

## EXPLANATORY NOTES

### INTRODUCTION

**1** Information in this publication is drawn from many sources, including the Census of Population and Housing, a number of surveys conducted by the Australian Bureau of Statistics (ABS) and other organisations, and from a variety of administrative data sources. A brief description of the surveys conducted by the ABS is provided in the following paragraphs. The terms used in each survey are explained in the glossary. Additional sources referenced within the publication are listed in the reference list.

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

### CENSUS OF POPULATION AND HOUSING

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

**4** The Census is the largest statistical collection undertaken by the ABS and is conducted every five years. Due to the unavailability of results from the 2001 Census at the time of writing, results from the thirteenth census, conducted on 6 August 1996, are used in this publication.

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

**5** The 1999 CHINS was conducted by the ABS on behalf of the Aboriginal and Torres Strait Islander Commission. The survey collected housing and management information from Aboriginal and Torres Strait Islander housing organisations, and a range of community infrastructure information for those locations identified as discrete Indigenous communities (see Glossary).

**6** The 1999 CHINS was not the first survey carried out on Indigenous community housing and infrastructure. In 1992, ATSIC commissioned the Housing and Community Infrastructure Needs Survey (HCINS) which collected housing and infrastructure information from Aboriginal and Torres Strait Islander people across Australia. However, the data collection methods employed by the HCINS varied between jurisdictions, affecting attempts to aggregate the data at a national level. There are also differences between the methodologies and definitions used in the 1992 HCINS and the 1999 CHINS, which prevent comparisons between the results of the two surveys being made. An ABS technical paper discussing these issues in more detail will be available later this year.

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

**7** The 2001 CHINS, to be conducted in conjunction with the 2001 Census of Population and Housing, will collect information which will allow a comparison of housing conditions, community infrastructure and access to services, for 1999 and 2001.

**8** For further information about CHINS, see ABS 2000f, or contact the ABS National Centre for Aboriginal and Torres Strait Islander Statistics in Darwin, which manages the data on behalf of the Aboriginal and Torres Strait Islander Commission.

NATIONAL ABORIGINAL AND  
TORRES STRAIT ISLANDER  
SURVEY (NATSIS)

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

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

**11** The survey was based on personal interviews with a sample of Indigenous people selected according to a methodologically sound random sampling design. Indigenous people were recruited and trained to interview the 15,700 Indigenous people selected in the sample. For children under 13 years of age, information was provided by an adult responsible for the child, and children between 13 and 17 years old were interviewed with the parent's or guardian's consent. A subset of questions was asked of any non-Indigenous people in the household. A sample of prisoners was included in the survey to ensure that estimates would reflect the characteristics and attitudes of all Indigenous people, including those in prison.

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

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

NATIONAL HEALTH SURVEY  
(NHS)

**14** The 1995 NHS was conducted throughout the 12-month period February 1995 to January 1996. The survey was designed to obtain national benchmark information on a range of health-related issues, and to enable the monitoring of trends in health over time.

NATIONAL HEALTH SURVEY  
(NHS) *continued*

**15** In the course of the survey, information about health status, health actions and health-related behaviours was obtained from a sample of nearly 55,000 residents of private and non-private dwellings. A private dwelling was defined as a house, flat, home unit, caravan, garage, tent and any other structure being used as a private place of residence at the time of the survey, including improvised dwellings. Non-private dwellings included hotels and motels, hostels, boarding houses and caravan parks. Hospitals, nursing homes and convalescent homes were excluded from the survey, as were prisons, reformatories and single quarters of military establishments.

**16** Households were selected at random, using a stratified multi-stage area sample, which ensured that persons within each State and Territory had a known and, in the main, equal chance of selection in the survey. At the request of health authorities in Victoria, South Australia, the Northern Territory and the Australian Capital Territory, the survey sample in those areas was increased to enhance the reliability of estimates.

**17** To enhance the reliability of estimates for the Indigenous population and facilitate direct comparisons with the health characteristics of non-Indigenous Australians, a supplementary sample of around 1,000 Indigenous respondents was obtained for the survey, bringing the total sample of Indigenous persons responding to the survey to approximately 2,000. Indigenous results from the NHS reported in this publication include records from all Indigenous respondents with adequately completed forms, with the exception of those living in remote areas. This is in contrast to results from the NHS used in this publication for the non-Indigenous sample, where records that did not form part of fully responding households were deleted.

**18** Due to concerns about the data quality of some of the responses from Indigenous participants living in remote areas, and after an extensive investigation into the issue, the statistics in this publication exclude responses from all people, Indigenous and non-Indigenous, living in those areas identified by the ABS as being sparsely settled (see Glossary).

**19** For more information, see ABS 1999c.

NATIONAL NUTRITION  
SURVEY

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

**21** More information on the survey is available in ABS 1997c.

**22** Previous publications in this series reported hospital separations and procedures using the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). This edition uses the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM). The ICD-10-AM classification was developed by the National Centre for Classification in Health.

**23** ICD-10-AM has been used by New South Wales, Victoria, the Australian Capital Territory and the Northern Territory since July 1998, and by the other States from July 1999. For the 1998–99 hospital data presented in this report, the Australian Institute of Health and Welfare (AIHW) mapped the data reported in ICD-9-CM to ICD-10-AM, in a single national dataset (AIHW 2000c).

**24** ICD-10-AM has 21 chapters covering diseases and external causes, and a supplementary chapter on factors influencing health status and contact with health services. These chapters generally have the same subject matter as those of ICD-9-CM. The order of the chapters has changed slightly and the ICD-9-CM chapter on ‘Diseases of the nervous system and sense organs’ has been divided into ‘diseases of the nervous system’, ‘diseases of the eye and adnexa’, and ‘diseases of the ear and mastoid process’. Some diseases and conditions have been relocated (see AIHW 2000c).

**25** The ICD-10-AM procedures classification is not based on the ICD-9-CM procedures classification, and so cannot be easily compared with it, although the chapter structure is broadly similar. ‘Dental services’ have been separated from ‘procedures on the nose, pharynx, and mouth’. A separate chapter for ‘procedures on the breast’ has been introduced, whereas previously these procedures were classified under ‘operations on the integumentary system’. Procedures previously classified under the ICD-9-CM chapter on ‘miscellaneous diagnostic and therapeutic procedures’ have been split into chapters on ‘chemotherapeutic and radiation oncology’, imaging services, allied health interventions, and ‘non-invasive, cognitive and interventions not elsewhere classified’. In addition, some procedures in ICD-10-AM are categorised under a different body system to that used for ICD-9-CM (see AIHW 2000c).

**26** The tenth revision of the International Classification of Diseases (ICD-10) was adopted for Australian use for deaths registered from 1 January 1999. However, to identify changes between the ninth and tenth revisions, deaths for 1997 and 1998 have been coded to both revisions. In this publication, ‘underlying cause of death’ data for 1997–99, have been coded to the tenth revision. The introduction of ICD-10 has broken the ‘underlying cause of death’ series, particularly at the more detailed level of classification.

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

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

**28** All 'multiple cause of death' data in this publication are coded to the tenth revision. For 'underlying cause of death', accidental and violent deaths are classified according to the external cause, that is, to the circumstances of the accident or violence which produced the fatal injury, rather than to the nature of the injury.

## ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACCHS	Aboriginal Community Controlled Health Services
AHL	Aboriginal Hostels Limited
AHMAC	Australian Health Ministers' Advisory Council
AHS	Australian Housing Survey
AIDS	Acquired Immune Deficiency Syndrome
AIHW	Australian Institute of Health and Welfare
ANZDATA	The Australia and New Zealand Dialysis and Transplant Registry
AP	Anangu Pitjantjatjara
ARIA	Accessibility/Remoteness Area Index
ASCO	Australian Standard Classification of Occupations
ASGC	Australian Standard Geographical Classification
ATSIC	Aboriginal and Torres Strait Islander Commission
ATSIHWIU	Aboriginal and Torres Strait Islander Health and Welfare Information Unit
AVGAS	Aviation Gasoline
BEACH	Bettering the Evaluation and Care of Health
BMI	Body mass index
CD	Collection District
CDEP	Community Development Employment Projects
CDHAC	Commonwealth Department of Health and Aged Care
CHINS	Community Housing and Infrastructure Needs Survey
CSDA	Commonwealth/State Disability Agreement
CSHA	Commonwealth/State Housing Agreement
CSMAC	Community Services Ministers' Advisory Council
CSP	Children's Services Program
CVD	Cardiovascular Disease
DFaCS	Department of Family and Community Services
DHFS	Department of Health and Family Services
ERP	Estimated Resident Population
ESRD	End stage renal disease
GP	General medical practitioner
GSS	General Social Survey
GPSCU	General Practice Statistics and Classification Unit
HACC	Home and Community Care
HAHU	Heads of Aboriginal Health Units
HCINS	Housing and Community Infrastructure Needs Survey
HIV	Human Immunodeficiency Virus
HREOC	Human Rights and Equal Opportunity Commission
ICD	International Classification of Diseases
ICD-9-CM	International Classification of Diseases, ninth revision, clinical modification
ICD-10-AM	International Classification of Diseases, tenth revision, Australian modification
IES	Indigenous Enumeration Strategy
ISS	Indigenous Social Survey
MACS	Multifunctional Aboriginal Children's Services
MBS	Medical Benefits Scheme

ABBREVIATIONS *continued*

NACCHO	National Aboriginal Community Controlled Health Organisations
NATSIS	National Aboriginal and Torres Strait Islander Survey
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NDARC	National Alcohol and Drug Research Centre
NDS	National Drug Strategy
NDSHS	National Drug Strategy Household Survey
nec	not elsewhere classified
NHMRC	National Health and Medical Research Council
NHS	National Health Survey
NHS(I)	National Health Survey (Indigenous)
NIHIIC	National Indigenous Housing Information Implementation Committee
NHIMG	National Health Information Management Group
NIHIP	National Indigenous Health Information Plan (also known as the National Aboriginal and Torres Strait Islander Health Information Plan)
NMDS	National Minimum Data Sets
NNDSS	National Notifiable Diseases Surveillance System
NNS	National Nutrition Survey
NPHP	National Public Health Partnership
OATSIH	Office for Aboriginal and Torres Strait Islander Health (part of CDHAC)
PBS	Pharmaceutical Benefits Scheme
PES	Post Enumeration Survey
RRMA	Rural, Remote and Metropolitan Areas Classification
SAAP	Supported Accommodation Assistance Program
SCRCSSP	Steering Committee for the Review of Commonwealth/State Service Provision
SLA	Statistical Local Area
SMR	Standardised Mortality/Morbidity Ratio
WHO	World Health Organization
. .	Not applicable
—	Nil or rounded to zero