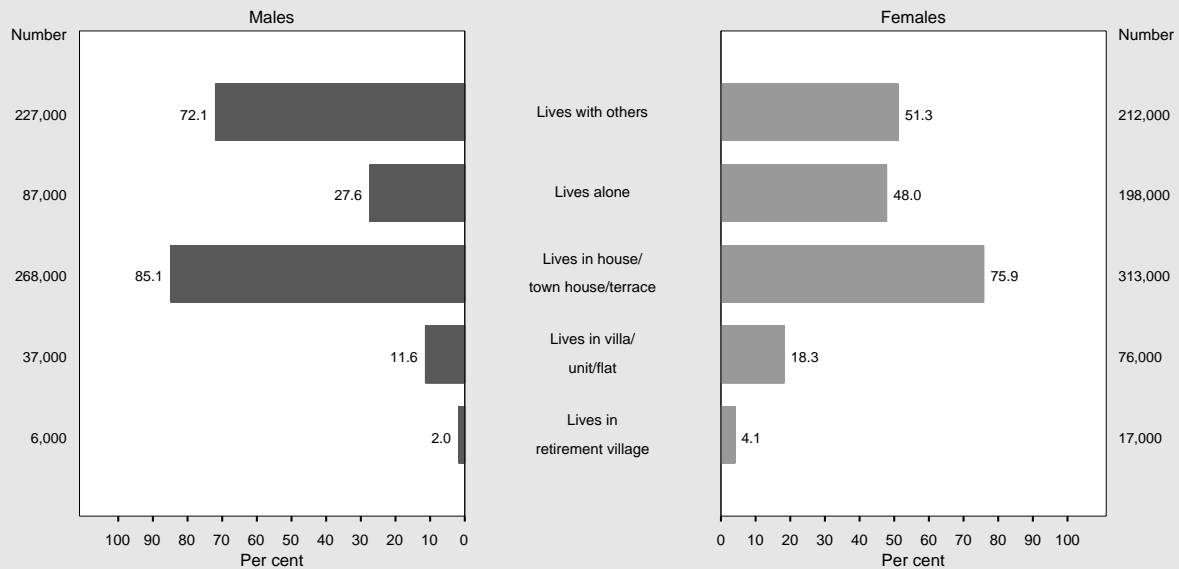


LIFESTYLE

FIGURE 1

LIVING ARRANGEMENTS BY SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

The *NSW Healthy Ageing Framework 1998–2003* emphasises the importance of:

- participation of older people in the workforce, education, leisure and volunteering;
- accessible and supportive living environments that make it possible for older people to live as independently as possible¹.

This chapter describes various aspects of the lifestyle of older people who responded to the survey on their own behalf (non-proxy respondents). The chapter covers living arrangements, employment, home ownership and finances, and social activities, voluntary work and caring for others, transport, safety, and hopes and fears for the future.

Living arrangements

Over one-third of older people (39.1 per cent) lived alone and 60.3 per cent lived with another person or people. Other people in the household included a spouse or partner (54.9 per cent), children (9.3 per cent), other relatives (3.5 per cent) and non-family members (0.8 per cent). Females were more likely to be living alone than males (Figure 1), probably as a result of longer life expectancy among women.

Three quarters (75.9 per cent) of older people lived in a separate house, 11.5 per cent in a unit or flat, 4.0 per

cent in a semi-detached/townhouse or terrace, 3.2 per cent in a retirement village, 3.1 per cent in a villa, 0.8 per cent in a granny flat, 0.8 per cent in a caravan or mobile home and 0.5 per cent in hostel accommodation.

The majority of older people were married (59.1 per cent) or living with a partner (1.0 per cent), 30.0 per cent were widowed, 4.5 per cent were divorced, 4.0 per cent never married, and 1.2 per cent were separated.

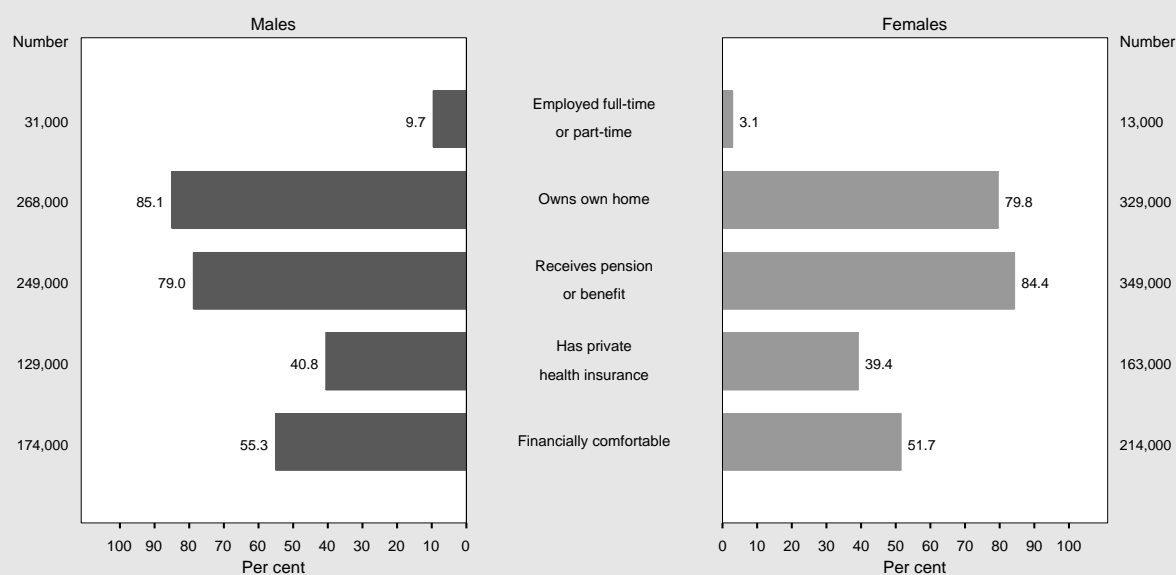
Employment, home ownership and finances

Six per cent of older people indicated that they were currently employed: 2.4 per cent full time and 3.6 per cent part-time. Males were more likely to be employed than females and, as expected, the percentage of older people who were employed decreased from 11.6 per cent among 60–64 year-olds to 3.5 per cent among 75–79 year-olds and less than 2.0 per cent of those aged 80 years and over. There were marked variations in employment rates between health areas, with generally higher rates observed in rural than urban areas (Table 5).

Eighty-two per cent of older people reported owning their own home, 4.5 per cent paid rent for public housing, 4.4 per cent paid rent to a private landlord, 3.6 per cent were leasing or purchasing in a retirement village, 2.7 per cent were living rent- or board-free and 2.0 per cent were paying off their own home.

FIGURE 2

EMPLOYMENT, HOME OWNERSHIP AND FINANCES BY SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.
 Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 5

EMPLOYMENT, HOME OWNERSHIP AND FINANCES BY HEALTH AREA, NSW 1999

Health Area	Employed full-time or part-time Per cent	Owns own home Per cent	Receives pension/ benefit Per cent	Has private health insurance Per cent	Financially comfortable Per cent
Central Sydney	4.0	82.0	82.2	39.5	43.8
Northern Sydney	9.8	84.8	68.5	61.7	62.0
Sth East Sydney	7.5	87.0	74.9	50.6	55.4
Sth West Sydney	4.9	79.8	86.4	32.1	50.3
Western Sydney	4.9	73.6	84.6	35.1	49.6
Wentworth	6.1	78.5	87.0	30.8	50.4
Central Coast	2.7	78.7	86.1	40.9	50.5
Hunter	3.5	84.3	91.2	36.2	53.7
Illawarra	4.0	82.7	88.0	32.7	54.6
Northern Rivers	3.8	84.1	87.8	30.3	54.6
Mid North Coast	4.3	81.7	88.0	34.0	53.5
New England	10.0	81.4	79.8	32.5	53.9
Macquarie	12.2	80.8	80.6	35.0	50.3
Far West	9.0	87.0	83.6	38.6	49.2
Mid Western	6.7	81.3	82.4	30.6	54.2
Greater Murray	7.5	78.1	83.5	28.7	49.3
Southern	8.2	84.5	78.3	34.5	54.7
NSW	6.0	82.1	82.1	40.0	53.3

Note: Estimates based on 8,881 non-proxy respondents.
 Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Eighty-two per cent of older people reported receiving a pension or benefit. The lowest rate was reported among residents of Northern Sydney Health Area (68.5 per cent) and the highest in the Hunter Health Area (91.2 per cent).

Forty per cent of older people reported having private health insurance. There were marked variations between health areas with rates from 28.7 per cent in the Greater Murray Health Area to over 50 per cent in Northern Sydney and South Eastern Sydney Health Areas.

Overall, 53.3 per cent of older people said they were financially comfortable, 43.7 per cent said they had just enough to get along and 2.1 per cent said they could not make ends meet. The proportion of people who were comfortable financially ranged from 43.8 per cent in the Central Sydney Health Area to 62.0 per cent in the Northern Sydney Health Area, while the proportion who said they could not make ends meet ranged from 0.8 per cent in the Hunter and South Eastern Sydney Health Areas to 3.9 per cent in the Far West Health Area.

Social activities

The majority (68.0 per cent) of older people reported being fairly or very socially active, 23.4 per cent were not very active and 8.1 per cent were not at all active. Over one third (35.8 per cent) of older people said there was nothing that kept them from being socially active, 91.2 per cent reported there were people to share joint activities and outings, and 88.0 per cent had someone to confide in.

Things that kept older people from being socially active included health problems (19.1 per cent of survey respondents), insufficient time (19.1 per cent), feeling shy or don't like going out (5.9 per cent), not feeling motivated (5.8 per cent), transport problems (4.4 per cent), cost (4.4 per cent) and no friends or family nearby (3.2 per cent).

Over half (55.2 per cent) of older people reported getting out of home every day or most days of the week, 33.7 per cent getting out a few times a week, and 10.8 per cent once a week or less often. A small proportion (0.5 per cent) of older people reported never or almost never getting out of home.

Voluntary work and caring for others

Older people frequently had a role in providing voluntary assistance and in caring for others. About one in five (22.0 per cent) older people reported doing volunteer work for an organisation in the last six months, while 9.2 per cent of older people indicated they have the main responsibility in caring for someone who has a long-term illness, disability or other problem. Further information on older people who care for others is included in the chapter on Older People as Carers (page 22).

Transport

Most older people (89.6 per cent) were able to get to places (they cannot walk to) by car, bus or train on their own, while 10.2 per cent said they were unable to use transport

by themselves. The proportion of older people who could use transport independently decreased with age, from 95.3 per cent among 65–69 year olds to 58.7 per cent among those aged 90 years and over. This high rate of independent use of transport probably reflects the survey population, that is, older people living at home who were able to participate in the survey interview themselves.

Cars were the most common type of transport used, followed by buses, trains and taxis (Figure 3). Buses and trains were far more commonly used in urban than rural health areas. Problems with transport getting to and from health services were identified by 4.6 per cent of older people, varying from 1.8 per cent in the Far West Health Area to 7.0 per cent in the Central Sydney Health Area (Table 6).

Safety

When asked about feeling safe at home, 64.7 per cent of older people reported feeling safe all the time, 30.0 per cent felt safe most of the time, while 4.0 per cent felt safe some of the time.

Over half (53.5 per cent) of older people felt safe in their neighbourhood all the time, 37.0 per cent felt safe most of the time, and 7.8 per cent felt safe some of the time.

Hopes and fears for the future

The most common hopes for the future included to stay healthy/free of disability/maintain faculties (28.9 per cent), continue living as now/normally (7.7 per cent), have a long life (6.9 per cent), for the family to be well and healthy/united/in harmony (6.1 per cent), to live long enough to see children or grandchildren grow up/settle (5.7 per cent), and for general peace/happiness in Australia/the world (5.3 per cent).

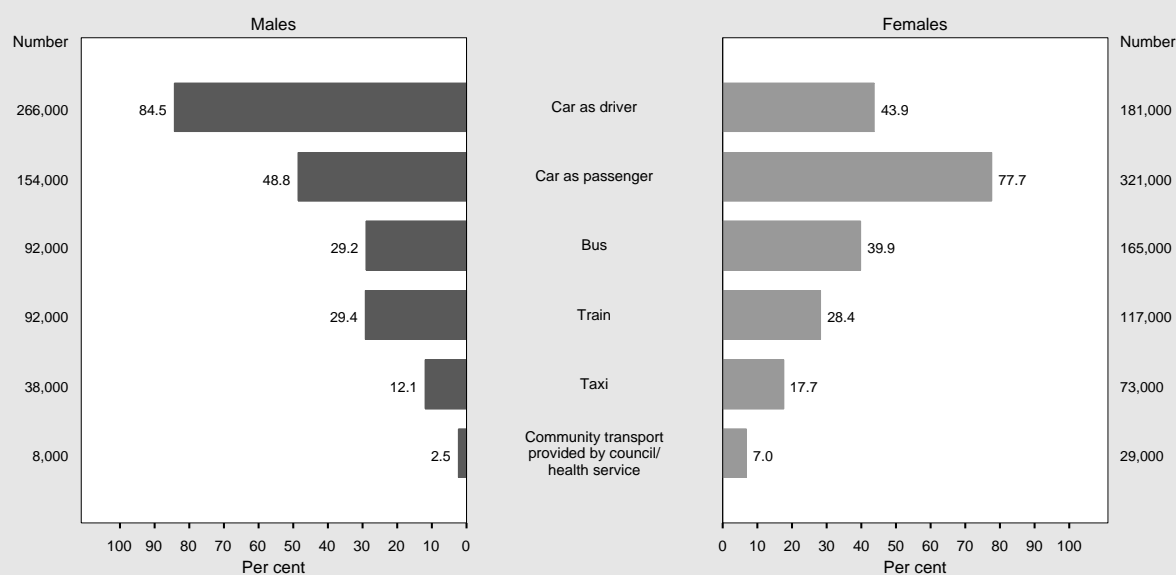
The most common fears expressed by older people concerned their own physical health (20.6 per cent), losing their independence (13.9 per cent), economic or political issues (5.6 per cent), fears for children, grandchildren or the family (4.5 per cent), and about moving from or selling their home (3.7 per cent).

References:

1. NSW Ageing and Disability Department, NSW Health Department. *NSW Healthy Ageing Framework 1998–2003*. Sydney: NSW Ageing and Disability Department, 1998.

FIGURE 3

TRANSPORT USED IN LAST FOUR WEEKS BY SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 6

TRANSPORT USED IN LAST FOUR WEEKS AND TRANSPORT DIFFICULTY BY HEALTH AREA, NSW 1999

Health Area	Transport used in last four weeks						Problems getting to & from health services Per cent
	Car as driver	Car as passenger	Bus	Train	Taxi	Community transport	
	Per cent	Per cent	Per cent	Per cent	Per cent	Per cent	
Central Sydney	44.7	62.0	59.0	42.9	17.7	5.4	7.0
Northern Sydney	64.7	68.4	51.4	36.4	19.3	3.0	4.9
Sth East Sydney	52.4	65.7	52.4	49.9	19.1	3.8	4.1
Sth West Sydney	55.5	63.6	35.8	39.9	15.3	4.1	4.2
Western Sydney	53.7	65.8	41.2	37.6	15.2	5.7	5.0
Wentworth	62.8	66.3	25.0	38.9	14.2	4.0	5.7
Central Coast	62.8	64.2	36.3	32.7	12.8	6.1	4.9
Hunter	60.3	69.5	33.2	19.9	12.9	7.1	4.5
Illawarra	67.0	63.4	25.2	22.4	13.3	6.3	3.3
Northern Rivers	67.9	65.0	17.0	5.7	12.6	5.8	4.3
Mid North Coast	72.6	65.3	16.1	9.6	13.0	3.4	5.6
New England	68.8	63.4	13.3	6.4	13.8	6.4	5.0
Macquarie	69.9	64.9	12.3	5.4	11.6	8.6	3.7
Far West	67.8	61.3	15.6	6.6	16.7	5.6	1.8
Mid Western	70.2	61.5	16.3	10.8	15.7	5.8	4.5
Greater Murray	73.1	60.6	9.5	6.7	11.4	5.9	3.5
Southern	78.3	63.8	17.2	7.1	9.8	8.1	2.3
NSW	61.4	65.2	35.3	28.8	15.2	5.1	4.6

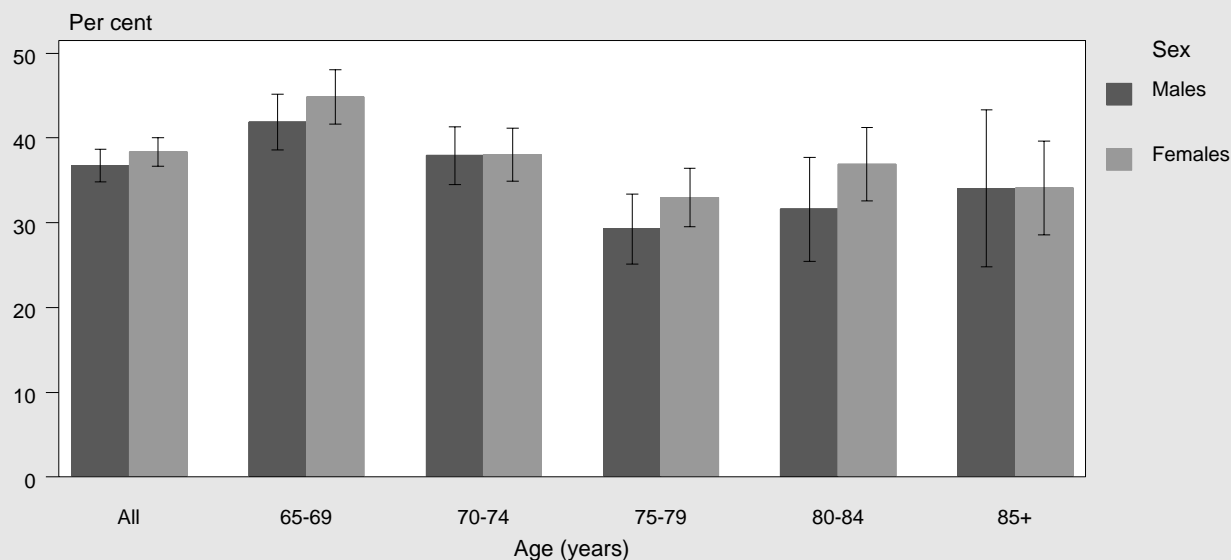
Note: More than one type of transport may be reported. Estimates based on 8,881 non-proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

SELF-RATED HEALTH

FIGURE 4

SELF-RATED VERY GOOD OR EXCELLENT HEALTH BY AGE AND SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

The 1999 Older People's Health Survey included a global self-rated health question: 'In general, would you say your health is excellent, very good, good, fair or poor?'

This item has been included in many major health studies, including the Australian National Health Survey and national health interview surveys in the United States, Canada, the United Kingdom and New Zealand. It is believed to principally reflect physical health problems (acute and chronic conditions and physical functioning), and to a lesser extent, health behaviours and mental health problems.^{1,2}

Longitudinal studies worldwide have consistently shown that global self-rated health is a strong and independent predictor of subsequent illness and premature death.³ For example, an Australian study that followed people aged 60 years and over for seven years found that people with self-reported health status of fair or poor (women) and poor (men) at the beginning of follow-up were significantly more likely to die. This association remained after controlling for demographic factors, a range of illnesses, disability, depression and social support.⁴

At the 1999 Older People's Health Survey, 37.6 per cent of older people rated their health as very good or excellent and 30.7 per cent rated their health as fair or poor (Table 7).

The proportion of older people with very good or excellent health decreased with age to 75–79 years and then increased among 80–84 year olds and those aged 85 years and older. In general, more males reported their health as fair or poor compared to females.

Among the health areas, the proportion of older people who rated their health as very good or excellent varied from 30.6 per cent in the Central Sydney Area to 40.8 per cent among residents of the Southern Area (Table 8).

About half (49.2 per cent) of older people rated their current health as about the same as five years ago, 42.0 per cent as worse and 8.6 per cent as better. Over one third of older people (37.5 per cent) said they have health problems that cause them difficulty in getting around and doing things for themselves. One in 12 (8.9 per cent) older people reported that in the last 12 months they had spent more than a complete week in bed at home because of illness or accident.

TABLE 7**SELF-RATED HEALTH BY AGE AND SEX, NSW 1999**

Age (years)	Sex	Very good or excellent			Fair or poor		
		Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
65-69	Males	41.9	38.6	45.2	28.2	25.2	31.2
	Females	44.8	41.6	48.1	25.0	22.2	27.7
	Persons	43.4	41.1	45.7	26.5	24.5	28.6
70-74	Males	37.9	34.5	41.3	29.9	26.8	33.1
	Females	38.0	34.9	41.1	30.6	27.6	33.5
	Persons	38.0	35.7	40.3	30.3	28.1	32.4
75-79	Males	29.3	25.2	33.4	33.9	29.7	38.2
	Females	33.0	29.5	36.4	33.4	30.1	36.7
	Persons	31.4	28.8	34.1	33.6	31.0	36.2
80-84	Males	31.6	25.4	37.7	38.7	32.3	45.2
	Females	36.9	32.6	41.2	34.2	29.8	38.6
	Persons	35.0	31.5	38.5	35.8	32.2	39.4
85+	Males	34.0	24.8	43.3	36.9	27.5	46.3
	Females	34.1	28.6	39.6	32.9	27.4	38.3
	Persons	34.1	29.4	38.8	34.1	29.4	38.8
All	Males	36.7	34.8	38.6	31.4	29.5	33.2
	Females	38.3	36.7	40.0	30.3	28.7	31.8
	Persons	37.6	36.4	38.9	30.7	29.6	31.9

Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.
Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 8**SELF-RATED HEALTH BY HEALTH AREA, NSW 1999**

Health Area	Very good or excellent			Fair or poor		
	Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
Central Sydney	30.6	26.6	34.6	35.7	31.5	39.9
Northern Sydney	44.5	39.9	49.1	23.8	19.8	27.8
Sth East Sydney	36.0	31.6	40.4	30.7	26.5	35.0
Sth West Sydney	35.0	30.4	39.5	36.8	32.3	41.4
Western Sydney	37.4	32.8	41.9	30.3	26.0	34.5
Wentworth	39.9	35.5	44.4	29.6	25.5	33.8
Central Coast	40.5	36.1	44.9	29.8	25.7	34.0
Hunter	35.5	31.2	39.7	34.1	29.9	38.3
Illawarra	38.5	34.0	43.0	29.9	25.7	34.1
Northern Rivers	37.6	33.2	42.1	31.7	27.5	35.9
Mid North Coast	41.2	36.6	45.8	26.2	22.2	30.2
New England	33.6	29.2	38.0	33.9	29.5	38.3
Macquarie	35.2	30.7	39.7	33.5	29.1	37.8
Far West	36.2	31.7	40.6	33.4	29.0	37.9
Mid Western	36.2	31.8	40.6	33.6	29.2	38.0
Greater Murray	33.9	29.5	38.2	30.8	26.6	35.1
Southern	40.8	36.2	45.5	27.1	22.9	31.3
NSW	37.6	36.4	38.9	30.7	29.6	31.9

Note: Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

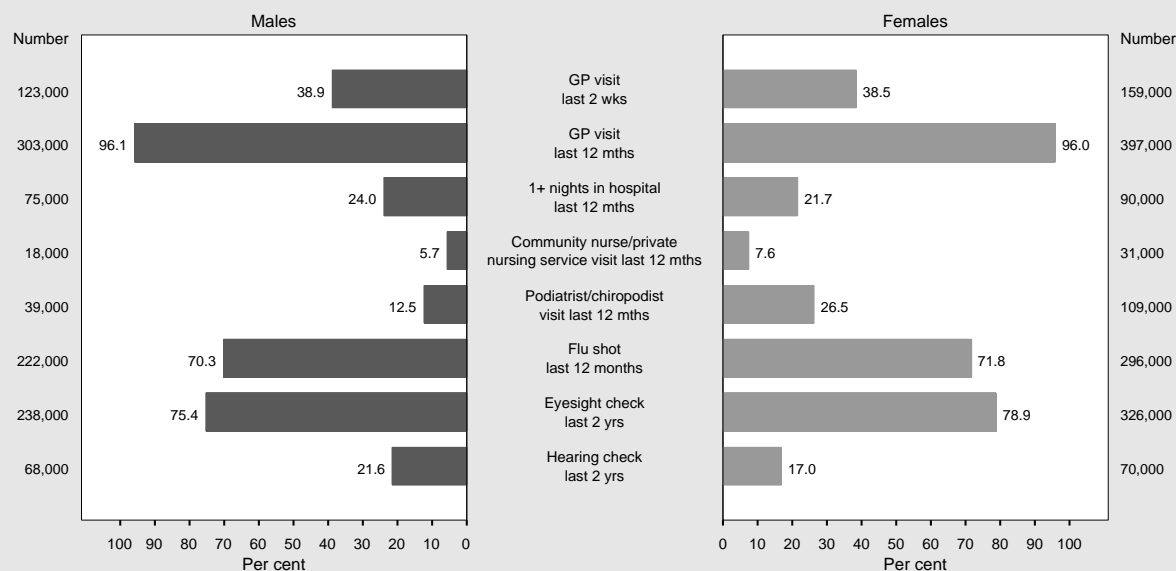
References

1. Krause NM, Jay GM. What do global self-rated health items measure? *Medical Care* 1994; 32: 930-942.
2. Cott CA, Gignac MA, Badley EM. Determinants of self rated health for Canadians with chronic disease and disability. *J Epidemiology Community Health* 1999; 53: 731-6.
3. Idler EL, Benyamini Y. Self-rated health and mortality: a review of twenty-seven community studies. *J Health and Social Behaviour* 1997; 38: 21-37.
4. McCallum J, Shadbolt B, Wang D. Self-rated health and survival: a 7-year follow-up study of Australian elderly. *Am J Public Health* 1994; 84: 1100-5.

HEALTH SERVICE USE

FIGURE 5

TYPE OF HEALTH SERVICE USE BY SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Almost all older people interviewed had visited a GP in the last 12 months (96.0 per cent), and over one third (38.7 per cent) had visited a GP in the last two weeks (Figure 5, Table 7). About one quarter (22.7 per cent) had spent at least one night in hospital in the last 12 months. Rates of GP visits and hospitalisations were similar for males and females (Figure 5).

Home nursing services were used less frequently, with 6.8 per cent of older people reporting a community nurse visit in the last 12 months and 2.7 per cent in the last two weeks. Use of home nursing was slightly more common among females than males.

Advice on and assistance with health problems was commonly sought from other health professionals. About one in five (20.4 per cent) older people visited or were visited by a chiropodist in the last 12 months, 15.0 per cent consulted a chemist about a health problem, and 14.0 per cent visited or were visited by a physiotherapist.

Almost three-quarters (71.2 per cent) of older people reported having a flu vaccination in the last 12 months and 15.5 per cent reported being vaccinated against pneumonia.

Over three-quarters (77.4 per cent) of older people reported having their eyes checked in the last two years, while 19.0

per cent reported having a hearing check in the same period. Further information on sight and hearing is included in the Physical Functioning chapter (page 28).

As would be expected, health service utilisation for medical, home nursing, immunisation and hearing and eyesight checks increased with age (Table 9).

Over 60 per cent of older females reported having a clinical breast examination in the last two years and this percentage declined with age.

Overall, 55.2 per cent of females reported having a mammogram in the last two years and 74.0 per cent reported ever having a mammogram. Younger females were more likely to report having had a mammogram than older females: among females age 65–69 years, 76.6 per cent reported having a mammogram in the last two years and 87.8 per cent reported ever having a mammogram.

In the 1997 and 1998 NSW Health Surveys, 62.2 per cent of women aged 50–69 years reported having a screening mammogram in the last two years.¹ The higher rate of 76.6 per cent reported among women aged 65–69 years in the Older People's Survey is at least partly due to reporting of diagnostic as well as screening mammograms.

TABLE 9

TYPE OF HEALTH SERVICE USE BY AGE, NSW 1999

Type of service	Age (years)					All Per cent
	65–69 Per cent	70–74 Per cent	75–79 Per cent	80–84 Per cent	85+ Per cent	
Health service use by type of provider						
At least one night in hospital last 12 months	17.6	21.6	27.1	27.5	27.8	22.7
GP visit last 12 months	94.7	96.2	97.3	96.9	96.2	96.0
GP visit last two weeks	34.3	37.6	42.9	41.4	45.1	38.7
Community/private nurse visit last 12 months	3.3	4.3	8.7	11.8	17.5	6.8
Community/private nurse visit last two weeks	0.9	1.4	3.5	4.8	9.8	2.7
Podiatrist/chiropractist visit last 12 months	11.8	16.6	24.3	33.1	39.8	20.4
Consulted chemist about health problem last 12 months	16.9	14.5	14.4	14.3	11.1	15.0
Physiotherapist visit last 12 months	12.8	13.3	16.4	15.6	12.1	14.0
Immunisation						
Flu vaccination last 12 months	62.7	73.9	76.4	77.2	71.5	71.2
Vaccinated against pneumonia last 12 months	11.2	16.5	17.9	20.0	16.4	15.5
Hearing check						
Hearing check last two years	14.7	15.3	23.7	22.8	31.4	19.0
Eyesight check						
Eyesight check last two years	73.9	76.6	77.7	86.0	80.3	77.4
Breast examination (females)						
Clinical breast examination last 2 years	74.1	63.2	57.2	52.1	43.5	61.7
Ever had mammogram	87.8	85.6	68.3	55.5	37.6	74.0
Mammogram last two years	76.6	67.6	46.0	26.8	14.6	55.2
Note: Estimates based on 8,881 non-proxy respondents.						
Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.						

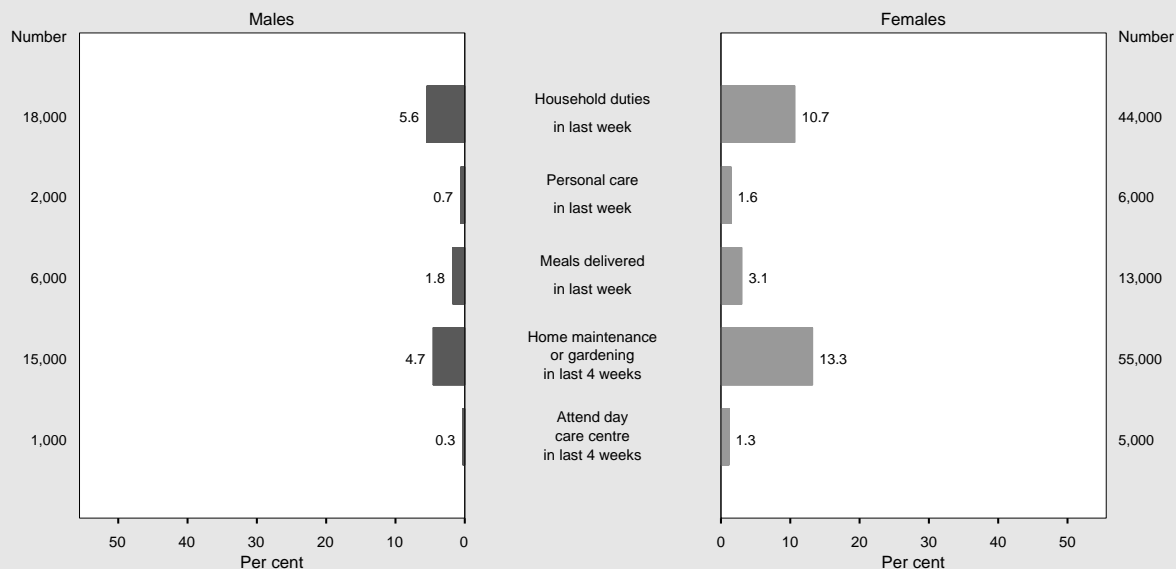
References

1. Public Health Division. *The health of the people of New South Wales—Report of the Chief Health Officer, 2000*. Sydney: NSW Health Department, 2000.

USE OF COMMUNITY SERVICES

FIGURE 6

TYPE OF COMMUNITY SERVICES USED BY SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

In 1999 one in five (20.7 per cent) older people reported receiving help in the previous week from an organised community service for household duties, home maintenance or personal care which they could not do on their own. Among those who received services, on average three hours of services were received in the last week.

The most common help received was for home maintenance or gardening (9.6 per cent), followed by household duties (8.5 per cent) and meals (2.5 per cent) (Figure 6, Table 10). Among those who had meals delivered, 51.3 per cent received more than 5 meals in the last week and on average 9 meals were delivered.

Only 1.2 per cent of older people reported receiving assistance with personal care. On average, these people received personal care on four occasions in the previous week.

In the previous four weeks, 3.7 per cent of older people reported having services to help take them out for shopping, errands, or medical appointments.

Also in the previous four weeks, 1.4 per cent of older people reported receiving respite care at home, 1.0 per cent had stayed overnight in respite care, and 0.9 per cent had attended a day care centre.

About one in 12 people indicated that they needed help or more help with household duties, personal care, or other tasks at home.

The most common need was for assistance with household duties (5.4 per cent of older people), followed by home maintenance or gardening (5.2 per cent), transport for shopping, appointments and errands (0.8 per cent), personal care (0.5 per cent), meals at home (0.4 per cent), respite services (0.2 per cent) and day care services (0.1 per cent). While there was some variation in need between the various health areas, the priorities of need were similar across areas (Table 11).

Among those who said that they needed help, the most commonly stated reasons for not receiving help were: that the need is not important enough now (18.5 per cent); did not know that community services were available (15.1 per cent); reluctant to ask (14.5 per cent); costs too much (10.8 per cent); hadn't asked (9.2 per cent); not eligible (7.3 per cent) and no community service available (5.7 per cent).

TABLE 10**USE OF COMMUNITY SERVICES IN THE LAST WEEK AND NEED FOR MORE SERVICES BY HEALTH AREA, NSW 1999**

Health Area	Household duties in last week	Personal care in last week	Meals delivered in last week	Home maintenance or gardening in last 4 weeks	Attend day care centre in last 4 weeks
	Per cent	Per cent	Per cent	Per cent	Per cent
Central Sydney	7.6	1.0	2.4	8.6	0.9
Northern Sydney	10.7	1.1	2.2	13.3	0.4
Sth East Sydney	11.9	1.0	2.4	8.4	0.7
Sth West Sydney	7.4	0.5	2.3	8.1	0.9
Western Sydney	7.6	1.7	2.1	7.6	0.7
Wentworth	5.6	1.4	1.9	9.1	0.8
Central Coast	6.0	0.2	2.4	10.8	0.4
Hunter	5.3	0.8	2.7	9.6	1.9
Illawarra	7.9	1.6	3.3	9.4	1.6
Northern Rivers	9.2	2.6	2.7	10.5	0.6
Mid North Coast	6.8	1.2	2.4	7.9	0.4
New England	8.9	1.8	4.0	11.8	1.1
Macquarie	11.1	1.0	3.8	9.7	1.8
Far West	9.1	1.6	4.5	7.8	1.3
Mid Western	9.1	1.4	3.5	9.0	0.5
Greater Murray	9.5	1.3	2.4	8.4	1.3
Southern	10.2	1.6	2.6	10.2	0.3
NSW	8.5	1.2	2.5	9.6	0.9

Note: Estimates based on 8,881 non-proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 11**REPORTED NEED FOR MORE COMMUNITY SERVICES BY HEALTH AREA, NSW 1999**

Health Area	More help needed	Household duties	Area of need Home maintenance or gardening	Transport for shopping/ errands	Personal care
	Per cent	Per cent	Per cent	Per cent	Per cent
Central Sydney	11.1	7.9	5.1	1.7	1.2
Northern Sydney	9.0	6.6	3.2	0.6	0.4
Sth East Sydney	9.6	5.5	4.0	1.2	0.3
Sth West Sydney	8.4	5.6	3.2	1.4	0.6
Western Sydney	8.6	5.3	3.6	1.4	1.1
Wentworth	7.1	6.0	1.7	1.0	0.6
Central Coast	8.4	6.1	3.1	0.4	0.3
Hunter	6.3	4.1	2.8	0.5	0.8
Illawarra	8.2	5.2	3.9	0.3	0.5
Northern Rivers	6.4	4.5	2.3	0.7	0.4
Mid North Coast	7.3	5.0	3.0	0.2	0.6
New England	6.7	4.8	2.6	0.4	0.2
Macquarie	8.2	5.3	3.6	0.9	0.5
Far West	6.1	4.0	2.5	0.0	0.1
Mid Western	5.4	3.2	2.5	0.1	0.0
Greater Murray	7.0	3.8	3.6	0.3	0.3
Southern	5.7	4.2	2.2	0.1	0.2
NSW	8.1	5.4	3.3	0.8	0.5

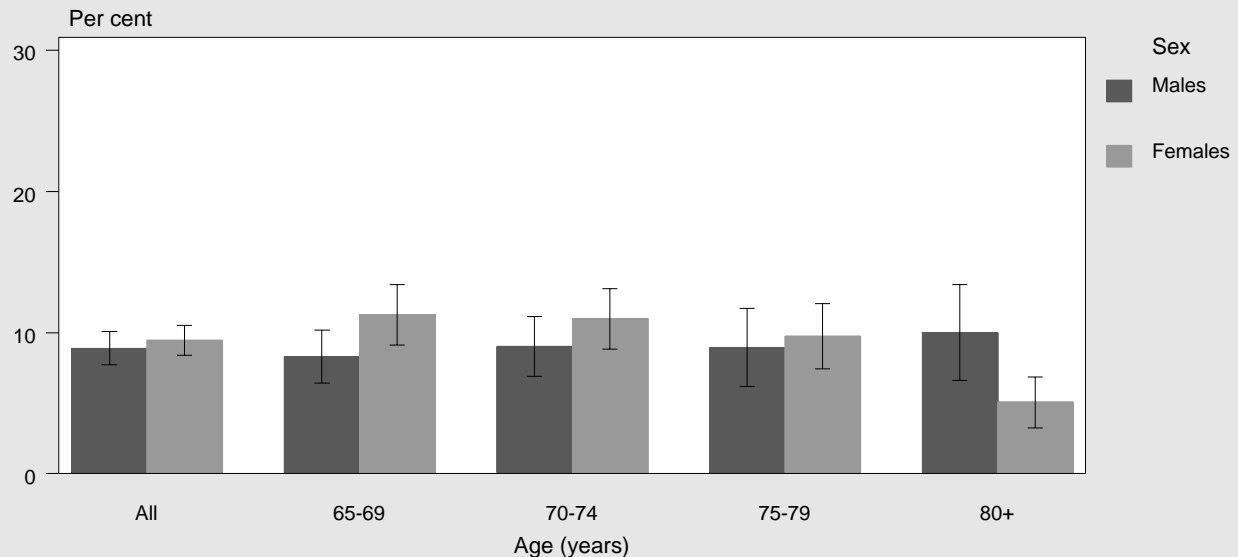
Note: Estimates based on 8,881 non-proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

OLDER PEOPLE AS CARERS

FIGURE 7

MAIN RESPONSIBILITY IN CARING FOR SOMEONE WITH A LONG-TERM ILLNESS, DISABILITY OR OTHER PROBLEM BY AGE AND SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Almost one in 10 (9.2 per cent) older people indicated they had the main responsibility in caring for someone who has a long-term illness, disability or other problem. At younger ages, a higher proportion of females were main carers, while at older ages a higher proportion of males were main carers (Figure 7, Table 12).

The person cared for was most commonly the husband or wife (73.4 per cent), followed by a son or daughter (7.8 per cent), mother (6.2 per cent), brother or sister (5.1 per cent), or friend (2.9 per cent). The reason for care was physical illness or disability (including frailty and blindness) in 85.5 per cent of cases and memory problem or intellectual disability (including dementia/Alzheimer disease) in 19.4 per cent.

In the previous week, a minority of carers had received services at home to help with their caring, including: services to help with household duties (13.0 per cent), home nursing services (8.6 per cent), home maintenance and gardening (6.9 per cent), help with personal care (6.0 per cent), meals delivered to their home (4.2 per cent) and special transport services for shopping and errands (4.2 per cent). Almost three-quarters (71.1 per cent) of carers had not used any of these services in the previous week.

In the previous four weeks, 4.9 per cent of carers received support through the services of a day care centre and 2.5 per cent had received respite care services at home.

About one in six (16.4 per cent) carers said they needed more help with carer support, household duties, personal care, or other jobs around the house. The most commonly identified needs were help with household duties (8.7 per cent), home maintenance and gardening (6.1 per cent), and personal care (2.8 per cent).

Among those who indicated they needed more help with carer support, the main reasons reported for not receiving help included: reluctance to ask (25.8 per cent), need not important enough now/until now (18.3 per cent), no service available (9.2 per cent), service costs too much (9.0 per cent), already organised/on waiting list (7.0 per cent), didn't know about service (6.9 per cent), hadn't asked about service (6.7 per cent) and not eligible for service (5.9 per cent).

A substantial proportion of older people reported other caring roles as well. In the previous month, 28.8 per cent of all older people surveyed had given someone a lift in the car, 25.0 per cent had assisted with child-minding, 20.2 per cent had assisted others with shopping, 15.5 per cent had prepared meals for someone outside their household, 6.8 per cent had assisted with housekeeping, and 8.0 per cent had assisted with maintenance or gardening at another person's house. In the previous six months 26.5 per cent had looked after someone who was ill in bed and 19.5 per cent had done volunteer work for an organisation.

TABLE 12**MAIN RESPONSIBILITY IN CARING FOR SOMEONE WITH A LONG TERM ILLNESS, DISABILITY OR OTHER PROBLEM BY AGE AND SEX, NSW 1999**

Age (years)	Sex	Per cent	LL 95% CI	UL 95% CI
65-69	Males	8.3	6.4	10.2
	Females	11.3	9.1	13.4
	Persons	9.8	8.4	11.2
70-74	Males	9.0	6.9	11.1
	Females	11.0	8.8	13.1
	Persons	10.1	8.6	11.6
75-79	Males	8.9	6.2	11.7
	Females	9.7	7.4	12.1
	Persons	9.4	7.7	11.2
80+	Males	10.0	6.6	13.4
	Females	5.1	3.3	6.8
	Persons	6.7	5.1	8.4
All	Males	8.9	7.7	10.1
	Females	9.5	8.4	10.5
	Persons	9.2	8.4	10.0

Note: Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 13**MAIN RESPONSIBILITY IN CARING FOR SOMEONE WITH A LONG TERM ILLNESS, DISABILITY OR OTHER PROBLEM BY HEALTH AREA, NSW 1999**

Age (years)	Per cent	LL 95% CI	UL 95% CI
Central Sydney	7.8	5.3	10.4
Northern Sydney	6.3	3.9	8.7
Sth East Sydney	6.9	4.5	9.3
Sth West Sydney	13.1	9.7	16.5
Western Sydney	12.5	9.1	15.9
Wentworth	9.7	6.7	12.7
Central Coast	11.4	8.4	14.5
Hunter	6.5	4.1	8.9
Illawarra	13.3	9.9	16.7
Northern Rivers	9.9	6.9	12.9
Mid North Coast	12.2	8.9	15.4
New England	8.0	5.3	10.7
Macquarie	7.1	4.6	9.5
Far West	9.0	6.1	11.9
Mid Western	6.7	4.1	9.3
Greater Murray	8.8	6.0	11.6
Southern	8.0	5.2	10.8
NSW	9.2	8.4	10.0

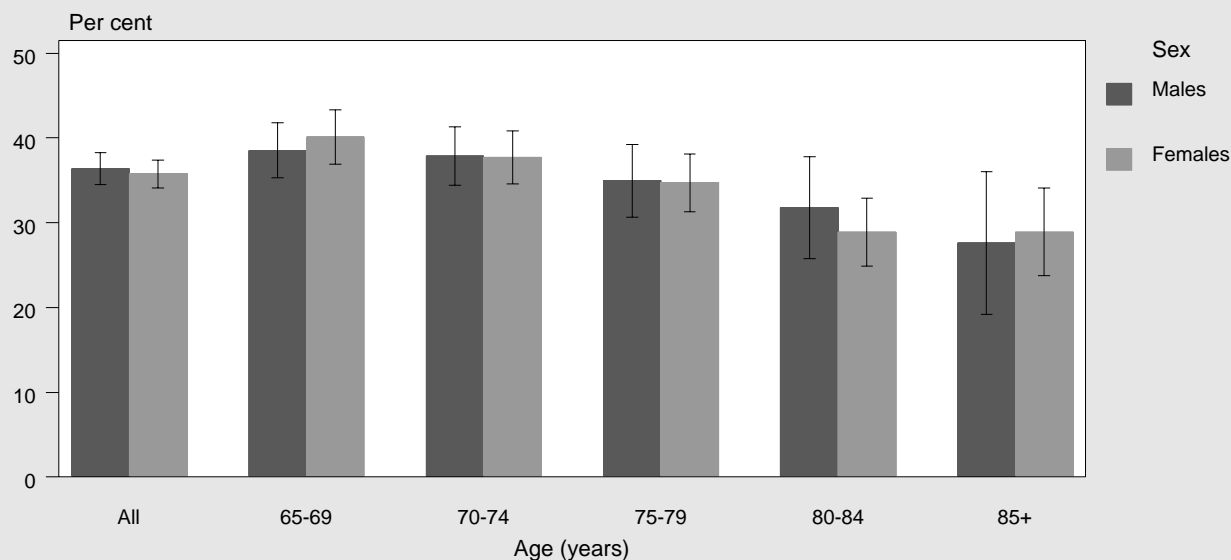
Note: Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

NUTRITION AND FOOD SECURITY

FIGURE 8

RECOMMENDED QUANTITY OF VEGETABLES EATEN EACH DAY BY AGE AND SEX, NSW 1999



Note: Recommended daily quantity = 4 serves or more. 1 serve = 1/2 cup cooked vegetables or 1 cup salad vegetables. Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Vegetables and fruit are the most important dietary sources of vitamins and minerals which protect against a wide range of diseases including some cancers (particularly bowel, stomach and lung cancer) and cardiovascular disease. It is desirable to eat at least 4–5 serves (300–375 grams) of vegetables and at least two serves (300 grams) of fruit each day.^{1,2}

The Older People's Health Survey found that a substantial proportion of older people are not eating the recommended amounts of fruit and vegetables. About one-third (36.0 per cent) of older people reported eating the recommended quantity of vegetables each day, and just over one half (57.6 per cent) reported eating the recommended quantity of fruit (Table 14). Only 23.3 per cent of older people reported eating the recommended quantity of both fruit and vegetables each day.

While similar percentages of males (36.4 per cent) and females (35.8 per cent) reported eating the recommended quantity of vegetables each day (Figure 8), females were more likely than males to eat the recommended quantity of fruit (62.1 and 51.7 per cent respectively) (Figure 9).

In terms of food security, 1.9 per cent of older people reported that, on at least one occasion in the last 12 months, they had run out of food and could not afford to buy any more. A problem with food security was most commonly reported in the Central Sydney (3.5 per cent) and Western

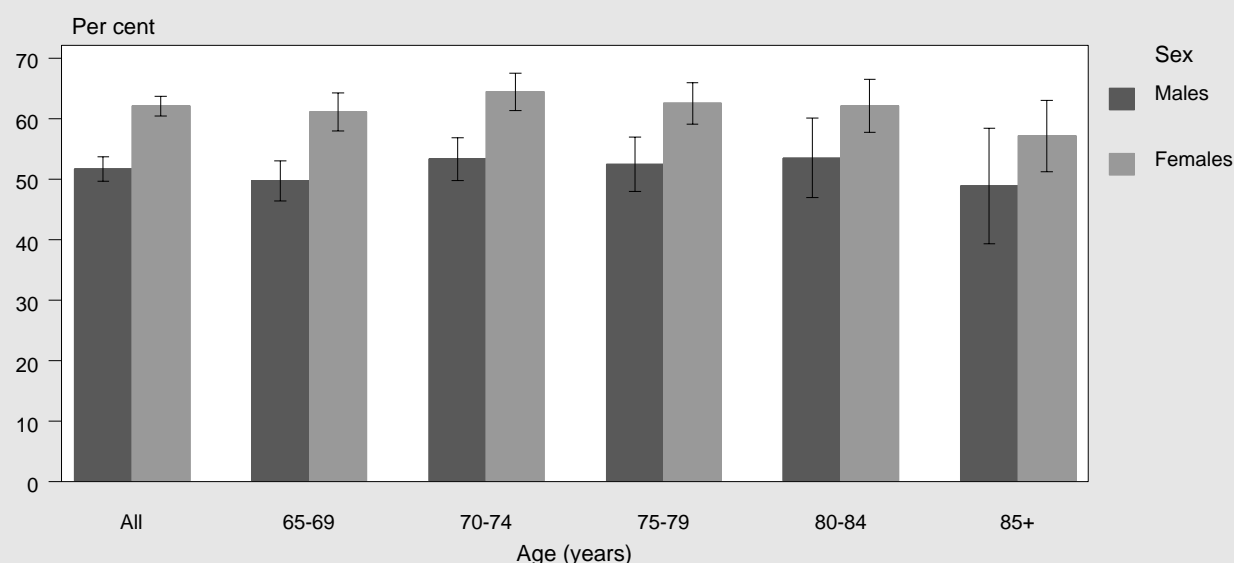
Sydney (3.0 per cent) Health Areas. This is likely to be an underestimate of the true prevalence of food insecurity among older people because those most vulnerable are least likely to participate in population surveys.

References

1. Cashel K and Jefferson S. *The core food groups— the scientific basis for developing nutrition education tools*. Canberra: National Health and Medical Research Council, Canberra, 1994.
2. Commonwealth Department of Health and Aged Care. *The Australian Guide to Healthy Eating—Background information for nutrition educators*. Canberra: Commonwealth Department of Health and Aged Care, 1998. This publication may be obtained from Commonwealth Department of Health and Aged Care web site at: www.health.gov.au/pubhlth/strateg/food/guide.

FIGURE 9

RECOMMENDED QUANTITY OF FRUIT EATEN EACH DAY BY AGE AND SEX, NSW 1999



Note: Recommended daily quantity = 2 serves or more. 1 serve = 1 medium or 2 small pieces of fruit or 1 cup of diced pieces. Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.
 Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 14

RECOMMENDED QUANTITIES OF VEGETABLES AND FRUIT EATEN EACH DAY BY HEALTH AREA, NSW 1999

Health Area	Vegetables			Fruit		
	Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
Central Sydney	27.9	23.9	31.8	57.5	53.1	61.8
Northern Sydney	39.9	35.3	44.5	61.8	57.3	66.3
Sth East Sydney	27.6	23.5	31.8	60.2	55.7	64.8
Sth West Sydney	34.3	29.8	38.7	57.3	52.7	61.9
Western Sydney	31.0	26.6	35.4	55.4	50.6	60.2
Wentworth	34.8	30.4	39.2	54.2	49.6	58.7
Central Coast	36.3	32.0	40.6	62.1	57.7	66.4
Hunter	41.7	37.3	46.1	56.6	52.2	61.0
Illawarra	36.7	32.2	41.2	57.4	52.9	62.0
Northern Rivers	41.8	37.3	46.3	59.2	54.7	63.6
Mid North Coast	42.5	37.9	47.0	58.9	54.4	63.5
New England	35.6	31.1	40.0	52.2	47.6	56.8
Macquarie	39.4	34.8	44.0	50.9	46.2	55.5
Far West	37.5	33.0	42.0	46.8	42.2	51.5
Mid Western	40.9	36.3	45.5	54.7	50.1	59.3
Greater Murray	36.8	32.3	41.3	50.1	45.4	54.7
Southern	42.8	38.2	47.5	50.9	46.2	55.6
NSW	36.0	34.8	37.3	57.6	56.3	58.8

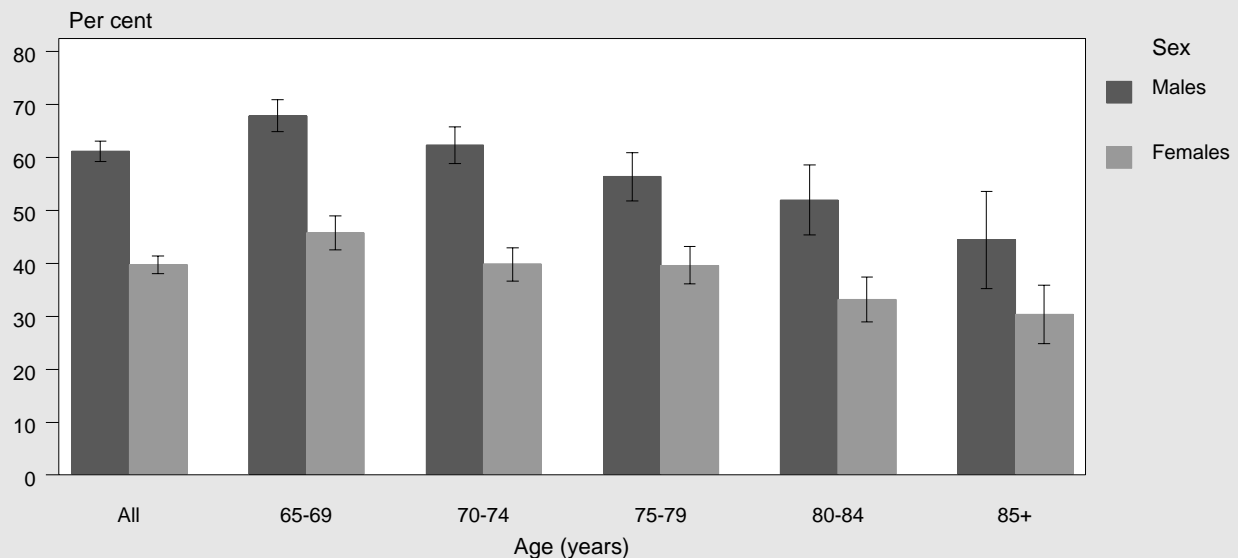
Note: Recommended daily quantity of vegetables = 4 serves or more. 1 serve = 1/2 cup cooked vegetables or 1 cup salad vegetables. Recommended daily quantity of fruit = 2 serves or more. 1 serve = 1 medium or 2 small pieces of fruit or 1 cup of diced pieces. Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

PHYSICAL ACTIVITY

FIGURE 10

ADEQUATE PHYSICAL ACTIVITY BY AGE AND SEX, NSW 1999



Note: Adequate physical activity is defined as doing at least 30 minutes of vigorous or moderate activity or walking on at least 5 days in the last week. Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Physical activity has a preventive effect on coronary heart disease and stroke, is beneficial in the treatment of high blood pressure (hypertension) and the prevention of falls. In 1996, inadequate physical activity was responsible for about seven per cent of the total disease burden (as measured in DALYs or disability-adjusted life years) in Australia.¹

For the general population, major health benefits can result from moderate intensity physical activity (equivalent to brisk walking) totaling 30 minutes daily, accumulated in bouts as short as 10 minutes.

In the Older People's Health Survey adequate physical activity was defined as doing at least 30 minutes of vigorous or moderate activity or walking on at least five days in the last week.

Almost half (48.9 per cent) of older people reported adequate physical activity (Table 15). As would be expected, this declined with age from 56.4 per cent among 65–69 year-olds to 34.7 per cent among those aged 85 years and older. Females were substantially less active than males at all ages (Figure 10). For those aged above 80 years there may be problems associated with the interpretation of moderate and vigorous intensity physical activity and estimates for these age groups should be treated with caution.

Older people living in the Sydney, Hunter and Illawarra Health Areas were less likely to do adequate physical activity than those living in the rural health areas (Table 16). Overall, 52.7 per cent of older people living in rural health areas reported adequate physical activity compared with 47.6 per cent of residents of urban health areas.

Simply Active Everyday is a NSW whole-of-government strategy that aims to increase safe and ongoing participation in physical activity, particularly among less active people. The first progress report of the first year of the implementation of this strategy suggests considerable success against the objectives outlined in the plan.²

About 40 per cent of older people said they had heard of the exercise and physical activity campaign message, 'Exercise—you only have to take it regularly not seriously'. This percentage was similar in urban and rural health areas (40.7 and 41.9 per cent respectively). These results confirm the success of the Active Australia campaign featuring Rusty the Tinman that was conducted in 1999.³

Fifty-one per cent of older people said there were reasons that keep them from being more physically active. The most common reason identified was health problems (72.0 per cent), while a smaller proportion (4.4 per cent) of older people identified problems with pain as being a factor.

TABLE 15
ADEQUATE PHYSICAL ACTIVITY AND KNOWLEDGE OF EXERCISE CAMPAIGN BY AGE AND SEX, NSW 1999

Age (years)	Sex	Adequate physical activity			Knowledge of exercise campaign		
		Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
65-69	Males	67.8	64.8	70.8	41.5	38.2	44.7
	Females	45.7	42.5	48.9	48.9	45.7	52.1
	Persons	56.4	54.1	58.7	45.3	43.0	47.6
70-74	Males	62.3	58.8	65.8	40.3	36.8	43.8
	Females	39.8	36.6	42.9	46.3	43.1	49.5
	Persons	50.0	47.6	52.4	43.6	41.2	45.9
75-79	Males	56.3	51.8	60.9	39.7	35.2	44.3
	Females	39.6	36.1	43.1	40.7	37.2	44.2
	Persons	46.5	43.7	49.4	40.3	37.5	43.1
80-84	Males	51.9	45.3	58.5	27.2	21.8	32.7
	Females	33.2	29.0	37.4	37.2	32.8	41.6
	Persons	39.8	36.2	43.5	33.7	30.1	37.2
85+	Males	44.4	35.2	53.6	23.4	15.5	31.3
	Females	30.3	24.8	35.9	28.2	22.9	33.6
	Persons	34.7	29.8	39.5	26.8	22.4	31.2
All	Males	61.1	59.1	63.0	38.4	36.5	40.4
	Females	39.7	38.0	41.3	43.0	41.3	44.6
	Persons	48.9	47.7	50.2	41.0	39.7	42.3

Note: Adequate physical activity is defined as doing at least 30 minutes of vigorous or moderate activity or walking on at least 5 days in the last week. Knowledge of exercise campaign is a 'yes' response to the question "Have you heard of the exercise and physical activity campaign, 'Exercise— you only have to take it regularly not seriously'?" Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 16
ADEQUATE PHYSICAL ACTIVITY AND KNOWLEDGE OF EXERCISE CAMPAIGN BY HEALTH AREA, NSW 1999

Health Area	Adequate physical activity			Knowledge of exercise campaign		
	Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
Central Sydney	46.8	42.4	51.1	39.2	34.9	43.5
Northern Sydney	48.4	43.8	53.1	41.6	37.0	46.1
Sth East Sydney	48.2	43.6	52.8	35.1	30.8	39.5
Sth West Sydney	47.6	42.9	52.3	42.5	37.9	47.2
Western Sydney	44.9	40.2	49.6	40.7	35.9	45.4
Wentworth	46.5	42.0	51.1	41.7	37.2	46.2
Central Coast	47.3	42.8	51.7	44.2	39.7	48.7
Hunter	46.9	42.5	51.3	43.4	39.0	47.8
Illawarra	51.0	46.4	55.6	41.3	36.7	45.8
Northern Rivers	53.6	49.1	58.2	39.2	34.8	43.7
Mid North Coast	49.3	44.7	53.9	41.0	36.4	45.5
New England	48.6	44.0	53.3	48.2	43.6	52.9
Macquarie	51.3	46.7	56.0	43.8	39.1	48.4
Far West	48.3	43.6	52.9	48.2	43.5	52.8
Mid Western	54.7	50.1	59.3	45.7	41.1	50.3
Greater Murray	55.8	51.2	60.4	34.6	30.2	39.0
Southern	56.9	52.3	61.6	45.8	41.1	50.5
NSW	48.9	47.7	50.2	41.0	39.7	42.3

Note: Adequate physical activity is defined as doing at least 30 minutes of vigorous or moderate activity or walking on at least 5 days in the last week. Knowledge of exercise campaign is a 'yes' response to the question "Have you heard of the exercise and physical activity campaign, 'Exercise— you only have to take it regularly not seriously'?" Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

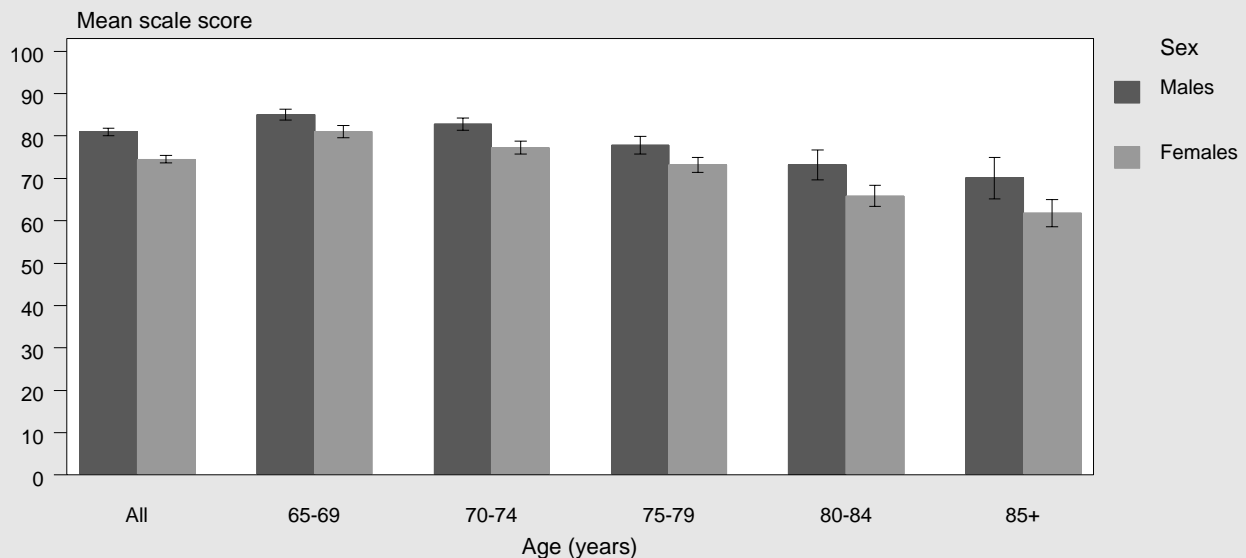
References:

1. Mathers C, Vos T, Stevenson C. *The burden of disease and injury in Australia*. Canberra: Australian Institute of Health and Welfare, 1999.
2. NSW Physical Activity Taskforce. *Simply Active Every day: a plan to promote physical activity in NSW—Progress report 1999*. Sydney: NSW Health Department, 2000.
3. NSW Health Department. *The Active Australia/International Year of the Older Persons public education campaign to promote physical activity among older people: NSW evaluation report*. Sydney: NSW Health Department, 2000.

PHYSICAL FUNCTIONING

FIGURE 11

PHYSICAL FUNCTIONING AS MEASURED BY SF-36 BY AGE AND SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

The 1999 Older People's Health Survey covered several areas of physical functioning, including the SF-36 measure of physical functioning, questions on sight and hearing, experience of pain, ability to carry out activities of daily living, and whether any changes had been made to the home to make it easier to live in.

The SF-36 measures eight different aspects of health, using different scales. Only the physical functioning scale was used in the Older People's Health Survey. The scale comprises questions concerning a person's ability to do various moderate and vigorous activities. More information on the SF-36 and the physical functioning scale is included in the Methods chapter (Page 8).

Physical functioning, as measured by the SF-36, was better among males than females at all ages (Figure 11, Table 17) and, as expected, decreased with age. The overall mean scores for older people were 81.0 for males and 74.5 for females. These mean scores are substantially higher than Australian norms for people aged 65 years and over where the mean scores are 66.1 for males and 57.3 for females.¹

Both the survey methodology and the type of respondents may account for higher scores in the Older People's Health Survey. First, data for the Australian norms were obtained via self-administered questionnaire. Telephone surveys have been found to give higher mean SF-36 scores than

mailed questionnaires in the United States.² Second, the Older People's Health Survey covered a sample of older people living at home and well enough to participate in a telephone interview. The sample is therefore of relatively healthy older people.

There was little variation in SF-36 scores among residents of the various health areas (Figure 12).

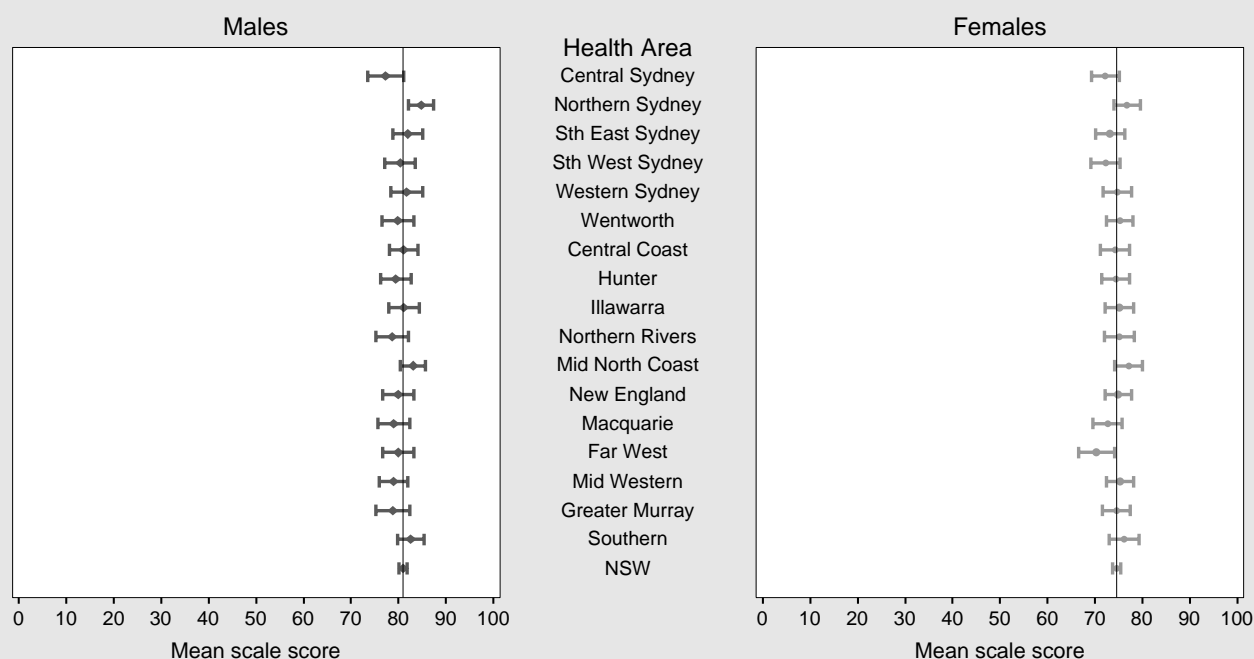
Overall, 96.1 per cent of older people reported wearing glasses. Almost three quarters (72.2 per cent) of older people said their sight for reading (including glasses) was fair or poor and 70.6 per cent said their sight for distance (including glasses) was fair or poor.

One in eight (12.5 per cent) older people reported wearing a hearing aid. Hearing (including any hearing aid) was rated as fair or poor by 77.1 per cent of older people.

Over the six months prior to interview, 21.5 per cent of older people reported having pain that lasted for three months or more. Of these, 41.1 per cent described the pain as strong or severe, 42.2 per cent as moderate, and 15.1 per cent as mild or weak. Of those who had experienced pain for three months or more, 32.5 per cent said that the pain interfered with their daily activities 'quite a lot' or 'extremely', 25.4 per cent reported 'moderate' interference and 41.4 per cent reported 'weak' or 'mild' interference.

FIGURE 12

PHYSICAL FUNCTIONING AS MEASURED BY SF-36 BY HEALTH AREA AND SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 17

PHYSICAL FUNCTIONING AS MEASURED BY SF-36 BY AND AGE AND SEX, NSW 1999

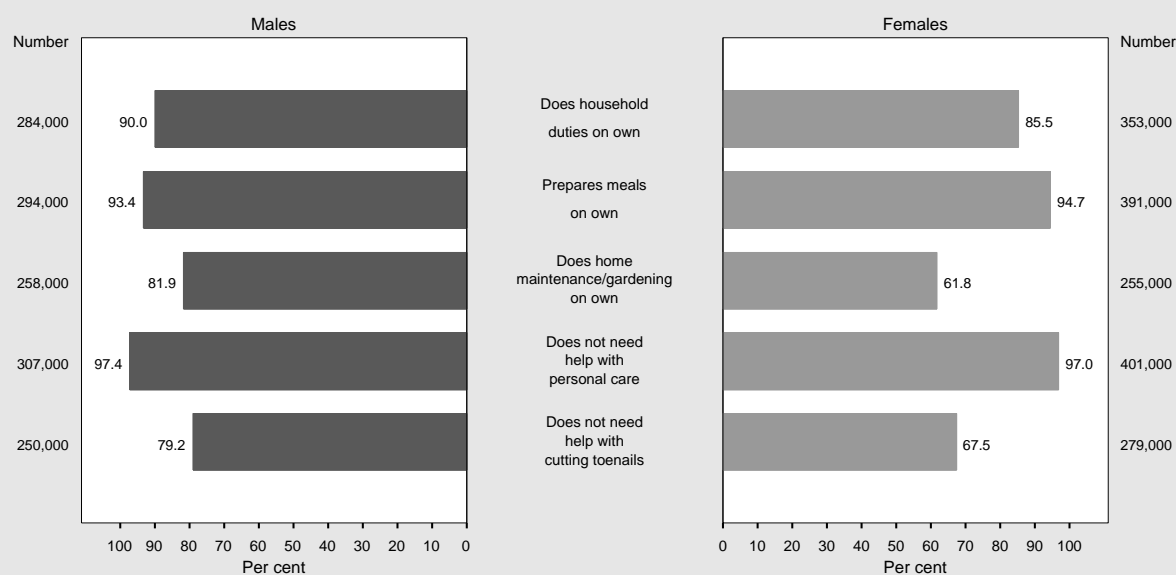
Age (years)	Sex	Mean scale score	LL 95% CI	UL 95% CI
65-69	Males	85.1	83.8	86.3
	Females	81.0	79.6	82.4
70-74	Persons	83.0	82.0	83.9
	Males	82.8	81.4	84.3
	Females	77.2	75.8	78.7
75-79	Persons	79.8	78.7	80.8
	Males	77.8	75.7	80.0
	Females	73.2	71.5	75.0
80-84	Persons	75.1	73.8	76.5
	Males	73.2	69.7	76.7
	Females	65.8	63.3	68.3
85+	Persons	68.5	66.4	70.5
	Males	70.1	65.2	74.9
	Females	61.8	58.6	65.0
All	Persons	64.3	61.6	67.0
	Males	81.0	80.1	81.9
	Females	74.5	73.7	75.4
	Persons	77.3	76.7	77.9

Note: Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

FIGURE 13

ACTIVITIES OF DAILY LIVING BY SEX, NSW 1999



Note: 'Does not need help with personal care' obtained from 'No' response to the question 'Do you need help or supervision with personal care such as showering or bathing, dressing, or getting to the toilet?' Estimates based on 8,881 non-proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

The majority of older people interviewed were able to carry out activities of daily living independently (Figure 13, Table 18). Over half (55.5 per cent) reported that they could carry out all activities of daily living included in the survey.

Overall, males reported being able to carry out activities of daily living more frequently than females, particularly in the area of home maintenance/gardening.

The most common problems encountered with carrying out activities of daily living were home maintenance/gardening for females and needing help with cutting toenails for both males and females. There was little variation between Health Areas in older people's reported ability to carry out activities of daily living.

In order to make their homes easier to live in, about one in five (20.2 per cent) older people reported installing grab bars or rails in the house since they were 65 years old, 17.5 per cent reported putting in bathseat, handshower or non-slip mats, 9.6 per cent had put increased lighting into their home, and 9.0 per cent had improved paths or steps. Forty-four per cent of older people reported making no changes to their homes and a further 21.4 per cent said that no changes were needed.

References

1. Stevenson C. *SF-36: Interim norms for Australian data*. Canberra: Australian Institute of Health and Welfare, 1996.
2. McHornery CA, Kosinski M, Ware JE. Comparisons of the Costs and Quality of Norms for the SF-36 Health Survey Collected by Mail Versus Telephone Interview: Results From a National Survey. *Medical Care* 1994; 32: 551-567.

TABLE 18
ACTIVITIES OF DAILY LIVING BY HEALTH AREA, NSW 1999

Health Area/Activity	Per cent	Health Area/Activity	Per cent
Central Sydney		Northern Rivers	
Does household duties on own	84.2	Does household duties on own	86.5
Prepares meals on own	92.5	Prepares meals on own	93.4
Does home maintenance/gardening on own	62.8	Does home maintenance/gardening on own	71.4
Does not need help with personal care	94.7	Does not need help with personal care	95.7
Does not need help with cutting toenails	67.7	Does not need help with cutting toenails	75.1
Northern Sydney		Mid North Coast	
Does household duties on own	88.7	Does household duties on own	89.8
Prepares meals on own	94.7	Prepares meals on own	94.3
Does home maintenance/gardening on own	73.7	Does home maintenance/gardening on own	74.2
Does not need help with personal care	97.8	Does not need help with personal care	98.6
Does not need help with cutting toenails	71.1	Does not need help with cutting toenails	80.2
Sth East Sydney		New England	
Does household duties on own	84.9	Does household duties on own	88.4
Prepares meals on own	95.1	Prepares meals on own	96.1
Does home maintenance/gardening on own	65.1	Does home maintenance/gardening on own	72.3
Does not need help with personal care	96.7	Does not need help with personal care	98.6
Does not need help with cutting toenails	67.5	Does not need help with cutting toenails	80.2
Sth West Sydney		Macquarie	
Does household duties on own	85.8	Does household duties on own	87.9
Prepares meals on own	92.7	Prepares meals on own	94.0
Does home maintenance/gardening on own	69.3	Does home maintenance/gardening on own	73.3
Does not need help with personal care	96.7	Does not need help with personal care	98.4
Does not need help with cutting toenails	69.6	Does not need help with cutting toenails	74.1
Western Sydney		Far West	
Does household duties on own	89.7	Does household duties on own	85.8
Prepares meals on own	94.2	Prepares meals on own	91.4
Does home maintenance/gardening on own	69.8	Does home maintenance/gardening on own	73.0
Does not need help with personal care	96.7	Does not need help with personal care	96.2
Does not need help with cutting toenails	74.7	Does not need help with cutting toenails	75.1
Wentworth		Mid Western	
Does household duties on own	89.7	Does household duties on own	89.0
Prepares meals on own	94.2	Prepares meals on own	93.5
Does home maintenance/gardening on own	70.1	Does home maintenance/gardening on own	73.5
Does not need help with personal care	96.7	Does not need help with personal care	98.3
Does not need help with cutting toenails	72.3	Does not need help with cutting toenails	72.3
Central Coast		Greater Murray	
Does household duties on own	88.9	Does household duties on own	86.0
Prepares meals on own	95.3	Prepares meals on own	93.1
Does home maintenance/gardening on own	69.5	Does home maintenance/gardening on own	72.6
Does not need help with personal care	98.3	Does not need help with personal care	98.1
Does not need help with cutting toenails	70.7	Does not need help with cutting toenails	71.6
Hunter		Southern	
Does household duties on own	88.4	Does household duties on own	91.4
Prepares meals on own	93.8	Prepares meals on own	95.8
Does home maintenance/gardening on own	72.1	Does home maintenance/gardening on own	75.5
Does not need help with personal care	75.9	Does not need help with personal care	97.4
Does not need help with cutting toenails	76.2	Does not need help with cutting toenails	77.9
Illawarra		NSW	
Does household duties on own	85.9	Does household duties on own	87.5
Prepares meals on own	93.6	Prepares meals on own	94.1
Does home maintenance/gardening on own	73.2	Does home maintenance/gardening on own	70.5
Does not need help with personal care	97.7	Does not need help with personal care	97.2
Does not need help with cutting toenails	77.0	Does not need help with cutting toenails	72.6

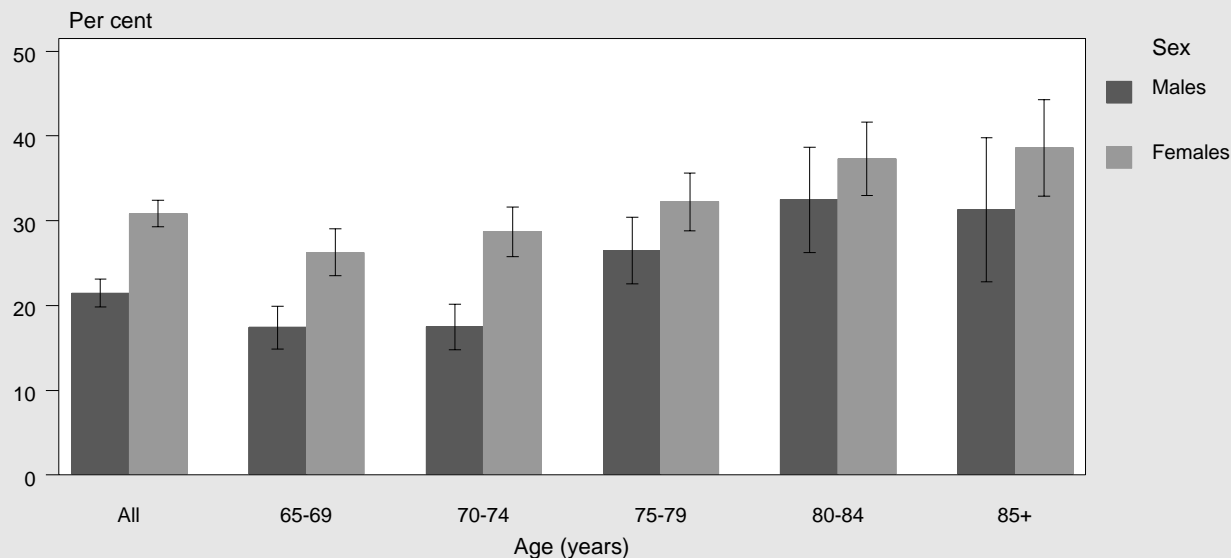
Note: 'Does not need help with personal care' obtained from 'No' response to the question 'Do you need help or supervision with personal care such as showering or bathing, dressing, or getting to the toilet?' Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

FALLS

FIGURE 14

ANY FALL IN THE LAST 12 MONTHS BY AGE AND SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Admissions to hospital for fall-related injury, which occur particularly among older people, was estimated to consume \$324.2 million of NSW health resources in the financial year 1995–96.¹ No other single injury cause, including road injury, costs the health system more than falls. The age group with the highest fall-related costs are older people aged 75 years and over.

It is predicted that, as an increasing percentage of the population lives to older ages, the cost of falls that is likely to be borne by the NSW health system in the year 2050 will be \$644.7 million.² This is equivalent to four 200 bed acute care facilities and 1,200 new nursing home places to accommodate increased service demand due to the demographic change.

At the 1999 Older Peoples Health Survey, about one quarter (26.8 per cent) of people aged 65 years and over reported a fall in the previous 12 months (Figure 14, Table 19) and one in 12 (8.6 per cent) reported at least one fall requiring medical attention.

As would be expected falls were more common among the more elderly with 22.0 per cent of people aged 65–69 years reporting a fall in the previous 12 months compared with 36.3 per cent of people aged 85 years and over.

Falls were more commonly reported by females than males at all ages.

Over one quarter (28.5 per cent) of older people reported being afraid of falling. Fear of falling was far more common among females (36.9 per cent) than males (17.5 per cent) overall. Fear of falling also increased with increasing age, from 24.7 per cent among 65–59 year olds to 36.3 per cent of those aged 85 years and older.

Of those who reported a fear of falling, 78.2 per cent indicated they were 'somewhat' or 'fairly' afraid of falling, and 20.3 per cent were 'very' afraid of falling.

Only a small proportion (5.6 per cent) of older people reported currently using any personal alert or alarm in case they had a fall or other emergency. Use of a personal alert or alarm was also more common among females (7.6 per cent) than males (2.9 per cent).

About one quarter (23.5 per cent) of older people reported that they already exercise to reduce the risk of falls—19.8 per cent of females and 28.3 per cent of males. A further 30.9 per cent of older people indicated that they would consider doing a program of gentle exercise in order to reduce their chances of falling. Of those who indicated a willingness to do a program of gentle exercise, 73.2 per cent said they would consider walking, 74.3 per cent would consider exercising at home, 39.5 per cent exercising in a group, and 20.0 per cent would consider dancing.

TABLE 19**ANY FALL IN THE LAST 12 MONTHS BY AGE AND SEX, NSW 1999**

Age (years)	Sex	Any fall			Fall requiring medical treatment		
		Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
65-69	Males	17.4	14.9	19.9	4.9	3.2	6.6
	Females	26.3	23.5	29.1	7.9	6.3	9.5
	Persons	22.0	20.1	23.9	6.5	5.3	7.6
70-74	Males	17.5	14.8	20.1	5.5	3.7	7.3
	Females	28.7	25.8	31.6	8.2	6.5	9.9
	Persons	23.6	21.6	25.6	7.0	5.8	8.2
75-79	Males	26.5	22.5	30.4	7.7	5.2	10.1
	Females	32.2	28.8	35.6	12.4	9.9	14.8
	Persons	29.8	27.3	32.4	10.4	8.6	12.2
80-84	Males	32.5	26.3	38.7	7.4	4.0	10.8
	Females	37.3	33.0	41.6	14.0	11.0	17.1
	Persons	35.6	32.1	39.1	11.7	9.4	13.9
85+	Males	31.3	22.8	39.8	10.5	4.7	16.2
	Females	38.6	32.9	44.3	15.9	11.6	20.2
	Persons	36.3	31.6	41.0	14.2	10.8	17.6
All	Males	21.5	19.8	23.1	6.2	5.2	7.2
	Females	30.8	29.3	32.4	10.5	9.5	11.5
	Persons	26.8	25.6	27.9	8.6	7.9	9.4

Note: Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 20**FALLS IN THE LAST 12 MONTHS BY TYPE OF FALL AND HEALTH AREA, NSW 1999**

Health Area	Any fall			Fall requiring medical treatment		
	Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
Central Sydney	26.7	22.8	30.5	10.9	8.1	13.6
Northern Sydney	27.3	23.3	31.4	8.8	6.3	11.3
Sth East Sydney	28.0	23.8	32.1	11.0	8.1	13.9
Sth West Sydney	25.2	21.1	29.2	8.0	5.5	10.4
Western Sydney	23.8	19.8	27.8	7.9	5.3	10.6
Wentworth	25.2	21.3	29.1	8.8	6.3	11.3
Central Coast	29.8	25.7	33.9	9.2	6.5	11.8
Hunter	28.9	24.9	32.8	7.5	5.2	9.7
Illawarra	26.4	22.5	30.4	7.4	5.1	9.8
Northern Rivers	24.6	20.7	28.6	8.8	6.2	11.4
Mid North Coast	25.9	21.9	29.9	8.4	5.9	10.9
New England	25.3	21.3	29.2	7.0	4.7	9.3
Macquarie	27.3	23.2	31.5	7.6	5.2	10.1
Far West	26.0	21.9	30.1	8.6	5.9	11.2
Mid Western	28.1	23.9	32.2	6.6	4.4	8.9
Greater Murray	26.7	22.6	30.9	7.6	5.2	10.0
Southern	27.3	23.1	31.5	7.1	4.7	9.6
NSW	26.8	25.6	27.9	8.6	7.9	9.4

Note: Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

References:

1. Moller J. Estimated cost of injury (\$ millions) by cause NSW 1995-96. Sydney: NSW Health Department Injury Prevention Policy Unit, 1998. Unpublished report.
2. Moller J. Changing resource demands relating to fall injury in an ageing population. Sydney: NSW Health Department Injury Prevention Policy Unit, 1998. Unpublished report.
2. Lord SR, Ward JA, Williams P, Strudwick M. The effect of a 12 month exercise trial on balance, strength, and falls in older women: a randomized controlled trial. *J Am Geriatr Soc* 1995; 43: 1198-1206.
3. Campbell AJ, Robertson MC, Gardner MM, Norton Rn, Tilyard X, Buchner DM. Randomised controlled trial of a general practice programme of home-based exercise to prevent falls in elderly women. *BMJ* 1997; 315:1065-1069.

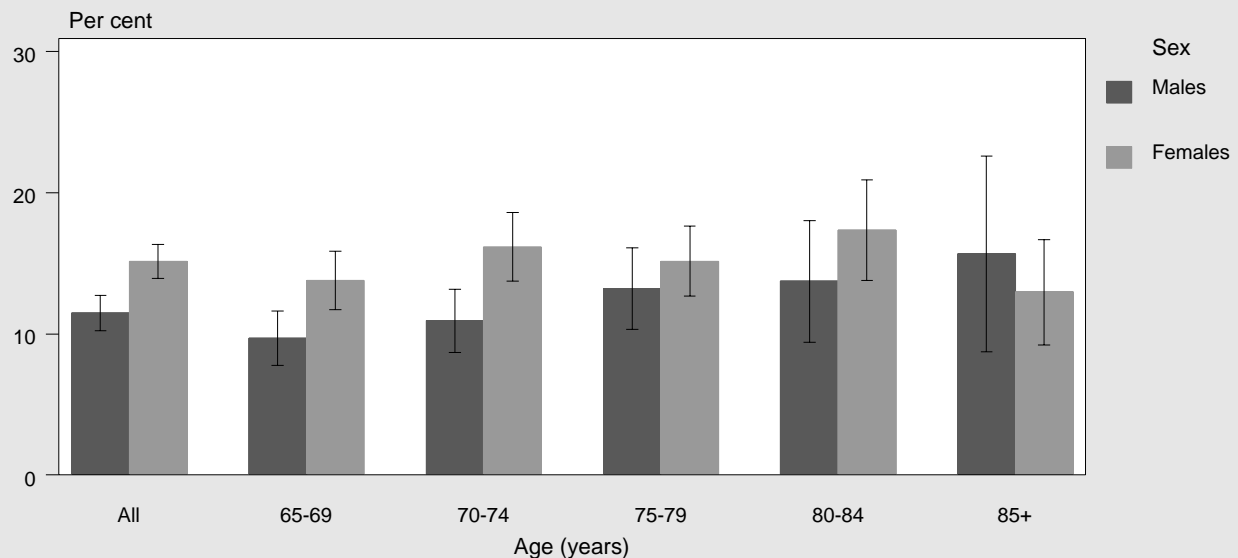
Further information on falls in older people:

1. Norton R. Preventing falls and fall-related injuries among older people. *Australasian Journal of Ageing* 1999; 18: 4-10.
4. Nevitt M, Cummings SR, Hudes ES. Risk factors for injurious falls: a prospective study. *J Gerontol* 1991; 46: M164-170.

MENTAL HEALTH AND WELL-BEING

FIGURE 15

PSYCHOLOGICAL DISTRESS (K6 SCORE 60 OR MORE) BY AGE AND SEX, NSW 1999



Note: Psychological distress was measured using the Kessler 6 (K6) questionnaire. Raw K6 scores were transformed so that the NSW mean was 50 and the standard deviation was 10. Estimates based on 8,881 non-proxy respondents. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

The majority (74.5 per cent) of older people reported feeling happy most of the time in the last four weeks, 70.6 per cent reported feeling calm or peaceful most of the time, 4.8 per cent reported feeling mostly bored and 5.2 per cent reported feeling mostly lonely.

The Older People's Health Survey used the Kessler 6 or K6 to measure psychological distress among older people. The K6 comprises six questions about the level and anxiety and depressive symptoms in the most recent four-week period. A more detailed description of the K6 measure is included in the Methods Section (Page 10).

Figure 15 shows the percentage of each age group and sex that had scores in a range similar to the proportion of people meeting diagnostic criteria for anxiety and depression in other population studies.

Females reported higher levels of psychological distress than males for all ages except those aged 85 years and older (Figure 15, Table 21). Levels of psychological distress increased from 13.8 per cent of those aged 65–69 years to 16.0 per cent among those aged 80–84 years and then fell to 13.5 per cent among those aged 85 years and over. Levels of psychological distress, as measured by the K6 score, were higher among older people living in Central Sydney and Western Sydney than NSW overall (Table 22).

In the four weeks prior to interview, 7.8 per cent of older people reported seeing a doctor or other health professional about feelings of anxiety or depression asked about in the K6. The percentages of males and females were similar (7.6 and 7.9 per cent respectively).

The survey also asked about feelings of depression in the previous four weeks. Overall, 3.0 per cent of older people stated that they felt depressed most of the time in the previous four weeks, while 29.5 per cent reported feeling depressed some or most of the time.

The percentage of older people who reported feelings of depression most of the time was similar in the different age groups, and among males and females. Following the pattern found with the K6 score, feelings of depression most of the time were reported more commonly among older people living in the Central Sydney and Western Sydney Areas compared to NSW overall (Table 22).

The NSW Health Department's strategy for the delivery of mental health care for older people in NSW includes: partnerships with service providers, non-government organisations, consumers and carers; improving assessment, diagnosis and treatment services; mental health promotion, prevention and early intervention; and setting standards for care including mechanisms for monitoring and evaluation of quality of care.¹

TABLE 21**PSYCHOLOGICAL DISTRESS (K6 SCORE 60 OR MORE) AND FEELING DEPRESSED IN THE LAST FOUR WEEKS BY AGE AND SEX, NSW 1999**

Age (years)	Sex	K6 score 60 or more			Feeling depressed most of the time in last 4 weeks		
		Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
65-69	Males	9.7	7.7	11.6	2.6	1.0	4.2
	Females	13.8	11.7	15.9	2.8	1.4	4.1
	Persons	11.8	10.4	13.2	2.7	1.7	3.7
70-74	Males	10.9	8.7	13.2	2.0	0.7	3.4
	Females	16.1	13.7	18.6	3.5	2.0	5.0
	Persons	13.8	12.1	15.5	2.8	2.1	3.6
75-79	Males	13.2	10.3	16.1	3.1	1.4	4.7
	Females	15.1	12.7	17.6	3.8	2.4	5.2
	Persons	14.3	12.5	16.2	3.5	2.5	4.5
80-84	Males	13.7	9.4	18.0	3.7	0.3	7.1
	Females	17.3	13.8	20.9	2.4	0.7	4.1
	Persons	16.0	13.3	18.8	2.9	1.3	4.4
85+	Males	15.7	8.7	22.6	3.2	0.0	9.8
	Females	12.9	9.2	16.7	3.7	1.1	6.3
	Persons	13.8	10.5	17.1	3.5	1.1	6.0
All	Males	11.5	10.2	12.7	2.7	2.0	3.3
	Females	15.1	13.9	16.3	3.2	2.6	3.8
	Persons	13.5	12.7	14.4	3.0	2.6	3.4

Note: Psychological distress was measured using the Kessler 6 (K6) questionnaire. Raw K6 scores were transformed so that the NSW mean was 50 and the standard deviation was 10. Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 22**PSYCHOLOGICAL DISTRESS (K6 SCORE 60 OR MORE) AND FEELING DEPRESSED IN THE LAST FOUR WEEKS BY HEALTH AREA, NSW 1999**

Age (years)	K6 score 60 or more			Feeling depressed most of the time in last 4 weeks		
	Per cent	LL 95% CI	UL 95% CI	Per cent	LL 95% CI	UL 95% CI
Central Sydney	16.7	13.4	20.1	4.5	2.6	6.3
Northern Sydney	9.8	7.1	12.4	1.6	0.5	2.7
Sth East Sydney	14.1	11.0	17.3	4.0	2.2	5.8
Sth West Sydney	15.5	12.1	18.8	3.7	2.0	5.5
Western Sydney	16.4	13.1	19.8	4.6	2.7	6.5
Wentworth	10.9	8.1	13.8	2.9	1.4	4.4
Central Coast	14.9	11.7	18.1	3.1	1.6	4.6
Hunter	15.4	12.2	18.7	2.6	1.2	4.1
Illawarra	11.6	8.7	14.4	2.8	1.3	4.3
Northern Rivers	13.3	10.2	16.4	2.5	1.2	3.7
Mid North Coast	13.6	10.4	16.8	2.2	0.9	3.6
New England	12.5	9.6	15.5	2.5	1.2	3.8
Macquarie	11.0	8.2	13.8	1.6	0.5	2.7
Far West	15.2	11.8	18.7	1.7	0.5	2.8
Mid Western	10.4	7.6	13.3	2.4	0.9	3.9
Greater Murray	13.6	10.5	16.7	2.0	0.8	3.3
Southern	10.4	7.6	13.2	1.9	0.7	3.0
NSW	13.5	12.7	14.4	3.0	2.6	3.4

Note: Psychological distress was measured using the Kessler 6 (K6) questionnaire. Raw K6 scores were transformed so that the NSW mean was 50 and the standard deviation was 10. Estimates based on 8,881 non-proxy respondents. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

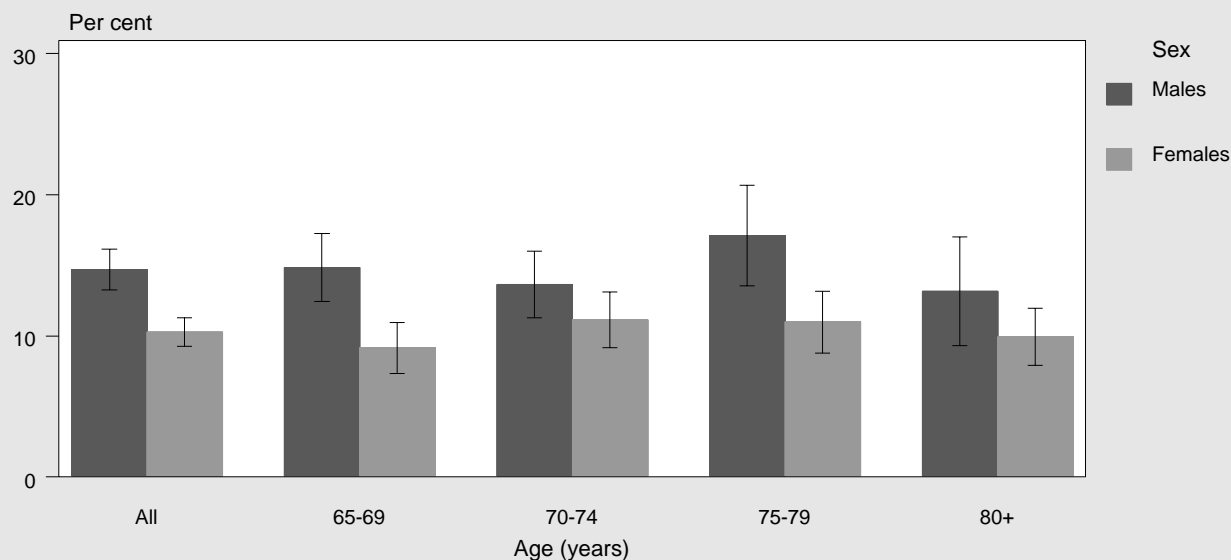
References

1. NSW Health Department. *Caring for Older People's Mental Health—A Strategy for the Delivery of Mental Health Care for Older People in New South Wales*. Sydney: NSW Health Department, 1999.

DIABETES

FIGURE 16

CURRENT DOCTOR-DIAGNOSED DIABETES OR HIGH BLOOD SUGAR BY AGE AND SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Excludes those reporting previous diabetes/HBS or diabetes/HBS during pregnancy. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Diabetes mellitus is a chronic condition characterised by high blood sugar levels and is due to deficient production of insulin and/or resistance to its action. Diabetes is now recognised to belong to a spectrum of conditions, 'Metabolic Syndrome', which predispose to cardiovascular disease. Metabolic Syndrome is primarily characterised by hypertension (high blood pressure), obesity, high blood fats, high insulin levels, and insulin resistance. These conditions share lifestyle-related causal factors such as physical inactivity and poor nutrition.

There are two main forms of diabetes found in older people: Type 2 diabetes, previously known as non-insulin-dependent diabetes mellitus (NIDDM), is the most common form of diabetes affecting primarily people aged 40 years and over. Type 2 diabetes is also more common in some population groups such as Aboriginal and Torres Strait Islander people, and people from the Pacific Islands and the Indian Subcontinent. Type 1 diabetes, previously known as insulin dependent diabetes mellitus (IDDM), is characterised by a complete deficiency of insulin and is estimated to be present in 10–15 per cent of people with diabetes.

With ageing of the population, the prevalence of diabetes in Australia has doubled since the early 1980s and will continue to rise.¹

The NSW Older People's Health Survey found the reported prevalence of current doctor-diagnosed diabetes

or high blood sugar among older people was 12.2 per cent in 1999. Prevalence increased slightly with increasing age to 75–79 years and declined among those aged 80 years and over. Diabetes was more common among males than females at all ages (Figure 16, Table 23).

The prevalence of reported diabetes/high blood sugar varied from 9.6 per cent in Northern Sydney Health Area to 14.5 per cent in Central Sydney Health Area (Table 24).

Over half (52.7 per cent) of older people who reported diabetes or high blood sugar were diagnosed before age 65 years and 8.1 per cent were diagnosed before age 40 years.

The true prevalence of diabetes in older people is higher than found in this survey as it has been estimated that for every person in the community diagnosed with Type 2 diabetes there is one undiagnosed person.²

The high blood glucose of diabetes results in vascular disease which causes visual problems, foot problems and cardiovascular disease. In the Older People's Health Survey, 47.3 per cent of older people with diabetes or high blood sugar reported that their feet had been checked at least once in the previous 12 months, and 61.9 per cent reported that their eyes had been checked by a health professional for diabetes-related eye problems at least once in the previous 12 months.

TABLE 23**CURRENT DOCTOR-DIAGNOSED DIABETES OR HIGH BLOOD SUGAR BY SEX AND HEALTH AREA, NSW 1999**

Age (years)	Sex	Per cent	LL 95% CI	UL 95% CI
65-69	Males	14.8	12.4	17.2
	Females	9.1	7.3	11.0
	Persons	11.9	10.4	13.4
70-74	Males	13.6	11.3	16.0
	Females	11.1	9.1	13.1
	Persons	12.3	10.7	13.8
75-79	Males	17.1	13.5	20.6
	Females	11.0	8.8	13.2
	Persons	13.5	11.5	15.5
80+	Males	13.2	9.3	17.0
	Females	9.9	7.9	11.9
	Persons	11.0	9.1	12.9
All	Males	14.7	13.2	16.1
	Females	10.3	9.3	11.3
	Persons	12.2	11.3	13.0

Note: Estimates based on 8,881 non-proxy respondents. Excludes those reporting previous diabetes/HBS or diabetes/HBS during pregnancy. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 24**CURRENT DOCTOR-DIAGNOSED DIABETES/HIGH BLOOD SUGAR AND FEET AND EYE CHECKS BY HEALTH AREA, NSW 1999**

Health Area	Diabetes/ high blood sugar Per cent	Foot check last 12 months Per cent	Eye check last 12 months Per cent
Central Sydney	14.5	34.1	53.7
Northern Sydney	9.6	57.9	73.9
Sth East Sydney	12.1	61.4	70.4
Sth West Sydney	12.5	35.3	62.6
Western Sydney	13.9	52.0	54.0
Wentworth	13.4	41.2	45.4
Central Coast	16.0	44.0	52.6
Hunter	12.8	38.2	67.6
Illawarra	13.1	40.0	60.2
Northern Rivers	9.8	48.1	51.6
Mid North Coast	8.0	48.7	70.6
New England	13.2	48.8	53.5
Macquarie	10.8	49.1	62.7
Far West	13.9	39.4	62.5
Mid Western	12.2	57.4	63.2
Greater Murray	12.6	55.7	67.8
Southern	10.8	49.0	59.6
NSW	12.2	47.3	61.9

Note: Estimates based on 8,881 non-proxy respondents. Excludes those reporting previous diabetes/HBS or diabetes/HBS during pregnancy. Percentages of foot and eye checks in the last 12 months refer to those reporting diabetes/high blood sugar. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

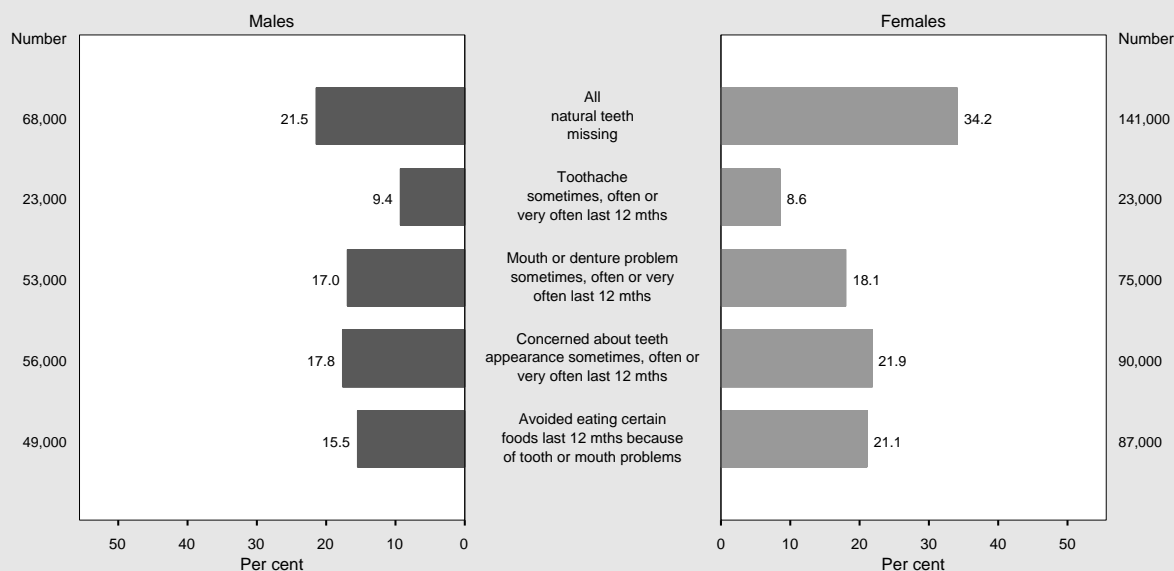
References

1. McCarty DJ, Zimmet P, Dalton A, Segal L, Welborn TA. *The rise and rise of diabetes in Australia, 1996: a review of statistics, trends and costs*. Diabetes Australia National Action Plan. Canberra: Diabetes Australia, 1996.
2. Department of Health and Aged Care and Australian Institute of Health and Welfare. *National Health Priority Areas report: diabetes mellitus 1998*. AIHW Catalogue no. PHE 10. Canberra: DHAC & AIHW, 1999.

ORAL HEALTH

FIGURE 17

ORAL HEALTH BY SEX, NSW 1999



Note: Prevalence of toothache refers to those with some or all of their natural teeth. 'Avoiding eating certain foods' refers to sometimes, often or very often. Estimates based on 8,881 non-proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

While the rate of tooth loss and dental caries has declined in children and young adults, older adults continue to be at risk of poor oral health because of past tooth loss, recurrent dental decay and periodontal disease.¹

At the Older People's Health Survey, 5.4 per cent of respondents reported having none of their natural teeth missing, 66.0 per cent reported that some of their natural teeth were missing and 28.7 per cent reported that all of their natural teeth were missing.

The rate of edentulism (all teeth missing) increased with age, from 20.3 per cent among 60–64 year-olds to 50.4 per cent of those aged 85 years and over. The rate of edentulism was higher in rural health areas (34.6 per cent) compared to urban health areas (26.6 per cent) and slightly higher among those born in Australia (29.9 per cent) compared to overseas (25.0 per cent).

Compared with dentate people, edentulous people reported higher rates of mouth and denture problems and of avoiding eating certain foods in the previous 12 months (Table 25).

One in five (20.1 per cent) people reported sometimes, often or very often being concerned about the appearance of their teeth, mouth or dentures in the last 12 months, and 18.7 per cent reported they had avoided eating certain foods sometimes, often or very often in the last 12 months because of problems with their teeth, mouth or dentures.

The majority (71.1 per cent) of non-proxy respondents held a card that makes them eligible for publicly funded oral health care (Pensioner Concession Card, Health Care Card or Commonwealth Seniors Health Card).

Dentate card holders were slightly more likely to have experienced problems with their mouth or dentures sometimes, often or very often in the last 12 months compared with those who did not hold a card (17.7 versus 15.3 per cent). This difference was also evident for edentulous people where the rates were 19.8 and 16.9 per cent respectively.

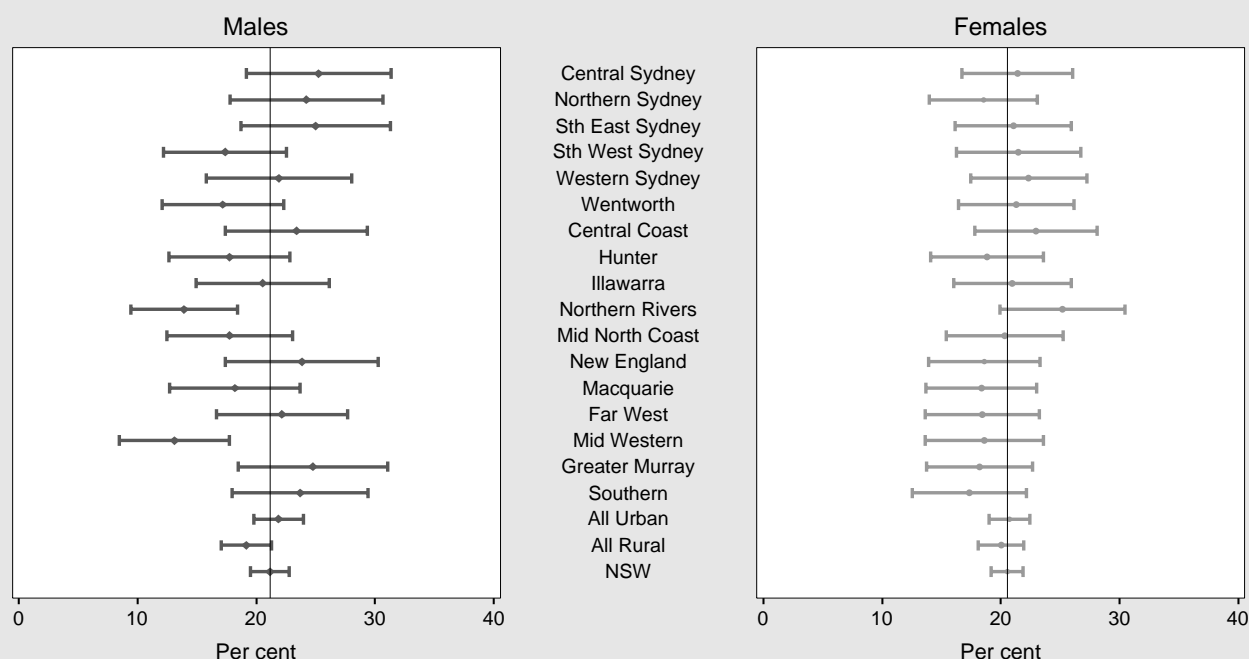
Dentate card holders were also more likely to have avoided eating certain foods sometimes, often or very often in the last 12 months because of teeth problems compared to those who did not hold a card (17.1 versus 14.4 per cent), and were more likely to be concerned about the appearance of their teeth, mouth or dentures sometimes, often or very often in the last 12 months (23.2 versus 18.6 per cent).

References

1. Slade GD, Spencer AJ, Roberts-Thomson K. Tooth loss and chewing capacity among older adults in Adelaide. *ANZ J Public Health* 1996; 20: 76–81.
2. Carter KD. *National Dental Telephone Interview Survey 1995*. Adelaide: AIHW Dental Statistics and Research Unit, 1995.

FIGURE 18

TOOTHACHE OR PROBLEM WITH MOUTH OR DENTURES SOMETIMES, OFTEN OR VERY OFTEN, BY HEALTH AREA AND SEX, NSW 1999



Note: Estimates based on 8,881 non-proxy respondents. Problems reported sometimes, often or very often in last 12 months are reported. Lower and upper limits of the 95 per cent confidence interval are shown.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

TABLE 25

ORAL HEALTH PROBLEMS BY HEALTH AREA, NSW 1999

Health Area	Edentulous people			Dentate people		Toothache
	Prevalence	Mouth/denture	Avoided	Mouth/denture	Avoided	
	Per cent	problem	eating foods	problem	eating foods	
	Per cent	Per cent	Per cent	Per cent	Per cent	Per cent
Central Sydney	26.6	20.8	26.6	17.8	16.8	13.9
Northern Sydney	15.8	11.9	28.6	16.6	16.8	9.6
Sth East Sydney	21.1	20.3	24.0	19.2	17.6	8.2
Sth West Sydney	34.0	20.1	24.6	13.6	18.1	10.3
Western Sydney	30.5	23.5	26.2	16.4	18.8	10.6
Wentworth	32.1	14.6	22.7	18.7	15.4	7.6
Central Coast	29.0	19.4	24.7	20.8	14.8	9.4
Hunter	31.0	18.1	22.5	14.4	14.8	7.9
Illawarra	33.6	16.5	25.5	17.5	19.4	10.5
Northern Rivers	36.9	21.5	26.1	18.0	14.4	5.7
Mid North Coast	27.6	19.3	25.4	14.8	14.0	8.0
New England	31.6	24.1	26.3	17.0	12.7	6.1
Macquarie	37.5	16.1	23.7	16.0	11.9	7.2
Far West	37.4	23.4	24.2	15.0	15.8	8.0
Mid Western	41.0	17.9	18.3	12.8	11.6	5.6
Greater Murray	41.1	19.7	25.8	20.3	17.2	5.5
Southern	29.9	17.1	20.6	17.9	12.3	6.7
NSW	28.7	19.1	24.8	17.0	16.3	8.9

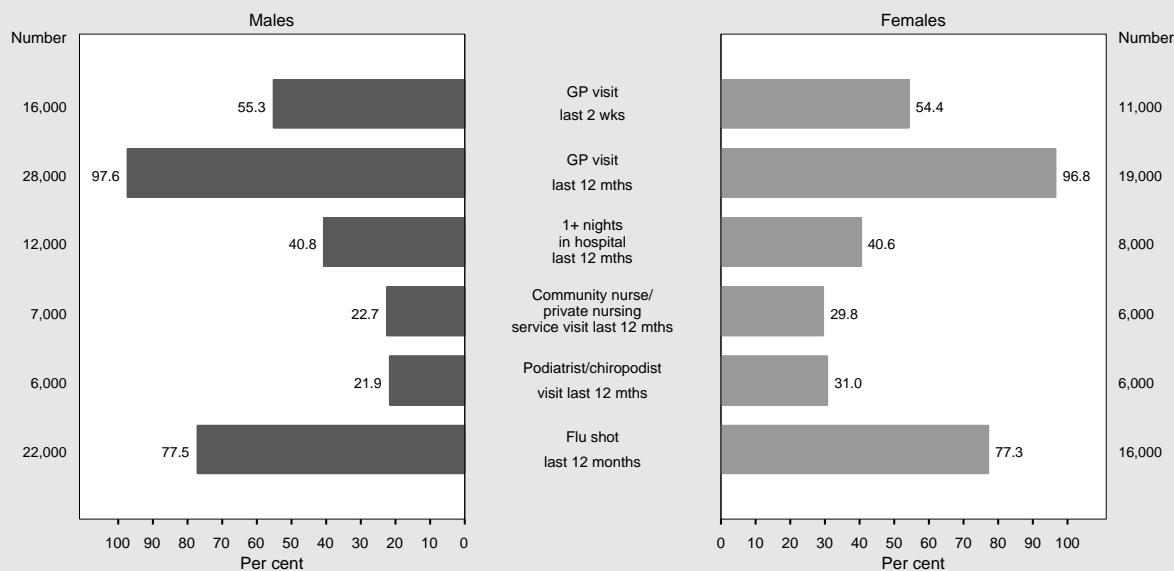
Note: Estimates based on 8,881 non-proxy respondents. Problems reported sometimes, often or very often in last 12 months are reported.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

THE HEALTH OF OLDER PEOPLE WHO RESPONDED BY PROXY

FIGURE 19

HEALTH SERVICE USE AMONG PROXY RESPONDENTS BY SEX, NSW 1999



Note: Estimates based on 537 proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Of the 9,418 people who participated in the Older Peoples Health Survey, 537 (5.7 per cent) were unable to participate personally and another person answered on their behalf. These people are referred to as 'proxy respondents' and those who responded on behalf of a selected older person are referred to as 'proxy informants'.

Survey interviews completed by proxy informants were relatively short because proxy informants were unable to answer some questions, such as those concerning self-assessed health status, experience of pain or feelings of well-being. Survey questions which were asked of proxy informants are flagged as 'P' in the survey questionnaire (page 44).

Health service use

Almost all (97.3 per cent) proxy respondents had visited a local doctor in the last 12 months and 56.5 per cent in the last two weeks. In the last 12 months, 40.7 per cent had spent at least one night in hospital, 25.6 per cent had been visited by a community nurse or a private nursing service, 25.6 per cent had seen a podiatrist or chiroprapist, 77.4 per cent had received a flu vaccination, and 17.5 per cent had received a vaccination against pneumonia.

Males and females had similar rates of visits to the local doctor and hospitalisations, but were more likely to have

seen a community nurse or a podiatrist/chiroprapist in the previous 12 months (Figure 19).

Compared with non-proxy respondents, older people who responded by proxy were as likely to have visited a local doctor in the last 12 months, but more likely to have received any other service (see Health Service Use, page 18).

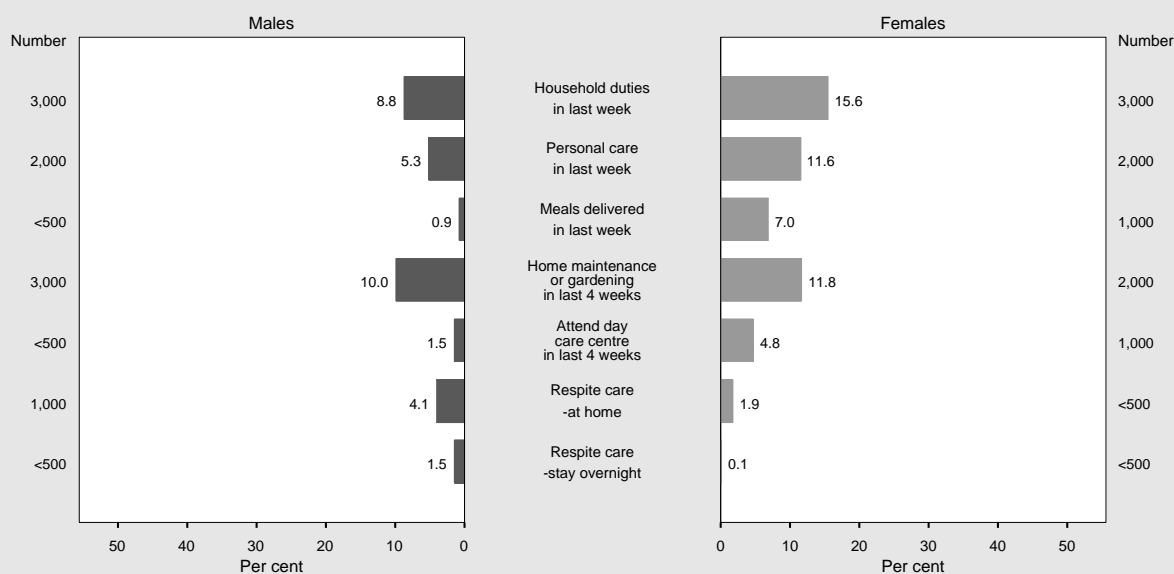
Use of Community Services

Use of community services was more common among proxy respondents than non-proxy respondents in all areas of care targeted in the survey (see Use of Community Services, page 20, for information on non-proxy respondents). Use of community services was generally higher among females than males (Figure 20).

In the previous week, 11.6 per cent of proxy respondents had received assistance with household duties, 7.9 per cent with personal care, and 3.4 per cent with provision of meals. In the previous month, 10.7 per cent had received assistance with home maintenance or gardening, 3.2 per cent had received respite care at home, 2.9 per cent had attended a day care centre and 0.9 per cent had received overnight respite care.

FIGURE 20

TYPE OF COMMUNITY SERVICES USED BY PROXY RESPONDENTS BY SEX, NSW 1999



Note: Estimates based on 537 proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Nutrition and Food Security

Over three-quarters (78.8 per cent) of proxy respondents ate the recommended daily quantity of vegetables, about twice as many as non-proxy respondents (see Nutrition and Food Security, page 24). About half (54.2 per cent) ate the recommended daily quantity of fruit, similar to the percentage reported among non-proxy respondents.

Falls

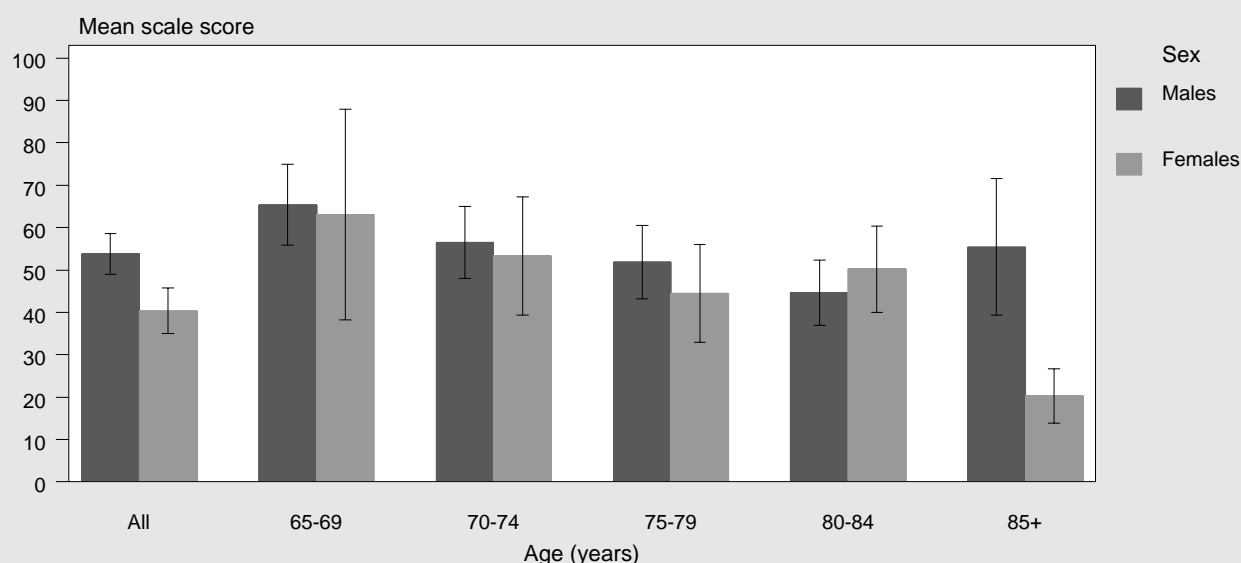
Among proxy respondents, 43.6 per cent reported having a fall in the last 12 months and 38.4 per cent reported having a fall which required medical treatment. These percentages are substantially higher than those reported for non-proxy respondents (26.8 and 8.6 per cent respectively) (see Falls, page 32).

Oral Health

Half (49.4 per cent) of proxy-respondents had some of their natural teeth missing, 43.7 per cent had all their natural teeth missing and 6.5 per cent had no natural teeth missing. The rate of edentulism (all natural teeth missing) was higher among these older people compared to non-proxy respondents where the rate of edentulism was 28.7 per cent (see Oral Health, page 40).

Diabetes

Diabetes or high blood sugar was reported among 19.2 per cent of proxy respondents, higher than the 12.2 per cent among non-proxy respondents (see Diabetes, page 36).

FIGURE 21**PHYSICAL FUNCTIONING AMONG PROXY RESPONDENTS AS MEASURED BY SF-36 BY AGE AND SEX, NSW 1999**

Note: Estimates based on 537 proxy respondents.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.

Physical Functioning

Physical functioning was measured using the SF-36 scale which comprises 10 questions concerning a person's ability to do various moderate and vigorous activities. The scale is described in the Methods chapter (page 8). Proxy respondents had lower mean scores than non-proxy respondents—58.5 for males and 45.8 for females for proxy respondents compared with 81.0 and 74.5 per cent for males and females respectively for non-proxy respondents (see Physical Functioning, page 28).

In relation to activities of daily living, 52.2 per cent of proxy respondents were not able to do household duties independently, 47.8 per cent could not prepare their own meals, 62.2 per cent could not do home maintenance/gardening and 68.2 per cent needed help with their personal care. One quarter (25.2 per cent) of proxy respondents used a walking stick, 15.9 per cent used a walker or frame, and 9.3 per cent used a wheelchair.

Dementia

Proxy informants were asked a series of 12 questions which comprise the Short Concord Informant Dementia Scale (SCIDS). The SCIDS scale is used as a screening and assessment tool for dementia. It does not provide a definite diagnosis of dementia but may be used to measure how high is the risk for dementia. A score of four or more

detects dementia with reasonably good reliability.¹ For a more detailed description of the SCIDS measure, see the Methods chapter (page 8).

Of the 537 older people interviewed by proxy informant, 260 (47.3 per cent) had a SCIDS score suggestive of dementia. It is therefore estimated that there are over 23,000 older people living at home in NSW who have, or are likely to have, dementia (Table 26).

It was found that there were more males than females with a high SCIDS score in the 65–74 and 75–84 age groups. This was pattern was reversed among those aged 85 years and older, where there were twice as many females than males with a high score. This may reflect the availability of carers in the younger age groups and the relatively longer life expectancy of females in the older age groups.

References:

1. Waite LM, Broe GA, Bennett HP, Jorm AF, Creasey H, Cullen J, Garyson DA. Screening for Dementia Using an Informant Interview. *Aging, Neuropsychology and Cognition* 1998; 5: 194–202.

TABLE 26**DEMENTIA: SHORT CONCORD INFORMANT DEMENTIA SCALE (SCIDS) SCORE OF 4 OR MORE BY AGE AND SEX, NSW 1999**

Age (years)	Sex	Proxy informants No.	SCIDS score of 4 or more			Estimated pop. SCIDS score 4 + No.
			%	LL 95% CI	UL 95% CI	
65-74	Males	130	32.2	22.6	41.9	3,303
	Females	43	42.8	22.3	63.3	2,137
	Persons	173	35.7	26.5	44.9	5,440
75-84	Males	149	53.1	43.4	62.9	7,558
	Females	94	42.9	30.5	55.2	3,476
	Persons	243	49.4	41.6	57.2	11,034
85+	Males	44	50.1	29.6	70.5	2,246
	Females	77	63.9	49.7	78.1	4,479
	Persons	121	58.5	46.0	71.0	6,725
All	Males	323	45.3	38.5	52.0	13,107
	Females	214	50.2	41.7	58.6	10,092
	Persons	537	47.3	42.0	52.5	23,199

Note: Dementia was measured using the Short Concord Informant Dementia Scale (SCIDS). The SCIDS score is derived from 12 questions about memory, with each question rated for severity. Scores may range from 0 to 36. A score of 4+ detects dementia with a sensitivity of 83% and specificity of 87%.¹ NSW estimates based on information provided by 537 proxy informants. LL/UL 95%CI = lower/upper limits of 95 per cent confidence interval of the estimate.

Source: NSW Older People's Health Survey 1999 (HOIST). Epidemiology and Surveillance Branch, NSW Health Department.