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Health Status of the ACT by statistical subdivisions

Measures of health status and health services in the subdivisions of the ACT

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Health Status of the ACT by statistical subdivisions

Summary

This publication details profiles of health and ill-health by town centres or subdivisions in the ACT. It aims to assist the ACT government and in particular, the ACT Department of Health and Community Care in its commitment to maximising 'both community and individual health and well-being' by providing an overview of the services provided within subdivisions, the current utilisation of those services, and future needs of the ACT's regional populations.

The <u>statistical subdivisions</u> of the ACT as defined by the Australian Bureau of Statistics (ABS) are North Canberra, Belconnen, Woden Valley, Weston Creek-Stromlo, Tuggeranong, South Canberra, Gungahlin-Hall and the ACT Balance (consisting of the bulk of the ACT's non-urban land mass).

In 1996, the largest subdivision was Tuggeranong (89,954 persons), followed by Belconnen (85,580), North Canberra (38,831), Woden Valley (33,028), Weston Creek (24,864), South Canberra (22,726) and Gungahlin-Hall (12,709)

The <u>age sex distributions</u> of the ACT statistical subdivisions vary. Although the proportions of people aged 25 to 65 years were relatively constant between subdivisions in 1996, there was substantial variation in the younger and older age groups. Tuggeranong, Gungahlin-Hall and the ACT Balance had relatively high proportions of residents aged 0 to 14 years, while South Canberra, North Canberra and Woden Valley had higher proportions of residents aged 65 years and over.

Of the 2,898 Indigenous people living in the ACT, 32% lived in Tuggeranong and 12% lived in South Canberra.

The more recently established subdivisions of the ACT had higher proportions of younger people and relatively few older people. South Canberra, North Canberra and Woden Valley had comparatively higher proportions of older people, and relatively few people aged 0 to 14 years. Woden Valley had the highest median age (36 years), followed by South Canberra, Weston Creek and North Canberra in 1995. Tuggeranong and Gungahlin-Hall had the lowest median ages, below 30 years for both sexes.

Of the 4,388 <u>births</u> in the ACT in 1996, Tuggeranong (particularly the suburbs of Kambah, Gordon and Calwell) had the highest proportion, followed by Belconnen (particularly Florey and Kaleen). All subdivisions, with the exception of Tuggeranong (2.16 per woman) had <u>fertility rates</u> below that of Australia (1.8).

With regard <u>socio-economic factors</u> such as living conditions, income etc, there were marked differences between suburbs, but not subdivisions in the ACT (1996 Census). Woden had the highest proportion of residents born overseas (Tuggeranong the lowest), Gungahlin-Hall the highest personal weekly income (North Canberra the lowest) and proportion of people buying their own home (South Canberra the lowest), Weston Creek the highest number of home owners (Gungahlin the lowest), North Canberra the highest proportion of people renting accommodation (Tuggeranong the lowest), and the highest proportion of people unemployed (Tuggeranong the lowest) and the highest proportion of

people not in the workforce (Tuggeranong the lowest). The age composition of the subdivisions will have had a large influence on these proportions.

There were an estimated 350 general practitioners (GPs) working in the ACT in 1996. They were not evenly spread throughout the Territory. Subdivisions with high concentrations of elderly residents had the highest numbers of GP's.

<u>Hospital separations</u> data provide a measure of acute morbidity. In the older subdivisions, the highest proportions of separations were due to digestive disorders. In Tuggeranong and Gungahlin, however, complications of pregnancy were the most common cause of separations, followed by digestive disorders. Overall, the older subdivisions of South and North Canberra, Woden Valley and Weston Creek had the highest rates of separations for all causes and age-related causes with Woden Valley having the highest total separation rate of all subdivisions.

A comparison of <u>public and private hospital separations</u> for each subdivision reveals that greater proportions of separations for Woden Valley and Weston Creek came from the private hospitals (John James and Calvary Private). Rates for both public and private hospitalisation varied considerably between the subdivisions. In 1996-97, South Canberra had the highest rate for public hospital separations. Woden had the highest rate for private hospital separations.

The subdivisions of North Canberra, South Canberra, Woden Valley and Weston Creek-Stromlo, accounted from 9 to 15 per cent of <u>separations for external causes of injury and poisoning</u>, while only 3.8 per cent of these admissions were from Gungahlin-Hall. These patterns are largely consistent with the relative sizes of the populations of these subdivisions.

An examination of selected causes of injury as a percentage of all external causes shows that, in 1996-97, the subdivisions had similar proportions of injury for those causes. One exception was Gungahlin-Hall, in which road vehicle accidents accounted for 17.9 per cent of all external causes of injury and poisoning, which was substantially greater than the percentages for the other subdivisions.

The average <u>length of stay</u> of separations gives an indication of the acuity of those separations. South Canberra and North Canberra had the highest average length of stay for all separations for any cause. This may be a reflection of the older populations of these subdivisions, since one would expect older people to recover more slowly from illnesses and medical procedures. Older people are more likely to suffer serious, chronic diseases which tend to require longer periods of hospitalisation.

With regard specific causes for hospitalisation, the highest mean lengths of stay were for South Canberra for the age related conditions of neoplasms, circulatory diseases, digestive disorders, injury and poisoning and mental disorders (mainly dementias) and Weston Creek-Stromlo for complications of pregnancy, childbirth and puerperium. It is interesting to note that the greatest proportion of people discharged to nursing homes came from South Canberra, confirming the reasoning about age-related lengths of stay. Tuggeranong had the highest percentage of people discharged home, North Canberra had the lowest.

There were 1,300 <u>deaths</u> in the ACT in 1996. Subdivisions where high proportions of deaths occurred were those with high proportions of elderly residents such as North and South Canberra.

The major <u>causes of death</u> in all subdivisions were from circulatory diseases followed by malignant neoplasms (cancer).

From 1994 to 1996 the <u>mean age at death</u> for Gungahlin-Hall was consistently substantially below those for the other subdivisions. Since Gungahlin-Hall has only been recently settled its age structure is quite young. (It only had 264 people over 65 years in 1996). Other subdivisions had a mean age at death of between 78.3 years (Tuggeranong) and 71.2 years (Woden Valley).



1. Introduction

The Epidemiology Unit of the ACT Government produces a series of publications on the health status of ACT residents. These publications examine a wide range of health status indicators for particular diseases or population groups (such as Aborigines and Torres Strait Islanders). Bienially, the Unit produces a publication on health indicators in general for the ACT, the most recent of which was released in January 1998 (Health Series No. 13). This report is based on the general framework of that general work, but develops a more extensive profile of health status within town centres or subdivisions in the ACT. It is expected that the findings will assist the ACT government and in particular, the ACT. Department of Health and Community Care in its commitment to maximising 'both community and individual health and well-being' by developing an overview of health status and the services provided within subdivisions. The terms 'regions' and 'statistical subdivisions' have the same meaning for the purposes of this report.

This report relies to a great extent, on data analysed in the *ACT's Health* and *Health Indicators of the ACT* publications produced in 1995 and 1998 respectively by the ACT Department of Health and Community Care (Health Series No. 1 and 13) and those largely derived from national collections, and the ACT Hospital Morbidity Data Collection. Readers should note that data are prone to substantial fluctuations from year to year because of small numbers in subdivisions of the ACT. Where possible, time series are used to show overall trends

Developing a profile of health status

Any attempt to measure the health status of a community presents a number of problems. For example, many people do not seek the assistance of health care practitioners for many of their ailments. Hospital data therefore are not necessarily accurate records of the overall morbidity occurring within the community, and have been found to be poorly correlated with the prevalence of many health problems. For example, one study found a close correlation between disease prevalence in only 2 of 7 disease groups or procedures investigated. Hospital data only reflects acute illness in the community. Using hospital data in conjunction with other data collections, such as surveys of medical practitioners or national health surveys, provides a more comprehensive picture of a community's health status (includes less acute episodes). This report does utilise some of the results of the National Health Survey of 1995-96 to develop profiles of regional health status. A number of service providers were contacted during the preparation of this document, and some of these organisations and individuals provided information on the type of service they offered, their client mix, and the catchment areas they service. Where possible, this information has been incorporated into this document. This information is not however, a comprehensive account of the services provided within the Territory, nor does a service's omission from this document reflect the ACT Government's perception of the value of that service.

The health status of a community is dependent upon more than the physical and mental well-being of its individual members. Many of the causes of ill health are outside the domain of medical intervention. Social, environmental and economic factors all impact on an individual's health and the health profile of the wider community.

1.1 History of the development of the statistical subdivisions

Canberra began as a rural community. In 1911 a competition was held to design the national capital on this site. Walter Burley Griffin won the competition and the national capital was established. The Central Canberra area, which is now divided into *North and South Canberra* subdivisions developed quickly. The Civic shopping centre was opened in 1927.²

It was not until 1962 that the first satellite city of *Woden* was developed, with Hughes being the first suburb (1963). Woden derives its name from the Norse God of War who was also the patron of learning. Dr James Murray named his property 'Woden' in 1837.

The second city to be built was *Belconnen* in 1966, with the first residents moving into Aranda in 1967. Its name comes from Aboriginal origins. One version of its origin is that an Aborigine was sent to find a stockman near Connen Creek, and when he couldn't find him he said "bail connen", 'bail' being a negative word. Belconnen was also the name given to a huge property in South Australia owned and named by Captain Charles Sturt in 1837.

Work commenced on developing *Weston Creek* in 1968 and the first residents moved into Waramanga in 1969. The subdivision is named after Captain Edward Weston, Superintendent of the Hyde Park Convict Barracks in Sydney who was granted land in the area in 1841.

Planning of *Tuggeranong* began in 1969, but the first residents did not move into Kambah until 1974. The name Tuggeranong has Aboriginal origins. 'Togranon' means cold plains.

In the early 1990s work began on developing the subdivision of *Gungahlin*, which was envisaged to be as big as Belconnen (up to 100,000 people). The first residents moved into Palmerston in 1992. The name 'Gungahlin' also has Aboriginal origins. Two meanings attributed to 'Goongarline' or 'Gungahlin' as it is now called, are 'wonderful or beautiful' and 'white man's house'.

Also in the 1990s, the ACT Government approved urban in-filling and dual occupancy which altered the population composition of the inner north and inner south suburbs.



2. A demographic profile of the ACT

2.1 Environment

The ACT covers an area of approximately 2,400 km² and is surrounded on all sides by New South Wales.³ Consequently, the ACT provides some services to the surrounding NSW South East Subdivision as well as to its own residents.

Almost all ACT residents live in the metropolitan areas although about 85 per cent of the Territory's land mass is devoted to national parks, nature reserves, pine plantations and rural properties. This is shown quite clearly in Figure 1 which shows the statistical divisions and subdivisions of the ACT, as designated by the Australian Bureau of Statistics (ABS). The area around the ACT is mainly mountainous. The ACT has no heavy industries. The Territory's population enjoys the benefits of good air and water quality.

Figure 1: Statistical subdivisions, ACT, 1996

The statistical subdivisions of the ACT as defined by the ABS are North Canberra, Belconnen, Woden Valley, Weston Creek-Stromlo, Tuggeranong, South Canberra, Gungahlin-Hall and the ACT Balance (consisting of the bulk of the ACT's non-urban land mass). Although it is recognised that rural and urban populations may have different morbidity and mortality patterns, the small number of hospital admissions from the ACT balance makes analysis difficult and prone to substantial fluctuation from year to year. Therefore, although basic demographic details for the population of the ACT balance are considered, residents of the ACT balance are grouped with the major subdivisions in the analysis of hospital morbidity in this document. Jervis Bay on the south coast of NSW is also part of the ACT, but this subdivision is not covered in this publication other than in the section on Aborigines and Torres Strait Islanders.

2.2 ACT population

There are slightly more males than females in the ACT. The ACT has a younger population than Australia generally with a median age of 31.3 years at June 30 1996, compared to 34.0 years for the Australian population. This is reflected by the population composition. The ACT has 22.0 per cent of its population aged 0-14 years (Australia has 21%)⁵ and only 7.3 per cent aged 65 years and over (Australia has 12%). The populations of the ACT and Australia are ageing quite rapidly. Table 1 shows the small, constant growth in the ACT population over the past 10 years. Population growth in the ACT has slowed down in the last few years as a result of out migration.

Table 1: Estimated population, by sex, ACT, 1988-96

Sex	1988	1989	1990	1991	1992	1993	1994	1995	1996
Males	137 321	140 223	143 875	148 484	147 404	150 120	151 269	153 198	155 198
Females	136 213	138 482	141 202	145 047	146 755	148 771	149 598	150 866	152 313
Persons	273 534	278 705	285 077	293 531	294 159	298 891	300 867	304 064	307 511

Source: Estimated Resident Population by Sex and Age States and Territories of Australia June 1988 to June 1996, ABS Catalogue No. 3201.0

The most highly populated subdivision in 1996 was Tuggeranong.

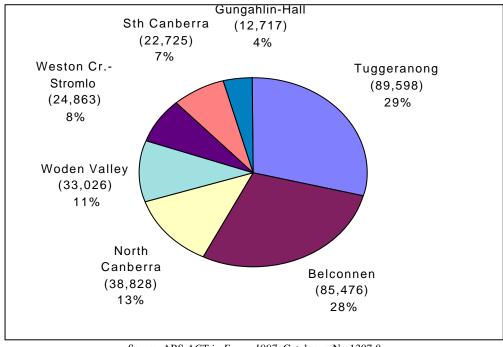


Figure 2: Population distribution, ACT subdivisions, 1996

Source: ABS ACT in Focus 1997, Catalogue No 1307.8

Over the 5 years 1991-96, the strongest growth has been in Tuggeranong (an increase of 15,186 people or 20.4%), Gungahlin-Hall (up 10,411 people or 451.5%) and South Canberra (up 354 people or 1.6%). This has been offset by a decrease in Belconnen (down 4,043 people or 4.5%), Weston Creek-Stromlo (down 2,291 people or 8.4%), North Canberra (down 1,421 people or 3.5%) and Woden Valley (down 895 people or 2.6%). The recent trend towards medium to high density townhouse/apartment development, especially in areas in or near the Central Business District will impact on these trends.

Weston Creek-Stromlo, Tuggeranong and Belconnen had the highest urban population densities of 1,577, 1,397 and 1,360 people per square kilometre respectively.

The age distributions of the ACT statistical subdivisions vary considerably (refer Figure 3). Although the proportions of people aged 25 to 65 years were relatively constant between subdivisions, there was substantial variation in the younger and older age groups. Tuggeranong, Gungahlin-Hall and the ACT Balance have relatively high proportions of residents aged 0 to 14 years, while South Canberra, North Canberra and Woden Valley have higher proportions of residents aged 65 years and over.

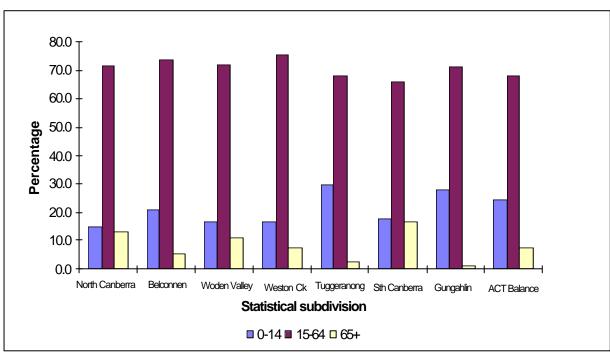


Figure 3: Age distributions of populations, by subdivision, ACT, 1996

Source: Regional Statistics, Australian Capital Territory, 1997. ABS Catalogue No. 1313.8

An examination of Table 2 shows that Woden Valley has the highest median age, followed by South Canberra, Weston Creek and North Canberra in 1995. Tuggeranong and Gungahlin-Hall have the lowest median ages, below 30 years for both sexes. The fact that median ages in North Canberra were lower than those in Weston Creek and Woden Valley may be a reflection of an influx of young adults into recently developed medium density housing in Braddon and Ainslie.

Table 2: Median ages for subdivisions, by sex, ACT, 1995

Sex	North	Belconnen	Woden	Weston	Tuggeran-	South	Gungahlin-	ACT
	Canberra		Valley	Ck	ong	Canberra	Hall	Balance
Males	31.7	29.7	34.9	33.0	27.7	34.9	26.9	30.1
Females	32.4	31.1	37.1	36.7	27.5	35.0	27.1	31.2
Persons	32.0	30.4	36.0	34.8	27.6	35.0	27.0	30.6

Source: Regional Statistics, Australian Capital Territory, 1997. ABS Catalogue No. 1313.8

The 1996 Census confirmed similar median ages with the exception of for 'ACT balance':

Table 3: Median ages for subdivisions, ACT, August 1996

	North	Belconnen	Woden	Weston	Tuggeran-	South	Gungahlin-	ACT
	Canberra		Valley	Ck	ong	Canberra	Hall	Balance
Persons	31	30	36	35	28	35	27	25

Source: ABS Social & housing characteristics for SLA's, ACT 1996, Catalogue No. 2015.8

In summary, the ACT population is a comparatively young population compared to the Australian population, though it is ageing at a relatively rapid rate. The more recently established subdivisions of the ACT have higher proportions of younger people and a smaller proportion of older people. South Canberra, North Canberra and Woden Valley have higher proportions of older people, and relatively few people aged 0 to 14 years. A more comprehensive breakdown of age groups by subdivisions is tabled at Appendix 1.

2.3 Births

The ABS recorded that there were 4,388 births (males and females) in the ACT in 1996, spread fairly evenly over the twelve month period.⁷ Table 4 presents a summary of births by statistical subdivision for the ACT in 1996.

Table 4: Births, by subdivision, ACT, 1996

Nor	th	Belco	nnen	Woo	len	Wes	ton	Tugge	ranong	Sou	ıth	Gung	ahlin-	AC	СТ	ACT
Canb	erra			Val	ley	Cre	ek			Canb	erra	На	all	bala	ince	total
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
403	9.2	1100	25.1	394	9.0	264	6.0	1680	38.3	232	5.3	310	7.1	5	0.1	4388

Source: ABS, Demography ACT 1996, Catalogue No. 3311.8

It can be seen from Figure 4 that Tuggeranong (particularly the suburbs of Kambah, Gordon and Calwell) had the highest proportion of births, followed by Belconnen (particularly Florey and Kaleen).

Figure 4: Births, % of total, by subdivisions, ACT, 1996 40 35 30 Percentage of births 25 20 15 10 5 Weston North Belconnen Woden Sth Tuggeranong Gungahlin-Other Stromlo Canberra Canberra Subdivision

Source: ABS, Demography ACT 1996, Catalogue No. 3311.8

2.4 Fertility rates

The total ACT fertility rate (refer Section 5 for definition) is the lowest of all states and territories (national rate of 1.8) in 1996. Tuggeranong was the only subdivision of the ACT which reached and in fact overtook, the national rate.

Table 5: Fertility rates, by subdivision, ACT, 1996

North	Belconnen	Woden	Weston	Tuggeranong	South	Gungahlin	ACT	Total
1.23	1.58	1.54	1.54	2.16	1.42	1.44	1.82	1.69

Source: ABS, Demography ACT 1996, Catalogue No. 3311.8

2.5 Socioeconomic factors

The 1996 Census results showed marked differences between suburbs, but not markedly between subdivisions in the ACT, with regard socioeconomic factors such as living conditions, income etc.

Table 6: Birthplace, spoken language, housing status, by subdivisions, ACT, August 1996

	North	Belconnen	Woden	Weston	Tuggeranong	South	Gungahlin	ACT
	Canberra		Valley	Creek		Canberra		balance
Australian born (%)	70.5	74.7	69.1	74.7	78.4	71.1	74.3	81.8
UK,Ireland,NZ born	7.9	7.2	9.4	8.7	6.8	8.5	5.4	5.6
Other born (%)	16.1	15.4	18.0	13.1	12.3	14.9	17.7	7.8
Indigenous origin (%)	1.0	0.8	0.9	0.9	1.1	1.5	0.5	0.8
Other language at home	13.3	13.8	14.8	10.2	10.9	11.7	18.7	10.4
Median personal weekly	336	404	460	448	460	481	503	294
Owns dwelling (%)	28.6	32.4	36.4	38.2	22.6	32.6	15.0	15.2
Buying dwelling (%)	19.3	34.4	23.5	32.4	49.4	18.1	56.9	8.9
Renting dwelling (%)	48.1	30.4	36.6	26.1	25.4	44.3	25.7	70.5
Total private dwellings	14,460	28,553	12,789	8,759	28,499	8,945	4,569	112
Median weekly rent (\$)	126	150	150	150	150	150	155	70

Note: 1. In accordance with ABS Census procedures, calculations of proportions include 'not stated' in the denominator.

Source: ABS, Social & housing characteristics for SLAs, ACT, 1996, Catalogue No. 2015.8

Percentage differences will in part, be due to age structure differences between subdivisions.

In summary, (refer Table 6) the proportion of people born overseas ranged from 19.1 per cent in Tuggeranong to 27.4 per cent in Woden Valley. Suburbs with the highest proportion included O'Malley (37%), Turner (33%), Hughes (32%), Lyons (30%), Acton (30%), Belconnen Town Centre (30%) and Garran (29%). Suburbs with high concentrations of people who speak a language other than English at home include those with many overseas student residents such as Turner (22%), Belconnen Town Centre (22%) and Acton (21%), and other areas such as O'Malley (39%), McKellar (28%), Palmerston (26%) and Florey (23%).

South Canberra and Tuggeranong had the highest proportions of Indigenous residents with the suburbs of Narrabundah (2.6%) and Kambah (1.6%) having the highest percentages.

With regard to income, Gungahlin-Hall recorded the highest medium weekly income (\$503). Suburbs where high incomes were recorded include City (\$762), Forrest (\$683), Kingston (\$593), Phillip (\$568), Barton (\$559), Griffith (\$544), Greenway (\$549) and Fadden (\$533). Areas recording low incomes include those with high concentrations of students such as Turner (\$279), Belconnen Town

^{2. &#}x27;Private dwelling' includes Government housing.

Centre (\$275), Braddon (\$272) as well as Oaks Estate (\$252) and O'Connor, Ainslie, Charnwood and Narrabundah (all being in the low \$300's).

Areas with high proportions of home ownership include most of Woden Valley, especially O'Malley (61%), Isaacs (45%); most of Western Creek-Stromlo and of Belconnen; most of Hall; and some of South Canberra, especially Symonston (60%), Forrest (51%), Deakin (45%) and Red Hill (41%). The areas with high proportions of rented dwellings were mainly located near town centres and Parliament House, although in Tuggeranong, only Greenway had a high proportion (65%).⁸

With regard to educational and employment status, Table 7 details subdivisional information. Since there is a marked difference in the populations of each subdivision, it is inappropriate to compare numbers between subdivisions. Belconnen (28% of total ACT population) and Tuggeranong (29%) for instance make up over half the total ACT population, so it would be expected that they would have proportionally higher numbers in the various categories. When expressed as percentages of total unemployment (seeking full or part-time work), North Canberra and Belconnen have slightly higher proportions and Tuggeranong a slightly lower proportion than would be expected, given their population proportions. This is mainly due to the older population in North Canberra and Belconnen and the younger one in Tuggeranong. Nevertheless, the situation should be monitored. Other subdivisions have roughly the same proportion of unemployment as their populations would indicate. Youth unemployment (16-18 years) as a proportion of total unemployment, varies little across the subdivisions.

Similarly, for the proportions of people not in the workforce (ie not in nor seeking employment), North Canberra has a higher than expected proportion and Tuggeranong a lower than expected proportion of people. Again, the concentration of older and younger populations in these subdivisions would account for these differences.

All subdivisions have proportions of employed people (i.e. employees or employers) which are consistent with their population sizes. Clearly, there are differences between suburbs within each subdivision, but the differences even out for the total subdivision.

Table 7: Labour force status, by age, by subdivisions, ACT, August 1996

	North Canberra	Belconnen	Woden Valley	Weston Creek	Tuggeranon g	South Canberra	Gungahlin	ACT balance
Still at school								
Employee	300	1354	335	426	1327	193	132	3
Employer	0	6	3	0	9	0	0	0
Unemployed, seeking FT	3	14	6	4	15	3	0	0
Unemployed, seeking PT	58	192	60	63	216	41	20	6
Not in labour force	747	2728	834	746	2570	734	242	11
Never attended school								
Employee	11	47	12	13	39	12	12	0
Employer	0	0	0	0	3	0	0	0
Unemployed, seeking FT	4	16	3	3	12	0	0	0
Unemployed, seeking PT	6	4	0	0	0	3	0	0
Not in labour force	86	158	74	26	123	42	28	0
16 years & under								
Employee	4166	13149	4299	3894	15157	2583	2065	57
Employer	87	271	123	86	272	73	31	0
Unemployed, seeking FT	537	1086	329	247	1030	260	109	6
Unemployed, seeking PT	125	260	80	68	232	69	22	0
Not in labour force	5255	7568	3869	2413	6312	2998	664	37
17 years								
Employee	6313	11168	4795	3567	10806	3651	1866	42
Employer	66	117	70	53	129	95	24	0
Unemployed, seeking FT	286	570	202	129	416	147	76	0
Unemployed, seeking PT	202	252	60	40	131	55	31	0
Not in labour force	2147	2534	1384	792	1842	1029	265	3
18 years								
Employee	5466	10988	4380	3112	10382	2879	2099	41
Employer	62	123	55	36	126	82	22	3
Unemployed, seeking FT	319	601	227	137	450	127	72	0
Unemployed, seeking PT	238	284	80	40	156	60	26	3
Not in labour force	1947	2552	1145	625	1616	772	258	7
19 years & over								
Employee	855	2046	806	561	2204	461	466	0
Employer	18	31	12	3	34	24	5	0
Unemployed, seeking FT	111	192	85	47	141	39	26	0
Unemployed, seeking PT	36	76	16	14	36	14	5	0
Not in labour force	597	829	395	202	520	233	105	0

Note: Cells in the table have been randomly adjusted to avoid release of confidential data

Source: ABS, Census population & Housing 1996, unpublished data

2.6 Aboriginal and Torres Strait Islander population

The health status of Aboriginals and Torres Strait Islanders is of particular concern, given the high morbidity and mortality reflected nationally by this group. An examination of regional differences in the health status of Aboriginals and Torres Strait Islanders is complicated by several factors: small population size, high mobility and underenumeration of this group in data sets.

As for national proportions, the 1996 Census data indicated that only a very small proportion of the ACT population (0.97%) identified as Aboriginal or Torres Strait Islanders. Of the 2,898 people identifying, 1,452 were male and 1,447 were female. There has been a substantial increase in self-identification (79.3%) since the 1991 Census. This is probably due to an increase in willingness to self-identify rather than an influx of Indigenous people, although is it estimated that there has been some interstate migration to the ACT.

Table 8: Aboriginal and Torres Strait Islander population, ACT, 1986-96

		1986	1991	1996	
Population	(number)	1,384	1,616	2,898	
Proportion of ACT population	(%)	0.55	0.58	0.97	

Note: Excludes jervis Bay

Source: ABS, ACT in Focus 1997, Catalogue No. 1307.8

Due to the small numbers, the values for most of the health indicators will be very low when considering Indigenous people by subdivision. A high concentration of Indigenous people within the ACT is in Jervis Bay, where about 14 per cent of the total Aboriginal population of the ACT lives. However the proportion of Aboriginal people living in this area is decreasing relative to the proportions who live in the urban area of the ACT. One problem presented by the geographical distribution of the Indigenous population of the ACT is that those living in Jervis Bay are less likely to be admitted to hospitals in the ACT, so that indicators of health status which rely upon hospital data will inevitably underestimate the true morbidity of this group.

The Indigenous population within the ACT is extremely mobile, although most of this movement is between local subdivisions rather than interstate¹². Therefore, estimates of regional differences in the health profiles of Indigenous people will be blurred, with a substantial proportion of people in this group living in subdivisions other than those recorded at the time they contact health services. Nevertheless, data collected at the 1996 Census is tabled for interest.

Table 9: Indigenous population in the ACT, number, by subdivisions, August 1996

Sex	North	Belconnen	Woden	Weston	Tuggeranong	South	Gungahlin	ACT
	Canberra		Valley	Ck		Canberra		Balance
Males	211	326	135	98	468	178	34	3
Females	197	323	149	116	469	162	29	0
Persons	408	649	284	214	937	340	63	3

Note: does not include Jervis Bay

Source: ABS Census 1996, Basic Community Profiles, unpublished

It is thought that hospital data sets in the ACT tend to underenumerate separations for Aboriginal and Torres Strait Islanders. Admission forms for the major ACT hospitals include a question asking whether the person is an Aboriginal. For non-emergency admissions, where the person being admitted fills out this form at home, this question may be answered if that person so wishes. For admissions through the Emergency Department however, admission forms are often filled out by hospital personnel who have tended not to ask this question because it has been suggested that people in the past have found it offensive. If the question is not answered, the system by default, records that the patient is non-Indigenous.

2.7 Regions surrounding the ACT

Since the ACT acts as a service centre for many of the surrounding towns and properties, any consideration of health service development should include an understanding of the population in the lower South Coast, the Snowy Mountains and the Southern Tablelands. Major towns in this area include Bombala, Boorowa, Cooma, Crookwell, Goulburn, Gunning, Harden, Queanbeyan, Yass and Young. The area has an estimated 178,740 residents with varying proportions of aged persons. The places with the largest concentration of people 65 years and over are Eurobodalla (20.8% of its population), Bega Valley (15.5%), and Shires such as Tallaganda (16.1%), Crookwell (15.7%), Harden (14.8%) and Boorowa (14.5%). Queanbeyan (7.0%) and Snowy River (7.2%) have low proportions of people aged 65 and over.

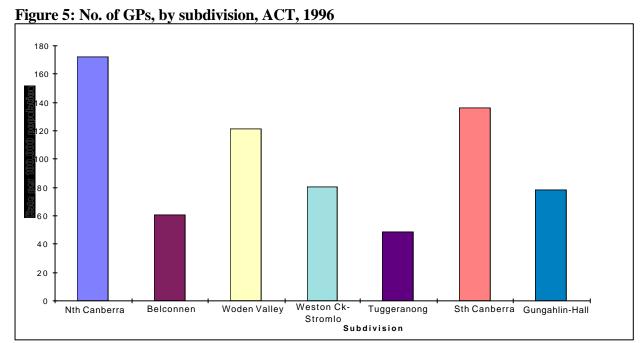
The ACT and Queanbeyan provide 69.5 per cent of employment for the ACT and its surrounding regions. Unemployment rates were highest in Eurobodalla (14.1%), Bega Valley (10.2%), the ACT (7.2%), Bombala (7.1%), Young (6.8%) and Queanbeyan (6.7%).



3. Morbidity

3.1 General Practitioner services

There were an estimated 350 general practitioners (GPs) working in the ACT in 1996. As can be seen from Figure 5, they were not evenly spread throughout the Territory. Subdivisions with high concentrations of elderly residents had the highest numbers of GP's. Since records on the number of GP's in each subdivision are incomplete, and the number of hours which individual GP clinics are open for cannot be ascertained, it is not possible to speculate on the degree to which subdivisions may differ in the ease with which residents may access a local GP.



Source: ACT Division of General Practice & Telephone Directory

3.2 Hospital separations

Hospital separations data provide a measure of acute morbidity. A summary of activity in ACT hospitals by ACT subdivisions is given at Appendix 2. In the older subdivisions, the highest proportions of separations were due to digestive disorders. In Tuggeranong and Gungahlin, however, complications of pregnancy were the most common cause, followed by digestive disorders. Table 10 summarises the most common reasons for hospitalisation by subdivision.

Table 10: Hospital separations, by major causes, by subdivision, ACT, 1996-97

Principal diagnosis	North Canberra	Belconnen	Woden Vallev	Weston Ck- Stromlo	South Canberra	Tuggeranong	Gungahlin -Hall	Total ACT
Digestive disorders	1	1	1	1	1	2.	2.	1
Pregnancy complications	3	2	2	3	4	1	1	2
Circulatory disorders	2	5	4	5	2	10	7	5
Neoplasms	5	6	3	2	3	7	8	3
Iniury & poisoning	4	4	6	6	5	5	3	6
Genitourinary disorders	6	3	5	4	6	3	5	4
Notes other major source	rospirotory	musculo 7	musculo 7	musaula 7	respiratory 7	ropirotory 1	porinotal 4	

Note: 'musculo' refers to 'musculoskeletal disorders,; 'perinatal' refers to 'conditions originating in the perinatal period'.

Note: numbers denote order of incidence in a subdivision (eg 1 denotes 1st major cause, 2 denotes 2nd major cause).

Source: ACT Hospital Morbidity Data Collection 1996-97

As one would expect, since complications of pregnancy, childbirth & puerperium account for a large number of separations, females outnumber males for numbers of total separations. If you exclude maternity related separations, the difference becomes marginal, with females still outnumbering males, but only by a few separations (females account for an average of 52% excluding maternity related). This may, in part, be accounted for by the fact that the majority of elderly people, who are more likely to be hospitalised, are women.

Tables at Appendix 2 identify day patients and inpatients separately. The total of these exceed the total number of persons, indicating that some people have more than one separation in the year. Causes where separations far outweigh the number of people are disorders of blood and bloodforming organs (includes anaemias, haemophilia) and supplementary classifications (includes such procedures as dialysis and chemotherapy). These causes are the highest of all repeat separations for all subdivisions.

A comparison of public and private hospital separations for each subdivision reveals that greater proportions of separations for Woden Valley and Weston Creek went to the private hospitals (John James and Calvary Private). Rates for both public and private hospitalisation varied considerably between the subdivisions. In 1996-97, South Canberra had the highest rate for public hospital separations. Woden had the highest rate for private hospital separations. Overall, Woden Valley had the highest total separation rate of all subdivisions.

Table 11: Hospital separations, public & private hospitals, no., % & rate, by subdivision, ACT residents, 1996-97

	P]	Private		Tot	al	
Subdivision	No.	%	Rate (a)	No.	%	Rate(a)	No.	Rate(a)
North Canberra	6436	85.2	16579.9	1118	14.8	2880.1	7554	19460.0
Belconnen	11827	78.9	13807.1	3158	21.1	3686.7	14985	17493.8
Woden Valley	5458	75.3	16517.9	1794	24.7	5429.3	7252	21947.2
Weston Creek	3439	76.0	13822.9	1085	24.0	4361.1	4524	18184.0
Tuggeranong	12247	80.6	13592.1	2953	19.4	3277.3	15200	16869.4
South Canberra	3856	80.0	16964.4	963	20.0	4236.7	4819	21201.1
Gungahlin-Hall	1946	85.4	15342.2	333	14.6	2625.4	2279	17967.5
Total ACT	45209	79.9	14666.3	11404	20.1	3699.6	56613	18365.9

(a) Rate per 100,000 population

Note: % refere to percentage within a subdivision

rate is the no. of separations within a subdivision divided by the corresponding population (X 100,000)

Source: ACT Hospital Morbidity Data Collection

3.2.1 Major causes

Examination of the most frequent major diagnostic groups reveal similar patterns between most statistical divisions (refer Table 12).

Table 12: Most frequent major diagnostic groups, %, by sex, by subdivisions, ACT, 1996-97

ACT subdivision	Sex	Most frequent major diagnostic groups
North Canberra	M&F	Digestive disorders (11%), Circulatory disorders (9%), Injury & poisoning (7%),
		Neoplasms (6%), Genitourinary disorders (5%)
	M	Digestive disorders (12%), Circulatory disorders (10%), Injury & poisoning (7%)
	F	Complications of pregnancy (13%), Digestive disorders (10%), Circulatory disorders (7%)
Belconnen	M&F	Digestive disorders (12%), Neoplasms (6.6%), Circulatory disorders (6%),
	М	Digestive disorders (13%), Circulatory disorders (8%), Injury & Poisoning (7%),
	F	Complications of pregnancy etc (17%), Digestive disorders (11%), Genitourinary disorders (9%)
Woden Valley	M&F	Digestive disorders (11%), Neoplasms (8%), Circulatory disorders (7%),
	M	Digestive disorders (11%), Circulatory disorders (8%), Neoplasms (7%)
	F	Complications of pregnancy etc (14%), Digestive disorders (10%), Genitourinary disorders (8%)
Weston Ck &	M&F	Digestive disorders (13%), Neoplasms (9%), Circulatory disorders (8%)
Stromlo	M	Digestive disorders (15%), Circulatory disorders (9%), Neopolasms (8%)
	F	Complications of pregnancy etc (13%), Neoplasms (10%), Digestive disorders (9%)
Tuggeranong	M&F	Digestive disorders (11%), Injury & poisoning (5%), Neoplasms (5%)
	M	Digestive disorders (13%), Injury & Poisoning (8%), Respiratory disorders (8%),
	F	Complications of pregnancy etc (22%), Genitourinary disorders (10%), Digestive disorders (9%)
South Canberra	M&F	Digestive disorders (11%), Circulatory disorders (8%), Neoplasms (8%)
	M	Digestive disorders (11%), Circulatory disorders (10%), Neoplasms (9%)
	F	Complications of pregnancy (13%), Digestive disorders (10%), Genitourinary disorders (8%)
Gungahlin-Hall	M&F	Digestive disorders (11%), Injury & poisoning (6%), Genitourinary disorders (6%)
	М	Digestive disorders (11%), Injury & poisoning (9%), Conditions originating
		in the perinatal period (8%),
	F	Complications of pregnancy etc (34%), Digestive disorders (11%), Genitourinary disorders (9%)
ACT total	M&F	Digestive disorders (11%), Neoplasms (7%), Circulatory disorders (6%),
		Injury & poisoning (6%)
	М	Digestive disorders (13%), Circulatory disorders (8%), Injury & poisoning (7%),
		Neoplasms (7%)
	F	Complications of pregnancy etc (18%), Digestive disorders (10%),
		Genitourinary disorders (9%), Neoplasms (6%)

Source: Hospital Morbidity Data Collection, 1996-97

Figures 6-11 illustrate the difference in rates of separations by major causes between subdivisions. It can be seen that the older subdivisions of South and North Canberra, Woden Valley and Weston Creek have the highest rates of separations for all causes and age-related causes.

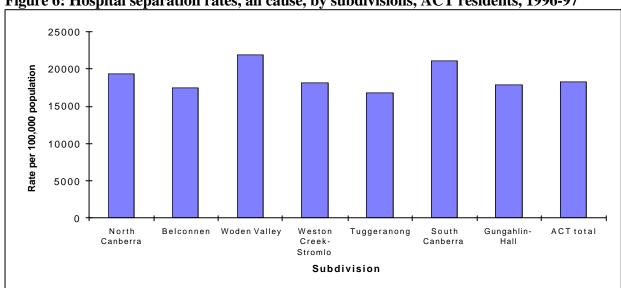
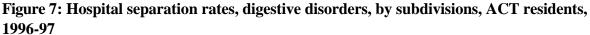


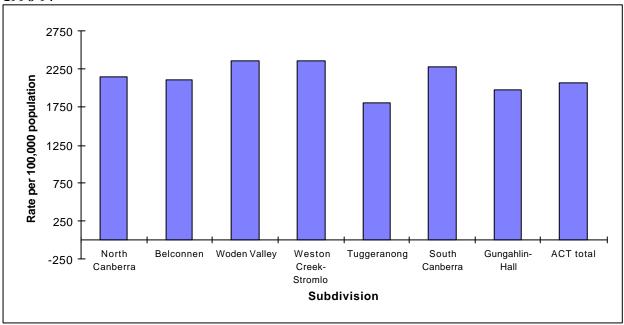
Figure 6: Hospital separation rates, all cause, by subdivisions, ACT residents, 1996-97

Note: Rate per 100,000 population Collection 1996-97

Source: ACT Hospital Morbidity Data

Separation rates for digestive disorders (Figure 7) were relatively uniform throughout the subdivisions, reflecting the fact that these diseases are among the leading causes of hospitalisation for Australian children (aged 0 to 14 years) as well as for older people (65 years and over)¹⁴.



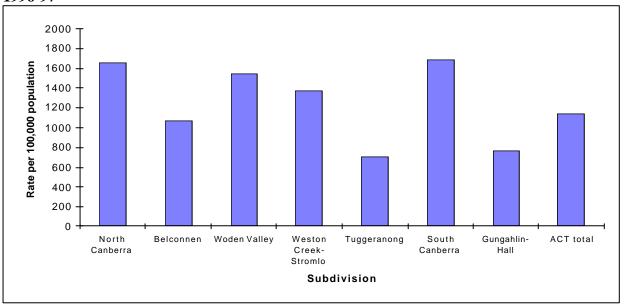


Note: Rate per 100,000 population

Source: ACT Hospital Morbidity Data Collection 1996-97

Figure 8 shows that there is greater variation in separation rates for circulatory disorders than for digestive system disorders. Tuggeranong and Gungahlin-Hall have the lowest separation rates for these disorders, South and North Canberra have the highest.

Figure 8: Hospital separation rates, circulatory disorders, by subdivisions, ACT residents, 1996-97

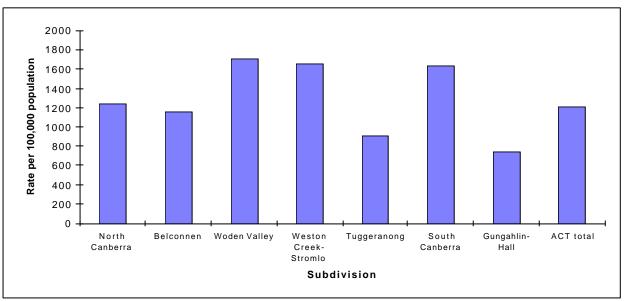


Note: Rate per 100,000 population

Source: ACT Hospital Morbidity Data Collection 1996-97

Separation rates for neoplasms follow a similar pattern to those for circulatory disorders. Gungahlin-Hall and Tuggeranong had the lowest separation rates, Woden Valley and Weston Creek's separation rates for these disorders were slightly higher than those for South Canberra.

Figure 9: Hospital separation rates, neoplasms, by subdivisions, ACT residents, 1996-97



Note: Rate per 100,000 population

Source: ACT Hospital Morbidity Data Collection 1996-97

Separation rates for complications of pregnancy, childbirth and puerperium (basically the first 6 weeks after a women gives birth) showed a very different pattern to those of other diagnostic groups, with Gungahlin-Hall having substantially higher rates than the other subdivisions.

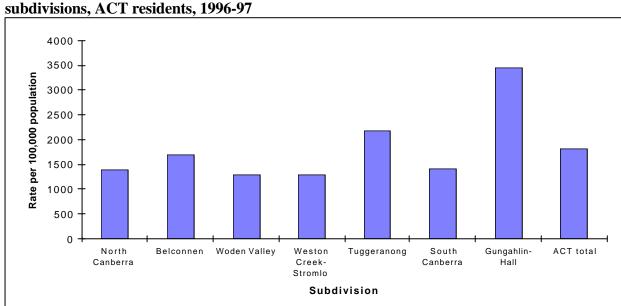


Figure 10: Hospital separation rates, complications of pregnancy, childbirth & puerperium, by subdivisions ACT residents, 1996-97

Note: Rate per 100,000 population

Source: ACT Hospital Morbidity Data Collection 1996-97

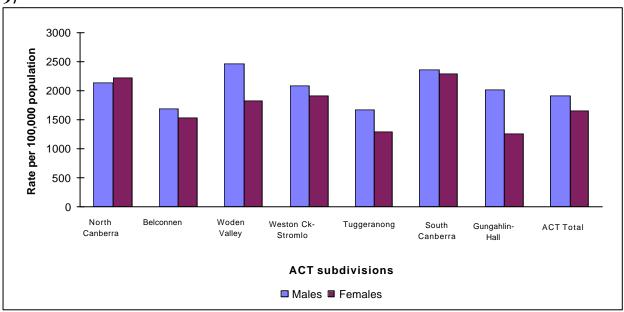
In summary, separation rates for diseases tended to vary with population structure of the suburbs, with older suburbs having higher rates for chronic diseases, and the younger suburbs having higher rates for separations associated with pregnancy, childbirth and puerperium. When rates are standardised, to take into account differences in age structures between subdivisions, all subdivisions have similar rates for all conditions.

Injury and poisoning

In 1996-97, ACT hospitals had 5,500 separations for external causes of injury and poisoning involving ACT residents. Of these, 54.9 per cent were males and 45.1 per cent were females. Males had considerably more interventions for motor vehicle accidents, homicide and purposely inflicted injury, injuries involving machinery, tools and implements and injuries involving exertion (eg sport related). Females had a higher incidence of attempted suicide and marginally higher incidences of accidental falls (mainly in older age groups), and adverse effects in therapeutic use of drugs, medicinal and biological substances.

Figure 11 shows the rate per 100,000 population for separations with a principle diagnosis of injury and poisoning by subdivision. It can be seen that, with the exception of North Canberra, male rates are higher than those of females. In North Canberra females had substantially more separations than males for fractures of lower limbs, poisoning by drugs, medicinal & biological substances and complications of surgical and medical care. With regard to North Canberra's separations for fractured lower limbs, 47 per cent of female separations involved women aged greater than 65 years with a principal diagnosis of fractured neck of femur (compared to 29 per cent for males).

Figure 11: Hospital separation rate for injury & poisoning, by sex, by subdivision, ACT, 1996-97



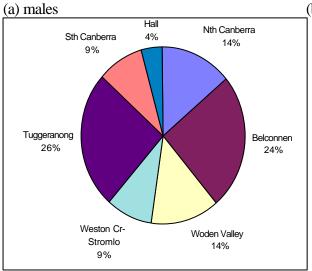
Source: Hospital Morbidity Data Collection, 1995-96

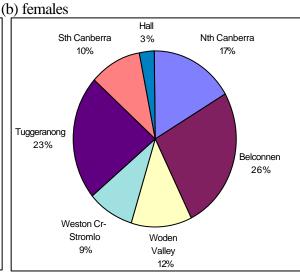
Population by statistical local areas, ACT, 30 June 1996. ABS catalogue No.3235.8

Examination of the proportions of separations for external causes of injury and poisoning attributable to each subdivision reveals similar patterns for both sexes (refer Figure 12). For males, Tuggeranong accounted for the greatest proportion of these separations, closely followed by Belconnen. For females, Belconnen accounted for the greatest proportion closely followed by Tuggeranong.

For both sexes the subdivisions of North Canberra, South Canberra, Woden Valley and Weston Creek-Stromlo, accounted from 9 to 15 per cent of separations for external causes of injury and poisoning, while only 3.8 per cent of these admissions were from Gungahlin-Hall. These patterns are largely consistent with the relative sizes of the populations of these subdivisions.

Figure 12: Proportion of hospital separations for external causes of injury & poisoning, by subdivision, by sex, 1996-97





Source: Hospital Morbidity Data Collection, 1996-97

An examination of selected causes of injury as a percentage of all external causes shows that, in 1996-97, the subdivisions had similar proportions of injury for those causes (refer Table 13). One exception was Gungahlin-Hall, in which road vehicle accidents accounted for 17.9 per cent of all external causes of injury and poisoning, which was substantially greater than the percentages for the other subdivisions.

Table 13: Selected external causes of injury as percentage of all separations for external causes, by subdivision, ACT residents, 1996-97

	North		Belco	nnen	Wo	den	Westo	n Ck-	Tuggeranong		South		Gungah	lin-
	Canb	erra			Valley		Stromlo				Canberra		Hall	
Selected injury groups	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Surgical and medical procedures causing abnormal reaction or complication, without	290	34.2	445	32.3	205	29.0	156	31.4	432	32.4	157	29.6	51	24.6
Accidental falls	180	21.3	265	19.2	189	26.7	101	20.3	214	16.0	129	24.3	35	16.9
Drugs, medicinal and biological substances, adverse effects in therapy	60	7.1	116	8.4	66	9.3	45	9.1	91	6.8	50	9.4	11	5.3
Suicide and self inflicted injury	75	8.9	104	7.6	40	5.7	26	5.2	57	4.3	21	4.0	13	6.3
Road vehicle accidents	52	6.1	95	6.9	45	6.4	30	6.0	90	6.7	49	9.2	37	17.9
Total all external causes	847		1377		707		497		1335		530		207	

Source: ACT Morbidity Data Collection 1996-97

Further information regarding separation rates for particular types of injury may be found at Appendix 2.

3.2.2 Mean length of stay

The average length of stay of separations gives an indication of the acuity of those separations. This measure may also provide an indication of the degree to which particular groups of people may require follow up care such as rehabilitation services, community nursing, and the assistance of family and friends after discharge. As Figure 13 shows, South Canberra and North Canberra had the highest average length of stay for all separations for any cause. This may be a reflection of the older populations of these subdivisions, since one would expect older people to recover more slowly from illnesses and medical procedures. Older people are more likely to suffer serious, chronic diseases which tend to require longer periods of hospitalisation.

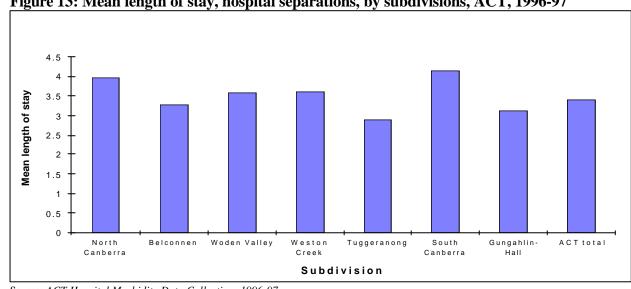
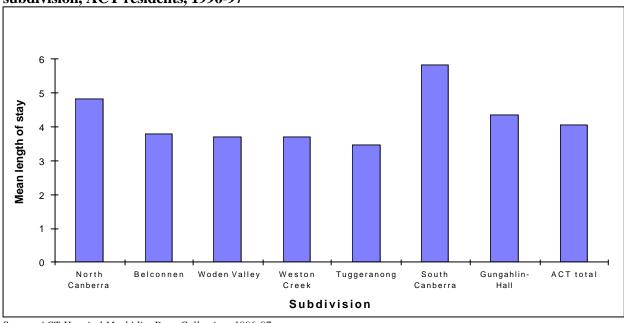


Figure 13: Mean length of stay, hospital separations, by subdivisions, ACT, 1996-97

Source: ACT Hospital Morbidity Data Collection, 1996-97

An examination of mean length of stay for various principal diagnosis groups may indicate special areas of need for different subdivisions. As Figure 14 shows, the mean length of stay for neoplasms was substantially higher for residents of South Canberra, while residents of Tuggeranong had the lowest mean length of stay for this cause.

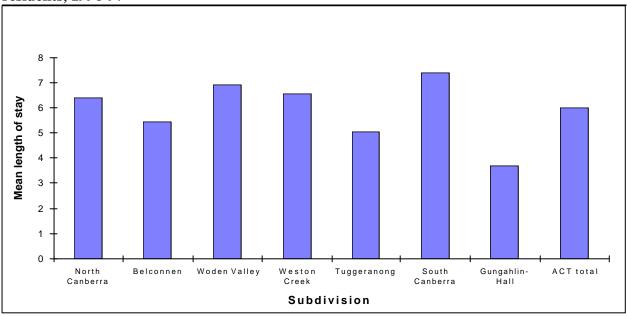
Figure 14: Mean length of stay for separations with a principal diagnosis of neoplasms, by subdivision, ACT residents, 1996-97



Source: ACT Hospital Morbidity Data Collection, 1996-97

As Figure 15 shows separations for circulatory disorders for people coming from the older populations of the longer established subdivisions are longer than the average for ACT residents, while the mean lengths of stay for residents of the newer Tuggeranong and Gungahlin-Hall are relatively short.

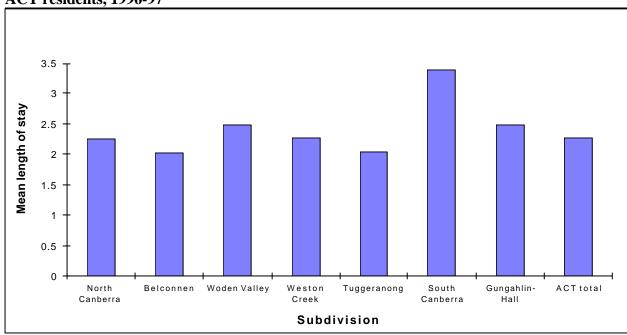
Figure 15: Mean length of stay, separations for circulatory disorders, by subdivision, ACT residents, 1996-97



Source: ACT Hospital Morbidity Data Collection, 1996-97

For digestive disorders, residents of South Canberra had a substantially longer mean length of stay than residents of other subdivisions (refer Figure 16).

Figure 16: Mean length of stay for separations due to digestive disorders, by subdivision, ACT residents, 1996-97

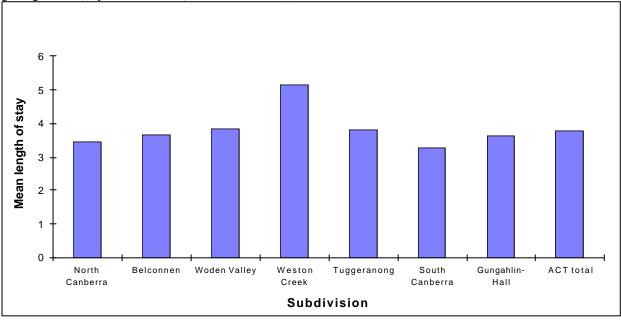


Source: ACT Hospital Morbidity Data Collection, 1996-97

In 1996-97, South Canberra had the shortest mean length of stay for separations related to pregnancy, childbirth and the puerperium (refer Figure 17). Residents of Woden Valley had the highest mean length of stay for these causes in 1996-97. This diagnosis group includes separations for miscarriages, normal deliveries, and complicated deliveries.

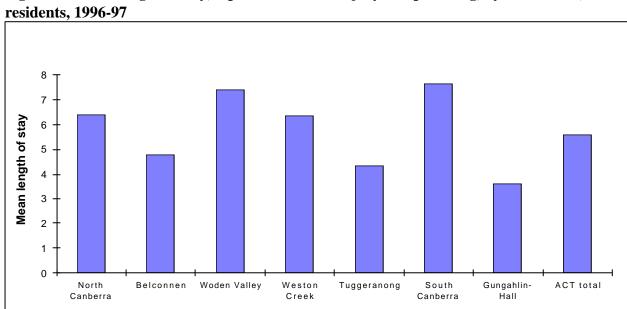
Figure 17: Mean length of stay, separations due to complications of pregnancy, childbirth and





Source: ACT Hospital Morbidity Data Collection, 1996-97

As Figure 18 shows, the mean length of stay for separations due to injury and poisoning was, like most of the diagnosis groups examined, longest in the older subdivisions, especially South Canberra. With mean lengths of stay exceeding 7 days for these causes, high proportions of the separations for South Canberra and Woden Valley were, apparently, for quite ill people. This may indicate an increased need in these areas for rehabilitation services and home care after discharge.

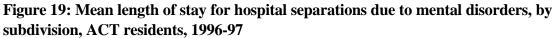


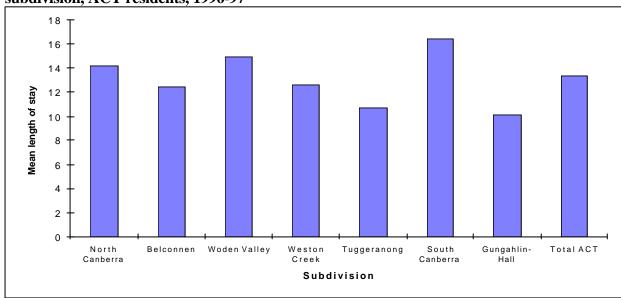
Subdivision

Figure 18: Mean length of stay, separations due to injury and poisoning, by subdivision, ACT residents 1996-97

Source: ACT Hospital Morbidity Data Collection, 1996-97

Figure 19 details mean length of stay for mental disorders.





Source: ACT Hospital Morbidity Data Collection, 1996-97

Mental disorders accounted for only 2 per cent of ACT hospital separations, but had the longest mean stay of all diagnosis groups. South Canberra had the highest mean length of stay for separations due to mental disorders in 1996-97. This may be due to the fact that South Canberra has a high proportion of older people, some of whom may have been admitted for dementias. People admitted to hospital for dementias often remain for considerable periods before being transferred to nursing home type accommodation.

3.2.3 Destination on discharge

Destination on discharge gives an indication of the long term health implications of a particular disorder. For example, those people discharged to nursing homes are often in need of assistance to perform even the most basic activities of daily life, and probably require care for chronic health problems for the remainder of their lives. Those discharged home are probably able to live independently, though of course there are substantial numbers of people who, while living at home, require the care of family members and community health care providers. As can be seen in Table 14, a greater percentage of South Canberra residents were discharged to nursing homes compared to the residents of other subdivisions. Tuggeranong had the highest percentage of people discharged home, North Canberra had the lowest.

Table 14: Destination on discharge from hospital, ACT residents, by subdivision, ACT 1996-97

71													
					I	Destina	ition						
	Acut	te	Nursi	ng	Oth	er							Total
Subdivision	hospit	tal	hom	e	medical facility		Hor	Home		Died		er	
	No	%	No	%	No	%	No	%	No	%	No	%	No.
North Canberra	184	2.4	124	1.6	28	0.4	7079	93.7	88	1.2	51	0.7	7554
Belconnen	444	3.0	137	0.9	17	0.1	14183	94.6	131	0.9	73	0.5	14985
Woden Valley	64	0.9	83	1.1	12	0.2	6984	96.3	65	0.9	44	0.6	7252
Weston Ck-Stromlo	53	1.2	69	1.5	9	0.2	4328	95.7	47	1.0	18	0.4	4524
Tuggeranong	136	0.9	61	0.4	5	0.0	14880	97.9	77	0.5	41	0.3	15200
South Canberra	75	1.6	110	2.3	15	0.3	4518	93.8	64	1.3	37	0.8	4819
Gungahlin-Hall	67	2.9	7	0.3	0	0.0	2187	96.0	11	0.5	7	0.3	2279
ACT total	1023	1.8	591	1.0	86	0.2	54159	95.7	483	0.9	271	0.5	56613

Source: ACT Hospital Morbidity Data Collection, 1996-97

Examination of destination on discharge for separations due to mental disorders reveals that South Canberra had a relatively high proportion of people discharged to nursing homes and other medical facilities (refer Table 15). This is consistent with South Canberra's older population, a higher percentage of whom are likely to suffer from dementias. Note that the proportion of persons who were discharged home after treatment of mental disorders was substantially lower than that for all hospital separations, reflecting the chronic and debilitating nature of some mental disorders.

Table 15: Destination on discharge from hospital, separations with principal diagnosis of mental disorder, ACT residents, 1996-97

					Г	D estina	tion						
	Acut	e	Nursii	ng	Other								Total
	hospital		home	home medical facili		acility	Home		Died		Other		
Subdivision	No	%	No	%	No	%	No	%	No	%	No	%	No.
North Canberra	8	2.6	13	4.2	6	1.9	271	87.7	0	0.0	11	3.6	309
Belconnen	21	6.5	7	2.2	2	0.6	281	86.7	0	0.0	13	4.0	324
Woden Valley	9	4.1	7	3.2	4	1.8	195	87.8	0	0.0	7	3.2	222
Weston Ck-Stromlo	3	3.4	2	2.2	2	2.2	78	87.6	0	0.0	4	4.5	89
Tuggeranong	9	3.9	5	2.1	1	0.4	211	90.6	0	0.0	7	3.0	233
South Canberra	2	1.6	8	6.5	5	4.0	103	83.1	1	0.8	5	4.0	124
Gungahlin-Hall	0	0.0	0	0.0	0	0.0	23	92.0	0	0.0	2	8.0	25
ACT total	52	3.9	42	3.2	20	1.5	1162	87.6	1	0.1	49	3.7	1326

Source: ACT Hospital Morbidity Data Collection, 1996-97

3.3 ACT Community Care

In 1995 ACT Community Health services conducted community needs analyses of the Woden/Weston and Central areas of the ACT. These studies have provided information on the particular needs of ACT regional populations.

Several major themes emerged from these ongoing investigations. In general, the analyses indicated that the needs of the general population do seem to be met by established services. However, some problems were identified, including a lack of continuity of care for people moving from hospital to community care services, as well as for people moving between community health care services. ¹⁵

Access problems for certain groups of people, and attending to the special needs of people suffering physical and intellectual disabilities, the frail aged, those with mental disorders, and people from linguistically and culturally diverse backgrounds were identified. Long waiting times for physiotherapy, podiatry and dental services were also identified as problems. Some suburbs were identified as having a particular lack of medical services (such as GP's), or access to public transport health services. A need for an expansion of supported accommodation and personal support within the community for those suffering mental illness was identified.¹⁶ The reports also called for special attention to health promotion and education.

Consultations with area populations have continued in the form of catchment community meetings that are held on a regularly basis in North and South Canberra by the Department of Health and Community Care.

In 1996 government reforms (including the separation of purchaser and provider roles in the delivery of health services in the ACT) led to the establishment of ACT Community Care as a statutory authority and major public community based provider of health and community services in the ACT.

ACT Community Care administers six programs: Dental Health Program, Community Health Care, Child Family & Youth Health Program, Women's Health Program, Alcohol and Drug Program and Disability Program. Within each Program a range of different disciplines, level of specialisation and intervention are grouped together around a common target group/problem or client need. These Programs provide a wide range of services for well adults, children and youth and for people with acute, post acute, chronic and terminal illness, those with health problems associated with disability and ageing and people with disabilities.

Services provided include: counselling/social work; screening, health checks and monitoring, e.g. breast screening clinic, school health screening, cervical screening; specialised clinics including wound clinic; nutrition clinics; youth health clinics; well women's clinics; post natal assessments and home visits; aged care assessments; outreach nursing and allied health services; audiometry; domiciliary nursing services; accommodation support and centre based respite services for people with disabilities; childhood immunisation; detoxification programs; physiotherapy and occupational therapy services; podiatry; intake, initial assessments, information and referral services; child health clinic services; lactation and extended stay services for new mothers; aged day care; palliative care; health promotion programs; parenting education and advice; dental services including the child and youth oral health service; methadone program.

These services are offered at a variety of sites including: community health centres (Phillip, Tuggeranong, Belconnen, Dickson, City, Narrabundah); child health clinics, dental clinics, family care centres (Conder, Monash, Kippax, Gunghalin) at client's homes, housing estates, youth centres, Calvary and The Canberra Hospital (discharge planning, post acute services), child care centres, preschools and schools. Post natal residential services are also provided and managed by the Canberra Mothercraft Society at the QE11 Family Centre in Curtin.

Services offered in the subdivisions depend on the particular needs of those areas. Increased resources of the Child Family and Youth Health Program for instance are allocated in the two subdivisions of Tuggeranong and Belconnen. The Tuggeranong program has a comprehensive program of activities because of the large numbers of infants and young children living there. The northern subdivisions' resources are targeted to the Gungahlin subdivision for similar reasons. Similarly, youth health outreach is primarily offered in and around Belconnen and Woden. Access is improved through a variety of service delivery modes such as home visiting, specialised outreach services and mobile immunisation services.



4. Mortality

There were 1,300 deaths in the ACT in 1996. Subdivisions where high proportions of deaths occurred were those with high proportions of elderly residents such as South and North Canberra.

Table 16: Deaths, by subdivisions, ACT, 1996

Sex	Nor	th	Belco	nnen	Wo	den	Wes	ton	Tugge	ranong	So	uth	Gung	ahlin-	Oth	ner	Total
	Canberra			Val	ley	Creek				Canberra		Hall		areas			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Males	137	19.6	164	23.5	102	14.6	60	8.6	107	15.3	112	16.0	10	1.43	6	0.9	698
Females	115	19.1	142	23.6	72	12.0	55	9.1	62	10.3	149	24.8	6	1.00	1	0.2	602
Persons	252	19.4	306	23.5	174	13.4	115	8.8	169	13.0	261	20.1	16	1.23	7	0.5	1300

Note: % represents percentage of total ACT deaths Source: ABS, *Causes of Death 1996*, unpublished data

It appears that Belconnen has a high percentage of deaths, but if you remove the age proportion variable by standardising the death rates, the following data are calculated:

Table 17: Indirect standardised death rates, by subdivision, ACT, 1996

North	Belconnen	Woden	Weston Ck-	Tuggeranong	South	Gungahlin-	Total
Canberra		Valley	Stromlo		Canberra	Hall	ACT
6.2	5.6	4.9	5.6	4.7	7.7	3.5	5.8

Note: Indirect standardised rates are averaged over the 3 years 1994 to 1996, and are per 1,000 people.

Source: ABS, Demography ACT 1996, Catalogue No. 3311.8

It can be seen that Belconnen's death rate is below that of the ACT as a whole.

4.1 Causes of death

The major causes of death in all subdivisions were from circulatory diseases followed by malignant neoplasms (cancer).

Table 18: Major causes of death, by ranking, by subdivision, ACT, 1996

	North	Belconnen	Woden	Weston Ck-	South	Tuggeranong	Gungahlin-	Total
	Canberra		Valley	Stromlo	Canberra		Hall	ACT
Circulatory	1	1	1	1	1	1	1	1
Neoplasms	2	2	2	2	2	2	2	2
Injury	4	4	3	3	5		3	3
Respiratory	3	3	4	4	3			4
					4 (Mental)			5
								(digestive)

Source: ABS, Causes of death ACT 1996. (unpublished data)

4.2 Mean age at death

From 1994 to 1996 the mean age at death for Gungahlin-Hall was consistently substantially below those for the other subdivisions (refer Table 19). Since Gungahlin-Hall has only been recently settled its age structure is quite young (had only 264 people over 65 years in 1996). This area is therefore, likely to experience relatively higher numbers of deaths in younger age groups, and a lower mean age at death. Although there were only a few deaths in this subdivision, there may have been a greater social and economic cost related to these deaths, because they involved younger people, who would have had many years of potentially productive life ahead of them. Years of potential life lost were not calculated because of the difficulty in obtaining population estimates for the subdivisions over the years considered.

Table 19: Mean age at death by subdivision, ACT, 1994-96

	North	Belconnen	Woden	Weston Ck-	South	Tuggeranon	Gungahlin-	Total
	Canberra		Valley	Stromlo	Canberra	g	Hall	population
1994	76.1	71.9	70.9	78.1	70.1	75.9	46.0	74.0
1995	72.5	71.2	70.0	69.4	73.8	78.0	52.7	72.5
1996	72.7	70.9	72.8	72.1	78.2	80.8	67.3	74.8
1994-96	73.7	71.3	71.2	73.2	74.0	78.3	55.0	73.7

Source: Causes of death ACT 1994-96. ABS unpublished data.



5. Glossary

5.1 National Health Surveys

The Australian Bureau of Statistics (ABS) conducts a five yearly National Health Survey which collects data from approximately 54,000 people living throughout Australia. It is designed to obtain national benchmark information on a range of health-related issues and to enable the monitoring of trends in health, over time. The sample is designed so that the states and territories can be separately analysed. Refer Appendix 4 for data limitations.

It should be noted that the Survey utilises a self-reporting format.

The most recent Survey was conducted in the twelve months from January 1995 to January 1996.

Some 2,156 dwellings (or one in fifty dwellings) in the ACT were surveyed. This is an increase on the previous Survey (1989-90) and will allow for more relevant analysis. It should be noted however, that some sections of the survey were only administered to half of the sample. This includes sections on women's health, alcohol consumption and general health and well-being.

5.2 Short Form 36 (SF-36)

The SF-36 was developed in 1988 by the RAND Corporation as part of its Medical Outcomes Study carried out in the USA. The SF-36 was 'constructed to yield a profile of scores that would be useful in understanding population differences in physical and mental health status, the burden of chronic disease, other medical conditions and the effect of treatments on general health status'. Additionally, the SF-36 was designed '... to achieve minimum standards of precision necessary for group comparisons across eight conceptual areas'. The subscales most sensitive to measuring physical health are;

- Physical function (PF)
- The impact of physical health on role performance (RP)
- Bodily pain (BP)
- General health perceptions (GH)

The subscales most sensitive to measuring mental health are;

- General mental health (MH)
- The impact of emotional health on role performance (RE)
- Social functioning (SF)
- Vitality (VT)

The subscales of PF, RP, BP, SF, and RE range from 0-100 with a score of 100 indicating better health status or absence of limitation or disabilities. The subscales of GH, VT, and MH are bipolar in nature with a range of 0 to 100. A score of 100 indicates when '... respondents report positive states and evaluate their health favourably'. For more detailed information, refer Health Series No. 9, *Health Related Ouality of Life in the ACT: 1994-95*.

5.3 Definitions

Age-sex standardisation - demographic technique for adjusting for the effects of age and sex between populations which allows comparisons between populations (ABS definition).

Age-sex standardised death rate - the overall death rate that would have prevailed in a standard population (eg the 1991 Australian population) if it had experienced at each stage the death rates of the population being studied (ABS definition).

Age-sex standardised ratio - The expected number of events is given by calculating the number of events which would have occurred if the rates for each age/sex group in a given population (the standard) were applied to the population of interest. ¹⁸

Age-specific birth rates - the number of births per thousand women of a specific age group in the population (ABS definition).

Cardiovascular diseases (CVD) can be described as diseases relating to the heart and blood vessels. They are diseases of the circulatory system.

Crude birth rate is the number of live births per 1,000 population in a given year (ABS definition).

Crude death rate is the number of deaths per 1,000 population (unless otherwise stipulated) in a given year (ABS definition).

Dementia is a syndrome caused by brain disease in which the person experiences confused thought and behaviour, most prevalent in people of old age. ¹⁹

Fertility rate refers to the number of children one woman would expect to bear if the age-specific rates of the year shown continued during her child-bearing lifetime (ABS definition).

ICD-9 refers to the International Classification of Diseases, ninth revision as developed by the World Health Organisation. Details of disease classifications are at Appendix C.

Incidence refers to the number of instances of illness commencing, or of persons falling ill, during a given period in a specified population. ²⁰

Ischaemic heart disease is coronary heart disease.

Labour force in employment refers to those persons employed and those unemployed seeking employment.

Median is a measure of central tendency. It refers to the point between the upper and lower halves of the set of measurements.

Mortality is the relative number of deaths, or death rate, as in a district or community.

Morbidity is the proportion of sickness in a locality.

Neoplasm is a diverse group of diseases characterised by the proliferation and spread of abnormal cells. They may be malignant or benign. Malignant neoplasms are called cancers.

Pertussis (whooping cough) is a childhood communicable disease.

Potential Years of Life Lost (PYLL) is a measure of the relative impact of various diseases and lethal forces on society. PYLL highlights the loss to society as a result of youthful or early deaths. The figure for PYLL due to a particular cause is the sum, over all persons dying from that cause, of the years that these persons would have lived had they experienced normal life expectation.

Prevalence refers to the number of instances of a given disease or other condition in a given population at a designated time.

Schizophrenia is a psychotic disorder characterised by distortions of thinking, speech and perception, which is usually accompanied by inappropriate or "blunted" emotions. ²¹

Separation (from hospital) refers to when a patient is discharged from hospital, transferred to another hospital or other health care accommodation, or dies in hospital following formal admission (ABS definition).

Sex differentials are the differences in rates between males and females.

Socioeconomic disadvantage score summarises information available from a number of variables related to education, occupation, family structure, ethnicity, housing conditions and costs, and economic resources (ABS definition). If interpreted carefully, it can assist in interpreting trends and predicting health risks in a population.

Standardised death rate is the overall death rate that would have prevailed in a standard population, in this case the 1991 Australian population, if it had experienced at each stage the death rates of the population being studied (ABS definition).

Statistically significant infers that it can be concluded on the basis of statistical analysis that it is highly probable.



APPENDIX 1: Statistical sub-divisions of the ACT, population, 1996

Table 20: Population, by statistical sub-divisions by suburb, ACT, 1996

Statistical subdivision	Estimated	Statistical subdivision	Estimate
	mid-year		mid-yea
	population		populatio
North Canberra		Woden Valley	
Acton	1467	Chifley	2363
Ainslie	4692	Curtin	5334
Braddon	2510	Farrer	3586
Campbell	3277	Garran	2891
City	152	Hughes	3093
Dickson	1968	Isaacs	2720
Downer	3397	Lyons	2795
Duntroon	1954	Mawson	2826
Hackett	3098	O'Malley	772
Kowen	16	Pearce	2609
Lyneham	4155	Phillip	1728
Majura	357	Torrens	2311
O'Connor	4837	Total	33028
Reid	1636		
Turner	1977		
Watson	3338		
Total	38831		
Belconnen		Tuggeranong	
Aranda	2,664	Banks	3,433
Belconnen town Centre	2,740	Bonython	3,522
Bruce	2,368	Calwell	6,244
Charnwood	3,432	Chisholm	6,009
Cook	3,021	Conder	3,432
Dunlop	726	Fadden	3,589
Evatt	6,254	Gilmore	3,223
Florey	5,709	Gordon	6,711
Flynn	3,905	Gowrie	3,632
Fraser	2,386	Greenway	986
Giralang	3,863	Isabella Plains	4,514
Hawker	3,074	Kambah	17,812
Higgins	3,410	Macarthur	1,784
Holt	4,586	Monash	5,978
Kaleen	8,577	Oxley	1,959
Latham	4,075	Richardson	3,713
McKellar	3,086	Theodore	4,232
Macgregor	3,965	Wanniassa	9,117
Macquarie	2,530	Tuggeranong balance	64
Melba	3,565	Total	89,954
Page	2,691		•
Scullin	3,078		
Spence	3,022		
Weetangera	2,800		
Belconnen balance	53		
Total	85,580		

Statistical subdivision (continued)	Estimated mid-year population	Statistical subdivision	Estimated mid-year population
South Canberra	P vP v-v-v-	Weston Creek	F - F
Barton	617	Chapman	3,049
Deakin	2,641	Duffy	3,499
Forrest	1,219	Fisher	3,197
Fyshwick	83	Holder	2,920
Griffith	3,684	Rivett	3,486
Harman	189	Stirling	2,276
Hume	10	Stromlo	90
Jerrabomberra	25	Waramanga	2,778
Kingston	1,614	Weston	3,543
Narrabundah	5,419	W. Ck/Stromlo Balance	26
Oaks Estate	330	Total	24,864
Parkes	13		,
Pialligo	112		
Red Hill	3,290		
Symonston	456		
Yarralumla	3,024		
Total	22,726		
Gungahlin-Hall			
Amaroo	610		
Hall	385		
Mitchell	8		
Ngunnawal	4,528		
Nicholls	1,832		
Palmerston	5,299		
Gungahlin Balance	47		
Total	12,709		
Remainder ACT	333		
Total ACT	308,025		

Source: Regional statistics, Australian Capital Territory, 1997, ABS Catalogue No. 1313.8

35.0 30.0 25.0 percentage 20.0 15.0 10.0 5.0 0.0 65-74 0-14 15-24 25-44 45-54 55-64 75-84 85+ age group (years) ■ Males ■ Females

Figure 20: Percentage age-sex distribution, North Canberra, June 1996

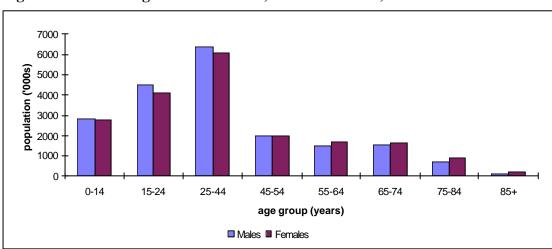


Figure 21: Number age-sex distribution, North Canberra, June 1996

Source: Population by age and sex, Australian Capital Territory June 1996. ABS Catalogue No. 3235.8

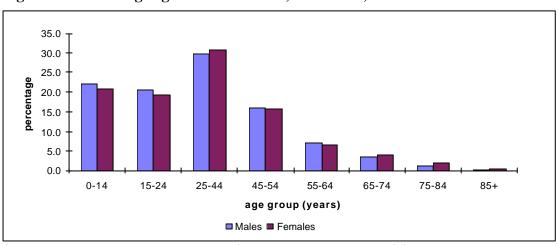


Figure 22: Percentage age-sex distribution, Belconnen, June 1996

Figure 23: Number age-sex distribution, Belconnen, June 1996

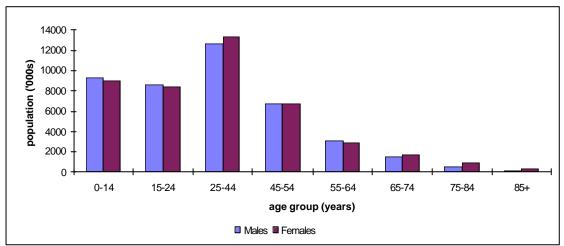
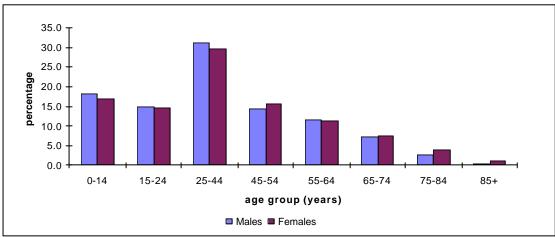
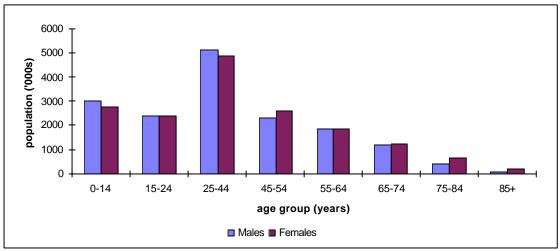


Figure 24: Percentage age-sex distribution, Woden Valley, June 1996



Source: Population by age and sex, Australian Capital Territory June 1996. ABS Catalogue No. 3235.8

Figure 25: Number age-sex distribution, Woden Valley, June 1996



30.0 25.0 20.0 percentage 15.0 10.0 5.0 0.0 0-14 15-24 25-44 55-64 65-74 75-84 85+ 45-54 age group (years) ■ Males ■ Females

Figure 26: Percentage age-sex distribution, Weston Creek-Stromlo, June 1996

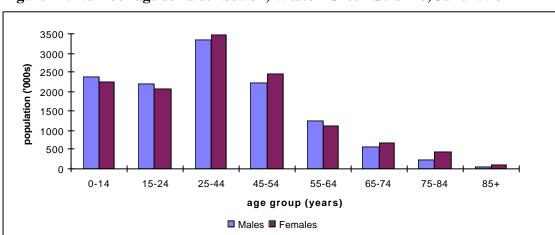


Figure 27: Number age-sex distribution, Weston Creek-Stromlo, June 1996

Source: Population by age and sex, Australian Capital Territory June 1996. ABS Catalogue No. 3235.8

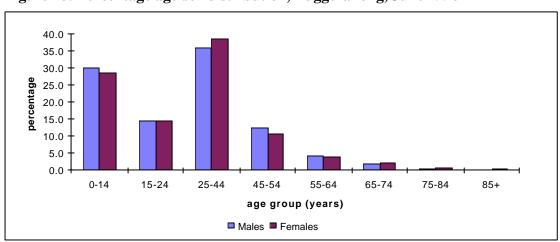


Figure 28: Percentage age-sex distribution, Tuggeranong, June 1996

Figure 29: Number age-sex distribution, Tuggeranong, June 1996

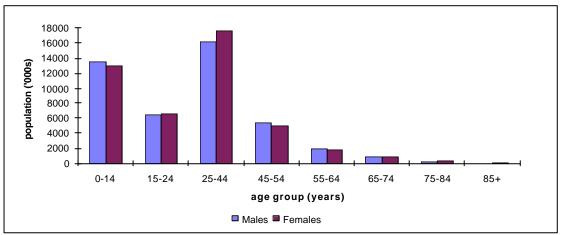
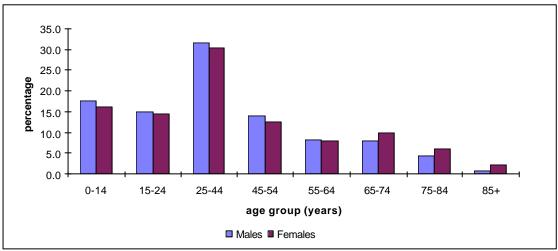
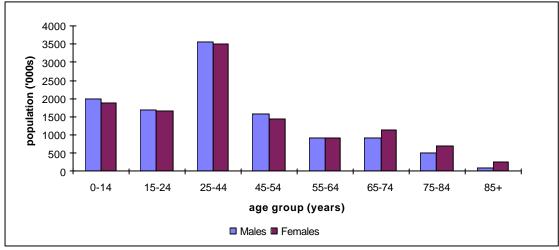


Figure 30: Percentage age-sex distribution, South Canberra, June 1996



Source: Population by age and sex, Australian Capital Territory June 1996. ABS Catalogue No. 3235.8

Figure 31: Number age-sex distribution, South Canberra, June 1996



45.0 40.0 35.0 30.0 25.0 20.0 15.0 30.0 10.0 5.0 0.0 0-14 15-24 25-44 45-54 55-64 65-74 75-84 85+ age group (years) ■ Males
■ Females

Figure 32: Percentage age-sex distribution, Gungahlin-Hall, June 1996

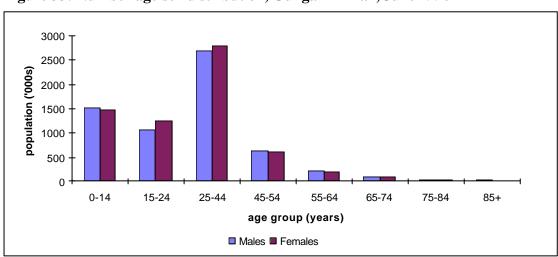


Figure 33: Number age-sex distribution, Gungahlin-Hall, June 1996



APPENDIX 2: ACT hospitals, summary of activity, by sub-divisions, 1996-97

Table 20: ACT hospitals: summary of activity for North Canberra residents, 1996-97

	Persons	Daypatients	Overnight	Total	Mean	Median
	1 0100110	Daypationto	Overment	LOS	LOS	LOS
Males	2125	1682	1857	12750	3.6	1
Females	2610	1692	2323	17053	4.2	1
Persons	4735	3374	4180	29803	3.9	1
Principal diagnosis						
Infectious & parasitic diseases	93	11	105	728	6.3	3
Neoplasms	339	204	280	2339	4.8	1
Endocrine & immunity disorders	37	48	41	405	4.6	0
Disorders of blood & bloodforming organs	40	66	49	252	2.2	0
Mental disorders	190	17	292	4388	14.2	7
Nervous system/sensory disorders	198	111	136	1078	4.4	1
Disorders of the circulatory system	491	148	496	4123	6.4	3
Disorders of the respiratory system	287	26	341	2170	5.9	0
Digestive disorders	706	447	387	1883	2.3	1
Genitourinary disorders	330	187	200	1029	2.7	3
Complications of pregnancy etc	457	73	466	1858	3.4	1
Disorders of the skin & subcutaneous tissue	96	50	65	557	4.8	2
Musculoskeletal disorders	276	96	227	1437	4.4	2
Congenital anomalies	33	16	21	85	2.3	2
Conditions originating in the perinatal period	132	12	125	775	5.7	4
Signs, symptoms & ill-defined conditions	220	88	176	711	2.7	1
Injury/poisoning	405	69	450	3317	6.4	3
Supplementary classifications	405	1705	323	2668	1.3	0
Total	4735	3374	4180	29803	3.9	1
Separations by principal medical procedure						
operations on the nervous system	64	31	47	576	7.4	1
operations on the endocrine system	4		6	93	15.5	17
operations on the eye	96	57	49	69	0.7	0
operations on the ear	52	44	15	23	0.4	0
operations on the nose, mouth & pharynx	242	161	90	158	0.6	0
operations on the respiratory system	58	23	48	717	10.1	3
operations on the cardiovascular system	189	1201	120	938	0.7	0
operations on the haemic & lymphatic systems	38	23	26	266	5.4	2
operations on the digestive system	830	549	401	2862	3.0	0
operations on the urinary system	81	27	72	418	4.2	2
operations on the male genital organs	102	47	68	401	3.5	1
operations on the female genital organs	258	178	101	462	1.7	0
obstetrical procedures	290	6	288	1381	4.7	4
operations on the musculoskeletal system	464	116	408	2913	5.6	2
operations on the integumentary system	199	85	103	754	4.0	0
miscellaneous diagnostic & therapeutic procedures	529	637	643	8462	6.6	1
Total	3496	3185	2485	20493	3.6	0
Total external causes of injury & poisoning	739	94	752	8100	9.6	4

Table 21: ACT hospitals: summary of activity for Belconnen residents, 1996-97

	Persons	Daypatients	Overnight	Total	Mean	Media
				LOS	LOS	n LOS
Males	4373	2988	3482	20915	3.2	1
Females	5866	3651	4864	28212	3.3	1
Persons	10239	6639	8346	49127	3.3	1
Principal diagnosis						
Infectious & parasitic diseases	215	39	217	968	3.8	2
Neoplasms	709	478	514	3766	3.8	1
Endocrine & immunity disorders	73	30	90	637	5.3	3
Disorders of blood & bloodforming organs	67	65	66	317	2.4	1
Mental disorders	210	34	290	4028	12.4	8
Nervous system/sensory disorders	489	317	268	1064	1.8	0
Disorders of the circulatory system	716	225	692	4981	5.4	3
Disorders of the respiratory system	585	59	644	2721	3.9	2
Digestive disorders	1558	1034	771	3650	2.0	0
Genitourinary disorders	884	554	472	2098	2.0	0
Complications of pregnancy etc	1188	150	1312	5349	3.7	3
Disorders of the skin & subcutaneous tissue	168	93	104	611	3.1	1
Musculoskeletal disorders	663	231	506	2581	3.5	1
Congenital anomalies	106	41	80	444	3.7	2
Conditions originating in the perinatal period	447	46	429	3021	6.4	4
Signs, symptoms & ill-defined conditions	430	172	380	1385	2.5	1
Injury/poisoning	719	143	705	4036	4.8	2
Supplementary classifications	1012	2928	806	7470	2.0	0
Total	10239	6639	8346	49127	3.3	1
Separations by principal medical procedure						
operations on the nervous system	172	82	129	1328	6.3	1
operations on the endocrine system	15	3	14	162	9.5	4
operations on the eye	159	104	70	98	0.6	0
operations on the ear	203	170	47	78	0.4	0
operations on the nose, mouth & pharynx	673	427	286	1039	1.5	0
operations on the respiratory system	75	34	65	862	8.7	3
operations on the cardiovascular system	280	1952	144	986	0.5	0
operations on the haemic & lymphatic systems	61	48	44	345	3.8	0
operations on the digestive system	1644	1132	756	4596	2.4	0
operations on the urinary system	182	83	139	812	3.7	1
operations on the male genital organs	222	100	145	720	2.9	1
operations on the female genital organs	746	512	337	1502	1.8	0
obstetrical procedures	814	7	830	3944	4.7	4
operations on the musculoskeletal system	1004	312	782	3761	3.4	1
operations on the integumentary system	424	309	169	883	1.8	0
miscellaneous diagnostic & therapeutic procedures	870	1011	971	9208	4.6	0
Total	7544	6286	4928	30324	2.7	0
Total external causes of injury & poisoning	1269	195	1182	9981	7.2	3

Table 22: ACT hospitals: summary of activity for Woden Valley residents, 1996-97

-	Persons	Daypatients	Overnight	Total	Mean	Median
				LOS	LOS	LOS
Males	1942	1865	1704	12008	3.4	0
Females	2453	1661	2022	14110	3.8	1
Persons	4395	3526	3726	26118	3.6	1
Principal diagnosis						,
Infectious & parasitic diseases	90	14	97	526	4.7	2
Neoplasms	412	307	257	2078	3.7	0
Endocrine & immunity disorders	22	14	23	100	2.7	1
Disorders of blood & bloodforming organs	30	124	43	434	2.6	0
Mental disorders	126	20	202	3313	14.9	8
Nervous system/sensory disorders	190	108	139	394	1.6	1
Disorders of the circulatory system	368	111	398	3510	6.9	3
Disorders of the respiratory system	260	24	310	1804	5.4	2
Digestive disorders	654	408	374	1936	2.5	0
Genitourinary disorders	357	204	220	1231	2.9	1
Complications of pregnancy etc	450	78	437	1988	3.9	3
Disorders of the skin & subcutaneous tissue	96	66	42	319	3.0	0
Musculoskeletal disorders	312	110	243	1906	5.4	2
Congenital anomalies	20	20	43	233	3.7	3
Conditions originating in the perinatal period	148	5	149	1206	7.8	6
Signs, symptoms & ill-defined conditions	149	67	137	516	2.5	1
Injury/poisoning	319	56	340	2934	7.4	3
Supplementary classifications	358	1790	272	1690	0.8	0
Total	4361	3526	3726	26118	3.6	1
Separations by principal medical procedure						
operations on the nervous system	65	17	61	618	7.9	2.5
operations on the endocrine system	11	6	5	41	3.7	3
operations on the eye	86	45	58	99	1.0	1
operations on the ear	66	54	17	25	0.4	0
operations on the nose, mouth & pharynx	312	196	133	254	8.0	0
operations on the respiratory system	40	15	37	338	6.5	4
operations on the cardiovascular system	172	1243	134	982	0.7	0
operations on the haemic & lymphatic systems	29	27	15	174	4.1	0
operations on the digestive system	664	429	371	2601	3.3	0
operations on the urinary system	92	43	80	393	3.2	2
operations on the male genital organs	99	42	63	385	3.7	1
operations on the female genital organs	291	185	137	816	2.5	0
obstetrical procedures	316	9	309	1602	5.0	5
operations on the musculoskeletal system	463	140	376	3280	6.4	2
operations on the integumentary system	265	228	90	692	2.2	0
miscellaneous diagnostic & therapeutic procedures	576	698	723	8371	5.9	1
Total	3547	3377	2609	20671	3.5	0
Total external causes of injury & poisoning	623	86	621	6688	9.5	4

Table 23: ACT hospitals: summary of activity for Tuggeranong residents, 1996-97

	Persons	Daypatients	Overnight	Total	Mean	Median
				LOS	LOS	LOS
Males	4268	2719	3497	16745	2.7	1
Females	6324	3721	5263	27266	3.0	1
Persons	10592	6440	8760	44011	2.9	1
Principal diagnosis						
Infectious & parasitic diseases	237	21	267	794	2.8	2
Neoplasms	558	443	368	2808	3.5	0
Endocrine & immunity disorders	52	42	56	352	3.6	2
Disorders of blood & bloodforming organs	56	88	68	341	2.2	0
Mental disorders	158	15	218	2502	10.7	6
Nervous system/sensory disorders	488	404	222	933	1.5	0
Disorders of the circulatory system	472	161	467	3170	5.0	2
Disorders of the respiratory system	718	87	797	2895	3.3	2
Digestive disorders	1353	863	760	3334	2.1	0
Genitourinary disorders	975	603	550	2662	2.3	0
Complications of pregnancy etc	1664	236	1736	7548	3.8	3
Disorders of the skin & subcutaneous tissue	229	124	144	767	2.9	1
Musculoskeletal disorders	599	264	414	2009	3.0	1
Congenital anomalies	168	63	129	591	3.1	2
Conditions originating in the perinatal period	526	15	535	4196	7.6	5
Signs, symptoms & ill-defined conditions	344	142	319	992	2.2	1
Injury/poisoning	679	151	661	3511	4.3	2
Supplementary classifications	1316	2718	1049	4606	1.2	0
Total	10592	6440	8760	44011	2.9	1
Separations by principal medical procedure						
operations on the nervous system	173	82	139	969	4.4	1
operations on the endocrine system	12	4	12	50	3.1	3
operations on the eye	114	76	47	107	0.9	0
operations on the ear	269	243	46	87	0.3	0
operations on the nose, mouth & pharynx	737	417	362	579	0.7	0
operations on the respiratory system	61	29	54	708	8.5	5
operations on the cardiovascular system	284	1827	211	1431	0.7	0
operations on the haemic & lymphatic systems	59	50	46	558	5.8	0
operations on the digestive system	1407	935	733	3985	2.4	0
operations on the urinary system	157	63	135	799	4.0	2
operations on the male genital organs	184	90	106	506	2.6	1
operations on the female genital organs	859	606	386	1941	2.0	0
obstetrical procedures	1137	13	1152	5894	5.1	4
operations on the musculoskeletal system	966	355	713	3451	3.2	1
operations on the integumentary system	475	364	165	569	1.1	0
miscellaneous diagnostic & therapeutic procedures				40400		2
	1026	897	1186	10433	5.0	2
Total	1026 7920	897 6051	1186 5493	32067	2.8	

Table 24: ACT hospitals: summary of activity for South Canberra residents, 1996-97

	Persons	Daypatients	Overnight	Total	Mean	Median
				LOS	LOS	LOS
Males	1303	1092	1193	8197	3.6	1
Females	1642	1044	1490	11734	4.6	1
Persons	2945	2136	2683	19931	4.1	1
Principal diagnosis						
Infectious & parasitic diseases	48	5	59	290	4.5	2
Neoplasms	263	164	207	2163	5.8	1
Endocrine & immunity disorders	33	30	30	274	4.6	2.5
Disorders of blood & bloodforming organs	39	37	50	271	3.1	1
Mental disorders	77	4	120	2039	16.4	8
Nervous system/sensory disorders	144	77	102	397	2.2	1
Disorders of the circulatory system	289	64	319	2822	7.4	4
Disorders of the respiratory system	186	7	247	1699	6.7	4
Digestive disorders	432	242	275	1754	3.4	1
Genitourinary disorders	233	130	165	928	3.1	1
Complications of pregnancy etc	262	55	265	1042	3.3	2
Disorders of the skin & subcutaneous tissue	70	38	44	425	5.2	1
Musculoskeletal disorders	172	46	152	942	4.8	2
Congenital anomalies	27	11	21	96	3.0	2
Conditions originating in the perinatal period	74		77	539	7.0	
Signs, symptoms & ill-defined conditions	107	47	116	597	3.7	2
Injury/poisoning	260	34	272	2351	7.7	
Supplementary classifications	229	1145	162	1302	1.0	0
Total	2945	2136	2683	19931	4.1	1
Separations by principal medical procedure						
operations on the nervous system	43	17	39	532	9.5	2
operations on the endocrine system	5		5	21	4.2	4
operations on the eye	83	38	53	170	1.9	1
operations on the ear	32	29	8	14	0.4	0
operations on the nose, mouth & pharynx	174	104	76	136	0.8	0
operations on the respiratory system	30	10	27	295	8.0	6
operations on the cardiovascular system	137	821	108	716	0.8	0
operations on the haemic & lymphatic systems	24	18	17	157	4.5	0
operations on the digestive system	451	293	248	2452	4.5	0
operations on the urinary system	61	20	64	525	6.3	2
operations on the male genital organs	58	18	54	373	5.2	4
operations on the female genital organs	190	122	97	575	2.6	0
obstetrical procedures	165	1	170	818	4.8	4
operations on the musculoskeletal system	278	64	248	2203	7.1	2
operations on the integumentary system	160	132	60	507	2.6	
miscellaneous diagnostic & therapeutic procedures	464	359	608	6610	6.8	3
Total	2355	2046	1882	16104	4.1	1
Total external causes of injury & poisoning	489	51	479	5838	11.0	

Table 25: ACT hospitals: summary of activity for Weston Creek-Stromlo residents, 1996-97

	Persons	Daypatients	Overnight	Total	Mean	Median
				LOS	LOS	LOS
Males	1302	889	1102	6028	3.0	1
Females	1721	1095	1438	10319	4.1	1
Persons	3023	1984	2540	16347	3.6	1
Principal diagnosis						
Infectious & parasitic diseases	37	17	40	196	3.4	2
Neoplasms	285	228	185	1522	3.7	0
Endocrine & immunity disorders	19	24	24	219	4.6	1
Disorders of blood & bloodforming organs	21	63	29	177	1.9	0
Mental disorders	59	4	85	1120	12.6	9
Nervous system/sensory disorders	137	90	84	471	2.7	0
Disorders of the circulatory system	245	87	254	2243	6.6	3
Disorders of the respiratory system	186	13	217	991	4.3	2
Digestive disorders	489	296	290	1337	2.3	0
Genitourinary disorders	272	165	161	776	2.4	0
Complications of pregnancy etc	280	37	284	1647	5.1	4
Disorders of the skin & subcutaneous tissue	56	34	43	526	6.8	1
Musculoskeletal disorders	230	123	186	1234	4.0	1
Congenital anomalies	31	8	33	146	3.6	4
Conditions originating in the perinatal period	70	5	71	510	6.7	6
Signs, symptoms & ill-defined conditions	106	36	122	514	3.3	2
Injury/poisoning	235	43	238	1789	6.4	2
Supplementary classifications	265	711	194	929	1.0	0
Total	3023	1984	2540	16347	3.6	1
Separations by principal medical procedure						
operations on the nervous system	55	71	44	450	3.9	0
operations on the endocrine system	6	1	6	48	6.9	5
operations on the eye	45	31	25	37	0.7	0
operations on the ear	51	43	11	25	0.5	0
operations on the nose, mouth & pharynx	253	172	89	154	0.6	0
operations on the respiratory system	37	16	29	355	7.9	5
operations on the cardiovascular system	124	306	100	661	1.6	0
operations on the haemic & lymphatic systems	15	11	16	118	4.4	2
operations on the digestive system	474	281	273	1503	2.7	0
operations on the urinary system	56	32	43	287	3.8	1
operations on the male genital organs	66	30	45	242	3.2	1
operations on the female genital organs	230	145	114	579	2.2	0
obstetrical procedures	190	1	196	1376	7.0	5
operations on the musculoskeletal system	346	107	282	1859	4.8	1
operations on the integumentary system	170	132	69	300	1.5	0
miscellaneous diagnostic & therapeutic procedures	349	508	444	4839	5.1	0
Total	2467	1887	1786	12833	3.5	
Total external causes of injury & poisoning	465	69	428	3711	7.5	3

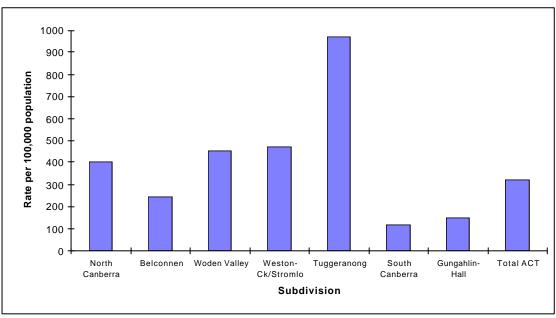
Table 26: ACT hospitals: summary of activity for Gungahlin-Hall residents, 1996-97

	Dorcono	Downstiants	Oversials	Total	Moon	Madian
	Persons	Daypatients	Overnight	Total LOS	Mean LOS	Median LOS
Males	678	382	585	3008	3.1	1
Females	1097	344	968	4112	3.1	2
Persons	1775	726	1553	7120	3.1	2
Principal diagnosis						
Infectious & parasitic diseases	45	5	44	114	2.3	2
Neoplasms	78	48	47	414	4.4	0
Endocrine & immunity disorders	15	8	15	121	5.3	2
Disorders of blood & bloodforming organs	3	9	4	16	1.2	0
Mental disorders	16		25	253	10.1	8
Nervous system/sensory disorders	53	36	35	249	3.5	0
Disorders of the circulatory system	80	26	71	358	3.7	2
Disorders of the respiratory system	87	10	97	330	3.1	2
Digestive disorders	216	132	119	625	2.5	0
Genitourinary disorders	117	73	63	278	2.0	0
Complications of pregnancy etc	369	36	404	1593	3.6	3
Disorders of the skin & subcutaneous tissue	22	11	17	60	2.1	1
Musculoskeletal disorders	63	21	51	227	3.2	2
Congenital anomalies	31	6	28	126	3.7	2
Conditions originating in the perinatal period	118	8	119	851	6.7	4
Signs, symptoms & ill-defined conditions	79	36	56	159	1.7	1
Injury/poisoning	128	13	128	508	3.6	2
Supplementary classifications	255	248	230	838	1.8	0
Total	1775	726	1553	7120	3.1	2
Separations by principal medical procedure						
operations on the nervous system	22	5	19	248	10.3	3
operations on the endocrine system	2		3	38	12.7	8
operations on the eye	13	6	8	14	1.0	1
operations on the ear	22	21	3	5	0.2	0
operations on the nose, mouth & pharynx	95	57	43	68	0.7	0
operations on the respiratory system	12	8	6	56	4.0	0
operations on the cardiovascular system	29	124	15	67	0.5	0
operations on the haemic & lymphatic systems	11	7	7	77	5.5	0.5
operations on the digestive system	256	153	129	754	2.7	0
operations on the urinary system	16	7	12	70	3.7	2
operations on the male genital organs	22	4	18	76	3.5	3
operations on the female genital organs	111	72	59	197	1.5	0
obstetrical procedures	269	1	273	1273	4.6	4
operations on the musculoskeletal system	140	39	120	571	3.6	2
operations on the integumentary system	57	39	27	67	1.0	0
miscellaneous diagnostic & therapeutic procedures	139	118	154	1218	4.5	1
Total	1216	661	896	4799	3.1	1
Total external causes of injury & poisoning	194	21	186	1437	6.9	2



APPENDIX 3: Hospital separations from external injury and poisoning

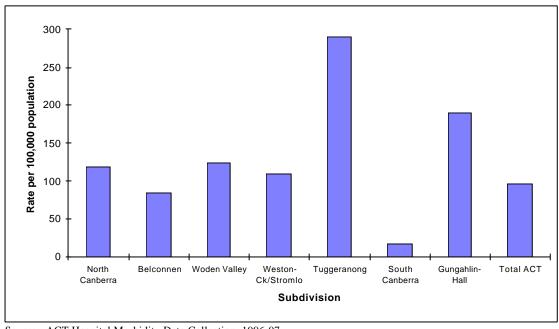
Figure 34: Hospital separation rate for accidents occurring in the home, by subdivision, ACT residents, 1996-97



Source: ACT Hospital Morbidity Data Collection, 1996-97

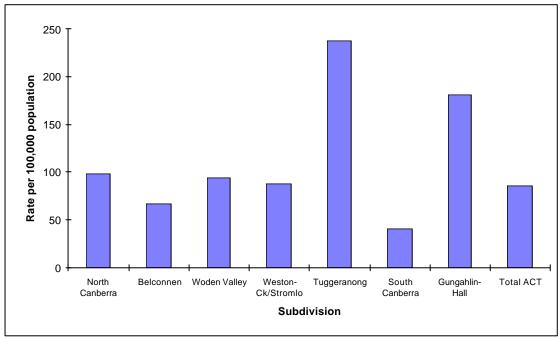
Population by age and sex, ACT, June 1996, ABS Catalogue No. 3235.8

Figure 35: Hospital separation rate for accidents occurring on streets/highways, by subdivision, ACT residents, 1996-97



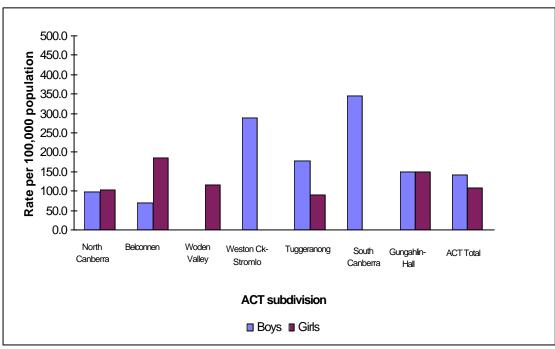
Source: ACT Hospital Morbidity Data Collection, 1996-97

Figure 36: Hospital separation rate for accidents occurring in recreational/sports places, by subdivision, ACT residents, 1996-97



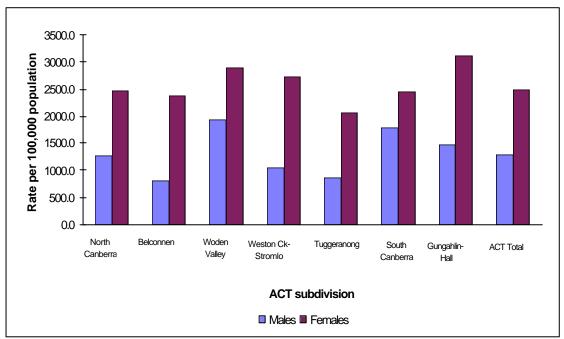
Population by age and sex, ACT, June 1996, ABS Catalogue No. 3235.8

Figure 37: Estimated hospital separation rate for accidental poisoning, by sex, by subdivision, aged 0-4 yrs, 1996-97



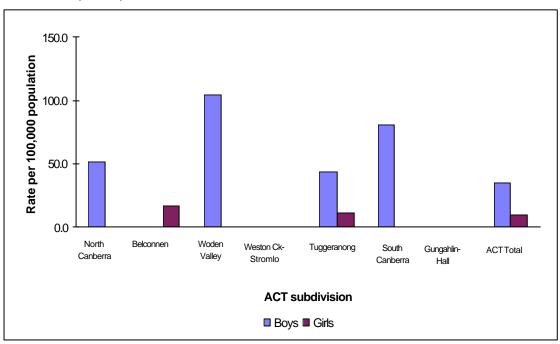
Source: ACT Hospital Morbidity Data Collection, 1996-97

Figure 38: Estimated hospital separation rate for falls, by sex, age over 65 yrs, by subdivision, ACT, 1996-97



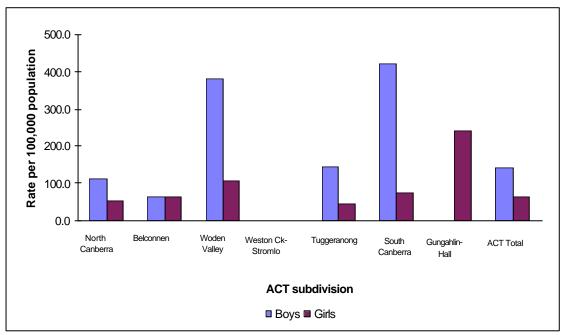
Population by age and sex, ACT, June 1996, ABS Catalogue No. 3235.8

Figure 39: Estimated hospital separation rate for burns & scalds, age 0-9 yrs, by sex, by subdivision, ACT, 1996-97



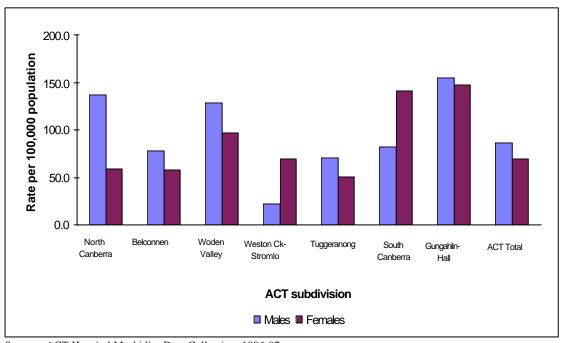
Source: ACT Hospital Morbidity Data Collection, 1996-97

Figure 40: Estimated hospital separation rate for pedal cycle accidents, age 5-14 yrs, by sex, by subdivision, ACT, 1996-97



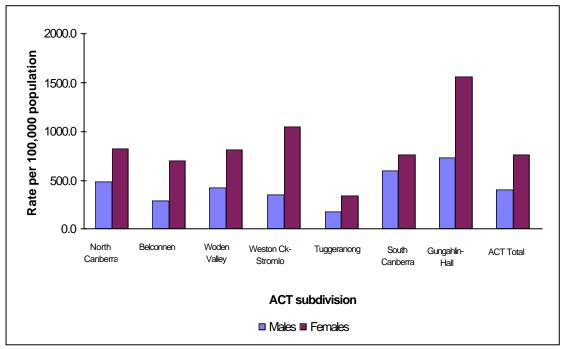
Population by age and sex, ACT, June 1996, ABS Catalogue No. 3235.8

Figure 41: Estimated hospital separation rate for intracranial injuries, age 0-2 yrs, by sex, by subdivision, ACT, 1996-97



Source: ACT Hospital Morbidity Data Collection, 1996-97

Figure 42: Estimated hospital separation rate for fractured neck of femur, age 65+ yrs, by sex, by subdivision, ACT, 1996-97





APPENDIX 4: Methodology

Rates

Unless otherwise stated, rates per 100,000 are calculated as follows:

Rate = N/P . 100,000 (where N = number of events and P= population at risk of experiencing the event).

Three year moving averages

The three year moving averages were calculated by taking the rate over three years.

Rate Y2 =
$$\frac{(N1+N2+N3)}{(P1+P2+P3)}$$

where Ni = number of events year iwhere Yi = year iand Pi = population at risk year i

For end years the average of 2, rather than 3, years was taken.

Years of potential life lost - ABS definition

Estimates of years of potential life lost (YPLL) were calculated for deaths of persons aged 1 to 75 years based on the assumption that deaths occurring between ages 0 and 76 years are considered untimely.

$$YPLL = \Sigma_{\chi} (D_{\chi} (76 - A_{\chi}))$$

 A_{χ} = Adjusted age at death. As age at death is only available in completed years the midpoint of the reported age was chosen (eg. age at death 34 years was adjusted to 34.5)

 D_x = Registered number of deaths at age x due to a particular cause of death

YPLL was standardised for age using the following formula:

$$YPLL_S = \Sigma_X (D_X (76 - C_X))$$

where the correction factor C_X is defined for age x as:

$$C_X = \underline{\qquad} \begin{array}{c} N_{XS} & 1 \\ \underline{\qquad} \bullet & N_S \\ N_S & N_X \end{array}$$

N = Number of persons aged 1-75 years in the study population

 N_{χ} = Number of persons aged x years in the study population

 N_{XS} = Number of persons aged x years in the standard population

 N_S = Number of persons aged 1-75 years in the standard population

The Australian population at 30 June 1991 was chosen as the standard population.

Estimates of YPLL by cause of death, as presented in Table 17 indicate the number of years lost due to specific causes on the assumption that up to exact age 76 years the decedent would not have died from any other cause. YPLL therefore should not be used as a measure of gains in years of life expectancy should a cause of death be eliminated or reduced.



APPENDIX 5: Data Limitations

Overall data

- Generally, data sets contain small numbers of occurrences of particular events. The smaller the
 numbers, the more likely there is to be inexplicable fluctuations in results. One extra death may alter
 mortality and morbidity statistics dramatically in a small area like the ACT, and more so for the smaller
 statistical sub-divisions. Where changes in pattern from year to year are noted, time series and
 moving averages are utilised to ensure a more reliable analysis. Unfortunately, this data is not readily
 available for the sub-divisions:
- There is no supplementary morbidity collection for diseases that can be treated outside the hospital system (eg by a GP, specialist, outpatient clinic or Emergency Department). Therefore there is a heavy reliance on survey data;
- Relying on available survey data means that some information is updated only after a number of years.
 Disease profiles may not be static with an everchanging ACT population and important information may be lost during the period where data is not collected.

Mortality data

- There are inconsistencies in recording of cause of death (eg. a person may be recorded as dying from suicide rather than from the severe mental illness which caused the suicide). The ABS is currently reviewing recording practices to include contributing, multiple causes of death;
- When looking at disease-specific rates over time it was not possible to age and sex standardise for some prior years. Therefore, crude rates were used and extrapolated to 1996-97 findings.

Hospital separations data

- There are inconsistencies in coding hospital admissions (eg. a person may be coded as attempting suicide as the principal diagnosis, but that condition could have been caused by mental illness a different coder may have coded principal diagnosis as "mental illness" with the suicide attempt as the secondary diagnosis);
- Hospital separations data only focus on acute or chronic conditions which require patients to be admitted to hospital;
- As there is quite a high proportion of non-ACT residents (≈ 20%) separated from ACT hospitals and vice-versa it is difficult to look at hospital separations rates, as the ACT population cannot be used to calculate rates.
- Inpatients and re-admissions can only be identified within a hospital, not between hospitals.
- ACT hospital data includes newborns in its separations data.

National Health Surveys

The Australian Bureau of Statistics (ABS) conducts a five yearly National Health Survey (Refer Glossary)

- Until the 1995-96 survey, the sample size of respondents was very small in the ACT. This resulted in fluctuations in results and reduced reliability of findings.
- When responses were broken down into sub-groups (eg people aged under 18), the sample became even smaller resulting in more inaccuracies.
- It should be noted that the Survey utilises a self-reporting format. Results represent respondents' perceptions, not necessarily health professionals' findings. It also depends in part, on the literacy of the respondents and their ability to understand English.

Although the sample size for the ACT has been expanded, it should be noted that some sections of the survey were only administered to half of the sample. This includes sections on women's health, alcohol consumption and general health and well-being.



APPENDIX 6: ICD9-CM Codes

ICD-9 refers to the International Classification of Diseases, ninth revision, as developed by the World Health Organisation. It is a nationally and internationally accepted form of classification and is used in this publication. A summary of major codes of interest follows.

CARDIOVASCULAR DISEASES	ICD 9 code 390-459
Coronary heart disease (ischaemic heart disease)	ICD 9 code 410-414
Cerebrovascular disease (stroke)	ICD 9 code 430-438
Rheumatic heart disease	ICD 9 code 390-398
Hypertensive disease	ICD 9 code 401-405
Peripheral vascular disease	ICD 9 code 441-444

DIABETES MELLITUS ICD 9 code 250

DISEASES OF THE RESPIRATORY SYSTEM
Asthma
ICD 9 code 460-519
ICD 9 code 493

INFECTIOUS & PARASITIC DISEASES (Communicable) ICD 9 code 001-139

INJURY (Accidents, poisoning & violence).	ICD 9 code E800-E999
Motor vehicle traffic accidents	ICD 9 code E810-E819
Accidental falls	ICD 9 code E880-E888
Suicide	ICD 9 code E950E959

MALIGNANT NEOPLASMS (Cancer)	ICD 9 code 140-208
Respiratory & intrathoracic organs	ICD 9 code 160-165
Breast	ICD 9 code 174-175
Genitourinary organs	ICD 9 code 179-189

MENTAL DISORDERS Psychoses	ICD 9 code 290-319 ICD 9 code 290-299
Organic psychotic conditions	ICD 9 code 290-294
Senile and Pre-senile organic psychotic conditions (dementia)	ICD 9 code 290
Other psychoses	ICD 9 code 295-299
Schizophrenia	ICD 9 code 295

Affective psychoses (includes manic, major depressive &

bipolar disorders) ICD 9 code 296

Neurotic disorders, personality disorders & other nonpsychotic

mental disorders ICD 9 code 300-316

Neurotic disorders (includes anxiety states) ICD 9 code 300

Mental retardation ICD 9 code 317-319



Health Series Publications

The Epidemiology Unit of the Department of Health and Community Care has developed an on-going health series of publications to inform health professionals, policy developers and the community on health status in the Territory. Information contained therein will assist in the development of appropriate policy and service delivery models, the evaluation of programs, and an understanding of how the ACT compares with Australia as a whole with regard health status.

Number 1: ACT's Health: A report on the health status of ACT residents

Carol Gilbert, Ursula White, October 1995

Number 2: The Epidemiology of Injury in the ACT

Carol Gilbert, Chris Gordon, February 1996

Number 3: Cancer in the Australian Capital Territory 1983-1992

Norma Briscoe, April 1996

Number 4: The Epidemiology of Asthma in the ACT

Carol Gilbert, April 1996

Number 5: The Epidemiology of Diabetes Mellitus in the ACT

Carol Gilbert, Chris Gordon, July 1996

Number 6: Developing a Strategic Plan for Cancer Services in the ACT

Kate Burns, June 1996

Number 7: The First Year of The Care Continuum and Health Outcomes Project

Bruce Shadbolt, June 1996

Number 8: The Epidemiology of Cardiovascular Disease in the ACT

Carol Gilbert, Ursula White, January 1997

Number 9: Health Related Quality of Life in the ACT: 1994-95

Darren Gannon, Chris Gordon, Brian Egloff, Bruce Shadbolt, February 1997

Number 10: Disability and Ageing in the ACT: An Epidemiological Review

Carol Gilbert, April 1997

Number 11: Mental Health in the ACT

Ursula White, Carol Gilbert, May 1997

Number 12: Aboriginal and Torres Strait Islander Health in the ACT

Norma Briscoe, Josie McConnell, Michelle Petersen, July 1997

Number 13: Health Indicators in the ACT: Measures of health status and health

services in the ACT

Carol Kee (Gilbert), George Johansen, Ursula White, Josie McConnell

January 1998

Number 14 *Health status of the ACT by statistical sub-divisions*

Carol Kee, George Bodilsen (Johansen), April 1998



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¹¹ Hugo G, *Atlas of the Australian People: Australian Capital Territory 1986 Census*, Bureau of Immigration Research, Australian Government Publishing Service, Canberra, 1991

¹² ABS, Australian Social trends 1994, Catalogue No. 4102.0

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