Appendix 2: Data tables

1.01 Incidence of heart attacks

Table A1.01(a): Coronary heart disease events, people aged 40–90 years, Australia, 1993–94 to 2000–01

	1993–94	1994–95	1995–96	1996–97	1997–98	1998–99	1999–00	2000–01
Males	1,046	1,020	1,002	960	913	874	843	815
Females	511	500	472	457	434	416	404	392

Notes

1. Age-standardised incidence rates.
2. Data are for financial years, reflecting how hospital admission data are collected in the National Hospital Morbidity Database. To align the mortality data, which are based on calendar years, with the hospital data, coronary deaths are averaged over consecutive years to obtain financial year data.
3. CHD codes ICD-9 are 410–414, ICD-10-AM codes are I20–I25; AMI ICD-9 code 410 and ICD-10-AM code I21.
4. For CHD, mortality data for 1997 and earlier have been multiplied by 1.01 to allow for the change in automated coding system by the Australian Bureau of Statistics (ABS).

Source: AIHW National Hospital Morbidity Database. AIHW National Mortality Database. Methods described in AIHW: Mathur S 2002, *Epidemic of Coronary Heart Disease and its Treatment in Australia*.

Table A1.01(b): Estimated CHD events per 1000,000 population using hospital morbidity data and mortality data, by age group, 2000–01

Age group	Males	Females
40–44	23.3	5.6
45–49	44.6	9.2
50–54	73.7	15.8
55–59	125.0	35.7
60–64	220.1	60.5
65–69	372.5	134.7
70–74	655.2	307.6
75–79	1,122.5	583.0
80–84	1,971.5	1,262.1
85–90	3,582.7	2,691.0
40–90	323.2	300.1

Notes

1. Age-specific rates.
2. Data are for financial years, reflecting how hospital admission data are collected in the National Hospital Morbidity Database. To align the mortality data, which are based on calendar years, with the hospital data, coronary deaths are averaged over consecutive years to obtain financial year data.
3. CHD codes ICD-9 are 410–414, ICD-10-AM codes are I20–I25; AMI ICD-9 code 410 and ICD-10-AM code I21.
4. For CHD, mortality data for 1997 and earlier have been multiplied by 1.01 to allow for the change in automated coding system by the Australian Bureau of Statistics (ABS).

Source: AIHW National Hospital Morbidity Database. AIHW National Mortality Database. Methods described in AIHW: Mathur S 2002, *Epidemic of Coronary Heart Disease and its Treatment in Australia*.

1.02 Incidence of cancer

Table A1.02: Age standardised incidence rates per 100,000 population for selected cancers and all cancers, Australia, 1999

	Males	Females
Colorectal	74.4	54.1
Melanoma	53.3	37.4
Lung	63.8	25.7
Prostate	125.3	. .
Breast	. .	110.6
Cervix	. .	8.2
Non-Hodgkin's lymphoma	21.0	14.9
All cancers	533.7	383.1

Notes

1. The 'All cancers' group covers all malignant neoplasms (ICD 10 codes C00–C96) excluding non-melanoma skin cancer (C44) which is not a registrable cancer, and so is not comprehensively recorded in cancer registries. See Appendix 3 for codes of selected cancers.
2. All rates are expressed per 100,000 males and per 100,000 females and are age standardised to the June 2001 Australian population.

Sources: AIHW & Australasian Association of Cancer Registries (AACR) 2002. Cancer in Australia 1999. AIHW Cat. no. CAN 15. Canberra: AIHW (Cancer Series no. 20). AIHW (unpub.).

Table A1.02(a): Incidence rates for all cancers, by sex, Australia, 1983–1999

	Males	Females
1983	460.5	323.5
1984	472.1	331.2
1985	481.1	336.9
1986	473.7	338.3
1987	490.9	351.5
1988	497.1	350.5
1989	504.6	352.9
1990	517.2	355.6
1991	525.7	369.4
1992	546.2	370.3
1993	580.2	374.8
1994	608.2	387.1
1995	587.2	393.1
1996	561.0	384.9
1997	550.8	388.6
1998	541.8	390.5
1999	533.7	383.1

Notes

1. The 'All cancers' group covers all malignant neoplasms (ICD 10 codes C00–C96) excluding non-melanoma skin cancer (C44) which is not a registrable cancer, and so is not comprehensively recorded in cancer registries. See Appendix 3 for codes of selected cancers.
2. All rates are expressed per 100,000 males and per 100,000 females and are age standardised to the June 2001 Australian population.

Sources: AIHW & AACR 2002, *Cancer in Australia 1999.* AIHW (unpub.)

Table A1.02(b): Incidence rates for all cancers, by age and sex, 1999, Australia

	Males	Females
0–4	23.1	21.4
5–9	11.9	8.7
10–14	11.4	12.8
15–19	28.4	21.7
20–24	36.4	38.3
25–29	55.0	63.2
30–34	78.4	109.0
35–39	109.7	165.4
40–44	158.4	269.2
45–49	249.0	393.5
50–54	453.5	564.4
55–59	808.1	744.9
60–64	1,275.2	934.4
65–69	1,942.7	1,147.1
70–74	2,595.7	1,385.4
75–79	3,235.9	1,617.4
80–84	3,468.5	1,767.2
85 and over	3,831.6	1,911.6

Notes

1. The 'All cancers' group covers all malignant neoplasms (ICD 10 codes C00–C96) excluding non-melanoma skin cancer (C44) which is not a registrable cancer, and so is not comprehensively recorded in cancer registries. See Appendix 3 for codes of selected cancers.
2. All rates are expressed per 100,000 males and per 100,000 females and are age standardised to the June 2001 Australian population.

Sources: AIHW & AACR 2002. *Cancer in Australia 1999*. AIHW (unpub.).

1.03 Severe or profound core activity limitation

Table A1.03: Prevalence rates of severe and profound activity limitation, 1988, 1993 and 1998, Australia

	1988	1993	1998
Males			
5–14 years	2.5	2.9	4.9
15–64 years	2.2	2.4	3.4
65–74 years	6.1	7.2	8.5
75+ years	21.8	23.7	27.5
All ages	3.3	4.1	5.5
Females			
5–14 years	1.9	1.9	2.4
15–64 years	2.6	2.5	3.5
65–74 years	10.1	10.6	10.4

(continued)

Table A1.03 (continued): Prevalence rates of severe and profound activity limitation, 1988, 1993 and 1998, Australia

75+ years	35.5	32.3	36.7
All ages	4.4	4.8	5.9
Persons			
5–14 years	2.2	2.4	3.7
15–64 years	2.4	2.4	3.4
65–74 years	9.5	9.0	9.5
75+ years	30.7	29.1	33.4
All ages	**4.0**	**4.5**	**5.7**

Notes

1. Disability data were re-derived using criteria common to the three surveys.
2. Only people aged 5 years and over are included. Information on severity of core activity limitation among children aged under 5 years was collected in the 1998 survey but not in the previous surveys. These data are adjusted by the Australian Bureau of Statistics (ABS) to allow for some of the differences that occurred between 1993 and 1998 due to changes in the survey questions and protocol (ABS: Davis et al. 2001).
3. The rates are age-standardised against the June 2001 Australian population.

Source: AIHW analysis of ABS 1999, *Survey of disability, ageing and carers, 1998*.

Reference: ABS: Davis E, Beer J, Gligora C, Thorn A 2001. *Accounting for change in disability and severe restriction*, 1981–1988. Working papers in social and labour statistics. Working paper no. 2001/1. Canberra: ABS.

1.04 Life expectancy

Table A1.04(a): Life expectancy at birth, Australia, 1901 to 2001

	Males	Females
1901–1910	55.20	58.84
1920–1922	59.15	63.31
1932–1934	63.48	67.14
1946–1948	66.07	70.63
1953–1955	67.14	72.75
1960–1962	67.92	74.18
1965–1967	67.63	74.15
1970–1972	67.81	74.49
1975–1977	69.56	76.56
1980–1982	71.23	78.27
1985–1987	72.74	79.20
1990–1992	74.32	80.39
1995–1997	75.69	81.37
1999–2001	77.03	82.41

Sources: Australian Government Actuary 1999, *Australian Life Tables 1995–1997*. Australian Bureau of Statistics (ABS) 2002, *Deaths Australia 2001*.

Table A1.04(b): Life expectancy at birth, selected OECD countries, 2001

	Males		Females
Iceland	78.2	Japan	84.7
Japan	77.9	France	82.9
Sweden	77.7	Switzerland	82.8
Australia	77.4	Spain	82.6
Switzerland	77.3	Australia	82.6
Canada	76.6	Sweden	82.3
Italy	76.1	Italy	82.2
Norway	76.1	Canada	81.9
New Zealand	76.1	Austria	81.8
Austria	75.9	Luxembourg	81.8
Netherlands	75.8	Norway	81.4
France	75.6	Iceland	81.3
Greece	75.5	Finland	81.2
Spain	75.3	Germany	81.1
Germany	75.1	New Zealand	80.9
United Kingdom	75.1	Greece	80.8
Luxembourg	74.9	Netherlands	80.7
Denmark	74.8	United Kingdom	79.9
Finland	74.5	Denmark	79.5
United States	74.3	United States	79.5

Note: Only OECD countries are included, but data are sourced from the World Health Organization (WHO).

Source: WHO 2002, *The World Health Report 2002*.

1.05 Psychological distress

Table A1.05(a): Levels of psychological distress by sex, Australia, 2001

	Low	Moderate	High	Very high
Males	68.8	21.3	7.1	2.7
Females	60	24.7	10.9	4.4
Persons	64.3	23	9	3.6

Notes

1. As measured by the K10 scale, from which a score of 10 to 50 is produced.
2. Age-standardised percentages.

Sources: Australian Bureau of Statistics (ABS) 2002, *National Health Survey 2001: Summary of Results, Australia*.

Table A1.05(b): Prevalence rates of psychological distress by age and sex, Australia, 2001

Levels of psychological distress	18–24	25–34	35–44	45–54	55–64	65–74	75 and over	Mean (18 and over)
Males								
Low (10–15)	60.4	63.6	70	69.8	73.7	78.1	74.2	68.8
Moderate (16–21)	28.8	26.1	19.6	20.5	15.8	14.2	19.3	21.3
High (22–29)	8.1	8.4	7.8	6.1	6.9	5.8	4.6	7.1
Very high (30–50)	2.7	2.1	2.5	3.7	3.6	1.9	*1.9	2.7
Females								
Low (10–15)	46.3	54.4	59.4	61.8	67	71.2	68.7	60
Moderate (16–21)	31.7	29.8	25.1	22.7	20.2	18.4	19.2	24.7
High (22–29)	16.7	11.2	11.3	10	9.3	7	9.1	10.9
Very high (30–50)	5.4	4.6	4.2	5.5	3.6	3.4	3	4.4

Notes

1. As measured by the K10 scale, from which a score of 10 to 50 is produced.
2. Age-standardised percentages.
3. Figure for men aged 75 and over is an estimate, has a relative standard error of between 25% and 50%, and should be used with caution.

Source: Australian Bureau of Statistics (ABS) 2002, *National Health Survey 2001: Summary of Results, Australia*.

1.06 Potentially avoidable deaths

Table A1.06(a): Primary, secondary and tertiary potentially avoidable mortality and 'unavoidable' mortality rates, 1980–2001, Australia

	Males						Females					
	Avoidable deaths per 100,000					Unavoidable deaths per 100,000	Avoidable deaths per 100,000					Unavoidable deaths per 100,000
	All avoidable deaths	Primary	Secondary	Tertiary	All causes		All avoidable deaths	Primary	Secondary	Tertiary	All causes	
1980	509.8	279.5	120.0	110.3	670.8	161.0	239.3	106.1	72.2	61.0	333.0	93.6
1981	497.6	274.5	115.8	107.3	656.9	153.5	233.3	103.9	69.9	59.5	325.3	90.2
1982	495.0	273.9	114.8	106.2	641.4	156.4	235.2	105.6	69.7	59.9	318.3	94.8
1983	456.9	253.5	106.2	97.2	628.8	149.9	226.2	102.2	66.2	57.8	312.8	91.2
1984	435.7	242.4	101.8	91.5	616.7	146.8	214.4	97.0	62.7	54.7	307.5	91.0
1985	443.9	249.2	101.5	93.2	605.1	152.5	221.9	100.0	65.4	56.6	302.8	93.9
1986	415.5	232.7	95.6	87.3	592.0	149.0	214.2	97.3	62.5	54.4	297.6	89.1
1987	409.9	231.6	93.6	84.8	580.1	146.5	202.8	91.7	59.5	51.6	292.6	87.8
1988	401.2	226.7	90.7	83.8	570.9	150.2	202.4	93.2	57.8	51.4	288.3	87.9
1989	390.9	221.4	88.9	80.6	561.7	150.8	200.0	92.2	57.2	50.6	284.5	87.9
1990	363.9	205.8	83.5	74.5	551.6	150.7	188.3	87.0	53.8	47.5	280.3	86.3
1991	344.7	196.5	78.5	69.6	539.5	144.8	180.7	83.0	52.0	45.7	275.0	84.8
1992	338.8	194.1	76.7	68.1	528.0	147.4	176.7	82.0	49.8	44.9	270.1	85.2
1993	320.8	182.7	73.6	64.6	517.4	143.3	169.3	78.0	48.8	42.5	265.5	80.9
1994	315.0	179.5	72.4	63.1	506.2	145.1	164.8	76.4	47.0	41.4	260.4	82.3
1995	302.8	173.1	69.4	60.3	497.8	140.7	161.4	75.4	45.6	40.3	256.8	79.2
1996	299.8	173.1	67.8	58.9	489.7	135.8	156.3	73.6	44.1	38.6	253.3	78.6
1997	278.7	161.1	63.2	54.4	481.2	143.7	147.8	70.5	41.0	36.4	250.2	86.2

(continued)

Table A1.06(a) (continued): Primary, secondary and tertiary potentially avoidable mortality and 'unavoidable' mortality rates, 1980–2001, Australia

	Males						Females					
	Avoidable deaths per 100,000					Unavoidable deaths per 100,000	Avoidable deaths per 100,000					Unavoidable deaths per 100,000
	All avoidable deaths	Primary	Secondary	Tertiary	All causes		All avoidable deaths	Primary	Secondary	Tertiary	All causes	
1998	266.9	155.1	59.1	52.7	473.6	138.8	138.2	65.7	38.3	34.2	247.3	83.7
1999	257.8	149.5	56.5	51.9	466.2	136.0	133.5	64.3	35.8	33.4	244.5	81.8
2000	240.3	138.6	53.6	48.1	458.6	132.7	130.4	62.7	35.5	32.3	241.4	80.0
2001	231.3	134.4	51.4	45.6	446.5	126.1	124.4	60.1	33.5	30.8	235.0	77.7

Notes

1. Rates are per 100,000 population and are age-standardised to the June 2001 Australian population.
2. Methods used derive from the following publications: New Zealand Ministry of Health (1999), NSW Department of Health (2002). Available at <http://www.health.nsw.gov.au/public-health/chorep/toc/pre_foreword.htm>. Accessed April 2003.

Source: AIHW (unpub.).

Table A1.06(b): Potentially avoidable mortality rates by SEIFA (Socio-Economic Indexes for Areas) quintile, 2001, Australia

	Males	Females
Lowest quintile (most advantaged)	265.7	162.0
Quintile 2	324.0	189.1
Quintile 3	372.5	208.7
Quintile 4	383.2	209.7
Highest quintile (most disadvantaged)	426.1	238.2

Notes

1. Rates are per 100,000 population and are age-standardised to the June 2001 Australian population.
2. Methods used derive from the following publications: New Zealand Ministry of Health 1999, *Our Health, Our Future: The Health of New Zealanders 1999*. NSW Department of Health 2002, *The Health of the People of NSW—Report of the Chief Health Officer*, available at: <http://www.health.nsw.gov.au/public-health/chorep/toc/pre_foreword.htm>. Accessed (April 2003).

Source: AIHW (unpub.).

1.07 Infant mortality

Table A1.07(a): Infant mortality rates per 1,000 live births, Australia, 1966–2001

	Males	Females	Persons
1966	20.3	15.9	18.2
1971	19	15.5	17.3
1976	15.1	12.4	13.8
1981	11.2	8.7	10
1986	10	7.7	8.8
1991	7.9	6.3	7.1
1995	6.1	5.1	5.7
1996	6.5	5	5.8
1997	5.8	4.9	5.3
1998	5.5	4.5	5
1999	6.4	4.9	5.7
2000	5.7	4.7	5.2
2001	5.9	4.6	5.3

Sources: Australian Bureau of Statistics (ABS) 2002, *Deaths Australia 2001*. ABS 1994, *Deaths Australia 1993*.

Table A1.07(b): Infant mortality rates per 1,000 live births, by Aboriginal and Torres Strait Islander status, for Western Australia, South Australia and the Northern Territory, 1996–1998 to 1999–2001

	1996–1998	1997–1999	1998–2000	1999–2001
Aboriginal and Torres Strait Islander people	18.6	16.9	17.0	16.0
All people–WA, SA & NT	5.6	5.2	5.0	5.1

Table A1.07(c): Infant mortality rates per 1,000 live births, by Aboriginal and Torres Strait Islander status, for Queensland, Western Australia, South Australia and the Northern Territory, 1996–1998 to 1999–2001

	1996–1998	1997–1999	1998–2000	1999–2001
Aboriginal and Torres Strait Islander people	17.3	15.5	14.9	14.2
All people–Qld, WA, SA & NT	5.8	5.6	5.6	5.6

Notes

1. Only Western Australia, South Australia and the Northern Territory have been included in the indicator (Table A1.07(b)) as it is only for these states and this territory that there are reasonably reliable data over the whole period. Queensland data are reliable from 1998 on. Even for these states with reasonably reliable data, the trend over time in mortality rates must be interpreted cautiously, as identification of Aboriginal and Torres Strait Islander people is inconsistent and numbers are small. This results in difficulties in separating trends caused by changes in mortality with trends caused by data quality problems.
2. The infant mortality rate for the Aboriginal and Torres Strait Islander population for Queensland, Western Australia, South Australia and the Northern Territory in 1999–2001 was 14.2 deaths per 1,000 live births compared with the 16.0 deaths per 1,000 live births for WA, SA and the NT.
3. The table excludes infants for whom Aboriginal and Torres Strait Islander status was unknown or missing (4 deaths in 1999, 8 deaths in 2000 and 15 deaths in 2001).
4. Deaths are by year of registration.

Sources: AIHW National Mortality Database. Australian Bureau of Statistics (ABS) 2002, *Births Australia 2001*.

1.08 Mortality for National Health Priority Area diseases and conditions

Table A1.08: Death rates for National Health Priority Areas diseases, conditions and injuries, by sex, Australia, 1980–2001, by year of registration of death

Males	Coronary heart disease	NHPA cancers	Injury	Suicide	Accidental falls	Accidental poisoning	Motor vehicle crashes	Accidental drownings	Lung cancer	Colorectal cancer	Prostate cancer	Melanoma	All NHPA deaths	All deaths
1980	409.4	159.43	90.36	18.12	6.1	2.2	35.2	3.7	79.4	34.9	33.2	5.9	829.1	1338.7
1981	408.1	161.95	87.22	18.73	5.8	2.1	33.9	3.5	78.9	37.3	33.8	6.1	826.6	1318.5
1982	406.3	163.11	89.21	18.95	6.7	1.8	33.4	3.4	79.6	36.9	34.2	6.4	824.4	1341.6
1983	380.8	162.26	79.99	18.59	6.1	2.1	27.0	3.4	76.5	38.0	34.7	6.1	772.3	1245.8
1984	364.2	155.23	74.82	18.06	5.4	2.0	25.8	2.8	75.3	35.2	32.3	6.1	739.7	1205.7
1985	372.8	163.83	78.30	19.07	4.6	1.9	26.5	2.9	77.2	37.9	35.7	6.8	761.3	1257.3
1986	347.4	160.41	76.67	20.25	5.1	1.7	27.2	2.6	73.5	37.0	35.7	6.7	719.5	1168.6
1987	337.8	161.76	79.39	23.30	5.6	2.0	25.2	2.9	73.0	37.3	36.6	8.1	714.0	1167.0
1988	323.5	164.96	80.87	21.91	5.7	2.7	26.8	2.8	74.3	37.3	37.9	7.4	698.6	1160.0
1989	326.8	165.01	76.16	20.55	4.7	2.1	24.1	3.0	72.9	36.4	39.3	7.4	695.8	1171.9
1990	300.8	160.14	73.46	21.00	4.3	2.7	21.2	2.6	68.5	35.2	39.9	7.6	653.2	1095.0
1991	285.1	157.70	69.35	22.15	4.3	2.6	18.8	2.4	67.9	34.8	38.6	7.5	628.7	1055.9
1992	284.0	161.51	66.41	21.33	3.9	3.0	16.8	2.4	67.4	35.0	41.8	7.6	625.2	1062.9
1993	264.0	161.68	63.56	19.63	3.6	3.1	16.4	2.5	64.8	35.2	43.8	8.0	601.0	1020.4
1994	262.0	164.32	63.61	21.03	3.6	2.8	16.2	2.3	67.1	35.7	43.3	8.3	608.5	1034.3
1995	248.1	156.44	63.33	21.13	3.6	3.3	16.2	2.0	63.9	33.9	41.4	8.1	577.5	983.1
1996	240.3	155.49	65.39	21.51	3.9	3.6	16.1	2.1	63.4	33.9	41.5	7.8	571.5	985.6
1997	228.7	150.47	61.52	23.54	3.5	3.3	14.3	2.3	58.8	33.2	36.8	7.2	544.3	948.2
1998	213.8	149.15	64.03	23.12	3.6	6.0	14.1	2.1	59.3	31.8	36.9	7.7	525.7	910.0
1999	201.9	145.18	64.57	21.48	4.0	8.9	14.1	2.1	57.1	31.3	34.9	7.7	507.7	884.9
2000	184.6	143.44	59.80	19.74	3.9	6.2	14.3	1.9	54.7	30.5	35.9	7.4	483.2	853.3
2001	175.7	139.49	58.49	20.28	4.4	4.7	14.2	2.2	53.5	30.6	35.1	7.8	462.6	823.5

Females	Coronary heart disease	NHPA cancers	Stroke	Injury	Suicide	Accidental falls	Accidental poisoning	Motor vehicle crashes	Accidental drownings	Lung cancer	Colorectal cancer	Melanoma	Breast cancer	Cervical cancer	All NHPA deaths	All deaths
1980	207.1	84.37	134.60	38.19	6.13	4.1	1.8	12.8	1.0	14.4	28.6	3.3	28.8	4.8	488.0	794.3
1981	205.8	84.69	131.10	34.68	6.11	3.2	1.5	11.6	1.0	14.0	28.1	3.2	29.5	5.5	479.2	771.5
1982	210.5	86.38	130.36	35.16	6.66	3.9	1.2	11.6	0.8	15.5	27.7	3.2	30.4	5.3	484.7	799.4
1983	199.5	88.00	113.71	31.63	5.86	2.9	1.3	10.1	0.9	16.7	27.6	3.9	30.1	5.0	454.6	747.1
1984	192.2	84.63	110.75	31.02	5.56	3.6	1.6	10.2	0.6	16.2	25.8	3.4	30.4	4.8	441.1	729.8
1985	198.7	90.16	114.49	31.90	5.34	2.6	1.6	10.9	0.8	17.1	28.0	3.8	31.3	5.1	459.6	773.3
1986	191.0	89.79	100.98	31.31	5.96	3.0	1.1	10.7	0.6	18.0	27.7	3.6	30.8	4.8	436.0	719.2
1987	188.0	87.19	98.42	30.36	5.96	3.6	1.3	9.6	0.7	17.0	26.7	3.9	30.6	4.4	427.8	714.2
1988	179.7	88.94	94.44	31.80	5.85	3.2	1.5	11.0	0.8	19.5	25.3	3.8	31.1	4.6	418.1	709.5
1989	183.2	88.32	93.19	30.80	5.36	2.5	1.3	9.9	0.8	19.6	24.2	3.6	31.4	4.6	419.8	723.0
1990	172.0	87.77	88.06	28.68	5.09	2.0	1.5	8.8	0.8	19.3	24.3	3.8	31.0	4.3	399.0	682.3
1991	161.7	88.71	82.36	27.48	6.03	2.2	1.4	7.5	0.7	20.6	23.9	3.7	31.1	4.1	382.8	658.2
1992	166.5	86.58	80.19	26.41	5.45	1.9	1.6	7.6	0.8	20.3	23.3	4.1	29.4	3.8	383.1	667.5
1993	149.8	88.96	79.22	22.81	4.49	1.4	1.4	6.4	0.7	21.0	23.8	3.2	31.1	3.7	363.7	635.2
1994	151.7	88.51	79.07	24.03	4.83	1.6	1.6	6.7	0.4	21.2	23.8	3.2	30.6	3.9	367.4	645.9
1995	140.5	87.70	76.14	25.27	5.50	1.9	1.5	7.2	0.8	21.9	22.6	3.6	29.5	3.8	352.6	622.8
1996	136.0	86.13	73.69	23.13	5.05	1.7	1.4	6.0	0.6	22.1	22.3	3.5	28.7	3.3	342.0	619.6
1997	132.2	86.84	71.77	24.74	6.20	1.8	1.8	6.1	0.7	21.5	22.1	3.5	27.8	3.1	337.3	609.8
1998	122.0	84.04	68.93	24.16	5.63	1.9	2.5	5.5	0.6	20.7	21.6	3.5	26.5	2.7	319.2	578.2
1999	114.8	81.25	66.68	24.24	5.13	1.9	3.3	5.6	0.8	21.4	20.1	3.6	25.4	2.2	307.5	565.9
2000	108.0	82.41	64.52	24.38	5.20	2.3	2.8	5.5	0.5	22.2	20.5	3.5	24.7	2.6	299.7	552.0
2001	102.5	80.35	59.87	22.23	5.25	2.4	2.5	4.8	0.5	22.7	19.5	3.6	24.7	2.5	282.2	535.4

Source: AIHW National Mortality Database (this is a mirror of the Australian Bureau of Statistics mortality database).

2.01 Children exposed to tobacco smoke in the home

Table A2.01(a): Smoking status of households with and without dependent children, by Rural, Remote or Metropolitan Area, Australia, 2001

	Metropolitan		Rural		Remote	
	Dependent children		Dependent children		Dependent children	
Household smoking status	Yes	No	Yes	No	Yes	No
	%	%	%	%	%	%
Smokes inside the home	6.2	13.7	8.4	14.3	9.0	20.0
Only smokes outside the home	8.6	13.7	8.4	10.9	10.2	12.7
No-one at home regularly smokes	19.4	38.4	18.6	39.4	18.3	29.9
Total	34.2	65.8	35.4	64.6	37.5	62.5

Notes

1. Household smoking status (as reported by respondents aged 14 years and over).
2. Includes households where there are any dependent children under 15.
3. See Appendix 4 for information on RRMA classification.

Source: AIHW National Drug Strategy Household Survey 1995–2001.

Table A2.01(b): Smoking status of households with dependent children, 1995, 1998 & 2001, Australia

	1995	1998	2001
		(per cent)	
Households with dependent children under 15 years	34	33	35
Households with dependent children 15 years and over	11	11	10
Households without dependent children	55	56	55
Total households	100	100	100
Households with dependent children under 15 years			
Smokes inside the home	31	23	20
Only smokes outside the home	17	21	25
No-one at home regularly smokes	52	56	55
Total	100	100	100
Households with dependent children 15 years and over			
Smokes inside the home	27	18	19
Only smokes outside the home	21	29	24
No-one at home regularly smokes	52	53	57
Total	100	100	100
Households without dependent children			
Smokes inside the home	33	28	22
Only smokes outside the home	12	16	19
No-one at home regularly smokes	54	56	59
Total	100	100	100

Note: Household smoking status (as reported by respondents aged 14 years and over).

Source: AIHW National Drug Strategy Household Survey 1995–2001.

2.02 Availability of fluoridated water

Table A2.02(a): Access to fluoridated water, 2001–2002, Australia

	Unsatisfactory	Generally unsatisfactory	Generally satisfactory	Satisfactory	Total
Australia	29.1	1.8	—	69.1	100
NSW	9.7	0.5	—	89.8	100
Vic	24.1	0.6	—	75.3	100
Qld	95.3	—	—	4.7	100
WA	8.1	1.8	—	90.1	100
SA	9.8	7.6	—	82.6	100
Tas	5.3	—	—	94.7	100
ACT	—	—	—	100.0	100
NT	15.8	—	75.0	9.2	100

Notes Water supply fluoridation is classified according to NHMRC guidelines.

1. Unsatisfactory—does not meet National Health and Medical Research Council (NH&MRC) Guidelines—water supply has less than 0.3 parts per million (ppm) fluoride.
2. Generally unsatisfactory—partly meets National Health and Medical Research Council (NH&MRC) Guidelines—water supply has between 0.3 and 0.7 ppm fluoride.
3. Generally satisfactory—partly meets National Health and Medical Research Council (NH&MRC) Guidelines—water supply has between 0.3 and 0.7 ppm fluoride, but because of local climatic conditions ie high temperatures in the Northern Territory, 0.3 to 0.7 ppm is generally satisfactory.
4. Satisfactory—meets National Health and Medical Research Council (NH&MRC) Guidelines—water supply has greater than 0.7 ppm fluoride.

Source: AIHW Dental Statistics Research Unit (unpub.).

Table A2.02(b): Caries experience of 6 year olds and 12 year olds Australia

	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988
6 year olds	3.2	3.2	3.2	2.9	2.7	2.6	2.4	2.2	2.1	2.0	1.9	1.8
12 year olds	4.8	4.5	3.9	3.6	3.2	3.0	2.6	2.4	2.1	2.0	1.8	1.6
	1989	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	
6 year olds	2.2	2.1	2.0	2.1	2.0	2.0	1.8	1.5	1.5	1.5	1.5	
12 year olds	1.6	1.4	1.2	1.2	1.1	1.1	1.0	0.9	0.9	0.8	0.8	

Source: AIHW Dental Statistics Research Unit (unpub.).

2.03 Income inequality

Table A2.03(a): Household income for household income percentiles, by location, Australia, 1996 and 1999

Equivalised after tax household income													Mean
1996	**P10**	**P20**	**P30**	**P40**	**P50**	**P60**	**P70**	**P80**	**P90**	**P25**	**P50**	**P75**	**H'hold**
Major cities	389	469	567	675	775	881	1,021	1,186	1,448	519	775	1,100	858
Inner regional	367	417	489	553	620	703	812	972	1,182	452	620	892	706
Outer regional	338	408	463	537	656	740	861	1,026	1,285	433	656	923	764
Australia[6]	377	445	529	624	721	825	956	1,125	1,376	487	721	1,035	814
1999	**P10**	**P20**	**P30**	**P40**	**P50**	**P60**	**P70**	**P80**	**P90**	**P25**	**P50**	**P75**	**H'hold**
Major cities	409	507	610	741	866	1,000	1,139	1,333	1,648	561	866	1,238	972
Inner regional	389	452	529	618	714	826	965	1,107	1,344	495	714	1,022	807
Outer regional	377	442	508	596	721	816	940	1,107	1,330	472	721	1,029	787
Australia[6]	397	482	580	690	810	934	1,079	1,268	1,550	528	810	1,157	915

Table A2.03(b): Ratio of incomes for households at the 80th percentile over incomes for households at the 20th percentile, Australia

	Unit	1994–95	1995–96	1996–97	1997–98	1999–00	2000–01
Equivalised disposable weekly income at top of 20th percentile in 2000–01 dollars	$	225	224	233	235	241	245
Equivalised disposable weekly income at top of 80th percentile in 2000–01 dollars	$	576	578	591	602	636	644
P80/P20	Ratio	2.56	2.58	2.54	2.56	2.64	2.63
Gini coefficient	Ratio	0.302	0.296	0.292	0.303	0.310	0.311

Notes

1. Figures are person weighted, not household weighted.
2. Ratios are based on financial years ending June, 1995 to 2001.
3. The OECD equivalence scales were used to equivalise the after-tax household income—the numerator = the after-tax household income; the denominator = 1.0 (for the first adult in the household) plus 0.5 for each additional adult and 0.3 for each child.
4. Disposable income is gross income after income tax is deducted. Equivalised disposable income is the disposable income of households adjusted for the different income needs of households of different size and composition. The dollar amounts do not accord with the amounts household actually receive, but are the amounts they would have received if they all comprised two adults and two children aged less than 15 years (Australian Bureau of Statistics (ABS) 2003b, *Household income and income distribution 2000–01*). Adjusted for changes in the Consumer Price Index.
5. The 20th percentile is used in the income distribution ratio rather than the 10th decile, as income data for the bottom decile are considered unreliable.
6. Figures for Australia include some remote areas, but most remote and sparsely settled areas are not in the sampling frame for the Income and Housing Costs Surveys.

Sources: Australian Bureau of Statistics (ABS) 2003b, *Household Income and Income Distribution 2000–01*. ABS, Income and Housing Costs Surveys 1996 and 1999 (6541.0.15.001).

2.04 Informal care

Table A2.04: People living in households: carer status by age by sex ('000), Australia, 1998

	Age groups						Total	Per cent of population (%)
	0–14	15–29	30–44	45–64	65–74	75+		
	(number: '000s)							
Males								
Primary carer	**1.2	6.1	28.3	61.8	17.6	18.5	133.5	1.4
Carer, not primary	51.9	175.7	195.1	288.4	114.6	62.7	888.4	9.6
Total carer	53.1	181.8	223.4	350.2	132.2	81.2	1,021.9	11.1
Not a carer	1,946.8	1923	1,909.5	1,689.6	472.4	257.3	8,198.6	88.9
Total	1,999.9	2,104.8	2,132.8	2,039.7	604.6	338.6	9,220.5	100.0
Females								
Primary carer	**1.5	22.5	101.1	132	44.0	16.2	317.3	3.4
Carer, not primary	50.5	196	267.7	348.1	88.4	37.8	988.4	10.7
Total carer	52	218.5	368.8	480	132.4	54.0	1,305.8	14.1
Not a carer	1,852.8	1,817.3	1,784.9	1,516.5	529.9	442.3	7,943.7	85.9
Total	1,904.8	2,035.8	2,153.7	1,996.5	662.3	496.3	9,249.5	100.0
Persons								
Primary carer	**2.8	28.6	129.4	193.7	61.7	34.7	450.9	2.4
Carer, not primary	102.4	371.7	462.8	636.4	203.0	100.5	1,876.8	10.2
Total carer	105.1	400.3	592.2	830.2	264.6	135.2	2,327.7	12.6
Not a carer	3,799.6	3,740.4	3,694.4	3,206	1,002.3	699.6	16,142.3	87.4
Total	**3,904.7**	**4,140.7**	**4,286.5**	**4,036.2**	**1,266.9**	**834.9**	**18,469.9**	**100.0**

Notes

1. Estimates marked with ** have an associated relative standard error (RSE) of 50% or more.
2. A carer is a person who provides any informal assistance, in terms of help or supervision, to persons with disabilities or long-term conditions, or persons who are elderly. Primary carers are persons who provide the most informal assistance, in terms of help or supervision, to a person with one or more disabilities.

Source: Australian Bureau of Statistics (ABS) 1999, *Survey of Disability, Ageing and Carers, 1998*.

2.05 Adult smoking

Table A2.05(a): Daily smokers by sex, people aged 14 years and over, Australia, by year, 1985 to 2001

	1985	1988	1991	1993	1995	1998	2001
				(per cent)			
Males	32.7	31.2	25.7	27.7	25.9	24.2	21.1
Females	26.1	29.8	22.3	20.6	21.8	19.6	18.0
Total	**29.4**	**30.5**	**24.0**	**24.2**	**23.8**	**21.8**	**19.5**

Note: Daily smoking means smoking at least once per day. Data are not age-standardised.

Sources: Social Issues in Australia Survey 1985; National Campaign Against Drug Abuse Social Issues Survey 1988; National Campaign Against Drug Abuse Household Survey 1991, 1993; National Drug Strategy Household Survey 1995, 1998, 2001.

Table A2.05(b): Daily smokers by Aboriginal and Torres Strait Islander status and age group, aged 18 years and over, Australia, 2001

	18–24	25–34	35–44	45–54	55 and over
			(per cent)		
Indigenous males	52	51	57	51	46
Indigenous females	54	46	61	41	38
Non-Indigenous males	30	33	30	23	15
Non-Indigenous females	25	25	23	19	10

Notes

1. Includes current regular (daily) smokers.
2. Age-standardised percentages.

Source: Australian Bureau of Statistics (ABS) 2002, *National Health Survey: Aboriginal and Torres Strait Islander results, Australia 2001*.

2.06 Risky alcohol consumption

Table A2.06(a): Risky or high risk consumption of alcohol by age, Australia, 1989–90, 1995, 2001

	18–24	25–34	35–44	45–54	55–64	65–74	75 and over	Total
1989–90	13.8	12.3	11.2	12.1	10.3	7.3	2.3	10.8
1995	9.3	9.1	8.2	9.5	7.2	7.2	3.3	8.2
2001	11.3	10.7	12	12.4	11.8	8	4.6	10.8

Note: Age-standardised percentages.

Source: Australian Bureau of Statistics (ABS) 2002, *National Health Survey 2001: Summary of Results, Australia*.

Table A2.06(b): Risky or high risk consumption of alcohol by sex, Australia, 1989–90, 1995, 2001

	Males	Females
1989–90	14.2	7.4
1995	10.3	6.1
2001	13.2	8.5

Note: Age-standardised percentages.

Source: Australian Bureau of Statistics (ABS) 2002, *National Health Survey 2001: Summary of Results, Australia*.

2.07 Fruit and vegetable intake

Table A2.07: Usual daily intake of fruit and vegetables, by age, 2001

		12–14	15–24	25–34	35–44	45–54	55–64	65–74	75+
Males	4 or more serves of vegetables	22.2	21.1	21.8	24.7	29.6	32	34.5	36.1
Females	4 or more serves of vegetables	24.2	23.2	27.6	33.3	36.8	42.7	40	38.6
Males	2 or more serves of fruit	56.7	42.1	40	43.1	46.6	53.1	60.4	83.1
Females	2 or more serves of fruit	54.8	50.6	50.6	53.3	60.8	70.7	69.1	68.4
Males	4 or more serves of vegetables and 2 or more serves of fruit	14.1	12.4	12.3	14.0	16.9	20.0	23.7	24.9
Females	4 or more serves of vegetables and 2 or more serves of fruit	15.8	14.2	18.2	21.0	27.1	33.3	30.8	29.2

Notes

1. People aged 12 years and over.
2. A serve is ½ cup (75g) cooked vegetables, 1 cup salad vegetables, 1 small potato, 1 medium piece (150g) of fruit or ½ cup fruit juice.

Source: AIHW analysis of Australian Bureau of Statistics (ABS) 2001 National Health Survey.

2.08 Physical inactivity

Table A2.08(a) & (b): Percentage of people (18–75 years) insufficiently physically active to achieve a health benefit

	1997	1999	2000
Sex (age–standardised percentages)			
Men	48.7	53.6	53.7
Women	49.9	56.8	54.8
Total sample	49.4	55.3	54.2
Age group (years) (age specific percentages)			
18–29	37.1	43.7	42.2
30–44	48.4	58.8	58.1
45–59	56.9	59.8	58.7
60–75	57.3	56.4	56.4
18–75	49.0	55.0	53.9
Education level (crude percentages)			
Less than 12 years schooling	43.9	38.6	38.9
Completed 12 years schooling	51.4	47.0	48.5
Tertiary qualifications	61.2	52.3	52.5

Notes

1. Age-standardised to the June 2001 Australian population.
2. Sufficient time and sessions is defined as 150 minutes (using the sum of walking, moderate activity and vigorous activity (where vigorous activity is weighted by two)) and five sessions of activity per week.

Source: AIHW: Armstrong et al. 2000, *Physical Activity Patterns of Australian Adults*; and AIHW analysis of the 1997, 1999 and 2000 national Physical Activity Surveys.

2.09 Overweight and obesity

Table A2.09(a): Overweight and obesity, by age and Aboriginal and Torres Strait Islander status, non-sparsely settled areas, Australia, 1995 and 2001

	1995		2001	
	Aboriginal and Torres Strait Islander people	Non-Indigenous Australians	Aboriginal and Torres Strait Islander people	Non-Indigenous Australians
Overweight (not obese)	32	32	32	34
Obese	24	12	31	16
Overweight or obese	56	44	63	50

Notes

1. These proportions are age-standardised.
2. Includes only people living in non-sparsely settled areas, aged 18 years and over.
3. Based on self-reported height and weight.
4. Overweight is defined as body mass index (BMI) ≥ 25 < 30, and obese is defined as BMI ≥ 30. See Technical notes for further information.
5. Proportions are calculated excluding data where BMI is unknown. Height and weight information could not be obtained for approximately 20% of Aboriginal and Torres Strait Islander people, and for 8% of non-Indigenous Australians.

Sources: Australian Bureau of Statistics (ABS) 2002, *National Health Survey: Aboriginal and Torres Strait Islander Results, Australia 2001*.

Table A2.09(b): Overweight and obesity, by sex and age, non-sparsely settled areas, Australia, 2001

	Males		Females	
	Overweight	Obese	Overweight	Obese
18–24	28.0	8.5	14.4	8.1
25–34	39.5	12.7	19.8	14.7
35–44	43.2	18.8	23.3	15.9
45–54	46.6	20.0	28.3	21.0
55–64	49.3	18.8	34.8	24.0
65–74	47.5	15.4	35.2	22.0
75 and over	39.1	9.9	28.6	12.6

Notes

1. These proportions are age-standardised.
2. Includes only people living in non-sparsely settled areas, aged 18 years and over.
3. Based on self-reported height and weight.
4. Overweight is defined as body mass index (BMI) ≥ 25 < 30, and obese is defined as BMI ≥ 30. See Technical notes for further information.
5. Proportions are calculated excluding data where BMI is unknown. Height and weight information could not be obtained for approximately 20% of Aboriginal and Torres Strait Islander people, and for 8% of non-Indigenous Australians.

Sources: Australian Bureau of Statistics (ABS) 2002, *National Health Survey 2001: Summary of Results, Australia*.

2.10 Low birthweight babies

Table A2.10: Low birthweight babies by Aboriginal and Torres Strait Islander status of mother, Australia, 1995–1999

	Babies with Aboriginal and Torres Strait Islander mothers	Babies with Non-Indigenous mothers	Both	Total babies born
	(%)	(%)	(%)	(number)
1995	10.9	4.9	5.1	252,810
1996	11.5	4.9	5.1	249,405
1997	12.2	4.9	5.2	249,496
1998	10.8	5.1	5.2	247,650
1999	11.6	5.0	5.2	249,420

Notes

1. Low birth weight babies are those weighing <2500g.
2. Multiple births excluded.
3. Data not available for Tasmania 1999, data from 1998 used as a proxy for 1999.

Source: AIHW National Perinatal Data Collection 2003.

2.11 High blood pressure

Table A2.11(a): Proportion of people with high blood pressure, by sex, Australia, 1980 to 1999–2000

	1980	1983	1989	1995	1999–2000
Males	46.7	36.0	33.5	27.0	21.3
Females	31.7	25.0	22.8	17.6	16.4

Notes

1. Age-standardised to the June 2001 Australian population.
2. Includes only people living in capital cities or urban areas, aged 25–64.
3. High blood pressure is defined as ≥ 140 mmHg systolic pressure and/or ≥ 90 mmHg diastolic pressure as measured in the surveys, and/or receiving medication for high blood pressure.

Source: AIHW analysis of 1980, 1983, 1989 Risk Factor Prevalence Studies, 1995 National Nutrition Survey, 1999–2000 Australian Diabetes, Obesity and Lifestyle Study.

Table A2.11(b): Percentage of persons reporting hypertension, by age group and Aboriginal and Torres Strait Islander status, Australia, 2001

	25–34	35–44	45–54	55+
Aboriginal and Torres Strait Islander people	*5	10	25	37
Non-Indigenous Australians	1	4	14	34

Notes

1. Estimate has a relative standard error of between 25%–50% and should be used with caution. Data are subject to sampling variability too high for most practical purposes.
2. Data is self-report of the condition of hypertension. This underestimates true hypertension.
3. Includes only people living in private dwellings. Non-Indigenous data excludes sparsely-settled areas.
4. Age-standardised to the 2001 Australian population.

Source: Australian Bureau of Statistics 2002, *National Health Survey: Aboriginal and Torres Strait Islander Results, Australia 2001*.

3.01 Unsafe sharing of needles

Table A3.01: Injecting drug users reporting sharing of a needle and syringe in the preceding month, Australia, 1997–2001

	1997	1998	1999	2000	2001
			(per cent)		
Males	15	16	21	15	14
Females	19	21	23	22	14
Persons	17	18	22	17	14

Note: There were 2,342 injecting drug users participating in surveys carried out by needle and syringe programs in 2001.

Source: National Centre in HIV Epidemiology and Clinical Research 2002, *HIV/AIDS, Viral Hepatitis and Sexually Transmissible Infections in Australia Annual Surveillance Report 2002*.

3.02 Teenage purchase of cigarettes

Table A3.02: Current teenage smokers who personally purchased their most recent cigarette, by year, Australia, 1987–1999

	1987	1990	1993	1996	1999
			(per cent)		
12–15 years old	52	46	39	29	21
16–17 years old	64	66	61	52	48
(12–15) 95%CI	2.70	2.40	2.00	2.00	2.00
(16–17) 95%CI	3.00	2.50	2.80	3.00	4.00

CI = Confidence Interval

Source: Hill et al. 2002. *Changes in the Use of Tobacco Among Australian Secondary Students: Results of the 1999 Prevalence Study and Comparison with Earlier Years.* Australian and New Zealand Journal of Public Health 26(2):156–163.

3.03 Cervical screening

Table A3.03(a): Screening for cervical abnormalities, women aged 20–69 years, Australia, 1996–97 to 2000–01 (per cent)

	1996–97	1997–98	1998–99	1999–00	2000–01
Standardised to 2001 population	62.9	64.5	65.5	63.3	62.7
Standardised to 1991 population	62.3	63.9	64.8	62.6	62.0

Notes

1. The denominator of all proportions has been adjusted to remove women who have had a hysterectomy.
2. Age standardised to the June 2001 Australian population.
3. The Queensland screening register began in February 1999. Therefore the data for the periods 1996–1997 to 1998–1999 do not include data from Queensland.

Source: 1996–97 to 1999–00 data from AIHW analysis of National Cervical Screening Program data. 2000–01 data from Steering Committee for the Review of Commonwealth/State Service Provision 2002, *Report on Government Services 2002*.

Table A3.03(b): Participation in the National Cervical Screening Program by women aged 20–69 years, by age, Australia, 2000–01 (per cent)

	1996–97	1997–98	1998–99	1999–00	2000–01
20–24	49.9	50.6	52.0	49.5	49.2
25–29	65.0	65.5	66.0	62.4	61.2
30–34	67.6	69.0	69.7	67.0	65.5
35–39	69.2	70.7	71.4	68.7	67.6
40–44	68.0	69.8	70.9	68.8	68.5
45–49	67.3	69.4	69.9	67.8	67.7
50–54	71.5	72.5	72.8	71.3	70.8
55–59	60.7	62.9	63.9	62.5	62.5
60–64	51.7	54.9	57.4	56.5	56.5
65–69	40.1	43.4	45.2	44.2	45.3
Standardised to the total 2001 Australian population					
20–69	62.9	64.5	65.5	63.3	62.7
Standardised to the total 1991 Australian population					
20–69	62.3	63.9	64.8	62.6	62.0

Notes

1. The denominator of all proportions has been adjusted to remove women who have had a hysterectomy.
2. Age standardised to the June 2001 Australian population.
3. The Queensland screening register began in February 1999. Therefore the data for the periods 1996–1997 to 1998–1999 do not include data from Queensland.

Source: Steering Committee for the Review of Commonwealth/State Service Provision 2002, *Report on government services 2002*.

3.04 Breast cancer screening

Table A3.04(a): Participation of women aged 50–69 years in the BreastScreen Australia program, Australia, 1996–97 to 1999–00

	1996–97	1997–98	1998–99	1999–00
		(per cent)		
Standardised to the total 2001 Australian population	51.5	54.4	56.0	56.4
Standardised to the total 1991 Australian population	51.4	54.3	56.0	56.5

Note: Each year is statistically significantly different from all other years listed in this table.

Sources: AIHW 1998, Breast and cervical cancer screening in Australia 1996–97; AIHW 2000, *BreastScreen Australia achievement report 1997–1998*.

Table A3.04(b): Participation rates in the BreastScreen Australia program for women aged 50–69 years, by Metropolitan, Rural/Remote, NESB Status and Aboriginal and Torres Strait Islander status, 2000–2001

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
				(per cent)				
Metropolitan	51.8	na	57.3	55.8	63.5	na	57.4	na
Rural and remote	59.5	na	62.5	65.1	67.7	na	na	na
LOTE	42.7	na	67.8	62.8	54.1	na	57.4	na
Total	52.5	na	58.7	57.5	64.6	60.2	57.4	na
Aboriginal and Torres Strait Islander women	32.8	na	48.6	37.0	44.4	na	37.0	na
Total	52.5	na	58.7	57.5	64.6	60.2	57.4	na

Notes

1. Age-standardised to the June 2001 Australian population
2. Data were not available for Victoria, the Northern Territory or Tasmania as that was not disaggregated into categories. Therefore a national rate is not available.
3. See footnotes in source for further details.

Source: Steering Committee for the Review of Commonwealth/State Service Provision 2002, *Report on Government Services 2002*.

Table A3.04(c): Participation of women aged 50–69 years in BreastScreen Australia, by jurisdiction, Australia, 1996–1997 to 1999–2000

Period	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					(per cent)				
Standardised to the total 2001 Australian population									
1996–1997	51.7	54.7	43.0	52.8	56.5	53.4	57.2	41.1	51.5
1997–1998	52.6	55.7	52.8	54.7	59.6	58.4	59.0	49.6	54.4
1998–1999	53.6	57.1	56.5	53.5	62.5	59.4	60.5	48.3	56.0
1999–2000	53.1	58.0	58.0	53.3	64.1	60.0	60.4	48.6	56.4
Standardised to the total 1991 Australian population									
1996–1997	51.6	54.4	42.9	52.6	56.4	53.1	57.1	40.4	51.4
1997–1998	52.6	55.4	52.7	54.6	59.5	58.2	58.9	48.6	54.3
1998–1999	53.8	56.8	56.5	53.7	62.4	59.2	60.6	47.7	56.0
1999–2000	53.3	57.8	58.1	53.6	64.0	59.9	60.4	47.9	56.5

Sources: AIHW 1998, *Breast and cervical cancer screening in Australia 1996–97*. AIHW 2000, *BreastScreen Australia Achievement Report 1997–1998*.

3.05 Childhood immunisation

Table 3.05(a): Childhood immunisation at 12 months, 24 months and 6 years, Australia, March 1997 to September 2002

	Mar-97	Jun-97	Sep-97	Dec-97	Mar-98	Jun-98	Sep-98	Dec-98	Mar-99	Jun-99	Sep-99	Dec-99
	%	%	%	%	%	%	%	%	%	%	%	%
12 months	74.9	75.9	76.7	78.6	80.2	84.3	84.5	84.9	86.1	86.5	87.0	88.1
24 months					63.8	66.1	68.8	70.3	73.5	75.9	74.9	76.7
6 years												
	Mar-00	**Jun-00**	**Sep-00**	**Dec-00**	**Mar-01**	**Jun-01**	**Sep-01**	**Dec-01**	**Mar-02**	**Jun-02**	**Sep-02**	
	%	%	%	%	%	%	%	%	%	%	%	
12 months	88.4	89.0	91.3	91.2	91.5	91.2	90.4	90.5	90.2	91.2	91.7	
24 months	81.7	83.4	85.1	84.8	86.6	87.0	88.0	87.8	88.1	88.8	89.4	
6 years									80.6	81.4	82.2	

Note: Assessment date is 12 months after end of 3-month birth cohort.

Source: National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases 2002, *Vaccine Preventable Diseases and Vaccination Coverage in Australia, 1999–2000: Supplement*.

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Table A3.05(b): Childhood immunisation at 12 months and 24 months, by jurisdiction, September 2002

	Fully vaccinated by 12 months	Fully vaccinated by 24 months
	%	%
NSW	91.4	88.5
Vic	92.4	90.2
Qld	91.8	90.3
WA	89.9	88.7
SA	93.2	89.5
Tas	93.0	92.4
ACT	91.0	87.4
NT	90.4	85.0
Australia	91.7	89.4

Note: Assessment date is 12 months after end of 3-month birth cohort.

Source: National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases (2002).

3.06 Influenza vaccinations

Table A3.06: Influenza vaccination of adults aged 65 years and over, by age and sex, Australia, 2002*

	Age group (years)						
	65–69	70–74	75–79	80–84	85–89	90+	Total 65+
	(per cent)						
Males	67	81	79	83	78	80	76
Females	69	81	85	79	78	67	78
Persons	68	81	83	81	78	71	77

* Data 2002 winter only.

Source: AIHW 2003a, *2002 Influenza Vaccine Survey, April 2003.*

3.07 Potentially preventable hospitalisations

Table A3.07: Separation rates[1] for potentially preventable hospitalisations by broad categories[2] by Remoteness Area of usual residence, Australia[3], 2001–02

	Remoteness Area of usual residence					
	Major cities	**Inner regional**	**Outer regional**	**Remote**	**Very remote**	**Australia**
Vaccine preventable	0.73	0.92	1.12	1.98	3.27	0.84
Chronic	15.68	19.88	23.54	28.81	40.31	17.39
Acute	11.31	14.14	16.99	22.21	31.31	12.60
Total	**27.40**	**34.56**	**41.19**	**52.27**	**73.65**	**30.48**

Notes

1. Rates per 1,000 population were age-standardised to the June 2001 Australian population.
2. As patients can have more than one individual condition within a category, the sum of the individual conditions will not necessarily equal the total for the broad category.
3. Total for Australia excludes 'Unknown' state of residence and non-Australian residents. See map in Appendix 4 for Remoteness categories.

Source: AIHW (unpub.).

Table A3.07(a): Separation rates[1] for potentially preventable hospitalisations by broad categories[2] Australia[3]

	1993–94	**1994–95**	**1995–96**	**1996–97**	**1997–98**	**1998–99**	**1999–00**	**2000–01**	**2001–02**
Vaccine preventable	1.96	1.95	1.06	1.11	1.19	2.56	0.96	0.79	0.84
Chronic	15.14	14.72	13.81	14.35	13.40	14.14	13.40	17.39	17.39
Chronic (excludes diabetes)	12.84	12.48	11.80	12.13	11.00	11.61	11.03	11.29	10.83
Acute	12.66	12.76	11.66	11.17	11.11	11.69	11.94	12.54	12.60
Total	**29.40**	**29.06**	**26.27**	**26.38**	**25.46**	**28.01**	**26.06**	**30.37**	**30.48**
Total (excludes diabetes)	**27.32**	**27.04**	**24.44**	**24.33**	**23.21**	**25.65**	**23.84**	**24.55**	**24.37**

Notes

1. Rates per 1,000 population were age-standardised to the June 2001 Australian population.
2. As patients can have more than one individual condition within a category, the sum of the individual conditions will not necessarily equal the total for the broad category.
3. Total for Australia excludes 'Unknown' state of residence and non-Australian residents. See map in Appendix 4 for Remoteness categories.

Source: AIHW (unpub.).

3.08 Survival following acute coronary heart disease event

Table A3.08: Survival following CHD events, 1993–94 to 2000–01

	1993–94	1994–95	1995–96	1996–97	1997–98	1998–99	1999–00	2000–01
				Per cent of CHD events				
Men	64.7	65.3	66.3	66.7	67.5	67.8	68.9	70.1
Women	64.1	65.4	67.1	67.5	67.0	68.5	69.8	69.9

Notes

1. Age-standardised to the 2001 Australian population aged 40–90 years.
2. CHD codes are: ICD-9 codes 410–414 and ICD-10 codes I20–I25; AMI codes are: ICD-9-AM code 410 and ICD-10-AM code I21.

Sources: AIHW National Hospital Morbidity Database; AIHW National Mortality Database.

3.09 Cancer survival

Table A3.09: Five-year relative cancer survival rate following diagnosis, by sex, Australia, 1982–86 to 1992–97

	1982–86	1987–91	1992–97
		(per cent)	
Males			
All cancers[1]	43.8	48.1	56.8
Colorectal cancer	49.6	53.3	57.7
Melanoma	83.0	87.2	90.0
Cancer of the lung	9.3	10.7	11.0
Prostate cancer	59.3	64.3	82.7
Non-Hodgkin's lymphoma	49.6	51.1	54.6
Females			
All cancers[1]	55.3	59.1	63.4
Colorectal cancer	51.6	55.1	59.3
Melanoma	90.9	93.5	94.6
Cancer of the lung	11.8	11.9	14.0
Cancer of the breast (female)	72.3	77.8	84.0
Cancer of the cervix	69.6	72.0	74.6
Non-Hodgkin's lymphoma	49.9	54.6	55.8

Notes

1. Excludes non-melanoma skin cancer.
2. Age adjustment uses as a standard population the total number of cancer cases diagnosed from 1992–97.

Source: AIHW & Australian Association of Cancer Registries 2001, *Cancer Survival in Australia, 2001*.

3.10 Appropriate use of antibiotics

Table A3.10(a): Prescribing rates[1] of antibiotics for URTIs, Australia, 1998–99 to 2001–02[2]

	1998–99	1999–2000	2000–01	2001–02
Antibiotics	42.1	37.3	38.7	33.1
Broad spectrum penicillin	14.8	12.6	13.7	11.5
Cephalosporin	9.5	9	8.9	5.7
Other antibiotics	17.8	15.7	16	15.9

Notes

1. Prescribing rates are per 100 encounters.
2. Year refers to the BEACH data year which runs April to March.

Source: AIHW: Britt et al. 2002, *General Practice Activity in Australia 2001–02*:110–111.

Table A3.10(b): Percentage of antibiotics prescribed for URTIs, by type, Australia, 1999, 2001

	1999	2001
Amoxycillin	28.7	32.5
Cefaclor	15.8	13.4
Roxithromycin	13.4	11.6
Amoxycillin+clavulanate	11.2	12.5
Phenoxymethylpenicillin	7.6	10.6

Note: Year is calendar year. Amoxycillin, amoxicillin + clavulanate and phenoxymethylpenicillin are narrow spectrum antibiotics.

Source: Analysis of BEACH data published in National Prescribing Service Limited 2003, *Prescribing Practice Review—PPR—for General Practice: PPR 21—Antibiotic Prescribing in General Practice*. Available at <http://www.nps.org.au>.

3.11 Management of diabetes

Table A3.11(a): Percentage of persons with diabetes mellitus who completed an annual cycle of care within PIP practices in 2002, by RRMA

	Capital city	Other metro	Large rural	Small rural	Other rural	Remote centre	Other remote	Australia
Diabetes management indicator	18.1%	19.5%	20.1%	18.8%	17.6%	9.3%	10.4%	18.2%

Notes

1. Number of people known to have diabetes is the number of SWPEs in PIP practices who had a glycosylated haemoglobin (HbA1c) test performed in 2001 or 2002.
2. MBS codes: HBA1c test for established diabetes—66551, 66554 and 73840. Completion of annual cycle of care for diabetes management—2517 to 2526 and 2620 to 2635.

Source: Australian Government Department of Health and Ageing (unpub.).

Table A3.11(b): Proportion of practices (and their patients) participating in the Practice Incentives Program that have signed on for the Diabetes Initiative, Australia, November 2001 to May 2003

	Nov 2001	Feb 2002	May 2002	Aug 2002	Nov 2002	Feb 2003	May 2003
Number of practices participating in the PIP	5,273	4,344	4,482	4,525	4,553	4,568	4,593
Percentage of PIP Practices that have signed on for the diabetes initiative	60	78	82	84	85	86	87
Percentage of patient coverage*	67	82	85	88	89	89	90

* Patient coverage is a proportion of all patients accessing PIP practices.

Notes

1. Number of people known to have diabetes is the number of SWPEs in PIP practices who had a glycosylated haemoglobin (HbA1c) test performed in 2001 or 2002.
2. MBS codes: HBA1c test for established diabetes—66551, 66554 and 73840. Completion of annual cycle of care for diabetes management—2517 to 2526 and 2620 to 2635.

Source: Australian Government Department of Health and Ageing (unpub.).

Table A3.11(c): Percentage of persons with diabetes mellitus who completed an annual cycle of care within PIP practices in 2002, by state and territory

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Per cent	16.4	18.7	17.3	14.8	17.8	20.3	11.4	5.8	17.0

Source: Health Insurance Commission (unpub.).

Table A3.11(d): Proportion of registered people with diabetes within General Practice where there has been completion of an annual cycle of care

ACT	NSW	Vic	Qld	SA	WA	Tas	NT	TOTAL
Completed cycle of care in 2002 (whether or not there was a HBA1C test in 2002)								
833	30,436	25,994	15,567	8,683	7,011	2,229	249	91,002
Had had a HBA1C test in 2002 or had completed a cycle of care in 2002 and had a HBA1C test in 2001								
7,300	186,088	139,229	89,840	48,894	47,389	10,971	4,304	534,015
Proportion of people known to have diabetes who completed a cycle of care in 2002								
11.4%	16.4%	18.7%	17.3%	17.8%	14.8%	20.3%	5.8%	17.0%

Source: Health Insurance Commission (unpub.).

3.12 Delivery by caesarean section

Table A3.12(a): Delivery by caesarean section, by private or public hospital status, Australia, 1995–1999

	1995	1996	1997	1998	1999
	%	%	%	%	%
All hospitals	21.6	21.7	22.6	23.5	24.5
Public hospitals	17.9	17.9	18.7	20.0	20.7
Private hospitals	29.2	30.1	31.9	32.2	34.5

Notes

1. Multiple births excluded.
2. 1995–1997—no hospital accommodation classification for Victoria.
3. 1995–1999—no classification for hospital accommodation for the Northern Territory.
4. Caesarian includes elective, emergency and unspecified. Cases that did not specify hospital status are excluded.
5. Data not available for Tasmania in 1999: data from 1998 used as a proxy for 1999.
6. Denominator: confinements where hospital status is public or private (unknown and not stated are excluded).
7. Age grouping is 5 year intervals except 40–49.
8. Denominator: all confinements of mothers 15 years to 49 years in that year.

Source: National Perinatal Data Collection, 2003. AIHW 2003, *Australian Hospital Statistics 2001–02*.

Table A3.12(b): Delivery by caesarean section, by age of mother, Australia, 1995–1999

	15–19 years	20–24 years	25–29 years	30–34 years	35–39 years	40–49 years
			(per cent)			
1995	12.0	15.7	20.6	24.5	29.0	36.7
1996	12.3	15.3	20.6	24.7	29.2	35.5
1997	12.8	15.7	21.1	25.5	30.4	38.0
1998	13.5	16.2	21.9	26.4	31.1	38.3
1999	13.4	16.4	22.4	27.2	32.5	40.7

Notes

1. Multiple births excluded.
2. 1995–1997—no hospital accommodation classification for Victoria.
3. 1995–1999—no classification for hospital accommodation for the Northern Territory.
4. Caesarian includes elective, emergency and unspecified. Cases that did not specify hospital status are excluded.
5. Data not available for Tasmania in 1999: data from 1998 used as a proxy for 1999.
6. Denominator: confinements where hospital status is public or private (unknown and not stated are excluded).
7. Age grouping is 5 year intervals except 40–49.
8. Denominator: all confinements of mothers 15 years to 49 years in that year.

Source: National Perinatal Data Collection, 2003. AIHW 2003, *Australian Hospital Statistics 2001–02*.

3.13 Hysterectomy rates

Table A3.13(a): Hospital hysterectomy separation rate, women aged 15–69 years, Australia, 1993–94 to 2001–02

	1993–94	1994–95	1995–96	1996–97	1997–98	1998–99	1999–00	2000–01	2001–02
Hysterectomy hospital separation rate	5.44	5.56	5.18	5.19	4.86	4.67	4.59	4.57	4.54

Notes

1. Age-standardised to the June 2001 Australian population. Rate expressed as separations per 1,000 women aged 15–69 years.
2. Hysterectomies are identified using the following ICD-10-AM codes: hysterectomy blocks [1268], [1269], codes 90450-00 and 90450-01. It is important to note that this analysis includes the following hysterectomies that other analyses such as studies by the US Agency for Healthcare Research and Quality exclude: (1) women undergoing hysterectomy for malignancy of the cervix, uterus, ovary and/or fallopian tube; and (2) women where the principal diagnosis is (a) lower abdominal trauma of (b) pregnancy, childbirth or puerperium.
3. ASGC remoteness category—see Appendix 4 for map of Australia showing remoteness categories.

Source: AIHW 2003, *Australian Hospital Statistics 2001–02*.

Table A3.13(b): Hospital separations for hysterectomies, by Remoteness Area of usual residence, women aged 15–69 years, 2001–02

	Separation rate
Major city	4.27
Inner regional	5.27
Outer regional	5.23
Remote	4.57
Very remote	3.55
Australia	4.54

Notes

1. Age-standardised to the June 2001 Australian population. Rate expressed as separations per 1,000 women aged 15–69 years.
2. Hysterectomies are identified using the following ICD-10-AM codes: hysterectomy blocks [1268], [1269], codes 90450-00 and 90450-01. It is important to note that this analysis includes the following hysterectomies that other analyses such as studies by the US Agency for Healthcare Research and Quality exclude: (1) women undergoing hysterectomy for malignancy of the cervix, uterus, ovary and/or fallopian tube; and (2) women where the principal diagnosis is (a) lower abdominal trauma of (b) pregnancy, childbirth or puerperium.
3. ASGC remoteness category—see Appendix 4 for map of Australia showing remoteness categories.

Source: AIHW 2003, *Australian Hospital Statistics 2001–02*.

3.14 Hospital costs

Table A3.14(a): Cost per casemix-adjusted separation, public hospitals, Australia ($)

	1996–97	1997–98	1998–99	1999–00	2000–01	2001–02
Highest cost jurisdiction	3,689	3,623	3,326	3,444	3,397	3,769
Australian average	2,496	2,575	2,611	2,728	2,834	3,017
Lowest cost jurisdiction	2,309	2,354	2,390	2,529	2,675	2,741

Sources: AIHW, Australian Hospital Statistics, various years.

Table A3.14(b): Increases in public hospital costs 2000–01 to 2001–02, Australia

	2000–01	2001–02	Increase
	$	$	%
Medical staff and VMOs	520	572	10.0
Nursing	743	804	8.2
Other labour costs	619	643	3.9
Superannuation	143	151	5.6
Medical supplies	221	251	13.6
Drug supplies	144	152	5.6
Other recurrent costs	412	444	7.8
Total	**2,802**	**3,017**	**7.7**

Notes

1. Includes estimated medical costs for private patients.
2. Per cent increase in public hospital costs calculated from increases in costs per casemix-adjusted separation.

Sources: AIHW 2003, *Australian Hospital Statistics 2001–02.* AIHW 2002, *Australian Hospital Statistics 2000–01*.

3.15 Length of stay in hospital

Table A3.15(a): Relative stay index, by separation type, by year, all hospitals, 1997–98 to 2001–02

	All years	1997–98	1998–99	1999–00	2000–01	2001–02
Medical	1.00	1.04	1.01	0.99	0.99	0.97
Surgical	1.00	1.02	1.01	1.00	0.99	0.98
Other	1.00	1.06	1.02	0.99	0.98	0.96
Total	1.00	1.05	1.01	0.99	0.98	0.97

Note: There may be a slight discontinuity between 97-98 and 98-99 due to the ICD-9-CM to ICD-10 AM changeover.

Source: AIHW analysis of National Hospital Morbidity Database.

Table A3.15(b): Relative stay index, by type of separation, by State and Territory, 2001–02

	Medical	Surgical	Other	Total
NSW	1.03	1.01	1.03	1.02
Vic	0.95	0.99	0.97	0.97
Qld	0.98	0.98	1.00	0.98
WA	1.04	1.02	0.97	1.03
SA	0.99	0.98	0.97	0.99
Tas	1.01	1.04	1.07	1.02
ACT	1.11	1.02	0.91	1.07
NT	1.21	1.36	1.31	1.25
Australia	1.00	1.00	1.00	1.00

Note: There may be a slight discontinuity between 97-98 and 98-99 due to the ICD-9-CM to ICD-10 AM changeover.

Source: AIHW analysis of National Hospital Morbidity Database.

3.16 Waiting times in emergency departments

Table A3.16(a): Presentations to public hospital emergency departments treated within benchmark times, by triage category, Australia

	2000–01	2001–02
	%	%
Resuscitation	98	99
Emergency	73	76
Urgent	61	60
Semi-urgent	60	59
Non-urgent	83	84

Note: Triage category is the urgency of the patient's need for medical and nursing care.

Source: AIHW 2003, *Australian Hospital Statistics 2001–02*.

Table A3.16(b): Presentations to public hospital emergency departments treated within benchmark times, by triage category, by State and Territory, 2001–02

	Resuscitation	Emergency	Urgent
		(per cent)	
NSW	100	78	57
Vic	100	83	76
Qld	99	71	56
WA	96	79	56
SA	99	65	50
Tas	89	52	55
ACT	99	87	80
NT	100	67	69
Australia	99	76	60

Note: Triage category is the urgency of the patient's need for medical and nursing care.

Source: AIHW 2003, *Australian Hospital Statistics 2001–02*.

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3.17 Bulk billing for non-referred (GP) attendances

Table A3.17(a): Bulk billing of medical services, Australia, 1984–85 to December 2002 (per cent of population)

	1984–85	1985–86	1986–87	1987–88	1988–89	1989–90	1990–91	1991–92	1992–93	1993–94	1994–95	1995–96	1996–97	1997–98
Non-referred/ GP-type services	53	56	60	62	65	67	70	72	74	77	79	80	81	80
Specialist consultations	21	23	24	23	23	25	26	27	29	31	32	33	32	32
Obstetrics	16	19	21	23	24	25	27	30	33	37	40	26	23	24
Pathology	44	48	51	54	56	59	63	66	68	72	74	76	78	79
Diagnostic imaging	34	39	43	35	37	42	46	49	52	56	58	61	63	64
Total	45	49	52	53	55	58	61	63	65	68	70	71	72	72

	1998–99	1999–00	Mar-2000	Jun-2000	Sep-2000	Dec-2000	Mar-2001	Jun-2001	Sep-2001	Dec-2001	Mar-2002	Jun-2002	Sep-2002	Dec-2002	Mar-2003
Non-referred/ GP-type services	79	79	79	79	78	78	78	77	76	75	75	74	71	70	68.5
Specialist consultations	32	32	31	32	31	31	30	30	30	30	29	29	29	28	27.3
Obstetrics	25	25	25	24	24	23	23	22	21	20	20	20	20	19	19.4
Pathology	81	82	84	82	81	83	84	84	84	84	84	84	84	84	84.6
Diagnostic imaging	65	64	64	62	61	61	61	61	60	60	60	61	60	60	59.2
Total	72	72	73	72	71	71	72	71	71	70	71	70	68	68	67.9

Source: Commonwealth Department of Health and Ageing 2002, *Medicare Statistics 1984/85 to 2001/02*; Australian Government Department of Health and Ageing web site, www.health.gov.au/haf/medstats/btabs.htm.

Table A3.17(b): Bulk-billing of non-referred services, by index of socio-economic disadvantage Australia, 1997–97, 1999–2000, 2001–02

SEIFA percentile	1996–97	1999–2000	2001–02
		(per cent)	
A: <10	92.7	92.3	89.9
B: 10 – <20	84.6	82.8	78.8
C: 20 – <30	81.2	79.1	76.0
D: 30 – <40	75.7	73.4	69.9
E: 40 – <50	76.8	75.6	71.7
F: 50 – <60	79.9	78.4	74.8
G: 60 – <70	83.1	82.2	77.4
H: 70 – <80	80.2	78.9	73.5
I: 80 – <90	80.5	78.9	74.2
J: 90+	73.1	71.5	66.4
Total	80.7	79.2	75.0

Notes

1. The socioeconomic status of people was measured by the average Socio-Economic Indexes for Areas (SEIFA) score for the postcode of their area. Post office box postcodes were not represented. As a result, the totals may differ slightly from other published statistics.
2. The categories are in decreasing order of disadvantage: <10 represents the 10% most disadvantaged areas as measured by SEIFA. 90+ represents the 10% least disadvantaged.

Source: Australian Government Department of Health and Ageing (unpub.).

Table A3.17(c): Bulk-billing of non-referred attendances by type of area, Australia, 1996–97 to 2001–02

	1996–97	1999–00	2001–02
Capital city	85.9	85.2	80.8
Other metro	81.3	78.6	72.3
Large rural	65.7	60.8	59
Small rural	64.8	61.7	59.3
Other rural	62.1	58.6	56.6
Remote centre	56	59	58.9
Other remote	70.1	70.1	70
Unknown	68.8	73.4	71.5
Australia	80.6	79.1	74.9

Note: Regional classification is RRMA; see Appendix 4 for details.

Source: Australian Government Department of Health and Ageing (unpub.); SRCSSP (2003):Table 10A.36.

3.18 Availability of general practitioner services

Table A3.18a: GP FWE and FWE per 100,000 people by RRMA, 1996–97 to 2001–02

	Capital city	Other metro	Large rural	Small rural	Other rural	Remote centre	Other remote	Australia
FWE GPs								
1996–97	11,445	1,274	924	923	1,504	120	125	16,316
1997–98	11,502	1,288	941	934	1,510	122	134	16,432
1998–99	11,472	1,283	936	926	1,513	119	142	16,389
1999–00	11,475	1,286	935	951	1,526	118	142	16,433
2000–01	11,383	1,285	953	996	1,601	124	150	16,493
2001–02	11,433	1,298	982	1,043	1,700	124	155	16,736
FWE GPs per 100,000 people								
1996–97	97	90	81	75	63	54	40	88
1997–98	96	90	82	75	63	54	43	88
1998–99	95	88	80	74	63	52	45	86
1999–00	93	86	79	75	63	52	45	86
2000–01	92	84	78	78	65	55	48	85
2001–02	91	83	80	80	68	55	49	85

Notes

1. FWE numbers were based on the doctors' practice location postcodes at which services were rendered within the reference period.
2. Estimated resident population was based on the 2001 Census Benchmark.
3. See Appendix 4 for information on the Rural, remote or metropolitan area (RRMA) classification.

Source: Australian Government Department of Health and Ageing, *Report on Government Services 2003*, Vol.2, p10.39, Fig.10.26.

Table A3.18b: Percentage of female GPs and FWE, 1996–97 to 2001–02

	Capital city	Other metro	Large rural	Small rural	Other rural	Remote centre	Other remote	Australia
Percentage of female GPs								
1996–97	34	28	30	26	25	29	30	32
1997–98	35	28	32	25	25	34	32	33
1998–99	35	30	31	26	26	38	33	33
1999–00	36	29	32	26	28	35	35	34
2000–01	37	30	33	29	27	33	34	35
2001–02	37	31	34	28	29	32	33	35
Percentage of female FWE GPs								
1996–97	25	18	20	16	17	20	19	23
1997–98	25	18	20	17	18	22	19	23
1998–99	26	19	21	17	18	24	23	24
1999–00	26	19	22	18	19	24	25	24
2000–01	27	19	23	19	20	25	25	25
2001–02	27	20	23	21	21	25	22	25

Notes

1. FWE numbers were based on the doctors' practice location postcodes at which services were rendered within the reference period.
2. Estimated resident population was based on the 2001 Census Benchmark.

Source: Australian Government Department of Health and Ageing, *Report on Government Services 2003*, Vol.2, p10.40, Fig.10.27.

Table A3.18c: GP headcount and FWE for Australia, 2001–02

GP Headcount	FWE
24,307	16,736

Notes

1. GP numbers were based on the doctor's major practice postcode as at the last quarter of the reference period. The major practice postcode is the location at which thew doctor rendered the most services.
2. FWE numbers were based on the doctors' practice location postcodes at which services were rendered within the reference period.
2. See Appendix 4 for detail on RRMA classification.

Source: Australian Government Department of Health and Ageing, *Report on Government Services 2003*, Vol.2, p10.39, Fig.10.26.

Table A3.18d: Age distribution of GP FWE for Australia, 1996–97 to 2001–02

	1996–97	1997–98	1998–99	1999–00	2000–01	2001–02
			(per cent)			
Younger than 35 years	15	13	12	11	10	9
35 to 44 years	34	34	32	31	30	29
45 to 54 years	31	32	33	34	35	36
55 years or older	20	21	22	24	25	26
Total FWE	100	100	100	100	100	100

Notes

1. Calculations were performed prior to rounding.
2. FWE numbers were based on the doctors' practice location postcodes at which services were rendered within the reference period.
3. See Appendix 4 for detail on RRMA classification.

Source: Australian Government Department of Health and Ageing (unpub.).

3.19 Access to elective surgery

Table A3.19: Median waiting times for selected procedures, Australia by jurisdiction, 2001–02

	Median waiting time (days)	Separation rate public[1]	Separation rate private[1, 2]	Separation rate total[1]
Coronary artery bypass surgery				
NSW	21	0.44	0.37	0.81
Vic	10	0.48	0.39	0.87
Qld	17	0.48	0.45	0.93
WA	17	0.40	0.19	0.59
SA	16	0.42	0.42	0.83
Tas	39	0.69	0.00	0.69
ACT	16	0.89	0.00	0.89
Australia	16	0.46	0.36	0.82
Total hip replacement				
NSW	111	0.61	0.62	1.23
Vic	110	0.64	0.77	1.41
Qld	56	0.50	0.68	1.18
WA	88	0.56	0.88	1.44
SA	103	0.66	0.83	1.49
Tas	264	0.56	0.94	1.50
ACT	91	1.11	1.01	2.12
NT	114	0.47	0.00	0.47
Australia	96	0.60	0.72	1.32
Total knee Replacement				
NSW	174	0.48	0.87	1.34
Vic	129	0.37	0.68	1.05
Qld	69	0.41	0.86	1.27
WA	174	0.31	0.96	1.27
SA	135	0.54	0.92	1.47
Tas	404	0.23	0.66	0.90
ACT	139	0.95	1.46	2.40
NT	102	0.16	0.00	0.16
Australia	131	0.43	0.83	1.26

Notes

1. Rate expressed as public and private hospital separations per 1,000 persons resident in that jurisdiction. Age-standardised to the June 2001 Australian population.
2. Victoria reported that for 2001–2002, private hospital separations were underestimated by up to 9%.

Source: AIHW 2003, *Australian Hospital Statistics 2001–02*.

3.20 Electronic prescribing and clinical data in general practice

Table A3.20(a): Use of computers for clinical purposes, per cent of PIP practices, by year, Australia, August 1999 to May 2003

	Unit	Capital city	Other metro	Large rural centre	Small rural centre	Other rural	Remote centre	Other remote	Aust total
PIP practices (May 2003)	no.	2,910	355	297	287	608	51	85	4,593
Electronic prescribing									
Share of PIP practices (May 2003)	%	89.1	90.1	94.6	96.2	93.8	84.3	87.1	90.5
Share of PIP practices (May 2002)	%	86.6	88.5	92.6	93.1	92.3	83.7	83.1	88.2
Share of PIP practices (May 2001)	%	76.0	79.0	88.9	84.1	85.3	64.2	66.3	78.3
Share of PIP practices (Aug 2000)	%	70.5	75.0	83.8	80.6	80.5	60.0	62.5	73.0
Share of PIP practices (Aug 1999)	%	46	58	60	60	59	41	41	50
Use computers to send and/or receive clinical data									
Share of PIP practices (May 2003)	%	89.1	88.5	92.3	94.4	91.4	88.2	80.0	89.7
Share of PIP practices (May 2002)	%	87.3	86.2	91.9	93.1	90.8	85.7	77.9	88.1
Share of PIP practices (May 2001)	%	85.3	86.6	93.5	90.8	91.1	90.6	87.0	87.0
Share of PIP practices (Aug 2000)	%	82.5	83.5	91.2	89.4	88.6	84.0	84.1	84.0
Share of PIP practices (Aug 1999)	%	65	73	76	73	77	69	69	68

Notes

1. As not all practices participate in the PIP and participation varies in Australia, this data should be treated as indicative only.
2. The last quarter of the financial year has been supplied from 2001 as it is the most stable quarter as policy changes tend to be introduced at the beginning of financial years.
3. Capital city = State and Territory capital city statistical divisions; Other metropolitan centre = one or more statistical subdivisions that have an urban centre with a population of 100 000 or more; Large rural centre = SLAs where most of the population resides in urban centres with a population of 25 000 or more; Small rural centre = SLAs in rural zones containing urban centres with populations between 10 000 and 24 999; Other rural area = all remaining SLAs in the rural zone; Remote centre = SLAs in the remote zone containing populations of 5 000 or more; Other remote area = all remaining SLAs in the remote zone.

Source: Australian Government Department of Health and Ageing (unpub.).

Table A3.20(b): Percentage of practices under the Practice Incentives Program (PIP) using computers for clinical purposes by section of state, Australia, May 2003

	Capital city	Other metro	Large rural centre	Small rural centre	Other rural	Remote centre	Other remote	Australia
% of PIP practices using electronic prescribing	89.1	90.1	94.6	96.2	93.8	84.3	87.1	90.5
% of PIP practices using computers to send and/or receive clinical data	89.1	88.5	92.3	94.4	91.4	88.2	80.0	89.7

Notes

1. As not all practices participate in the PIP and participation varies in Australia, this data should be treated as indicative only.
2. The last quarter of the financial year has been supplied from 2001 as it is the most stable quarter as policy changes tend to be introduced at the beginning of financial years.
3. Capital city = State and Territory capital city statistical divisions; Other metropolitan centre = one or more statistical subdivisions that have an urban centre with a population of 100 000 or more; Large rural centre = SLAs where most of the population resides in urban centres with a population of 25 000 or more; Small rural centre = SLAs in rural zones containing urban centres with populations between 10 000 and 24 999; Other rural area = all remaining SLAs in the rural zone; Remote centre = SLAs in the remote zone containing populations of 5 000 or more; Other remote area = all remaining SLAs in the remote zone.

Source: Australian Government Department of Health and Ageing (unpub.).

3.21 Adverse events treated in hospitals

Table A3.21: Proportion of all separations with an adverse event that were treated in hospital, Australia, 2001–02

	Public hospitals	Private hospitals	All hospitals
Adverse drug effects	1.35	0.60	1.07
Misadventures	0.15	0.10	0.12
Other abnormal reactions/complications	3.16	2.75	3.01
Total adverse events	**4.54**	**3.39**	**4.10**

Notes

1. An adverse event is defined as ICD-10-AM external cause codes Y40 to Y84 (complications of medical and surgical care).
2. As there can be more than one adverse event reported for each separation, the total number of separations with adverse events is less than the sum of the categories.

Source: AIHW (unpub.).

3.22 Enhanced Primary Care services

Table A3.22(a) and (b): Percentage of 'active' GPs using Medicare Enhanced Primary Care (EPC) items, by quarter, 2000 to 2002, by State and Territory, Australia

	Dec qtr 2000	Mar qtr 2001	June qtr 2001	Sept qtr 2001	Dec qtr 2001	Mar qtr 2002	June qtr 2002	Sept qtr 2002	Dec qtr 2002
NSW	21	23	31	38	43	44	46	44	45
Vic	26	28	36	43	46	46	45	44	43
QLD	23	25	34	40	44	44	46	42	44
SA	27	32	40	47	51	53	51	50	47
WA	23	27	34	40	43	45	47	42	41
Tas	27	29	36	41	49	46	47	46	43
NT	20	13	20	16	27	26	20	17	16
ACT	13	10	19	24	21	20	23	26	28
Aust	23	26	34	40	44	45	46	44	44

Notes

1. The Enhanced Primary Care Items include health assessments (A14), multidisciplinary care plans (A15 sub-group1) and case conferences (A15 sub-group 2, excluding items relating to Consultant Physicians and Psychiatrists). It does not include services that qualify under the Department of Veterans' Affairs National Treatment Account or services provided in public hospitals.
2. Percentage of 'active' GPs using EPC items is estimated by dividing the number of medical practitioners who claimed at least one EPC item within the State/Territory, during the Quarter and who also claimed 375 or more Non-referred attendances (NRAs) (see note 2) within the State/Territory during the Quarter, by the number of medical practitioners (including Vocationally Registered GPs (VR GPs) and non-Vocationally Registered GPs (non-VR GPs), but not including specialists or consultant physicians) who claimed 375 or more NRAs within the State/Territory, during the Quarter.
3. NRAs refer to VR-GP, non-VR GP non-referred attendances and EPC attendances. They do not include services that qualify under the Department of Veterans' Affairs National Treatment Account. They do not include services provided in public hospitals.

Source: Australian Government Department of Health and Ageing, GP Access Branch (unpub.).

3.23 Health assessments by general practitioners

Table A3.23: Numbers of eligible persons receiving Enhanced Primary Care Health Assessments, Australia, by jurisdiction, 2001–02

	General population (75+)			Aboriginal & Torres Strait Islander population (55+)		
	EPC Item service nos.			EPC Item service nos		
	700	702	% Uptake	704	706	% Uptake
NSW	33,044	26,761	16.3	248	124	3.9
Vic	22,434	17,857	15.0	151	51	10.4
Qld	18,273	9,951	16.0	333	117	5.6
SA	5,253	13,187	18.9	28	33	3.6
WA	5,572	5,494	12.8	125	41	3.8
Tas	1,105	3,202	15.8	4	8	1.0
ACT	629	301	8.2	2	1	2.1
NT	71	12	4.7	91	60	4.0
Australia	86,381	76,765	15.8	982	435	4.6

Notes

1. Eligible General Population = (General population 75 years and over) less (Aboriginal and Torres Strait Islander population 75 years and over) less (Residential Aged Care Facility population (other Australians) 75 years and over).
2. Eligible Aboriginal and Torres Strait Islander Population = (Aboriginal and Torres Strait Islander population 55 years and over) less (Aboriginal and Torres Strait Islander population in Residential Aged Care Facilities 55 years and over).
3. MBS items included are EPC item nos. 700, 704, 702 and 706. EPC items 700 and 704 cover health assessments undertaken in consulting rooms; items 702 and 706 cover health assessments undertaken wholly or partly in the patient's home.
4. General population figures are based on the 2001 Census Estimated Residential Population (Australian Bureau of Statistics publication 3101.0 Australian Demographic Statistics 20/03/2003 Sep 2002).
5. Residential aged care population numbers are based on permanent residents as at 30 June 2002 (Australian Government Department of Health and Ageing).
6. Differences between estimates for indigenous and non-indigenous populations should be interpreted with caution because of problems of identification. The indigenous identifier on the MBS was not introduced until November 2002.

Source: Australian Government Department of Health and Ageing (unpub.).

3.24 Accreditation in general practice

Table A3.24: Accredited practice provision of GP services

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Number of accredited practices participating in PIP	1,100	72	381	29	376	127	1,580	851	4,516
Percentage of General Practice services provided by accredited practices	82%	73%	83%	53%	85%	88%	76%	80%	80%
PIP accredited SWPE coverage	3,462,375	196,518	1,267,513	59,074	1,149,938	362,396	4,155,460	2,490,123	13,143,397
Total SWPE coverage	**4,230,445**	**269,057**	**1,530,752**	**110,508**	**1,359,038**	**409,932**	**5,467,551**	**3,093,819**	**16,471,097**

Source: Australian Government Department of Health and Ageing (unpub.).

Table A3.24(a): Total numbers of practices by RRMA

RRMA	Capital city	Other metro	Large rural	Small rural	Other rural	Remote centre	Other remote	Australia
Per cent accredited	2,869	347	289	284	595	50	82	4,516
Per cent registered	61	10	10	3	15	1	6	106
Total	**2,930**	**357**	**299**	**287**	**610**	**51**	**88**	**4,622**

Note: See Appendix 4 for detail of RRMA classification.

Source: Australian Government Department of Health and Ageing (unpub.).

Table A3.24(b): Proportion of total practice numbers

RRMA	Capital city	Other metro	Large rural	Small rural	Other rural	Remote centre	Other remote	Australia
Per cent	97.9	97.2	96.7	99.0	97.5	98.0	93.2	97.7

Jurisdiction	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Per cent	98	98	96	99	99	100	100	100	98

Source: Australian Government Department of Health and Ageing (unpub.).

3.25 Health workforce

Table A3.25(a): Completions of courses[1] as a percentage of total workforce: doctors, nurses and pharmacists, Australia, 1993 to 2000

Profession/Item		1993	1994	1995	1996	1997	1998	1999	2000
Doctors									
	Completions of medical courses by Australian citizens/permanent residents	1,234	1,235	1,241	1,327	1,196	1,206	1,248	n.y.a.
	Employed medical practitioners	44,925	45,942	47,331	47,682	48,321	48,934	50,329	n.y.a.
	Per cent completions to MPs	2.75	2.69	2.62	2.78	2.48	2.46	2.48	2.37
Nurses									
	Completions of basic nursing courses by Australian citizens/permanent residents	6,397	5,850	5,430	4,977	4,765	4,661	4,697	4,465
	Employed registered nurses	157,400	152,600	158,700	162,500	162,900	170,400	167,400	180,100
	Per cent completions to employed registered nurses	4.06	3.83	3.42	3.06	2.93	2.74	2.81	2.48
Pharmacists									
	Completions of basic pharmacy courses by Australian citizens/permanent residents	354	369	392	441	452	n.a.	233	511
	Employed pharmacists	13,248	13,104	13,427	13,834	n.a.	n.a.	14,747	n.a.
	Per cent completions to employed pharmacists	2.67	2.82	2.92	3.19	n.a.	n.a.	[2]3.47	n.a.

Notes

1. Course completion data includes an unknown but small number of New Zealand citizens.
2. The number of completions for pharmacists for 2000 has been used in place of the 233 completions recorded in 1999, as the 1999 figure was artificially low due to some courses being extended from 3 to 4 years' duration.

Source: AIHW: various medical, nursing and pharmacy labour force survey data.

Table A3.25(b): Medical, nursing and pharmacy workforces[1], percentage aged 55 and over, 1995 and 1999

	1995	1999
Primary care practitioners[2]	22.5	25.1
Medical specialists[3]	28.4	31.2
Nurses[4]	7.2	10
Pharmacists	30.0	31

Notes

1. Employed (excluding those on extended leave).
2. Primary care practitioners are those medical practitioners engaged in general practice or in the primary care of patients. They are mostly GPs.
3. Medical specialists are those recognised as specialists by the relevant specialist professional college in Australia.
4. Nurses include registered and enrolled nurses.

Sources: AIHW: various medical, nursing and pharmacy labour force survey data, 1995 and 1999.

Appendix 3: Technical notes

Indicator 1.01

Indicator definition

Description: Incidence of acute coronary heart disease events ('heart attacks').

Numerator: The sum of (a) the number of deaths recorded as CHD deaths and (b) the number of non-fatal hospital separations for heart attack recorded as acute myocardial infarction (AMI), for people aged 40–90 years.

Denominator: People aged 40–90 years.

Presentation: Age-standardised rate per 100,000 population, standardised to the June 2001 Australian population.

CHD codes are: ICD-9 codes 410–414 and ICD-10 codes I20–I25; AMI codes are: ICD-9-AM code 410 and ICD-10-AM code I21.

For CHD, mortality data for 1997 and earlier have been multiplied by 1.01 to overcome the change in automated coding system by the Australian Bureau of Statistics (ABS).

Incidence is defined as the number of new cases of a condition or disease. In attempting to measure the incidence of CHD we have the difficulty that CHD is a broad term including AMI and various forms of angina. Since the onset of angina is so often ill-defined, and there is no system of required notification, it is difficult to measure the overall incidence of CHD using routine data sources. In addition data are not linked so it is not possible to know whether a coronary event is the first event for that person or a second or later event. For these reasons, the data measured here are the incidence of acute coronary events ('heart attacks') resulting in either a hospital admission recorded as an AMI or as death.

As it is not possible to know whether the non-fatal hospital admissions are new cases or recurrent events in people with previous CHD, the data used here refers to the incidence of the condition of heart attack. This is an overestimate of the incidence of heart disease.

There may also be double counting due to the Australian National Hospital Morbidity Database being event-based rather than person-based. To minimise double counting, only those admissions with a principal diagnosis of AMI are included. The data exclude false AMIs (i.e. patients who are admitted for less than three days but are released from hospital, are not transferred to another hospital and did not die) as these patients were unlikely to have suffered a heart attack (AIHW: Jamrozik et al. 2001).

Data are for financial years 1993–94 to 2000–01, reflecting how hospital admission data are collected in the National Hospital Morbidity Database. To align the mortality data, which are based on calendar years, with the hospital data, coronary deaths are averaged over consecutive years to obtain financial year data.

Sources:

AIHW National Hospital Morbidity Database

AIHW National Mortality Database

See also

AIHW: Mathur S 2002. Epidemic of coronary heart disease and its treatment in Australia. Cardiovascular Disease Series No. 20. AIHW Cat. no. CVD21. Canberra: AIHW.

AIHW: Jamrozik K, Dobson A, Hobbs M, McElduff P, Ring I, D'Este K & Crome M 2001. Monitoring the incidence of cardiovascular disease in Australia. AIHW Cat. No. CVD 16. AIHW: Canberra (Cardiovascular Disease Series No. 17).

Indicator 1.02

Indicator definition

Description: Incidence rates for cancer.

Numerator: New cases of registrable cancer.

Denominator: Total population.

Presentation: Age-standardised rate per 100,000 population, standardised to the June 2001 Australian population.

The 'All cancers' group covers all malignant neoplasms (ICD 10 codes C00–C96) excluding non-melanoma skin cancer (C44) which is not a registrable cancer, and so is not comprehensively recorded in cancer registries.

Colorectal includes Cancer of the colon and rectum (including anus) (ICD-10 C18–C21); Melanoma includes Cancer of the skin—melanoma (ICD-10 C43); Lung includes Cancer of the trachea, bronchus and lung (ICD-10 C33–C34)

Breast includes Cancer of the breast (ICD-10 C50) (Female); Cervix includes Cancer of the cervix uteri (ICD-10 C53); Prostate includes Cancer of the prostate (ICD-10 C61)

Non-Hodgkin's lymphoma includes Non-Hodgkin's lymphoma (ICD-10 C82–C85, C96)

Sources:

Doll R & Smith PG 1982. Comparison between cancer registries: age-standardised rates. In: Waterhouse J, Shanmugaratnum K, Muir C, eds. Cancer incidence in five continents. Volume IV, Scientific Publications no. 42. Lyon: International Agency for Research on Cancer, Chapter 11.

AIHW and Australasian Association of Cancer Registries (AACR) 2002. Cancer in Australia 1999. AIHW Cat.no. CAN 15. Canberra: AIHW (Cancer Series no. 20).

For international data relevant to this indicator, please refer to:

OECD (Organisation for Economic Co-operation and Development) 2003a. Health at a glance 2003. Paris: OECD.

OECD 2003b. OECD health data 2003, 5th edition: a comparative analysis of 30 countries (CD-ROM). Paris: OECD. (Can be ordered at: <http://oecdpublications.gfi-nb.com/cgi-bin/OECDBookShop.storefront/>)

Indicator 1.03

Indicator definition

Description: Severe or profound core activity limitation by age and sex.

Numerator: Those people who experience severe or profound activity limitations, such that they always or sometimes need assistance with particular activities.

Denominator: The population aged 5 years and over, 1988, 1993 and 1998.

Presentation: Age-standardised percentage, standardised to the June 2001 Australian population. Disability data have been adjusted using criteria common to the three Disability surveys.

Disability data were re-derived using criteria common to the three surveys.

Only people aged 5 years and over are included. The estimates of overall prevalence rates of severe or profound core activity restriction and specific restrictions in 1988, 1993 and 1998 are slightly different from the rates published by the Australian Bureau of Statistics (ABS 1999: Table 7). The age standardised estimates for the 1988, 1993 and 1998 surveys were slightly higher than the ABS rates, by 0.3% for severe or profound core activity restriction and by 0.7% for specific restrictions. Information on severity of core activity restriction among children aged under 5 years was collected in the 1998 survey but not in the previous surveys. For comparative purposes and because of this project's focus on ageing, information on activity restrictions among children under 5 is not included in the data presented here, and people aged under 5 years have been excluded from the total population used as the denominator to calculate the prevalence rates. The difference between estimates in this table and the rates published by the ABS may be due to inclusion of the population aged under 5 years in the denominator for ABS rates.

Core activities are:

- self-care—bathing or showering, dressing, eating, using the toilet, and managing incontinence;
- mobility—moving around at home and away from home, getting into or out of a bed or chair, and using public transport; and
- communication—understanding and being understood by others: strangers, family and friends.

A core activity restriction may be:

- profound—unable to perform a core activity or always needing assistance;
- severe—sometimes needing assistance to perform a core activity, has difficulty understanding or being understood by friends or family, communicates more easily using non-spoken forms of communication;
- moderate—not needing assistance, but having difficulty performing a core activity; or
- mild
  - needs no help and has no difficulty with any core activities but uses aids or equipment;

- cannot easily walk 200m or cannot use stairs without handrail;
- cannot bend to pick an object from the floor;
- cannot use public transport;
- use public transport but needs help or supervision; or
- needs no help or supervision, but has difficulty using public transport.

Source:

AIHW analysis of the ABS 1998 Survey of Disability, Ageing and Carers unpublished data tables.

Reference:

Australian Bureau of Statistics 1999. Survey of disability, ageing and carers, 1998. ABS Cat. no. 4430.0. Canberra: ABS.

Indicator 1.04

Indicator definition

Description: Life expectancy at birth.

Presentation: Life expectancy represents the number of years a person born now could expect to live if they experienced mortality rates at each age that are currently experienced by the total (male or female) population.

References:

Australian Bureau of Statistics (ABS) 2002. Deaths Australia 2001. Cat No 3302.0. Canberra: ABS.

ABS & AIHW 2003. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2003. ABS Cat. no. 4704.0. AIHW Cat. no. IHW11. Canberra: ABS & AIHW.

Australian Government Actuary 1999. Australian life tables 1995–1997. Canberra: Australian Government Actuary.

OECD 2003. OECD Health Data 2003, 5th edition: A comparative analysis of 30 countries (CD-ROM). Paris: OECD.

OECD 2003. Health at a glance 2003. Paris: OECD.

World Health Organization (WHO) 2002. Life tables for 191 countries for 2001. www3.who.int/whosis/life_tables/.

WHO 2002, The World Health Report 2002, WHO: Geneva.

Indicator 1.05

Indicator definition

Description: Level of psychological distress as measured by the Kessler 10 survey instrument.

Numerator: People with very high, high, moderate or low levels of psychological stress (as measured by the Kessler 10 (K-10) survey instrument (Andrews & Slade 2001)).

Denominator: Australian population.

Presentation: Age-standardised proportion, standardised to the June 2001 Australian population.

Definition of psychological distress sourced from the NHS is derived from the Kessler Psychological Distress Scale—10 items (K-10). This is a scale of non-specific psychological distress based on 10 questions about negative emotional states in the four weeks prior to interview. The K-10 is scored from 10 to 50, with higher scores indicating a higher level of distress; low scores indicate a low level of distress.

Low (10–15)

Moderate (16–21)

High (22–29)

Very high (30–50)

Based on research from other population studies, a very high level of psychological distress, as shown by the K-10, may indicate a need for professional help.

Source:

Australian Bureau of Statistics 2002. National Health Survey 2001: summary of results, Australia. ABS Cat. no. 4364.0. Canberra: ABS.

Note:

The 2001 National Health Survey (NHS) was conducted on a sample of 17,918 private dwellings across Australia. Sparsely settled areas of Australia were excluded. (Just under 1% of Australians live in these areas.) Non-private dwellings such as hotels, hostels, hospitals, aged care homes and short-stay caravan parks were not included.

Reference:

Andrews G & Slade T 2001. Interpreting scores on the Kessler psychological distress scale (K10). Australian and New Zealand Journal of Public Health 2001, 25(6):494–7.

Indicator 1.06

Indicator definition

Description: Number of potentially avoidable deaths.

Numerator: Number of avoidable deaths (categorised as potentially avoidable within the present health system).

Denominator: People aged less than 75 years.

Presentation: Age-standardised rates per 100,000 population, standardised to the June 2001 Australian population.

The age-standardised rate of avoidable deaths per 100,000 population (categorised as potentially avoidable within the present health system), for persons aged less than 75 years and categorised by Primary, Secondary and Tertiary avoidable mortality.

Primary avoidable mortality (PAM)—Conditions that are preventable, whether through individual behaviour change (lifestyle modification) or population-level intervention (healthy public policy). The condition is prevented before it develops by addressing its risk or protective factors: 'primary prevention'.

Secondary avoidable mortality (SAM)—Conditions that respond to early detection and intervention, typically in a primary health care setting. As well as clinical preventive services such as cancer screening, it includes chronic disease management intended to delay the progression of diseases such as diabetes or the recurrence of events such as heart attacks or strokes (for example, through the monitoring and management of high blood pressure). This approach constitutes 'secondary prevention'.

Tertiary avoidable mortality (TAM)—those conditions whose case fatality rate can be significantly reduced by existing medical or surgical treatments (typically, but not necessarily, in a hospital setting), even when the disease process is fully developed. This constitutes 'tertiary prevention'.

Socio-economic status has been measured using the Socio-Economic Indexes for Areas (SEIFA). The SEIFA index of disadvantage has been used to calculate the Quintiles, with Quintile 1 those who are most disadvantaged and Quintile 5 those who are least disadvantaged.

Sources:

New Zealand Ministry of Health 1999. Our health, our future: the health of New Zealanders 1999. Wellington: NZ Ministry of Health.

New South Wales Department of Health: Public Health Division 2002. The health of the people of New South Wales—report of the Chief Health Officer. Sydney: NSW Department of Health. Available at: <http://www.health.nsw.gov.au/public-health/chorep/toc/pre_foreword.htm>. Accessed April 2003.

Table A3.1: Avoidable mortality codes

Potentially avoidable condition	ICD9	ICD10	Conditions involved
Enteritis and other diarrhoeal diseases	001–009	A00–A09	Diarrhoeal diseases
Tuberculosis	010–018, 137	A15–A19, A23, A35–A37, A49.2, B90	Tuberculosis
Immunisation-preventable diseases	032–033,037,045, 055–056, 320.0, 771.0, 771.3	A33, A35–A37, A80, B05–B06, P35.0, A49.2, G00.0	Diphtheria, whooping cough, tetanus, polio, Hib, measles, rubella
HIV/AIDS	042	B20–B24	HIV/AIDS
Hepatitis and liver cancer	070, 155	B15–B19, C22.0, C22.1, C22.9	Hepatitis A, B, C, D, E, primary liver cancer
Sexually transmitted diseases	090–099, 614.0–614.5, 614.7–616.9, 633	A50–A64, M02.3, N34.1, N70.0, N70.9, N71.0, N71.1, N72, N73.0–N73.5, N73.8, N75.0, N75.1, N76.0, N76.2, N76.4, N76.6, N76.8, N77.0, N77.1, N77.8, O00, R59.1	Syphilis, gonorrhoea + other STDs, ectopic pregnancy
Skin cancers	140, 172, 173	C00,C43–C44	Lip, melanoma, other skin cancer
Colorectal cancer	153–154	C18–C21	Colorectal cancer
Oral cancers	141, 143–146, 148–149, 161	C02–C06, C09–C10, C12–C14, C32	Malignant neoplasm mouth, pharynx, larynx
Lung cancers	162.00	C33–C34	Malignant neoplasm, trachea, bronchus, lung
Breast cancer	174.00	C50	Breast cancer
Nutrition	260–269, 280, 281	D50–53, E40–E46, E50–E56,E63–E64	Nutritional deficits including anaemia
Alcohol related conditions	291, 303, 305.0, 425.5, 535.3, 571.0–571.3	F10, I42.6, K29.2, K70	Psychosis, alcoholism, cardiac, gastric or liver damage due to alcohol
Chronic obstructive respiratory diseases	490–492, 496	J40–J44	Chronic bronchitis and emphysema
Ischaemic heart disease	410–414	I20–I22, I24, I25.1–I25.9	Ischaemic heart disease
Stroke	431, 433, 434, 436	I61, I62.0, I63.0–I63.5, I63.8–I63.9, I64–I66, I67.8	Intracerebral haemorrhage or occlusion
Neural tube defects	740–742	Q00–Q07	Congenital anomalies of brain and spinal cord
Low birthweight babies	764–765, 770.7	P05–P07, P22, P27	Prematurity, low birthweight, respiratory disease from prematurity
Sudden infant death syndrome	798.0	R95	SIDS

(continued)

Table A3.1 (continued): Avoidable mortality codes

Potentially avoidable condition	ICD9	ICD10	Conditions involved
Road traffic injury	E810–E829	V01.1, V02.1, V03.1, V04.1, V05.1, V06.1, V09.2, V09.3, V10.4, V10.5, V10.9, V11.4, V11.5, V11.9, V12.4, V12.5, V12.9, V13.4, V13.5, V13.9, V14.4, V14.5, V14.9, V15.4, V15.5, V15.9, V16.4, V16.5, V16.9, V17.4, V17.5, V17.9, V18.4, V18.5, V18.9, V19.4, V19.5, V19.6, V19.9, V20.4, V20.5, V20.9, V21.4, V21.5, V21.9, V22.4, V22.5, V22.9, V23.4, V23.5, V23.9, V24.4, V24.5, V24.9, V25.4, V25.5, V25.9, V26.4, V26.5, V26.9, V27.4, V27.5, V27.9, V28.4, V28.5, V28.9, V29.4, V29.5, V29.6, V29.9, V30.5, V30.6, V30.7, V30.9, V31.5, V31.6, V31.7, V31.9, V32.5, V32.6, V32.7, V32.9, V33.5, V33.6, V33.7, V33.9, V34.5, V34.6, V34.7, V34.9, V35.5, V35.6, V35.7, V35.9, V36.5, V36.6, V36.7, V36.9, V37.5, V37.6, V37.7, V37.9, V38.5, V38.6, V38.7, V38.9, V39.4, V39.5, V39.6, V39.9, V40.5, V40.6, V40.7, V40.9, V41.5, V41.6, V41.7, V41.9, V42.5, V42.6, V42.7, V42.9, V43.5, V43.6, V43.7, V43.9, V44.5, V44.6, V44.7, V44.9, V45.5, V45.6, V45.7, V45.9, V46.5, V46.6, V46.7, V46.9, V47.5, V47.6, V47.7, V47.9, V48.5, V48.6, V48.7, V48.9, V49.4, V49.5, V49.6, V49.9, V50.5, V50.6, V50.7, V50.9, V51.5, V51.6, V51.7, V51.9, V52.5, V52.6, V52.7, V52.9, V53.5, V53.6, V53.7, V53.9, V54.5, V54.6, V54.7, V54.9, V55.5, V55.6, V55.7, V55.9, V56.5, V56.6, V56.7, V56.9, V57.5, V57.6, V57.7, V57.9, V58.5, V58.6, V58.7, V58.9, V59.4, V59.5, V59.6, V59.9, V60.5, V60.6, V60.7, V60.9, V61.5, V61.6, V61.7, V61.9, V62.5, V62.6, V62.7, V62.9, V63.5, V63.6, V63.7, V63.9, V64.5, V64.6, V64.7, V64.9, V65.5, V65.6, V65.7, V65.9, V66.5, V66.6, V66.7, V66.9, V67.5, V67.6, V67.7, V67.9, V68.5, V68.6, V68.7, V68.9, V69.4, V69.5, V69.6, V69.9, V70.5, V70.6, V70.7, V70.9, V71.5, V71.6, V71.7, V71.9, V72.5, V72.6, V72.7, V72.9, V73.5, V73.6, V73.7, V73.9, V74.5, V74.6, V74.7, V74.9, V75.5, V75.6, V75.7, V75.9, V76.5, V76.6, V76.7, V76.9, V77.5, V77.6, V77.7, V77.9, V78.5, V78.6, V78.7, V78.9, V79.4, V79.5, V79.6, V79.9, V80.0, V80.1, V80.2, V80.3, V80.4, V80.5, V80.6, V80.7, V80.8, V80.9, V81.1, V82.1, V82.9, V83.0, V83.1, V83.2, V83.3, V84.0, V84.1, V84.2, V84.3, V85.0, V85.1, V85.2, V85.3, V86.0, V86.1, V86.2, V86.3, V87.0, V87.1, V87.2, V87.3, V87.4, V87.5, V87.6, V87.7, V87.8, V87.9, V89.2, V89.3	Road traffic injury

(continued)

Table A3.1 (continued): Avoidable mortality codes

Potentially avoidable condition	ICD9	ICD10	Conditions involved
Poisoning	E850–E869	X40–X49	Poisoning
Swimming pool injury	E883.0, E910.5, E910.6	W16, W67, W68	Swimming pool falls and drownings
Sport injury	E884.0, E884.5, E886.0, E917.0, E927	W01.30, W02, W03.30, W09, W21, X50	Falls from playground equipment, sport injury
Fire	E890–E899	X00–X09	Burns and scalds
Drowning	E910.0–E910.4, E910.7–E910.9, E984	W65, W69, W70, W73, W74, Y21	Drowning
Suicide	E950–E959, E980–E989	X60–X84,Y87.0, Y10–Y34	Suicide
Other infections	023–031, 034–036, 084, 320, 770.0, 771.1–771.2, 771.4–771.9	A23–A26, A28.0, A28.2–A28.9, A30, A31, A32.9, A38, A39, A46, B50–B54, G00, G01, J02.0, P23, P35.1–P35.9, P36–P39	Brucellosis +other zoonoses, streptococcus, malaria, meningitis, congenital
Cervical cancer	180	C53	Cervical cancer
Thyroid disease	240–242, 244	E03.2, E03.8, E03.9, E04–E05, E89.0	Goitre, thyrotoxicosis, hypothyroidism
Newborn screening conditions	243, 255.2, 270.1, 271.1	E03.1, E25, E70.0, E70.1, E74.2	Congenital hypothyroidism, CAH, PKU, galactosaemia
Diabetes	250.00	E10–E14	Diabetes
Epilepsy	345.00	G40–G41	Epilepsy
Ear infections	381–383	H65–H70	Otitis media and mastoiditis
Rheumatic fever/heart disease	390–398	I00–I09	Acute rheumatic fever, heart disease
Hypertensive disease	401–405, 437.2	I10–I15, I67.4	Hypertensive disease
Respiratory infections	460–466, 480–487	J00, J01.1–J01.2, J01.8–J01.9, J02–J06, J10, J11.0, J12–J15, J16.8, J17.0–J17.2, J17.8, J18.0, J18.8, J20–J22	Respiratory infections including pneumonia and influenza
Asthma	493	J45–J46	Asthma
Peptic ulcer	531–534	K25–K28	Gastric and duodenal ulcers
Pregnancy complications	630–632, 634–676	O01–O08, O10–O99	Complications of pregnancy

(continued)

Table A3.1 (continued): Avoidable mortality codes

Potentially avoidable condition	ICD9	ICD10	Conditions involved
Musculoskeletal infections	680–686, 711, 730	L01–L08, L98.0, M00, M01.1–M01.3, M01.5–M01.8, M02.1, M02.3, M03.2, M35.2, M46.2, M86, M87.1–M87.9, M89.6, M90.0–M90.2	Skin, bone and joint infections
Stomach cancer	151.00	C16	Stomach cancer
Cancer of uterus	182, 179	C54, C55	Cancer of uterus
Cancer of testis	186.00	C62	Cancer of testis
Eye cancer	190.00	C69	Eye cancer
Thyroid cancer	193.00	C73	Thyroid cancer
Hodgkin's disease	201.00	C81	Hodgkin's disease
Leukaemia	204.00	C91.0–C91.3, C91.7, C91.9	Lymphoid leukaemias
Benign cancers	210–234	D10–D36	Benign & in situ cancers
Appendicitis	540–543	K35–K38	Appendicitis
Intestinal obstruction and hernia	550–553, 560	K40–K46, K56	Intestinal obstruction and hernia
Gallbladder disease	574–576	K80–K83, K91.5	Gallbladder disease
Acute renal failure	584.00	N17	Acute renal failure
Congenital anomalies	743–746.6, 746.8–747.9, 749–757	Q10–Q23.3, Q23.8–Q23.9, Q24–Q28, Q35–Q84	Congenital cardiac, digestive, genito-urinary, musculoskeletal anomalies
Birth trauma and asphyxia	767–768, 770.1, 772.0, 772.3	P10–P15, P20–P21, P50, P51, P95	Birth trauma and asphyxia
Other perinatal conditions	766, 769, 770.2–770.6, 770.8–770.9, 772.1–772.2, 772.4–772.9, 773–779	P08, P22, P22.1, P25, P26, P28, P52–P96	Respiratory disease, haemolytic disease, jaundice, etc
Iatrogenic conditions	E870–E879	Y60–Y84	Complications of treatment

Indicator 1.07

Indicator definition

Description: Infant mortality rates.

Numerator: Number of deaths of infants younger than one year (deaths registered with Registries of Births, Deaths and Marriages).

Denominator: Number of live births (births registered with Registries of Births, Deaths and Marriages).

Presentation: Rates expressed as deaths per 1,000 live births.

The Aboriginal and Torres Strait Islander population in figure 1.07(b) includes only South Australia, Western Australia and the Northern Territory due to variations in Aboriginal and Torres Strait Islander data quality between jurisdictions over time. Non-Indigenous estimates are based on the same jurisdictions.

Infant mortality is a measure of all deaths of infants within the first year of life, and is commonly viewed as a measure of general health and wellbeing in a community. The measure uses the total number of infant deaths and divides this by the total number of live births for the same time period and is expressed per 1,000 live births.

Infant deaths comprise all deaths of infants aged under one year.

Perinatal deaths comprise all stillbirths (fetal deaths) and death of infants within the first 28 days of life (neonatal deaths).

Note: Some of the international variation in infant mortality rates is due to variations among countries in registering practices of premature infants (whether they are reported as live births or not). In several countries, such as the United States, Canada and the Nordic countries, at least, very premature babies (with relatively low odds of survival) are registered as live births which increases mortality rates compared with other countries which do not register them as live births.

Sources:

AIHW National Mortality Database

Australian Bureau of Statistics 2002. Births Australia 2001. ABS Cat No 3301.0. Canberra: ABS.

For international data relevant to this indicator, please refer to:

OECD (Organisation for Economic Co-operation and Development) 2003a. Health at a glance 2003. Paris: OECD.

OECD 2003b. OECD health data 2003, 5th edition: a comparative analysis of 30 countries (CD-ROM). Paris: OECD. (Can be ordered at: <http://oecdpublications.gfi-nb.com/cgi-bin/OECDBookShop.storefront/>)

Indicator 1.08

Indicator definition

Description: Death rates for National Health Priority Area (NHPA) diseases and conditions.

Numerator: Number of deaths due to NHPA diseases and conditions.

Denominator: Population of Australia.

Presentation: Age-standardised death rates per 100,000 population, standardised to the June 2001 Australian population.

Table A3.2: ICD codes for NHPA reporting

NHPA	Focus	ICD 9 codes	ICD 10 codes
Cardiovascular health	CHD	410–414	I20–I25
	Stroke	430–438	G45–G46, I60–I69
Cancer control	Cervix	180	C53
	Breast (female)	174	C50
	Prostate	185	C61
	Colorectal	153, 154	C18–C21
	Melanoma	172	C43
	Non-melanoma skin cancer	173	C44
	Lung	162	C33, C34
	NHL	200, 202	C82–C85, C96
Diabetes mellitus		250	E10–E14
Asthma		493	J45, J46
Mental health	Depression	296, 311, 298.0, 298.1, 300.4, 300.9, 301.1	F30–F39
	Anxiety disorders	300.0, 300.2, 300.3	F40–F42
Injury prevention and control	Suicide	E950, E959	X60–X84, X87.0
	Accidental falls	E880–E886, E888	W00–W19
	Accidental poisoning	E850–869, E930–949, E980–982	X40–X49, Y40–Y59
	Accidental drowning	E910	W65–W74
	Motor vehicle crashes	E810–825	V02–V04,V07–V09,V12–V14, V19–V79, V803–V806,V810–811, V820, V821, V83–V88, V890, V892, V899
Arthritis and musculoskeletal conditions	Osteoarthritis	715, 716.1, 719.9	M15–M19
	Rheumatoid arthritis	714	M05, M06, M08.0
	Osteoporosis	733.0, 733.1, 733.7, 30.8	M80, M81, M82

For international data relevant to this indicator, please refer to:

OECD (Organisation for Economic Co-operation and Development) 2003a. Health at a glance 2003. Paris: OECD.

OECD 2003b. OECD health data 2003, 5th edition: a comparative analysis of 30 countries (CD-ROM). Paris: OECD. (Can be ordered at: <http://oecdpublications.gfi-nb.com/cgi-bin/OECDBookShop.storefront/>)

Indicator 2.01

Indicator definition

Description: The proportion of households with dependent children (0–14 years) where adults report smoking inside.

Numerator: Households with a household member who smokes inside that contain any dependent children aged 0–14 years (as reported by a member of that household).

Denominator: Households with dependent children aged 0–14 years.

Presentation: Percentage of households by household smoking status.

Households include all households that contain dependent children aged 14 years or less (including those with dependent children aged 15 years and over). The sequencing is shown below:

1. If no dependent children—'No dependent children';
2. If any dependent children 15 and over—'Dependent children 15 years and over';
3. If any dependent children under 15 (including if also 15 and over)—'Dependent children under 15'.

Indicator 2.02

Indicator definition

Description: Proportion of the population served by a reticulated water supply that provides satisfactory fluoride levels whether artificially fluoridated or naturally occurring.

Numerator: Number of people served by a reticulated water supply that is fluoridated at satisfactory levels.

Denominator: All people.

Presentation: By State and Territory.

Guidelines (based on NH&MRC standards) for fluoride levels in a reticulated water supply:

1. Unsatisfactory—Does not meet National Health and Medical Research Council (NHMRC) guidelines—Water supply has less than 0.3 parts per million fluoride.

2. Generally Unsatisfactory—Partly meets NHMRC guidelines—Water supply has between 0.3 and 0.7 parts per million fluoride.
3. Generally Satisfactory—Partly meets NHMRC guidelines—Water supply has between 0.3 and 0.7 parts per million fluoride. Note that the Northern Territory fluoridation levels of between 0.3 and 0.7 parts per million fluoride would generally meet the NHMRC guidelines due to the high temperatures in the NT.
4. Satisfactory—Meets NHMRC guidelines—Water supply has greater than 0.7 parts per million fluoride.

Sources:

Australian Bureau of Statistics

AIHW Dental Statistics Research Unit data collated from local water boards, State water authorities and State and Territory health departments.

Indicator 2.03

Indicator definition

Description: Ratio of equivalised weekly incomes at the 80th percentile to the 20th percentile income.

Numerator: High income: income at 80th percentile ranked by equivalised income.

Denominator: Low income: income at 20th percentile ranked by equivalised income.

Presentation: High/low income ratio over time.

1. Figures are person weighted, not household weighted.
2. To equivalise the after tax household income:
   the numerator = the after tax household income
   the denominator = 1.0 (for the first adult in the household) plus 0.5 for each additional adult and 0.3 for each child.
3. Adjusted using OECD equivalence scales.
4. 1996 figures are in 1996 dollars; 1999 figures are in 1999 dollars.
5. Disposable income is gross income after income tax is deducted. Equivalised disposable income is the disposable income of households adjusted for the different income needs of households of different size and composition. The dollar amounts do not accord with the amounts household actually receive, but are the amounts they would have received if they all comprised two adults and two children aged less than 15 years (Australian Bureau of Statistics 2003).

The following categories have been used: Major cities, Inner regional, Outer regional, Australia. See Appendix 4 for a map of Australia showing categories for Remoteness areas.

For international data relevant to this indicator, please refer to:

OECD (Organisation for Economic Co-operation and Development) 2003a. Health at a glance 2003. Paris: OECD.

OECD 2003b. OECD health data 2003, 5th edition: a comparative analysis of 30 countries (CD-ROM). Paris: OECD. (Can be ordered at: <http://oecdpublications.gfi-nb.com/cgi-bin/OECDBookShop.storefront/>)

Sources:

Australian Bureau of Statistics (ABS) Income and Housing Costs Surveys 1996 and 1999 (6541.0.15.001).

Australian Institute of Health and Welfare (AIHW) (forthcoming). Rural, regional and remote health—Report against the indicators. Rural Health Series no. 4. Canberra: AIHW.

Reference:

ABS 2003b. Household income and income distribution 2000–01. ABS Cat. no. 6523.0. Canberra: ABS.

Indicator 2.04

Indicator definition

Description: Number engaged in informal care.

Numerator: Number of carers—primary and not primary.

Denominator: Total number of people living in households.

Presentation: Number of carers and carers as percentage of people living in households.

Note:
A carer is a person who provides any informal assistance, in terms of help or supervision, to persons with disabilities or long-term conditions, or persons who are elderly. Primary carers are persons who provide the most informal assistance, in terms of help or supervision, to a person with one or more disabilities.

Indicator 2.05

Indicator definition

Description: Proportion of adults who are daily smokers.

Numerator 1: People aged 14 years and over who smoke tobacco every day.

Denominator 1: People aged 14 years and over.

Numerator 2: People aged 18 years and over who smoke tobacco every day.

Denominator 2: People aged 18 years and over living in private dwellings and non-sparsely settled areas.

Presentation: 1. Proportion of population over time who are daily smokers. This is not age-standardised.

2. Aboriginal and Torres Strait Islander peoples and non-Indigenous Australian smoking rates for various age groups.

Numerator 1 and denominator 1

1. Daily smoking means smokes at least once per day;
2. Current smoking means smokes daily or less often in the past 12 months.

Sources for numerator 1 and denominator 1:

Social Issues in Australia Survey 1985; National Campaign Against Drug Abuse Social Issues Survey 1988; National Campaign Against Drug Abuse Household Survey 1991, 1993; National Drug Strategy Household Survey 1995, 1998, 2001.

Numerator 2 and denominator 2

1. The 2001 National Health Survey (NHS) was conducted on a sample of 17,918 private dwellings across Australia. Sparsely settled areas of Australia were excluded. Just under 1% of Australians live in these areas. Non-private dwellings such as hotels, hostels, hospitals, aged care homes and short-stay caravan parks were not included. Non-Indigenous data excludes sparsely settled areas.
2. The 2001 National Health Survey Aboriginal and Torres Strait Islander Supplement (NHS(I)) included Aboriginal and Torres Strait Islander people from remote and non-remote areas and was collected during the period June to November 2001. This differs from the 2001 National Health Survey which included data from non-sparsely settled areas only, and data were collected throughout the 2001 calendar period, except for the six-week period 28 July to 10 September when no data were collected.

Source for numerator 2 and denominator 2:

Australian Bureau of Statistics 2002. National Health Survey: Aboriginal and Torres Strait Islander results, Australia 2001. ABS cat. no. 4715.0. Canberra: ABS.

For international data relevant to this indicator, please refer to:

OECD (Organisation for Economic Co-operation and Development) 2003a. Health at a glance 2003. Paris: OECD.

OECD 2003b. OECD health data 2003, 5th edition: a comparative analysis of 30 countries (CD-ROM). Paris: OECD. (Can be ordered at: <http://oecdpublications.gfi-nb.com/cgi-bin/OECDBookShop.storefront/>)

Indicator 2.06

Indicator definition

Description: Proportion of the population aged 18 years and over at risk of long term harm from alcohol.

Numerator: People classified to a health risk level (low-risk, risky or high-risk), based on their estimated average daily consumption of alcohol during the previous week.

Denominator: People aged 18 years and over.

Presentation: Proportion age-standardised to the 2001 Australian population in scope for the National Health Survey.

Table 2.06: Alcohol risk level by estimated average daily consumption of alcohol during the previous week

	No. of standard drinks per day	
	Males	**Females**
Low-risk	0–4	0–2
Risky	5–6	3–4
High-risk	≥ 7	≥ 5

Notes

1. Risk levels were based on National Health and Medical Research Council (NHMRC) levels for long-term harm (NHMRC 2001), and assume that the reported level of alcohol consumption was typical.
2. 1 standard drink = 12.5 ml of alcohol.

Notes

1. The 2001 National Health Survey (NHS) was conducted on a sample of 17,918 private dwellings across Australia. Sparsely settled ares of Australia were excluded. Just under 1% of Australians live in these areas. Non-private dwellings such as hotels, hostels, hospitals, aged care homes and short-stay caravan parks were not included. Non-Indigenous data excludes sparsely settled areas.
1. The 2001 National Health Survey Aboriginal and Torres Strait Islander Supplement included Aboriginal and Torres Strait Islander people from remote and non-remote areas and was collected during the period June to November 2001. This differs from the 2001 National Health Survey which included data from non-sparsely settled areas only, and data were collected throughout the 2001 calendar period, except for the six week period 28 July to 10 September when no data were collected.

Reference:

National Health and Medical Research Council 2001. Australian alcohol guidelines: health risks and benefits. Canberra: NHMRC.

For international data relevant to this indicator, please refer to:

OECD (Organisation for Economic Co-operation and Development) 2003a. Health at a glance 2003. Paris: OECD.

OECD 2003b. OECD health data 2003, 5th edition: a comparative analysis of 30 countries (CD-ROM). Paris: OECD. (Can be ordered at: <http://oecdpublications.gfi-nb.com/cgi-bin/OECDBookShop.storefront/>).

Indicator 2.07

Indicator definition

Description: Proportion of people eating sufficient daily serves of fruit and vegetables.

Numerator: Self-reported intake of at least four serves of vegetables per day and at least two serves of fruit per day.

Denominator: Australian population, 12 years and over, living in private dwellings and non-sparsely settled areas.

Presentation: Age-standardised proportion of population, standardised to the 2001 Australian population.

Note: The 2001 National Health Survey (NHS) was conducted on a sample of 17,918 private dwellings across Australia. Sparsely settled areas of Australia were excluded. (Just under 1% of Australians live in these areas.) Non-private dwellings such as hotels, hostels, hospitals, aged care homes and short-stay caravan parks were not included.

The Australian Bureau of Statistics asks questions in the NHS as to whether a person usually consumes 1 serve or less of vegetable, 2 to 3 serves, 4 to 5 serves or 6 serves or more. A similar question is asked about fruit consumption. Those having insufficient vegetables are those in the 1 serve or less and 2 to 3 serves categories. Those having insufficient fruit are those in the 1 serve or less category.

A serve is ½ cup (75g) cooked vegetables, 1 cup salad vegetables, 1 small potato, 1 medium piece (150 g) of fruit, ½ cup fruit juice.

Indicator 2.08

Indicator definition

Description: Proportion of adults insufficiently physically active to obtain a health benefit.

Numerator: Adults 18–75 years old who were active in walking, moderate activity or vigorous activity for less than 150 minutes per week and/or who did less than five sessions of activity per week.

Denominator: Australian adults 18–75 years old.

Presentation: Age-standardised proportions, standardised to the June 2001 Australian population.

Sufficient time and sessions is defined as 150 minutes (using the sum of walking, moderate activity and vigorous activity (weighted by two)) and five sessions of activity per week.

Sources:

AIHW analysis of the 2000 National Physical Activity Survey

AIHW: Armstrong T, Bauman A and Davies J 2000. Physical activity patterns of Australian adults. Results of the 1999 National Physical Activity Survey. Canberra: AIHW.

Indicator 2.09

Indicator definition

Description: Proportion of adults overweight or obese.

Numerator: People aged 18 years and over who are overweight or obese.

Denominator: People aged 18 years and over.

Presentation: Age-standardised proportion of population, standardised to the June 2001 Australian population in scope for the National Health Survey.

1. Based on self-reported height and weight.
2. Overweight is defined as 25 ≤ BMI < 30 and obese is defined as BMI ≥ 30.
3. Non-remote areas are those areas that lie within the 'Major Cities of Australia', the 'Inner Regional Australia' and the 'Outer Regional Australia' categories of the Australian Standard Geographical Classification (ASGC).
4. Aboriginal and Torres Strait Islander data for 1995 are only available for non-remote areas. As a result, non-Indigenous and time series comparisons are made on this basis.
5. The 2001 National Health Survey (NHS) was conducted on a sample of 17,918 private dwellings across Australia. Sparsely settled areas of Australia were excluded. (Just under 1% of Australians live in these areas.) Non-private dwellings such as hotels, hostels, hospitals, aged care homes and short-stay caravan parks were not included. Non-Indigenous data excludes sparsely settled areas.
6. The 2001 National Health Survey Aboriginal and Torres Strait Islander Supplement included Aboriginal and Torres Strait Islander people from remote and non-remote areas and was collected during the period June to November 2001. This differs from the 2001 National Health Survey which included data from non-sparsely settled areas only, collected during the 2001 calendar period, except for the six week period 28 July to 10 September where no data were collected.

Source:

ABS 2002. National Health Survey: Aboriginal and Torres Strait Islander Results, Australia 2001. ABS Cat. no. 4715.0. Canberra: ABS.

For international data relevant to this indicator, please refer to:

OECD (Organisation for Economic Co-operation and Development) 2003a. Health at a glance 2003. Paris: OECD.

OECD 2003b. OECD health data 2003, 5th edition: a comparative analysis of 30 countries (CD-ROM). Paris: OECD. (Can be ordered at: <http://oecdpublications.gfi-nb.com/cgi-bin/OECDBookShop.storefront/>)

Indicator 2.10

Indicator definition

Description: Proportion of babies who are low birthweight.

Numerator: Number of low birthweight babies (excluding multiple births).

Denominator: Total number of babies born (excluding multiple births).

Presentation: Proportion of babies born with low birthweight.

Number of low birthweight singleton babies by Aboriginal and Torres Strait Islander status of mother per 1,000 births, Australia, 1995–99.

1. LBW = low birthweight babies (< 2,500 g).
2. Only singleton babies included.
3. Data not available for Tasmania 1999, data from 1998 used as a proxy for 1999.

For international data relevant to this indicator, please refer to:

OECD (Organisation for Economic Co-operation and Development) 2003a. Health at a glance 2003. Paris: OECD.

OECD 2003b. OECD health data 2003, 5th edition: a comparative analysis of 30 countries (CD-ROM). Paris: OECD. (Can be ordered at: <http://oecdpublications.gfi-nb.com/cgi-bin/OECDBookShop.storefront/>).

Indicator 2.11

Indicator definition

Description: Proportion of persons with high blood pressure.

Numerator 1: People with high blood pressure.

Denominator 1: Population aged 25–64 living in capital cities or urban areas.

Numerator 2: People reporting having hypertension.

Denominator 2: Population aged 18 years and over.

Presentation: Age-standardised proportion, standardised to the June 2001 Australian population.

Numerator 1

For Numerator 1, blood pressure was measured and high blood pressure is defined as ≥ 140 mmHg systolic pressure and/or ≥ 90 mmHg diastolic pressure as measured in the surveys, and/or receiving medication for high blood pressure.

Sources:

AIHW analysis of 1980, 1983, 1989 Risk Factor Prevalence Studies, 1995 National Nutrition Survey, 1999–2000 Australian Diabetes, Obesity and Lifestyle Study.

Numerator 2

For numerator 2, data are self-report of the condition of hypertension. This underestimates true hypertension.

- The 2001 National Health Survey (NHS) was conducted on a sample of 17,918 private dwellings across Australia. Sparsely settled areas of Australia were excluded (just under 1% of Australians live in these areas). Non-private dwellings such as hotels, hostels, hospitals, aged care homes and short-stay caravan parks were not included. Non-Indigenous data excludes sparsely settled areas.
- The 2001 National Health Survey Aboriginal and Torres Strait Islander Supplement included Aboriginal and Torres Strait Islander people from remote and non-remote areas and was collected during the period June to November 2001. This differs from the 2001 National Health Survey which included data from non-sparsely settled areas only, collected during the 2001 calendar period, except for the six week period 28 July to 10 September where no data were collected.

Source:

Australian Bureau of Statistics 2002. National Health Survey: Aboriginal and Torres Strait Islander Results, Australia 2001. ABS Cat No. 4715.0. Canberra: ABS.

Indicator 3.01

Indicator definition

Description: Percentage of injecting drug users, participating in surveys carried out at needle and syringe programs, who report recent sharing of needles and syringes.

Numerator: Injecting drug users, participating in surveys carried out at needle and syringe programs, who reported use of a needle and syringe after someone else in the month preceding the survey.

Denominator: Injecting drug users, participating in surveys carried out at needle and syringe programs.

Presentation: Proportion of injecting drug users who report recent sharing of needles and syringes, by sex, and over time.

The number of injecting drug users in Australia is based on a number of parameters such as the number of heroin overdoses and methadone clients and the prevalence of overdosing and methadone from studies of injectors. Adjustment was then made for other types of drugs. The models were also based on expert opinion (delphi technique). (Information sourced from an AIHW hepatitis C working group.)

Source:

National Centre in HIV Epidemiology and Clinical Research 2002. HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2002. Sydney: National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales.

Indicator 3.02

Indicator definition

Description: Percentage of teenage smokers who personally purchased their most recent cigarette.

Numerator: Current teenage smokers aged 12–15 and 16–17 years who reported that they had personally purchased their most recent cigarette.

Denominator: Current teenage smokers.

Presentation: Proportion of current teenage smokers who reported personally purchasing their most recent cigarette.

Source:

Hill D, White V & Effendi Y 2002. Changes in the use of tobacco among Australian secondary students: results of the 1999 prevalence study and comparison with earlier years. Australian and New Zealand Journal of Public Health 26(2):156–163.

Indicator 3.03

Indicator definition

Description: Cervical screening rates for women within national target groups.

Numerator: Women aged 20–69 years who have had a cervical smear recorded in the past two years.

Denominator: Women aged 20–69 years excluding those who have had a hysterectomy.

Presentation: Age-standardised proportion, standardised to the June 2001 Australian population.

1. The denominator of all proportions has been adjusted to remove women who have had a hysterectomy.
2. The 20–69 years age group rate has been age standardised to the standard 2001 Australian population.
3. The Queensland screening register began in February 1999. Therefore the data for the periods 1996–1997 to 1998–1999 do not include data from Queensland.
4. The WA and ACT Registries only register women with a valid WA or ACT address respectively.
5. Queensland data for the 1999–2000 period refer to the 2-year period from March 1999 to February 2001.

Sources:

National Cervical Screening Program.

Data for 2000–01 are taken from the following report: SCRCSSP (Steering Committee for the Review of Commonwealth/State Service Provision) 2002. Report on Government Services

2002. Canberra: AusInfo. These data have been re-standardised to the June 2001 Australian population.

References:

AIHW 2000. Cervical Screening in Australia 1997–1998. Cat. no. CAN 9. Canberra: AIHW (Cancer Series number 14).

AIHW 2002. Cervical Screening in Australia 1998–1999, Cat. no. CAN 11. Canberra: AIHW (Cancer Series number 16).

AIHW 2003. Cervical Screening in Australia 1999–2000, Cat. no. CAN 16. Canberra: AIHW (Cancer Series number 21).

Indicator 3.04

Indicator definition

Description: Breast cancer screening rates for women within the national target groups.

Numerator: Women aged 50–69 years who have participated in the BreastScreen Australia program.

Denominator: Women aged 50–69 years.

Presentation: Age-standardised proportions, standardised to the June 2001 Australian population.

1. All jurisdictional rates in 1999–2000 are statistically significantly different from the all Australia rate.
2. All differences between 1996–1997 and 1997–1998 were statistically significant.
3. Differences between 1997–1998 and 1998–1999 and between 1998–1999 and 1999–2000 were statistically significant for all Australia and for New South Wales, Victoria, Queensland and South Australia.
4. BreastScreen services are not provided in the remote areas of the Northern Territory. Women in these areas are offered a clinical breast examination as part of a well women's screening episode.

References:

AIHW 1998. Breast and Cervical Cancer Screening in Australia 1996–1997, AIHW Cat. no. CAN 3. Canberra: AIHW (Cancer Series no. 8).

AIHW 2000. BreastScreen Australia Achievement Report 1997 and 1998. AIHW Cat. no. CAN 8. Canberra: AIHW (Cancer Series no. 13).

Indicator 3.05

Indicator definition

Description: Number of children fully immunised at 12 months and at 24 months of age.

Numerator: Number of children in a three-month birth cohort (aged 12–15 months at the census date) who received vaccinations under the National Immunisation Program (NIP) by their first birthday, and number of children in a three-month birth cohort (aged 24–27 months at the census date) who received vaccinations under the NIP by their second birthday.

Denominator: Total number of children in each three-month cohort registered with the Australian Childhood Immunisation Register (ACIR) aged 12–15 months, and 24–27 months, at the census date.

Presentation: Proportion of children fully immunised.

Source:

National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases 2002. Vaccine preventable diseases and vaccination coverage in Australia, 1999–2000: Supplement, by McIntyre P. et al. Canberra: Communicable Diseases Intelligence, Communicable Diseases Network Australia, Department of Health and Aged Care.

For international data relevant to this indicator, please refer to:

OECD (Organisation for Economic Co-operation and Development) 2003a. Health at a glance 2003. Paris: OECD.

OECD 2003b. OECD health data 2003, 5th edition: a comparative analysis of 30 countries (CD-ROM). Paris: OECD. (Can be ordered at: <http://oecdpublications.gfi-nb.com/cgi-bin/OECDBookShop.storefront/>).

Indicator 3.06

Indicator definition

Description: Percentage of adults 65 years and over who received an influenza vaccination for the previous winter.

Numerator: Number of adults aged 65 years and over sampled through the national Computer Aided Telephone Interview survey who self-report having received an influenza vaccine for the previous winter.

Denominator: Number of adults aged 65 years and over sampled in the national Computer Aided Telephone Interview survey.

Presentation: Proportion of adults aged 65 years and over who have received an influenza vaccine.

Source:

AIHW 2003. 2002 Influenza vaccine survey, April 2003. AIHW Cat. no. PHE 46. Canberra: AIHW.

Indicator 3.07

Indicator definition

Description: Admissions to hospital that could have potentially been prevented through the provision of appropriate non-hospital health services.

Numerator: Potentially preventable hospital separations (see Appendix 3 for ICD-10-AM codes). **Vaccine-preventable conditions** include influenza, bacterial pneumonia, tetanus, measles, mumps, rubella, pertussis and polio. **Potentially preventable acute conditions** include dehydration/gastroenteritis; kidney infection; perforated ulcer; cellulitis; pelvic inflammatory disease; ear, nose and throat infections and dental conditions. **Potentially preventable chronic conditions** include type 2 diabetes, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease.

Denominator: Total population.

Presentation: Age-standardised rate per 1,000 population, standardised to the June 2001 Australian population, by geographical remoteness regions.

1. Based on Local Government Area of residence for persons separated from hospital in 2000–01.
2. As patients can have more than one individual condition within a category, the sum of the individual conditions will not necessarily equal the total for the broad category.
3. Total for Australia excludes Unknown State of residence and non-Australian residents, but includes unknown Remoteness Area (for the remoteness category comparison) and unknown SEIFA (Socio-Economic Indexes for Areas category) (for the SEIFA comparison).

Potentially preventable hospitalisations (PPH) are those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of primary care and/or population health activities.

The definitions adopted in this report are based on the *Victorian Ambulatory Care Sensitive Conditions Study* (Department of Human Services Victoria 2002). This study built on a large number of previous studies into ambulatory care sensitive conditions (for example: Billings et al. 1993; Bindman et al. 1995; Weissman et al. 1992), which were recently the subject of systematic review and empirical analysis (UCSF/Stanford University 2001).

The definitions are:

Vaccine-preventable Diseases that can be prevented with proper vaccination and include influenza, bacterial pneumonia, tetanus, measles, mumps, rubella, pertussis and polio. The conditions are considered to be preventable, rather than the hospitalisation.

Acute These conditions may not be preventable, but theoretically do not result in hospitalisation if adequate and timely primary care is received. These include dehydration/gastroenteritis, kidney infection, perforated ulcer, cellulitis, pelvic inflammatory disease, ENT infections and dental conditions.

Chronic The conditions may be preventable through behaviour modification and lifestyle change, but they can also be managed effectively through primary care to

prevent deterioration and hospitalisation. These conditions include diabetes, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease (COPD).

The full list of PPH conditions from this report can be found in Table 2.

Table 2: List of Potentially Preventable Hospitalisations (PPH) indicators from the Victorian Study

Category	Condition	ICD-10-AM codes	Notes
Vaccine-preventable	Influenza and pneumonia	J10 J11 J13 J14 J153 J154 J157 J159 J168 J181 J188	In any diagnosis field, excludes cases with additional diagnosis of D57 (sickle-cell disorders), and people under 2 months
	Other vaccine-preventable conditions	A35 A36 A37 A80 B05 B06 B161 B169 B180 B181 B26 G000 M014	In any diagnosis field
Chronic	Asthma	J45 J46	Principal diagnosis only
	Congestive cardiac failure	I50 I110 J81	Principal diagnosis only, exclude cases with procedure codes according to list below
	Diabetes complications	E101 E102 E103 E104 E105 E106 E107 E108 E110 E111 E112 E113 E114 E115 E116 E117 E118 E130 E131 E132 E133 E134 E135 E136 E137 E138 E140 E141 E142 E143 E144 E145 E146 E147 E148	In any diagnosis field
	COPD	J20 J41 J42 J43 J44 J47	Principal diagnosis only, J20 only with additional diagnoses of J41 J42 J43 J47 J44
	Angina	I20 I240 I248 I249	Principal diagnosis only, exclude cases with procedure codes NOT in blocks 1820 to 2016
	Iron deficiency anaemia	D501 D508 D509	Principal diagnosis only
	Hypertension	I10 I119	Principal diagnosis only, exclude cases with procedure codes according to attached list
	Nutritional deficiencies	E40 E41 E42 E43 E550 E643	Principal diagnosis only
Acute	Dehydration and gastroenteritis	E86 K522 K528 K529	Principal diagnosis only
	Pyelonephritis	N390 N10 N12 N11 N136	Principal diagnosis only
	Perforated/bleeding ulcer	K250 K251 K252 K254 K255 K256 K260 K261 K262 K264 K265 K266 K270 K271 K272 K274 K275 K276 K280 K281 K282 K284 K285 K286	Principal diagnosis only
	Cellulitis	L03 L04 L08 L980 L88 L983	Principal diagnosis only, exclude cases with any procedure except those in blocks 1820 to 2016 or if procedure is 30216–02 30676–00 30223–02 30064–00 34527–01 34527–00 90661–00 and this is the only listed procedure

(continued)

Table 2 (continued): List of Potentially Preventable Hospitalisations (PPH) indicators from the Victorian Study

Category	Condition	ICD-10-AM codes	Notes
	Pelvic inflammatory disease	N70 N73 N74	Principal diagnosis only
	Ear, nose and throat infections	H66 H67 J02 J03 J06 J312	Principal diagnosis only
	Dental conditions	K02 K03 K04 K05 K06 K08 K098 K099 K12 K13	Principal diagnosis only
	Appendicitis	K35 K36 K37	In any diagnosis field
	Convulsions and epilepsy	O15 G40 G41 R56	Principal diagnosis only
	Gangrene	R02	In any diagnosis field

Procedure codes to use for exclusions for congestive heart failure and hypertension. These procedures include PTCA, CABG, insertion of pacemaker, etc:

33172-00	35304-00	35305-00	35310-02	35310-00	38281-11	38281-07	38278-01	38278-00
38281-02	38281-01	38281-00	38256-00	38278-03	38284-00	38284-02	38521-09	38270-01
38456-19	38456-15	38456-12	38456-11	38456-10	38456-07	38456-01	38470-00	38475-00
38480-02	38480-01	38480-00	38488-06	38488-04	38489-04	38488-02	38489-03	38487-00
38489-02	38488-00	38489-00	38490-00	38493-00	38497-04	38497-03	38497-02	38497-01
38497-00	38500-00	38503-00	38505-00	38521-04	38606-00	38612-00	38615-00	38653-00
38700-02	38700-00	38739-00	38742-02	38742-00	38745-00	38751-02	38751-00	38757-02
38757-01	38757-00	90204-00	90205-00	90219-00	90224-00			

Source: Victorian Government Department of Human Services 2002. The Victorian Ambulatory Care Sensitive Conditions Study. Melbourne: Victorian Government Department of Human Services.

References:

Billings J, Zeitel L, Lukomnick J, et al. 1993. Impact of socioeconomic status on hospital use in New York City. Health Affairs 12(1):162–73.

Bindman AB, Grumbach K, Osmond D, et al. 1995. Preventable hospitalizations and access to health care. JAMA 274(4):305–11.

UCSF–Stanford University Evidence-based Practice Center 2001. Refinement of the HCUP Quality Indicators (Technical Review 4). AHRQ Publication No.01–0035. Rockville, MD: Agency for Healthcare Research and Quality, US Department of Health and Human Services.

Weissman JS, Gatsonis C & Epstein AM 1992. Rates of avoidable hospitalization by insurance status in Massachusetts and Maryland. JAMA 268(17):2388–94.

For international data relevant to this indicator, please refer to:

OECD (Organisation for Economic Co-operation and Development) 2003a. Health at a glance 2003. Paris: OECD.

OECD 2003b. OECD health data 2003, 5th edition: a comparative analysis of 30 countries (CD-ROM). Paris: OECD. (Can be ordered at: <http://oecdpublications.gfi-nb.com/cgi-bin/OECDBookShop.storefront/>).

Indicator 3.08

Indicator definition

Description: Deaths occurring after acute CHD events ('heart attacks').

Numerator: Deaths of people aged 40–90 years, due to CHD.

Denominator: All incident cases of acute CHD events (including both the number of non-fatal hospital separations due to acute CHD and the number of deaths).

Presentation: Age-standardised proportion, standardised to the June 2001 Australian population.

CHD codes are: ICD-9 codes 410-414 and ICD-10 codes I20-I25; AMI codes are: ICD-9-AM code 410 and ICD-10-AM code I21.

Sources:

AIHW National Hospital Morbidity Database

AIHW National Mortality Database.

Indicator 3.09

Indicator definition

Description: Five-year relative survival proportions for people diagnosed with cancer.

Numerator: Number of people diagnosed with cancer who survived for five years after diagnosis.

Denominator: Number of similar people in the general population who survived for the same period in the absence of cancer.

Presentation: Five-year relative survival proportions.

1. Excludes non-melanoma skin cancer.
2. For international comparisons, the survival period varies between countries, but is broadly within the 1987–1991 period.
3. Socio-economic status has been measured using the Socio-Economic Indexes for Areas (SEIFA). The SEIFA index of disadvantage has been used to calculate the Quintiles, with Quintile 1 those who are most disadvantaged and Quintile 5 those who are least disadvantaged.

Sources:

AIHW & AACR (Australasian Association of Cancer Registries) 2001. Cancer survival in Australia, 2001. Part 1: National summary statistics. AIHW Cat. no. CAN 13. Canberra: AIHW (Cancer Series No.18).

AIHW & AACR 2003. Cancer survival in Australia, 1992–1997: geographic categories and socioeconomic status. AIHW Cat. no. CAN 17. Canberra: AIHW (Cancer Series no. 22).

Indicator 3.10

Indicator definition

Description: Number of prescriptions for oral antibiotics ordered by general practitioners (GPs) for the treatment of upper respiratory tract infections (URTIs).

Numerator: Number of patient encounters where commonly used antibiotics are prescribed by GPs for URTI problems.

Denominator: Number of patient encounters for URTI by GPs.

Presentation: Prescribing rate per 100 encounters for URTI.

Note: More than one problem may be discussed per visit to the GP.

Sources:

AIHW: Britt H, Miller GC, Knox S, Charles J, Valenti L, Henderson J et al. 2002. General practice activity in Australia 2001–02 (Section 15.6 Antibiotics and the management of acute upper respiratory tract infection). General Practice Series No. 10. AIHW Cat. no. GEP 10. Canberra: AIHW. BEACH data.

National Prescribing Service Limited 2003. Prescribing Practice Review—PPR—for general practice: PPR 21—antibiotic prescribing in general practice. Available at: <http://www.nps.org.au>.

Indicator 3.11

Indicator definition

Description: Proportion of people with diabetes mellitus who have received an annual cycle of care within general practice.

Numerator: Number of people with diabetes mellitus who have received an annual cycle of care in 2002 within general practice.

Denominator: Estimated number of people with diabetes mellitus managed within general practice in 2002.

Presentation: Proportion of people with diabetes mellitus who have received an annual cycle of care in 2002 within general practice.

The numerator is estimated as the standardised Whole-Patient Equivalents (SWPEs) (see below for definition of SWPE) receiving an annual cycle of care for diabetes in 2002 at PIP practices. The diabetes annual cycle of care represents appropriate diabetes care in accordance with the Royal Australian College of General Practitioners and Diabetes Australia guidelines (outlined in textbox below). The denominator is estimated as the SWPEs at PIP practices receiving an HbA1c test in 2001 or 2002 (HbA1c services conducted in hospitals or at State-funded clinics are not included). This ensures that all patients who completed an annual cycle of care early in 2002 and had the tests done in 2001 were included.

A standardised whole patient equivalent (SWPE) is an indicator of practice workload based on the number of patients seen. The SWPE value for a jurisdiction is the sum of the fractions of care provided by doctors in that jurisdiction to their patients, weighted for the age and sex of each patient in accordance with national ratios.

Medicare Benefits Schedule item numbers 2517–2526 and 2620–2635: Completion of annual cycle of care for diabetes management

The minimum requirements of care needed to be assessed to complete an annual cycle of care for patients with diabetes mellitus are:

Assess diabetes control by measuring HbA1c:	*At least once every year*
Ensure that comprehensive eye examination is carried out:	*At least once every two years*
Measure weight and height and calculate BMI:*	*At least once every six months*
Measure blood pressure:	*At least once every six months*
Examine feet:	*At least once every six months*
Measure total cholesterol, triglycerides and HDL cholesterol:	*At least once every year*
Test for microalbuminuria:	*At least once every year*
Provide self-care education:	*Patient education regarding diabetes management*
Review diet:	*Reinforce information about appropriate dietary choices*
Review levels of physical activity:	*Reinforce information about levels of physical activity*
Check smoking status:	*Encourage cessation of smoking (if relevant)*
Review of medication:	*Medication review*

**Initial visit: measure height and weight and calculate BMI as part of the initial patient assessment. Subsequent visits: measure weight.*

Benefits are payable for only one service in a 12-month period.

Source: Commonwealth of Australia 2002. Commonwealth Department of Health and Ageing Medicare Benefits Schedule Book operating from 1 November 2002, pp 80, 85.

Indicator 3.12

Indicator definition

Description: Caesarean sections as a proportion of all confinements by hospital status.

Numerator: Confinements where birth is by caesarean section.

Denominator: Total number of hospital confinements of all women aged 15–49.

Presentation: Percentage of hospital confinements resulting in caesarean section.

1. Only singleton mothers are included. That is, mothers with multiple births excluded.
2. 1995–1997—no hospital accommodation classification for this variable for Victoria.
3. 1995–1999—no classification hospital accommodation for the Northern Territory
4. Caesarian includes elective, emergency and caesarean unspecified. Vaginal includes spontaneous cephalic only. Note that many cases did not specify hospital status, hence excluded.
3. Data not available for Tasmania 1999, data from 1998 used as a proxy for 1999.

Source:

National Perinatal Data Collection, 2003.

Indicator 3.13

Indicator definition

Description: Separation rates for hysterectomies.

Numerator: Number of acute hospital separations with hysterectomy for women aged 15–69 years.

Denominator: Number of women aged 15–69 years by relevant area of residence.

Presentation: Age-standardised rate per 100,000 population, standardised to the June 2001 Australian population.

Hysterectomies are identified using the following ICD-10-AM codes: Hysterectomy Blocks [1268], [1269], codes 90450-00 and 90450-01.

It is important to note that this analysis includes hysterectomies that have been excluded from other studies, in particular (1) Women undergoing hysterectomy for malignancy of the cervix, uterus, ovary and/or fallopian tube; and (2) Women where the principal diagnosis is (a) Lower Abdominal Trauma of (b) Pregnancy, Childbirth or Puerperium (suggested by the US Agency for Healthcare Research and Quality).

The rates are presented per 1,000 women aged 15–69 years. AIHW will conduct work over the next year to explore all of the procedures that are reported in Australian Hospital Statistics in regard to exclusions, etc.

For international data relevant to this indicator, please refer to:

OECD (Organisation for Economic Co-operation and Development) 2003a. Health at a glance 2003. Paris: OECD.

OECD 2003b. OECD health data 2003, 5th edition: a comparative analysis of 30 countries (CD-ROM). Paris: OECD. (Can be ordered at: <http://oecdpublications.gfi-nb.com/cgi-bin/OECDBookShop.storefront/>).

Indicator 3.14

Indicator definition

Description: Average cost per casemix-adjusted separation for acute care public hospitals.

Numerator: Total inpatient costs reported for acute care public hospitals. Costs are calculated by multiplying total reported costs by the admitted patient fraction (IFRAC) reported for each hospital.

Denominator: Total casemix-adjusted separations reported for acute care public hospitals. Separations include all care types, including those other than acute. Newborns with no qualified days are excluded, along with records that do not relate to admitted patients (boarders and posthumous organ procurement).

Presentation: Cost per casemix-adjusted separation.

Cost per casemix definition

A measure of the average recurrent expenditure for each admitted patient, adjusted using AR-DRG cost weights for the relative complexity of the patient's clinical condition and for the hospital services provided.

(Recurrent expenditure X IFRAC)/(total separations X Average cost weight)

where

- Recurrent expenditure is as defined by the recurrent expenditure data elements in the National Health Data Dictionary (with depreciation excluded).
- IFRAC (admitted patient cost proportion) is the estimated proportion of total hospital expenditure that related to admitted patients.

- Total separations includes all care types, including those other than acute. It excludes Newborns with no qualified days (see definition below), and records that do not relate to admitted patients (boarders and posthumous organ procurement).
- Average cost weight is a single number representing the relative costliness of the separations.

Qualified days Days within Newborn episodes of care are either qualified or unqualified. Days are qualified if the patient is:

- the second or subsequent live-born infant of a multiple birth, whose mother is an admitted patient;
- is admitted to an intensive care facility in a hospital; or
- is admitted to, or remains in hospital without its mother.

Indicator 3.15

Indicator definition

Description: Relative stay index (RSI) by medical surgical and other DRGs.

Numerator: Number of actual patient days for acute care separations.

Denominator: Expected number of patient days, given the DRG mix for a particular hospital, and other factors influencing length of stay.

Presentation: Ratio of the average length of stay for each jurisdiction to the total Australian average length of stay (casemix adjusted).

The Relative Stay Index (RSI) is the number of patient days for acute care separations in selected AR-DRGs divided by the expected number of patient days adjusted for casemix. An RSI of greater than 1 indicates that an average patient's length of stay is higher than would be expected given the jurisdiction's casemix distribution. An RSI of less than 1 indicates that the number of patient days used was less than would have been expected.

Source:

AIHW 2003. Australian hospital statistics 2001–02. AIHW Cat. no. HSE 25. Health Services Series No. 20. Canberra: AIHW.

For international data relevant to this indicator, please refer to:

OECD (Organisation for Economic Co-operation and Development) 2003a. Health at a glance 2003. Paris: OECD.

OECD 2003b. OECD health data 2003, 5th edition: a comparative analysis of 30 countries (CD-ROM). Paris: OECD. (Can be ordered at: <http://oecdpublications.gfi-nb.com/cgi-bin/OECDBookShop.storefront/>).

Indicator 3.16

Indicator definition

Description: Percentage of patients who are treated within national benchmarks for waiting in public hospital emergency departments for each triage category.

Numerator: Presentations to public hospital emergency departments that were treated within benchmarks for each triage category.

Denominator: All presentations to public hospital emergency departments for each triage category.

Presentation: Proportion of patients presenting to emergency departments who are treated within national benchmarks for waiting for each triage category, by State and Territory.

Triage category: The urgency of the patient's need for medical and nursing care.

1. Resuscitation: immediate (within seconds)
2. Emergency: within 10 minutes
3. Urgent: within 30 minutes
4. Semi-urgent: within 60 minutes
5. Non-urgent: within 120 minutes

Source:

AIHW 2003. Australian hospital statistics 2001–02. AIHW Cat. no. HSE 25. Health Services Series No. 20. Canberra: AIHW.

Indicator 3.17

Indicator definition

Description: Proportion of non-referred attendances that are bulk-billed (or direct-billed) under the Medicare program.

Numerator: Number of non-referred attendances that are bulk-billed.

Denominator: Total number of non-referred attendances.

Presentation: Proportion.

1. GP-type services are unreferred attendances and enhanced primary care (EPC).
2. The socioeconomic status of people was measured by the average Socio-Economic Indexes for Areas (SEIFA) score for the postcode of their area. Post office box postcodes were not represented. As a result, the totals may differ slightly from other published statistics.
3. The categories are in decreasing order of disadvantage: < 10 represents the 10% most disadvantaged areas as measured by SEIFA. 90 + represents the 10% most advantaged.

Changes in the level of bulk billing do not, in isolation, provide a clear indicator of affordability of or access to GP services.

The overall level of bulk billing reflects the number of GP services that are bulk-billed. It does not provide information about:

- the population coverage of bulk billing (how many families or individuals receive bulk-billed services);
- which population groups have access to bulk-billed services; or
- what type of services are, and are not, bulk-billed.

Considering bulk billing rates by geographic location, by SEIFA and by concessional status of the patient, provides clearer indicators of access to and affordability of GP services for different population groups. While data on concessional status is not available, the bulk billing rate for people aged 65 years and over is considered to be an acceptable proxy for the concessional bulk billing rate.

Source:

Department of Health and Ageing 2002. Medicare Statistics 1984/85 to March Quarter 2003. Canberra: Department of Health and Ageing.

Indicator 3.18

Indicator definition

Description: Availability of GP services on a full-time workload equivalent (FWE) basis.

Numerator: Full-time workload equivalent: FWE is calculated for each GP by dividing the GP's Medicare billing by the mean billing of full-time GPs.

Denominator: Population by relevant area.

Presentation: Rate per 100,000 population.

A standardised measure is used to estimate the workforce supply of GPs. The FWE adjusts for the partial contribution of casual and part-time GPs, and the contribution of GPs who work more than the average full-time doctor does.

For international data relevant to this indicator, please refer to:

OECD (Organisation for Economic Co-operation and Development) 2003a. Health at a glance 2003. Paris: OECD.

OECD 2003b. OECD health data 2003, 5th edition: a comparative analysis of 30 countries (CD-ROM). Paris: OECD. (Can be ordered at: <http://oecdpublications.gfi-nb.com/cgi-bin/OECDBookShop.storefront/>).

Indicator 3.19

Indicator definition

Description: Median waiting time for access to elective surgery—from the date they were added to the waiting list to the date they were admitted.

Presentation: The median waiting time, by State and Territory. Days on which the patient was not ready for care are omitted. For patients transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not generally included.

1. Median Waiting Time expressed as days.
2. Rate of separations from public and private hospitals. Age-standardised to the 1991 Australian population. Rate expressed as separations per 1,000 population. Utilisation rate for resident population of each jurisdiction.
3. Victoria reported that for 2001–2002, private hospital separations were underestimated by up to 9%.

Source:

AIHW 2003. Australian hospital statistics 2001-02. AIHW Cat. no. HSE 25. Health Services Series No. 20. Canberra: AIHW.

Indicator 3.20

Indicator definition

Description: Percentage of general practices in the Practice Incentives Program (PIP) who transfer clinical data electronically or use electronic prescribing software.

Numerator: Number of practices in the PIP who transfer clinical data electronically or use electronic prescribing software.

Denominator: Number of practices in the PIP.

Presentation: Percentage of general practices in the PIP who transfer clinical data electronically or use electronic prescribing software.

A Standardised Whole-patient Equivalent (SWPE) is an indicator of practice workload based on the number of patients seen. The SWPE value is the sum of the fractions of care provided by doctors to their patients, weighted for the age and sex of each patient.

1. This data is only indicative of activity in general practice as not all practices participate in PIP and participation varies across Australia.
2. The last quarter of the financial year has been supplied from 2001 as it is the most stable quarter as policy changes tend to be introduced at the beginning of financial years.
3. Capital city = State and Territory capital city statistical divisions;
   Other metropolitan centre = one or more statistical subdivisions that have an urban

centre with a population of 100,000 or more;
Large rural centre = SLAs where most of the population resides in urban centres with a population of 25 000 or more;
Small rural centre = SLAs in rural zones containing urban centres with populations between 10,000 and 24,999;
Other rural area = all remaining SLAs in the rural zone;
Remote centre = SLAs in the remote zone containing populations of 5 000 or more;
Other remote area = all remaining SLAs in the remote zone.

Indicator 3.21

Indicator definition

Description: Proportion of hospital separations when an adverse event treated and/or occurred.

Numerator: Number of hospital separations where an adverse event was reported as a reason for hospitalisation or was treated during the hospitalisation.

Denominator: Total number of hospital separations.

Presentation: Number of adverse events treated and/or occurring in hospitals as a proportion of total hospital separations.

1. An adverse event is defined as ICD-10-AM external cause codes Y40 to Y84 (complications of medical and surgical care).
2. As there can be more than one adverse event reported for each separation, the total number of separations with adverse events is less than the sum of the categories.

Note that an adverse event could be relating to care received out of the hospital (e.g. GP); the adverse event does not necessarily relate to the episode of care in which it was reported; external codes do not necessarily link with the relevant diagnosis or procedure.

Indicator 3.22

Indicator definition

Description: Percentage of GPs using Enhanced Primary Care (EPC) items.

Note: EPC items may be claimed by Vocationally Registered GPs and non-Vocationally Registered GPs, but not by specialists or consultant physicians. They are referred to as 'GPs' for this indicator.

Numerator: Number of GPs eligible to claim EPC items who claimed 375 or more non-referred attendances ('active' GPs) within a jurisdiction during a quarter and also claimed at least one EPC item during the quarter.

Denominator: Total number of GPs eligible to claim EPC items who claimed 375 or more non-referred attendances within the jurisdiction during the quarter.

Presentation: Percentage of GPs using EPC items over time and by State and Territory.

1. The Enhanced Primary Care Items include health assessments (A14), multidisciplinary care plans (A15 sub-group 1) and case conferences (A15 sub-group 2, excluding items relating to Consultant Physicians and Psychiatrists). It does not include services that qualify under the Department of Veterans' Affairs National Treatment Account or services provided in public hospitals.
2. Percentage of 'active' GPs using EPC items is estimated by dividing the number of medical practitioners who claimed at least one EPC item within the State/Territory, during the Quarter and who also claimed 375 or more NRAs (see note 2) within the State/Territory during the Quarter, by the number of medical practitioners (including Vocationally Registered GPs (VR GPs) and non-Vocationally Registered GPs (non-VR GPs), but not including specialists or consultant physicians) who claimed 375 or more NRAs within the State/Territory, during the Quarter.
3. NRAs refer to VR-GP, non-VR GP non-referred attendances and EPC attendances. They do not include services that qualify under the Department of Veterans' Affairs National Treatment Account. They do not include services provided in public hospitals.
4. EPC items include Groups A14, A15 sub-group 1 and A15 sub-group 2 (excluding items related to Consultation Physicians and Psychiatrists).

Source:

Department of Health and Ageing, GP Access Branch.

Indicator 3.23

Indicator definition

Description: Percentage of eligible older people who have received an enhanced primary care (EPC) annual voluntary health assessment.

Numerator: Number of people in the eligible population who received an annual voluntary health assessment in the financial year 2001–02. The indicator includes voluntary health assessments undertaken both in consulting rooms and wholly or partly in the patient's home, by a medical practitioner including a Vocationally Registered GP or a non-Vocationally Registered GP, but not a specialist or consulting physician.

Denominator: Estimated number of people in the eligible population. For the non-Indigenous Australian population, the eligible population is defined as people aged 75 years and over who are not hospital in-patients or living in a residential aged care facility. For Aboriginal and Torres Strait Islander people, the eligible population is defined as people aged 55 years and over who are not hospital in-patients or living in a residential aged care facility.

Presentation: Percentage of eligible older people who have received an EPC assessment.

1. Medicare Benefit Schedule items included are EPC item nos. 700, 704, 702 and 706. EPC items 700 and 704 cover health assessments undertaken in consulting rooms; items 702 and 706 cover health assessments undertaken wholly or partly in the patient's home.

2. General population figures are based on the 2001 Census Estimated Residential Population (Australian Bureau of Statistics publication 3101.0 Australian Demographic Statistics 20/03/2003 Sep 2002).
3. Residential Aged Care population numbers are based on permanent residents as at 30 June 2002 (Department of Health and Ageing).

Source:

Department of Health and Ageing.

Indicator 3.24

Indicator definition

Description: Number of General Practices accredited against the Royal Australian College of General Practitioners (RACGP) Standards for General Practices.

Presentation: Number of accredited practices participating in the Practice Incentives Program (PIP) and the proportion of general practice services provided by these practices.

Data are based on proportion of General Practice service provision as measured by Standardised Whole Patient Equivalents (SWPE). SWPE is an indicator of practice workload based on the number of patients seen. The SWPE value is the sum of the fractions of care provided by doctors to their patients weighted for the age and sex of each patient in accordance with national ratios. The number of accredited practices provided for this indicator was for the August 2003 quarter and the SWPE values for all practices was reported for the May 2003 quarter. These SWPE values are very stable nationally, with only around 1.0% per annum growth over the last few years.

Indicator 3.25

Indicator 1

Description: Graduates in pharmacy, medicine and nursing as a percentage of the total pharmacy, medical and nursing workforce

Numerator: Graduates in pharmacy, medicine and nursing.

Denominator: Total pharmacy, medical and nursing workforce.

Presentation: Percentage.

1. Course completion data includes an unknown but small number of New Zealand citizens.
2. The number of completions for pharmacists for 2000 has been used in place of the 233 recorded in 1999, as the 1999 figure was artificially low due to some courses being extended from 3 to 4 years' duration.

Sources:

AIHW: various medical, nursing and pharmacy labour force survey publications.

Indicator 2

Description: Percentage of health practitioners aged 55 years and over.

Numerator: Number of pharmacists, primary care practitioners, medical specialists and nurses aged 55 years and over.

Denominator: Total pharmacy, primary care practitioners, medical specialist and nursing workforce.

Presentation: Percentage.

1. Employed (excluding those on extended leave).
2. Nurses include registered and enrolled nurses.

Sources:

Medical, nursing and pharmacy labour force surveys, 1995 and 1999.

For international data relevant to this indicator, please refer to:

OECD (Organisation for Economic Co-operation and Development) 2003a. Health at a glance 2003. Paris: OECD.

OECD 2003b. OECD health data 2003, 5th edition: a comparative analysis of 30 countries (CD-ROM). Paris: OECD. (Can be ordered at: <http://oecdpublications.gfi-nb.com/cgi-bin/OECDBookShop.storefront/>).