require nursing care. The ratio of nursing home and hostel beds per 1,000 population aged 70 years and over provides an indication of the response of the government sector (Commonwealth, State, Territory and Local governments), and of the not-for-profit and for-profit private sector, to the needs of older people in the community.
- During the 1960s and 1970s, strong emphasis was placed on providing accommodation for older people in nursing homes. Although this style of accommodation is necessary for a proportion of the aged population, most aged persons prefer to

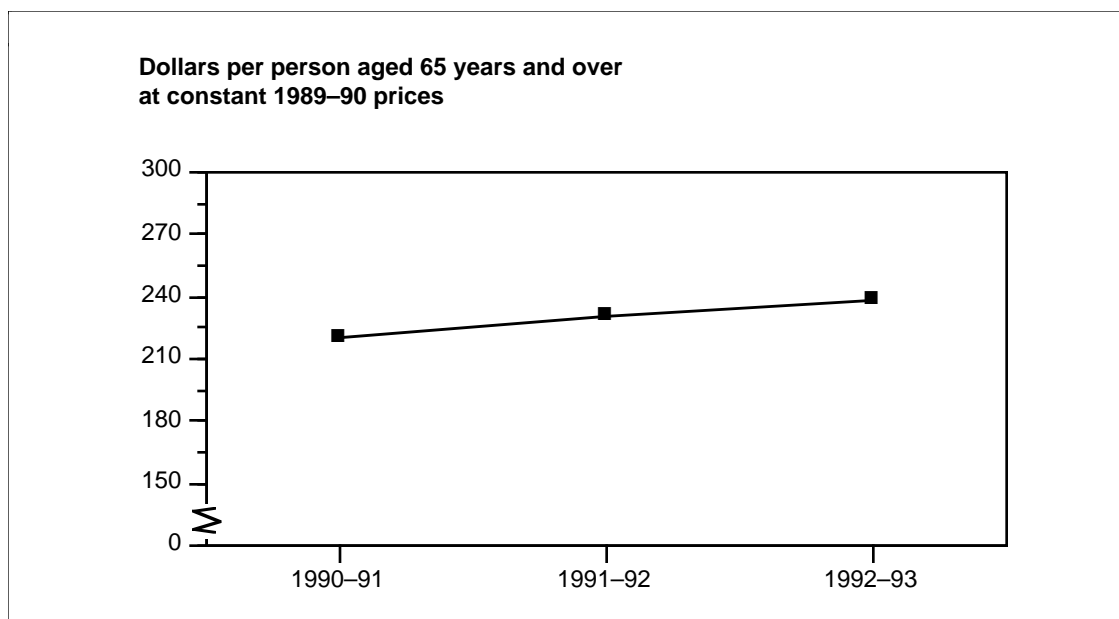
remain in the community. As a result, current government programs aim to reduce the number of nursing home beds for people aged 70 years and over to 40 beds per 1,000 population. The number of beds for that population has already been reduced from 72.8 beds per 1,000 population in 1983 to 54.3 in 1993.

- To offset the fall in the number of nursing home beds the government aims to provide 60 hostel beds per 1,000 population aged 70 years and over. In 1993, there were 38.5 beds. Recent approvals for additional hostel accommodation will increase this level of provision.

For more information, see:

AIHW (1994) *Australia's welfare 1993: services and assistance*. Canberra: AGPS.

Home and community care expenditure per person aged 65 years and over at constant 1989–90 prices



	1990–91	1991–92	1992–93
Expenditure per person aged 65 years and over (\$)	219.54	230.65	237.67
Annual growth rate (%)		5.1	3.0

Note: Home and community care is deflated to constant prices using the 'other health and welfare' deflator (see AIHW Health expenditure bulletin No. 8 April 1993, Table 18).

Sources: DSH Program Performance Statements; DSH Home and community care expenditure for the aged.

- The home and community care (HACC) program began operating in 1984. It was established to provide an integrated range of services to assist frail older people, people with a disability, and their carers within the community. The services include home help, home nursing, meals and transport. A 1990 national survey of the program showed that 80% of its clients were 65 years of age and over.
- In 1990–91, Commonwealth, State and Territory Governments combined spent \$220 at constant prices per person aged 65 years and over. This amount increased to \$238 in 1992–93, representing an average annual growth rate of 4%.
- HACC expenditure per person aged 65 years and over provides an indicator of the shift in government policy away from institutionalised care to community based care (see *Nursing home and hostel beds per 1,000 population aged 70 years and over* on page 102). Although HACC expenditure has grown, data are not available to quantify the extent to which it improves the quality of life or reduces the need for institutionalisation.

For more information, see:

AIHW (1994) *Australia's welfare 1993: services and assistance*. Canberra: AGPS.

