

Appendixes

Appendix 1: Methods

Crude rates

A crude rate is defined as the number of events over a specified period (for example, a year) divided by the total population at risk of the event.

Age-specific rates

An age-specific rate is defined as the number of events for a specified age group over a specified period (for example, a year) divided by the total population at risk of the event in that age group. Unless otherwise stated, rates presented throughout this report are age-specific.

Age-specific rates in this report were calculated by dividing, for example, the number of hospital separations or deaths in each specified age group by the corresponding population in the same age group.

Age-standardised rates

Age-standardised rates enable comparisons to be made between populations that have different age structures. Direct standardisation was used in this report, in which the age-specific rates are multiplied by a constant population. This effectively removes the influence of the age structure on the summary rate. Where age-standardised rates have been used, this is stated throughout the report.

All age-standardised rates in this report have used the June 2001 Australian total estimated resident population as the standard population.

The method used for the calculation of age-standardised rates consists of three steps:

Step 1: Calculate the age-specific rate for each age group.

Step 2: Calculate the expected number of cases in each age group by multiplying the age-specific rates by the corresponding standard population and dividing by 100,000 to get the expected number of cases.

Step 3: Sum the expected number of cases in each age group, divide by the total of the standard population and multiply by 100,000. This gives the age-standardised rate.

Rate ratio

Rate ratios are calculated by dividing the proportion of the study population (for example, Indigenous Australians) with a particular characteristic by the proportion of the standard population (for example, non-Indigenous Australians) with the same characteristic.

A rate ratio of 1 indicates that the prevalence of the characteristic is the same in the study and standard populations. Rate ratios of greater than 1 indicate higher prevalence in the study population and rate ratios of less than 1 indicate higher prevalence in the standard population.

Confidence intervals

The observed value of a rate may vary due to chance even where there is no variation in the underlying value of the rate. Therefore, where indicators include a comparison between time periods, geographical locations, socioeconomic groups or by Indigenous status, 95% confidence intervals have been calculated for administrative data (including data from the AIHW National Hospital Morbidity Database, the AIHW National Mortality Database and the AIHW

National Perinatal Data Collection). The confidence intervals are used to provide an approximate indication of the differences between rates.

As with all statistical comparisons, care should be exercised in interpreting the results of the comparison. If two rates are statistically significantly different from each other, this means that the difference is unlikely to have arisen by chance. Judgment should, however, be exercised in deciding whether or not the difference is of any practical significance.

In this report, differences have been reported based on 95% confidence intervals. These confidence intervals are available on request.

For survey data, significance testing was undertaken using information about sampling variability.

Population data

The ABS estimated resident population (ERP) data were used to calculate most of the rates presented in this report.

Crude and age-specific rates were calculated using the ERP of the reference year as at 30 June for calendar year data (1 January to 30 December) and 31 December for financial year data (1 July to 30 June). For this report, population data for December 2006 and for June 2007 were available as preliminary estimates only. Final estimates were used for all earlier years.

The denominator for rates by socioeconomic status and remoteness area were calculated by applying an ABS concordance between statistical local area (SLA) and socioeconomic status and between SLA and remoteness area, to the relevant ERP by SLA counts.

The most recent direct count of the Indigenous population, for which data was available for this publication, was the 2006 Census. The ABS has also released projected estimates for the Indigenous population for more recent years, based on the 2001 Census.

Population groups

Aboriginal and Torres Strait Islander people

At present, there is considerable variation across the states and territories in the completeness of mortality and hospital data for Indigenous people. Information concerning the number of hospital separations and

deaths of Indigenous people is limited by the accuracy with which Indigenous persons are identified in deaths and hospital records. Problems associated with identification result in an underestimation of deaths and hospital separations for Indigenous people.

Mortality data for Queensland, Western Australia, South Australia and the Northern Territory are considered to have sufficient coverage to produce reliable statistics on Indigenous Australian deaths for the period 1998–2006. Due to the small numbers of deaths among Indigenous children, 5 years of mortality data have been combined for analysis in this report (2002–2006). Where Indigenous status is 'Not stated/inadequately described', these deaths have been excluded from the analysis. As such, the categories used for presentation of mortality analysis are 'Indigenous Australians' and 'non-Indigenous Australians'.

Hospital separations data from New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory are considered to have sufficient completeness of Indigenous identification for analysis. Where Indigenous status is 'Not stated/inadequately described', these separations are included with those for non-Indigenous people. As such, the categories used for presentation of hospital separations are 'Indigenous Australians' and 'Other Australians'.

Interpretation of Indigenous mortality and hospital separation results should take into account the relative quality of the data from these jurisdictions and the fact that data from these jurisdictions are not necessarily representative of the excluded jurisdictions.

Remoteness area

Except where otherwise stated, this report uses the Australian Standard Geographical Classification (ASGC), which groups geographic areas into five classes. These classes are based on Census Collection Districts and are defined using the Accessibility/Remoteness Index of Australia (ARIA). ARIA is a measure of the remoteness of a location from the services provided by large towns or cities. A higher ARIA score denotes a more remote location. The five classes of the ASGC Remoteness classification, along with a sixth 'Migratory' class, are listed in Table A1.1.

Table A1.1: Remoteness areas for the ASGC Remoteness Classification

Classes	Collection districts (CDs) within class
Major cities of Australia	CDs with an average ARIA index value of 0 to 0.2
Inner regional Australia	CDs with an average ARIA index value greater than 0.2 and less than or equal to 2.4
Outer regional Australia	CDs with an average ARIA index value greater than 2.4 and less than or equal to 5.92
Remote Australia	CDs with an average ARIA index value greater than 5.92 and less than or equal to 10.53
Very remote Australia	CDs with an average ARIA index value greater than 10.53
Migratory	Off-shore, shipping and migratory CDs

Source: ABS 2008c.

Socioeconomic status

The Socio-Economic Index for Areas (SEIFA) are summary measures of socioeconomic status (SES), and summarise a range of socioeconomic variables associated with disadvantage. Socioeconomic disadvantage is typically associated with low income, high unemployment and low levels of education. Unless otherwise stated, the SEIFA index used in this report is the 2006 SEIFA Index of Relative Socioeconomic Disadvantage (IRSD) developed by the ABS for use at the statistical local area level. See Adhikari (2006) for the complete list of variables and corresponding weights used for the IRSD.

Since the IRSD only summarises variables that indicate disadvantage, a low score indicates that an area has many low-income families, many people with little training and many people working in unskilled occupations; and this area may be considered as disadvantaged relative to other areas. A high score implies that the area has few families with low incomes and few people with little or no training and working in unskilled occupations. These areas with high index scores may be considered less disadvantaged relative to other areas. It is important to understand that a high score reflects a relative lack of disadvantage rather than advantage, and that the IRSD relates to the average disadvantage of all people living in a geographic area and can not be presumed to apply to all individuals living within the area. For further information see Adhikari (2006).

SEIFA quintiles were used for this report, with quintile 1 representing the most relatively disadvantaged areas and quintile 5 representing the least relatively disadvantaged areas. Throughout this report, the most disadvantaged quintile is referred to as 'Lowest SES areas' and the least disadvantaged quintile is referred to as 'Highest SES areas'.

Mortality data

Mortality data presented in this report are from the AIHW National Mortality Database (see *Appendix 2 Data sources*). Unless otherwise stated, mortality analysis in this report is based on year of registration of death; results may therefore differ slightly from data based on year of death. Data presented by state and territory are based on the state or territory of usual residence, except for analysis by Indigenous status, which is based on state or territory of death registration unless otherwise stated. Data issues relating to a specific mortality analysis are footnoted in tables and figures throughout the report. Mortality analysis in this report is based on underlying cause of death (rather than multiple cause of death), unless otherwise stated.

Cause of death classification

Australia uses the International Statistical Classification of Diseases and Related Health Problems for coding of causes of death. The ninth revision (ICD-9) is available for the years 1979–1998 and the tenth revision from 1999 onwards. The ABS backcoded the 1997 and 1998 cause of death data in ICD-10 and consequently causes of death were dual-coded in ICD-9 and ICD-10 for these years. In this report, trend data for mortality used ICD-10 from 1997 onwards.

There are comparability factors available between ICD-9 and ICD-10. The comparability factors indicate the effect of the change on a particular code over time and can provide a means of bridging data between two revisions when presenting trend data. Where comparability factors have been applied, this is noted throughout the report.

The ICD-9 and ICD-10 codes used for analysis in this report are listed in Table A1.2.

Hospital diagnosis classification

For hospital diagnosis, the International Statistical Classification of Diseases and Related Health Problems is used with modifications. ICD-9-CM is a clinical modification of ICD-9, and has been used in the AIHW National Hospital Morbidity Database (NHMD) from 1993–94 to 1997–98. ICD-10-AM is an Australian modification of ICD-10, and has been used in the AIHW NHMD from 1998–99 onwards.

All hospital data presented in this report is based on principal diagnosis. Records where care type was recorded as newborn (unqualified days only), posthumous organ procurement or hospital boarder were excluded from analysis, as they do not represent admitted patient care.

The ICD-9-CM and ICD-10-AM codes used for analysis in this report are listed in Table A1.2.

Injury and poisoning

There are a number of issues when performing injury and poisoning analysis on mortality and hospital separations. The methods and ICD codes used in this report are consistent with those used by the AIHW National Injury Surveillance Unit. These methods are summarised here, but are described in detail by

Henley and colleagues (2007) (for mortality) and Berry and Harrison (2007) (for hospital separations).

Injury mortality analysis

Injury mortality analysis, based on the AIHW National Mortality Database, uses multiple causes of death, rather than underlying cause of death, as this approach provides more valid estimates of injury incidence, and a more complete and reliable picture of the burden of injury mortality. The criterion used to select injury deaths was an ICD-10 multiple cause of death code in the range S00–T75, or T79; or an underlying cause of death code in the range V01–Y36, Y85–Y87, or Y89. Cases meeting this criterion are referred to as community injury, and exclude cases relating to complications of surgical and medical care.

Table A1.2: ICD codes used in this report for mortality and hospitals data^(a)

	ICD-9 and ICD-9-AM	ICD-10 and ICD-10-AM
Asthma	..	J45–J46
Diabetes	..	E10–E14, O24 (excluding O24.5)
Cancer	140–208, 238.4, 238.6, 238.7, 273.3, 273.8, 273.9	C00–C97, D45–D46, D47.1, D47.3
Brain	..	C71
Kidney	..	C64
Lymphoid leukaemia	..	C91
Myeloid leukaemia	..	C92–C94
Non-Hodgkin lymphoma	..	C82–C85, C96
Mental and behavioural disorders	..	F00–F99
Diseases of the nervous system	..	G00–G99
Diseases of the circulatory system	..	I00–I99
Injury and poisoning ^(b)	..	V01–Y98
Symptoms, signs and ill-defined conditions	..	R00–R99
Sudden infant death syndrome	7980	R95
Other symptoms, signs and abnormal findings	..	R00–R94, R96–R99
Perinatal conditions	..	P00–P96
Disorders of short gestation and low birthweight	..	P07
Fetus and newborn affected by maternal complications of pregnancy	..	P01
Fetus and newborn affected by complications of placenta, cord and membranes	..	P02
Other perinatal conditions	..	P03–P06, P08–P96
Congenital anomalies	..	Q00–Q99
Congenital malformations of the circulatory system	..	Q20–Q28
Other congenital anomalies	..	Q00–Q19, Q29–Q99

(a) Unless otherwise indicated throughout the report.

(b) Injury and poisoning analysis presented in *Chapter 32 Injuries* uses the criteria described in the above section, *Injury and poisoning*.

Accidental drowning is the only specific cause of injury death analysed in this report using the AIHW National Mortality Database. The criterion used to select accidental drowning deaths was a:

- multiple cause of death code: S00–T75, or T79 and W65–W74; or
- multiple cause of death code: T75.1 and V01–X59; or
- underlying cause of death code of V01–Y36, Y85–Y87, or Y89.

Injury hospital morbidity analysis

In this report, an approximate method has been used to reduce over-counting of injury cases, by omitting records in which the mode of admission is recorded as being a transfer from another acute-care hospital. These records have been excluded, as they are likely to result in multiple counting of the one injury case. This is consistent with other AIHW reports on injury (see, for example, Berry & Harrison 2007).

The criterion used to select injury hospitalisations was an ICD-10-AM principal diagnosis code in the range S00–T75 or T79. Cases meeting this criterion are referred to as community injury, and exclude cases relating to complications of surgical and medical care.

Specific causes of injury hospitalisation are further classified according to external cause codes in the ICD-10-AM range V01–Y98. As multiple external causes can be recorded, only the first reported external cause per hospitalisation was selected (that is, one external cause per injury hospitalisation). See Table A1.3 for the external cause codes used for specific causes of injury hospitalisation.

Table A1.3: ICD-10-AM codes used in this report for injury hospital morbidity analysis

	External cause codes
Land transport accidents	V01–V89
Falls	W00–W19
Exposure to smoke, fire and flames	X00–X09
Burns and scalds	X10–X19
Accidental poisoning	X40–X49
Intentional self-harm	X60–X84
Assault	X85–Y09

Appendix 2: Data sources

AIHW AND COLLABORATING UNITS DATA SOURCES

AIHW National Child Protection Data Collection

The AIHW collects annual statistics on child protection in Australia for children and adolescents aged 0–17 years. Data are provided by the state and territory community services departments and are used to produce *Child protection Australia*, and are also provided to the Productivity Commission for the *Report on government services*.

There are four separate child protection collections: child protection notifications, investigations and substantiations; children on care and protection orders; children in out-of-home care; and intensive family support services.

Data availability: Annual from 1991 onwards

Further information: <www.aihw.gov.au/childyouth/childwelfare/childprotection/index.cfm>

AIHW National Drug Strategy Household Survey (NDSHS)

The NDSHS is a key data collection under the National Drug Strategy. The survey began in 1985 and has been managed by the AIHW since 1998.

The 2007 NDSHS was conducted between July and November 2007. Almost 25,000 Australians aged 12 years or older participated in the survey, in which they were asked about their knowledge of and attitudes towards drugs, their drug consumption histories and related behaviours.

The data collected from these surveys have contributed to the development of policies for Australia's response to drug-related issues.

Data availability: Triennially from 1985

Further information: AIHW 2008a or <www.aihw.gov.au/drugs/ndshs07.cfm>

AIHW National Hospital Morbidity Database (NHMD)

The NHMD is compiled by the AIHW from data supplied by the state and territory health authorities. It is a collection of electronic confidentialised summary records for separations (that is, episodes of care) in public and private hospitals in Australia.

Hospital records are for 'separations' and not individuals, and as there can be multiple admissions for the same individuals, hospital separation rates do not usually reflect the incidence or prevalence of the disease or condition in question.

The collection contains establishment data (information about the hospital), patient demographic data, administrative data, length of stay data, and clinical and related data.

Data availability: Annual from 1993–94 onwards

Further information: <www.aihw.gov.au/hospitals/nhm_database.cfm>

AIHW National Mortality Database

The AIHW National Mortality Database includes information on the factors that caused death, and other information about the deceased person such as age at death, place of death, country of birth and, where applicable, the circumstances of their death. These data are collected in Australia by the Registrars of Births, Deaths and Marriages in each state and territory. The data are then compiled nationally by the ABS, which codes the data according to the ICD.

Data availability: Annual from 1964 onwards

Further information: <www.aihw.gov.au/mortality/index.cfm>

AIHW National Perinatal Data Collection (NPDC)

The AIHW NPDC is a national population-based cross-sectional data collection of pregnancy and childbirth. The data are based on births reported to the perinatal data collection in each state and territory in Australia. Midwives and other staff, using information obtained from mothers

and from hospital or other records, complete notification forms for each birth. Selected information is then compiled annually into this national data set by the AIHW National Perinatal Statistics Unit. Information is included in the NPDC on both live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation.

Data availability: Annual from 1991 onwards

Further information:

<www.npsu.unsw.edu.au/NPSUweb.nsf/page/NPDC>

Australian Congenital Anomalies Monitoring System

The Australian Congenital Anomalies Monitoring System contains data based on notifications of major congenital anomalies to birth defects registers in New South Wales, Victoria, Western Australia and South Australia, and on data collected on congenital anomalies in Queensland, Tasmania and the Australian Capital Territory. The Northern Territory is currently unable to provide data in a format enabling it to be compiled with data from the other states and territories.

Information is included on live births and stillbirths of 20 weeks gestational age or more, or 400 grams birthweight or more (including induced abortions), with a congenital anomaly, for all states and the Australian Capital Territory. Information on induced abortions of less than 20 weeks gestational age and less than 400 grams weight with a congenital anomaly is only available for four states: New South Wales, Victoria, Western Australia and South Australia.

Data availability: Annual from 1981 onwards

Further information: Abeywardana & Sullivan 2008a or <www.npsu.unsw.edu.au/NPSUweb.nsf/page/CADC>

Bettering the Evaluation and Care of Health (BEACH) survey

The BEACH survey of general practice activity is a collaborative study between the AIHW and the University of Sydney. For each year's data collection, a random sample of about 1,000 general practitioners each report details of 100 consecutive general practice encounters of all types on structured encounter forms. Each form collects information about the consultations (for example, date and type of consultation), the patient (for example, date of birth, sex and reasons for encounter),

the problems managed and the management of each problem (for example, treatment provided, prescriptions and referrals). Data on patient risk factors, health status and general practitioner characteristics are also collected.

Data availability: Annual from 1998–99 onwards

Further information: Britt et al. 2008.

Child Dental Health Survey

The Child Dental Health Survey is an annual survey that monitors the dental health of children enrolled in school dental services operated by the Australian state and territory health departments. This survey represents the only data routinely collected by all states and territories on child dental health.

Data for the Child Dental Health Survey are derived from routine examinations of children enrolled in the school dental services. The survey collects information on selected demographic characteristics and dental health status, including decay experience of deciduous and permanent teeth, immediate treatment needs (some states and territories only) and fissure sealants.

Data availability: Annual from 1990

Further information: AIHW DSRU: Armfield et al. 2007.

Children's Services National Minimum Data Set (CSNMDS)

The development of the CSNMDS has been completed with the publication of the final report in February 2007 (NCSIMG 2007). The CSNMDS, endorsed by the Community and Disability Services Ministers' Advisory Council in 2006, aims to provide nationally comparable and comprehensive data about the provision of child care and preschool services, including information about the children who use the services, the service providers and their workers. Options for the implementation of the data set are now being examined.

Data availability: Not currently available

Further information: NCSIMG 2007.

Juvenile Justice National Minimum Data Set (JJ NMDS)

The JJ NMDS is the annual national collection of information on young people in community supervision and detention in Australia. It contains flow data from 2000–01 for all states and territories in Australia (except the Australian Capital Territory—data are available from 2003–04). Data are provided by the department responsible for juvenile justice in each jurisdiction. The JJ NMDS is designed to provide relevant and comparable information that will contribute to the national monitoring of juvenile justice policies and programs.

Information collected includes the number and characteristics of young people in juvenile justice supervision (age, sex, Indigenous status), patterns of supervision (type, length, location), and juvenile justice detention centre characteristics.

Data availability: Annual from 2000–01 onwards

Further information:

www.aihw.gov.au/phjj/juvenilejustice/index.cfm

National Cancer Statistics Clearing House (NCSCCH)

Information on the incidence of cancer in the Australian population is provided by the state and territory cancer registries to the NCSCCH, which is maintained by the AIHW. The NCSCCH is the only national database of cancer incidence in Australia. It contains information on incidence, mortality, specific cancer sites, cancer histology, geographical variation, trends over time and survival.

Data items enable record linkage to be performed (for example, to the National Death Index) and the analysis of cancer by site and behaviour.

Data availability: Annual from 1982 onwards

Further information:

www.aihw.gov.au/cancer/ncsch/index.cfm

National Diabetes Register (NDR)

The NDR, held at the AIHW, is a register of people living in Australia with insulin-treated diabetes. This includes persons using insulin to manage Type 1, Type 2, gestational and other types of diabetes. People are eligible to be on the NDR if they use insulin to treat their diabetes and their insulin use began on or after 1 January 1999.

The NDR has two main data sources:

- the National Diabetes Services Scheme database, administered by Diabetes Australia
- the Australasian Paediatric Endocrine Group's state and territory databases.

Data availability: Annual from 1999 onwards

Further information: www.aihw.gov.au/diabetes/ndr.cfm

Supported Accommodation Assistance Program (SAAP) National Data Collection

The SAAP National Data Collection has provided annual information on the provision of assistance through SAAP since 1996–97. The AIHW has had the role of National Data Collection Agency since the collection's inception. The National Data Collection consists of distinct components, each of which can be thought of as a separate collection—the Client Collection, the Administrative Data Collection and the Demand for Accommodation Collection.

The Client Collection collects information about all clients receiving SAAP support of at least 1 hour duration. Data collected include basic sociodemographic information and information on the services requested by, and provided to, each client. Information about each client's situation before and after receiving SAAP support is also collected. The Administrative Data Collection provides information about the agencies providing SAAP accommodation and support services. The Demand for Accommodation Collection is conducted twice a year for two 1-week periods. It measures the level of unmet demand for SAAP accommodation by collecting information about the number of requests for accommodation from SAAP agencies that are not met, for whatever reason.

Data availability: Annual from 1996–97 onwards

Further information:

www.aihw.gov.au/housing/sacs/saap/index.cfm

ABS DATA SOURCES

ABS Births, Australia

The ABS compiles aggregate statistics on births, based on data provided by the parent(s) of the child to the state and territory Registrars of Births, Deaths and Marriages.

The statistics in the *Births, Australia* publication refer to births registered during the relevant calendar year. As there is usually an interval between the occurrence and registration of a birth, some births occurring in one year are not registered until the following year, or even later.

Data availability: Annual from 1993 onwards

Further information: www.abs.gov.au/AUSSTATS/abs@.nsf/mf/3301.0

ABS Census of Population and Housing

The Census aims to provide an accurate measure of the number of people in Australia on Census night, their key demographic, social and economic characteristics, and the dwellings in which they live. The Census reports on a range of topics including population, cultural diversity, community, living arrangements, education, work, economic resources and housing.

Data availability: 1911 onwards; 5 yearly from 1976

Further information: www.abs.gov.au/websitedbs/D3310114.nsf/Home/census?opendocument?utm_id=GT

ABS Child Care Survey

The ABS Child Care Survey collects data on the supply of, and demand for, child care and preschool services for children aged 12 years or less. Information is also collected on the receipt of the Child Care Benefit as well as the income and working arrangements of parents. Data are collected for children who are usual residents in the selected dwelling; however children living in *Very remote* areas of Australia have been excluded from the survey. This exclusion has only a minor impact on aggregate statistics at the national level.

This survey has been replaced from 2008 by the Childhood Education and Care Survey. See *Part XI* under new data developments.

Data availability: Triennially since 1969

Further information: www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4402.0Main+Features1Jun%202005%20Second%20Reissue?OpenDocument

ABS Family Characteristics and Transitions Survey (FCTS)

The FCTS collects information on household and family composition including demographics, labour force status and family type. The FCTS has replaced the Family Transitions and History Survey and the Family Characteristics Survey. The FCTS survey provides detailed information on families with children aged 0–17 years such as family structure, the social marital status of parents, parental income and contact arrangements for children with non-resident parents.

Data availability: 1992 (Survey of Families in Australia), 1997 and 2003 (Family Characteristics Survey), 2006–07 (Family Characteristics and Transitions Survey)

Further information: www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4442.0Main+Features12006-07?OpenDocument

ABS General Social Survey (GSS)

The ABS conducted the GSS in 2002 and 2006, with plans to repeat the survey at 4-yearly intervals. The aims of the GSS are to collect data on a range of social dimensions of the Australian community at a single point in time; enable analysis of the interrelationship of social circumstances and outcomes, including the exploration of multiple advantage and disadvantage; and provide a base for comparing social circumstances and outcomes over time and across population groups.

The focus of the GSS is on the relationships between characteristics from different areas of social concern, rather than in-depth information about a particular field. Topics include demographic characteristics, health and disability, housing, education, work, income, financial stress, assets and liabilities, information technology, transport, family and community, crime and feelings of safety, attendance at culture and leisure venues, sports attendance and participation, social networks and social participation, voluntary work and visa category.

Data availability: 2002 and 2006

Further information: ABS 2007a or <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4159.0Main+Features12006?OpenDocument>

ABS National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)

The ABS 2004–05 NATSIHS provides information about the health circumstances of Indigenous Australians. This survey, which was conducted in remote and non-remote areas throughout Australia, collected information from Indigenous Australians about health-related issues, including health status, risk factors and actions, and socioeconomic circumstances. The sample size was considerably larger than the supplementary Indigenous sample in the 2001 National Health Survey.

The aims of the survey were to provide broad information about the health of Indigenous Australians, by remoteness, and at the national and state/territory levels; allow the relationships across the health status, risk factors and health-related actions of Indigenous Australians to be explored; provide comparisons over time in the health of Indigenous Australians; and provide comparisons with results for the non-Indigenous population from the 2001 and 2004–05 National Health Survey.

Data availability: 2001 and 2004–05

Further information: ABS 2006d or <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4715.0Main+Features12004-05?OpenDocument>

ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS)

The 2002 NATSISS was conducted between August 2002 and April 2003. Information was collected about the Aboriginal and Torres Strait Islander populations for a wide range of areas of social concern including health, education, culture and labour force participation. In 2002, information was collected by personal interview from about 10,000 Aboriginal and Torres Strait Islander people aged 15 years and over throughout Australia, including those living in remote areas.

The 2008 NATSISS was conducted between August 2008 and April 2009; however, data were not available for inclusion in this report.

Data availability: 1994 and 2002

Further information: <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4714.0Main+Features12002?OpenDocument>

ABS National Health Survey (NHS)

The 2004–05 NHS was conducted between August 2004 and June 2005 and collected information from around 25,900 people. Both urban and rural areas in all states and territories were included, but very remote areas of Australia were excluded. One person aged 18 years and over in each dwelling was selected and interviewed about their own health and, if there were children resident, an adult was asked about the health of one child.

The NHS collected information on the health status of the population, and on health-related aspects of people's lifestyles such as smoking, diet, exercise and alcohol consumption. Other information on the use of health services (such as consultations with health practitioners, visits to hospital, days away from work and other actions people have recently taken for their health) was also collected, along with demographic and socioeconomic characteristics.

The most recent ABS NHS was conducted in 2008–09; however, data were not available for inclusion in this report.

Data availability: 1977–78, 1983, 1989–90, 1995, 2001 and 2004–05

Further information: ABS 2006e or <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4364.0Main+Features12004-05?OpenDocument>

ABS Recorded Crime—Victims

Recorded crime—victims, Australia is an annual publication that presents national crime statistics relating to victims of a selected range of offences that have been recorded by police. These statistics provide indicators of the level and nature of recorded crime victimisation in Australia and are a basis for measuring change over time. The statistics for the publication are derived from administrative systems maintained by state and territory police.

Data availability: Annual from 1993

Further information: <www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/DA3DED213BAE8114CA257178001B6949?opendocument>

ABS Survey of Disability, Ageing and Carers (SDAC)

The SDAC collects information about people of all ages with a disability, older people (aged 60 years and over), and people who provide assistance to older people and people with disabilities.

The aims of the survey are to measure the prevalence of disability in Australia and the need for support of older people and those with a disability; provide a demographic and socioeconomic profile of people with disabilities, older people and carers compared with the general population; and to estimate the number of, and provide information about, people who provide care to older people and people with disabilities. People with disability were asked questions relating to help and assistance needed and received for self-care, mobility and communication. Those aged 5–20 years (or their proxies) were also asked about schooling restrictions and 15–64 year olds about employment restrictions.

The most recent survey was conducted in 2003, with the next survey expected to be conducted in 2009.

Data availability: 1981, 1988, 1993, 1998, and 2003

Further information: ABS 2004a or <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4430.0Main+Features12003?OpenDocument>

ABS Survey of Income and Housing (SIH)

The ABS SIH (previously known as the Survey of Income and Housing Costs) is a household survey that collects information from residents aged 15 years and over on sources of income and amount received, and also housing, household and personal information. In 2005–06, the sample for the SIH was around 10,000 households.

As income received by individuals is often shared between members of a household, equivalised household income can be used in analysis of the SIH. This survey allows analysis of the amount of income received and the source of that income, and how factors such as these vary depending on age, state or territory, the remoteness of the household, or household size. It is also possible to examine housing circumstances such as the rate of home ownership among various groups.

Data availability: Most years from 1994–95 to 2003–04 (no survey was run in 1998–99 or 2001–02), 2005–06

Further information: <www.abs.gov.au/AUSSTATS/abs@.nsf/DOSSbyTopic/F0CDB39ECC092711CA256BD00026C3D5?OpenDocument>

OTHER DATA SOURCES**Australian Childhood Immunisation Register (ACIR)**

The ACIR was established in 1996 and records information on the immunisation status of children aged less than 7 years who are enrolled in Medicare; children not eligible to enrol in Medicare can also be added to the ACIR. The aims of the ACIR are to provide an accurate measure of the immunisation coverage of children in Australia and to provide an effective management tool for monitoring immunisation coverage and service delivery. Health professionals use the ACIR to monitor immunisation coverage levels, service delivery and disease outbreaks.

Data availability: Quarterly from March 1998 onwards

Further information: <www.medicareaustralia.gov.au/provider/patients/acir/statistics.jsp>

Australian Early Development Index: Building Better Communities for Children (AEDI)

The AEDI pilot project was conducted by the Centre for Community Child Health at the Royal Children's Hospital Melbourne, in partnership with the Telethon Institute for Child Health Research, with funding from the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs and support from Shell Company of Australia Limited.

The AEDI is a community measure of young children's health and development, based on the scores from a teacher-completed checklist in their first year of formal schooling. It aims to provide communities with a basis for reviewing the services, supports and environments that influence children in their first 5 years of life (CCCH & Telethon Institute for Child Health Research 2007). Data presented in this report were collected between 2004 and 2007 from 37,420 children in 60 communities. The Australian Government has committed to the national implementation of the AEDI from 2009.

Data availability: 2004 onwards (currently for selected communities only)

Further information: <www.rch.org.au/australianedi/edi.cfm?doc_id=6211>

Australian Institute of Criminology National Homicide Monitoring Program (NHMP)

The Australian Institute of Criminology has operated the NHMP since 1990.

The purpose of the program is to identify the characteristics of individuals that place them at risk of homicide victimisation and offending, and the circumstances that contribute to the likelihood of a homicide occurring. The two main data sources used by the program are police records and coronial files.

Data availability: Annual from 1989–90 onwards

Further information: www.aic.gov.au/research/projects/0001.html

Australian Secondary Students' Alcohol and Drug (ASSAD) Survey

The ASSAD Survey is a triennial secondary school-based survey that monitors the use of tobacco, alcohol and other substances among adolescents in Australia. The first survey was conducted by the Cancer Councils in each Australian state and territory in 1984, and was restricted to secondary school students' use of tobacco and alcohol. In 1996, the federal, state and territory health departments became collaborators with the Cancer Councils, and the survey was expanded to include questions on the use of illicit substances.

The 2005 survey collected information from a representative sample of over 20,000 secondary school students in years 7–12 across Australia. The questionnaire covers the use of tobacco, alcohol, pain relievers, sleeping tablets and the use of illicit substances such as cannabis and hallucinogens.

The most recent survey was conducted in 2008; however, data were not available for inclusion in this report.

Data availability: 1984, 1987, 1993, 1996, 1999, 2002 and 2005

Further information: www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/publications-monographs (see Monograph series nos. 58, 59 and 60)

Australian Transport Safety Bureau Fatal Road Crash Database

The Fatal Road Crash Database contains information on road transport crash fatalities in Australia, as reported by the police each month to the state and territory road safety authorities.

The data can be examined by either fatalities or fatal crashes. Information collected for fatal crashes include date, location and type of crash. Information collected for fatalities include age, gender and road user type.

Data availability: Annual from 1988

Further information: www.infrastructure.gov.au/roads/safety/road_fatality_statistics/fatal_road_crash_database.aspx

Growing up in Australia: the Longitudinal Study of Australian Children (LSAC)

This study was initiated and funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs as part of its Stronger Families and Communities Strategy, and is being undertaken in partnership with the Australian Institute of Family Studies, with advice provided by a consortium of leading researchers. The study has a broad, multidisciplinary base, exploring family and social issues relevant to children's development, including family functioning, health, non-parental child care, and education.

The LSAC follows two cohorts of children—infants aged 3–19 months and children aged about 4–5 years at Wave 1 (2004)—with data collection occurring every 2 years. Data from waves 1, 1.5, 2 and 2.5 are currently available, enabling the longitudinal nature of this study to be utilised. A key benefit of this type of longitudinal study is to investigate how children's outcomes are interlinked with their environment.

Data availability: Waves 1 (2004), 1.5 (2005), 2 (2006) and 2.5 (2007)

Further information: www.aifs.gov.au/growingup/

Household, Income and Labour Dynamics in Australia (HILDA) Survey

The HILDA Project was initiated and is funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs and is managed by the Melbourne Institute of Applied Economic and Social Research. This report uses unit record data from the HILDA Survey. The findings and views reported in this report; however, are those of the authors and should not be attributed to either the department or the Melbourne Institute.

The HILDA Survey is a longitudinal household-based panel survey that began in 2001. It aims to describe the way people's lives are changing by tracking all members of an initial sample of households over an indefinite period. Wave 7 (2007) data are available as at June 2009. Data are collected on a wide range of issues, including household structure, family background, marital history, family formation, education, employment history, current employment, job search, income, health and wellbeing, child care and housing. In addition, in every wave there is scope for additional questions on special topics. Interviews are conducted with all persons in the household aged 15 years and over, although information may be collected on persons aged under 15 years from other household members.

Data availability: Annual from 2001 onwards

Further information:

<www.melbourneinstitute.com/hilda/>

National Children's Physical Activity and Nutrition Survey

This survey was conducted in 2007 by the Commonwealth Scientific and Industrial Research Organisation and the University of Adelaide, with funding from the Australian Government Department of Health and Ageing, and the Department of Agriculture, Fisheries and Forestry, and the Australian Food and Grocery Council.

The survey collected comprehensive information on overweight and obesity, physical activity and nutrition from more than 4,000 children aged 2–16 years.

The survey data can be measured against Australia's Nutrient Reference Values, the Australian Dietary Guidelines for Children and the Australian Physical Activity Guidelines. As demographic information was not collected for those who refused to participate in this survey, it is not possible to estimate non-response bias. The results of the survey will inform research and government policy, and influence the promotion of good nutrition and healthy lifestyles in Australia.

Data availability: 2007

Further information: DoHA 2008.

Abbreviations

ABS	Australian Bureau of Statistics	ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ACIR	Australian Childhood Immunisation Register	IRSD	Index of Relative Socioeconomic Disadvantage
ADHD	attention deficit hyperactivity disorder	LSAC	Growing up in Australia: the Longitudinal Study of Australian Children
AEDI	Australian Early Development Index	MCS	Mental Health Component Summary
AESOC	Australian Education Systems Officials Committee	MMR	measles–mumps–rubella (vaccination)
AHMC	Australian Health Ministers' Conference	NAPLAN	National Assessment Program—Literacy and Numeracy
AIHW	Australian Institute of Health and Welfare	OECD	Organisation for Economic Co-operation and Development
ARIA	Accessibility/Remoteness Index of Australia	PISA	Programme for International Student Assessment
ASGC	Australian Standard Geographical Classification	RSE	relative standard error
BMI	body mass index	SAAP	Supported Accommodation Assistance Program
CDSMC	Community and Disability Services Ministers' Conference	SEIFA	Socio-Economic Indexes for Areas
CI	Confidence interval	SIDS	sudden infant death syndrome
COAG	Council of Australian Governments	SLA	statistical local area
CSTDA	Commonwealth State/Territory Disability Agreement	UN	United Nations
DMFT	decayed, missing or filled permanent teeth	WHO	World Health Organization
dmft	decayed, missing or filled deciduous teeth		
DTP	Diphtheria, tetanus, pertussis		
ERP	Estimated resident population		
FAS	Fetal alcohol syndrome		
Hib	<i>Haemophilus influenzae</i> type b		
HIV	Human immunodeficiency virus		
ICD	International Classification of Diseases		
ICD-9	International Statistical Classification of Diseases and Related Health Problems, 9th Revision		
ICD-9-CM	International Statistical Classification of Diseases and Related Health Problems, 9th Revision, Clinical Modification		
ICD-10	International Statistical Classification of Diseases and Related Health Problems, 10th Revision		

AUSTRALIAN STATES AND TERRITORIES

ACT	Australian Capital Territory
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
Tas	Tasmania
Vic	Victoria
WA	Western Australia

SYMBOLS USED IN TABLES

n.a.	not available
—	rounded to zero, including null cells
..	not applicable
n.p.	not published (data cannot be released due to quality issues, confidentiality or permission not granted)

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