

Appendix 1: Methods

Crude rates

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

Age-specific rates

An age-specific rate is defined as the number of events for a specified age group over a specified period (for example, a year) divided by the total population at risk of the event in that age group. Age-specific rates in this report were calculated by dividing, for example, the number of hospital separations or deaths in each specified age group by the corresponding population in the same age group.

Age-standardised rates

Age-standardised rates enable comparisons to be made between populations that have different age structures. This publication uses direct standardisation, in which the age-specific rates are multiplied by a constant population. This effectively removes the influence of the age structure on the summary rate.

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

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

- Step 1: Calculate the age-specific rate for each age group.
- Step 2: Calculate the expected number of cases in each age group by multiplying the age-specific rates by the corresponding standard population and dividing by 100,000 to get the expected number of cases.
- Step 3: Sum the expected number of cases in each age group, divide by the total of the standard population and multiply by 100,000. This gives the age-standardised rate.

Confidence intervals

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

The 95% confidence intervals for this report were calculated using a method for obtaining approximate confidence intervals for a weighted sum of Poisson parameters developed by Dobson et al. (1991). This method calculates approximate confidence intervals for a weighted sum of Poisson parameters.

The confidence intervals are used to provide an approximate indication of the differences between rates. Where the confidence intervals of two rates do not overlap, the corresponding rates are statistically significantly different from each other, that is, there is at least 95% confidence that the change in a rate is greater than that which could be explained by chance.

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

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

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

Population data

The ABS estimated resident population (ERP) data were used to calculate all rates presented in this report, with the exception of rates by Indigenous status and socioeconomic status.

Crude and age-specific rates were calculated using the ERP of the reference year as at 30 June for mortality and 31 December for hospital separations. For this report, population data for 2005 and 2006 were available as preliminary estimates only. Final estimates were used for all other years.

Alternative methods were used to calculate the denominators for rates by socioeconomic status and regional status. The denominators for these rates were calculated by applying an ABS concordance between statistical local area (SLA) and socioeconomic status and between SLA and regional status to the relevant ERP by SLA counts.

The most recent direct count of the Aboriginal and Torres Strait Islander population, for which data was available for this publication, was the 2001 Census. However, the ABS has released projected estimates for the Aboriginal and Torres Strait Islander population for more recent years and these were used in this report.

Population groups

Aboriginal and Torres Strait Islander people

At present, there is considerable variation across the states and territories in the completeness of mortality and hospital data for Aboriginal and Torres Strait Islander people. Information concerning the number of hospital separations and deaths of Indigenous people is limited by the accuracy with which Indigenous persons are identified in deaths and hospital records. Problems associated with identification result in an underestimation of deaths and hospital separations for Indigenous people.

Mortality data for Queensland, Western Australia, South Australia and the Northern Territory are considered to have sufficient level of coverage to produce reliable statistics on Indigenous Australian deaths for the period 1998–2004. Due to small numbers of deaths among young Indigenous people aged 12–24 years, three years of mortality data have been combined for analysis in this report (2002–2004).

Where Indigenous status is ‘Not stated/inadequately described’, these deaths have been excluded from analysis. As such, the categories used for presentation of mortality analysis are ‘Indigenous Australians’ and ‘non-Indigenous Australians’.

Guidelines developed by the AIHW for hospital separation data analysis using Indigenous status have been used in this report. This report recommended that data from the same jurisdictions as for mortality should be used for analytical purposes (Queensland, Western Australia, South Australia and the Northern Territory) (for further details see AIHW 2005e).

For these reasons the mortality and hospital separation data in this report include data from only Queensland, Western Australia, South Australia and the Northern Territory. Interpretation of results should take into account the relative quality of the data from these jurisdictions and the fact that data from these jurisdictions are not necessarily representative of the jurisdictions excluded.

Where Indigenous status is ‘Not stated/inadequately described’, these separations have been amalgamated with the separations for non-Indigenous people. As such, the categories used for presentation of hospital separation are ‘Indigenous Australians’ and ‘Other Australians’.

Regional status

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

Table A1: Remoteness areas for the ASGC Remoteness Classification

Region	Collection districts (CDs) within region
Major Cities of Australia	CDs with an average ARIA index value of 0 to 0.2
Inner Regional Australia	CDs with an average ARIA index value greater than 0.2 and less than or equal to 2.4
Outer Regional Australia	CDs with an average ARIA index value greater than 2.4 and less than or equal to 5.92
Remote Australia	CDs with an average ARIA index value greater than 5.92 and less than or equal to 10.53
Very Remote Australia	CDs with an average ARIA index value greater than 10.53
Migratory	Areas composed of off-shore, shipping and migratory CDs

Source: ABS 2001a.

Socioeconomic status

SEIFA indexes are summary measures of socioeconomic status. They summarise a range of socioeconomic variables associated with disadvantage. The SEIFA index used in this report is the Index of Relative Socioeconomic Disadvantage (IRSD) developed by the Australian Bureau of Statistics for use at the Statistical Local Area level.

Social disadvantage is typically associated with low income, high unemployment and low levels of education (see Adhikari (2006) for the complete list of variables and corresponding weights used for the IRSD).

Since this index only summarises variables that indicate disadvantage, a low score indicates that an area has many low income families, people with little training and working in unskilled occupations and may be considered as disadvantaged relative to other areas. A high score implies that the area has few families with low incomes and few people with little or no training and few people working in unskilled occupations. These areas with high index scores may be considered less disadvantaged relatively to other areas. It is important to understand that a high score reflects a relative lack of disadvantage rather than advantage.

In this report, SEIFA quintiles were used, with quintile 1 representing the most relatively disadvantaged area and quintile 5 representing the least relatively disadvantaged area.

It is important to note that the IRSD relates to the average disadvantage of all people living in a geographic area and therefore should not be presumed to apply to all individuals living within the area.

For further information see Adhikari (2006).

Cause of death classification

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

There are comparability factors available between ICD-9 to ICD-10. The comparability factors indicate the effect of the change on a particular code over time and can provide a means of bridging data between two revisions when presenting data over time. It was not necessary to apply comparability factors for the age groups used in this report.

The ICD-9 and ICD-10 codes used for analysis in this report are included throughout.

Hospital diagnosis classification

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

The ICD-9-CM and ICD-10-AM codes used for analysis in this report are included throughout.

Hospital separations due to injury and poisoning

There are a number of issues when performing analysis on hospital separations for injury and poisoning and for external causes of injury and poisoning. The criteria used to select injury and poisoning and external cause of injury and poisoning hospital separations are described here.

For analysis at the injury and poisoning chapter level, the criteria used to select separations was a principal diagnosis in the ICD-10-AM range S00-T98 (ICD Chapter XIX *Injury and poisoning and certain other consequences of external causes*).

All records in the AIHW National Hospital Morbidity database that have a principal diagnosis of injury and poisoning should include one or more ICD-10-AM external cause codes. In 2004–05, among injury and poisoning hospital separations for 12–24 year olds, only 0.01% had no external cause code. Injury and poisoning separations without an external cause code are included in the total number of injury and poisoning separations, but are not included in external cause separations. This is because the focus of the injury and poisoning section of this report is to describe injury separations in terms of the external causes that brought them about.

The criteria used to select separations for external causes was a principal diagnosis in the ICD-10-AM range S00-T98 (ICD Chapter XIX *Injury and poisoning and certain other consequences of external cause*) and an external cause code in the ICD-10-AM range V01-Y99 (ICD Chapter XX *External causes of morbidity and mortality*). As multiple external causes can be recorded, only the first reported external cause per hospital separation was selected (that is, one external cause per injury and poisoning separation).

The selection of injury and poisoning separations in this report was not limited by omitting records in which the mode of admission was recorded as being by transfer from another acute-care hospital, as the purpose was to report all hospital separations for injury and poisoning.

Appendix 2: Data sources

A number of data sources were used to compile this report, including administrative data (for example, hospital separations), survey data, unit record data and published data. In all cases, the data used in this report has been the most recently available at the time of writing.

The two main data sources used throughout were the AIHW National Hospital Morbidity Database and the AIHW National Mortality Database. This section provides a brief description of most of the data sources used in this report.

AIHW data sources

AIHW Child Protection Data Collection

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

There are three separate child protection collections: child protection notifications, investigations and substantiations; children on care and protection orders and; children in out-of-home care.

Data availability: Care and protection orders annually from 2000-01 onwards, notifications, investigations and substantiations annually from 1990-91 onwards, and out-of-home care annually from 1998–99 onwards.

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

AIHW National Drug Strategy Household Survey (NDSHS)

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

The 2004 NDSHS was conducted between June and November 2004. It is the largest and most comprehensive survey concerning licit and illicit drug use ever undertaken in Australia. Almost 30,000 people aged 12 years and older participated in the survey, in which they were asked about their knowledge of and attitudes towards drugs, their drug consumption histories, and related behaviours.

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

Data availability: 1985, 1988, 1991, 1993, 1995, 1998, 2001 and 2004

Further information: AIHW 2005a or <www.aihw.gov.au/drugs/strategies/index.cfm>

AIHW National Hospital Morbidity Database (NHMD)

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

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

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

Diagnoses have been classified according to ICD-10-AM since 1998–99. See Appendix 1 for more information on hospital diagnosis classification.

Data availability: Annual from 1993–94 onwards

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

AIHW National Mortality Database

The AIHW National Mortality Database is held at the AIHW for the analysis of mortality statistics. The database includes information on the factors that caused death (usually referred to as the cause of death). The collection also contains information about the deceased person such as their age at death, the place of death, their country of birth, and where applicable, the circumstances of their death. These data are collected in Australia by the Registrars of Births, Deaths and Marriages in each state and territory. The data are then compiled nationally by the ABS, which codes the data according to the International Classification of Diseases (ICD). The tenth revision (ICD-10) is available for use from 1997. See Appendix 1 for more information on cause of death classification.

Data availability: Annual from 1964 onwards

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

Bettering the Evaluation and Care of Health (BEACH)

The BEACH survey of general practice activity is a collaborative study between the AIHW and the University of Sydney. The BEACH project is a continuous collection of morbidity and treatment data from general practice across Australia, which aims to provide a quality database covering general practice activities.

Each year a random sample of 1,000 recognised general practitioners each record details of 100 consecutive consultations generating an annual database of 100,000 doctor-patient encounters.

Details collected include information about the consultation (for example, date, type of consultation), the patient (for example, date of birth, sex, reasons for encounter), the problems managed and the management of each problem (for example, treatment provided, prescriptions, referrals). Data on patient risk factors and health status and on general practitioner characteristics are also collected.

Data availability: Annual from 1998–99 onwards

Further information: AIHW: Britt et al. 2007

Juvenile Justice National Minimum Data Set (JJ NMDS)

The JJ NMDS involves the annual collection of state and territory information on juvenile justice supervision in Australia. Data is provided by the department responsible for juvenile justice in each jurisdiction. The JJ NMDS is a joint project between the Australasian Juvenile Justice Administrators (AJJA) and the AIHW, with a focus on the experience of young people aged 10 years and over (10 years is the youngest age that a person can enter the formal criminal justice system) involved in juvenile justice supervision in Australia. The JJ NMDS is designed to provide relevant and comparable information that will contribute to the national monitoring of juvenile justice policies and programs.

Information collected includes: the number of juvenile justice clients and some client characteristics; number and type of supervision periods and; juvenile justice detention centre characteristics.

Data availability: Annual from 2000–01 onwards

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

National Cancer Statistics Clearing House (NCSCCH)

The AIHW maintains the NCSCCH. Information on the incidence of cancer in the Australian population is provided to the NCSCCH by the state and territory cancer registries. The data items provided to the NCSCCH by the state and territory cancer registries enable record linkage to be performed (for example, to the National Death Index) and the analysis of cancer by site and behaviour.

The NCSCCH collects information on incidence, mortality, specific cancer sites, cancer histology, geographical variation, trends over time and survival.

The NCSCCH is the only national database of cancer incidence in Australia.

Data availability: The earliest cases recorded in the database are those diagnosed in 1982

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

National Community Mental Health Care Database (NCMHCD)

The NCMHCD is a collation of data on specialised mental health services provided to non-admitted patients, in both government-operated community and hospital-based ambulatory care services such as community mental health services, outpatient clinics and day clinics.

Each record in the database is for a service contact, defined as a contact between a patient or client and an ambulatory mental health care service (including hospital and community-based services) that resulted in a dated entry being made in the individual's record.

The NCMHCD contains data on the date of service contact and on the characteristics of the patient, including demographic information such as age and sex, and clinically relevant information such as principal diagnosis and mental health legal status.

A mental health service contact for the purposes of this collection was defined as the provision of a clinically significant service by a specialised mental health service provider(s) for patients/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those resident in 24-hour staffed specialised residential mental health services, where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question. It should be noted that there is some variation across jurisdictions as to what they class as a service contact.

Data availability: Annual from 2000–01 onwards

Further information: AIHW 2005g

National Dental Telephone Interview Survey (NDTIS)

The 2002 NDTIS, conducted by the AIHW Dental Statistics Research Unit at Flinders University, involved a random sample of Australian residents aged five years and over in all states and territories. The data items included in the 2002 survey were based on those used in previous rounds of the survey.

The NDTIS collects a wide range of information on: oral health status, access to dental services (such as time, place and reason for last dental visit; frequency of visits; visits and treatments received in the previous year; and waiting time), social impact of dental health, dental insurance, financial burden, perceived needs, and sociodemographic and economic details. There were 7,312 participants across Australia in the 2002 survey, 19% of which were aged 12–24 years.

Data availability: 1994, 1995, 1996, 1999, 2002

Further information: Carter & Stewart 2003

National Diabetes Register (NDR)

The NDR, held at the AIHW, is a register of people living in Australia with insulin-treated diabetes. This includes persons using insulin to manage Type 1, Type 2, gestational and other types of diabetes.

People are eligible to be on the NDR if they use insulin to treat their diabetes and their insulin use began on or after 1 January 1999.

The NDR has two main data sources:

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

Data availability: Aims to collect all new cases of insulin-treated diabetes mellitus from 1 January 1999 onwards

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

Supported Accommodation Assistance Program (SAAP) National Data Collection

The SAAP National Data Collection has been providing annual information on the provision of assistance through SAAP since 1996–97. The AIHW has had the role of National Data Collection Agency (NDCA) since the collection's inception.

The National Data Collection consists of distinct components, each of which can be thought of as a separate collection. Currently, four collections are run annually: the Client Collection, the Administrative Data Collection, the Demand for Accommodation Collection and the Casual Client Collection.

The Client Collection collects information about all clients receiving support under SAAP of more than 1 hour's duration. Data are recorded by service providers during, or immediately following, contact with clients and are then forwarded to the NDCA after clients' support periods have ended or, for ongoing clients, at the end of the reporting period (31 December and 30 June). Data collected include basic sociodemographic information and information on the services requested by, and provided to, each client. Information about each client's situation before and after receiving SAAP services is also collected.

The Administrative Data Collection consists of general information about the agencies providing accommodation and support services to people who are homeless or in crisis.

The Demand for Accommodation Collection is conducted annually over 2 weeks. It measures the level of unmet demand for SAAP services by collecting information about the number of requests for accommodation from SAAP agencies that are not met, for whatever reason.

The 2-week Casual Client Collection is conducted annually to elicit information about short-term or one-off assistance provided to homeless people.

Data availability: Annual from 1996–97 onwards

Further information: <www.aihw.gov.au/housing/sacs/saap/index.cfm>

ABS data sources

ABS Family Characteristics Survey

The 2003 Family Characteristics Survey is the fourth survey on the topic of family composition, the first being conducted in 1982. The survey collects information about the composition of households and families, and the characteristics and circumstances of people within them.

The 2003 survey specifically collected details on household and family composition including demographics, labour force, and family type. The survey collected information on people of all ages, however there was a particular focus on families with children aged 0-17 years. The additional information collected for these families included information about family structure, the social marital status of the parents, parental income and contact arrangements for children with non-resident parents.

Data availability: 1982 and 1992 (Family Survey), 1997 and 2003 (Family Characteristics Survey)

Further information: ABS 2004d or <www.abs.gov.au/ausstats/abs@.nsf/

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ABS General Social Survey (GSS)

The first GSS was conducted by the ABS in 2002, with plans to repeat the survey at four-yearly intervals.

The aims of the GSS are to present data on a range of social dimensions of the Australian community at a single point in time by collecting data on a range of topics from the same individual; enable analysis of the interrelationship of social circumstances and outcomes, including the exploration of multiple advantage and disadvantage and; provide a base for comparing social circumstances and outcomes over time and across population groups.

The 2002 GSS collected information from 15,500 people aged 18 years and over across all states and territories of Australia. Information was collected about individuals and about the households in which they lived.

The focus is on the relationships between characteristics from different areas of social concern, rather than in-depth information about a particular field. Topics include health, housing, education, work, income, financial stress, broad assets and liabilities, transport, family and community, and crime.

Data availability: 2002, 2006 (not available for this publication)

Further information: ABS 2003c

ABS Labour Force Survey

The Labour Force Survey collects information on labour market activity of the usually resident civilian population of Australia aged 15 years and over. The survey collects information on socio-demographics, persons in the labour force (for example, labour force status, unemployment rate, participation rate), employed persons (for example, status of employment in main job (full-time or part-time), hours worked, job tenure, underemployment, occupation and industry in main job), unemployed persons (for example, whether looking for work, reason for ceasing last job, duration of unemployment) and persons not in the labour force (for example, whether looking for work, permanently unable to work).

Data availability: Quarterly from 1960–1968 and monthly from February 1978 onwards

Further information: <[www.abs.gov.au/websitedbs/c311215.nsf/0/](http://www.abs.gov.au/websitedbs/c311215.nsf/0/BF6068ABC64802DECA256BD500169F18?Open)

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

The 2004–05 NATSIHS, conducted by the ABS provides information about the health circumstances of Indigenous Australians. The sample size was 10,439 persons (or about one in 45 of the total Indigenous population), considerably larger than the supplementary Indigenous samples in the 1995 and 2001 National Health Surveys. This survey, which was conducted in remote and non-remote areas throughout Australia, collected information from Indigenous Australians about health related issues, including health status, risk factors and actions, and socioeconomic circumstances.

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

Data availability: 2004-05

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

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

The 2002 NATSISS was conducted between August 2002 and April 2003. Information was collected about the Aboriginal and Torres Strait Islander populations of Australia for a wide range of areas of social concern including health, education, culture and labour force participation. The survey is expected to be conducted at 6-yearly intervals.

Information was collected by personal interview from approximately 10,000 Aboriginal and Torres Strait Islander people aged 15 years and over throughout Australia, including those living in remote areas.

Data availability: 2002

Further information: <www.abs.gov.au/Ausstats/abs@.nsf/0d21d0868273a2c3ca25697b00207e97/9ad558b6d0aed752ca256c7600018788!OpenDocument>

ABS National Crime and Safety Survey

The Crime and Safety Survey collects information from residents of private dwellings about selected household and personal crime and safety issues on the perception of crime problems in the neighbourhood, fear of crime, the incidence of selected categories of crime and reporting behaviour. The survey includes persons aged 15 years and over. Persons aged 18 and over were asked to provide information on sexual assault on a separate questionnaire.

The survey collection methodology has been different on each occasion, but similar data items were collected.

Data availability: 1975, 1983, 1993, 1998, 2002 and 2005

Further information: <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4509.0Main+Features1Apr%202005?OpenDocument>

ABS National Health Survey (NHS)

The most recent NHS was conducted between August 2004 and June 2005 by the ABS. The survey collected information from 19,501 Australians of all ages and from all states and territories and from urban and remote areas. Very remote areas were excluded.

The aims of the survey are to obtain national benchmark information on a range of health issues and to enable trends in health to be monitored over time. Information was collected about the health status of the Australian population, health-related aspects of lifestyle and other health risk factors and use of health services.

In the ABS National Health Surveys, information is reported by a parent/guardian for young people under the age of 15 years, a combination of self- and parent-report for ages 15-17 years and self-report only for aged 18 years and over.

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

Further information: ABS 2006m

ABS National Nutrition Survey (NNS)

The NNS was conducted between February 1995 and March 1996 across all states and territories. It collected information for people aged two years and over on food and beverage intake, usual frequency of intake, food-related habits and attitudes, and physical measurements.

Data availability: 1995

Further information: <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4805.0Main+Features11995?OpenDocument>

ABS National Survey of Mental Health and Wellbeing of Adults (SMHWB)

The ABS 1997 SMHWB collected information from approximately 10,600 people aged 18 years or over on a range of mental disorders. These included anxiety disorders (for example, obsessive-compulsive disorder, panic disorder), affective disorders (for example, depression, bipolar affective disorder) and alcohol and drug use disorders. The survey used the Composite International Diagnostic Interview (CIDI) to diagnose mental disorders.

The survey also collected information on: demographic and socioeconomic characteristics; physical conditions; disability associated with mental disorders; health service use for a mental health problem; and perceived need for health services for a mental health problem.

Data availability: 1997

Further information: ABS 1998

ABS Personal Safety Survey (PSS)

The PSS collected information from persons aged 18 years and over about their safety at home and in the community.

Private, face-to-face interviews were conducted. Respondents were asked about their experiences of different types of violence, since the age of 15 years, by different types of male and female perpetrators (including current partner, previous partner, boyfriend/girlfriend or date, other known man or woman, and stranger). Information was collected about experiences of physical and sexual violence, the nature and extent of the violence against women and men, actions taken after experiencing violence, and the effect on their lives. Additional information was collected about incidents of abuse, stalking and other forms of harassment.

Data availability: 2005

Further information: <[www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4906.0Main+Features12005%20\(Reissue\)?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4906.0Main+Features12005%20(Reissue)?OpenDocument)>

ABS Survey of Children's Participation in Cultural and Leisure Activities

The Survey of Children's Participation in Cultural and Leisure Activities collects information about the participation of children aged 5–14 years in cultural, sporting and other leisure activities, details on children's use of computers and the Internet, and their involvement in homework and other study.

Data availability: 2000, 2003, 2006

Further information: <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4901.0Main+Features1Apr%202006?OpenDocument>

ABS Survey of Disability, Ageing and Carers (SDAC)

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

The aims of the survey were to measure the prevalence of disability in Australia, measure the need for support of older people and those with a disability; provide a demographic and socioeconomic profile of people with disabilities, older people and carers compared with the general population; and to estimate the number of, and provide information, about people who provide care to older people and people with disabilities.

People with a disability were asked questions relating to help and assistance needed and received for self-care, mobility, communication, cognition or emotion, health care, housework, property maintenance, meal preparation, paperwork (reading and writing tasks) and transport activities. They were also asked questions relating to computer and Internet use and participation in community activities. Those aged 5-20 years (or their proxies) were asked about schooling restrictions, and those aged 15-64 years about employment restrictions.

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

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

ABS Survey of Education and Work

The Survey of Education and Work is conducted in May each year as a supplement to the Labour Force Survey. It presents information about the educational experience of persons aged 15–64 years, particularly in relation to their labour force status.

Information collected in the survey includes: participation in education in the year prior to the survey, and in the survey month; labour force characteristics; type of educational institution; level of education of current and previous study; highest year of school completed; level of highest non-school qualification; level of highest educational attainment; unmet demand for education in current year; and selected characteristics of apprentices. This survey was previously known as Transition from Education to Work, Australia.

Data availability: Transition from Education to Work: 1994, 1996, 1997

Education and Work: annual from 1997 onwards

Further information: <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/6227.0Main+Features1May%202006?OpenDocument>

ABS Survey of Work in Selected Culture and Leisure Activities

The Survey of Work in Selected Culture and Leisure Activities is a supplement to the Monthly Population Survey and collects data from those aged 15 years and over on involvement in cultural activities and sports participation which are cross-classified by demographic characteristics collected from the Labour Force Survey.

The object of the survey is to obtain data about the population's paid and unpaid involvement in a range of culture, sport and leisure activities.

The 1998–99 data were collected from a different survey vehicle (Population Survey Monitor) for those aged 18 years and over. Caution should therefore be exercised when comparing this survey with other years.

Data availability: 1993, 1997, 1998–99, 2001, 2004

Further information: <[www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/6281.0Main+Features1Apr%202004%20\(Corrigendum\)?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/6281.0Main+Features1Apr%202004%20(Corrigendum)?OpenDocument)>

Other data sources

Australian Secondary Students Alcohol and Drug (ASSAD) Survey

The ASSAD survey is a triennial secondary school-based survey which monitors the use of tobacco, alcohol and other substances among adolescents in Australia. The most recent survey was conducted in 2005 and used a representative sample of over 20,000 secondary school students in Years 7–12 across Australia. The current survey in this series was developed from a triennial national survey of secondary school students' use of tobacco and alcohol, conducted collaboratively by the Cancer Councils in each state of Australia commencing in 1984.

In 1996, the survey was expanded to include questions on the use of illicit substances and federal, state and territory health departments became collaborators with the Cancer Councils in the project.

The questionnaire covers the use of tobacco, alcohol, pain relievers, sleeping tablets and the use of illicit substances such as cannabis and hallucinogens.

Students were administered an anonymous, written questionnaire and the presence of teachers during the survey is discouraged.

Data availability: 1984, 1987, 1990, 1993, 1996, 1999, 2002 and 2005

Further information: <www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/home>

Child and Adolescent Component of the National Survey of Mental Health and Wellbeing

The Child and Adolescent Component of the National Survey of Mental Health and Wellbeing was commissioned by the Mental Health Branch of the then Commonwealth Department of Health and Aged Care and undertaken by the University of Adelaide.

This survey was the first to investigate the mental health and wellbeing of children and adolescents aged 4–17 years at a national level in Australia. It provides an accurate estimate of the prevalence of mental health problems, the degree of disability associated with mental health problems and the extent to which children and adolescents are receiving help for their problems.

A representative sample of 4,500 children was recruited, and the response rate for the survey was 70%. Information was gathered from parents of all participants and from adolescents aged 13–17 years. Parents were interviewed, and both parents and adolescents completed a self-report questionnaire.

Data availability: 1998

Further information: Sawyer et al. 2000

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

The HILDA Survey is a longitudinal household-based panel survey. The HILDA Survey is commissioned and funded by the Australian Government Department of Families, Community Services and Indigenous Affairs. The survey aims to describe the way people's lives are changing by tracking all members of an initial sample of households over an indefinite life.

Data are collected on a wide range of issues, including: household structure, family background, marital history, family formation, education, employment history, current employment, job search, income, health and wellbeing, child care, and housing. In addition, in every wave there is scope for additional questions on special topics. Interviews are conducted with all persons in the household aged 15 years and over, although information may be collected on persons aged under 15 years from other household members.

Data availability: 2001 (wave 1), 2002 (wave 2), 2003 (wave 3), 2004 (wave 4), 2005 (wave 5)

Further information: <www.melbourneinstitute.com/hilda/>

National Notifiable Diseases Surveillance System (NNDSS)

The NNDSS was established in 1990 by the Communicable Diseases Network of Australia and New Zealand (CDNANZ). The NNDSS coordinates the national surveillance of more than 50 communicable diseases or disease groups. Notifications are made to state or territory health authorities under the provisions of the public health legislation in their jurisdiction. Computerised, de-identified unit records of notifications are supplied to the Australian Government Department of Health and Ageing on a daily basis for collation, analysis and publication on the internet and in the *Communicable Diseases Intelligence* journal.

Data provided for each notification include a unique record reference number, state or territory code, disease code, date of onset, date of notification to the relevant health authority, sex, age, Indigenous status and postcode of residence.

The quality and completeness of data compiled in the NNDSS are influenced by various factors. Surveillance of communicable diseases varies between jurisdictions, as each state and territory has specific requirements under its public health legislation for notification by medical practitioners, laboratories and hospitals. The notifiable diseases and the case definition may also vary between jurisdictions. Further, the way in which notifications are made differs between states and territories. In some jurisdictions, different diseases are required to be notified by different health care providers. Therefore, the proportion of diagnosed cases of a particular disease which are notified to health authorities is not known with certainty and may vary among diseases, between jurisdictions and over time.

Data availability: 1991 onwards

Further information: <www9.health.gov.au/cda/Source/CDA-index.cfm>

National Survey of Secondary Students and Sexual Health

The National Survey of Secondary Students and Sexual Health has been conducted every five years throughout Australia since 1992. The third survey, conducted in 2002, involved 2,388 young people (55% young women) from Years 10 and 12 in all states and territories. For the first time students from both the Catholic and Independent school systems were included in the survey. The surveys are designed to inform educational policy and practice within the domain of sexual health.

The 2002 questionnaire collected information on students' personal experiences of sex, sexual attraction, condom use, alcohol and injecting drug use, body piercing, tattooing, general health, sources of information on sexuality and sexual health, and feelings and confidence in talking to peers and parents/guardians about a range of sexual matters. Detailed information was also collected on knowledge and perceived risk of HIV/AIDS, sexually transmitted infections and blood-borne viruses.

Data availability: 1992, 1997 and 2002

Further information: Smith et al. 2003

NSW Schools Physical Activity and Nutrition Survey (SPANS)

The NSW SPANS is a key initiative in the *Prevention of Obesity in Children and Young People: NSW Government Action Plan 2003–2007*. The survey collected information from almost 5,500 primary and high school students aged 5–16 years in NSW. Information was collected on the prevalence of overweight and obesity, levels of physical activity, modes of travel to and from school, fundamental movement skills, sedentary behaviours, food habits and eating patterns, fitness levels, and risk factors for chronic disease.

The study builds on the NSW Schools Fitness and Physical Activity Survey 1997 (NSWSFPAS).

Data availability: 2004

Further information: Booth et al. 2006

Appendix 3: Abbreviations

AACR	Australasian Association of Cancer Registries
ABS	Australian Bureau of Statistics
ACAM	Australian Centre for Asthma Monitoring
ACIR	Australian Childhood Immunisation Register
ACSC	Ambulatory Care Sensitive Conditions
ADHD	Attention-Deficit Hyperactivity Disorder
AIC	Australian Institute of Criminology
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
AMA	Australian Medical Association
ARIA	Accessibility/Remoteness Index of Australia
ASGC	Australian Standard Geographical Classification
ASSAD	Australian Secondary Students Alcohol and Drug survey
BMI	Body Mass Index
CDs	Collection Districts
CURF	Confidentialised Unit Record File
DALY	Disability-adjusted life year
DHAC	Commonwealth Department of Health and Aged Care
DMFT	Number of decayed, missing and filled permanent teeth
DoHA	Commonwealth Department of Health and Ageing
DSRU	Dental Statistics Research Unit
ERP	Estimated resident population
GSS	General Social Survey
FaCSIA	Commonwealth Department of Family and Community Services and Indigenous Affairs
GDP	Gross Domestic Product
GSS	General Social Survey
Hib	<i>Haemophilus influenzae</i> type b
HILDA	Household and Income Labour Dynamics in Australia Survey
HREOC	Human Rights and Equal Opportunity Commission
ICD-9	International Classification of Diseases, 9th Revision
ICD-9-CM	International Classification of Diseases, 9th Revision, clinical modification
ICD-10	International Classification of Diseases and Related Health Problems, 10th Revision
ICD-10-AM	International Classification of Disease and Related Health Problems, 10th Revision, Australian modification
IRSD	Index of Relative Socio-economic Disadvantage
JJ NMDS	Juvenile Justice National Minimum Data Set
K10	Kessler 10
MCEETYA	Ministerial Council on Education, Employment, Training and Youth Affairs
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey

NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NCIRS	Australian National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases
NCP	National Child Protection
NCPASS	National Child Protection and Support Services
NCSCH	National Cancer Statistics Clearing House
NCMHCD	National Community Mental Health Care Database
NDARC	National Drug and Alcohol Research Centre
NDN	National Data Network
NDR	National Diabetes Register
NDSHS	National Drug Strategy Household Survey
NHMRC	National Health and Medical Research Council
NHPA	National Health Priority Area
NHPC	National Health Performance Committee
NHS	National Health Survey
NISU	National Injury Surveillance Unit
NMDS	National Minimum Data Set
NMSC	Non-melanoma skin cancer
NNDSS	National Notifiable Diseases Surveillance System
NNS	National Nutrition Survey
NPHP	National Public Health Partnership
NPSU	National Perinatal Statistics Unit
OECD	Organisation for Economic Co-operation and Development
SAAP	Supported Accommodation Assistance Program
SEIFA	Socio-Economic Index for Areas
SF-36	Short Form 36
SLA	Statistical local area
TFR	Total Fertility Rate
TIMSS	Third International Mathematics and Science Study
USDHHS	United States Department of Health and Human Services
WHO	World Health Organization
YLD	Years of life lost due to disability
YLL	Years of potential life lost

States/territories

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

Appendix 4: Glossary

Aboriginal A person of Aboriginal descent who identifies as an Aboriginal and is accepted as such by the community in which he or she lives. See also *Indigenous*.

acute Coming on sharply and often brief, intense and severe.

affective disorders Mood disorders such as depression, mania and bipolar affective disorder. (The term does not include *anxiety disorders*, which are classified as a separate group.)

age-specific rate A rate for a specific age group. The numerator and denominator relate to the same age group.

age standardisation A method of removing the influence of age when comparing populations with different age structures.

ambulatory care Care provided to hospital patients who are not admitted to the hospital, such as patients of emergency departments and outpatient clinics. The term is also used to refer to care provided to patients of community-based (non-hospital) health care services.

anxiety disorders A group of mental disorders marked by excessive feelings of apprehension, worry, nervousness and stress. Includes panic disorder, various phobias, generalised anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder.

apparent retention rate The ratio of the number of students in a given year to the number originally entering secondary school.

ASGC Remoteness This classification is designed to compare, on the one hand, the major cities, and at the other extreme, very remote areas. This structure is based on the Accessibility/Remoteness Index of Australia (ARIA), which utilises road distance to various size service centres as a measure of physical remoteness. Within a state or territory, each remoteness area represents an aggregation of non-contiguous geographical areas that share common characteristics of remoteness.

The defined areas are:

- Major Cities of Australia
- Inner Regional Australia
- Outer Regional Australia
- Remote Australia
- Very Remote Australia
- Migratory: composed of off-shore, shipping and migratory collection districts (figures for these areas are not shown separately in this publication).

associated cause(s) of death Any condition(s), disease and injuries—other than the *underlying cause*—considered to contribute to a death. See also *cause of death*.

asthma A chronic inflammatory disease of the air passages causing widespread narrowing in them, obstruction of airflow, and episodes of wheezing, chest tightness and shortness of breath.

average length of stay (ALOS) The average length of stay for admitted patient episodes.

benchmark A standard or point of reference for measuring quality or performance.

birth cohort People who are born in the same year.

birth rate Number of live births per 1,000 population.

bipolar affective disorder A mental disorder where the person may be depressed at one time and manic at another. Formerly known as manic depression.

birthweight The first weight of the baby (stillborn or liveborn) obtained after birth (usually measured to the nearest 5 grams and obtained within 1 hour of birth).

blended families A couple family containing two or more children, of whom at least one is the natural child of both members of the couple, and at least one is the step-child of either member of the couple.

body mass index (BMI) The most commonly used method of assessing whether a person is normal weight, underweight, overweight or obese. It is calculated by dividing the person's weight (in kilograms) by their height (in metres) squared (kg/m^2). Cut-off points for persons of different age and sex are used to determine if a person is overweight or obese.

campylobacteriosis A disease usually marked by diarrhoea, abdominal pain, fever, nausea and vomiting for a few days, caused by some types of *Campylobacter* bacteria and often foodborne.

cancer A large range of diseases in which some of the body's cells become defective, begin to multiply out of control, can invade and damage the area around them, and can also spread to other parts of the body.

caries See *dental caries*.

cause of death From information reported on the medical certificate of cause of death, each death is classified by the underlying cause of death according to rules and conventions of the 9th or 10th revision of the *International Classification of Diseases*. The *underlying cause of death* is defined as the disease that initiated the train of events leading directly to death.

cerebrovascular disease Any disorder of the blood vessels supplying the brain or its covering membranes.

child protection investigation The process whereby the community services department obtains more detailed information about a child who is the subject of a notification and makes an assessment about the harm or degree of harm to the child and the child's protective needs.

child protection notifications A report is made to an authorised department by persons or other bodies making allegations of child abuse or neglect, child maltreatment or harm to a child. Where it is claimed that two children have been abused or neglected, this is counted as two notifications, even if the children are from one family.

child protection substantiation A child protection notification made to relevant authorities which was investigated, the investigation was finalised, and it was concluded that there was reasonable cause to believe that the child had been, was being, or was likely to be abused, neglected or otherwise harmed.

chronic disease Term applied to a diverse group of diseases, such as asthma, diabetes, cancer and rheumatic heart disease (to name a few), that tend to be long-lasting and persistent in their symptoms or development. Although these features also apply to some *communicable diseases*, the term is usually confined to non-communicable diseases.

cohort A group of individuals being studied who have experienced the same event at a specified period in time; for example, *birth cohort*.

communicable diseases (infectious diseases) Diseases or illnesses due to infectious organisms or their toxic products. Transmission may occur directly or indirectly via contact with other humans, animals or other environments that harbour the organism.

comorbidity When a person has two or more health problems at the same time.

conditions originating in the perinatal period Conditions that have their origin in the perinatal period even though death or morbidity occurs later. These include pregnancy and birth complications, birth trauma, respiratory and cardiovascular disorders, infections, and disorders related to the length of gestation and fetal growth.

confidence interval A statistical term describing a range (interval) of values within which we can be 'confident' that the true value lies, usually because it has a 95% or higher chance of doing so.

confinement Pregnancy resulting in at least one birth.

congenital A condition that is recognised at birth, or that is believed to have been present since birth, including conditions which are inherited or caused by environmental factors.

core activity restrictions The extent of a person's disability. Core activities are defined as self-care (bathing, dressing, eating, using toilet), mobility (moving around at home and away from home, getting into or out of bed or chair, using public transport), and communication (understanding and being understood by others). A person with a profound restriction is unable to perform a core activity, or always needs assistance with that activity, while a person with a severe restriction sometimes needs assistance to perform the activity.

deciduous teeth The teeth that are replaced by permanent (adult) teeth during childhood. Also called baby or milk teeth.

dental caries The disease process leading to tooth decay.

depression A mood disorder with prolonged feelings of being sad, hopeless, low and inadequate, with a loss of interest or pleasure in activities and often with suicidal thoughts or self-blame.

determinant Any factor that can increase the chances of ill health (risk factors) or good health (protective factors) in a population or individual. By convention, services or other programs which aim to improve health are often not included in this definition.

diabetes (diabetes mellitus) A chronic condition in which the body cannot properly use its main energy source, the sugar glucose. This is due to the relative or absolute deficiency in insulin, a hormone produced by the pancreas. Insulin helps glucose enter the body's cells from the bloodstream and then be processed by them. Diabetes is marked by an abnormal build-up of glucose in the blood and it can have serious short- and long-term effects. For the three main types of diabetes see *Type 1 diabetes*, *Type 2 diabetes* and *gestational diabetes*.

diagnosis A decision based on the recognition of clinically relevant symptomatology, the consideration of causes that may exclude a diagnosis of another condition, and the application of clinical judgment.

diphtheria A bacterial infection that usually starts with soreness of the throat and tonsils but which can also affect other parts of the body and become severe enough to block breathing. It is preventable by vaccination.

disability Described by the International Classification of Functioning, Disability and Health as a concept of several dimensions relating to an impairment in body structure or function, a limitation in activities (such as mobility and communication), a restriction in participation (involvement in life situations such as work, social interaction and education), and the affected person's physical and social environment. Described by the *Oxford concise colour medical dictionary* (1998) as 'a loss or restriction of functional ability or activity as a result of impairment of the body or mind'.

disability-adjusted life year (DALY) Years of healthy life lost through premature death or living with disability due to illness or injury.

disease A physical or mental disturbance involving *symptoms* (such as pain or feeling unwell), dysfunction or tissue damage, especially if these *symptoms* and *signs* form a recognisable clinical pattern.

DMFT The number of permanent (adult) teeth currently decayed, extracted due to decay or with filling.

donovanosis Infectious disease (previously called granuloma inguinale) caused by the bacteria *Chlamydia granulomatis*. It features painless genital ulcers with tissue destruction, and can result in secondary infection and scarring.

epidemic An outbreak of a disease or its occurrence at a level that is clearly higher than usual, especially if it affects a large proportion of the population.

epilepsy A disturbance of brain function marked by recurrent fits and loss of consciousness.

exclusive breastfeeding Breastfeeding only—no other liquids or solids.

external cause Environmental event, circumstance and/or condition as the cause of injury, poisoning and/or other adverse effect. The term is used in disease classification.

fertility rate Number of live births per 1,000 women aged 15–49 years. See also *total fertility rate*.

full-time/part-time employed Full-time employed are those who work 35 or more hours per week; part-time employed are those who work less than 35 hours per week.

generalised anxiety disorder A mental disorder where a person is overly and unrealistically anxious and worried about many things over a long period. One of the group of *anxiety disorders*.

gestation The carrying of young in the uterus from conception to delivery.

gestational diabetes Diabetes which is first diagnosed during pregnancy (gestation). It may disappear after pregnancy but signals a high risk of diabetes occurring later on.

Haemophilus influenzae type b infection A bacterial infection of infants and children that can cause meningitis, pneumonia and other serious effects. It is preventable by vaccination.

health Term relating to whether the body (which includes the mind) is in a good or bad state. With good health the state of the body and mind are such that a person feels and functions well and can continue to do so for as long as possible. See also *public health*.

health indicator See *indicator*.

health outcome A change in the health of an individual or population due wholly or partly to a preventive or clinical intervention.

health status An individual's or population's overall level of health, taking account of various aspects such as *life expectancy*, amount of *disability*, levels of disease *risk factors* and so forth.

hepatitis Inflammation of the liver, which can be due to certain viral infections, alcohol excess or a range of other causes.

Hodgkin's disease (Hodgkin's lymphoma) A cancer marked by progressive painless enlargement of lymph nodes throughout the body. A form of *lymphoma*.

hospital separation An episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). Separation also means the process by which an admitted patient completes an episode of care either by being discharged, dying, transferring to another hospital or changing type of care.

illness A state of feeling unwell, although the term is also often used synonymously with *disease*.

immunisation Inducing immunity against infection by the use of an antigen (vaccine) to stimulate the body to produce its own antibodies. See *vaccination*.

incidence The number of new cases (of an illness or event, and so forth) occurring during a given period. Compare with *prevalence*.

incident Newly acquired cases.

indicator A key statistic that describes (indicates) an aspect of population health status, health determinants, interventions, services or outcomes. Indicators are designed to help assess progress and performance, as a guide to decision making. They may have an indirect meaning as well as a direct one. For example, Australia's overall death rate is a direct measure of mortality but is often used as a major indicator of population health.

Indigenous A person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander and is accepted as such by the community with which he or she is associated. See also *Aboriginal*, or *Torres Strait Islander*.

infants Children aged less than 1 year.

inflammation Local response to injury or infection, marked by local redness, heat, swelling and pain. Can also occur when there is no clear external cause and the body reacts against itself, as in *auto-immune diseases*.

insulin Hormone that is produced by the pancreas and regulates the body's energy sources, most notably the sugar glucose.

International Classification of Diseases (ICD) International Statistical Classification of Diseases and Related Health Problems. The World Health Organization's internationally accepted classification of death and disease. The 10th Revision (ICD-10) is currently in use. ICD-10-AM is the Australian modification of ICD-10, used for diagnoses and procedures recorded for patients admitted to hospitals.

intervention (for health) Any action taken by society or an individual which steps in (intervenes) to improve health, such as medical treatment and preventive campaigns.

ischaemia Reduced or blocked blood supply. See also *ischaemic heart disease*.

ischaemic heart disease Heart attack and angina (chest pain). Also known as coronary heart disease. See also *ischaemia*.

length of stay Duration of hospital stay, calculated by subtracting the date the patient is admitted from the day of separation. All leave days, including the day the patient went on leave, are excluded. A same-day patient is allocated a length of stay of one day.

life expectancy An indication of how long a person can expect to live. It is the number of years of life remaining to a person at a particular age if death rates do not change.

live birth Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born.

lymphoma A cancer of the lymph nodes. Lymphomas are divided into two broad types, *Hodgkin's disease* lymphomas and *non-Hodgkin's lymphomas*.

measles A highly contagious infection, usually of children, that causes flu-like symptoms, fever, a typical rash, and sometimes serious secondary problems such as brain damage. It is preventable by vaccination.

median The midpoint of a list of observations ranked from the smallest to the largest.

Medicare A national, government-funded scheme that subsidises the cost of personal medical services for all Australians to help them afford medical care.

melanoma A cancer of the body's cells that contain pigment (melanin), mainly affecting the skin.

meningitis Inflammation of the brain's covering (the meninges), as can occur with some viral or bacterial infections.

mental illness Disturbances of mood or thought that can affect behaviour and distress the person or those around them, so the person often has trouble functioning normally. They include *anxiety disorders*, *depression* and *schizophrenia*.

morbidity Refers to ill-health in an individual and to levels of ill-health in a population or group.

mortality Death.

mumps A contagious viral disease marked by acute and painful swelling of the saliva-producing glands, often similarly affecting the testicles and sometimes other body parts.

musculoskeletal Relating to the muscles, joints and bones.

National Health Priority Areas (NHPA) The NHPA initiative is a collaborative effort involving the Australian Government and state and territory governments that seeks to focus public attention and health policy on those areas that are considered to contribute significantly to the burden of illness in the community, and for which there is potential for health gain.

National Minimum Data Set (NMDS) A minimum set of data elements agreed for mandatory collection and reporting at a national level.

neonatal The period of 28 days (4 weeks) after birth.

neoplasm Abnormal growth of tissue which may be benign or malignant; includes cancers and leukaemias.

non-Hodgkin's lymphoma A range of cancers of the lymphatic system (lymph glands and the channels they are linked to) that are not of the Hodgkin's variety.

obsessive-compulsive disorder A form of *anxiety disorder* where repeated and unwanted thoughts and impulses disturb and dominate a person. Often involves rituals such as excessive hand washing, checking and counting, which in turn cause anxiety if they are prevented or out of control.

Organisation for Economic Co-operation and Development (OECD) An organisation of 30 developed countries, including Australia.

other Australians 'Other Australians' is used when referring to people that have not identified as Aboriginal and/or Torres Strait Islander. This group will include those people who have said they are non-Indigenous but may also include either: (a) Aboriginal and/or Torres Strait Islander people who have chosen not to identify as such or (b) individuals for whom the relevant information was not collected.

outcome (health outcome) A health-related change due to a preventive or clinical intervention or service. (The intervention may be single or multiple, and the outcome may relate to a person, group or population, or be partly or wholly due to the intervention.)

panic disorder Marked by panic attacks (episodes of intense fear or discomfort) that occur suddenly and often unpredictably.

Pap smear Papanicolaou smear, a procedure to detect cancer and pre-cancerous conditions of the female genital tract.

perinatal period The period between 20 weeks (140 days) of gestation and 28 days after birth.

pertussis (whooping cough) A highly infectious bacterial disease of the air passages marked by explosive fits of coughing and often a whooping sound on breathing in. It is preventable by vaccination.

phobia A form of *anxiety disorder* in which there is persistent, unrealistic fear of an object or situation and which interferes with the person's life as they seek to avoid the object of their fear. Phobias include fear of heights, flying, open spaces, social gatherings, and animals such as spiders and snakes.

poliomyelitis (polio) Muscle paralysis, wasting and deformity of limbs after infection by a common virus (poliovirus) that can damage the so-called motor nerves in the spinal cord. It is preventable by vaccination.

postnatal The period of time after birth.

post-traumatic stress disorder (PTSD) A form of *anxiety disorder* in which a person has a delayed and prolonged reaction after being in an extremely threatening or catastrophic situation such as a war, natural disaster, terrorist attack, serious accident or witnessing violent deaths.

prevalence The number or proportion (of cases, instances, etc.) present in a population at a given time. Compare with *incidence*.

prevention (of disease or ill health) Action to reduce or eliminate the onset, causes, complications or recurrence of disease or ill health.

principal diagnosis The diagnosis describing the problem that was chiefly responsible for the patient's episode of care in hospital.

private hospital A privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and allied health practitioners. Compare with *public hospital*.

problem (health problem) A poorly defined term often used synonymously with *condition* or *disorder*. May be used more specifically to refer to health factors that a person or their doctor perceives as a concern—a problem—that needs attention; and which, for example, the person may list in a survey or their doctor may list in clinical notes.

public health Term variously referring to the level of health in the population, to actions that improve that level or to related study. Activities that aim to benefit a population tend to emphasise prevention, protection and health promotion as distinct from treatment tailored to individuals with symptoms. Examples include provision of a clean water supply and good sewerage, conduct of anti-smoking education campaigns, and screening for diseases such as cancer of the breast and cervix.

public hospital A hospital controlled by a state or territory health authority. In Australia, public hospitals offer free diagnostic services, treatment, care and accommodation to all Australians who need them.

quintile A group derived by ranking the population according to specified criteria and dividing it into five equal parts.

rheumatic fever An acute, serious disease that affects mainly children and young adults and can damage the heart valves, the heart muscle and its lining, the joints and the brain. Is brought on by a reaction to a throat infection by a particular bacterium. Now very rare in the non-Indigenous population, it is still at unacceptably high levels among Indigenous Australians living in remote areas. See *rheumatic heart disease*.

rheumatic heart disease Chronic disease from damaged heart valves cause by earlier attack(s) of rheumatic fever.

risk factor Any factor which represents a greater risk of a health disorder or other unwanted condition or event. Some risk factors are regarded as causes of disease, others are not necessarily so. Along with their opposites (protective factors) risk factors are known as *determinants*.

rubella (German measles) A communicable disease of children and young adults which has mild symptoms but which often causes serious birth defects if it occurs in a mother during the first three months of pregnancy. It is preventable by vaccination.

salmonellosis A disease commonly marked by sudden onset of headache, abdominal pain, fever, diarrhoea, nausea and sometimes vomiting, caused by some types of salmonella bacteria and often foodborne.

schizophrenia A group of serious mental disorders where imagined and disordered thoughts are key features, often with problems of behaviour, mood and motivation, and a retreat from social life.

sign (clinical) An indication of a disorder that is detected by a clinician or other observer who examines the person affected. Unlike with *symptoms*, a patient does not necessarily notice or complain of a sign and many signs are detected only with special techniques used by the person doing the examination.

Socio-economic Index for Areas SEIFA indexes are summary measures of socioeconomic status which are strongly linked with population health status. The SEIFA index used in this report is the Index of Relative Socioeconomic Disadvantage developed by the Australian Bureau of Statistics for use at the Statistical Local Area level. This index is derived from selected attributes including income, educational attainment, unemployment, and jobs in relatively unskilled occupations. Low scores on the index reflect census collection districts (CDs) with many relatively low income families and people with little training and unskilled occupations. High index scores indicate that the area has relatively few families with low income, little training and unskilled occupations (ABS 2001c).

socioeconomic status A relative position in the community as determined by occupation, income and level of education. The socioeconomic status measure used in this report is the Socio-economic Index for Areas (SEIFA)—Index of Relative Socioeconomic Disadvantage.

Statistical Local Area (SLA) Based on the administrative areas of local government where these exist. Where there is no incorporated body of local government, SLAs are defined to cover the unincorporated areas. The SLA is the base spatial unit used by the Australian Bureau of Statistics to collect and disseminate statistics other than those collected in Population Censuses.

statistical significance An indication from a statistical test that an observed difference or association may be significant or 'real' because it is unlikely to be due just to chance. A statistical result is usually said to be 'significant' if it would occur by chance only once in twenty times or less often.

substance use disorder Disorder of harmful use of and/or dependence on illicit or licit drugs, including alcohol, tobacco and prescription drugs.

suicide Deliberately ending one's own life.

survival rates The proportion of individuals diagnosed with a specific condition who have survived for a specified period of time since diagnosis.

symptom Any indication of a disorder that is apparent to the person affected. Compare with *sign (clinical)*.

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

total fertility rate The number of children a female would bear during her lifetime if she experienced current age-specific fertility rates at each age of her reproductive life.

Type 1 diabetes A form of *diabetes* usually arising in childhood or youth ('juvenile onset'), marked by a complete lack of insulin and needing insulin replacement for survival.

Type 2 diabetes The most common form of *diabetes*, occurring mostly in people aged 40 years or over, and marked by reduced or less effective insulin.

underlying cause of death The condition, disease or injury initiating the sequence of events leading directly to death; that is, the primary, chief, main or principal cause. Compare with *associated cause(s) of death*.

vaccination The process of administering a vaccine to a person to produce immunity against infection. See also *immunisation*.

vector An insect or other organism that transmits infectious micro-organisms from animal to human or human to human.

References

- Abbot P & Close G 2002. Vascular health risks in the Aboriginal community: a cultural approach. *Australian Family Physician* 31(7):605–10.
- Abetz E 2005. Talking with your kids about drugs. Canberra: Department of Health and Ageing.
- Aboriginal and Torres Strait Islander Social Justice Commissioner 2004. HREOC Social justice report 2003. Sydney: HREOC.
- ABS (Australian Bureau of Statistics) 1997. Australian social trends 1997. Cat. no. 4102.0. Canberra: ABS.
- ABS 1998. Mental health and wellbeing: profile of adults, Australia 1997. Cat. no. 4326.0. Canberra: ABS.
- ABS 2001a. ABS views on remoteness. Information paper. Cat. no. 1244.0. Canberra: ABS.
- ABS 2001b. Census dictionary, 2001. Cat. no. 2901.0. Canberra: ABS.
- ABS 2001c. Census of population and housing—socio-economic indexes for areas, Australia. Information paper. Cat. no. 2039.0. Canberra: ABS.
- ABS 2002a. Education and work, Australia, May 2002. Cat. no. 6227.0. Canberra: ABS.
- ABS 2002b. Housing and infrastructure in Aboriginal and Torres Strait Islander communities, 2001. Cat. no. 4710.0. Canberra: ABS.
- ABS 2002c. National health survey 2001: summary of results. Cat. no. 4364.0. Canberra: ABS.
- ABS 2002d. Schools, Australia, 2001. Cat. no. 4221.0. Canberra: ABS.
- ABS 2003a. Census of population and housing: selected social and housing characteristics, Australia, 2001. Cat. no. 2015.0. Canberra: ABS.
- ABS 2003b. Counting the homeless 2001. Cat. no. 2050.0. Canberra: ABS.
- ABS 2003c. General social survey, summary results, Australia 2002. Cat. no. 4159.0. Canberra: ABS.
- ABS 2003d. Population projections, Australia, 2002–2101. Cat. no. 3222.0. Canberra: ABS.
- ABS 2004a. Census of population and housing: Australia's youth, 2001. Cat. no. 2059.0. Canberra: ABS.
- ABS 2004b. Children's participation in cultural and leisure activities 2003. Cat. no. 4901.0. Canberra: ABS.
- ABS 2004c. Disability, ageing and carers, Australia: summary of findings, 2003. Cat. no. 4430.0. Canberra: ABS.
- ABS 2004d. Family characteristics, Australia, June 2003. Cat. no. 4442.0. Canberra: ABS.
- ABS 2004e. Measuring crime victimisation, Australia: the impact of different collection methodologies, 2002. Information paper. Cat. no. 4522.0.55.001. Canberra: ABS.
- ABS 2004f. National Aboriginal and Torres Strait Islander social survey 2002. Cat. no. 4714.0. Canberra: ABS.
- ABS 2005a. Children and youth information development plan—project plan, Australia 2005. Information paper. Cat. no. 4909.0. Canberra: ABS.
- ABS 2005b. Deaths, Australia 2004. Cat. no. 3302.0. Canberra: ABS.
- ABS 2005c. Environmental issues: people's views and practices. Cat. no. 4602.0. Canberra: ABS.
- ABS 2005d. Marriages, Australia, 2004. Cat. no. 3306.0.55.001. Canberra: ABS.

- ABS 2006a. 2001 Census of population and housing. 2001 Census table: Family type and relationship in house by age, Australia. Canberra: ABS. Viewed 1 November 2006, <<http://www8.abs.gov.au/ABSNavigation/prenav/ViewData?action=404&documentproductno=0&documenttype=Details&order=1&tabname=Details&areacode=0&issue=2001&producttype=Census%20Tables&javascript=true&textversion=false&navmapdisplayed=true&breadcrumb=LPTD&&productlabel=Family%20Type%20and%20Relationship%20in%20Household%20by%20Age&method=Location%20on%20Census%20Night&>>>.
- ABS 2006b. Australian labour market statistics. Cat. no. 6105.0. Canberra: ABS.
- ABS 2006c. Australian social trends 2006. Cat. no. 4102.0. Canberra: ABS.
- ABS 2006d. Births, Australia, 2005. Cat. no. 3301.0. Canberra: ABS.
- ABS 2006e. Crime and safety, Australia, 2005. Cat. no. 4509.0. Canberra: ABS.
- ABS 2006f. Divorces, Australia, 2005. Cat. no. 3307.0.55.001. Canberra: ABS.
- ABS 2006g. Education and work, Australia, May 2006. Cat. no. 6227.0. Canberra: ABS.
- ABS 2006h. Employee earnings, benefits and trade union membership, Australia, August 2005. Cat. no. 6310.0. Canberra: ABS.
- ABS 2006i. Improving statistics on children and youth: an information development plan. Information paper. Cat. no. 4907.0. Canberra: ABS.
- ABS 2006j. Labour force Australia, detailed—electronic delivery. Table 01: Labour force status by social marital status, age and sex. Cat. no. 6291.0.55.001. Canberra: ABS. Viewed 1 November 2006, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6291.0.55.001Sep%202006?OpenDocument>>.
- ABS 2006k. Marriages, Australia, 2005. Cat. no. 3306.0.55.001. Canberra: ABS.
- ABS 2006l. National Aboriginal and Torres Strait Islander health survey, Australia 2004–05. Cat. no. 4715.0. Canberra: ABS.
- ABS 2006m. National health survey 2004–05: summary of results. Cat. no. 4364.0. Canberra: ABS.
- ABS 2006n. Personal safety survey, Australia, 2005 (reissue). Cat. no. 4906.0. Canberra: ABS.
- ABS 2006o. Prisoners in Australia. Cat. no. 4517.0. Canberra: ABS.
- ABS 2006p. Year book Australia, 2006. Cat. no. 1301.0. Canberra: ABS.
- ABS 2007a. Migration, Australia, 2005–06. Cat. no. 3412.0. Canberra: ABS.
- ABS 2007b. Schools, Australia, 2006. Cat. no. 4221.0. Canberra: ABS.
- ABS various years. Australian demographic statistics. Cat. no. 3101.0. Canberra: ABS.
- ABS & AIHW (Australian Institute of Health and Welfare) 2001. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples, 2001. ABS Cat. no. 4704.0; AIHW Cat. no. IHW 6. 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. IHW 11. Canberra: ABS.
- ABS & AIHW 2005. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples, 2005. ABS Cat. no. 4704.0; AIHW Cat. no. IHW 14. Canberra: ABS.
- Adhikari P 2006. Socio-Economic Indexes for Areas: introduction, use and future directions. Research paper. Cat. no. 1351.0.55.015. Canberra: ABS.
- AHMAC (Australian Health Ministers Advisory Council), Steering Committee for National Planning for Oral Health 2001. Oral health of Australians: national planning for oral health improvement. Final report. Adelaide: Department of Human Services.
- Ahs A & Westerling R 2006. Self-rated health in relation to employment status during periods of high and of low levels of unemployment. *European Journal of Public Health* 16(3):294–304.

- AIC (Australian Institute of Criminology): Johnson H 2005. Crime victimisation in Australia: key results of the 2004 International Crime Victimisation Survey. Canberra: AIC.
- AIC: Weatherburn D & Lind B 1998. Poverty, parenting, peers and crime prone neighbourhoods. Trends and issues series no. 85. Canberra: AIC.
- AIFS (Australian Institute of Family Studies) 2005. Child abuse and neglect in Indigenous Australian communities. Melbourne: AIFS.
- AIHW 2000. Australia's health 2000: the seventh biennial health report of the Australian Institute of Health and Welfare. Cat. no. AUS 19. Canberra: AIHW.
- AIHW 2001. National Health Data Dictionary, Version 10. Cat. no. HWI 30. Canberra: AIHW.
- AIHW 2003a. Australia's young people: their health and wellbeing, 2003. Cat. no. PHE 50. Canberra: AIHW.
- AIHW 2003b. Disability prevalence and trends. Disability series. Cat. no. DIS 34. Canberra: AIHW.
- AIHW 2003c. Health expenditure Australia 2001–02. Cat. no. HWE 24. Canberra: AIHW.
- AIHW 2003d. Indicators of health risk factors: the AIHW view. Cat. no. PHE 47. Canberra: AIHW.
- AIHW 2003e. Rural, regional and remote health: a study on mortality. Rural health series no. 2. Cat. no. PHE 45. Canberra: AIHW.
- AIHW 2004a. Australia's health 2004: the ninth biennial health report of the Australian Institute of Health and Welfare. Cat. no. AUS 44. Canberra: AIHW.
- AIHW 2004b. Commonwealth rent assistance, June 2002: a profile of recipients. AIHW Bulletin no. 14. Cat. no. AUS 45. Canberra: AIHW.
- AIHW 2004c. Heart, stroke and vascular diseases, Australian facts 2004. Cardiovascular disease series no. 22. Cat. no. CVD 27. Canberra: AIHW.
- AIHW 2004d. Key national indicators of children's health, development and wellbeing. AIHW Bulletin no. 20. Cat. no. AUS 53. Canberra: AIHW.
- AIHW 2004e. Rheumatic heart disease: all but forgotten in Australia except among Aboriginal and Torres Strait Islander peoples. AIHW Bulletin no. 16. Cat. no. AUS 48. Canberra: AIHW.
- AIHW 2005a. 2004 National Drug Strategy Household Survey—detailed findings. Drug statistics series no. 16. Cat. no. PHE 66. Canberra: AIHW.
- AIHW 2005b. Australia's welfare 2005. Cat. no. AUS 65. Canberra: AIHW.
- AIHW 2005c. Commonwealth–State Housing Agreement national data reports 2004–05: state owned and managed Indigenous housing. Housing assistance data development series. Cat no. HOU 130. Canberra: AIHW.
- AIHW 2005d. Disability support services 2003–04: national data on services provided under the Commonwealth State/Territory Disability Agreement. Cat. no. DIS 40. Canberra: AIHW.
- AIHW 2005e. Improving the quality of Indigenous identification in hospital separations data. Health services series no. 25. Cat. no. HSE 101. Canberra: AIHW.
- AIHW 2005f. Indigenous housing needs 2005—a multi-measure needs model. Cat. no. HOU 129. Canberra: AIHW.
- AIHW 2005g. Mental health services in Australia 2003–04. Mental health series no. 8. Cat. no. HSE 40. Canberra: AIHW.
- AIHW 2005h. Mortality over the twentieth century in Australia: trends and patterns in major causes of death. Mortality surveillance series no. 4. Cat. no. PHE 73. Canberra: AIHW.
- AIHW 2005i. A Picture of Australia's children. Cat. no. PHE 58. Canberra: AIHW.
- AIHW 2006a. Australia's health 2006: the tenth biennial health report of the Australian Institute of

Health and Welfare. Cat. no. AUS 73. Canberra: AIHW.

AIHW 2006b. Cervical screening in Australia 2003–2004. Cancer series no. 33. Cat. no. 28. Canberra: AIHW.

AIHW 2006c. Child protection Australia 2004–05. Child welfare series no. 38. Cat. no. CWS 26. Canberra: AIHW.

AIHW 2006d. Homeless children in SAAP 2004–05. AIHW Bulletin no. 48. Cat. no. AUS 85. Canberra: AIHW.

AIHW 2006e. Homeless people in SAAP 2004–05, SAAP national data collection annual report 2004–05. SAAP National Data Collection Agency (NDCA) report series 10. Cat. no. HOU 132. Canberra: AIHW.

AIHW 2006f. Juvenile justice in Australia 2001–02 to 2003–04. Juvenile justice no. 1. Cat. no. JUV 1. Canberra: AIHW.

AIHW 2006g. Towards national indicators for food and nutrition: an AIHW view. Reporting against the Dietary Guidelines for Australian Adults. Cat. no. PHE 70. Canberra: AIHW.

AIHW 2006h. Young Australians: their health and wellbeing. Key national indicators. AIHW Bulletin no. 36. Cat. no. AUS 72. Canberra: AIHW.

AIHW 2007a. Child protection Australia 2005–06. Child welfare series no. 40. Cat. no. CWS 28. Canberra: AIHW.

AIHW 2007b. Quality of Aboriginal and Torres Strait Islander identification in community services data collections: update on eight community services data collections. Cat. no. HWI 95. Canberra: AIHW.

AIHW & AACR (Australasian Association of Cancer Registries) 2004. Cancer in Australia 2001. Cancer series no. 28. Cat. no. CAN 23. Canberra: AIHW.

AIHW & ABS 2006. Recent developments in the collection of Aboriginal and Torres Strait Islander health and welfare statistics 2005. AIHW Cat. no. IHW 15; ABS Cat. no. 4704.0.55.001. Canberra: AIHW & ABS.

AIHW & NHPC (National Health Performance Committee) 2004. National report on health sector performance indicators 2003. AIHW Cat. no. HWI 78. Canberra: AIHW.

AIHW Australian Centre for Asthma Monitoring 2005. Asthma in Australia 2005. Asthma series no. 2. Cat. no. ACM 6. Canberra: AIHW.

AIHW: Al-Yaman F, Bryant M & Sargeant H 2002. Australia's children: their health and wellbeing 2002. Cat. no. PHE 36. Canberra: AIHW.

AIHW: Al-Yaman F, Van Doeland M & Wallis M 2006. Family violence among Aboriginal and Torres Strait Islander peoples. Cat. no. IHW 17. Canberra: AIHW.

AIHW: Britt H, Miller GC, Charles J, Pan Y, Valenti L, Henderson J et al. 2007. General practice activity in Australia 2005–06. General practice series no. 19. Cat. no. GEP 19. Canberra: AIHW.

AIHW: Britt H, Miller GC, Knox S, Charles J, Pan Y, Henderson J et al. 2005. General practice activity in Australia 2004–05. General practice series no. 18. Cat. no. GEP 18. Canberra: AIHW.

AIHW: Britt H, Miller GC, Knox S, Charles J, Valenti L, Henderson J et al. 2002. General practice activity in Australia 2001–02. General practice series no. 10. Cat. no. GEP 10. Canberra: AIHW.

AIHW: Karmel R 2005. Transitions between aged care services. Data linkage series no. 2. Cat. no. CSI 2. Canberra: AIHW.

AIHW: Laws PJ, Grayson N & Sullivan EA 2006a. Australia's mothers and babies 2004. Perinatal statistics series no. 18. Cat. no. PER 34. Sydney: AIHW National Perinatal Statistics Unit.

AIHW: Laws PJ, Grayson N & Sullivan EA 2006b. Smoking and pregnancy. Cat. no. PER 33. Sydney: AIHW National Perinatal Statistics Unit.

- AIHW: Mathers C, Vos T & Stevenson C 1999. The burden of disease and injury in Australia. Cat. no. PHE 17. Canberra: AIHW.
- AIHW: Moller J 1995. Injury among 15 to 19 year old males. Canberra: AIHW.
- AIHW: Moon L, Meyer P & Grau J 1999. Australia's young people: their health and wellbeing, 1999. Cat. no. PHE 19. Canberra: AIHW.
- AIHW: Moon L, Rahman N & Bhatia K 1998. Australia's children: their health and wellbeing 1998. Cat. no. PHE 7. Canberra: AIHW.
- AIHW: O'Brien K, Thow A & Ofei S 2006. Diabetes hospitalisations in Australia, 2003–04. AIHW Bulletin no. 47. Cat. no. AUS 84. Canberra: AIHW.
- AIHW: Phillips G 2003. The impact of ICD coding standard changes for diabetes hospital morbidity data. Diabetes series. Cat. no. CVD 26. Canberra: AIHW.
- AIHW: Ryan T, Holmes B & Gibson D 1999. A national minimum data set for Home and Community Care. Aged care series. Cat. no. AGE 13. Canberra: AIHW.
- Alberti G, Zimmet P, Shaw J, Bloomgarden Z, Kaufman F & Silink M 2004. Type 2 diabetes in the young: the evolving epidemic. *Diabetes Care* 27(7):1798–811.
- Allerton M & Champion U 2003. NSW young people in custody health survey. Sydney: NSW Department of Juvenile Justice.
- Andrew G & Slade T 2001. Interpreting scores on the Kessler Psychological Distress Scale (K10). *Australian & New Zealand Journal of Public Health* 25(6):494–97.
- Andrews G & Wilkinson DD 2002. The prevention of mental disorders in young people. *Medical Journal of Australia* 177(7 Suppl):S97–S100.
- APA (American Psychiatric Association) 1994. Diagnostic and statistical manual of mental disorders (DSM IV), 4th edition. Washington DC: APA.
- Armstrong BK 2004. How sun exposure causes skin cancer: an epidemiological perspective. In: Hill D, English D & Elwood M (eds.). *Prevention of skin cancer*. Dordrecht: Kluwer Academic Publishers.
- Australian and New Zealand Perinatal Societies: MacLennan AH 1995. The origins of cerebral palsy—a consensus statement. *Medical Journal of Australia* 162(2):85–90.
- Australian Health Ministers' Conference 2006. National Asthma Strategy 2006–08. Canberra: Department of Health and Ageing.
- Australian State of the Environment Committee 2001. Australian state of the environment 2001. Independent report to the Commonwealth Minister for the Environment and Heritage. Canberra: CSIRO Publishing on behalf of the Department of Environment and Heritage.
- Bach J-F 2002. The effect of infections on susceptibility to autoimmune and allergic diseases. *New England Journal of Medicine* 347(12):911–20.
- Bailie RS & Runcie MJ 2001. Household infrastructure in Aboriginal communities and the implications for health improvement. *Medical Journal of Australia* 175(7):363–6.
- Ball K & Mishra GD 2006. Whose socioeconomic status influences a woman's obesity risk: her mother's, her father's, or her own? *International Journal of Epidemiology* 35(1):131–8.
- Batch JA & Baur LA 2005. Management and prevention of obesity and its complications in children and adolescents. *Medical Journal of Australia* 182(3):130–5.
- Baum F, Bush R, Modra C, Murray C, Cox E & Alexander K 2000. Epidemiology of participation: an Australian community study. *Journal of Epidemiology and Community Health* 54(6):414–23.

- Bax M, Goldstein M, Rosenbaum P, Leviton A & Paneth N 2005. Proposed definition and classification of cerebral palsy, April 2005. *Developmental Medicine and Child Neurology* 47(8):571–6.
- Beautrais AL 2000. Risk factors for suicide and attempted suicide amongst young people. *Australian and New Zealand Journal of Psychiatry* 34(3):420–36.
- Becker R, Silvi J, Ma Fat D, L'Hours A & Laurenti R 2006. A method for deriving leading causes of death. *Bulletin of the World Health Organization* 84(4):297–304.
- Beets M, Vogel R, Forlaw L, Pitetti K & Ca B 2006. Social support and youth physical activity: the role of provider and type. *American Journal of Health Behavior* 30(3):278–89.
- Begg S, Vos T, Barker B, Stevenson C, Stanley L & Lopez A 2007. The burden of disease and injury in Australia, 2003. Cat. no. PHE 82. Canberra: AIHW.
- Bhatia SK & Bhatia SC 2007. Childhood and adolescent depression. *American Family Physician* 75(1):73–80.
- Bickel R & Campbell A 2002. Mental health of adolescents in custody: the use of the 'Adolescent Psychopathology Scale' in a Tasmanian context. *Australian and New Zealand Journal of Psychiatry* 36(5):603–9.
- Biederman J & Faraone SV 2005. Attention-deficit hyperactivity disorder. *Lancet* 366(9481):237–48.
- Blakely T, Hales S & Woodward A 2004. Poverty: assessing the distribution of health risks by socioeconomic position at national and local levels. *Environmental burden of disease series no. 10*. Geneva: WHO.
- Booth A & Carroll N 2005. The health status of Indigenous and non-Indigenous Australians. Discussion paper no. 486. Canberra: Centre for Economic Policy Research, Australian National University.
- Booth M, Okely AD, Denney-Wilson E, Hardy L, Yang B & Dobbins T 2006. NSW Schools Physical Activity and Nutrition Survey (SPANS) 2004: full report. Sydney: NSW Department of Health.
- Bowden FJ, Tabrizi SN, Garland SM & Fairley CK 2002. Infectious diseases. 6: Sexually transmitted infections: new diagnostic approaches and treatments. *Medical Journal of Australia* 176(11):551–7.
- Bowles KA, Dobbins S & Wakefield M 2005. Sun protection and sunburn incidence of Australian adults: summer 2003–04. A report prepared for the Australian Government Department of Health and Ageing and the Cancer Council Australia in consultation with a national collaborative research group. Melbourne: Cancer Council Victoria.
- Braunwald E, Fauci A, Kasper D, Hauser S & Longo D 2001. *Harrison's principles of internal medicine*. New York: McGraw-Hill.
- Brennan P 2005. Tobacco consumption during pregnancy and its impact on psychosocial child development. In: Tremblay R, Barr R & Peters R (eds.). *Encyclopedia on Early Childhood Development*. Montreal: Centre of Excellence for Early Childhood Development. Viewed 11 November 2006, <http://www.excellence-earlychildhood.ca/documents/BrennanANGxp_rev.pdf>.
- Bromfield L & Higgins D 2005. National comparisons of child protection systems. *Child abuse prevention issues no. 22*. Australian Institute of Family Studies.
- Bruner AB & Fishman M 1998. Adolescents and illicit drug use. *Journal of the American Medical Association* 280(7):597–8.
- BTRE (Bureau of Transport and Regional Economics) 2005. Health impacts of transport emissions in Australia: economic costs. Working paper 63. Canberra: BTRE.
- Burke T, Pinkney S & Ewing S 2002. Rent assistance and young people's decision-making. Melbourne: Australian Housing and Urban Research Institute, Swinburne-Monash Research Centre.
- Burker EJ, Sedway J & Carone S 2004. Psychological and educational factors: Better predictors of work status than FEV₁ in adults with cystic fibrosis. *Pediatric Pulmonology* 38(5):413–8.

- Butler T, Spencer J, Cui J, Vickery K, Zou J & Kaldor J 1999. Seroprevalence of markers for hepatitis B, C and G in male and female prisoners—NSW, 1996. *Australian and New Zealand Journal of Public Health* 23(4):377–84.
- Butler T, Kariminia A, Levy M & Kaldor J 2004. Prisoners are at risk for hepatitis C transmission. *European Journal of Epidemiology* 19(12):1119–22.
- Caldwell J 1999. Pushing back the frontiers of death. Cunningham Lecture 1999. Canberra: Academy of the Social Sciences in Australia.
- Cameron AJ, Welborn TA, Zimmet PZ, Dunstan DW, Owen N, Salmon J et al. 2003. Overweight and obesity in Australia: the 1999–2000 Australian Diabetes, Obesity and Lifestyle Study (AusDiab). *Medical Journal of Australia* 178(9):427–32.
- Cancer Council Australia 2004a. All about skin cancer. Sydney: Cancer Council Australia. Viewed 15 March 2007, <<http://www.cancer.org.au/content.cfm?randid=960742>>.
- Cancer Council Australia 2004b. National Cancer Prevention Policy 2004–06. NSW: Cancer Council Australia.
- Cancer Council Victoria 2006. SunSmart. Melbourne: Cancer Council Victoria.
- Carapetis JR, Wolff DR & Currie BJ 1996. Acute rheumatic heart disease in the Top End of Australia's Northern Territory. *Medical Journal of Australia* 164(3):146–9.
- Carter KD & Stewart JF 2003. National dental telephone interview survey 2002. Cat. no. DEN 128. Adelaide: AIHW Dental Statistics and Research Unit.
- Cassino C, Auerbach M, Kammerman S, Birgfeld E, Bordman I, Ciotoli C et al. 1997. Effect of maternal asthma on performance of parenting tasks and children's school attendance. *Journal of Asthma* 34(6):499–507.
- Chamberlain C & Mackenzie D 2002. Youth homelessness 2001: a research program funded by all state and territory governments and the Salvation Army. Melbourne: RMIT.
- Christoffel KK & Ariza A 1998. The epidemiology of overweight in children: relevance for clinical care. *Pediatrics* 101(1):103–05.
- CIHI (Canadian Institute for Health Information) 2005. Patterns of health and disease are largely a consequence of how we learn, live and work. Improving the health of young Canadians. Ottawa, Canada: Canadian Institute for Health Information.
- Clarke SC 2004. *Modern medical microbiology: the fundamentals*. London: Arnold.
- Claussen B, Davey Smith G & Thelle D 2003. Impact of childhood and adulthood socioeconomic position on cause specific mortality: the Oslo Mortality Study. *Journal of Epidemiology and Community Health* 57(1):40–5.
- Cohen NJ 2003. Editorial: Introduction of the National Meningococcal C vaccination program. *Communicable Diseases Intelligence* 27(2):161.
- Cole TJ, Bellizzi MC, Flegal KM & Dietz WH 2000. Establishing a standard definition for child overweight and obesity worldwide: international survey. *British Medical Journal* 320(7244):1240–5.
- Cook DG & Strachan DP 1997. Health effects of passive smoking 3: parental smoking and prevalence of respiratory symptoms and asthma in school age children. *Thorax* 52(12):1081–94.
- Corbo GM, Agabiti N, Forastiere N, Dell'Orco V, Pistelli R, Kriebel D et al. 1996. Lung function in children and adolescents with occasional exposure to environmental tobacco smoke. *American Journal of Respiratory and Critical Care Medicine* 154(3):695–700.
- Cornelius MD, Leech SL, Goldschmidt L & Day NL 2000. Prenatal tobacco exposure: is it a risk factor for early tobacco experimentation? *Nicotine and Tobacco Research* 2(1):45–52.
- Couzos S & Carapetis J 2003. Rheumatic fever. In: Couzos S & Murray R (eds.). *Aboriginal primary health care: an evidence-based approach*. Melbourne: Oxford University Press.

- Cunneen C & Libesman T 2000. Postcolonial trauma: the contemporary removal of Indigenous children and young people from their families in Australia. *Australian Journal of Social Issues* 35(2):99–115.
- D'Souza R, Butler T & Petrovsky N 2005. Assessment of cardiovascular disease risk factors and diabetes mellitus in Australian prisons: is the prisoner population unhealthier than the rest of the Australian population? *Australia and New Zealand Journal of Public Health* 29(4):318–23.
- Dangar Research 2003. Youth debt: a research report prepared for the Office of Fair Trading. Sydney: Dangar Research.
- Darling H & Reeder A 2003. Is exposure to secondhand tobacco smoke in the home related to daily smoking among youth? *Australian and New Zealand Journal of Public Health* 27(6):655–6.
- de Jong W, Kaptein AA, van der Schans CP, Mannes GPM, van Aalderen WMC, Grevink G et al. 1997. Quality of life in patients with cystic fibrosis. *Pediatric Pulmonology* 23(2):95–100.
- De Leo D & Heller TS 2004. Who are the kids who self-harm? An Australian self-report school survey. *Medical Journal of Australia* 181(3):140–4.
- Degenhardt L, Conroy E, Gilmour S & Hall W 2005. The effect of a reduction in heroin supply on fatal and non-fatal drug overdoses in New South Wales, Australia. *Medical Journal of Australia* 182(1):20–3.
- Degenhardt L, Lynskey M & Hall W 2000. Cohort trends in the age of initiation of drug use in Australia. Technical report no. 83. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.
- DHAC (Department of Health and Aged Care) 2000. Promotion, prevention and early intervention for mental health: a monograph. Canberra: DHAC.
- DHAC 2004. Responding to the mental health needs of young people in Australia. Discussion paper: principles and strategies, February 2004. Canberra: DHAC.
- Dimitrakaki C & Tountas Y 2006. Health education for youth. *Pediatric Endocrinology Review* 3(1):222–5.
- Dobbinson S, Bowles KA, Fairthorne A, Sambell N & Wakefield M 2005. Sun protection and sunburn incidence of Australian adolescents: summer 2003–04. A report prepared for the Australian Government Department of Health and Ageing and the Cancer Council Australia in consultation with a national collaborative research group. Melbourne: Cancer Council Victoria.
- Dobson AJ, Kuulasmaa K, Eberle E & Scherer J 1991. Confidence intervals for weighted sums of Poisson parameters. *Statistics in Medicine* 10(3):457–62.
- DoHA (Department of Health and Ageing) 2001. National injury prevention plan priorities for 2001–2003. Canberra: DoHA.
- DoHA 2003. Meningococcal disease and vaccination. Fact sheet. Canberra: DoHA. Viewed <<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-strateg-communic-factsheets-mening.htm>>.
- DoHA 2004. Department of Health and Ageing annual report 2003–04. Chief Medical Officer's Report. 'Protecting and enhancing Australia's state of health'. Canberra: DoHA.
- DoHA 2005. National sexually transmissible infections strategy, 2005–2008. Canberra: DoHA.
- Dooley D, Prause J & Ham-Rowbottom K 2000. Underemployment and depression: longitudinal relationships. *Journal of Health and Social Behavior* 41(4):421–36.
- DPERU (Dental Practice Education Research Unit). University of Adelaide 1997. Water fluoridation: still the answer. Viewed November 2006, <<http://www.arcpoh.adelaide.edu.au/dperu/fluoride/FluorideA41.pdf>>.
- Dunn A, Trivedi M & O'Neal H 2001. Physical activity dose-response effects on outcomes of depression and anxiety. *Medicine and Science in Sports and Exercise* 33(6):587–97.

Dusseldorp Skills Forum & Monash University–ACER 2006. How young people are faring 2006. Key indicators: an update about the learning and work situation of young Australians. Sydney: Dusseldorp Skills Forum.

Eckersley R, Dixon J & Douglas B (eds.) 2001. The social origins of health and wellbeing. Melbourne: Cambridge University Press.

Eckersley R, Wierenga A & Wyn J 2006. Flashpoints & signposts: pathways to success and wellbeing for Australia's young people. Melbourne: VicHealth. Viewed 22 August 2006, <http://www.vichealth.vic.gov.au/assets/contentFiles/Australia21Report_March06.pdf>.

Ewald D & Boughton B 2002. Maternal education and child health: an exploratory investigation in a Central Australian Aboriginal community. Northern Territory: Cooperative Research Centre for Aboriginal and Tropical Health.

Farnsworth A & Mitchell HS 2003. Prevention of cervical cancer. *Medical Journal of Australia* 178(12):653–4.

Farrell G, Handley C, Hanke A, Hazelton M & Josephs A 1999. The Tasmanian children's project report: the needs of children and adolescents with a parent/carer with a mental illness. Launceston: University of Tasmania.

Fraser AM, Brockert JE & Ward RH 1995. Association of young maternal age with adverse reproductive outcomes. *New England Journal of Medicine* 332(17):1113–7.

Fraser C & Fraser D 2002. Young people in Tasmania: a statistical and demographic profile of issues and service provision for young people. Hobart: Tasmania. Office of Youth Affairs.

Friedland D & Price R 2003. Underemployment: consequences for the health and well-being of workers. *American Journal of Community Psychology* 32(1–2):33–45.

FSANZ (Food Standards Australia New Zealand) 2002. The 20th Australian total diet survey: a total diet survey of pesticide residues and contaminants. Canberra: FSANZ.

Fudge E & Mason P 2004. Consulting with young people about service guidelines relating to parental mental illness. *Australian e-Journal for the Advancement of Mental Health* 3(2).

Gays M 2000. Getting it right for young carers in the ACT. Paper presented at Family futures: issues in research and policy. 7th Australian Institute of Family Studies Conference, Sydney, 24–26 July 2000.

Geckova A, van Dijk J, Stewart R, Groothoff J & Post D 2003. Influence of social support on health among gender and socio-economic groups of adolescents. *European Journal of Public Health* 13(1):44–50.

Gibson CS, MacLennan AH, Goldwater PN, Haan EA, Priest K & Dekker GA 2006. Neurotropic viruses and cerebral palsy: population based case-control study. *British Medical Journal* 332(7533):76–80.

Gidding H, Burgess M & Kempe A 2001. A short history of vaccination in Australia. *Medical Journal of Australia* 174(1):37–40.

GINA (Global Initiative for Asthma) 2005. Global strategy for asthma management and prevention. Viewed 5 September 2006, <<http://www.ginasthma.org/Guidelineitem.asp?l1=2&l2=1&intId=60>>.

Glover J, Hetzel D & Tennant S 2004. The socioeconomic gradient and chronic illness and associated risk factors in Australia. *Australia and New Zealand Health Policy* 1(1):8.

Goldbeck L & Schmitz TG 2001. Comparison of three generic questionnaires measuring quality of life in adolescents and adults with cystic fibrosis: the 36-item short form health survey, the quality of life profile for chronic diseases, and the questions on life satisfaction. *Quality of Life Research* 10(1):23–36.

Goldney RD 1998. Suicide prevention is possible: a review of recent studies. *Archives of Suicide Research* 4(4):329–39.

- Graetz BW, Shute RH & Sawyer MG 2000. An Australian study of adolescents with cystic fibrosis: perceived supportive and nonsupportive behaviours from families and friends and psychological adjustment. *Journal of Adolescent Health* 26(1):64–9.
- Guo J, Hill KG, Hawkins D, Catalano RF & Abbott RD 2002. A developmental analysis of sociodemographic, family, and peer effects on adolescent illicit drug initiation. *Journal of the American Academy of Child and Adolescent Psychiatry* 41(7):838–45.
- Hall G, Kirk MD, Becker N, Gregory JE, Unicomb L, Millard G et al. 2005. Estimating foodborne gastroenteritis, Australia. *Emerging Infectious Diseases* 11(8):1257–64.
- Hammarstrom A & Janlert U 2002. Early unemployment can contribute to adult health problems: results from a longitudinal study of school leavers. *Journal of Epidemiology and Community Health* 56(8):624–30.
- Hanna EZ, Yi HY, Dufour MC & Whitmore CC 2001. The relationship of early-onset regular smoking to alcohol use, depression, illicit drug use, and other risky behaviours during early adolescence: results from the youth supplement to the third national health nutrition examination survey. *Journal of Substance Abuse* 13(3):265–82.
- Hanna JN, Hills SL & Humphreys JL 2004. Impact of hepatitis A vaccination of Indigenous children on notifications of hepatitis A in north Queensland. *Medical Journal of Australia* 181(9):482–5.
- Hansen C, Neller A, O'Farrell T, van der Pols J, Simpson R & Williams G 2003. Air quality and child health—current evidence and priorities for Australia. Technical report no. 7. Queensland: University of Queensland & University of the Sunshine Coast.
- Harrison SL, Buettner PG & MacLennan R 2005. The North Queensland “Sun-Safe Clothing” study: design and baseline results of a randomized control trial to determine effectiveness of sun-protective clothing in preventing melanocytic nevi. *American Journal of Epidemiology* 161(6):536–45.
- Haynes A, Bower C, Bulsara M, Jones T & Davis E 2004. Continued increase in the incidence of childhood Type 1 diabetes in a population-based Australian sample (1985–2002). *Diabetologia* 47(5):866–70.
- Hellard ME, Sinclair MI, Fairley CK, Andrews RM, Bailey M, Black J et al. 2000. An outbreak of cryptosporidiosis in an urban swimming pool: why are such outbreaks difficult to detect? *Australian and New Zealand Journal of Public Health* 24(3):272–5.
- Hemming K, Hutton JL & Pharoah PO 2006. Long-term survival for a cohort of adults with cerebral palsy. *Developmental Medicine and Child Neurology* 48(2):90–5.
- Hemphill SA, Toumbourou JW, Catalano RF & Mathers M 2004. Levels and family correlates of positive adolescent development. *Family Matters* 68:28–35.
- Heyman DL 2004. *Control of Communicable Disease Manual*, 18th edition. Washington, DC: American Public Health Association.
- Hill DJ, White VM & Scollo MM 1998. Smoking behaviours of Australian adults in 1995: trends and concerns. *Medical Journal of Australia* 168(5):209–13.
- Hu M-C, Davies M & Kandel DB 2006. Epidemiology and correlates of daily smoking and nicotine dependence among adults in the United States. *American Journal of Public Health* 96(2):299–308.
- Hunter B & Schwab R 2003. Practical reconciliation and continuing disadvantage in Indigenous education. *The Drawing Board: an Australian Review of Public Affairs* 4(2):83–98.
- IDF (International Diabetes Federation) 2006. *Diabetes atlas*. 3rd edition. Belgium: IDF.
- Idler EL & Benyamini Y 1997. Self-rated health and mortality: a review of twenty-seven community studies. *Journal of Health and Social Behaviour* 38(1):21–37.
- Ip J, Huynh S, Robaei D, Rose K, Morgan I, Smith W et al. 2007. Ethnic differences in the impact of parental myopia: finding from a population-based study of 12-year old Australian children. *Investigative Ophthalmology and Visual Science*. In press, accepted 6 February 2007.

- Jeejeebhoy KN 2002. Clinical nutrition: 6. Management of nutritional problems of patients with Crohn's disease. *Canadian Medical Association Journal* 166(7):913–8.
- Jin F, Prestage G, Kippax S, Pell C, Donovan B, Kaldor J et al. 2005. Epidemic syphilis among homosexually active men in Sydney. *Medical Journal of Australia* 183(4):179–83.
- Jin RL & Shah CP 1995. The impact of unemployment on health: a review of the evidence. *Canadian Medical Association Journal* 153(5):529–40.
- Jordan TR, Price JH, Dake JA & Shah S 2005. Adolescent exposure to and perceptions of environmental tobacco smoke. *Journal of School Health* 75(5):178–86.
- Karnik NS, McMullin MA & Steiner H 2006. Disruptive behaviours: conduct and oppositional disorders in adolescents. *Adolescent Medicine Clinics* 17(1):97–114.
- Kermode M, Crofts N, Miller P, Speed B & Streeton J 1998. Health indicators and risks among people experiencing homelessness in Melbourne. *Australian and New Zealand Journal of Public Health* 22(4):464–70.
- Keys Young 1998. Homelessness in the Aboriginal and Torres Strait Islander context and its possible implications for the Supported Accommodation Assistance Program (SAAP). Sydney: Department of Health and Family Services.
- Kjellstrom TE, Neller A & Simpson RW 2002. Air pollution and its health impact: the changing panorama. *Medical Journal of Australia* 177(11–12):604–8.
- Klein JD & Committee on Adolescence 2005. Adolescent pregnancy: current trends and issues. *Pediatrics* 116(1):281–6.
- Knutson D, Greenberg G & Cronau H 2003. Management of Crohn's disease—a practical approach. *American Family Physician* 68(4):707–14.
- Korbin J & Coulton C 1995. Neighborhood impact on child abuse and neglect. Washington, DC: National Center on Child Abuse and Neglect.
- Kostecky KL 2005. Parental attachment, academic achievement, life events and their relationship to alcohol and drug use during adolescence. *Journal of Adolescence* 28(5):665–9.
- Kosterman R, Hawkins JD, Guo J, Catalano RF & Abbott RD 2000. The dynamics of alcohol and marijuana initiation: patterns and predictors of first use in adolescence. *American Journal of Public Health* 90(3):360–7.
- Krigger KW 2006. Cerebral palsy: an overview. *American Family Physician* 73(1):91–100.
- Kum-Nji P, Meloy L & Herrod HG 2006. Environmental tobacco smoke exposure: Prevalence and mechanisms of causation of infections in children. *Pediatrics* 117(5):1745–54.
- Kwan S, Peterson P, Pine C & Borutta A 2005. Health-promoting schools: an opportunity for oral health promotion. *Bulletin of the World Health Organization* 83(9):677–85.
- Kyngäs HA, Kroll T & Duffy ME 2000. Compliance in adolescents with chronic diseases: a review. *Journal of Adolescent Health* 26(6):379–88.
- Lamb S, Dwyer P & Wyn J 2000. Non-completion of school in Australia: the changing patterns of participation and outcomes. *Longitudinal Surveys of Australian Youth Research Report no. 16*. Melbourne: Australian Council for Educational Research.
- Lobstein T, Baur L & Uauy R 2004. Obesity in children and young people: a crisis in public health. *Obesity Reviews* 5(1):4–85.
- Lock JA 1997. The Aboriginal child placement principle: research project no. 7. Sydney: NSW Law Reform Commission.
- Loxley W, Toumbourou JW & Stockwell T 2004. The prevention of substance use, risk and harm in Australia: a review of evidence. Canberra: National Drug Research Institute and the Centre for Adolescent Health.

- Mackenbach JP 2002. Income inequality and population health. *British Medical Journal* 324(7328):1–2.
- Mackenbach JP & Howden-Chapman P 2003. New perspectives on socioeconomic inequalities in health. *Perspectives in Biology and Medicine* 46(3):428–44.
- Manins P, Allan R, Beer T, Fraser P, Holper P, Suppiah R et al. 2001. *Atmosphere, Australia State of the Environment Report 2001 (Theme report)*. Canberra: CSIRO Publishing on behalf of the Department of the Environment and Heritage.
- Marmot M 2002. The influence of income on health: views of an epidemiologist. *Health Affairs* 21(2):31–46.
- Marmot MG, Fuhrer R, Ettner SL, Marks NF, Bumpass LL & Ryff CD 1998. Contribution of psychosocial factors to socioeconomic differences in health. *Milbank Quarterly* 76(3):403–48.
- Martikainen P, Adda J, Ferrie JE, Davey Smith G & Marmot M 2003. Effects of income and wealth on GHQ depression and poor self rated health in white collar women and men in the Whitehall II study. *Journal of Epidemiology and Community Health* 57(9):718–23.
- Masoli M, Fabian D, Holt S & Beasley R 2004. Global burden of asthma. Viewed 5 September 2006, <<http://www.ginasthma.org/ReportItem.asp?l1=2&l2=2&intId=94>>.
- Mathieu-Nolf M 2002. Poisons in the air: a cause of chronic disease in children. *Journal of Toxicology. Clinical Toxicology* 40(4):483–91.
- McClelland A 1994. Families and financial disadvantage. *Family Matters* 37:29–33.
- McDonald P 2005. Has the Australian fertility rate stopped falling? *People and Place* 13:1–5.
- MCEETYA (Ministerial Council on Education, Employment, Training and Youth Affairs) 2006. *National report on schooling in Australia 2004. Preliminary paper: national benchmark results*. Melbourne: MCEETYA.
- Memmott P, Stacy R, Chambers C & Keys C 2001. *Violence in Indigenous communities*. Canberra: Attorney-General's Department.
- Merom D & Rissel C 2001. Factors associated with smoke-free homes in NSW: results from the 1998 NSW Health Survey. *Australian and New Zealand Journal of Public Health* 25(4):339–45.
- Meyers S & Miller C 2004. Direct, mediated, moderated, and cumulative relations between neighborhood characteristics and adolescent outcomes. *Adolescence* 39(153):121–44.
- Midford R, Lenton S & Hancock L 2000. *A critical review and analysis of cannabis education in schools*. NSW: NSW Department of Education and Training, Student Services and Equity Programs.
- Miilunpalo S, Vuori I, Oja P, Pasanen M & Urponen H 1997. Self-rated health status as a health measure: the predictive value of self-rated health status on the use of physician services and on mortality in the working-age population. *Journal of Clinical Epidemiology* 50(5):517–28.
- Ministerial Council on Drug Strategy 2006. *National alcohol strategy 2006–2009. Towards safer drinking cultures*. Canberra: Ministerial Council on Drug Strategy.
- Molnar B, Buka S & Kessler R 2001. Child sexual abuse and subsequent psychopathology: results from the national comorbidity survey. *American Journal of Public Health* 135(1):17–36.
- Morrell S, Taylor R & Kerr C 1998. Unemployment and young people's health. *Medical Journal of Australia* 168(5):236–40.
- Morrell S, Taylor R, Quine S, Kerr C & Western J 1994. A cohort study of unemployment as a cause of psychological disturbance in Australian youth. *Social Science & Medicine* 38(11):1553–64.
- Muir K, Maguire A, Slack-Smith D & Murray M 2003. *Youth unemployment in Australia: a contextual, governmental and organisational perspective: a report by The Smith Family for the AMP Foundation*. Camperdown: The Smith Family.

Mukherjee S, Sloper P & Lewin R 2002. The meaning of parental illness to young people: the case of inflammatory bowel disease. *Child: Care, Health and Development* 28(6):479–85.

National Centre in HIV Epidemiology and Clinical Research 2005. 2005 Annual surveillance report. Sydney: National Centre in HIV Epidemiology and Clinical Research.

NATSIHC (National Aboriginal and Torres Strait Islander Health Council) 2000. National Aboriginal and Torres Strait Islander Health Strategy: consultation draft. Canberra: NATSIHC.

NATSIHC 2003. National strategic framework for Aboriginal and Torres Strait Islander health: framework for action by governments. Canberra: NATSIHC.

NCCH (National Centre for Classification in Health) 2002. The International Statistical Classification of Diseases and Related Health Problems, tenth revision, Australian modification (ICD-10-AM). Sydney: NCCH.

New South Wales. Department of Health. Population Health Division 2005. The health of the people of New South Wales—report of the Chief Health Officer. Viewed February 2007, <http://www.health.nsw.gov.au/public-health/chorep/toc/pre_useage.htm>.

NHMRC (National Health and Medical Research Council) 1997. The health effects of passive smoking—a scientific information paper. Canberra: NHMRC.

NHMRC 2001. Australian alcohol guidelines: health risks and benefits. Canberra: NHMRC.

NHMRC 2003a. The Australian Immunisation Handbook 8th edition, 2003. Canberra: NHMRC.

NHMRC 2003b. Dietary guidelines for Australian adults. Canberra: NHMRC.

NHMRC 2003c. Dietary guidelines for children and adolescents in Australia incorporating the infant feeding guidelines for health workers. Canberra: NHMRC.

NHMRC 2005. Screening to prevent cervical cancer: guidelines for the management of asymptomatic women with screen detected abnormalities. Canberra: NHMRC.

NHPC (National Health Performance Committee) 2001. National health performance framework report. Brisbane: Queensland Health.

Nicholson J, Carroll J-A, Brodie A, Waters E & Vimpani G 2004. Child and youth health inequalities in Australia. The status of Australian research 2003. Paper prepared for the Health Inequalities Research Collaboration: Children, Youth and Families Network, October 2004.

NNDSS (National Notifiable Diseases Surveillance System) 2007. National Notifiable Diseases Surveillance System. Canberra: DoHA. Viewed 1 March 2007, <<http://www9.health.gov.au/cda/Source/CDA-index.cfm>>.

Northern Territory. Department of Health and Community Services 2003. Market basket survey of remote community stores in the Northern Territory, April–June 2003. Darwin: Northern Territory Government.

NPHP (National Public Health Partnership) 2001. Eat well Australia: an agenda for action for public health nutrition. Canberra: NPHP.

NPHP 2004. The National Injury Prevention and Safety Promotion Plan: 2004–2014. Canberra: NPHP.

NSW Department of Health : Population Health Division 2004. The health of the people of New South Wales – Report of the Chief Health Officer. Sydney: NSW Department of Health.

OECD (Organisation for Economic Co-operation and Development) 2002. OECD Health Data: 4th edition: a comparative analysis of 30 countries (CD-ROM). Paris: OECD.

OECD 2004. Towards high-performing health systems. Summary report. The OECD health project. Paris: OECD.

OECD 2006. Education at a glance: OECD indicators 2006. Paris: OECD.

- Paolucci E, Genuis M & Violato C 2001. A meta-analysis of the published research on the effects of child sexual abuse. *Journal of Psychology* 135(1):17–36.
- Paradies Y & Cunningham J 2002. Placing Aboriginal and Torres Strait Islander mortality in an international context. *Australian and New Zealand Journal of Public Health* 26(1):11–6.
- Parliament of Australia. House of Representatives Standing Committee on Education and Training 2002. Boys: getting it right—report of the inquiry into the education of boys. Canberra: Parliament of the Commonwealth of Australia.
- Paterson J & Goldthorpe I 2006. Managing a cluster of cryptosporidiosis associated with a public swimming pool. *NSW Public Health Bulletin* 17(5–6):80.
- Perrin JM 2002. Health services research for children with disabilities. *Milbank Quarterly* 80(2):303–24.
- Peters J, Avol E, Navidi W, London SJ, Gauderman WJ, Lurmann F et al. 1999. A study of twelve southern California communities with differing levels and types of air pollution. I. Prevalence of respiratory morbidity. *American Journal of Respiratory and Critical Care Medicine* 159(3):760–7.
- Peterson P, Bourgeois D, Ogawa H, Estupinan-Day S & Ndiaye C 2005. The global burden of oral diseases and risks to oral health. *Bulletin of the World Health Organization* 83(9):661–9.
- Phavichitr N, Cameron DJS & Catto-Smith AG 2003. Inflammatory bowel diseases: increasing incidence of Crohn's disease in Victorian children. *Journal of Gastroenterology and Hepatology* 18(3):329–32.
- Pike-Paris A 2004. Indoor air quality: Part 1—what it is. *Pediatric Nursing* 30(5):430–3.
- Pitman S, Herbert T, Land C & O'Neill C 2003. Profile of young Australians 2003: facts, figures and issues. Melbourne: Foundation for Young Australians.
- Queensland Commission for Children and Young People 2004. Children and young people in Queensland: a snapshot 2003. Brisbane: Queensland Government.
- Quittner AL, Espelage DL, Ievers-Landis C & Drotar D 2000. Measuring adherence to medical treatments in childhood chronic illness: considering multiple methods and sources of information. *Journal of Clinical Psychology in Medical Settings* 7(1):41–54.
- Raphael B 2000. Promoting the mental health and wellbeing of children and young people. Discussion paper: key principles and directions. Canberra: National Mental Health Working Group, Department of Health and Aged Care.
- Reddihough DS, Baikie G & Walstab JE 2001. Cerebral palsy in Victoria, Australia: Mortality and causes of death. *Journal of Paediatrics and Child Health* 37(2):183–6.
- Reibel J 2005. Tobacco or oral health. *Bulletin of the World Health Organization* 83(9):643–4.
- Reilly JJ 2005. Descriptive epidemiology and health consequences of childhood obesity. *Best Practice & Research. Clinical Endocrinology & Metabolism* 19(3):327–41.
- Rey JM & Dudley MJ 2005. Depressed youth, suicidality and antidepressants. *Medical Journal of Australia* 182(8):378–9.
- Richters J, Grulich AE, de Visser RO, Smith AMA & Rissel CE 2003. Contraceptive practices among a representative sample of women. *Australian and New Zealand Journal of Public Health* 27(2):210–6.
- Ring I & Firman D 1998. Reducing Indigenous mortality in Australia: lessons from other countries. *Medical Journal of Australia* 169(10):528–33.
- Ring IT & Brown N 2002. Indigenous health: chronically inadequate responses to damning statistics. *Medical Journal of Australia* 177(11):629–31.
- Robertson CF, Dalton MF, Peat JK, Haby MH, Bauman A, Kennedy JD et al. 1998. Asthma and other atopic diseases in Australian children. *Medical Journal of Australia* 168(9):434–8.

- Rogers I & Emmett P 2003. The effect of maternal smoking status, educational level and age on food and nutrient intakes in preschool children: results from the Avon Longitudinal Study of Parents and Children. *European Journal of Clinical Nutrition* 57(7):854–64.
- Saunders P 2002. The direct and indirect effects of unemployment on poverty and inequality. SPRC discussion paper no. 118. Sydney: Social Policy Research Centre.
- Sawyer M, Arney F, Baghurst P, Clark JJ, Graetz BW, Kosky RJ et al. 2000. Mental health of young people in Australia: child and adolescent component of the national survey of mental health and well-being. Canberra: Department of Health and Aged Care.
- Sawyer SM & Aroni RA 2005. Self-management in adolescents with chronic illness: what does it mean and how can it be achieved? *Medical Journal of Australia* 183(8):405–9.
- Scal P, Evans T, Blozis S, Okinow N & Blum R 1999. Trends in transition from paediatric to adult health care services for young adults with chronic conditions. *Journal of Adolescent Health* 24(4):259–64.
- Schmidt P, Muller R, Dettmeyer R & Madea B 2002. Suicide in children, adolescents and young adults. *Forensic Science International* 127(3):161–7.
- Schneider J 2000. The increasing financial dependency of young people on their parents. *Journal of Youth Studies* 3(1):5–20.
- Schwimmer JB, Burwinkle TM & Varni JW 2003. Health-related quality of life of severely obese children and adolescents. *Journal of the American Medical Association* 289(14):1813–19.
- Selby WS 2003. Current issues in Crohn's disease. *Medical Journal of Australia* 178(11):532–3.
- Shanahan F 2002. Crohn's disease. *Lancet* 359(9300):62–9.
- Sheiham A 2005. Oral health, general health and quality of life. *Bulletin of the World Health Organization* 83(9):644–5.
- Shields PL & Low-Beer TS 1996. Patients' awareness of adverse relation between Crohn's disease and their smoking: questionnaire survey. *British Medical Journal* 313(7052):265–6.
- Shonkoff J & Phillips DE 2000. *From neurons to neighbourhoods: the science of early childhood development*. Washington DC: National Academy Press.
- Sibthorpe B, Sengoz A & Bammer G 1993. *Drug use and HIV risk among homeless and potentially homeless youth in the Australian Capital Territory*. Canberra: National Centre for Epidemiology and Population Health.
- Silburn S, Zubrick S & Hayward L 1990. Completed suicide in Western Australian youth: a study of 96 cases aged 15–24 years. In: McKillop S (ed.) *Preventing youth suicide: proceedings of a conference held 24–26 July 1990*. AIC conference proceedings no. 13. Canberra: Australian Institute of Criminology.
- Silburn SR, Zubrick SR, Garton A, Gurrin L, Burton P, Dalby R et al. 1996. *Western Australia Child Health Survey: Family and Community Health*. Perth: Australian Bureau of Statistics & TVW Telethon Institute for Child Health Research.
- Skegg K 2005. Self-harm. *Lancet* 366(9495):1471–83.
- Smart D, Vassallo S, Sanson A, Cockfield S, Harris A, Harrison W et al. 2005. *In the driver's seat: understanding young adult's driving behaviour*. Melbourne: Australian Institute of Family Studies.
- Smith A, Agius P, Dyson S, Mitchell A & Pitts M 2003. *Secondary students and sexual health 2002: results of the 3rd National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health*. Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University.
- Spooner C & Hetherington K 2005. *Social determinants of drug use*. Technical report no. 228. Sydney: National Drug and Alcohol Research Centre.
- Stewart L, Henderson C, Hobbs M, Ridout S & Knuiman M 2004. Risk of death in prisoners after release from jail. *Australian and New Zealand Journal of Public Health* 28(1):32–6.

- Suris JC, Michaud PA & Viner R 2004. The adolescent with a chronic condition. Part I: developmental issues. *Archives of Disease in Childhood* 89(10):938–42.
- Sydow K, Lieb R, Pfister H, Hofler M & Wittchen HU 2002. What predicts incident use of cannabis and progression to abuse and dependence? A 4-year prospective examination of risk factors in a community sample of adolescents and young adults. *Drug and Alcohol Dependence* 68(1):49–64.
- Taplin C, Craig M, Lloyd M, Taylor C, Crock P, Silink M et al. 2005. The rising incidence of childhood type 1 diabetes in New South Wales, 1990–2002. *Medical Journal of Australia* 183(5):243–6.
- Taras H & Potts-Datema W 2005. Chronic health conditions and student performance at school. *Journal of School Health* 75(7):255–66.
- Thapar A, Fowler T, Rice F, Scourfield J, van den Bree M, Thomas H et al. 2003. Maternal smoking during pregnancy and attention deficit hyperactivity disorder symptoms in offspring. *American Journal of Psychiatry* 160(11):1985–9.
- Thomas DM, Seymour JF, O'Brien T, Sawyer SM & Ashley DM 2006. Adolescent and young adult cancer: a revolution in evolution? *Internal Medicine Journal* 36(5):302–7.
- Thomson S, Cresswell J & De Bortoli L 2004. Facing the future: a focus on mathematical literacy among Australian 15-year-old students in PISA 2003. Melbourne: Australian Council for Educational Research.
- Thomson S & Fleming N 2004. Summing it up: mathematics achievement in Australian schools in TIMSS 2002. Australian Monograph no. 6. Melbourne: Australian Council for Educational Research.
- Toumbourou J & Gregg M 2001. Working with families to promote healthy adolescent development. *Family Matters* 59:54–60.
- Tully J, Viner R, Coen P, Stuart J, Zambon M & Peckham C 2006. Risk and protective factors for meningococcal disease in adolescents: matched cohort study. *British Medical Journal* 332(7539):445–50.
- Turnbull FM, Burgess MA, McIntyre PB, Lambert SB, Gilbert GL, Gidding HF et al. 2001. The Australian Measles Control Campaign, 1998. *Bulletin of the World Health Organization* 79(9):882–88.
- Turrell G & Mathers C 2001. Socioeconomic inequalities in all-cause and specific-cause mortality in Australia: 1985–1987 and 1995–1997. *International Journal of Epidemiology* 30(2):231–9.
- Turrell G, Stanley L, de Looper M & Oldenburg B 2006. Health inequalities in Australia: morbidity, health behaviours, risk factors and health service use. Health inequalities monitoring series no. 2. AIHW Cat. no. PHE 72. Canberra: Queensland University of Technology & AIHW.
- Tyas SL & Pederson LL 1998. Psychosocial factors related to adolescent smoking: a critical review of the literature. *Tobacco Control* 7(4):409–20.
- U.S. Department of Health and Human Services 1994. Preventing tobacco use among young people. A report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- U.S. Department of Health and Human Services 1999. Mental health. A report of the Surgeon General. Rockville: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- U.S. Department of Health and Human Services 2000. Oral health in America. A report of the Surgeon General. Rockville: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health.

U.S. Department of Health and Human Services 2004. The health consequences of smoking. A report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

U.S. Department of Health and Human Services 2006. The health consequences of involuntary exposure to tobacco smoke. A report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

United Nations. Department of Economic and Social Affairs 2005. World youth report: young people today, and in 2015. New York: United Nations.

van der Klis KA, Westenberg L, Chan A, Dekker G & Keane RJ 2002. Teenage pregnancy: trends, characteristics and outcomes in South Australia and Australia. *Australian and New Zealand Journal of Public Health* 26(2):125–31.

Vasica G & Tennant CC 2002. Cocaine use and cardiovascular complications. *Medical Journal of Australia* 177(5):260–2.

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

Victoria. Department of Human Services 2005. Blue book – Guidelines for the control of infectious diseases. Revised edition. Melbourne: Victorian Government Department of Human Services.

Vilhjalmsson R 1994. Effects of social support on self-assessed health in adolescence. *Journal of Youth and Adolescence* 23(4):437–52.

Vimpani G 2001. The role of social cohesiveness in promoting optimum child development. *Youth Suicide Prevention Bulletin* no. 5. Melbourne: Australian Institute of Family Studies, pp. 20–4.

Vinson T, Abela M & Hutka R 1997. Making ends meet: a study of unemployed young people living in Sydney. Sydney: Uniya Jesuit Social Justice Centre.

Wakefield MA, Chaloupka FJ, Kaufman NJ, Orleans CT, Barker DC & Ruel EE 2000. Effect of restrictions on smoking at home, at school, and in public places on teenage smoking: cross sectional study. *British Medical Journal* 321(7257):333–7.

Walsh R, Lowe J & Hopkins J 2001. Quitting smoking in pregnancy. *Medical Journal of Australia* 175(6):320–3.

Wardle J & Cooke L 2005. The impact of obesity on psychological well-being. *Best Practice & Research. Clinical Endocrinology & Metabolism* 19(3):421–40.

Waters AM 2001. Do housing conditions impact on health inequalities between Australia's rich and poor? Canberra: Australian Housing and Urban Research Institute.

Wenton M, Berhane K, Rappaport EB, Avol E, Tsai WW, Gauderman WJ et al. 2005. TNF-308 modifies the effect of second-hand smoke on respiratory illness-related school absences. *American Journal of Respiratory and Critical Care Medicine* 172(12):1563–8.

Westbrook LE, Silver EJ & Stein REK 1998. Implications for estimates of disability in children: a comparison of definitional components. *Pediatrics* 101(6):1025–30.

White R 1997. Any which way you can: youth livelihoods, community resources and crime. Sydney: Australian Youth Foundation.

White V & Hayman J 2004a. Australian secondary students' use of alcohol in 2002. National Drug Strategy Monograph series no. 55. Canberra: DoHA.

White V & Hayman J 2004b. Smoking behaviours of Australian secondary students in 2002. National Drug Strategy Monograph series no. 54. Canberra: DoHA.

- WHO (World Health Organization) 2000a. Hepatitis B. Fact sheet no. 204. Geneva: WHO. Viewed 16 November 2006, <<http://www.who.int/mediacentre/factsheets/fs204/en/index.html>>.
- WHO 2000b. Obesity: preventing and managing the global epidemic. Report of a WHO consultation. WHO Technical report series 894. Geneva: WHO.
- WHO 2001a. Mental health: strengthening mental health promotion. Geneva: WHO. Viewed 26 February 2007, <<http://www.who.int/mediacentre/factsheets/fs220/en/>>.
- WHO 2001b. Tobacco and the rights of the child. Geneva: WHO.
- WHO 2004. Young people's health in context. Health behaviour in school-aged children (HBSC) study: international report from the 2001/2002 survey. Denmark: WHO.
- WHO 2005. Adolescent sexual and reproductive health. Geneva: WHO. Viewed 10 November 2006, <<http://www.who.int/child-adolescent-health/asrh.htm>>.
- Wilkinson R & Marmot M 2003. Social determinants of health: the solid facts. 2nd edition. Copenhagen: WHO Regional Office for Europe.
- Wise S 2003. Family structure, child outcome and environmental mediators: an overview of the Development in Diverse Families study. Research paper no. 30. Melbourne: Australian Institute of Family Studies.
- Woolcock AJ, Bastiampillai SA, Marks GB & Keena VA 2001. The burden of asthma in Australia. *Medical Journal of Australia* 175(3):141–5.
- Wyn J 2004. Becoming adult in the 2000s: new transitions and new careers. *Family Matters* 68:6–12.
- Yassi A, Kjellstrom T, de Kok T & Guidotti TL 2001. Basic environmental health. Oxford: Oxford University Press.
- Yeo M & Sawyer S 2005. ABC of adolescence: chronic illness and disability. *British Medical Journal* 330(7493):721–3.
- Yohannes K, Roche P, Roberts A, Liu C, Firestone S & Bartlett M 2006. Australia's notifiable diseases status, 2004: annual report of the National Notifiable Diseases Surveillance System.
- Young M, Waters B, Falconer T & O'Rourke P 2005. Opportunities for health promotion in women's prisons. *Australian and New Zealand Journal of Public Health* 29(4):324–7.
- Zubrick S, Silburn S, Gattton A, Burton P, Dalby R, J Carlton et al. 1995. Western Australian child health survey: developing health and wellbeing in the nineties. ABS Cat. no. 4303.5. Perth: ABS & Institute for Child Health Research.

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