



Hobsons Bay

CITY COUNCIL

05 July 2007

The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600



Ask for: Alexandra Sosa
Phone: 9932 1271
Our ref: ASO076226

Dear Secretary,

SUBMISSION ON INQUIRY INTO THE COST OF LIVING PRESSURES ON OLDER AUSTRALIANS

Reference is made to the inquiry into the cost of living pressures on older Australians.

The Hobsons Bay City Council is currently finalising its Ageing Well Strategy that has involved research and consultation with the community.

The Strategy and its accompanying documents can be found on the Councils website www.hobsonsbay.com.au, under the health and community section.

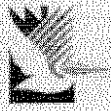
The main findings raised through this process which can inform the inquiry are as follows:

- Hobsons Bay residents aged 55 plus have below average incomes.
- In 2001, 39% had weekly incomes of less than \$200, compared to 32% of older persons across metropolitan Melbourne.
- In June 2006, Hobsons Bay had 8,981 age pension recipients - 80% of total residents aged 65 plus.
- According to the survey results, 66% of respondents identified having enough money as something that made them happy in old age.
- Although, most participants indicated that they wanted the Council to provide more social options, most indicated that these social options would need to be of a low cost in order for them to be able to participate.

The Council looks forward to receiving further information relating to the outcomes of this inquiry.

Yours sincerely

Mr Bill Jasoor
CHIEF EXECUTIVE OFFICER



Hobsons Bay
CITY COUNCIL

Ageing Community Profile

**Ageing Well Strategy
2007 – 2017**

FEBRUARY 2007

EXECUTIVE SUMMARY

Background

The demographic evidence for the ageing of Australia's population is undeniable. Given the broad range of services that Local Government deliver, the ageing of the population will have a direct effect on local Councils' ability to accommodate the needs of its ageing residents.

Hobsons Bay City Council recognizes the importance of ensuring timely action in response to increasing demands for its services. As a result, the Ageing Well Strategy promotes an integrated plan which aims to respond to the needs and aspirations of people 55 years and older by:

- addressing the significant growth in the older population
- coordinating a 'Whole of Council' response across business areas
- defining the Council's role in ensuring the provision of lifestyle opportunities and services, including Aged and Adult Disability Services
- developing a 'Whole of Community' approach to positive ageing

The development of the Ageing Well Strategy is guided by demographic analysis, research and consultation with stakeholders, and provides a long-term strategic direction to support a positive approach to ageing and a framework for action. The Ageing Well Strategy will cover the ten-year period 2007 – 2017 and will incorporate shorter Action Plans of 1 – 2 years, to ensure priorities for action remain relevant to the Community and the Council.

The Ageing Well Strategy 2007-2017 is comprised of 5 Parts:

1. Ageing Community Profile Document
2. Community Consultation Document
3. Policy Review Document
4. Ageing Well Strategy 2007-2017
5. Action Plan

The Ageing Community Profile was undertaken by Cathi Walker, Insight Social and Health Research (E-mail: cathi.walker@insightsocial.com.au) on behalf of Hobsons Bay City Council and is a valuable tool to assess the projected ageing of the population. It achieves this through identifying and analysing key population characteristics and projections, while comparing the results with state averages. The Ageing Community Profile highlights issues related to ageing and provides an insight into understanding the implications on the physical/built, natural, social and economic environments.

The purpose of this document is to provide background documentation to the Ageing Well Strategy 2007-2017. It contains data including the local demographics, employment and education levels, burden of disease, emergency department presentations and many more ageing related trends in Hobsons Bay.

This document should be read in conjunction with Parts 2, 3, 4 and 5 of the Ageing Well Strategy to provide a comprehensive overview of the strategic direction of the Plan.

Priorities for health service planning

The key characteristics of Hobsons Bay's older residents include:

People

- A very high level of growth forecast for the frail aged in Hobsons Bay. There will be an 84% rise in the number of persons aged 55 plus, and growth of 231% amongst persons aged 85 plus.
- As the frail aged population increases, so will the level of older persons living alone – this level is already quite high, especially for women.

Place

- A high concentration of older residents in Altona, Altona North and around Williamstown, with the demand for services likely to be highest in these areas. Williamstown and Williamstown North also had a high level of older residents who were living alone, which is likely to add to demand for services such as HACC.
- A considerable level of population mobility, with older persons moving into the area from surrounding municipalities, and also from interstate and overseas.

Residence

- Most older residents own their own home. However, there seems to be a lower level of home ownership amongst the frail aged, and a higher level who are renting or have mortgages. The financial and lifestyle factors underlying this may be worth investigating.
- Older residents living in nursing homes (243 residents aged 55 plus) were most likely to be aged 85 years or more, whilst those living in retirement accommodation were most likely to be aged 75-84.

Diversity

- An above average level of cultural diversity when compared to metropolitan Melbourne and also to Hobsons Bay's total population. Older residents also had a much lower level of proficiency in English than the total population.

Income and Employment

- A relatively low level of education. Also, older residents in Hobsons Bay had a below average level of professionals and an above average level of unskilled workers.
- A below average level of income amongst older persons, combined with 80% of persons aged 65 years or more receiving the age pension.
- A considerably above average unemployment rate, despite having well below average labour force participation.
- Most older persons worked full-time, and most unemployed older persons were looking for full-time rather than part-time work.
- A below average level of internet usage, when compared to the total older population across metropolitan Melbourne.

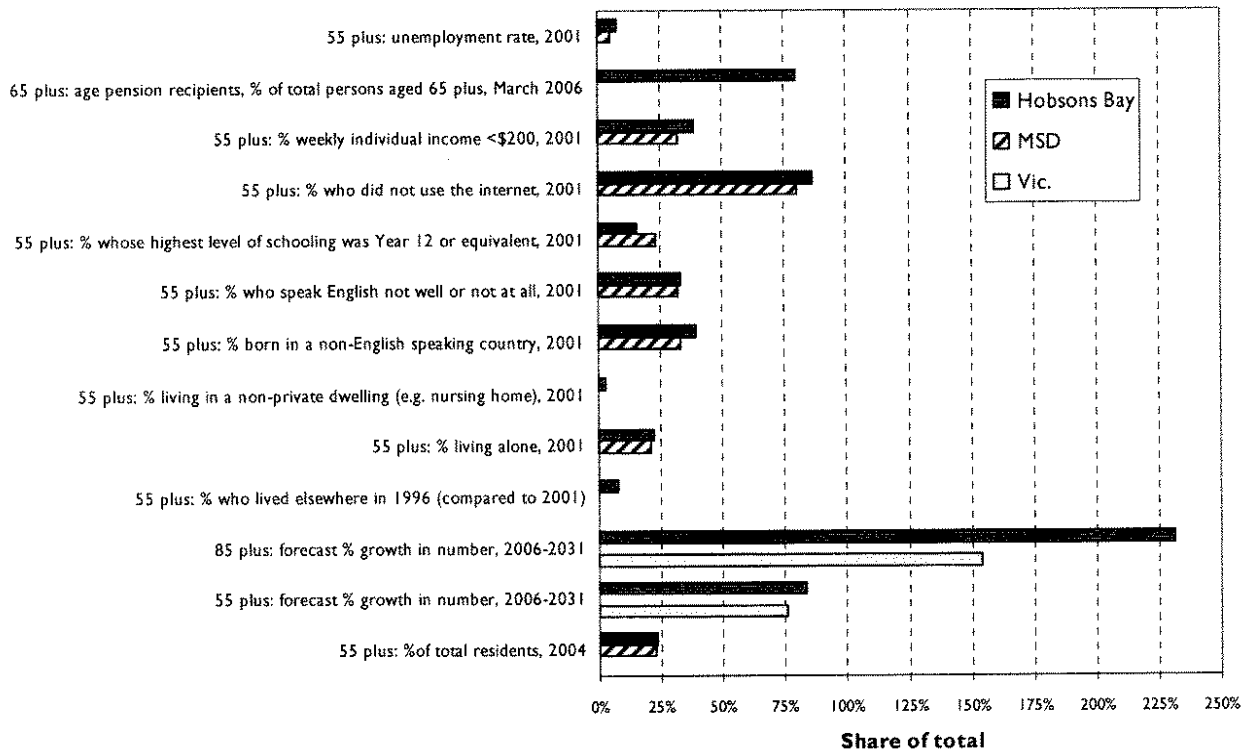
Health and Disability

- The main causes of the burden of disease were cancer, cardiovascular diseases, neurological and sense disorders, chronic respiratory diseases, and diabetes.
- The main causes of disability¹ were musculo-skeletal and connective tissue, psychological/psychiatric, and circulatory system diseases and disorders.
- Hobsons Bay had the highest metropolitan rate of emergency department presentations in 2001/02.

¹ Amongst older persons receiving the disability support pension.

- A well below average GP utilisation rate and a well below average number of GPs.
- A high bulk billing rate.

Summary Indicators for Hobsons Bay & the MSD



Summary indicators for Hobsons Bay, residents aged 55 plus

Indicator	Hobsons Bay	MSD	Vic.
55 plus: number, 2004	19,182	812,181	
55 plus: % of total residents, 2004	23.1%	22.6%	
55 plus: forecast % growth in number, 2006-2031	83.7%		75.7%
85 plus: forecast % growth in number, 2006-2031	231.0%		154.3%
55 plus: % who lived elsewhere in 1996 (compared to 2001)	At least 8%	n/a	
55 plus: % living alone, 2001	21.9%	21.2%	
55 plus: % living in a non-private dwelling (e.g. nursing home), 2001	2.8%	n/a	
55 plus: % born in a non-English speaking country, 2001	39.2%	33.5%	
55 plus: % who speak English not well or not at all, 2001	33.5%	32.1%	
55 plus: % whose highest level of schooling was Year 12 or equivalent, 2001	15.5%	23.3%	
55 plus: % who did not use the internet, 2001	86.3%	80.6%	
55 plus: % weekly individual income <\$200, 2001	38.7%	32.2%	
65 plus: age pension recipients, % of total persons aged 65 plus, June 2006	80%	n/a	
55 plus: unemployment rate, 2001	8.0%	5.2%	

Source: Various – see relevant sections of report body and *Appendix A*.

Demographics

In 2004, Hobsons Bay had more than 19,000 residents aged 55 years or more, accounting for 23% of its total population (similar to the MSD average). Females accounted for 53% of the population aged 55 plus, including 59% of the frail aged (75 plus). The highest numbers of persons aged 55 plus are concentrated in Altona and Altona North, and to a lesser extent in the area around Williamstown.

Over the next 25 years, Hobsons Bay's total population is forecast to increase by 12%. Virtually all of this population growth will be amongst persons aged 55 years or more – the number in this age group will increase by 84%, whilst their population share will rise from 25% to 40% of the total population.² Across Victoria, there is forecast to be a higher 23% level of total population growth, but a much lower level of growth amongst older residents (74%). Also, Hobsons Bay is forecast to have very high 231% growth amongst the number of persons aged 85 plus (compared to 154% for Victoria).

There is a significant level of population mobility amongst older residents. As of 2001, at least 8% of Hobsons Bay residents aged 65 years or more had lived elsewhere in 1996.³ Of those residents aged 65 plus who moved into Hobsons Bay between the 1996 and 2001 Censuses, most came from nearby areas. The main sources of new residents were Maribyrnong, Brimbank, Wyndham, Moonee Valley, Port Phillip and Greater Geelong.

In 2001, 62% of Hobsons Bay's older residents lived with a spouse, 22% lived alone and 6% were lone parents; these percentages are similar across the MSD. The level of older persons living alone is much higher for females than males – 27% of older females live alone, compared to 15% of older males. The level also increases with age, from 14% of 55-64 year olds, to 22% of 65-74 year olds and 36% of persons aged 75 years or more. The level of older persons living alone varies considerably across Hobsons Bay. Williamstown North has a particularly high level of older persons living alone, at 45% of persons aged 55 years or more. Williamstown also has a high level, at 33%.

Most Hobsons Bay residents aged 55 years or more owned their own home (77%). The level who own their own home appears to increase with age between the age ranges 55-64 and 75-84, then drop for persons aged 85 plus. Similarly, the level who have a mortgage or are renting is lower in the age ranges 55-64 and 75-84, but higher for persons aged 85 plus.

Hobsons Bay has 482 residents aged 55 years or more who are living in non-private dwellings. The main types of non-private dwellings used are nursing homes (243 residents, or 50% of the total), and cared accommodation for the retired or aged (221 residents, or 46%). Older residents living in a nursing home are most likely to be aged 85 plus (46% of this group). As could be expected, persons living in living in accommodation for the retired or aged have a slightly younger age profile – they are most likely to be aged 75-84 (41% of this group).

Hobsons Bay has an above average level of cultural diversity amongst its older residents. Thirty-nine percent were born in a non-English speaking country, compared to 33.5% across the MSD. Forty-three percent were born in Australia, compared to 49% across the MSD. The other main countries of birth include the United Kingdom, Italy, Malta, Greece and Yugoslavia.

It is also interesting to note that Hobsons Bay's older residents show more cultural diversity than the total Hobsons Bay population, amongst whom a much lower 22% were born in a non-English speaking country (compared to the level of 39% for older residents). This indicates that Hobsons Bay was much more of a destination for migrants in the past than it is currently.

In 2001, of those Hobsons Bay residents aged 55 plus who spoke a language other than English at home, 33.5% spoke English not well or not at all. This is similar to the MSD level of 32%, but much higher than the level of the total Hobsons Bay population with poor proficiency in English (17%).

² Note that the 25% is based on the 2006 forecast data, rather than the slightly lower 2004 estimated resident population share of 23%.

³ Note that this level may be considerably higher, as 7% of older residents did not state where they had lived previously.

According to the latest available Census data, Hobsons Bay had only 18 indigenous persons aged 55 plus in 2001 (0.1% of this age group). This is well below the 0.3% level across all age groups, but the same as the MSD average for older residents.

Hobsons Bay's older female residents have a lower level of schooling than their male counterparts. Thirty-seven percent of females aged 55 plus have gone no further than Year 8 in their schooling, compared to 32% of males (and 34% across both sexes). Only 12% have completed Year 12, compared to 19% of males. Five percent of older females did not go to school at all, compared to 4% of males. Most Hobsons Bay residents aged 55 plus (63%) do not have a non-school qualification, above the 57% MSD average. Older residents in Hobsons Bay have a below average level of professionals and an above average level of unskilled workers.

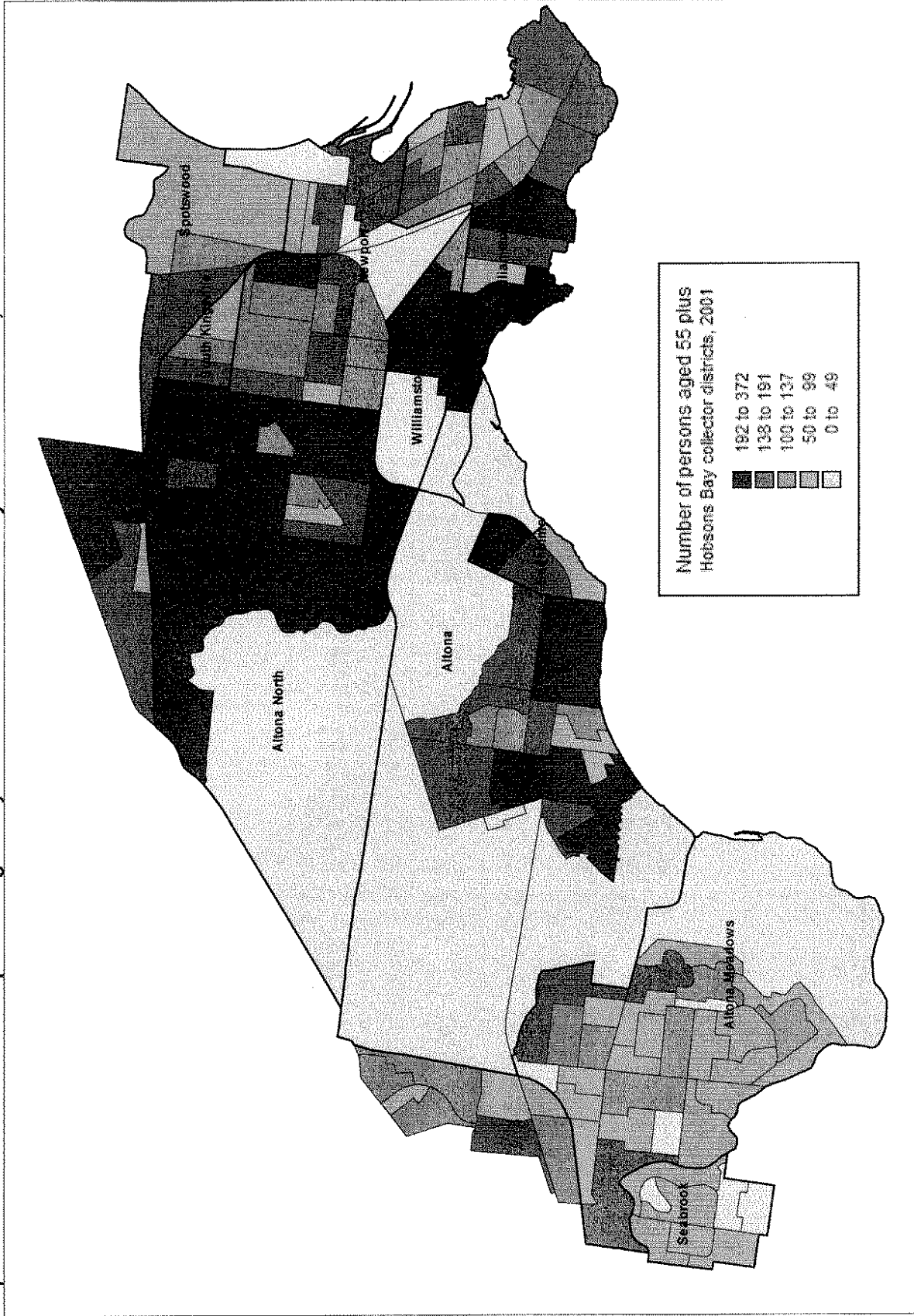
Hobsons Bay residents aged 55 plus have below average incomes. In 2001, 39% had weekly incomes of less than \$200, compared to 32% of older persons across metropolitan Melbourne. Only 6% of Hobsons Bay's older residents had weekly incomes of \$800 or more, compared to 9.5% across the MSD. In June 2006, Hobsons Bay had 8,981 age pension recipients - 80% of total residents aged 65 plus.

Hobsons Bay residents aged 55 plus had an above average unemployment rate in 2001, at 8% compared to 5.2% for the MSD. This was despite having a below average labour force participation rate of 19%, compared to 25% for the MSD.

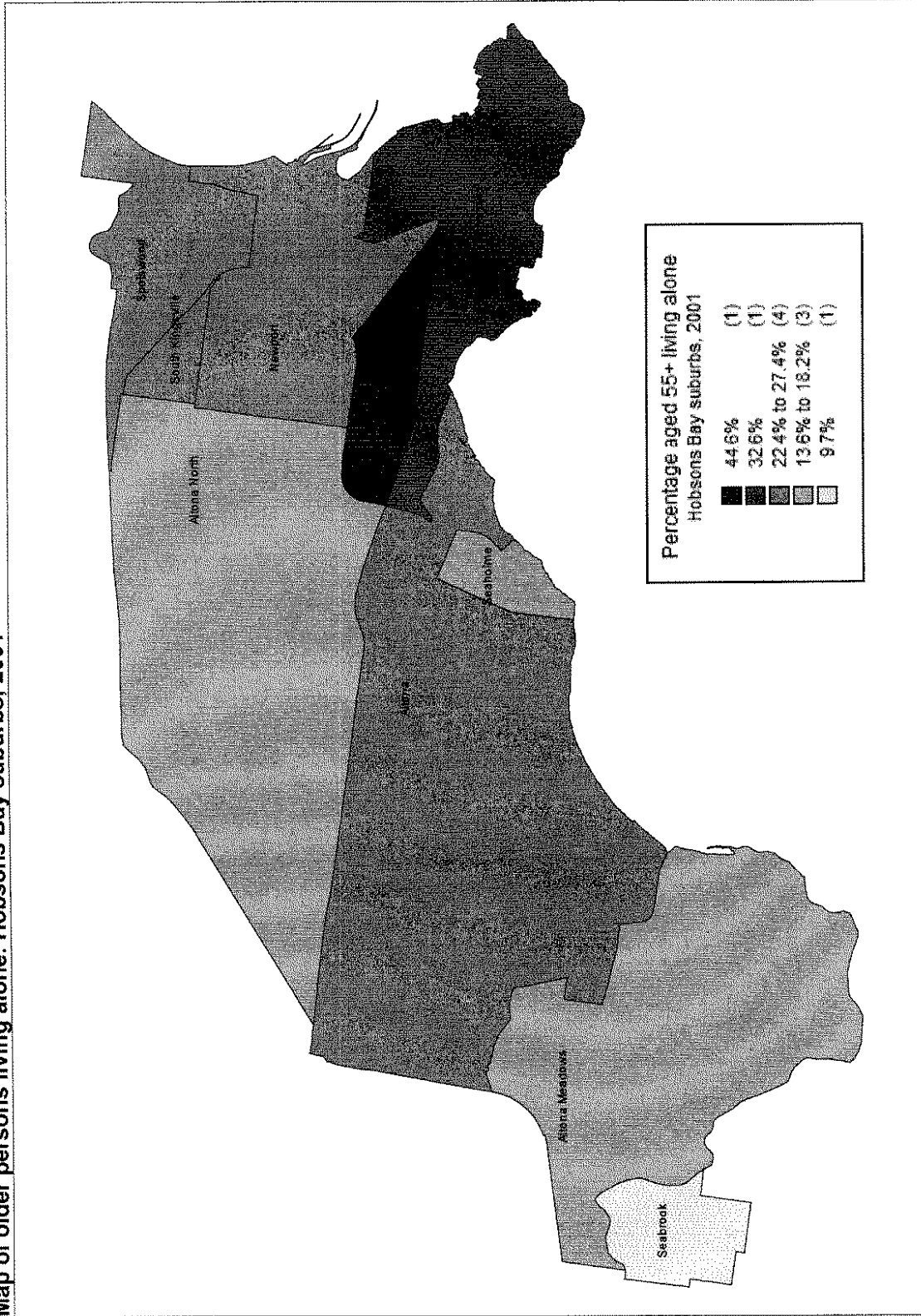
Most older persons work full-time (61% of Hobsons Bay residents aged 55 plus, and 60% across the MSD); and most unemployed older persons are looking for full-time rather than part-time work. Unemployed Hobsons Bay residents aged 65 plus are much more likely to be looking for full-time work, at 65% of this group compared to 50% across the MSD.

Most Hobsons Bay residents aged 55 years or more – 86% - do not use the internet, above the level of 81% of older residents across the MSD and 60% of total Hobsons Bay residents. Usage was by far the highest amongst 55-64 year olds, with 17% using the internet; it is also much higher amongst males. Most older residents used the internet at home and/or at work.

Map of areas of concentration of persons aged 55 years and over: Hobsons Bay collector districts, 2001



Map of older persons living alone: Hobsons Bay suburbs, 2001



Health status

Hospital admissions

In 2004/05, the main reasons for admission amongst persons aged 55-74 were:

- Diseases and disorders of the kidney and urinary tract (26%).
- Diseases and disorders of the digestive system (17%).
- Cancer (12%).
- Diseases and disorders of the circulatory system (10%).
- Factors influencing health status and other contacts with health services (9%).

Hobsons Bay residents aged 55-74 had an above average admission rate⁴ for

- Diseases and disorders of the eye.
- Endocrine, nutritional and metabolic diseases and disorders.

The main reasons for admission amongst persons aged 75 plus were:

- Diseases and disorders of the kidney and urinary tract (21%).
- Diseases and disorders of the circulatory system (12%).
- Diseases and disorders of the digestive system (11.5%).
- Factors influencing health status and other contacts with health services (7%).
- Diseases and disorders of the eye (7%).
- Diseases and disorders of the respiratory system (6.5%).
- Cancer (6%).
- Diseases and disorders of the musculoskeletal system and connective tissue (6%).

Hobsons Bay residents aged 75 plus had an above average admission rate⁵ for

- Diseases and disorders of the kidney and urinary tract.
- Mental diseases and disorders.

The average length of stay in hospital, for Hobsons Bay residents aged 55 plus, was 1.3 days, compared to 1.0 days for the total population. The average stay was highest for mental diseases and disorders; diseases and disorders of the nervous system; infectious and parasitic diseases, systemic or unspecified sites; alcohol/drug use and alcohol/drug induced organic mental disorders; and endocrine, nutritional and metabolic diseases and disorders.

Emergency department presentations

In 2004/05, there were 9,442 emergency department presentations amongst Hobsons Bay residents aged 55 years or more. The main reasons for presentation were:

- Symptoms signs and abnormal clinical laboratory findings not elsewhere classified (17% of total presentations).
- Factors influencing health status and contact with health services (17%).
- Injury poisoning and certain other consequences of external causes (16%).
- Diseases of the circulatory system (10%).
- Diseases of the respiratory system (7.5%).
- Diseases of the digestive system (7%).

⁴ With a standardised morbidity ratio (actual admissions divided by expected admissions) of at least 15% higher than the Victorian average).

⁵ With a standardised morbidity ratio (actual admissions divided by expected admissions) of at least 15% higher than the Victorian average).

- Diseases of the musculoskeletal system and connective tissue (6%).

The main causes of injury amongst Hobsons Bay residents aged 55 years or more were falls and collisions with objects.

Burden of disease

Amongst total Hobsons Bay residents aged 55 years or more, the main causes of the burden of disease are cancer, cardiovascular diseases, neurological and sense disorders, chronic respiratory diseases, and diabetes. Males have a higher burden of disease than females due to:

- Malignant cancers (30.5% compared to 25% for females), particularly prostate cancer and lung cancer.
- Hearing loss (3.4% compared to 1.8%).
- Chronic obstructive pulmonary disease, i.e. emphysema and chronic bronchitis (5% compared to 4%).
- Genito-urinary disorders (4% compared to 2%).

Females have a higher burden of disease than males due to:

- Neurological and sense disorders (17% compared to 14%), particularly dementia.
- Breast cancer (5% compared to zero for males).
- Mental disorders (2.9% compared to 2.2%), particularly depression and generalised anxiety disorder.
- Musculo-skeletal disorders (5% compared to 2%), particularly osteo-arthritis.

Cause of death

In 2004, there were 525 deaths amongst Hobsons Bay residents aged 55 years or more, accounting for 89% of total deaths in the area. The main causes of death were cancer and diseases of the circulatory system.

Disability

In 2006, an estimated 5,809 residents of Hobsons Bay (6.8% of the total population) had disabilities causing profound or severe restriction of communication, mobility and self-care. This is almost identical to the 6.7% Victorian average. Persons aged 65 years or more accounted for 50% of those with profound or severe restrictions (2,927 persons). For older residents, their disabilities do not limit their employment or educational opportunities, probably because most of them are retired.

In 2006, Hobsons Bay had 1,321 persons aged 55 plus who were receiving the disability support pension. The main causes of disability are:

- Musculo-skeletal and connective tissue (47.5%).
- Psychological/psychiatric (20%).
- Circulatory system (9.5%).
- Respiratory system (3%).
- Nervous system (3%).

Mental health

In the latest Victorian Population Health Survey, 8% of males and 9% of females in the NWMR reported that they had sought professional help for a mental health-related problem in the previous year. The level of adults in the region who had sought professional help for a mental health-related problem is highest for those aged 35-44 years, at 11.6%. It is between 8% and 9% for 18-24 year olds, 25-34 year olds and 45-54 year olds. Persons aged 55 plus have the lower proportion of adults who had sought professional help for a mental health-related problem, at 6.4% of 55-64 year olds and 4% of those aged 65 plus. In 2004/05, Hobsons Bay had 1,053 aged mental health service (MHS) clients, accounting for 14% of the regional total.

Service access

Self-sufficiency measures the degree to which people can access services close to home. The inner west has a high overall level of self-sufficiency, with 56% of residents able to access services in their primary area, and 42% able to access services in surrounding areas.⁶ Hobsons Bay had the highest metropolitan rate of emergency department presentations in 2001/02. Its level of growth in the number of emergency department presentations, between 1999/2000 and 2001/02, was between 30% and 40%.

In 2003/04, Hobsons Bay had 781 ACAS clients, with a rate of 96.4 ACAS clients per 1,000 target population residents. This is below the Victorian rate of 97.8, but well above the NWMR average rate of 91.3 per 1,000. Most of those recommended for care had been recommended for community care.

In 2001, Hobsons Bay had a GP utilisation rate of 4,642 per 1,000 residents, well below the Victorian average of 5,451 and the lowest rate of any LGA in the WMR. It also had a well below average number of GPs, at 0.73 per 1,300 compared to 1.05 per 1,000 across Victoria.

In 2004, the federal electorates which cover Hobsons Bay had bulk billing rates of 81.1% (Gellibrand) and 70.3% (Lalor). By 2005, the rates had risen to 82% in Gellibrand and 80.5% in Lalor. This is well above the Victorian average of 67.9% in 2004 and 72.3% in 2005.

Transport

Hobsons Bay residents aged 55 years or over are more likely than 0-54 year olds to own a single motor vehicle (42% compared to 28%). They are considerably less likely to own two motor vehicles (25% compared to 46%). The level of residents who do not own a motor vehicle increases with age, from 6% of 55-64 year olds to 20% of persons aged 65 plus. Similarly, the level who own two motor vehicles drops from 36% to 18%, whilst the level with only one motor vehicle rises from 35% to 47%.

In 2001, most Hobsons Bay residents aged 55 years or more drove to work: 63.5% drove and 5% traveled as a passenger in a car. This is similar to the data for the total Hobsons Bay population and slightly higher than the percentages (62.2% and 3.9%) for older persons across the MSD.

Regional data

Nearly 19% of adults in the NWMR aged 55-64 rated their health as fair or poor, as did 28% of males aged 65 years or more. The figure for 55-64 year olds across Victoria was the same, but the figure for those aged 65 plus was a lower 21%.⁷

The Victorian Population Health Survey found that, within the NWMR, older residents are the least likely to participate in sufficient physical activity. Only 51% of 55-64 year olds and 40% of persons aged 65 plus participated in sufficient physical activity, compared to 58% and 47% respectively across Victoria. The level ranged from 58% to 67% across younger age groups within the NWMR, and 58% for total adults.⁸

The level of males in the NWMR who are overweight or obese increases with age: 67% of 55-64 year olds and 66% of those aged 65 plus. These figures compare to a Victorian average of 65% and 52% respectively, with males aged 65 plus in the NWMR thus having a particularly high level of overweight/obesity. The level of females in the NWMR who are overweight or obese also increases with age but is lower than the male level: 55% of 55-64 year olds and 43.5% of those aged 65 plus are overweight or obese. These figures compare to a Victorian average of 51% and 38.5% respectively, with females aged 65 plus in the NWMR thus having a somewhat higher level of overweight/obesity.

⁶ Directions for Your Health System Metropolitan Health Strategy Department of Human Services, 2003

⁷ Physical activity, healthy eating and overweight/obesity 2003 Department of Human Services North and West Metropolitan Region

⁸ Physical activity, healthy eating and overweight/obesity 2003 Department of Human Services North and West Metropolitan Region

Smoking is a major risk factor for heart disease, stroke, various cancers, and a range of other diseases and conditions. The level of current smokers declines with age – in 2003, 19% of 55-64 year olds in the NWMR, and 11% of those aged 65 plus, were current smokers, compared to a high of 29% amongst 35-44 year olds.

In 2003, 10% of adults in the NWMR aged 55-64, and 4% of those aged 65 plus, drank alcohol at risky and high risk levels at least weekly. These percentages are similar to the Victorian average.

In 2004/05, the main types of Home and Community Care (HACC) services provided to clients in the WMR were delivered meals (9,204 services), home care (5,247 services), planned activities (core – 5,206), planned activities (high – 3,321), and nursing (2,061). The rate of clients was highest for home care (129 clients per 1,000 residents per quarter) and nursing (68 per 1,000).

In 2004/05, nearly half of all primary health service clients in the NWMR (48%) were aged 50 years or more. Usage was highest amongst 70-79 year olds (14% of total clients). The number increases gradually with age during adulthood. Females accounted for the majority of older clients – 67% of 50-59 year olds, 65% of 60-69 year olds, 64% of 70-79 year olds, and 69% of persons aged 80 years or more.

In August 2003, the median waiting time for primary and community health services, amongst Victorian residents aged 60 or more, was 18 days. This is similar to the period of 19 days in August 2001, although the waiting time then dropped to 15 days in 2002, before the apparent rise in 2003. The median waiting time was higher for females than males, at 19 days compared to 16 days.

Data notes

The health and wellbeing of a community cannot be measured with statistics only. For instance, a frail aged person would be automatically classified as disabled, yet may actually be enjoying a good quality of life and a high level of wellbeing. Quality of life is a good indicator of wellbeing, and this can relate as much to perceptions as to facts. There is a lack of qualitative (i.e. non-numeric) data at regional and local level, partly due to the fact that most health surveys are done at national or state level, or for comparatively small areas (and with both survey content and methodology varying between studies). The Victorian Population Health Survey, which allows people to self-assess their general health status, is one source of data at regional level which has a broader approach to assessing health status.

Traditional measures of health status instead rely primarily on morbidity and mortality data – i.e. hospitalisations and deaths. This type of data is often used for comparative measurements. However, a comparatively low incidence of a particular condition cannot be taken as an indicator of wellbeing, unless a decision is made as to what absolute level of incidence would be a good result. When examining morbidity and mortality data, it must always be remembered that a comparatively low rate for a particular condition does not necessarily indicate wellbeing – just that the group in question is less sick than the average; it is therefore important to also examine the main reasons for admission for each population group. In addition, a low level of hospital admissions may represent a lack of service access, rather than comparatively good health.

Note that an area and/or age group has an above average level of admissions if the ratio of actual admissions by age and area, to the expected number of admissions by age and area, is greater than one. The standardised morbidity ratio shows this ratio. For the purposes of this report, an area /age group is considered to be *significantly* above average if it has a standardised morbidity ratio of 1.15 or higher (an actual number of admissions at least 20% higher than expected). However, this is an arbitrary cut-off point.

The expected number of hospitalisations by age/area /condition is calculated by multiplying the Victorian hospitalisation rate per 1,000 by age and condition, by the local population by age (in 1,000s). This calculates the number of admissions that could be expected, given the local area's age structure (if the area's admission rate was in line with the Victorian average). Simply comparing crude admission rates does not show whether an area is above average, due to geographic variations in age structure.

The Department of Human Services is no longer releasing table cells showing less than five separations, meaning that for many areas it is now impossible to calculate age-standardised rates by age and sex, since doing this requires accurate data totals as a base. This means that for a range of hospital data items used in this report, the data is not available (shown as n/a in tables). Thus whilst the report identifies a range of health issues where admissions are significantly above average for a geographic area and/or age group, there may be other issues which are above average, but which cannot be identified due to data gaps.

The term “hospital admissions” is used throughout, as people tend to be familiar with this term. However, the data is actually based on hospital separations – a patient leaving hospital – rather than hospital admissions. A separation occurs when an inpatient or same day patient leaves hospital - this could be to go home, to go to another hospital or institution, or when a patient dies.

Note that population totals for tables based on 2001 Census data will differ from the population by age data based on the latest estimated resident population (2004).

A full list of the types and sources of data used for this report is provided in *Appendix A*.

Glossary of common terms

<u>Abbreviation</u>	<u>Definition</u>
ABS	Australian Bureau of Statistics
ACAS	Aged care assessment and recommendations
BOD	Burden of disease
(C)	City
DALY	Disability adjusted life year
DHS	Department of Human Services
EFT	Effective full-time
ERP	Estimated resident population
GP	General practitioner
HACC	Home and community care
LGA	Local government area
MHS	Mental health service
MPHP	Municipal Public Health Plan
MSD	Melbourne Statistical Division – covers metropolitan Melbourne
NWMR	North Western Metropolitan Region
np	Not published
SLA	Statistical local area
Separations	Separations show a patient leaving hospital, rather than hospital admissions. A separation occurs when an inpatient or same day patient leaves hospital - this could be to go home, to go to another hospital or institution, or when a patient dies.
YLD	Years of life lived with a disability
YLL	Years of life lost
VPHS	Victorian Population Health Survey
WMR	Western Metropolitan Region

Disclaimer

Data used for and in this report are provided by various sources. Adamas Consulting (trading as Insight Social and Health Research) has endeavoured to provide accurate data analysis. However, we make no representation in relation to data supplied, except as an accurate reproduction of the data utilised, and we have no specific means of verifying the accuracy of data supplied. Accordingly, users seeking to rely upon this data should make their own inquiries to confirm accuracy of the data. Adamas Consulting Pty. Ltd. gives no warranty and does not accept any liability in relation to the quality, accuracy or suitability for any purpose of this product.

