

2.11 Health services

Why is this important?

Health is an important aspect of community wellbeing. Poor health reduces the quality of life of the population within a community and the contribution that individuals can make through work, social or volunteer efforts. Poor health also imposes monetary costs on a community through the provision of health care services.

Data from the ABS *Mortality Atlas, Australia, 1997–2000* published in December 2002, has been used to provide some insights into death rates in the Cradle Coast Region Tasmania and to draw attention to some possible problem areas in the Region’s health profile. Table 2.11.1 and graph 2.11.2 below show that in the period 1997 to 2000 the Lyell SSD had much higher than average standardised death rates from malignant neoplasms (cancer) and ischaemic heart disease (which includes heart attacks), the two most common causes of death in Australia.

Burnie–Devonport SSD was reasonably close to the national average for these two causes of death, while North Western Rural SSD experienced lower than average rates, particularly for ischaemic heart disease.

2.11.1 Standardised Death Rates(a), Two Main Causes of Death and Total Deaths, SSDs, Cradle Coast Region Tasmania and Australia—1997–2000(b)

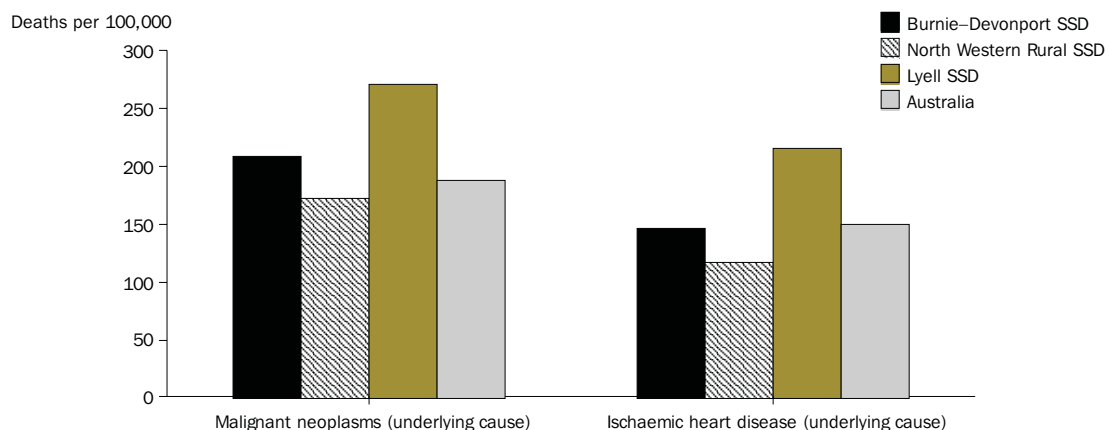
	Burnie– Devonport SSD	North Western Rural SSD	Lyell SSD	Australia
Malignant neoplasms (underlying cause)	208.8	172.2	272.1	187.3
Ischaemic heart disease (underlying cause)	147.0	117.3	216.4	149.5
Total deaths (all causes)	770.4	626.9	943.3	684.9

(a) Deaths per 100,000 persons. Standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population.

(b) Annual average.

Source: ABS, *Mortality Atlas, Australia, December 2002* (cat. no. 3318.0).

2.11.2 Standardised Death Rates(a) for the Two Main Causes of Death, SSDs, Cradle Coast Region Tasmania and Australia—1997–2000(b)



(a) Deaths per 100,000 persons. Standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population.

(b) Annual average.

Source: ABS, *Mortality Atlas, Australia, December 2002* (cat. no. 3318.0).

2.11 Health services *continued*

As shown in table 2.11.3 and graph 2.11.4 below, the Cradle Coast Region Tasmania exhibited higher than average standardised death rates for cancers of digestive organs and also for cerebrovascular diseases. Standardised death rates were also higher than average for chronic lower respiratory diseases, accidents and diabetes.

However, the Region was a little lower than the Australian average for deaths attributable to cancers of the trachea, bronchus and lung and also for deaths by suicide. The Region was the same as the Australian average for deaths attributable to influenza/pneumonia.

2.11.3 Standardised Death Rates(a), Selected Causes of Death(b), Cradle Coast Region Tasmania and Australia—1997–2000(c)

	<i>Cradle Coast Region Tasmania</i>	<i>Australia</i>
Malignant neoplasms of digestive organs	65.1	52.8
Malignant neoplasms of trachea, bronchus and lung	33.4	36.0
Cerebrovascular diseases (strokes, etc.)	75.4	65.9
Chronic lower respiratory diseases (incl. asthma and emphysema)	44.7	33.0
Diabetes mellitus	17.2	15.8
Influenza and pneumonia	12.2	12.2
Accidents	31.1	26.3
Intentional self-harm	12.0	13.6

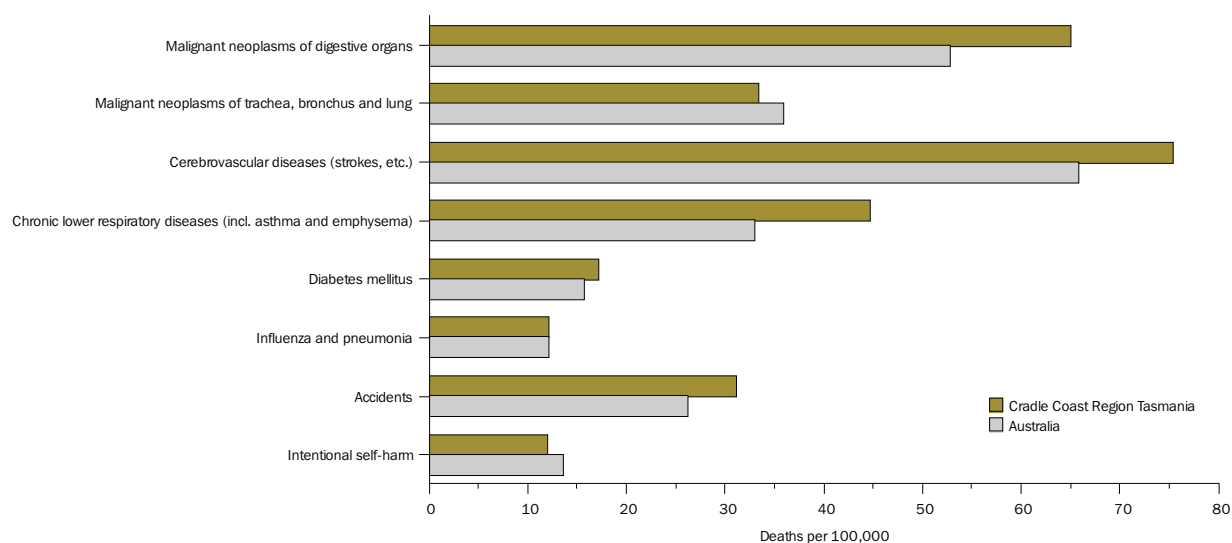
(a) Deaths per 100,000 persons. Standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population.

(b) Underlying cause.

(c) Annual average.

Source: ABS, *Mortality Atlas, Australia, December 2002* (cat. no. 3318.0).

2.11.4 Standardised Death Rates(a), Selected Causes of Death(b), Cradle Coast Region Tasmania and Australia—1997–2000(c)



(a) Deaths per 100,000 persons. Standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population.

(b) Underlying cause.

(c) Annual average.

Source: ABS, *Mortality Atlas, Australia, December 2002* (cat. no. 3318.0).

2.11 Health services *continued*

North West Regional Hospital, Burnie

The North West Regional Hospital, located at Burnie, is the main public hospital in the Region. The hospital is managed by the Department of Health and Human Services, Tasmania and is a modern 160-bed facility. Annually there are approximately 8,200 admissions, 4,500 operations, 1,810 day surgery procedures, 19,100 emergency department attendances and 64,400 outpatient attendances.

North West Regional Hospital is co-located with the North West Private Hospital, operated by Healthscope.

The Burnie Take Heart Project¹

The Menzies Centre for Population Health Research (attached to the University of Tasmania) was involved, from 1996 to around 2000, with the *Burnie Take Heart Project*, a program designed to look at innovative ways of tackling the high rate of heart disease in North West Tasmania.

The project's aims were:

- To provide, at minimum cost, a realistic health intervention model applicable to cardiovascular disease for use within rural communities throughout Australia;
- To provide data and suggest methods of intervention to help the Burnie and North West community lower its mortality rate from cardiovascular disease;
- To provide data and suggest methods of intervention to help lower the mortality rate from cardiovascular disease for Australians generally.

With three years' funding from the Commonwealth Department of Health and Community Services, the project initially surveyed 1,000 men and women aged 25–64 years from the Burnie area. Among the data recorded were the participants' physical measurements, blood pressure, and blood sugar, cholesterol, and triglyceride levels. Behavioural and attitudinal survey questionnaires provided information on the subjects' lifestyles, including typical diet and alcohol consumption, smoking habits and physical activity patterns.

The project was completed around 2000 with further follow-up testing a possibility.

1 From an article by Sue Ashlin, Menzies Centre for Population Research — published in the *Tasmanian Year Book*, 1998.

2.12 Computer use at home and Internet use

Why is this important?

New questions asked in the 2001 Census have provided data for small areas on computer use at home and Internet use. Domestic Internet connectivity and computer usage data help to identify how widespread the use of computers have become across regions in Australia and help to assess information technology access and equity levels in rural and more remote areas.

At the 2001 Census, a total of 35,362 residents of the Cradle Coast Region Tasmania reported that they had used a personal computer at home in the week prior to census night. This represents 34.0% of the total population in the Region, which is slightly lower than that reported for Tasmania (37.2%) and well below the rate for the nation (42.0%). As would generally be expected, the sparsely settled Lyell SSD (or West Coast Municipality) had a much lower computer use rate (28.7%) in comparison with the more populated urban area of Burnie–Devonport (34.0%) and also the North Western Rural area (35.4%).

People were also asked whether or not they had used the Internet in the week prior to census night, and, if so, where they had used it. Again, Internet usage in the Region (28.8%) was lower than the state (33.5%) and national (37.1%) proportions. For the Region, almost 30,000 persons reported that they had used the Internet at some location (i.e. at home, work or elsewhere) in the week prior to census night.

2.12.1 Computer Use at Home and Internet Use, SSDs, Cradle Coast Region Tasmania—2001 Census

	Burnie– Devonport SSD no.	North Western Rural SSD no.	Lyell SSD no.	Cradle Coast Region Tasmania..... no. %	Tasmania %	Australia %
COMPUTER USE AT HOME						
Used a computer at home	25 553	8 261	1 548	35 362 34.0	37.2	42.0
Did not use a computer at home	47 390	14 436	3 696	65 522 63.1	59.9	54.2
Not stated	2 241	629	149	3 019 2.9	2.9	3.9
Total persons	75 184	23 326	5 393	103 903 100.0	100.0	100.0
INTERNET USE						
Used the Internet:						
At home only	10 483	3 278	558	14 319 13.8	14.5	18.7
At work only	3 004	703	270	3 977 3.8	5.4	5.4
Elsewhere only	4 049	1 447	340	5 836 5.6	5.7	3.8
At home and at work	2 812	661	167	3 640 3.5	5.0	6.5
At home and elsewhere	1 359	396	71	1 826 1.8	2.2	2.0
At work and elsewhere	100	23	14	137 0.1	0.2	0.2
At home, at work and elsewhere	180	41	13	234 0.2	0.4	0.5
Total	21 987	6 549	1 433	29 969 28.8	33.5	37.1
Did not use the Internet	50 363	15 959	3 781	70 103 67.5	62.9	58.4
Not stated	2 834	818	179	3 831 3.7	3.6	4.5
Total persons	75 184	23 326	5 393	103 903 100.0	100.0	100.0

Source: ABS, 2001 Census.

2.13 Gaming machines

Why is this important?

In recent years, gambling and, in particular, gaming machine gambling, has emerged as an issue of major public concern. Commentators reflect on the conflict of interest between State Government revenue streams and the debilitating effects of problem gambling on individuals, their families and the broader community.

Gaming machines were introduced to hotels and clubs in Tasmania on 1 January 1997.

Data from the Tasmanian Gaming Commission shows that in 2001–02 there were 34 venues with 659 gaming machines in the Cradle Coast Region Tasmania. This was just over 30% of the total number of venues and gaming machines in Tasmania as a whole. (Note: Refers to Hotels and Clubs only, excludes Casino).

A total of \$28.7m was lost to electronic gaming machines in 2001–02 in the Region.

Player losses were \$270 per person in the Region, compared with \$197 per capita for Tasmania. Player losses per capita were higher than the state average in each of the LGAs where data was available separately. The West Coast and Devonport LGAs had the highest average per capita loss at \$376 and \$373 respectively, almost double the average for the state.

Total gross profit per machine in the Region was \$43,616, lower than the state average of \$45,832. Burnie (C), with \$53,312 per machine and Devonport (C), with \$46,357, were above the state average.

2.13.1 Gaming Machine Statistics, Selected LGAs, Cradle Coast Region Tasmania—2001–02

LGAs	Number of venues no.	Number of gaming machines no.	Total gross profit(a) \$'000	Total gross profit(a) per capita(b) \$	Total gross profit(a) per machine \$
Burnie (C)	5	108	5 757.7	306	53 312
Central Coast (M)	5	115	5 133.6	245	44 640
Devonport (C)	8	195	9 039.7	373	46 357
Waratah/Wynyard (M)	4	91	3 782.1	279	41 562
West Coast (M)	7	70	2 010.3	376	28 719
Other LGAs(c)	5	80	3 019.7	128	37 747
Cradle Coast Region Tasmania	34	659	28 743.2	270	43 616
Tasmania	106	2 035	93 268.0	197	45 832

(a) Gross profit is the gross winnings due to the gaming operator. It is the net amount lost by players, i.e. the amount wagered less the amount won. (Amount won is the return to the player).

(b) Based on ABS total estimated resident population at June 2002.

(c) Includes Circular Head (M), Latrobe (M), Kentish (M) and King Island (M).

Source: Tasmanian Gaming Commission, Department of Treasury, Tasmania.

- In 2001–02 the net amount lost to gaming machines per head of total population in the Region was \$270, well above the amount for Tasmania as a whole (\$197). West Coast (\$376) and Devonport (\$373) had the Region's highest net losses per capita.