

Appendix 2: Data sources

National Prisoner Health Census (AIHW)

The National Prisoner Health Census is the main data source for the reporting of the National Prisoner Health Indicators. The inaugural census was conducted during the week 29 June to 5 July 2009 in all states and territories apart from Victoria, which undertook the Census during the week 5–11 October 2009 due to delays in obtaining ethical clearance. The Census captured data on prison entrants and visits to the prison clinic for one week and repeat medications taken by prisoners for one day.

NPEBBV&RBS

The National Prison Entrants' Bloodborne Virus and Risk Behaviour Survey (Butler & Papanastasiou 2008) is held biennially in all states and territories. It is a census of prison entrants conducted over two weeks and provides estimates of prevalence of bloodborne viruses. Testing is conducted for HIV, hepatitis B and hepatitis C. The data can be categorised by age, sex and Indigenous status.

Prisoners in Australia (ABS)

This publication presents national statistics on prisoners who were in custody on 30 June each year (ABS 2009b). These statistics describe the characteristics of prisoners, sentence lengths and offences for which offenders are imprisoned, and provide a basis for measuring change over time.

Deaths in Custody in Australia (AIC)

This report from the National Deaths in Custody Program is responsible for monitoring the extent and nature of deaths that have occurred in police, prison and juvenile custody since 1980 (Curnow & Larsen 2009). These statistics describe the number of deaths, the demographic characteristics of the deceased and the circumstances surrounding the deaths.

National Health Survey (ABS)

This publication surveyed approximately 22,000 people from all states and territories in Australia from August 2007 to June 2008 (ABS 2009a). In each household, one adult (aged 18 years or over) and one child (where applicable) were included. The survey was designed to obtain national benchmarks on a wide range of health issues and to enable changes in health to be monitored over time. From the survey results, estimates of population prevalence for health conditions are estimated.

National Survey of Mental Health and Wellbeing (ABS)

The 2007 National Survey of Mental Health and Wellbeing was conducted from August to December 2007 and collected information from approximately 8,800 Australians aged 16–85 years (ABS 2008). The survey provides estimated prevalence on selected lifetime and 12-month mental disorders by three major disorder groups: anxiety disorders (e.g. social phobia), affective disorders (e.g. depression) and substance use disorders. It also provides information on the level of impairment, the health services used for mental health problems, physical conditions, social networks and caregiving, as well as demographic and socioeconomic characteristics.

National Drug Strategy Household Survey (AIHW)

The National Drug Strategy Household Survey was conducted during 2007 and sampled more than 23,000 people aged 12 years and over in households throughout Australia (AIHW 2007). The survey collected information on their drug use knowledge, attitudes and behaviours.

National Aboriginal and Torres Strait Islander Health Survey (ABS)

The National Aboriginal and Torres Strait Islander Health Survey was conducted from August 2004 to July 2005 and collected information from over 10,000 Indigenous Australians (ABS 2006c). It provides information about the health circumstances of Indigenous Australians from remote and non-remote areas across Australia. Results include health status measures, health service use and other actions people had recently taken for their health, health-related aspects of lifestyle and other health risk factors, and a summary of women's health characteristics.

Bettering the Evaluation and Care of Health (BEACH) General practice activity in Australia (AIHW)

The Australian General Practice Statistics and Classification Centre is a collaborating unit of the AIHW and the University of Sydney. The BEACH study collected data from 953 GPs during April 2007 and March 2008. Each GP provided information about 100 consecutive patient encounters, giving a total of 95,300 patient encounters in the sample. They also provided information about themselves and their practice. Results are reported in terms of GP and patient characteristics, patient reasons for encounter, problems managed and management techniques used (AIHW: Britt et al. 2009).

Cervical screening in Australia 2006–07

The report prepared by the AIHW was produced in collaboration with the Screening Section of DoHA and state and territory programs (AIHW 2009a). The cervical screening report provides a national picture of cervical screening in Australia for 2006–07 by combining data provided by state and territory cervical screening programs and data sourced from the National Cancer Statistics Clearing House and the AIHW Mortality Database.

Survey of Inmates in State and Federal Correctional Facilities 2004 (USA)

The Survey of Inmates in State and Federal Correctional Facilities is made up of two surveys, one in state adult correctional facilities and one in federal correctional facilities (US Census Bureau 2005). They provide nationally representative data on state prison inmates and sentenced federal inmates. Over 14,000 inmates participated from a selection of state facilities, and over 3,600 from selected federal facilities. The survey presents findings on prisoners who reported a current medical problem, a physical or mental impairment, a dental problem or an injury since admission. It includes the prevalence of specific medical conditions and problems.

Prisoner Health Survey 2005 (New Zealand)

The Prisoner Health Survey 2005 was a national survey of 423 sentenced prisoners throughout New Zealand, conducted between May and December 2005 (Ministry of Health 2006). The objectives of the survey were to improve understanding of the extent of the health needs among New Zealand prisoners, and to inform future prisoner health service planning, policy, processes and programs. It includes chronic disease, risk and protective factors, health service use, oral health, self-reported health status and disability, communicable disease and women's health.