

9. HEALTH SERVICES

Difficulties getting health care

Introduction

In order to identify some of the issues around access to health services, the *New South Wales Adult Health Survey 2003* included questions about difficulties that people may have had getting health care. Respondents were asked 'Do you have any difficulties getting health care when you need it?'. Those who responded 'Yes' were then asked, 'Please describe the difficulties you have'.

Results

Only 13.3 per cent of people reported having difficulties getting health care. The main difficulties reported were waiting time for an appointment with a general practitioner (36.3 per cent), cost of health care services (12.7 per cent), waiting time for dental services (11.9 per cent), shortage of general practitioners in the local area (11.8 per cent), and difficulty accessing specialists (11.7 per cent).

A significantly greater proportion of females (15.1 per cent) than males (11.3 per cent) reported difficulties in getting health care. Among females, a significantly lower proportion of those aged 16–24 years (10.5 per cent) and 65 years and over (8.0 per cent to 10.3 per cent), and a significantly greater proportion of those aged 35–44 years (20.3 per cent) reported having difficulties getting health care, compared with the overall female population. The

proportion of males reporting difficulties getting health care was significantly lower among those aged 16–24 years (6.2 per cent), compared with the overall male population.

There was significant geographic variation in the reporting of difficulties in getting health care, with a significantly greater proportion of rural residents (22.7 per cent) than urban residents (10.6 per cent) reporting difficulties getting health care.

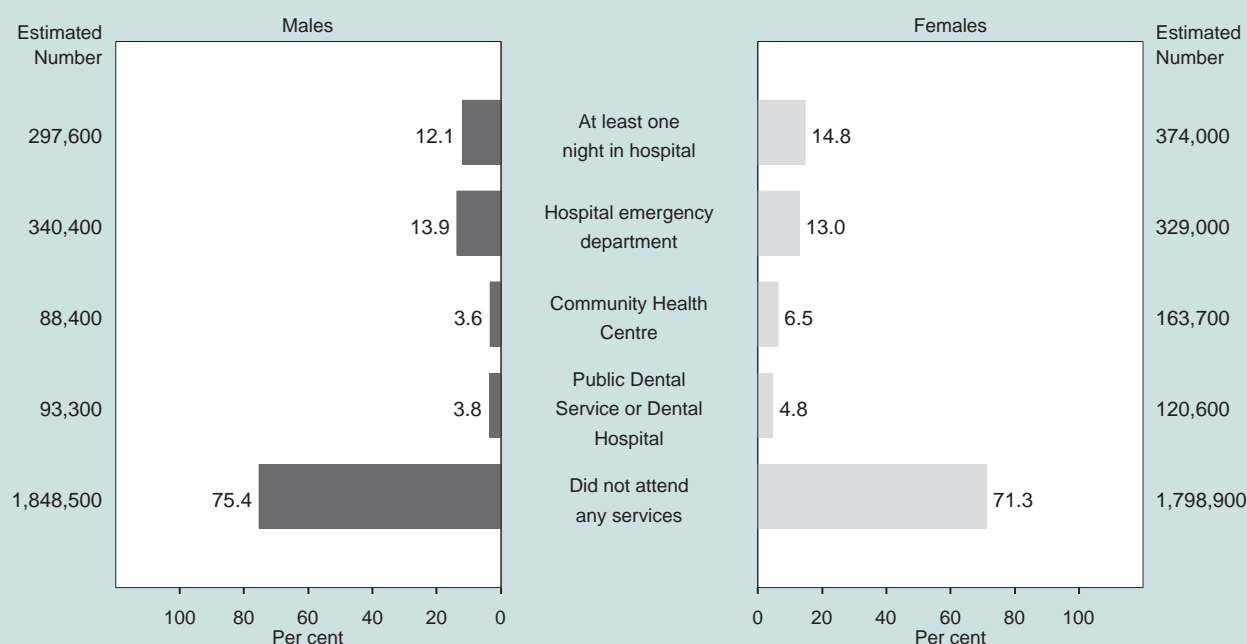
Overall, a significantly lower proportion of people in the least disadvantaged (6.0 per cent) and the second least disadvantaged (9.9 per cent) quintiles reported difficulty getting health care compared with the overall population. A significantly greater proportion of people in the second most disadvantaged quintile (17.7 per cent) reported difficulties in getting health care compared with the overall population.

There has been a significant increase in the proportion of people having difficulties getting health care, from 10.0 per cent in 1997 to 13.3 per cent in 2003. This increase was greater in females (11.1 per cent to 15.1 per cent) than males (8.9 per cent to 11.3 per cent).

Figure 72 shows health services attended in the last 12 months. Figures 73 and 74 show the proportion of people experiencing difficulties getting health care when they need it, by age and socioeconomic disadvantage. Figure 75 shows the type of difficulties experienced.

FIGURE 72

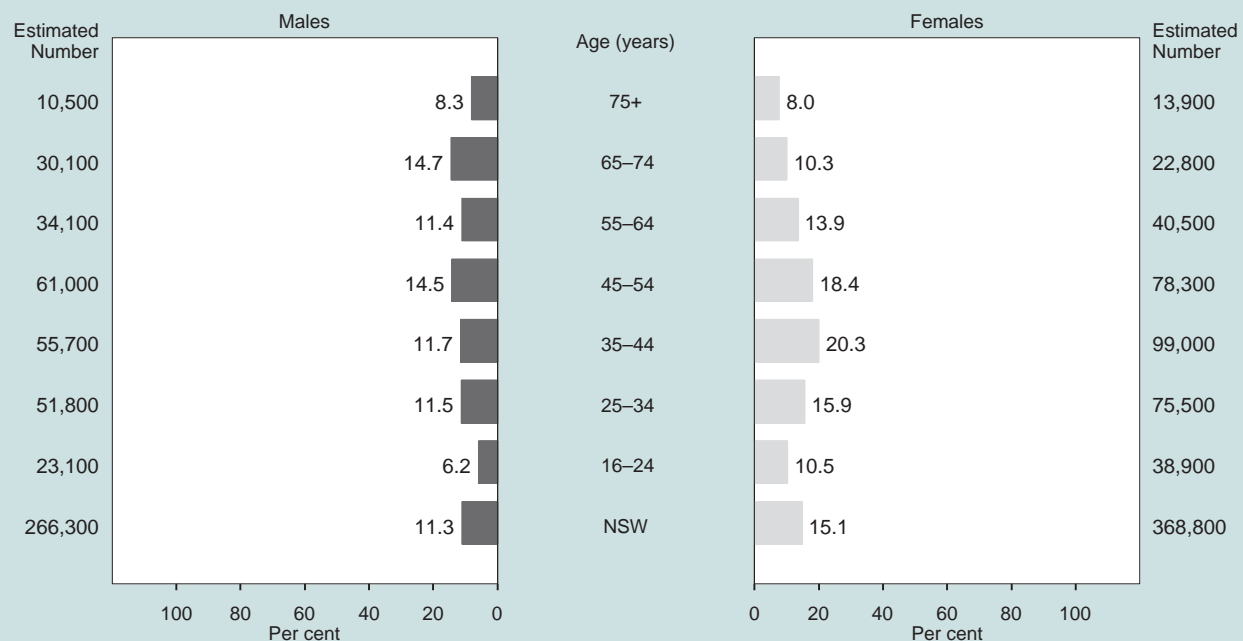
HEALTH SERVICES ATTENDED IN THE LAST 12 MONTHS, PERSONS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 73

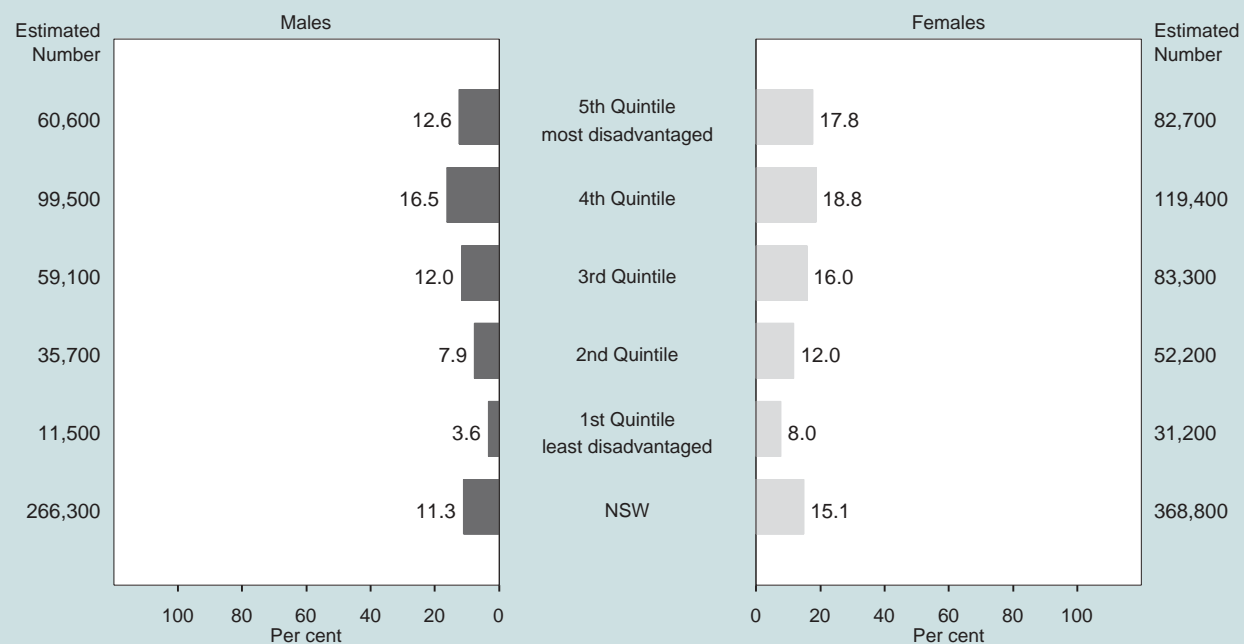
DIFFICULTIES GETTING HEALTH CARE WHEN NEEDING IT BY AGE, PERSONS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 74

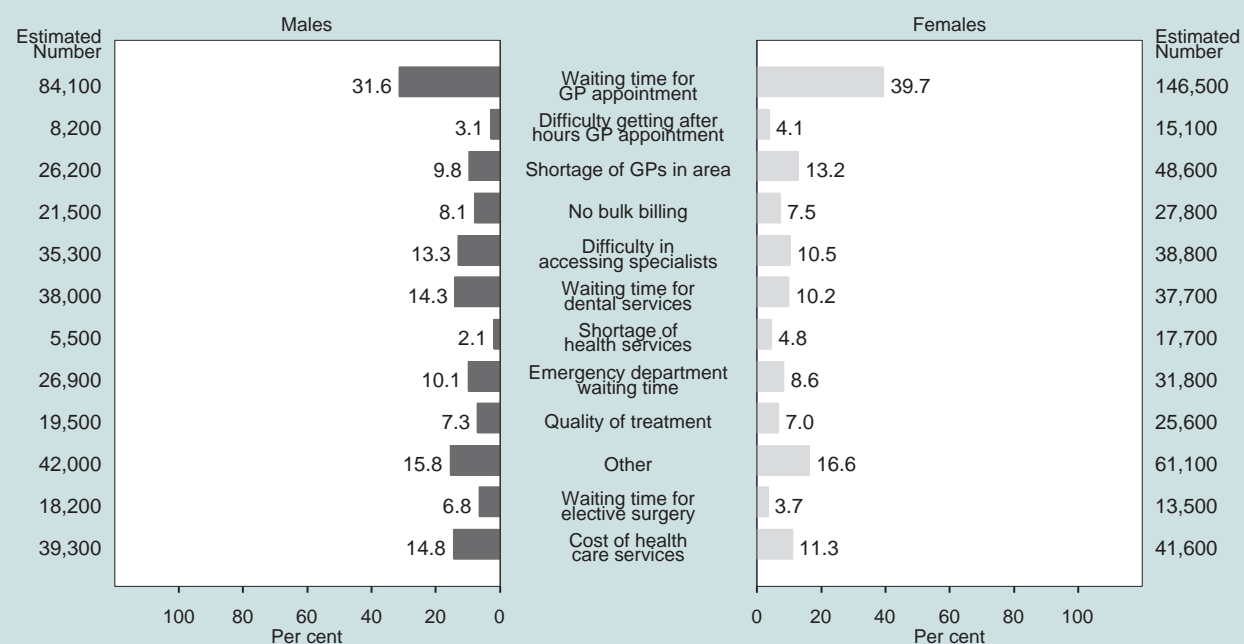
DIFFICULTIES GETTING HEALTH CARE WHEN NEEDING IT BY SOCIOECONOMIC DISADVANTAGE SCORE, PERSONS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 75

TYPES OF DIFFICULTIES GETTING HEALTH CARE WHEN NEEDING IT, PERSONS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

Emergency departments

Introduction

In 2003, there were approximately 1.5 million attendances to emergency departments in NSW hospitals.¹ In order to identify issues affecting the quality of care received in emergency departments, the *New South Wales Adult Health Survey 2003* included questions on attendance at an emergency department and satisfaction with that service. Respondents were asked the following questions: ‘In the last 12 months, have you attended a hospital emergency department (or casualty) for your own medical care?’, ‘Which hospital’s emergency department did you last attend?’, ‘Overall, what do you think of the care you received at this emergency department?’ (if care was rated as fair or poor then respondents were also asked ‘Could you briefly describe why you rated the care you received as fair or poor?’).

Results

Attendance

The *New South Wales Adult Health Survey 2003* estimated that about 673,400 persons (348,100 males and 331,600 females) had attended an emergency department at least once in the previous 12 months, representing 13.5 per

cent of the population overall. There was no significant difference between the proportion of males (13.9 per cent) and females (13.1 per cent) attending. A significantly greater proportion of people aged 75 years and over (18.3 per cent) attended an emergency department compared to the overall population.

There was geographic variation in emergency department attendances in the last 12 months, with a significantly greater proportion of rural residents (18.1 per cent) than urban residents (12.2 per cent) reporting attendance at an emergency department.

A significantly lower proportion of people in the least disadvantaged quintile (9.5 per cent) and a significantly greater proportion of males in the second most disadvantaged quintile (17.0 per cent) reported emergency department attendance, compared with the overall population.

Emergency department attendance did not differ significantly from 1997 (13.8 per cent) to 2003 (13.5 per cent).

Rating of emergency department care

Those who had attended an emergency department in the last 12 months were asked to rate the care they received

during the attendance. Of these, 31.3 per cent rated the care received as 'excellent', 27.4 per cent as 'very good', 20.3 per cent as 'good', 11.3 per cent as 'fair', and 9.8 per cent as 'poor'. There was no difference in the proportion of males (9.6 per cent) and females (9.9 per cent) rating the care received as 'poor'. The main reason for rating the care as 'fair' or 'poor' was waiting time in emergency departments (70.2 per cent). Other issues included poor technical skill of clinical staff (25.0 per cent) and poor attitude of clinical staff (18.7 per cent).

Responses of 'excellent', 'very good' and 'good' were combined into a 'positive' rating of care. Overall, 77.7 per cent of people gave a positive rating of the care they received at an emergency department. There was no significant difference in positive rating of emergency department care between males (80.2 per cent) and females (77.6 per cent). A significantly greater proportion of males aged 65–74 years (91.8 per cent) and females aged 75 years and over (94.7 per cent) gave a positive rating of their emergency department care, compared with the overall population.

Overall, a significantly greater proportion of people in rural areas (85.5 per cent) gave a positive rating of

emergency department care compared to people in urban areas (76.2 per cent).

There was no significant variation in the proportion of people giving a positive rating of emergency department care by socioeconomic disadvantage.

Overall, the proportion of people who gave a positive rating of emergency department care did not differ significantly from 1997 (80.3 per cent) to 2003 (78.9 per cent). While the proportion of females who gave a positive rating decreased significantly from 1997 (79.9 per cent) to 2002 (73.2 per cent), the increase in 2003 resulted in no significant difference overall between 1997 and 2003.

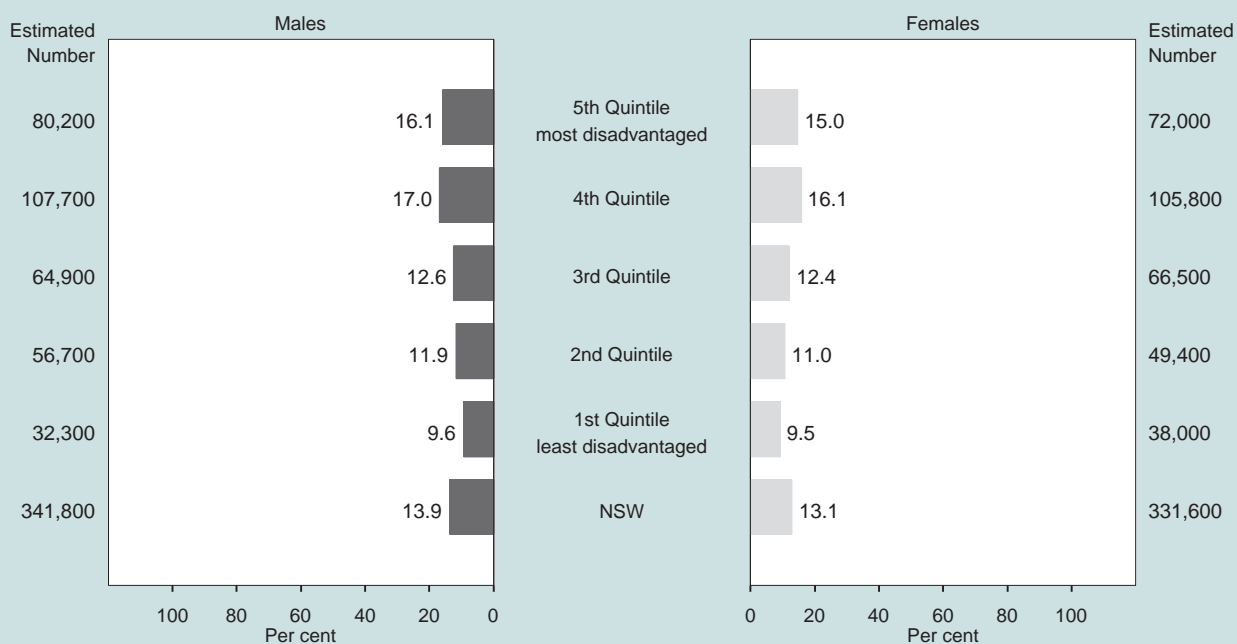
Figure 76 shows the proportion of people attending an emergency department in the last 12 months, by socioeconomic disadvantage. Figure 77 shows the proportion of people rating the care in the emergency department as excellent, very good, or good. Figure 78 shows the reason for rating the most recent emergency department visit as fair or poor.

References

1. NSW Emergency Department Data 2003 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 76

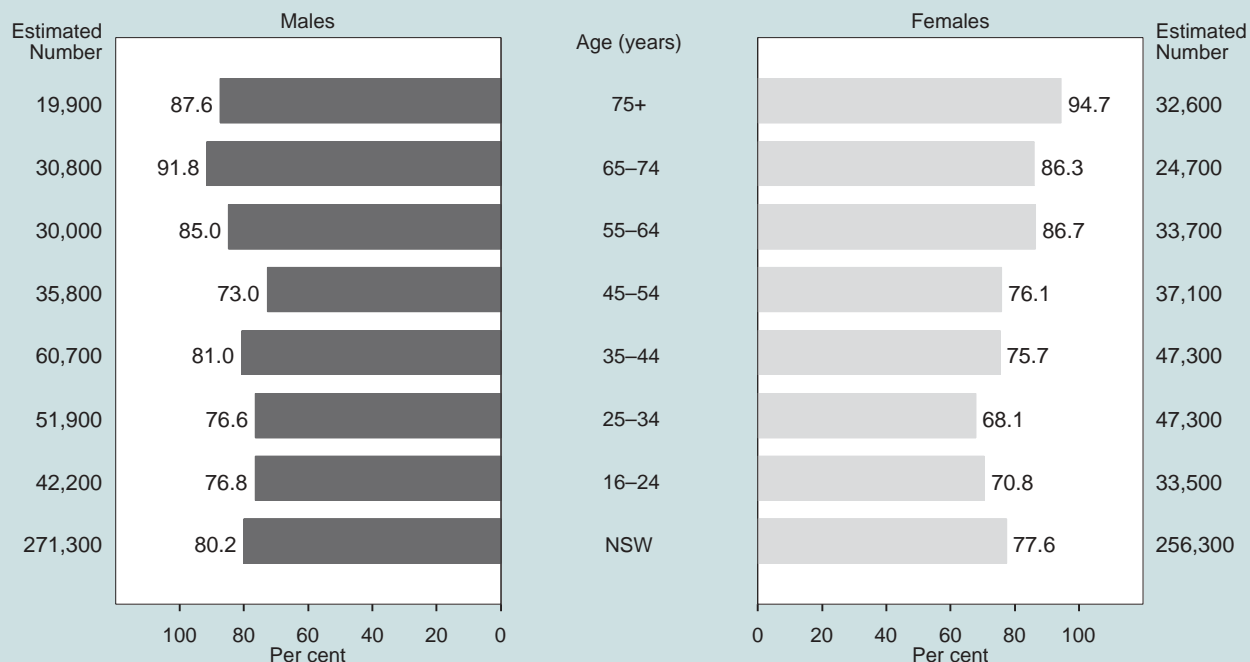
EMERGENCY DEPARTMENT ATTENDANCE IN THE PREVIOUS 12 MONTHS BY SOCIOECONOMIC DISADVANTAGE SCORE, PERSONS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 77

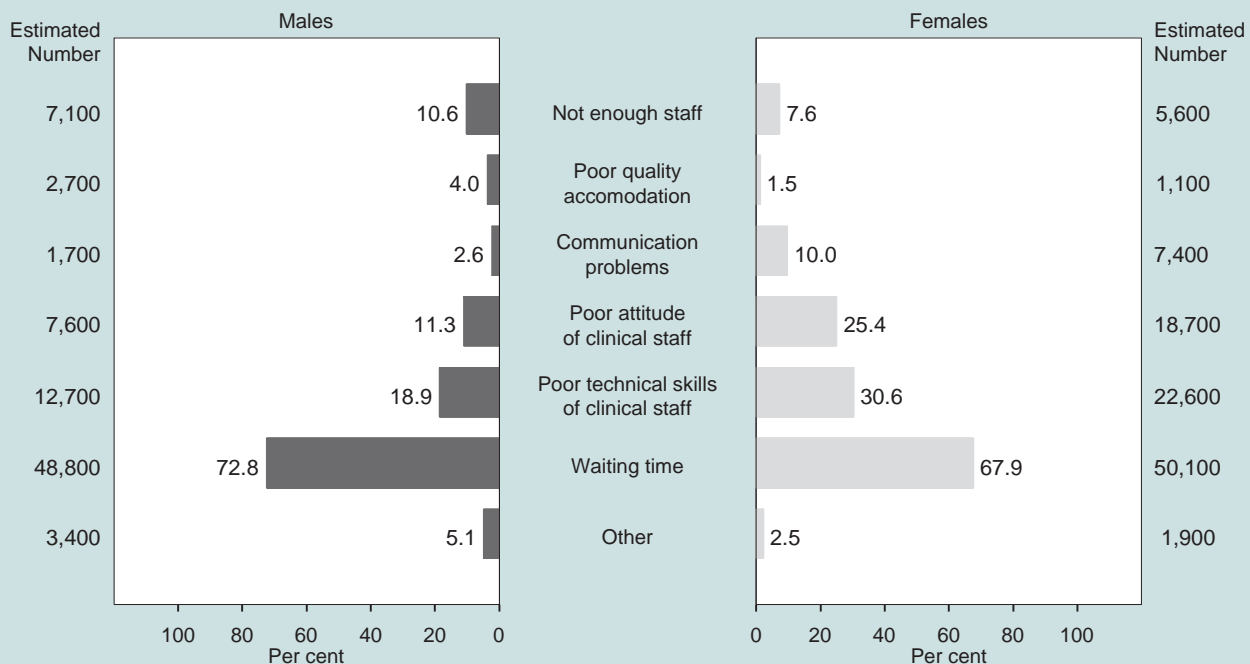
EMERGENCY DEPARTMENT CARE RATED AS EXCELLENT, VERY GOOD, OR GOOD BY AGE, PERSONS WHO ATTENDED AN EMERGENCY DEPARTMENT IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 78

REASON FOR RATING MOST RECENT EMERGENCY VISIT AS FAIR OR POOR, PERSONS WHO ATTENDED AN EMERGENCY DEPARTMENT IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

Hospital admissions

Introduction

In the 2002–03 financial year, there were approximately 1.4 million hospital admissions to NSW hospitals.¹ In order to identify issues affecting the quality of care received in public hospitals, the *New South Wales Adult Health Survey 2003* included questions on admission to hospital and satisfaction with hospital services. Respondents were asked the following questions: 'In the last 12 months, have you stayed for at least one night in hospital?', 'In which hospital was your most recent overnight stay?', 'Can you tell me if that is a public or private hospital?', 'During your overnight hospital admission were you admitted as a public or private patient?', 'Overall, what do you think of the care you received at this hospital?' (if the care was rated as fair or poor, respondents were also asked 'Could you briefly describe why you rated the care you received as fair or poor?'), 'Did someone at this hospital tell you how to cope with this condition when you returned home?' (if 'yes', the respondent was also asked 'How adequate was this information once you went home?').

Results

Hospital admissions

The *New South Wales Adult Health Survey 2003* estimated that about 672,200 people (297,600 males and 374,600 females) were admitted to hospital at least once in the previous 12 months, representing 13.5 per cent of the overall population.

A significantly greater proportion of females (14.8 per cent) than males (12.1 per cent) reported being admitted to hospital. Among females, a significantly lower proportion of those aged 16–24 years (7.7 per cent) and 45–54 years (10.1 per cent), and a significantly greater proportion of those aged 25–34 years (22.4 per cent) and 75 years and over (22.6 per cent) were admitted to hospital, compared to the overall female population. A significantly lower proportion of males aged 16–24 years (7.2 per cent) and a significantly greater proportion of males aged 65 years and over (22.6 per cent to 30.6 per cent) were admitted to hospital, compared to the overall male population.

A significantly greater proportion of people in rural areas (15.2 per cent) than urban areas (13.0 per cent) reported hospital admissions in the last 12 months.

Overall, the proportion of people reporting hospital admissions did not vary significantly by level of socioeconomic disadvantage.

Rates of hospital admissions did not differ significantly from 1997 (13.0 per cent) to 2003 (13.5 per cent).

Rating of hospital care

Those who had been admitted to hospital in the last 12 months were asked to rate the care they received during

the admission. Overall, 45.0 per cent rated the care they received as 'excellent', 29.5 per cent as 'very good', 16.9 per cent as 'good', 6.2 per cent as 'fair', and 2.6 per cent rated the care received as 'poor'. The main reasons for rating the care as fair or poor were not enough staff (29.7 per cent), poor quality accommodation (29.3 per cent), the poor attitude of clinical staff (28.9 per cent), and the poor technical skill of clinical staff (27.5 per cent). Other issues included communication problems (15.1 per cent) and excessive time waiting for care (13.6 per cent).

Responses of 'excellent', 'very good', and 'good' were combined into a 'positive' rating of care. Overall, 91.2 per cent of people gave a positive rating of the care they had received at hospital. There was no significant difference between the proportions of males (92.9 per cent) and females (89.9 per cent) giving positive ratings. A significantly greater proportion of people aged 75 years and over (95.7 per cent) gave positive ratings of the care they received at a hospital, compared with the overall population.

There was no significant geographical variation in positive ratings of hospital care between rural residents (91.7 per cent) and urban residents (91.1 per cent).

There was no significant difference in positive ratings of hospital care based on socioeconomic disadvantage.

Overall, the rates of people giving positive ratings of hospital care did not differ significantly from 1997 (90.1 per cent) to 2003 (91.2 per cent).

In 2003, 79.7 per cent of people were given information on how to cope with their condition on discharge from their most recent overnight hospital admission. There was no difference in the proportion of males and females who received information on how to cope with their condition. Of the people who received information, 53.1 per cent rated the information they received as very adequate, 43.6 per cent rated it as adequate, 2.7 per cent as inadequate, and 0.6 per cent as completely inadequate. There was no difference between males and females in the rating of the adequacy of information received at discharge from the most recent overnight hospital stay.

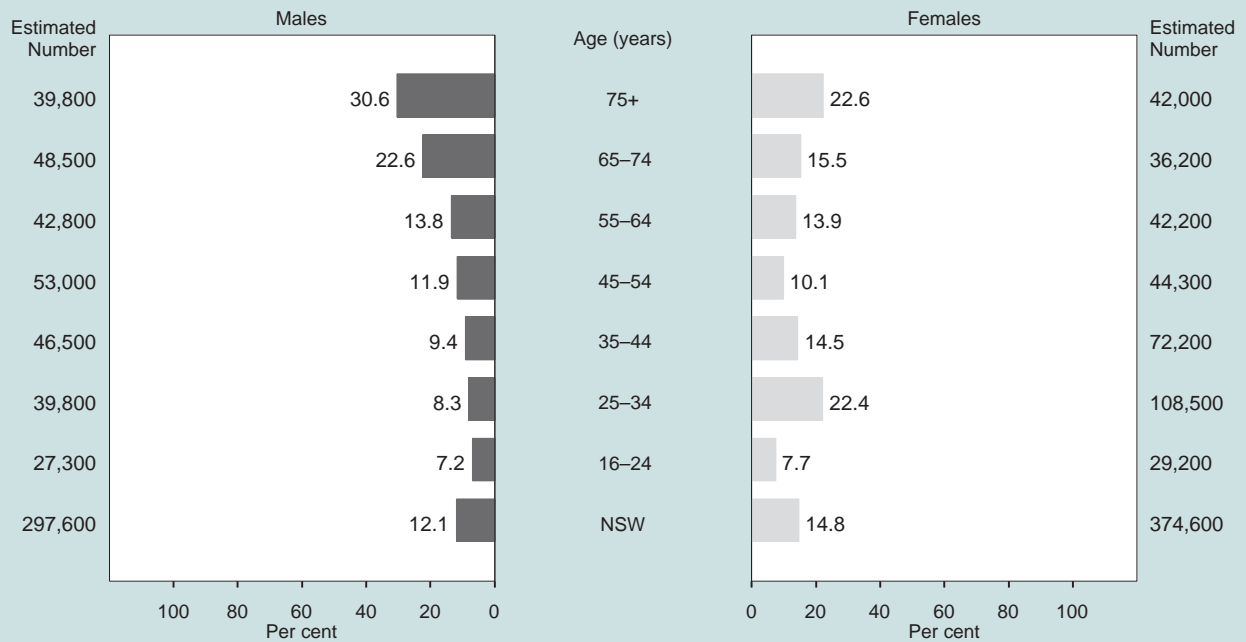
Figure 79 shows the proportion of people who were admitted to hospital in the previous 12 months by age. Figure 80 shows the proportion rating their care as excellent, very good, good, fair or poor. Figure 81 shows the reasons for rating care fair or poor. Figure 82 shows the adequacy of discharge advice for most recent overnight hospital stay.

References

1. Centre for Epidemiology and Research. Inpatient Statistics Collection 2002 and 2003 (HOIST). Sydney: NSW Department of Health, 2004.

FIGURE 79

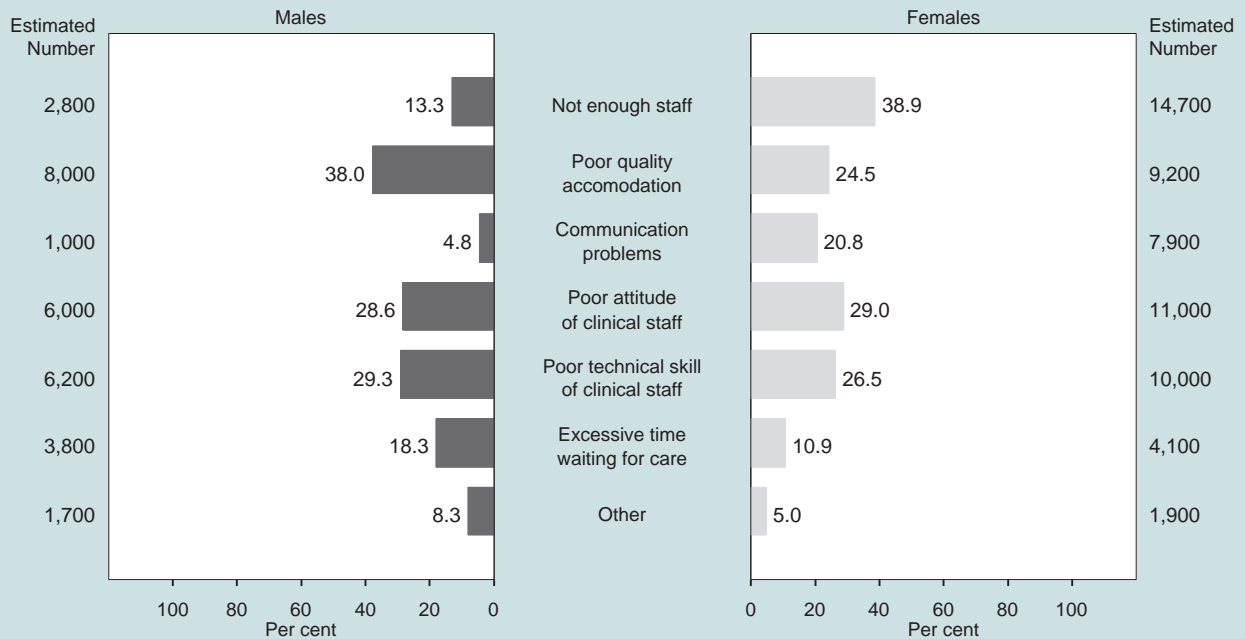
HOSPITAL ADMISSION IN THE PREVIOUS 12 MONTHS BY AGE, PERSONS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 80

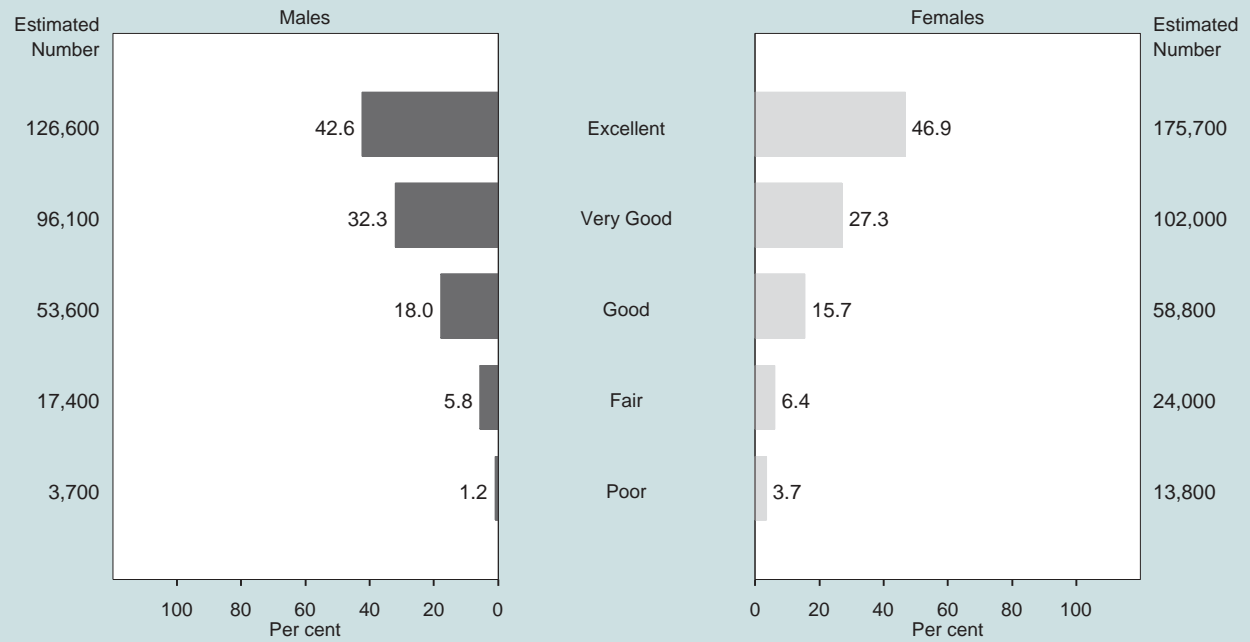
HOSPITAL CARE RATINGS, PERSONS WHO ATTENDED HOSPITAL IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 81

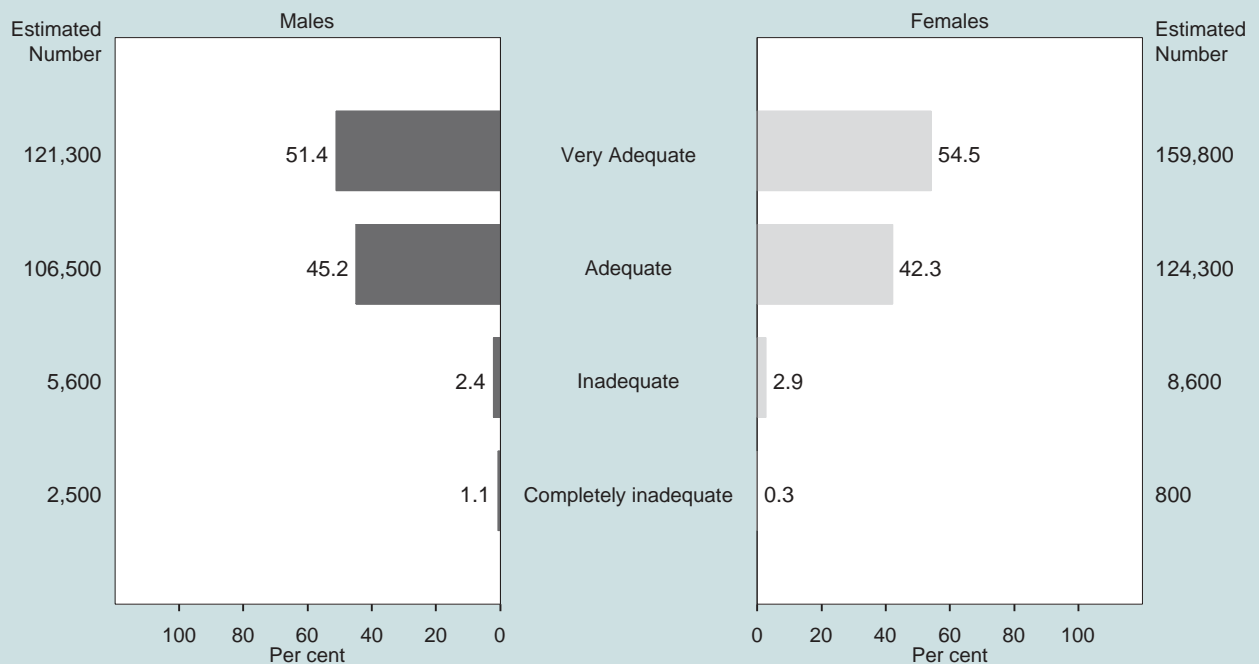
REASON FOR RATING MOST RECENT OVERNIGHT HOSPITAL STAY AS FAIR OR POOR, PERSONS WHO ATTENDED HOSPITAL IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 82

ADEQUACY OF DISCHARGE ADVICE FOR MOST RECENT OVERNIGHT HOSPITAL STAY, PERSONS WHO ATTENDED A PUBLIC HOSPITAL IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

Community health centres

Introduction

Community health centres have a particularly important role to play in providing information and support to people of all ages within the community. Services provided by community health centres include primary health nursing, sexual assault services, child and family team counselling, selected allied health services, dental services for adults and children, outreach clinics, child protection services, child development services, physical disabilities services, day and respite care, and health promotion.

The *New South Wales Adult Health Survey 2003* included questions on attendance at a community health centre and satisfaction with that service. Respondents were asked the following questions: 'In the last 12 months, have you been to a government-run community health centre?', 'Overall, what do you think of the care you received at that community health centre?' (if the care was rated as fair or poor, respondents were also asked 'Could you briefly describe why you rated the care you received as fair or poor?'), 'If you had to use a community health centre again, would you prefer to return to this same community health centre, or go to a different community health centre?', 'Did someone at this community health centre tell you how to cope with your condition when you returned home?' (if 'yes', respondents were also asked 'How adequate was this information once you went home?').

Results

Attendance at community health centres

The *New South Wales Adult Health Survey 2003* estimated that about 253,300 persons (89,600 males and 163,700 females) attended a community health centre in the previous 12 months, representing 5.1 per cent of the overall population.¹

A significantly lower proportion of males (3.6 per cent) than females (6.5 per cent) attended a community health centre. Among females, a significantly lower proportion of those aged 45–54 years (4.4 per cent) attended a community health centre, compared with the overall female population. There was no significant variation in the proportion of males who attended a community health centre, compared with the overall male population.

There was geographic variation in community health centre attendance, with a significantly greater proportion of rural residents (7.8 per cent) than urban residents (4.3 per cent) having attended a community health centre.

A significantly lower proportion (3.5 per cent) of people in the second least socioeconomically disadvantaged quintile have visited a community health centre, compared with the overall population.

Between 2002 and 2003, there has been a significant decrease in the proportion of people who attended a community health centre, from 6.9 per cent in 2002 to 5.1 per cent in 2003.

Rating of care at community health centres

Those who had attended a community health centre in the last 12 months were asked to rate the care they received during the visit. Of those who had attended a community health centre, 36.2 per cent rated the care they received as 'excellent', 32.0 per cent as 'very good', 25.5 per cent as 'good', 4.5 per cent as 'fair', and 1.9 per cent rated the care received as 'poor'. The main reasons for rating the care as fair or poor were insufficient services offered or staff shortages (36.1 per cent), poor attitude of staff (19.8 per cent), waiting time (18.9 per cent), and poor technical skill of staff (17.1 per cent).

Responses of 'excellent', 'very good', or 'good' were then combined into 'positive' ratings of care. Overall, 93.6 per cent of people who had attended a community health centre gave a positive rating of the care they received. There was no significant difference in the proportion of males (94.2 per cent) and females (93.3 per cent) who gave positive ratings.

There was no significant geographical variation in positive ratings of care received at a community health centre between rural residents (93.6 per cent) and urban residents (93.6 per cent).

There was no significant difference in the proportion of people giving positive ratings of care received at a community health centre by socioeconomic disadvantage.

There was no significant change in the proportion of people giving positive ratings of care received at a community health centre between 2002 (92.9 per cent) and 2003 (93.6 per cent).

In 2003, 67.8 per cent of people were given information on how to cope with their condition following their most recent community health centre visit. There was no difference in the proportion of males and females who received information on how to cope with their condition. Of these, 49.4 per cent rated the information they received as very adequate, 49.3 per cent rated it as adequate, 1.0 per cent as inadequate, and 0.3 per cent as completely inadequate. There was no difference between males and females in the rating of the adequacy of information received at the most recent community health centre visit.

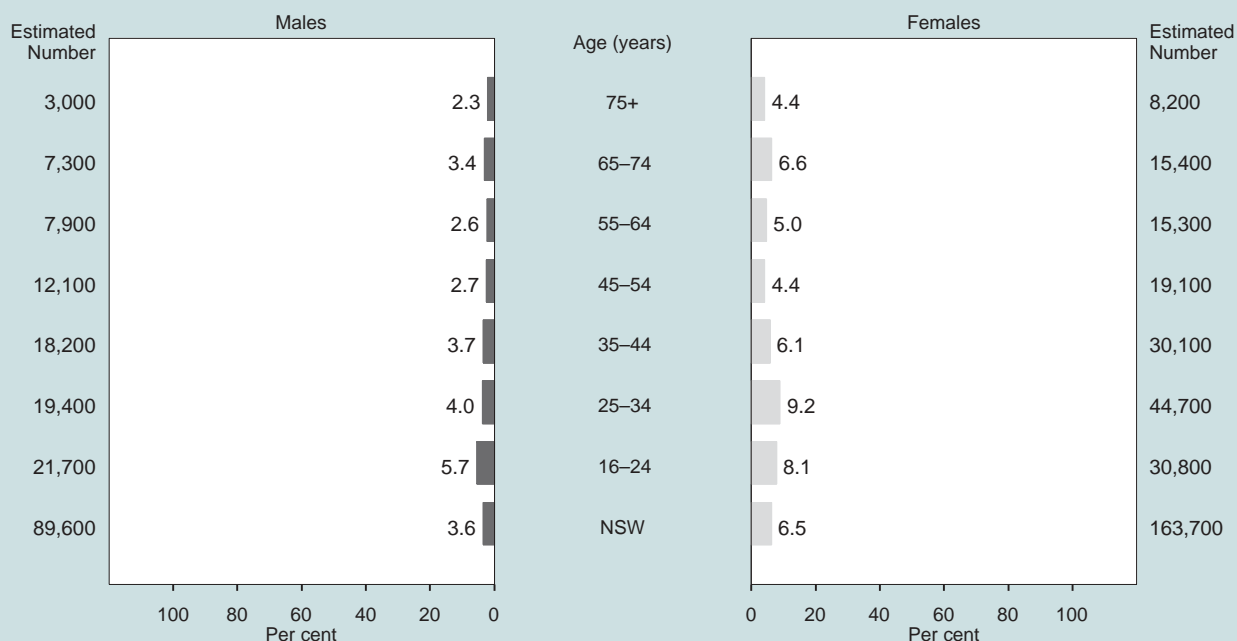
Figure 83 shows the proportion of people attending a community health centre in the previous 12 months, by age. Figure 84 shows community health centre care ratings, and Figure 85 shows the reasons for rating the most recent visit to a community health centre as fair or poor. Figure 86 shows the adequacy of discharge advice for most recent community health centre visit.

Reference

1. Centre for Epidemiology and Research, NSW Health Survey 1997, 1998, 2002 and 2003 (HOIST). Sydney: NSW Department of Health, 2004.

FIGURE 83

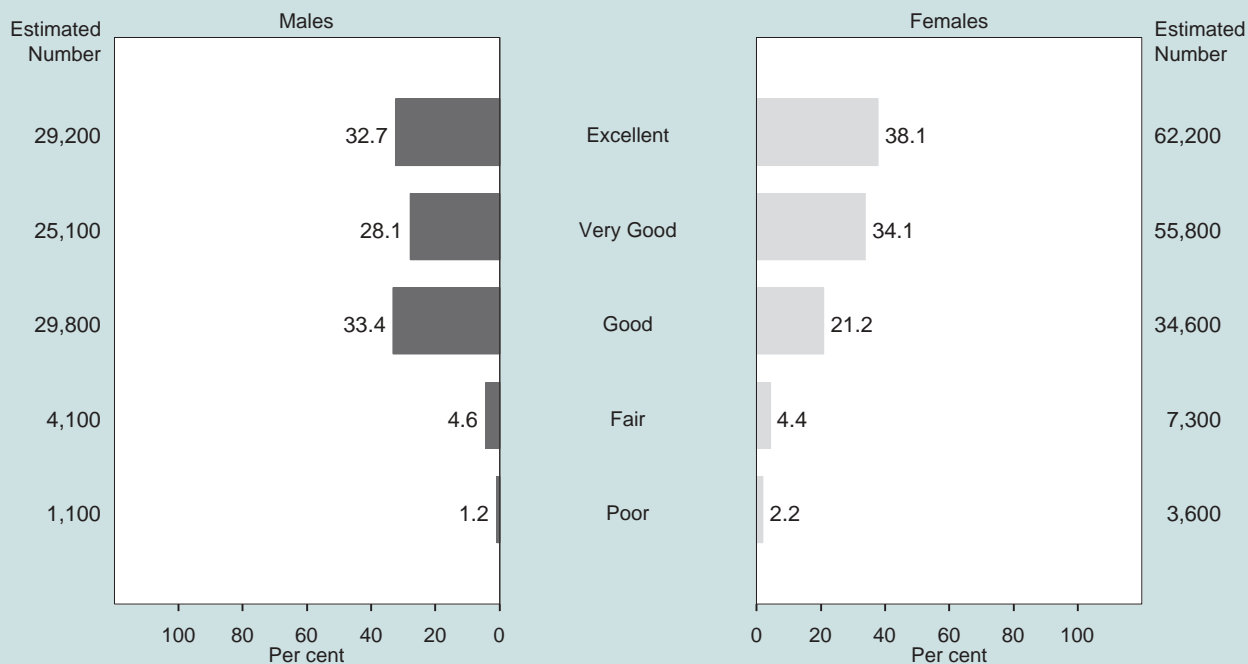
COMMUNITY HEALTH CENTRE ATTENDANCE IN THE PREVIOUS 12 MONTHS BY AGE, PERSONS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 84

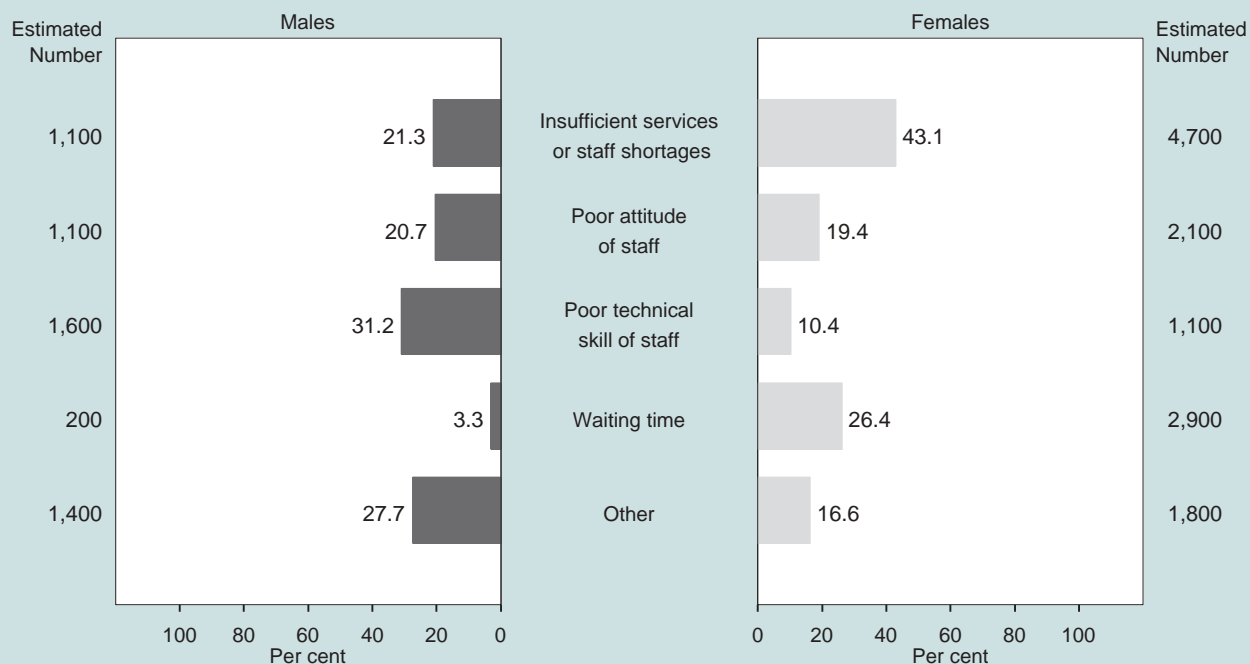
COMMUNITY HEALTH CENTRE CARE RATINGS, PERSONS WHO ATTENDED A COMMUNITY HEALTH CENTRE IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 85

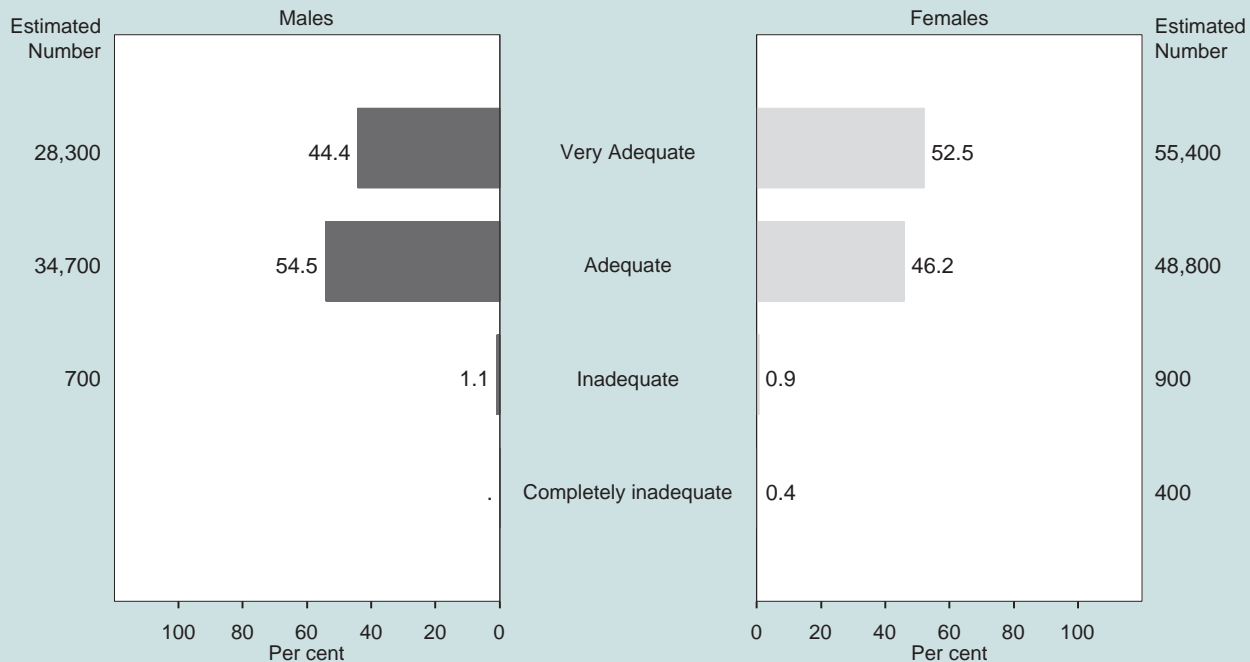
REASON FOR RATING MOST RECENT COMMUNITY HEALTH CENTRE VISIT AS FAIR OR POOR, PERSONS WHO ATTENDED A COMMUNITY HEALTH CENTRE IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOI,ST), Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 86

ADEQUACY OF DISCHARGE ADVICE FOR MOST RECENT COMMUNITY HEALTH CENTRE VISIT, PERSONS WHO ATTENDED A COMMUNITY HEALTH CENTRE IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

Public dental services

Introduction

People in NSW with a Health Care Concession Card or a Pensioner Concession Card are eligible for public dental care. In order to identify issues affecting the quality of care received in public dental services, the *New South Wales Adult Health Survey 2003* included questions on attendance at a public dental service and satisfaction with that service. Respondents were asked the following questions: 'In the last 12 months, have you been to a government-run public dental service or dental hospital?', 'Overall, what do you think of the care you received at the public dental service?' (if the care was rated as fair or poor, the respondent was also asked 'Could you briefly describe why you rated the care you received as fair or poor?'), 'Did someone at this public dental service tell you how to cope with your condition when you returned home?' (if 'yes', the respondent was then asked 'How adequate was this information once you went home?').

Results

Attendance at public dental services

The *New South Wales Adult Health Survey 2003* estimated that about 213,900 people (93,300 males and 120,600 females) attended a public dental service in the previous 12 months. This represented 4.3 per cent of the overall population.¹

There was no significant difference in the proportion of females (4.8 per cent) or males (3.8 per cent) attending a public dental service. A significantly lower proportion of males aged 35–54 years (2.1 per cent to 2.6 per cent) attended a public dental service in the previous 12 months, compared with the overall population.

A significantly greater proportion of people in rural areas (5.8 per cent) attending a public dental service compared to urban areas (3.9 per cent).

The proportion of people attending public dental services was significantly lower (2.2 per cent) among those in the least socioeconomically disadvantaged quintile. A greater proportion of females (6.6 per cent) in the most socioeconomically disadvantaged quintile were likely to attend public dental services.

There has been no significant change in the proportion of people attending a public dental service between 2002 (4.5 per cent) and 2003 (4.3 per cent).

Rating of care at public dental services

People who had attended a public dental service in the last 12 months were asked to rate the care they received during the attendance. Of these, 31.5 per cent rated the care they received as 'excellent', 32.7 per cent as 'very good', 21.2 per cent as 'good', 7.7 per cent as 'fair', and 6.9 per cent rated the care they received as 'poor'. The main reasons for rating the care as 'fair' or 'poor' were the waiting time for an appointment (50.2 per cent), followed by insufficient services (37.3 per cent), and poor technical skill of clinical staff (28.4 per cent).

Responses of 'excellent', 'very good' and 'good' were combined into 'positive' ratings of care. Overall, 85.4 per cent of people gave positive ratings of the care they received at a public dental service. There was no significant difference in the proportion of males (85.9 per cent) and females (85.0 per cent) giving positive ratings of care.

In 2003, 66.0 per cent of people were given information on how to cope with their condition following their most recent public dental service visit. There was no difference in the proportion of males and females who received information on how to cope with their condition. Of the people who received information, 58.8 per cent rated the information they received as very adequate, 37.0 per cent rated it as adequate, 3.0 per cent as inadequate, and 1.2 per cent as completely inadequate. There was no difference between males and females in the rating of the adequacy of information received at the most recent public dental service visit.

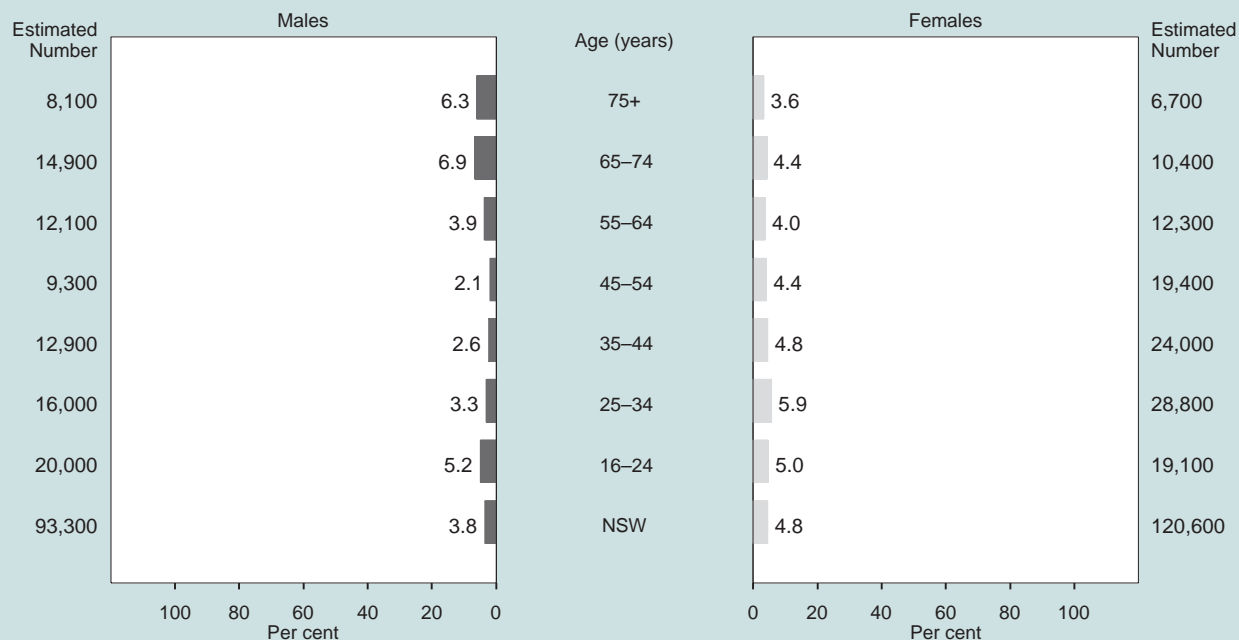
Figure 87 shows the proportion of people attending a public dental service in the previous 12 months, by age. Figure 88 shows public dental service care ratings. Figure 89 shows the proportion of people rating the care received in public dental services as excellent, very good, or good, by age. Figure 90 shows the reasons for rating the most recent visit to a public dental service as fair or poor. Figure 91 shows the adequacy of discharge advice for the most recent public dental service visit.

Reference

1. NSW Health Survey 1997, 1998, 2002 and 2003 (HOIST). Centre for Epidemiology and Research, Sydney: NSW Department of Health, 2004.

FIGURE 87

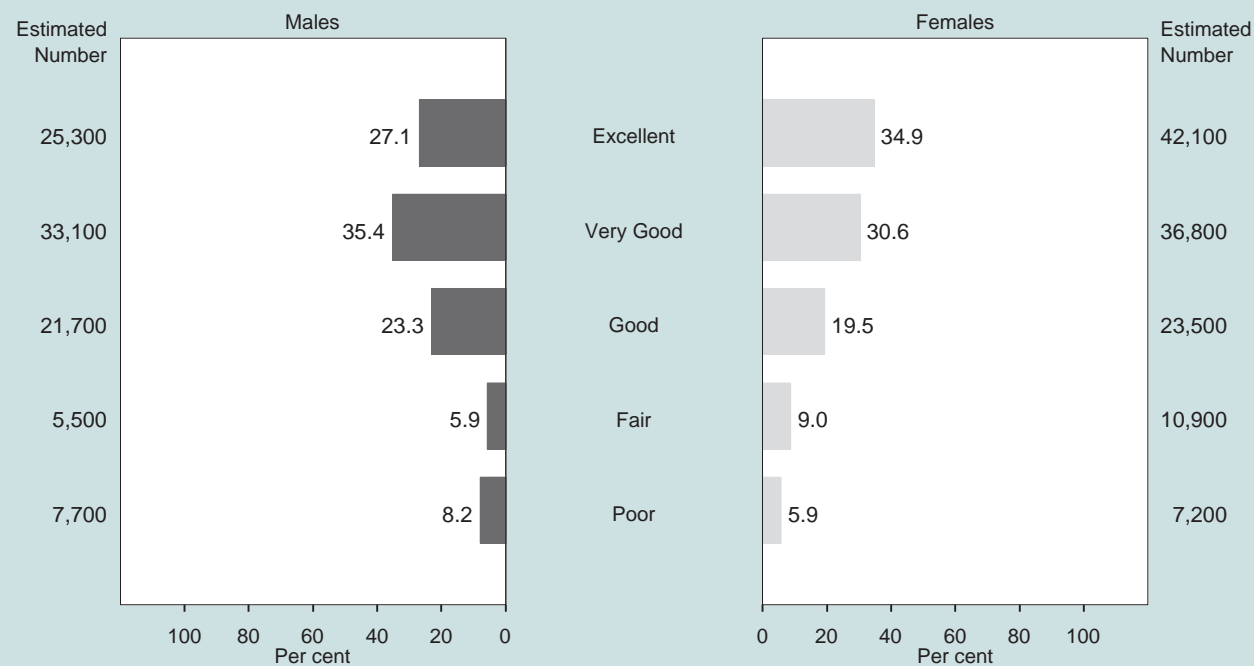
PUBLIC DENTAL SERVICE ATTENDANCE IN THE PREVIOUS 12 MONTHS BY AGE, PERSONS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 88

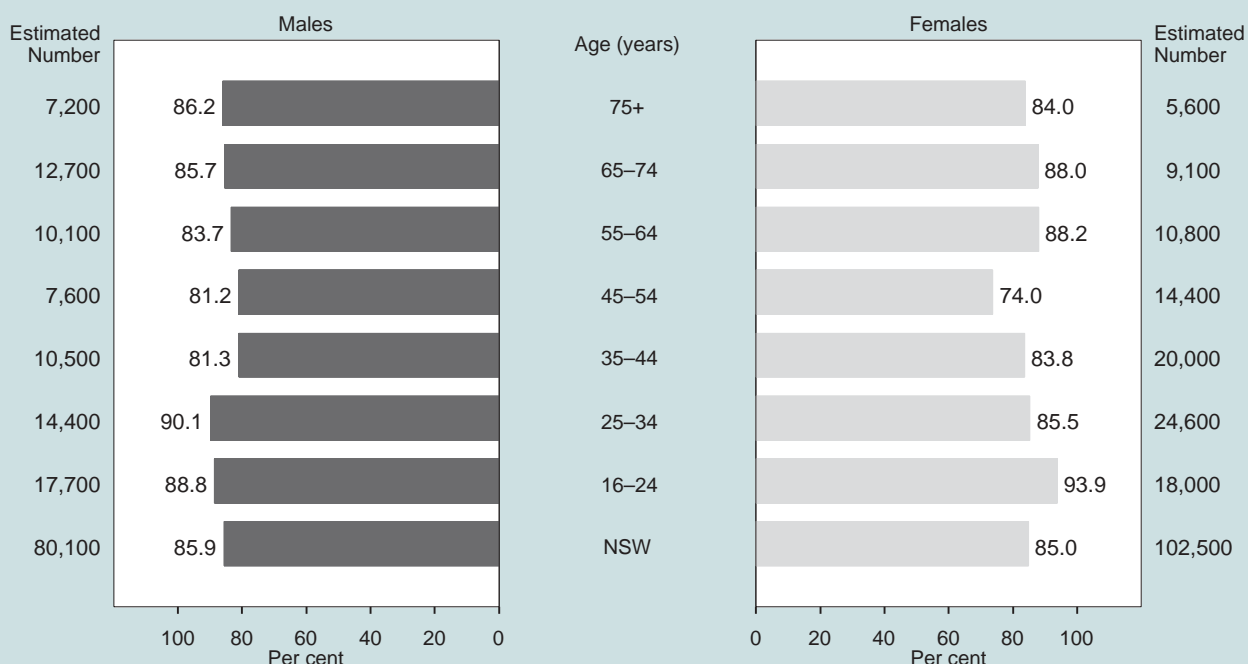
PUBLIC DENTAL SERVICE CARE RATINGS, PERSONS WHO ATTENDED A PUBLIC DENTAL SERVICE IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 89

PUBLIC DENTAL SERVICE CARE RATED AS EXCELLENT, VERY GOOD OR GOOD BY AGE, PERSONS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 90

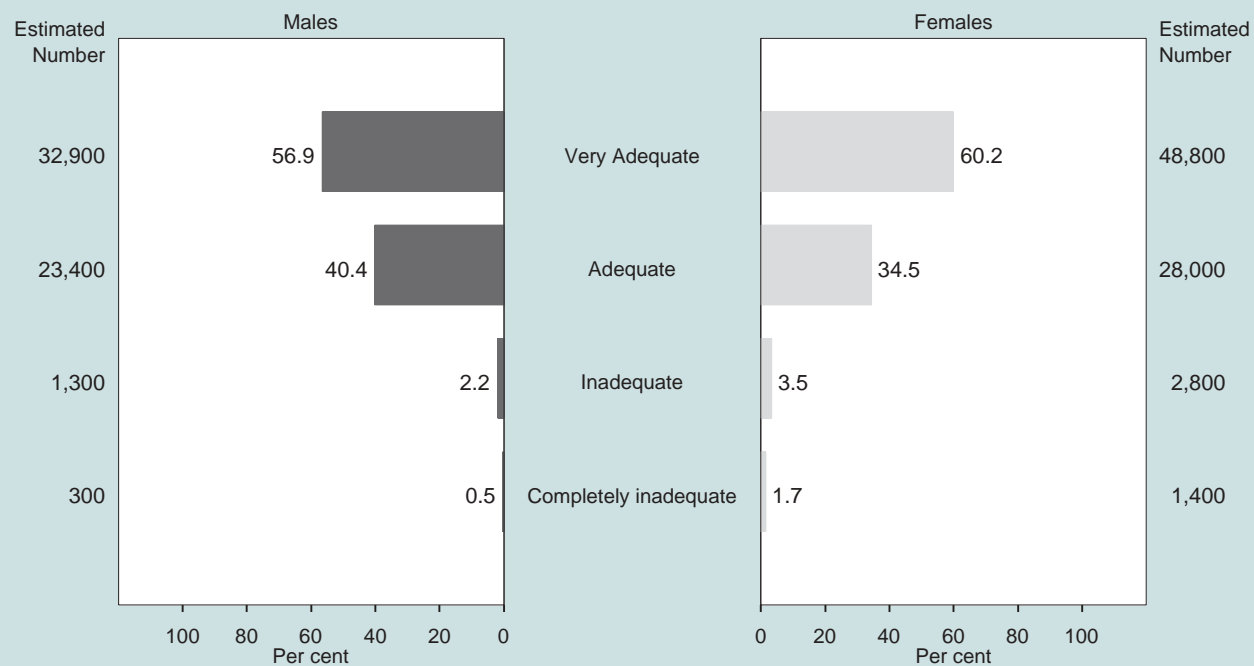
REASON FOR RATING MOST RECENT PUBLIC DENTAL SERVICE VISIT AS FAIR OR POOR, PERSONS WHO ATTENDED A PUBLIC DENTAL SERVICE IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

FIGURE 91

ADEQUACY OF DISCHARGE ADVICE FOR MOST RECENT PUBLIC DENTAL SERVICE VISIT, PERSONS WHO ATTENDED A PUBLIC DENTAL SERVICE IN THE PREVIOUS 12 MONTHS AGED 16 YEARS AND OVER, NSW, 2003



Source: NSW Adult Health Survey 2003 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.