

## EXPLANATORY NOTES

### INTRODUCTION

**1** Information in this publication is drawn from many sources, including the Census of Population and Housing, a number of surveys conducted by the Australian Bureau of Statistics (ABS) and other organisations, and from a variety of administrative data sources. A brief description of the most relevant surveys conducted by the ABS and some of the other data sources is provided in the following paragraphs. Terms and concepts used in this publication, including the definitions of households containing Indigenous person(s) and other households, are explained in the Glossary. Additional sources referenced within the publication are listed in the reference list.

**2** The Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems, and its use in hospital separations data and in deaths registrations is described below.

### CENSUS OF POPULATION AND HOUSING

**3** The main objective of the Census of Population and Housing is to measure the number of people in Australia and their key characteristics, at a given point in time. The Census is a count of the whole population, and provides a reliable basis for making future estimates of the population of each state, territory and local government area. These population estimates are used for the distribution of government funds, and to determine the number of seats per state and territory in the Commonwealth Parliament. In addition, the knowledge of the characteristics of the population gained through the Census is used to support the planning, administration and policy development activities of governments, businesses and other users.

**4** The Census is the largest statistical collection undertaken by the ABS and is conducted every five years. Results from the 2001 Census of Population and Housing are presented in this publication, although previous Census are provided in some instances for comparative purposes.

**5** In the 2001 Census many of the Torres Strait Islander population in north Queensland appear to have reported 'creole' as their main language. This response was coded as 'Oceanian Pidgin and Creoles n.f.d.', however, probably should have been classified as Torres Strait Creole (Broken). In this case a further 4,854 speakers could be added to the number of Creole speakers for a total of 7,790 speakers.

### COMMUNITY HOUSING AND INFRASTRUCTURE NEEDS SURVEY (CHINS)

**6** The 2001 Community Housing and Infrastructure Needs Survey (CHINS) was the second in a series of surveys conducted by the ABS on behalf of, and with full funding from, the Aboriginal and Torres Strait Islander Commission (ATSIC). In common with the first CHINS conducted in 1999, the 2001 survey sought to collect data about Aboriginal and Torres Strait Islander housing organisations and discrete Aboriginal and Torres Strait Islander communities in Australia.

COMMUNITY HOUSING AND  
INFRASTRUCTURE NEEDS  
SURVEY (CHINS) *continued*

**7** While the 1999 and 2001 CHINS are comparable at a broad level, there are issues to be taken into consideration when using these data. See Chapter 2 for further details of the CHINS, or contact the ABS National Centre for Aboriginal and Torres Strait Islander Statistics in Darwin, which manages the data on behalf of the ATSIC.

**8** In 1992, ATSIC commissioned the Housing and Community Infrastructure Needs Survey (HCINS) which collected housing and infrastructure information from Aboriginal and Torres Strait Islander people across Australia. However, the data collection methods employed by the HCINS varied between jurisdictions, affecting attempts to aggregate the data at a national level.

**9** There are also differences between the methodologies and definitions used in the 1992 HCINS and the CHINS, which prevent comparisons between the results of the two surveys being made.

INDIGENOUS SOCIAL  
SURVEY (ISS)

**10** Information will be released later this year from the ABS Indigenous Social Survey (ISS), conducted from August to December 2002. The survey was developed after wide consultation with Indigenous people and organisations on direction for the survey, and detailed development guided by a reference group including Indigenous people and organisations. The ABS surveyed Aboriginal and Torres Strait Islander Australians in both urban and remote areas across Australia to collect information about a number of areas of social concern. The ISS will provide information on the social and general wellbeing of Indigenous peoples that has not been available since the 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS). Data will be available at the national and state–territory level, as well as for separately aggregated communities and for Torres Strait Islanders

**11** The ISS collected information from a range of areas of social concern such as health, disability, living standards and social participation, making it possible to better understand the links between various aspects of the lives of Indigenous peoples. The data items in the survey cover about 50% of the content of the 1994 NATSIS, and new items of priority such as disability status, life stressors, substance use, financial stress, and access to transport.

NATIONAL ABORIGINAL AND  
TORRES STRAIT ISLANDER  
SURVEY (NATSIS)

**12** The NATSIS was the first national survey of Australia's Indigenous people and was part of the government response to a recommendation by the Royal Commission into Aboriginal Deaths in Custody. It was primarily designed to provide information at the national level on the social, demographic, economic and health status of Indigenous people and was conducted by the ABS in 1994.

**13** Prior to, and during the development stages of the survey, there was widespread consultation with Indigenous people and organisations to ensure that the information collected was relevant to Indigenous people and was collected in a culturally appropriate manner.

NATIONAL ABORIGINAL AND  
TORRES STRAIT ISLANDER  
SURVEY (NATSIS) *continued*

**14** The survey was based on personal interviews with a sample of Indigenous people selected according to a methodologically sound random sampling design. Indigenous people were recruited and trained to interview the 15,700 Indigenous people selected in the sample.

**15** The questionnaire covered the areas of family and culture, health, housing, education and training, employment and income, and law and justice.

**16** More information on the survey is available in ABS 1995.

NATIONAL DRUG STRATEGY  
HOUSEHOLD SURVEY  
(NDSHS)

**17** The 2001 NDSHS represented the seventh in the National Drug Strategy series since the program's inception in 1985. It was managed by the Australian Institute of Health and Welfare (AIHW) on behalf of the Commonwealth Department of Health and Ageing, and gathered information from households on individual's drug use patterns, attitudes and behaviours.

**18** Of the 27,000 persons aged 14 years and over participating in the 2001 survey, 415 persons identified as either Aboriginal, Torres Strait Islander, or both. The relatively small Indigenous sample limits the confidence with which analysis can take place.

**19** More information on the survey is available in AIHW 2002h.

NATIONAL HEALTH SURVEY  
(NHS)

**20** The 2001 NHS was conducted by the ABS from February to November 2001. This was the fifth in the series of health surveys conducted by the ABS; previous surveys were conducted in 1977–78, 1983, 1989–90 and 1995. The survey series was designed to obtain national benchmarks on a wide range of health issues, and to enable changes in health to be monitored over time.

**21** Data from the 1995 NHS are presented in this publication for comparative purposes. While the 2001 NHS is similar to the 1995 survey in many ways, there are important differences in sample design and coverage, survey methodology and content, definitions, classifications, etc. which affect the degree to which data are directly comparable between the surveys. For more information on the 1995 NHS, see ABS 1999.

**22** In the 2001 NHS, households were selected at random, using a stratified multi-stage area sample, which ensured that persons within each state and territory had a known and, in the main, equal chance of selection in the survey. For the first time, 2001 NHS results are presented for Indigenous Australians living in remote areas. The NHS sample covered usual residents of private dwellings only. Usual residents of 'special' dwellings such as hotels, motels, hostels and hospitals were not included in the survey.

NATIONAL HEALTH SURVEY  
(NHS) *continued*

**23** Approximately 26,900 people from all states and territories and across all age groups were included in the 2001 survey, including 483 Indigenous persons. To enhance the reliability of estimates for the Indigenous population a supplementary sample of 3,198 Indigenous respondents was obtained for the survey. This was conducted throughout Australia from June to November 2001. The Indigenous results included in this publication are based on the total sample (known as the NHS(I)) of 3,681 Indigenous Australians comprising 1,853 adults and 1,828 children.

**24** As outlined in Chapter 2, the Indigenous population is considerably younger than the non-Indigenous population. Because of the close relationship between health and age, comparisons between Indigenous and non-Indigenous Australians in using information in the NHS are presented by age group or by using age standardised rates.

**25** Sampling error is the difference between the published estimates, derived from a sample of persons, and the value that would have been produced if all persons in scope of the survey had been included. Due to the relatively small size of the Indigenous samples in the 1995 and 2001 NHS, the Indigenous results have larger sampling errors than results for the non-Indigenous population. For this reason, differences in results between the Indigenous and non-Indigenous populations, between Indigenous results for 1995 and 2001, and between remote and non-remote Indigenous estimates may or may not be statistically significant. Non-sampling error, such as non-response, errors in reporting by respondents or recording of answers by interviewers, and errors in coding and processing data, may also occur in any data collection.

**26** For more information of the 2001 NHS, see ABS 2002e. In addition, the *National Health Survey: User's Guide* (cat. no. 4363.0.55.001) is available free of charge from the ABS website <<http://www.abs.gov.au>>. The User's Guide has been compiled to assist clients in analysing the 2001 NHS. It contains a complete listing of the data items collected in the survey, definitional material and sample copies of the questionnaires used for the Indigenous supplement.

NATIONAL HOSPITAL  
MORBIDITY DATABASE  
(NHMD)

**27** The National Hospital Morbidity Database (NHMD) is a national collection of de-identified hospital separation records (discharges, transfers, deaths or changes in type of episode of care) maintained by the AIHW. Information on the characteristics, diagnoses and care of admitted patients in public and private hospitals is provided to the AIHW by state and territory health departments. Further detail regarding the NHMD is available from the AIHW 2002b.

NATIONAL NUTRITION  
SURVEY

**28** The National Nutrition Survey was conducted by the ABS between February 1995 and March 1996. The survey was a joint project of the ABS and the Commonwealth Department of Health and Family Services, and involved a sub-sample of respondents in the 1995 NHS. Information about food and nutrition consumption habits was collected from approximately 13,800 people aged two years and over. There were too few Aboriginal and Torres Strait Islander participants to allow for separate Indigenous estimates.

**29** More information on the survey is available in ABS 1997d.

TENTH REVISION OF  
INTERNATIONAL  
CLASSIFICATION OF  
DISEASES (ICD-10)

**30** The tenth revision of the International Classification of Diseases (ICD-10) was adopted for Australian use for deaths registered from 1 January 1999, and has been used in this publication. The introduction of ICD-10 has broken the 'underlying cause of death' series, particularly at the more detailed level of classification.

**31** For more information on the differences between ICD-9 and ICD-10, in relation to death registration data, see ABS 1997b.

**32** All 'multiple cause of death' data in this publication are coded to ICD-10. For deaths where the underlying cause was identified as an external cause (accidental and violent deaths), multiple causes include circumstances of injury, the nature of injury as well as any other conditions reported on the death certificate. These deaths are classified according to the external cause, that is, to the circumstances of the accident or violence which produced the fatal injury, rather than to the nature of the injury.

**33** The Australian modification of ICD-10 (ICD-10-AM) has been used in this publication to code hospital separation and procedure data. For more information on ICD-10-AM, in relation to hospital data, see AIHW 2002b.



## LIST OF SYMBOLS AND ABBREVIATIONS

### SYMBOLS

&	and
\$	dollars
©	copyright
*	estimate has a relative standard error of between 25% and 50% and should be used with caution
**	estimate has a relative standard error greater than 50% and is considered too unreliable for general use
>	greater than
<	less than
..	not applicable
—	nil or rounded to zero (including null cells)
%	per cent
+	plus
'000	thousands

### ABBREVIATIONS

AACR	Australasian Association of Cancer Registries
ABS	Australian Bureau of Statistics
ACCHS	Aboriginal Community Controlled Health Services
ACCMIS	Aged and Community Care Management Information System
ACT	Australian Capital Territory
ADC	Aboriginal Dental Clinic
ADL	Activities of daily living
AHMAC	Australian Health Minister's Advisory Council
AHS	Australian Housing Survey
AIDS	Acquired Immune Deficiency Syndrome
AIGC	Australian Indigenous Geographical Classification
AIHW	Australian Institute of Health and Welfare
AIL	Activities of independent living
AMS	Aboriginal Medical Service
ANIHI	Agreement on National Indigenous Housing Information
ANZDATA	Australia and New Zealand Dialysis and Transplant Registry
AODTS	Alcohol and Other Drug Treatment Services
ARIA	Accessibility/Remoteness Area Index
ARHP	Aboriginal Rental Housing Program
ASCO	Australian Standard Classification of Occupations
ASGC	Australian Standard Geographical Classification
ATSIC	Aboriginal and Torres Strait Islander Commission
ATSIHWIU	Aboriginal and Torres Strait Islander Health and Welfare Information Unit
Aust.	Australia
AWEC	Activities of work, education and community living
BEACH	Bettering the Evaluation and Care of Health
BMI	body mass index
CAD	National Coordination and Development Committee
CAEPR	Centre for Aboriginal Economic Policy Research
CAP	Crisis Accommodation Program
CD	Collection District

CDEP	Community Development Employment Project scheme
CDHAC	Commonwealth Department of Health and Aged Care
CGC	Commonwealth Grants Commission
CHINS	Community Housing and Infrastructure Needs Survey
COAG	Council of Australian Governments
COPD	Chronic obstructive pulmonary disease
CPI	Community Periodontal Index
CRA	Commonwealth Rent Assistance
CSDA	Commonwealth/State Disability Agreement
CSHA	Commonwealth/State Housing Agreement
DAA	Data Analysis Australia
DEST	Department of Education, Science and Training (Commonwealth)
DHAC	Commonwealth Department of Health and Aged Care
dmft	decayed, missing and filled (child) teeth
DMFT	decayed, missing and filled (adult) teeth
DSRU	Dental Statistics and Research Unit
dt	decayed teeth (deciduous teeth)
DT	decayed teeth (permanent teeth)
e.g.	for example
ENT	ear, nose and throat
ERP	estimated resident population
ESRD	end-stage renal disease
FaCS	Department of Family and Community Services (Commonwealth)
FIM	Family Income Management
ft	filled teeth (deciduous teeth)
FT	filled teeth (permanent teeth)
g	grams
GIS	Geographic Information Systems
GP	general medical practitioner
HACC	Home and Community Care
HCINS	Housing and Community Infrastructure Needs Survey
Hib	Haemophilus Influenza Type B
HIV	Human Immunodeficiency Virus
HMAC	Housing Minister's Advisory Council
HPA	Home Purchase Assistance
HREOC	Human Rights and Equal Opportunity Commission
ICD	International Classification of Diseases
ICD-9	International Classification of Diseases, ninth revision
ICD-10	International Classification of Diseases, tenth revision
ICD-10-AM	International Classification of Diseases, tenth revision, Australian modification
i.e.	that is
IES	Indigenous Enumeration Strategy
IESIP	Indigenous Education Strategic Initiatives Program
IHO	Indigenous Housing Organisation
IHS	Indigenous Health Survey
IPD	Invasive pneumococcal disease
ISDR	indirect standardised death rate
ISS	Indigenous Social Survey
JJ	juvenile justice
MACS	Multifunctional Aboriginal Children's Services

MCATSIA	Ministerial Council for Aboriginal and Torres Strait Islander Affairs
MDS	minimum data set
mm	millimetres
mt	missing teeth (deciduous teeth)
MT	missing teeth (permanent teeth)
n.a.	not available
NACCHO	National Aboriginal Community Controlled Health Organisations
NAGATSIHID	National Advisory Group – Aboriginal and Torres Strait Islander Health Information and Data
NATSIS	National Aboriginal and Torres Strait Islander Survey
NCCH	National Centre for Classification in Health
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NCSDC	National Community Services Data Committee
NCSDD	National Community Services Data Dictionary
NCSIA	National Community Services Information Agreement
NCSIG	National Community Services Information Group
NDA	National Disability Administrators
NDSHS	National Drug Strategy Household Survey
n.e.c.	not elsewhere classified
n.f.d.	not further defined
n.f.p.	not for publication
NHDAMG	National Housing Data Agreement Management Group
NHDD	National Health Data Dictionary
NHIMG	National Health Information Management Group
NHMD	National Hospital Morbidity Database
NHMRC	National Health and Medical Research Council
NHS	National Health Survey
NIHIIC	National Indigenous Housing Information Implementation Committee
NIHIP IWG	National Indigenous Health Information Plan Implementation Working Group
NMDS	National Minimum Data Set
NNDSS	National Notifiable Diseases Surveillance System
NNS	National Nutrition Survey
no.	number
n.p.	not available for publication but included in totals where applicable, unless otherwise stated
NPSU	National Perinatal Statistics Unit
NSW	New South Wales
NT	Northern Territory
OATSIH	Office for Aboriginal and Torres Strait Islander Health (part of CDHAC)
PBS	Pharmaceutical Benefits Scheme
PDS	Public Dental Service
PRA	Private Rent Assistance
Qld	Queensland
RA	Remoteness Area
RAATSICC	Remote Area Aboriginal and Torres Strait Islander Child Care Program
SA	South Australia
SAAP	Supported Accommodation Assistance Program
SADS	South Australian Dental Service
SCATSIH	Steering Committee on Aboriginal and Torres Strait Islander Health
SCRCCSP	Steering Committee for the Review of Commonwealth–state Service Provision

SIGNAL	Strategic Inter-Governmental Nutrition Alliance
SMR	standardised mortality ratio
SMS	substance use service
STI	sexually transmitted infection
Tas.	Tasmania
TB	tuberculosis
THS	Territory Health Services
TSI	Torres Strait Islander
Uni.	University
Vic.	Victoria
WA	Western Australia
WHO	World Health Organisation

#### EFFECTS OF ROUNDING

Where figures have been rounded, discrepancies may occur between sums of the component items and totals. Published percentages are calculated prior to rounding of the figures and therefore some discrepancy may exist between these percentages and those that could be calculated from the rounded figures.

## GLOSSARY

**Aboriginal person** A person who identifies himself or herself to be of Aboriginal origin. See also Indigenous.

**Aboriginal and Torres Strait Islander Commission (ATSIC) Region** ATSIC Regions are legally prescribed areas for the purposes of administration by the Commission and for the election of members to that Commission. At the time of the 2001 Census, there were 36 ATSIC Regions, which together covered all of Australia.

**Administrative data** Data that are routinely collected in the course of general administration. Includes data from the Registrars of Births, Deaths and Marriages and hospital morbidity data.

**Age standardisation** To allow for the comparison of populations with different age structures, where required, estimates in this publication are age standardised to the age composition of the total estimated resident population of Australia as at 30 June 1991 for administrative data, and at 30 June 2001 for ABS survey data. The age standardised rate is that which would have prevailed if the studied population had the standard age composition.

**Alcohol risk level** Measures related to alcohol consumption vary from survey to survey.

In the 2001 National Health Survey (NHS), risk level was derived from the average daily consumption of alcohol by adults aged 18 years and over, in the seven days prior to interview and are grouped into relative risk levels as defined by the National Health and Medical Research Council (NHMRC) as follows:

CONSUMPTION PER DAY

	<i>Males</i>	<i>Females</i>
<i>Relative risk</i>	<i>mls</i>	<i>mls</i>
Low	Less than 50	Less than 25
Moderate	50–75	25–50
High	Greater than 75	Greater than 50

It should be noted that risk level as defined by the NHMRC is based on regular consumption levels of alcohol, whereas indicators derived in the NHS do not take into account whether consumption in the reference week was more, less or the same as usual, or whether consumption was regular.

In the 2001 National Drug Strategy Household Survey, risk level was derived from the average weekly consumption of alcohol by persons aged 14 years and over, in the 12 months prior to interview. See AIHW 2003j for further details.

**Before/after school care** Provides care for school-aged children before and/or after school during the school term.

**Body mass index (BMI)** Calculated from reported height and weight by dividing weight (kg) by the square of the height (m). This publication presents BMI in groups which are consistent with recommendations of the National Health and Medical Research Council (NHMRC) (1985) and those of the World Health Organisation (WHO) (1995).

BODY MASS INDEX (NHMRC)

*Relative risk*

Underweight	Less than 20
Acceptable	20 to less than 25
Overweight	25 to less than 30
Obese	30 and greater

BODY MASS INDEX (WHO)

*Relative risk*

Underweight	Less than 18.5
Acceptable	18.5 to less than 25
Overweight	25 to less than 30
Obese	30 and greater

**Bounded Locality** See Section of state.

**Canadian National Occupancy Standard** There is currently no universally accepted definition of overcrowding. This publication refers to the Canadian National Occupancy Standard, used in recent 2001 Census of Population and Housing results, and the 1999 Australian Housing Survey (ABS 2001a).

The criteria are:

- there should be no more than two persons per bedroom
- children less than five years of age of different sexes may reasonably share a bedroom
- children five years of age or older of opposite sex should have separate bedrooms
- children less than 18 years of age and of the same sex may reasonably share a bedroom
- single household members 18 years or over should have a separate bedroom, as should parents or couples.

**Canadian National  
Occupancy Standard**  
*continued*

This differs from the 'proxy occupancy standard' presented in the National Housing Assistance Data Dictionary (AIHW 2001c), which considers households requiring two or more bedrooms to meet the standard to be overcrowded. Standard bedroom requirements for specified households are as follows:

- single adult — 2 bedrooms
- single adult (group) — 1 bedroom per adult
- couple with no children — 2 bedrooms
- sole parent or couple with 1 child — 2 bedrooms
- sole parent or couple with 2 or 3 children — 3 bedrooms
- sole parent or couple with 4+ children — 4 bedrooms.

It is envisaged that the appropriateness of this concept in an Indigenous context will be reviewed by the National Indigenous Housing Information Implementation Committee, in consultation with the National Housing Data Agreement Management Group.

**Capital city** All state and territory capital city Statistical Divisions.

**Care and protection orders** Children subject to a care and protection order are those 'for whom the community services department has a responsibility as a result of some formal legal order or an administrative/voluntary arrangement. Only orders issued for protective reasons are included' (AIHW 2003b).

**Census** A census is a count of a whole population. The Census of Population and Housing measures the number of people in Australia and their key characteristics, at a given point in time. The Australian Bureau of Statistics (ABS) conducts the Census every five years, the last was in August 2001. In this publication the word 'Census' indicates an ABS Census of Population and Housing.

**Collection District (CD)** The CD is the smallest geographical area defined in the Australian Standard Geographical Classification (ASGC). It has been designed for use in the Census of Population and Housing as the smallest unit for collection, processing and output of data (except Work Destination Zones). CDs also serve as the basic building block in the ASGC and are used for the aggregation of statistics to larger ASGC areas, and some census-specific areas, such as Commonwealth and State electoral divisions and D-derived Postal Areas (ABS 2001f).

<b>Community Development Employment Projects (CDEP)</b>	The CDEP scheme enables participants (usually members of Aboriginal and Torres Strait Islander communities) to exchange unemployment benefits for opportunities to undertake work and training in activities which are managed by a local Aboriginal or Torres Strait Islander community organisation. The CDEP scheme is funded and supported through the Aboriginal and Torres Strait Islander Commission, which provides grants to participating community organisations to employ community members.
<b>Community health centre</b>	A facility that provides a range of medical and health related services to the community. The centre may also provide advice to people on issues such as sexually transmitted diseases, immunisation and family planning. In remote areas not all of these services may be available, but the centre would usually have nurses, health workers and/or doctors in regular attendance.
<b>Dialysis (haemodialysis, peritoneal dialysis)</b>	A treatment for end-stage renal disease, where the work of the kidneys is performed artificially. In haemodialysis, the patient's blood is passed through a semi-permeable tube where it is cleansed and pumped back into the body. Haemodialysis needs to be performed a few times a week for several hours at a time, either at a hospital/clinic, or at home. In peritoneal dialysis, the patient's abdomen is used instead of the tube. Fluid is passed into the abdomen via a semi-permanent catheter. As the patient's blood is cleansed, the fluid is drained and refilled, using gravity. This takes place 4–5 times daily. Continuous ambulatory peritoneal dialysis, where the patient is able to move around, is the most common form of peritoneal dialysis. It can be performed either at home or in a hospital/clinic.
<b>Discrete Indigenous community</b>	A geographical location with a physical or legal boundary that is inhabited or intended to be inhabited predominantly (more than 50%) by Indigenous people, with housing and infrastructure that is either owned or managed on a community basis.
<b>dmft (infant teeth)</b>	Used to measure the number of decayed, missing or filled deciduous (infant) teeth. It is derived by adding the number of teeth which are decayed, missing or have been filled due to caries (i.e. tooth decay).
<b>DMFT (adult teeth)</b>	Used to measure the number of decayed, missing or filled permanent (adult) teeth. It is derived by adding the number of teeth which are decayed, missing or have been filled due to caries (i.e. tooth decay).

**Equivalised income** Equivalence scales are used to adjust the actual incomes of households in a way that enables the analysis of the relative economic wellbeing of people living in households of different size and composition. For example, it would be expected that a household comprising two people would normally need more income than a lone person household if all of the people in the two households are to enjoy the same material standard of living. Adopting a per capita analysis would address one aspect of household size difference, but would address neither compositional difference (i.e. the numbers of adults compared with the numbers of children) nor the economies derived from living together.

When household income is adjusted according to an equivalence scale, the equivalised income can be viewed as an indicator of the economic resources available to a standardised household. For a lone person household, it is equal to income received. For a household comprising more than one person, equivalised income is an indicator of the household income that would be required by a lone person household in order to enjoy the same level of economic wellbeing as the household in question.

In this publication, a 'modified OECD' equivalence scale has been used, the scale widely accepted among Australian analysts of income distribution. This scale allocates 1.0 point for the first adult (aged 15 years and over) in a household; 0.5 for each additional adult; and 0.3 for each child. Equivalised household income is derived by dividing total household income by the sum of the equivalence points allocated to household members. For example, if a household received combined gross income of \$2,100 per week and comprised two adults and two children (combined household equivalence points of 2.1), the equivalised gross household income for each household member would be calculated as \$1,000 per week. For more information on the use of equivalence scales, see *Income Distribution, Australia, 2000–01*, (cat. no. 6523.0).

#### Equivalised gross household income

Gross household income adjusted using an equivalence scale. For a lone person household it is equal to income received. For a household comprising more than one person, it is an indicator of the disposable household income that would be required by a lone person household in order to enjoy the same level of economic wellbeing as the household in question. For further information on the calculation of equivalised gross household income, refer to *Income Distribution, Australia, 2000–01* (cat. no. 6523.0).

#### Income quintiles

Groupings that result from ranking all households or people in the population in ascending order according to their household income and then dividing the population into five equal groups, each comprising 20% of the estimated population.

**Dwelling** In general terms, a dwelling is a structure which is intended to house people. The exact definition of 'dwelling', however, varies slightly between data sources. Within this publication, dwellings are referred to as 'private dwellings', as reported in the Census, and 'permanent dwellings', as reported in the Community Housing and Infrastructure Needs Survey. The term 'occupied private dwelling' is used interchangeably with the term 'private dwelling'.

- '*Private dwellings*' refer to private dwellings occupied by one or more people. A private dwelling is normally a house, flat or even a room. It can also be a caravan, houseboat, tent, or a house attached to an office, or rooms above a shop. Houses under construction, derelict houses and vacant tents are not counted, nor are hotels, guest houses, prisons, hospitals or other communal dwellings (ABS 2001f).
- '*Permanent dwellings*' refer to buildings designed for people to live in, with fixed walls, roof and doors. They usually have kitchen and bathroom facilities, although this is not necessary provided that these facilities could be built into the dwelling. These dwellings are made from regular building materials and are intended for long term residential use. Dwellings were not considered as permanent unless they had internal walls dividing the living space into separate rooms (ABS 2002d).

**Employed** In the Census, employed people are those aged 15 years or more who, during the week prior to Census night:

- worked for payment or profit or
- had a job from which they were on leave or otherwise temporarily absent or
- were on strike or stood down temporarily or
- worked as unpaid helpers in a family business.

**Estimated resident population (ERP)** The official Australian Bureau of Statistics estimate of the Australian population. The ERP is based on results of the Census of Population and Housing and is compiled as at 30 June of each census year, and is updated quarterly between censuses. These intercensal estimates of the resident population are revised each time a population census is taken. Rates are calculated per 1,000 or 100,000 mid year (30 June) ERP.

The Indigenous ERP is considered to be experimental because satisfactory data on births, deaths and migration are not generally available, and because of the volatility of counts of the Indigenous population between censuses. See Chapter 2 for more details.

**Ex-nuptial births** Births to parents who are not married.

<b>Family</b>	A family is defined by the Australian Bureau of Statistics as two or more persons, one of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step or fostering, and who are usually resident in the same household. Some households contain more than one family. Non-related persons living in the same household are not counted as family members (unless under 15 years of age).
<b>Family day care</b>	A network of caregivers who provide care for children aged 0–12 years in the carer’s own home.
<b>Fertility rate</b>	Represents the number of children a woman would bear during her lifetime if she experienced current age-specific fertility rates throughout her reproductive life.
<b>Fetal death rate</b>	The number of fetal deaths in a year per 1,000 total births in the same year.
<b>Fetal death (stillbirth)</b>	Death prior to the complete expulsion or extraction from its mother of a product of conception of 20 or more completed weeks of gestation or of 400 grams or more of birthweight (criteria used for the state and territory perinatal collections).
<b>First aid clinic</b>	A facility where an individual can receive life-saving or pain-relieving primary aid.
<b>Health Care Card</b>	These cards provide for medical and/or related services free of charge or at reduced rates to recipients of Commonwealth government pensions or benefits.
<b>High level residential aged care</b>	Residential aged care services delivered to residents with high levels of dependency. These are approximately equivalent to the services delivered by nursing homes in the past.
<b>High volume form</b>	Most Supported Accommodation Assistance Program (SAAP) agencies use the general client form to collect data for the SAAP Client collection. This form has 29 questions. ‘High volume’ agencies have a large number of clients and a high client throughput. These agencies use a ‘high volume’ client form with a subset of questions from the general client form. Generally, high volume agencies include those providing accommodation to more than 50 people per night, telephone referral agencies, day centres and information and referral centres.
<b>Hospital separation</b>	Refers to the process by which an admitted patient completes an episode of care in hospital, by being discharged, transferring to another hospital or care facility, or dying. A hospital separation record refers to a patient’s administrative record on discharge from hospital. The record gives demographic details such as age, sex and Indigenous status, as well as reasons for hospitalisation, and treatments or procedures performed.

**Household** A household is defined as a group of two or more related or unrelated people who usually reside in the same dwelling, who regard themselves as a household, and who make common provision for food or other essentials for living; or a person living in a dwelling who makes provision for his/her own food and other essentials for living, without combining with any other person (i.e. a lone-person household).

For the purpose of this, and other Australian Bureau of Statistics 2001 Census of Population and Housing related publications, households are separated into those containing at least one Indigenous person(s), and Other households:

- *'Households with Indigenous person(s)'* include households in occupied private dwellings with at least one resident who has been identified as Indigenous, and who was enumerated at home on Census night. The other residents of the household may have been identified as Indigenous, non-Indigenous, or have Indigenous status unknown.
- *'Other households'* include households in occupied private dwellings not identified as 'households with Indigenous person(s)' as discussed above, because no residents were identified as Indigenous on Census night. These households may include non-Indigenous residents and residents whose Indigenous status was unknown.

This differs from the scope of households used in previous editions of this publication (ABS and AIHW 2001). Previously, an Indigenous household was a family household where any family in the household was defined as an Indigenous family. An Indigenous family was one in which either the reference person or his/her spouse was of Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander origin. In the Australian Housing Survey 1999, an Indigenous household was defined as any household containing at least one person of Aboriginal and/or Torres Strait Islander origin aged 15 years and over.

**Household income** Household income is the sum of the personal incomes of each resident aged 15 years or more present in the household. In the Census, persons who were temporarily absent on Census night, had nil or negative income, or did not state their income, are not included in the census tally of household income.

**Households with Indigenous person(s)** See Household.

**Illicit drugs** Refers to a variety of substances that are either illegal to possess, or legally available, but used inappropriately. In the 2001 National Drug Strategy Household Survey, the term 'illicit drugs' included marijuana/cannabis, pain-killers/analgesics, tranquilisers/sleeping pills, steroids, barbiturates, inhalents, heroin, methadone, other opiates, amphetamines, cocaine, hallucinogens, ecstasy/designer drugs, and injected drugs.

<b>Incidence</b>	The number of new cases of a particular illness commencing during a given period in a specified population (see also Prevalence).
<b>Income</b>	Refers to regular gross weekly income, which is the income before tax, superannuation, health insurance, or other deductions are made. Gross income includes family allowance, family allowance supplement, pensions, unemployment benefits, student allowances, maintenance (child support), superannuation, wages, overtime, dividends, rents received, interest received, business or farm income (less operation expenses) and workers compensation received.
<b>Income unit — Commonwealth Rent Assistance (CRA)</b>	A CRA income unit is defined as either a single person or a couple with or without dependants. Children over 16 years of age are not regarded as dependent unless they are full-time secondary students aged under 18 years and do not receive social security payments. An Indigenous income unit is defined as an income unit where either the customer or partner has identified as being an Aboriginal or Torres Strait Islander.
<b>Independent housing</b>	Refers to housing which is categorised as owner-occupied, a rooming house, hostel, hotel or private board, public or community housing, private rental, living rent-free or in a car, tent, park, street or squat.
<b>Indigenous person</b>	A person who identifies himself or herself to be of Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander origin. See also Aboriginal, or Torres Strait Islander.
<b>Indigenous household</b>	An Indigenous household is one that contains one or more Indigenous people. See also Household.
<b>Indigenous Housing Organisation</b>	Any Aboriginal or Torres Strait Islander organisation which is responsible for managing housing for Indigenous people. This includes community organisations, such as Resources Agencies and Land Councils, that have a range of functions, provided that they manage housing for Indigenous people.
<b>Indigenous income unit</b>	An income unit in which the client of a community services program, or their partner, has identified as being of Aboriginal or Torres Strait Islander descent. See Income unit.
<b>Infant mortality</b>	Deaths of children under one year of age.
<b>Inner Regional Australia</b>	See Remoteness Area. This term has been abbreviated to 'Inner Regional' in graphs presented within this publication.
<b>Jurisdiction</b>	As used in this publication, refers to the states and territories of Australia.
<b>Koori</b>	The preferred term used to describe Indigenous people in some parts of south-eastern Australia.
<b>Labour force status</b>	Identifies whether a person aged 15 years or over is employed, unemployed, or not in the labour force. See also Employed, Unemployed, Not in the labour force.

<b>Landlord type</b>	For rented dwellings, this variable provides information on the person or organisation from whom the dwelling is rented. The landlord is classified as: Private Landlord; Real Estate Agent; state–territory Housing Authority; Community or Co-operative Housing Group; Employer-Government; Employer-Other; or Other.
<b>Life tables</b>	A life table is a statistical model used to show the life expectancy and hence levels of mortality at different ages. It depicts the mortality experience of a hypothetical group of newborn babies throughout their lifetimes. Life tables may be complete or abridged, depending on the age interval used in their compilation. Complete life tables such as those for the Australian population contain data by single years of age, while abridged life tables, such as those for the Indigenous population, contain data for five-year age groups. Life tables are presented separately for each sex.
<b>Long-day care centre</b>	A day care centre that is open for at least eight hours a day and at least 48 weeks a year. Caters mostly for under school-age children whose parents are in the paid workforce, are looking for work, or are in education or training.
<b>Long-term health condition</b>	Refers to medical conditions (illness, injury or disability) which have lasted at least six months, or which the respondent expects to last for six months.
<b>Low birthweight</b>	Birthweight of less than 2,500 grams.
<b>Major Cities of Australia</b>	See Remoteness Area. This term has been abbreviated to ‘Major Cities’ in graphs presented within this publication.
<b>Median</b>	Median is a midpoint of a distribution. Half the values occur above this point and half below.
<b>Median income</b>	Median income is the midpoint of the distribution of income.
<b>Morbidity</b>	Any departure, subjective or objective, from a state of physiological or psychological wellbeing.
<b>Multiple causes of death</b>	All morbid conditions, diseases and injuries entered on the death certificate. These include those involved in the morbid train of events leading to death which were classified as either the underlying cause, the immediate cause, or any intervening causes and those conditions which contributed to death, but were not related to the disease or condition causing death. For deaths where the underlying cause was identified as an external cause (injury or poisoning) multiple causes include circumstances of injury, the nature of injury as well as any other conditions reported on the death certificate.
<b>Neonatal death</b>	Death of a liveborn infant within 28 days of birth.
<b>Neonatal mortality rate</b>	The number of neonatal deaths in a year per 1,000 live births in the same year.

<b>Non-remote</b>	See Remote.
<b>Non-school educational qualification</b>	This variable describes the level of the highest non-school educational qualification gained (e.g. bachelor degree, diploma, etc.). Level of attainment is coded as defined by the Australian Bureau of Statistics Classification of Qualifications.
<b>Not in the labour force</b>	Includes people aged 15 years or more who were neither employed nor unemployed. This category includes people who were retired, pensioners and people engaged in home duties. See also Employed, Unemployed, Labour force status.
<b>Nuptial births</b>	Births to parents who are married.
<b>Obese</b>	See Body mass index.
<b>Occasional care</b>	Provides care mainly for under school-age children. These services cater mainly for families who require short-term care for their children.
<b>Occupation</b>	In the Census, this variable describes the main job held by employed people (aged 15 years and over) during the week prior to Census night.
<b>Other households</b>	See Household.
<b>Other Territories</b>	Comprises Christmas Island, Cocos (Keeling) Islands, and Jervis Bay Territory.
<b>Outer Regional Australia</b>	See Remoteness Area. This term has been abbreviated to 'Outer Regional' in graphs presented within this publication.
<b>Own account workers</b>	An own account worker is a person who operates his/her own unincorporated economic enterprises or engages independently in a profession or trade and hires no employees. This category was called 'Self-employed' in the 1991 Census.
<b>Participation rate</b>	Number of persons in the labour force (i.e., employed plus unemployed) expressed as a percentage of the population aged 15 years and over. The participation rate is calculated excluding those who did not state their labour force status. See also Labour force status, Employed, Unemployed, Not in the labour force.
<b>Perinatal death/mortality</b>	A fetal or neonatal death.
<b>Perinatal mortality rate</b>	The number of perinatal deaths per 1,000 total births in the same year.
<b>Permanent dwelling</b>	See Dwelling.
<b>Place of enumeration</b>	The place where a person was located when counted on Census night.
<b>Prevalence</b>	The number of instances of a specific disease present in a given population at a designated point in time (see also Incidence).
<b>Principal diagnosis</b>	The diagnosis established to be chiefly responsible for a patient's hospitalisation.

<b>Private dwelling</b>	See Dwelling.
<b>Procedure (hospital)</b>	Procedures encompass surgical procedures and also non-surgical investigative and therapeutic procedures such as x-rays and chemotherapy. Because a procedure is not undertaken every time a patient visits hospital, the number of hospital separations always exceeds procedures recorded.
<b>Reference person</b>	The reference person in the Census is the person who is used as the basis for determining the familial and non-familial relationships within a household. It is usually the person identified as Person 1 on the Census Household form.
<b>Remote</b>	<p>The term 'Remote' is used in this publication to indicate those respondents living in areas that lie within either the 'Very Remote Australia' or 'Remote Australia' categories of the Australian Standard Geographical Classification Remoteness structure (see Remoteness Area). Non-remote areas are those that lie within the 'Major Cities of Australia', the 'Inner Regional Australia' and the 'Outer Regional Australia' categories.</p> <p>The term may also refer to the Remoteness Area classification 'Remote Australia' when presented in the context of other Remoteness classifications (see Remoteness Area).</p>
<b>Remote Australia</b>	See Remoteness Area. This term has been abbreviated to 'Remote' in graphs presented within this publication.
<b>Remoteness Area</b>	<p>Within a state or territory, each Remoteness Area represents an aggregation of non-contiguous geographical areas which share common characteristics of remoteness, determined in the context of Australia as a whole.</p> <p>The delimitation criteria for Remoteness Areas are based on the Accessibility/Remoteness Index of Australia (ARIA) developed by the Commonwealth Department of Health and Aged Care and the National Key Centre for Social Applications of GIS. ARIA measures the remoteness of a point based on the physical road distances to the nearest Urban Centre in each of the five size classes. Therefore, not all Remoteness Areas are represented in each state or territory.</p> <p>There are six Remoteness Areas in this structure:</p> <ul style="list-style-type: none"> <li>■ Major Cities of Australia: Collection Districts (CDs) with an average ARIA index value of 0 to 0.2</li> <li>■ Inner Regional Australia: CDs with an average ARIA index value greater than 0.2 and less than or equal to 2.4</li> <li>■ Outer Regional Australia: CDs with an average ARIA index value greater than 2.4 and less than or equal to 5.92</li> <li>■ Remote Australia: CDs with an average ARIA index value greater than 5.92 and less than or equal to 10.53</li> </ul>

**Remoteness Area** *continued*

- Very Remote Australia: CDs with an average ARIA index value greater than 10.53
- Migratory: composed of off-shore, shipping and migratory CDs. These data have not been presented separately in this publication.

For more information on how ARIA is defined see ABS 2001f and ABS 2001g.

**Risk factor** An aspect of lifestyle or behaviour, a health condition, an environmental exposure, or an inborn or inherited characteristic, known to be associated with health-related conditions considered important to prevent.

**Rural** Rural localities and towns with a total population of under 1,000 people. Most remote Aboriginal and Torres Strait Islander communities are included in this category. See also Section of state.

'Rural' also forms part of the Rural, Remote and Metropolitan Areas Classification (RRMA). RRMA has been used to classify the geographic location of medical practitioners, as reported in Chapter 4. In the classification, 'rural' zone includes small rural centres (urban centre population between 10,000 and 24,999), large rural centres (urban centre population between 25,000 and 99,000), and other rural centres (urban centre population less than 10,000), with each having an index of remoteness less than 10.5. More information on RRMA is available elsewhere (Department of Primary Industries and Energy and Department of Human Services and Health 1994).

**Section of state** Within a state or territory, each Section of state represents an aggregation of non-contiguous geographic areas of a particular urban/rural type.

The Sections of state within each state and territory are:

- Major Urban — all urban centres with a population of 100,000 and over
- Other Urban — all urban centres with a population of 1,000 to 99,999
- Bounded Locality — all population clusters of 200 to 999 people
- Rural Balance—the rural remainder of the state or territory.

An additional category (offshore, shipping and migratory Collector Districts) includes people who were enumerated on off-shore oil rigs, drilling platforms and the like, aboard ship in Australian waters, or on an overnight journey by train or bus. There is one such category for each state and the Northern Territory. This category is not used in this publication.

**Self-assessed health status** Refers to respondents' perception of own general health status. In the National Health Survey and the National Aboriginal and Torres Strait Islander Survey, respondents were asked to rate their health as excellent, very good, good, fair, or poor.

**Smoker status** The definitions of smoking vary slightly from survey to survey.

In the 2001 National Health Survey, smoking status was collected from adults aged 18 years and over, and referred to regular smoking (at the time of the interview) of tobacco, including manufactured (packet) cigarettes, roll-your-own cigarettes, cigars and pipes, but excluded chewing tobacco and smoking of non-tobacco products. Categorised as:

- current regular (daily) smoker
- current smoker not regular
- ex-regular smoker
- never smoked regularly.

'Regular smoking' was defined as one or more cigarettes (or pipes or cigars) per day on average as reported by the respondent.

In the 2001 National Drug Strategy Household Survey, smoking status was collected from all persons aged 14 years and over, and categorised as:

- daily smoker
- occasional smoker
- ex-smoker
- never smoked.

Definitions of daily or occasional smoker were not limited to specific amounts per day. The remaining categories were for those respondents reporting no longer smoking, or having never smoked at least 100 cigarettes (manufactured and/or roll-your-own) or the equivalent amount of tobacco in their life.

**Torres Strait Islander** A person who identifies himself or herself to be of Torres Strait Islander origin. See also Indigenous.

**Underlying cause of death** The disease or injury which initiated the morbid train of events leading directly to death. Accidental and violent deaths are classified to the external cause, that is, to the circumstance of the accident or violence which produced the fatal injury rather than to the nature of the injury.

**Unemployed** In the Census, unemployed people are those who, during the week prior to Census night, did not have a job but were actively looking for work (either full-time or part-time) and were available to start work.

**Unemployment rate** The unemployment rate is the number of unemployed people expressed as a percentage of the labour force (i.e. employed plus unemployed persons).

**Urban** See Section of state.

<b>Usual daily serves of fruit</b>	Refers to the number of serves of fruit (excluding drinks and beverages) usually consumed each day, as reported by the respondent. A serve is approximately 150 grams of fresh fruit or 50 grams of dried fruit. Low usual daily fruit intake is defined as eating one serve or less per day, which includes not eating fruit at all.
<b>Usual daily serves of vegetables</b>	Refers to the number of serves of vegetables (excluding drinks and beverages) usually consumed each day, as reported by the respondent. A serve is approximately half a cup of cooked vegetables or one cup of salad vegetables — equivalent to approximately 75 grams. Low usual daily vegetable intake is defined as eating one serve or less per day, which includes not eating vegetables at all.
<b>Usual residence</b>	Refers to the place where the person has lived or intends to live for a total of six months or more, as indicated during Census collection.
<b>Very Remote Australia</b>	See Remoteness Area. This term has been abbreviated to 'Very Remote' in tables and graphs presented within this publication.



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Readers are referred to the list of abbreviations for the key to abbreviations used in the reference list.

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