

1.4.3 Community capacity

“You may have the greatest bunch of individual stars in the world, but if they don’t play together the club won’t be worth a dime.”

Babe Ruth

The health and wellbeing of Queenslanders is generally enhanced by social participation and community life. Current evidence indicates that active, participant directed communities are healthy places to live. Furthermore, health outcomes are more likely to be maximised when government and communities work together in partnership.²⁰⁵ This requires support for communities to develop the capacity to become active partners in the process.²⁰⁶ This includes involvement in identifying relevant health determinant issues, and planning, implementing and evaluating activities to address these issues.

While the impact of community factors on population health is generally accepted, a standard set of indicators to measure and monitor community capacity is yet to be established. This section reports on available indicators of safety, social capital, social supports, sense of control, volunteerism and transport access. Because there is considerable interaction and overlap amongst determinants some community capacity indicators are reported in other sections of this document. For example, a range of housing indicators such as housing tenure, adequacy, homelessness, and safety and access to healthy food are reported in section 1.4.1. Socioeconomic indicators such as disadvantage, income, education and employment are reported in section 1.4.2, and demographic indicators in the *Health Service District profiles* of chapter 6. Health literacy is difficult to measure; however indicators of diabetes knowledge are reported in section 1.3.5, and some knowledge and awareness of communicable disease in section 1.3.8. This suite of community capacity indicators is incomplete due to lack of data or limited quality data, such as some community support services. It is envisaged that in future, indicators to monitor community capacity and quality data to support these indicators will be more readily available, and more clearly defined.

Social capital

In 2002, 79% of people aged 18 years and older in Queensland reported that people in their neighbourhood were generally willing to help one another (Table 1.46), significantly greater in males than females. The majority of people (83%) felt like they belonged in their neighbourhood. This was significantly greater for people aged 40 years and older, than 18-29 year olds. Three quarters (72%) of Queenslanders believed people in their neighbourhood could be trusted. This was significantly greater for people aged 50 years and older, compared with 18-29 year olds. The majority of Queenslanders (85%) enjoy living among people of different lifestyles, with little difference across the age categories. Less than half (40%) people in Queensland reported working with others (often or sometimes) to improve their neighbourhood. This was significantly less for young people (18-29 years) than for older age groups (all age groups over 40 years). People in rural areas and in remote areas were significantly more likely to report working with others than people in urban areas. About half of Queenslanders reported being involved in volunteer activities intended to benefit their community. People in the age range 30-39 years and 40-49 years reported significantly higher rates of volunteering as did people in rural areas (compared to urban areas). Seventy percent of people participated in social activities in their neighbourhood with friends or neighbours on a monthly basis or more frequently. This was significantly less for people aged 50 years and older, than 18-29 year olds. There were significant differences in several of these social capital indicators across areas of differing socioeconomic disadvantage, but no predictable pattern of difference was evident. This data is more fully documented in the companion document, *Health Determinants Queensland 2004: Statistical report*.

The social capital survey conducted by Queensland Health in 2002,⁶² included the questions listed above. These seven questions represent part of the 27-question Social Capital Index©.²⁰⁷ The Index© identifies seven dimensions of social capital: generalised reciprocity and cohesion; community identity; generalised trust; tolerance of diversity; civic trust; community involvement; and informal social networks. Significant differences in these domains were reported across gender and age groups (Table 1.47). Social capital, represented by these domains, was significantly associated with better quality of life, self reported health and satisfaction with health.²⁰⁸ People with higher social capital generally reported a greater number of healthy behaviours: sufficient physical activity, not smoking, healthy weight and consumption of sufficient fruit and vegetables.

Social capital has been defined as ‘social relations of mutual benefit characterised by norms of trust and reciprocity’.²⁰⁹ It describes features of social life such as how involved we are in our community, how much we trust each other and our governments and institutions, how connected we are to our communities and families and how much we help each other.²¹⁰ People who actively participate in their community and have strong and supportive family, cultural and community relationships have better health than people who are socially isolated.³⁵

Table 1.46: Selected variables reflecting social capital concepts (95%CI), proportion of population aged 18 years and older, by sex, Queensland 2002

	Persons	Male	Female
People in my neighbourhood are willing to help one another*	79.2 (76.4-82.1)	84.2 (80.5-87.9)	74.4 (70.1-78.8)
I feel like I belong in this neighbourhood*	83.8 (81.2-86.4)	84.8 (80.9-88.2)	83.1 (79.4-86.9)
Most people in my neighbourhood can be trusted*	71.9 (68.7-75.1)	75.5 (71.1-79.9)	68.5 (63.9-73.1)
I enjoy living among people of different lifestyles*	85.4 (82.9-87.9)	81.8 (77.9-85.7)	88.8 (85.7-91.9)
I have worked with others on something to improve my neighbourhood**	40.2 (36.7-43.7)	38.6 (33.7-43.5)	41.8 (36.8-46.7)
I have been actively involved in volunteer activities intended to benefit my community**	52.4 (48.9-56.0)	48.9 (43.8-53.9)	55.9 (50.9-60.8)
How often do you actively participate in any social activities with friends or neighbours in your own community***	71.4 (68.6-74.7)	69.9 (65.5-74.3)	73.3 (69.1-77.4)

Source: QH Social capital survey 2002

* agree/strongly agree ** often or sometimes *** monthly or more frequently

Table 1.47: Dimensions of social capital by age and sex, persons aged 18 years and older, Queensland 2002

Social capital dimension	Gender difference	Age group differences
Generalised reciprocity and cohesion	Female significantly higher than male	No significant difference
Community identity	No significant difference	Significantly lower in young people than in adults aged 30-64 and people 65+ years
Generalised trust	No significant difference	Gradient across age groups. Significantly higher scores in people aged 65+ years
Tolerance of diversity	Female significantly higher than male	No significant difference
Civic trust	No significant difference	Highest trust in 65+, followed by 18-29 year olds, and significantly lower in people aged 30-64 years
Community involvement	Female significantly higher than male	Significant difference across all age groups. Highest in 30-64 year olds, then older and lowest in 18-29 years
Informal social networks	Female significantly higher than male	Young people and adults 30-64 years higher than older people.

Source: QH Social capital survey 2002

Note: Social Capital Index©

Household characteristics

In 2001, 9.1% of Queenslanders living in private households were living alone (Table 1.48). People with strong family, cultural and community ties have better health than people who are socially isolated.³⁵ People living alone as well as single-parent families, people with mental illness, people with disabilities, older people and unemployed people are vulnerable to social isolation.

It is predicted that in Australia between 1996 and 2021, the average size of households will decline from 2.6 persons to 2.2-2.3 persons.²¹¹ It is also predicted that the number of children living in one parent households will increase. In 1996 in Queensland, 19.8% of children lived in one-parent families. By 2021, this is expected to increase to between 20.3% and 34.1%.²¹² In 2021, it is estimated that 35-40% of older Australians will be living alone, with 75% of these likely to be women.

Table 1.48: Relationship in private households, proportion of population by sex, Queensland 2001

	Male	Female
Registered marriage partner	40.2	39.7
De facto marriage partner	6.5	6.4
Lone parent	1.6	7.6
Child under 15	23.3	21.4
Dependent student (15-24)	4.6	4.6
Other indiv in family household	10.6	7.2
Group household member	4.6	3.5
Lone person household	8.7	9.6

Source: ABS Census of population and housing 2001

Sense of control

The majority of Queensland adults in 2002 (86.6%) felt they had control over the decisions that affect their lives, with similar prevalence for males and females (Table 1.49). The majority of people felt they had a good understanding of the political issues which confront our society (79.2%) and that by working together, people could influence decisions which affect the neighbourhood (79.5%). Half to one third of people felt they could influence government or neighbourhood decisions. Significantly more males than females felt knowledgeable regarding political issues and able to influence government.

There were no significant differences in any sense of control indicators between urban, rural and remote areas of Queensland. People in remote areas felt less able to influence what the government does and people in urban areas felt less able to influence decisions that affect their neighbourhood, but neither difference was significant. People in the more socioeconomically disadvantaged areas of Queensland felt significantly less able to influence what the government does (32.2%), compared with 45.7% of the least socioeconomically disadvantaged quintile.

Young males aged 18-29 years were the most likely to report feeling control over the decisions which affect their life, where the proportion of males feeling such control significantly decreased with increasing age. Young males and females were significantly less likely to feel they had a good understanding of the important political issues that confront our society.

A sense of control over the decisions which affect your life was significantly associated with better quality of life, self reported health and satisfaction with health.²⁰⁸

Table 1.49: Percentage of population aged 18 years and older who agreed or strongly agreed with selected sense of control statements (95%CI), by sex, Queensland 2002

	Male	Female	Persons
I have control over the decisions that affect my life	85.1 (83-87.1)	88.2 (86.3-90.1)	86.6 (85.2-88)
I can influence decisions that affect my neighbourhood	42.2 (39.3-45)	46.5 (43.5-49.5)	44.3 (42.2-46.3)
By working together, people in my neighbourhood can influence decisions that affect the neighbourhood	77.3 (74.9-79.7)	81.8 (79.5-84.1)	79.5 (77.8-81.2)
I have the knowledge and skills to influence my community	57 (54.2-59.9)	51.6 (48.6-54.5)	54.4 (52.3-56.5)
People like me don't have a say in what the state government does*	33.4 (30.7-36.1)	40.5 (37.6-43.4)	36.8 (34.8-38.8)
I feel like I have a pretty good understanding of the important political issues which confront our society	82.1 (79.9-84.3)	76 (73.5-78.6)	79.2 (77.5-80.9)
I can influence decisions made by government agencies	24 (21.5-26.4)	26.2 (23.6-28.8)	25 (23.3-26.8)

Source: QH Social capital survey 2002

*strongly disagree or agree

Volunteerism

In 2002, 52% of Queenslanders aged 18 years and older reported being actively involved (often or sometimes) in volunteer activities intended to benefit their community (Table 1.46), and 32% reported never being involved.⁶²

In 2000, 32% of Australians aged 18 years and older contributed to the community through volunteer work, an increase from 24% in 1995.²¹³ A volunteer was defined as a person who in the past 12 months had willingly given unpaid help in the form of time, service or skills through an organisation or group. Volunteer rates were slightly higher for Australian women than men (33% compared to 31%). People aged 35-44 years reported the highest rate of volunteering (40%), and this is likely to be associated with family commitments. Female partners with dependant children had a volunteer rate of 45% compared with 28% for female partners without dependant children. People born in Australia were more likely to undertake voluntary work (35%) than those born outside Australia (25%). Volunteer rates in metropolitan Queensland (about 30%) were similar to metropolitan rates in most other states, however rates in non metropolitan Queensland (about 32%) were low compared with other states.²¹³

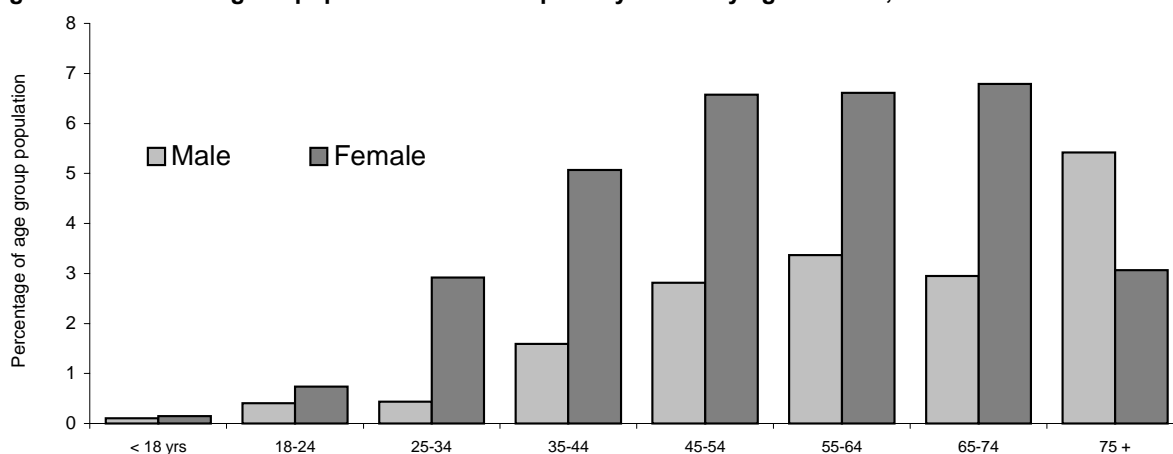
In 2000, the median number of hours of voluntary work was 1.4 hours per week or 72 hours per year for Australians aged 18 years and older.²¹³ Women worked more hours than men, and older people more than younger people. The activities most frequently reported by volunteers were fundraising (56%), management (45%), teaching (44%) and administration (41%).

Carers

In Queensland in 1998, 83,600 people aged 18 years and older undertook a primary carer role,^{68,107} or 2.4% of the Queensland population, similar to the Australian rate.⁶⁷ One in ten (12%) Queenslanders aged 18 years and older were primary or secondary carers in 1998.¹⁰⁷ A primary carer is defined as a person who provides any kind of assistance to a person with one or more disabilities lasting at least six months and which restrict everyday activities. This includes ongoing assistance to Older people (persons aged 60 years and older). In Queensland, 76% of all primary carers were female compared to 70% in Australia. Primary carers in Queensland were more likely to be younger, with 72% under 55 years of age compared with 61% nationally. In 1998, 33% of primary carers also had a disability, with older primary carers more likely to have a disability than younger carers.²¹⁴ Carers mostly cared for a person in the same household (74%) compared with 26% outside the household. Of this latter group, almost three quarters were female.¹⁰⁷

The proportion of the population undertaking a primary carer role increased with age, with highest rates in women aged 45-64 years and highest rates in men over 75 years of age (Figure 1.40). This is further discussed in the *Older people* chapter. Family responsibilities were the major reasons for undertaking the carer role (61.3%: Table 1.50). Lack of alternative care providers was the reason for undertaking the carer role in a significant proportion of cases.

Figure 1.40: Percentage of population who were primary carers by age and sex, Australia 1998



Source: ABS Survey of disability, ageing and carers 1998

Table 1.50: Reasons for undertaking carer role by relationship to recipient of care, all persons 15 years and older, Queensland 1998

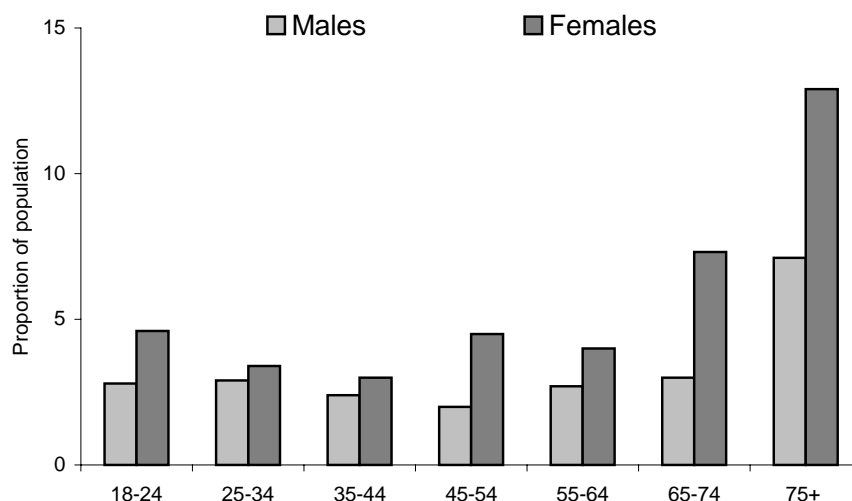
	Partner %	Other %	Total %
Family responsibility	24.6	36.7	61.3
Could provide better care	21.1	18.1	39.2
Emotional obligation	18.8	15.7	34.3
Alternative care unavailable	12.7	10.7	23.4
No other family or friends available	10.6	12.7	23.3
Had no choice	10.3	10.1	20.3
No other family or friends willing	4.6	8.1	12.9
Other reason/not stated	4.6	6.9	11.5

Source: ABS Survey of disability, ageing and carers 1998

Transport

In 2002, 87% of Queenslanders aged 18 years and older felt they could easily get to the places they needed to go, while 3.5% reported having difficulty.⁶³ Difficulty with transport was felt to be a larger problem for females of all age groups and for Older people than younger age groups (Figure 1.41). In Australia, people in the lowest income quintile reported greater difficulty with transport than people in the highest income quintile, 8.6% compared with 1.1%.⁶³ People born in non English speaking countries and who were not proficient in spoken English, reported higher levels of difficulty - 12% compared with 3.5% of people born in Australia. In addition, people who reported poor health reported greater difficulty with transport - 17.5% compared with 2.5% of people who reported excellent health. Lack of access to transport due to affordability, safety, availability, convenience, and appropriateness of the type of transport can act as a barrier to people's participation in a range of activities and access to services.

In 2002, 85% of Australians had access to a motor vehicle to drive, with proportionally more men than women having access, similarly for younger people compared to older people and higher income compared to lower income groups (Table 1.51).

Figure 1.41: Percentage of population who report difficulty with transport; cannot, or often have difficulty, getting to the places needed, by age, Australia 2002

Source: ABS General social survey 2002

Table 1.51: Access to motor vehicle/s to drive, proportion of adult population by age, sex, region and income, Australia 2002

	Male	Female	Persons	Persons
18+	89.7	80.4	Remoteness	Income quintile
			Major cities	Lowest quintile
18-24	79.4	75.3	Inner regional	Second quintile
25-34	89.6	88.2	Other areas	Third quintile
35-44	93.5	90.9	All persons	Fourth quintile
45-54	95.4	87.5		Highest quintile
55-64	95.5	81.8		
65-74	85.5	65.5		
75+	75.3	38.3		

Source: ABS General social survey 2002

In 1996, 88% of households in Queensland had at least one motor vehicle, and of those households, 34% had two and 12% had three or more motor vehicles. Households in areas of least socioeconomic disadvantage had a significantly greater mean number of cars than those in the three quintiles of greatest socioeconomic disadvantage (Table 1.52). Households in remote areas have significantly more cars per household than metropolitan and regional areas of Australia. In 1997, more than two million motor vehicles were registered in Queensland. While this high level of car ownership could be an advantage in terms of access to health services, the impact on the quality of the environment is considerable: ie. CO₂ emissions, waste oils, tyres and batteries, noise pollution, and death and injury from accidents.²¹⁵

In Queensland, more people drive themselves to work than use any other means of transport. Between 1986 and 1991, use of public transport remained below 10%. More recently (1996) in Queensland, only 3.6% of workers and students used a bicycle, and only 6.4% walked to work or study.²¹⁵ Active commuting, such as walking or cycling for transport, has cardiovascular, musculoskeletal and mental health benefits.

People without their own means of transport are distinct groups within the community, particularly if they live in low density areas. Lack of transport increases social isolation and decreases community cohesion.²⁶ Low income, disability and increasing age may restrict access to transport in some areas and hence to employment, education and community participation opportunities. People's use of healthcare services declines as distance from a facility increases.²¹⁶ Distance has been related to delays in treatment and increased mortality for coronary heart disease for older populations.³²

Table 1.52: Mean number of vehicles per household (95%CI), by region and socioeconomic disadvantage, Queensland and Australia 2001

	Mean number of vehicles per households	Mean number of vehicles per households
Queensland	1.68 (1.68-1.68)	Australia: Socioeconomic disadvantage
Australia	1.73 (1.73-1.73)	quintile 1 (least)
Australia:		quintile 2
Major cities and Inner regional	1.73 (1.73-1.73)	quintile 3
Outer regional	1.73 (1.73-1.73)	quintile 4
Remote, Very remote and Migratory	2.05 (2.05-2.06)	quintile 5 (most)

Source: HILDA 2001

Safety and crime

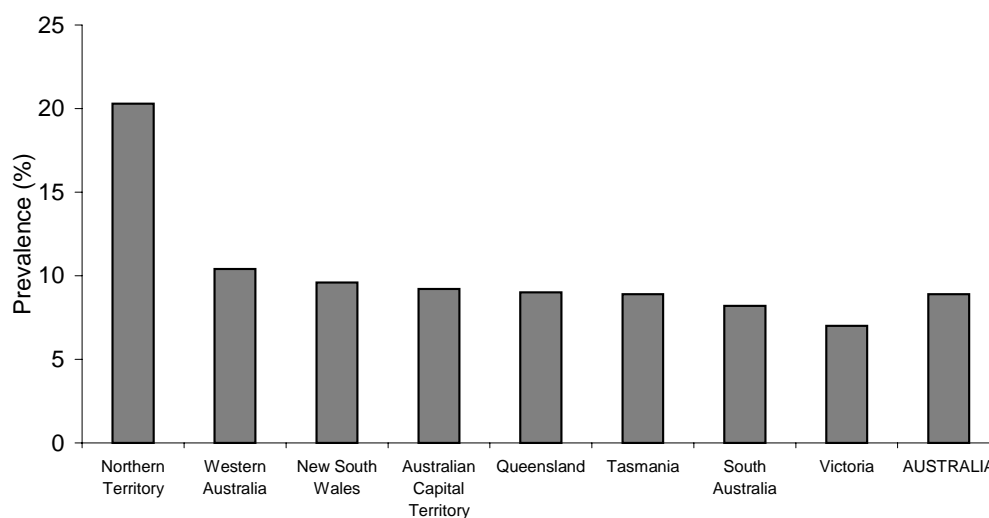
In 2002, the majority of Queenslanders (82.5%) felt very safe or safe at home during the day and 73% felt safe at home alone after dark, slightly higher than for Australia as a whole (Table 1.53). Males generally felt safer than females and younger people safer than Older people. People outside capital cities reported greater feelings of safety than people living in capital cities (67% and 72.8% respectively). People born in Australia reported stronger feelings of safety than those born overseas (70.5% compared to 65.3%). Despite these reports of feeling safe, the majority of Queenslanders (70%) considered there were problems in their neighbourhood with crime and/or public nuisance issues, a lower rate than for Australia as a whole (75%).²⁰⁴ Housebreaking / burglary and dangerous driving in the neighbourhood were the leading concerns.

Table 1.53: Percentage of people who feel safe or very safe at home alone by age, sex and state, Australia 2002

	During the day	After dark		During the day	After dark
Persons 15+	79.7	69.1			
Male	81.7	77.4	Australia	79.7	69.1
Female	77.8	60.9	State		
			Qld	82.5	73.0
Age group			Tas	82.2	72.4
15-19	82.7	68	Vic	81.2	71.0
20-24	80.9	68.4	ACT	81.1	72.6
25-34	82.8	70.6	SA	80.5	65.8
35-44	82.1	72.6	NT	79.6	68.6
45-54	79.9	72.8	WA	78.1	65.8
55-64	76.4	66.7	NSW	77.1	66.0
65+	73	61.2	Capital city	77.9	67.0
			Balance of State	82.8	72.8

Source: ABS Crime and safety survey 2002

In 2002, 9% of all households in Queensland had experienced at least one reported household break-in, attempted break-in or motor vehicle theft in the 12 months prior to the survey, a similar rate to Australia (Figure 1.42). There was little change in these percentages between 1998 and 2002.²⁰⁴ Reporting rates of household crime in Queensland (ie. proportion of household crimes reported to the police) were 74.9% for break-ins, 31.4% for attempted break-ins and 91% for motor vehicle theft.

Figure 1.42: Prevalence of household crime, by state 2002

Source: ABS Crime and safety survey 2002

In Queensland, the prevalence of selected personal crimes in the 12 months prior to the 2002 survey was 4.7% in persons aged 15 years and older, lower than the 5.3% for all of Australia.²¹⁷ Personal crimes include being the victim of at least one robbery, one assault or one sexual assault. Prevalence of personal crime increased between 1998 and 2002, with higher total prevalence (from 4.8% to 5.3%) and higher prevalence of assault (from 4.3% to 4.7%).

In Australia, age specific prevalence of selected personal crimes were generally higher in the young adult age group and falling with age (Table 1.54).²⁰⁴ Prevalence of all personal crimes was highest in young people aged 15-24 years. For adults aged 25 to 64 years, assault was the most prevalent crime, followed by robbery. Prevalence of such crimes in people aged 65 years and older was about 5% of those in people aged 15 to 24 years. Children and young people had the highest prevalence of sexual assault. Males and females experience different kinds of crime. The majority of victims of recorded homicide and related offences, assaults and robberies were male, while females were at greater risk of being sexually assaulted or kidnapped.

Table 1.54: Prevalence of personal crime, by type of crime and age, Australia 2002

	Homicide and related offences	Assault	Sexual assault	Kidnapping	Robbery
0-14	2.3	279.2	173.3	5.9	29.5
15-24	8.5	1,572.30	191.7	10.6	337.8
25-34	8.3	1,049.50	73.8	4.3	141.8
35-44	6.3	900.8	38.6	2	88.3
45-54	4.0	51.0	17.0	0.7	69.5
55-64	4.2	265.6	6.7	0.5	55.6
65+	2.6	88.3	3.4	0.2	31.4

Source: ABS Crime and safety survey 2002

*Note: Rate per 100,000 population

Computer and Internet access

Nearly half the Queensland population used computers at home in 2001 (Table 1.55). Older people had substantially lower use of computers than younger people. More than one third (35.7%) used the Internet, principally at home (Table 1.55). In 2002, households with incomes of \$50,000 and more were nearly three times as likely to have access to the Internet at home, than those with incomes under \$50,000 (57% compared to 21%).²¹⁸ Employed people were more likely to report use of computers and Internet use than unemployed and similarly, people in major cities than other areas.⁶³ The increasing prevalence of computers and the Internet means that people who are not able to use or access these facilities may have restricted access to information and services, skills development, and special offers and savings. This may adversely affect educational outcomes, employment prospects and other aspects of wellbeing.²¹⁹ There are however, health concerns about the excessive use of computers particularly among children, resulting in sedentary activity and causing/compounding the problems of being overweight and obese.

Table 1.55: Computer access at home by age and sex, and Internet use by location, percentage of total population, Queensland 2001

Computer use:	Male	Female	Uses the Internet:	Male	Female
Total population	43.5	42.2	At home	19.0	18.6
			At work	4.3	4.9
0-14	45.4	45.8	Elsewhere	3.8	4.0
15-24	56.7	58.1	Multiple sites	9.3	7.5
25-64	45.4	45.4	Total users	36.5	35.0
65+	14.3	7.6	Does not use the Internet	59.2	60.8
			Not stated	4.3	4.2

Source: ABS Census of population and housing 2001

Gambling

Of the Queensland adult population, 73% reported they did not gamble in 2000-01 (Table 1.56).²²⁰ A further 15% reported they were non-problem gamblers, that is gambling with no adverse consequences. About 0.8% of adults experienced problem gambling, where 70% of this group were male (Table 1.57). In the problem gambling group, there were disproportionate numbers of people in the 18-34 age group (55%). Only 19% of the problem gambling group sought help for their problems. One quarter (26%) of the problem gambling group considered that they had an alcohol or drug problem, compared with 20% in the moderate risk gambling group and 2% of the non-problem gamblers. Half the problem gamblers (51%) felt seriously depressed in the last 12 months, and 29% have been under doctor care in the last 12 months because of stress. More than half (55%) of people with problem gambling identified an immediate family member with a problem with alcohol or drugs, and 44% identified gambling problems in the immediate family. Two thirds (67%) of the problem gambling group indicate that gambling has caused financial problems for them or their household, significantly higher than the moderate risk group (8%). The 2.7% of Queensland adults who report moderate risk gambling habits display some of the associated behaviours of problem gamblers.

Table 1.56: Prevalence of gambling problems, proportion of adult population, by age, Queensland 2001

18+ years	
Non-problem gambling	15.1
Low risk gambling	8.2
Moderate risk gambling	2.7
Problem gambling	0.8
Non gambling	73.2

Source: Queensland household gambling survey 2001

Table 1.57: Gambling group, percentage of group, by sex and age, Queensland 2001

	18+ years		Persons		
	Male	Female	18-34 yrs	35-54 yrs	55+ yrs
Non problem gambling	48	52	32	41	27
Low risk gambling	49	51	37	41	21
Moderate risk gambling	75	25	36	35	29
Problem gambling	70	30	55	37	8

Source: Queensland household gambling survey 2001