

KOORI HEALTH COUNTS!
Number 3: 2001

*Information from the Reports of
Koori Hospital Liaison Officers
for 2000*

Koori Human Services Unit
Policy and Strategic Projects Divisions
Department of Human Services
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Information from the Reports of Koori Hospital Liaison Officers for 2000

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Koori Health Counts!

Many areas concerned with Koori health have recognised the need for accurate data if we are to improve the health status of Aboriginal and Torres Strait Islander people.

The Victorian Koori State Health Plan, which was developed by the Victorian Advisory Council on Koori Health in consultation with Aboriginal community controlled health services and Koori communities, acknowledges this and emphasises that accurate data is crucial to improving Koori health in Victoria and addressing the disparities between the health of Koori Victorians and other Victorians.

Accurate Koori health information is the basis for:

- monitoring changes in the health of the Koori community
- deciding on Koori health priority issues and programs
- obtaining adequate resources for health programs and health services for Koori people
- developing appropriate health promotion programs and health screening programs
- making sure that 'main-stream' health care services are providing culturally appropriate and accessible health services for the Koori community.

This publication is one of the *Koori Health Counts* series. The aim of these publications is to improve the availability of Koori health information in Victoria and to provide the information in a way that is appropriate for use within the community.

The Koori Human Services Unit welcomes comments and suggestions on ways of improving the quality of information which is available on the health of Koori people in Victoria, and on improving the way in which this information is presented.

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The expertise, commitment and dedication of the Koori Health Liaison Officers in providing data for the Koori Human Services Unit has made this report possible. We thank you for your continued assistance.

1 Executive Summary

Koori Health Counts: Information from the reports of the Koori Hospital Liaison Officers (KHLOs), 2000

Koori Hospital Liaison Officers are employed in 18 Victorian hospitals to facilitate access to the hospitals and their services for the Aboriginal community. The Royal Women's Hospital employs an Aboriginal Women's Health Business Worker in a similar capacity.

Each Liaison Officer reports monthly on the number of Aboriginal patients admitted to hospital, including details of age, sex and cause of admission. Births and deaths are also reported.

In 2000, Liaison Officers reported that:

- There were 5386 admissions;
- There were 303 births and 68 deaths;
- The major causes of admission were:

Children: respiratory diseases

Men: mental health conditions including substance abuse, and cardiovascular illness

Women: Pregnancy-related conditions and renal dialysis

- There was a large number of births, to mothers younger than the Victorian average;
- There was a high death rate, especially among younger adults;
- There were 1.5 times as many admissions for women as men, not including pregnancy-related admissions.

This report also contains a summary of data for 1999-2000. In this period:

- Reported admissions increased seven-fold between 1991 and 2000;
- Births and pregnancy-related admissions increased three-fold;
- The number of female admissions, not including pregnancy-related admissions, is usually but not always higher than male admissions.

KHLO reports contain important information for service planning as the Indigenous status of all admissions is certain. This is the only data available about which there is no uncertainty about Indigenous identification.

2 Introduction

An Aboriginal Hospital Liaison Officer's perspective

There seems to have been an improvement in the Aboriginal Hospital Liaison Officers' reporting mechanism, but there is still a large amount of under-reporting of Aboriginal and Torres Strait Islander clients through the hospitals' data collection system.

It became mandatory to identify and report Aboriginal and Torres Strait Islander clients in 1993. It is imperative that the accuracy of the data is maintained so that as AHLOs we can identify the needs and develop and deliver culturally appropriate programs and services to our people.

These programs and services need to be properly evaluated so that we can empower the Koori community to take responsibility for the health and welfare of themselves and their families. It is of the utmost importance that we have the correct data so that we can provide culturally appropriate services for the survival of our people.

The 3 major concerns that need to be highlighted are: mental health, renal disease and early death. These have over the years been on a lower scale of illness but are higher up the ratings and are getting worse. Mental health has the second highest number of admissions to hospital and this is of great concern as there is a lack of Koori specific services available, and this includes accessibility of mainstream services. Another concern is the lack of Koori trained health professionals in mainstream services. One has to ask "why?".

The death rate of Kooris still continues at alarmingly younger ages compared to that of the non-Indigenous community as stated on Page 36 of this document.

Jennifer Muir
Aboriginal Hospital Liaison Officer
Ballarat Base Hospital
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3 Background

The Koori Hospital Liaison Officer Program has operated in Victoria since 1982. There are eighteen staff working as Koori Hospital Liaison Officers. Fourteen positions are in rural hospitals and four positions are based at hospitals in the Melbourne metropolitan area.

Koori Hospital Liaison Officers undertake a broad range of tasks associated with improving the access of Koori people to mainstream health services, primary health care and preventative health programs.

The goals and objectives of the Koori Hospital Liaison Officer Program are included in the Department of Human Services guidelines for this Program. A copy of these guidelines is attached as Appendix 1.

One of the responsibilities of Koori Hospital Liaison Officers is to complete a standard report form each month. The information from the monthly reports is used for monitoring the Koori Hospital Liaison Officer Program. One copy of the report is sent to the Koori Human Services Unit and another copy is sent to the relevant Regional Office of the Department of Human Services. The Koori Hospital Liaison Officer also provides a copy of the report for the hospital's senior medical record administrator for use in checking on the recording of Koori admissions by hospital staff.

When the details provided by all of the Koori Hospital Liaison Officers about hospital admissions are combined together, some valuable information can be provided about patterns of illness in the Koori community. The reports are also extremely important as a cross-check on mainstream sources of information on births and deaths in the Koori community.

In some hospitals the KHLO position was vacant during some of 2000, so that only 203 monthly reports were provided by Koori Hospital Liaison Officers, out of a possible total of 228 monthly reports. This includes reports by the Aboriginal Women's Health Business Worker at the Royal Women's Hospital, even though she is not employed as a Koori Hospital Liaison Officer.

The information provided by Koori Hospital Liaison Officers has been combined with the information provided by the Aboriginal Women's Health Business Worker at the Royal Women's Hospital in this publication.

In 2000 several changes were made to the standard report used by Liaison Officers. KHLOs now report on whether the patient was recorded by the hospital as Koori. A more accurate picture of KHLO activities is also now being reported, such as services they provide within and outside the hospital, training, attendance at meetings, home visits, transport to and from health services and phone contacts.

In this report we will also provide a summary of health indicators reported by Liaison Officers over the last ten years.

Koori identification

All patients admitted to Victorian hospitals should be asked at every admission if they are Aboriginal and/or Torres Strait Islander. The patient's self-identification is then recorded by the hospital. No other level of identification, such as community acceptance, which may be required in other circumstances, is needed to enable the hospital to record the patient as Aboriginal or Torres Strait Islander. However, Liaison Officers may have additional information, which will enable them to identify patients not recorded as Koori by the hospital system.

Charts 1 and 2 show the reports received by the Koori Human Services Unit from Liaison Officers in 2000.

Chart 1: Total number of monthly reports received from Koori Hospital Liaison Officers 1991-2000

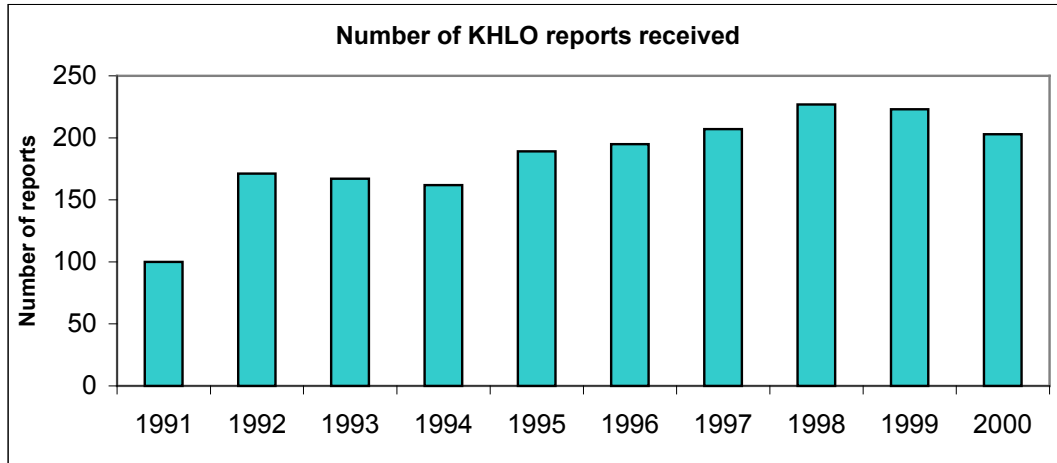
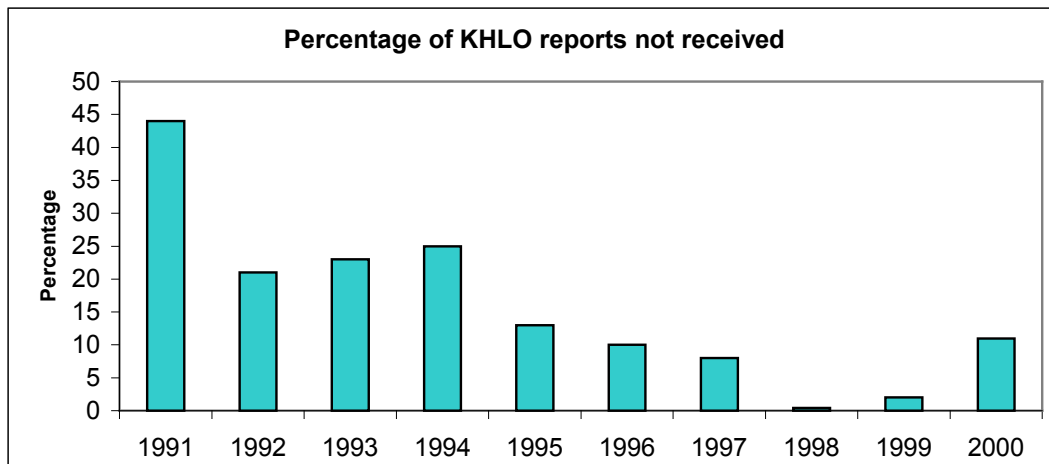


Chart 2: Percentage of reports not received by the Koori Human Services Unit 1991-2000



Note: Reports are not submitted where the Liaison Officer position is vacant. In 2000 there were vacancies at Monash Medical Centre and Dimboola Hospital

4 Information about Koori admissions to hospital

4.1 What information is provided ?

The Koori Human Services Unit asks Koori Hospital Liaison Officers to provide the following information when a Koori person is admitted to hospital:

- the person's age;
- whether the person is male or female;
- the name of the hospital;
- the reason the person was admitted to hospital;
- the dates of admission and discharge from the hospital;
- whether the Koori Hospital Liaison Officer visited the person during his/her stay in hospital;
- if the Koori Hospital Liaison Officer did not visit the person during the time that his/her were in hospital, a brief note to explain why the person was not visited;
- whether the person was recorded by the hospital as Koori.

The Koori Human Services Unit uses the information for *Koori Health Counts* publications and for comparing with the number of Koori admissions which were reported by hospitals, as a cross-check on both of these sources of Koori health information.

Privacy and confidentiality issues

Since the age and sex of the patient are the only personal details given for each hospital admission, it is not possible to identify any person in the information provided by Koori Hospital Liaison Officers to the Koori Health Unit.

Multiple admissions of same patient

The information the Koori Hospital Liaison Officer provides does not identify which patient has been admitted more than once and therefore multiple admissions of same patient are counted as separate admissions.

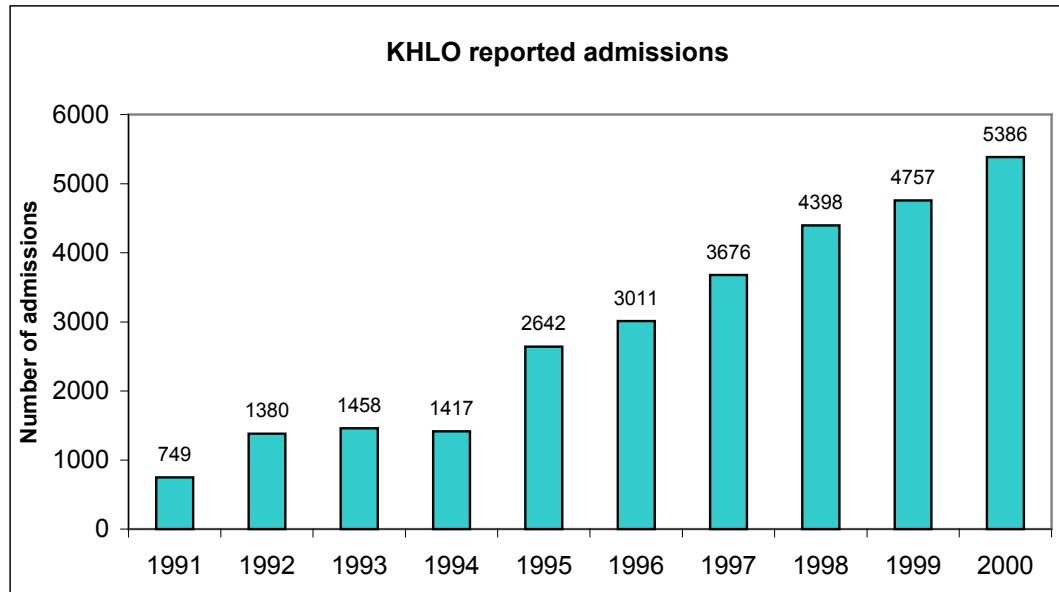
4.2 What information is available about Koori hospital admissions ?

The information about admissions to hospital includes patients who may need to have contact with hospitals several times each week for a long period of time, such as for regular renal dialysis when a person's kidneys are not functioning, or for a course of chemotherapy treatments when a person has cancer. Healthy newborn babies are also reported as "admissions" to hospitals in Victoria.

4.3 Number of admissions

Although there were a number of vacant KHLO positions in some hospitals for 2000, the number of admissions reported by the KHLO has continued to increase steadily each year. This is due both to the number of Liaison Officers providing regular reports and better identification of Aboriginal patients.

Chart 3: Number of Hospital admissions as reported by the Koori Hospital Liaison Officers 1991-2000

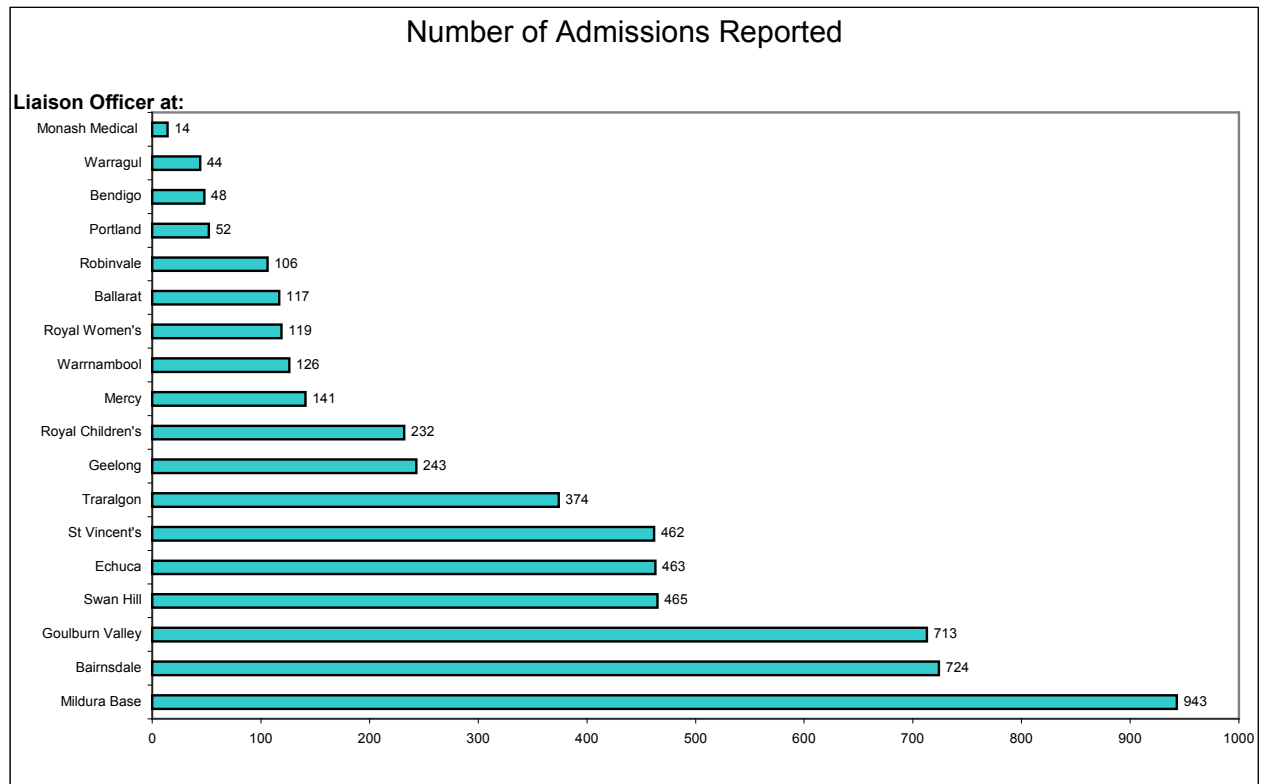


Note: Newborn babies have been included in admissions since 1999.

Liaison Officers now report over 7 times the number of admissions that they reported in 1991.

There were **5386** Koori admissions to hospital reported by Koori Hospital Liaison Officers for 2000. The total number of Koori hospital admissions reported by each Koori Hospital Liaison Officer in 2000 is shown in chart 4.

Chart 4: Number of Koori hospital admissions in 2000, which were reported by each Koori Hospital Liaison Officer. Not all admissions were at the Liaison Officer's own hospital.



Note: Monash Medical Centre did not have a Liaison Officer for most of 2000. Dimboola Hospital had no Liaison Officer in 2000.

Almost all of these admissions (98.7%) were in the Koori Hospital Liaison Officer's own hospital. Some Koori Hospital Liaison Officers also provided information about some of the admissions of Koori patients at hospitals where there is no position on the staff for a Koori Hospital Liaison Officer.

The number of admissions to particular hospitals as reported by Koori Hospital Liaison Officers is shown in Table 1 on the next page.

Table 1: Number of Koori admissions to particular hospitals in 2000 reported by Koori Hospital Liaison Officers

Hospital with KHLO where admissions occurred:	Number of Koori admissions reported by KHLO 2000	Number of Koori admissions reported by hospital 2000	Total admissions to hospital 2000	Percentage of admissions that were Koori (reported by hospital)
Mildura	943	1003	15,342	6.5
Goulburn Valley	713	707	18,842	3.8
Bairnsdale	670	648	7,694	8.4
Swan Hill	465	560	6,721	8.3
St Vincent's	462	573	43,522	1.3
Royal Children's	232	254	28,780	0.9
Echuca	463	524	6,785	7.7
Geelong	243	229	45,451	0.5
Ballarat	115	135	23,349	0.6
Royal Women's	119	123	27,979	0.4
Mercy	139	109	19,718	0.6
Warrnambool	126	146	12,788	1.1
Robinvale	106	92	1,003	9.2
Portland	52	72	4,933	1.5
Bendigo	46	85	21,693	0.4
Latrobe Regional	374	456	21,650	2.1
Warragul	43	46	9,946	0.5
Wimmera Base	0	125	8,367	1.5
MMC-Clayton	12	103	13,115	0.8
Total	5323	5990	337,301	1.8

Non-KHLO Hospital where admissions occurred:

Orbost	54	90	898	10.0
Dandenong	2	57	29,583	0.2
Central Gippsland		94	8,907	1.1
Northern		102	25,874	0.4
Wodonga		152	15,521	1.0
Other hospitals	7			
Total non-KHLO hospitals	63	495	80,783	0.6

Note: The number of Koori admissions reported by the KHLO depends on the presence of the KHLO. Admissions while the Liaison Officer is absent are not reported. In other cases Koori patients may be reported by the Liaison Officer but not identified by the hospital.

The hospitals with the highest numbers of Koori patients in 2000 were Mildura, Goulburn Valley, Bairnsdale, Swan Hill, Echuca, St Vincent's and Latrobe Regional Hospitals, all of which had more than 450 Koori patients.

The hospitals with the highest proportion of Koori patients were Mildura, Bairnsdale, Swan Hill, Echuca, Robinvale and Orbost Hospitals, where more than 6% of patients were Koori.

Where the Liaison Officer and the hospital work together the quality of admissions data is very high. In these cases the Liaison Officer acts both as a check on hospital data and a prompt to the hospital to collect data.

Table 2: Admissions reported by KHLOs, 1991-2000

Hospital	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Mildura	-	34	-	-	807	996	913	1032	1045	943
Bairnsdale	122	134	146	239	286	220	408	581	562	724
Goulburn Valley	60	254	245	4	233	333	519	536	567	713
Swan Hill	-	164	159	120	134	137	173	254	416	465
Echuca	103	138	131	109	159	129	296	320	246	463
St Vincent's	13	28	70	147	150	200	211	236	329	462
Geelong	16	61	60	151	118	126	144	154	218	243
Royal Children's	6	15	15	87	198	235	286	344	268	232
Mercy	65	69	93	67	43	53	11	96	126	141
Warmambool	-	25	3	-	37	55	47	114	108	126
Wimmera Health	-	43	89	60	48	54	51	62	87	-
Ballarat	66	86	98	92	107	90	110	130	175	117
Royal Women's	-	-	-	-	-	-	78	150	161	119
Robinvale	220	211	205	146	131	138	139	122	100	106
Latrobe Regional	3	23	47	52	36	33	35	43	89	374
Portland	14	25	41	49	57	62	64	68	73	52
Bendigo	14	24	24	51	65	93	86	58	67	48
Warragul	47	46	32	43	30	41	34	23	49	44
Monash Medical	-	-	-	-	3	16	71	75	71	14
Total	749	1380	1458	1417	2642	3011	3676	4398	4757	5386

Note: The number of hospital admissions reported by the Liaison Officer varies according to the presence or absence of the Officer. An unusually low number of admissions means that the Liaison Officer was absent in that period, not that there were no admissions.

Apparent growth in numbers of admissions can be due to improved reporting as well as an actual increase in admissions.

The hospitals which have recorded the highest numbers of Koori patients over the past 10 years are Mildura, Bairnsdale, Goulburn Valley, Swan Hill and Echuca Hospitals. With the exception of Mildura, these hospitals have all shown an increase in the number of Koori patients. Bairnsdale has reported admissions at Orbost as well as Bairnsdale since 1999.

Numbers of admissions have decreased at Robinvale Hospital, due mainly to the closure of maternity services at Robinvale in 1994.

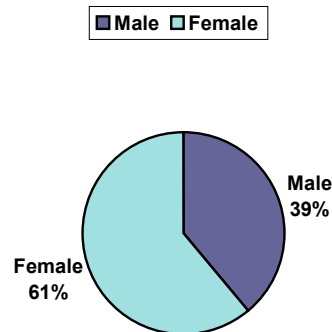
Numbers of admissions have not changed at Wimmera, Ballarat, Portland and Warragul Hospitals. At all other hospitals they have increased. The large increase at Latrobe Regional Hospital is due to a change in the recording of dialysis patients.

4.4 Admissions of males and females

4.4.1 Admissions of males and females 2000

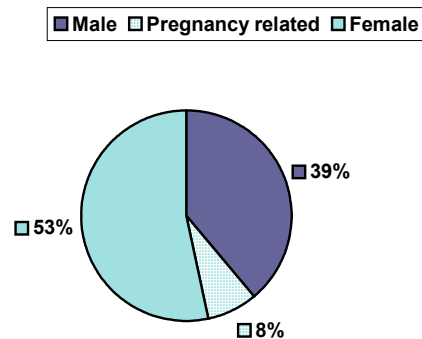
Koori Hospital Liaison Officers provided information on the sex of the Koori person admitted to hospital for 5378 (99.8%) of the admissions. There were 2091 admissions for Koori males, and 3287 admissions for Koori females. Information was not provided on the sex of the person admitted to hospital for eight of the reported admissions.

Chart 5: Admissions for Koori males and females reported by Koori Hospital Liaison Officers 2000



Even when admissions related to pregnancy are excluded, there is still a higher number of admissions reported for Koori females than for Koori males.

Chart 6: Admissions for Koori males and females (related to pregnancy and for other reasons) reported by Koori Hospital Liaison Officers 2000.



4.4.2 Admissions of males and females 1991-2000

Admissions	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Male	286	530	587	652	1159	1364	1566	1628	1793	2091
Female	328	573	650	574	1155	1276	1691	2201	2463	2862
Female – pregnancy related	135	272	218	187	324	368	417	560	501	425
% Male	38	38	40	46	44	45	43	37	38	39
% Female	44	42	45	41	44	43	46	50	52	53
% Female - Pregnancy related	18	20	15	13	12	12	11	13	10	8
Total	749	1380	1458	1417	2642	3011	3676	4398	4757	5378

Table 3: Admissions of males and females 1991-2000

Note: The sex of some patients admitted to hospital is not reported, so the number of admissions may not be identical to the number reported in earlier tables.

The number of female admissions, not including pregnancy-related admissions, is usually higher than the number of male admissions. This was particularly marked from 1998 to 2000. Both Mercy Hospital and Royal Women’s Hospital reported high numbers of admissions in those years, which is also reflected in the number of pregnancy-related admissions.

The number of pregnancy-related admissions has increased between 1991 and 2000, although these admissions have decreased as a percentage of total admissions. The percentage decline is probably due to improved reporting of other admissions, rather than a decreasing birth rate.

Chart 7: Admissions of males 1991-2000

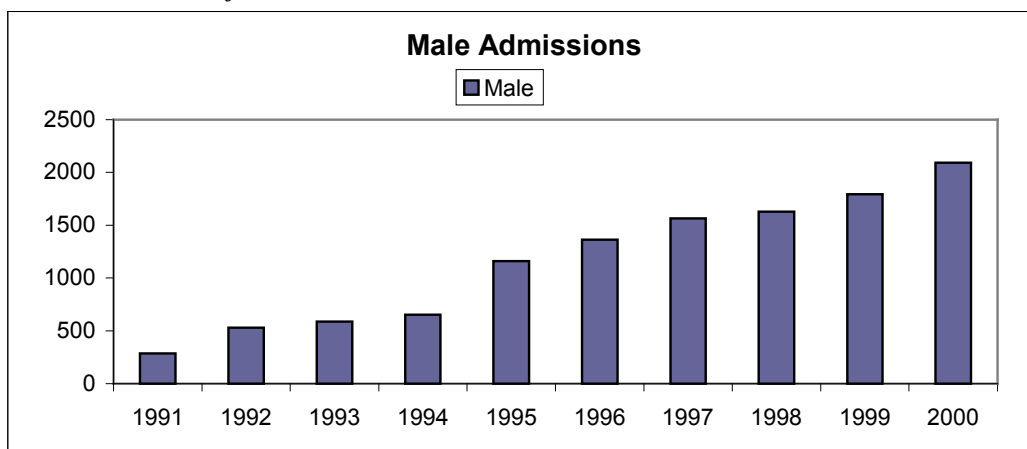
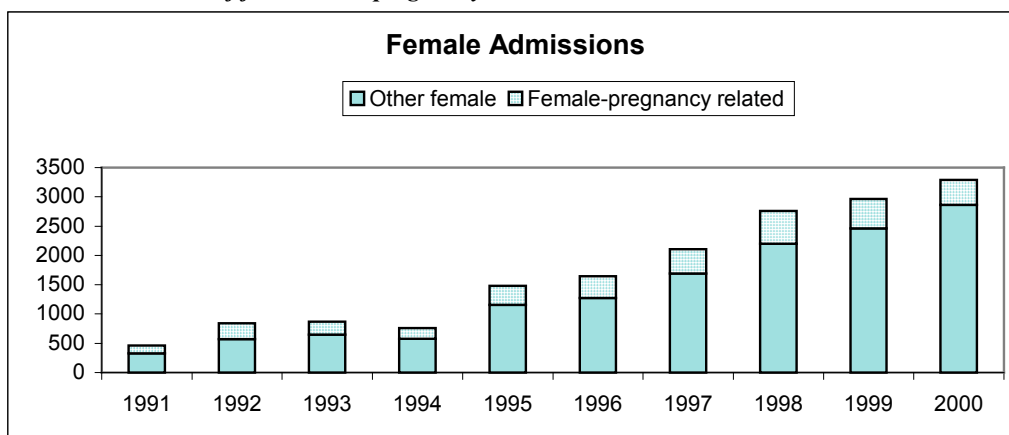


Chart 8: Admissions of females and pregnancy related admissions 1991-2000



Both male and female admissions in 2000 were approximately seven times higher than in 1991. However female pregnancy-related admissions have increased only 3 times. This is probably due to relatively good coverage of pregnancy-related admissions from the start of the reporting period.

4.5 Age of Koori patients

Koori Hospital Liaison Officers provided information on the age of the Koori person admitted to hospital for 5375 (99.8%) of the admissions. The total number of admissions for Koori males and Koori females in different age-groups in 2000 as reported by Koori Hospital Liaison Officers is shown below.

Chart 9 Total number of admissions of Koori males and Koori females in different age-groups in 2000 reported by Koori Hospital Liaison Officers

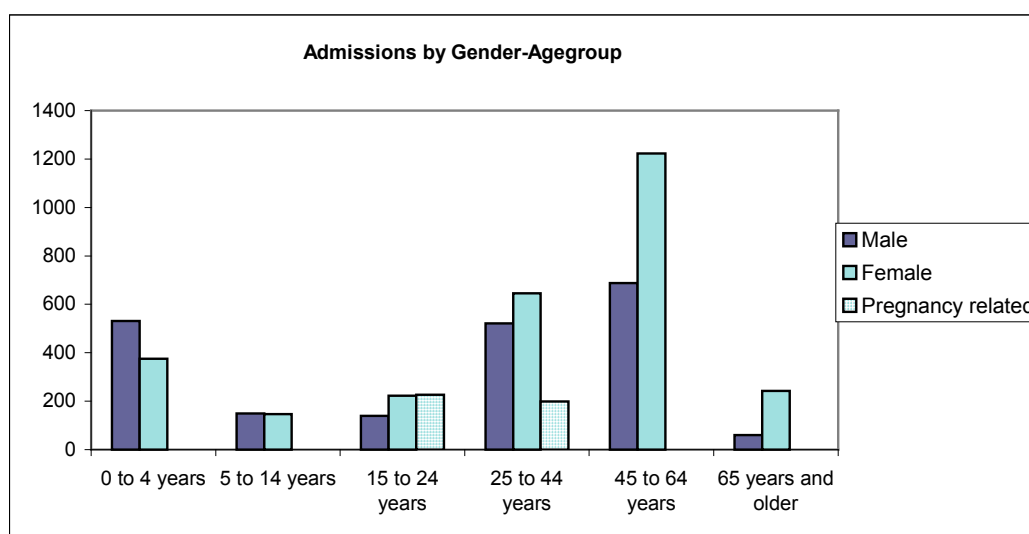


Chart 9 shows the number of admissions for Koori males and females in different age-groups. Even when admissions for Koori females related to pregnancy are considered separately, there were still higher numbers of admissions for Koori females in all age-groups with the exception of the age-groups for 0-4 years and 5-14 years. The very small number of admissions of males aged over 65 years is partly due to the small number of males in that age group, which is the result of low life expectancy.

Table 4: Admissions by age group, 2000.

Age	Male	Female	Pregnancy related	Total
65 years and older	60	243		303
45-64 years	688	1224		1912
25-44 years	521	645	199	1365
15-24 years	139	223	226	588
5-14 years	149	147		296
0-4 years	531	376		907
Unknown				15
Total	2088	2858	425	5386

Note: Admissions 0-4 years includes newborn babies.

The age structure of the Koori population differs from the total Victorian population, with a higher proportion of people under 15 years of age and a lower proportion over 65 years of age, as shown in Table 5.

Table 5: Age structure of the Koori population (percentage of population in each age group, 2000)

Age	Indigenous male %	Indigenous female %	Non-Indigenous male%	Non-Indigenous female%
65+	2.4	3.6	10.9	14.0
45-64	11.1	11.0	21.4	20.8
25-44	28.4	30.1	31.3	31.0
15-24	18.5	17.6	15.0	14.1
5-14	24.9	23.9	14.3	13.4
0-4	14.6	13.7	7.2	6.7
Total	100	100	100	100

However Koori hospital admissions do not completely reflect the age structure of the population. Indigenous males are admitted at higher rates than the Victorian average when aged 0-4, 25-44 and 45-64. Indigenous males aged over 65 years are less likely to be admitted.

Koori females are more likely to be admitted when aged 45-64 years.

Table 6: Hospital admission rates by age, 2000. Koori admissions are reported by the KHLOs.

Age	% Koori admissions		% total Victorian admissions	
	Male	Female	Male	Female
65+	2.9	7.4	35.7	29.8
45-64	33.0	37.3	26.5	22.0
25-44	25.0	25.7	19.0	31.1
15-24	6.7	13.7	6.1	9.3
5-14	7.1	4.5	4.9	3.1
0-4	25.4	11.5	7.8	4.7
Total	100	100	100	100

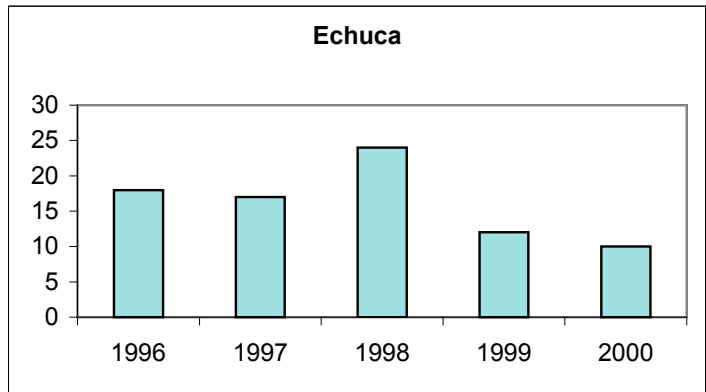


Chart 13d

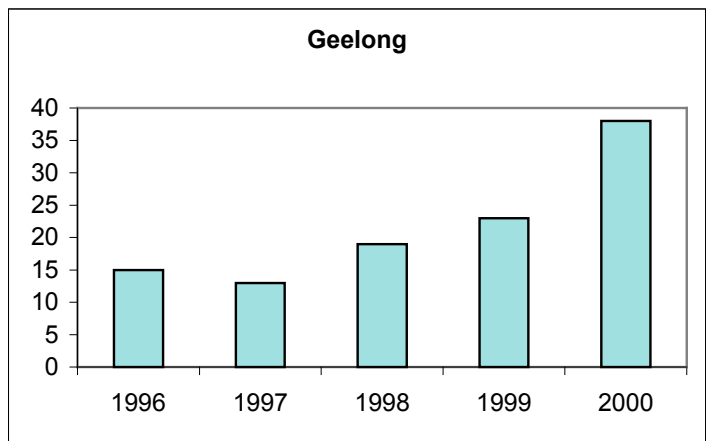


Chart 13e

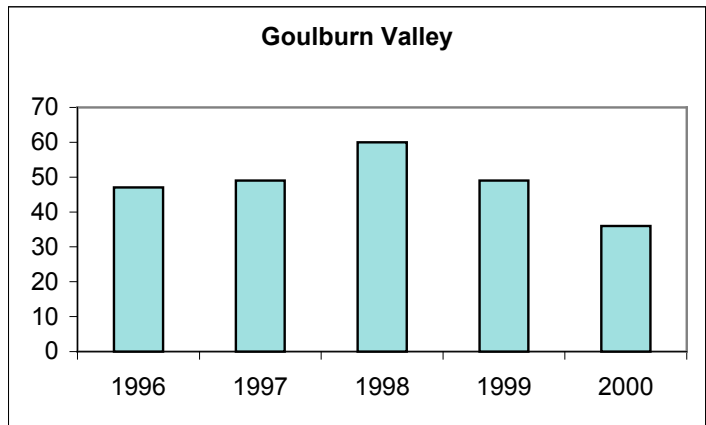


Chart 13f

Chart 14 : Number of deaths for Koori males and females in different age-groups in 2000 reported by Koori Hospital Liaison Officers

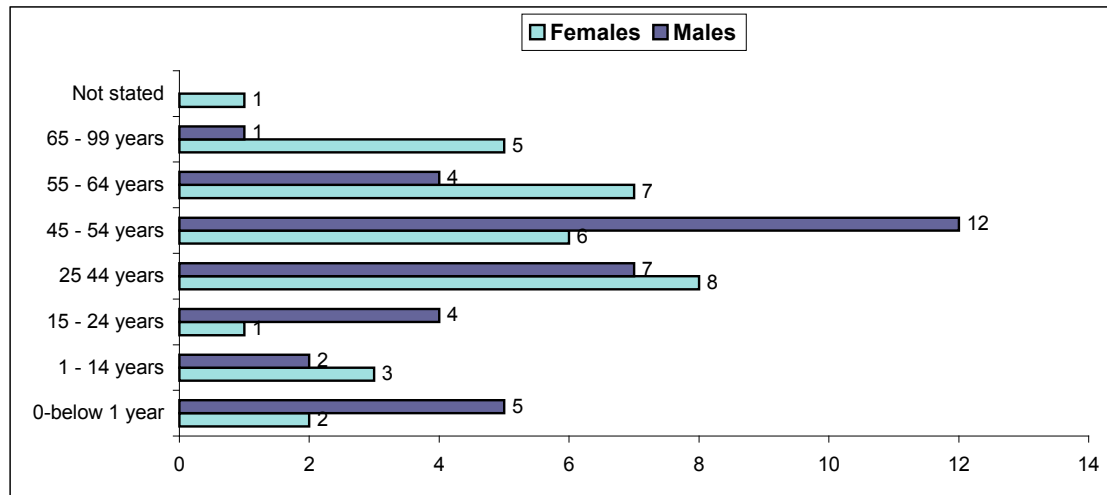


Table 13: Age at time of death, reported by Liaison Officers 2000

Age in years	Number of males	Number of females
0- 4	6	5
5-14	1	0
15-24	4	1
25-34	1	4
35-44	6	4
45-54	12	6
55-64	4	7
65+	1	5
Unknown age	0	1
Total	35	33
Median age	40	51
Average age	36	43

The median age of deaths recorded by Liaison Officers is lower than that calculated from all registered Koori deaths in Victoria, which is for 51 males and 65 for females. The median age of death for non-Indigenous Victorians is 75 for males and 82 for females.

Table 14: Koori deaths by age-groups, 1991-2000

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	Total	%of deaths
0<1	3	3	3	1	6	4	4	6	4	7	41	6.9
1-14	2	2	2	3	1	3	4	-	1	5	23	3.9
15-24	4	3	8	5	10	5	5	7	6	5	58	9.8
25-44	3	10	13	12	11	13	19	15	18	15	129	21.8
45-54	4	11	11	7	9	8	10	13	7	18	98	16.6
55-64	4	9	10	10	11	11	14	12	14	11	106	17.9
65-99	6	6	20	18	6	18	13	13	11	6	117	19.8
Not Stated			5	4	2	3	-	1	3	1	19	3.2
Total	26	44	72	60	56	65	69	67	64	68	591	100

