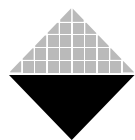




## **Occasional Paper**



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# **Hospital Statistics**

## **Aboriginal and Torres Strait Islander Australians**

**1999–2000**



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Prepared jointly by the Australian Bureau of Statistics and the Australian  
Institute of Health and Welfare.

This Occasional Paper is intended to make the results of current research  
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## SUMMARY

This publication provides information for the 1999–2000 financial year about the diagnoses of people identified as Aboriginal and/or Torres Strait Islander in public and private hospital morbidity collections, and the procedures performed on them in hospital. Comparisons undertaken between Indigenous and non-Indigenous rates are based on population estimates for the same period.

The quality of Aboriginal and Torres Strait Islander hospital data is limited by the extent to which Indigenous status is accurately recorded in hospital morbidity collections, which may have varied with time. Changes in the coding practice for diagnosis and procedures presents a further challenge when conducting time series analysis. These issues preclude the direct comparison of the 1999–2000 Indigenous hospital morbidity collection with data from earlier years.

Obtaining high quality Indigenous data has been recognised as a key outcome across all levels of government. Recent work coordinated by the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW), in partnership with State and Territory authorities, has resulted in improvements in the completeness with which Aboriginal and Torres Strait Islander peoples are identified in administrative collections, including hospital morbidity collections. These programs are continuing, but there is further progress yet to be made.

In 1999–2000 the hospital separations statistics indicate that Aboriginal and Torres Strait Islander persons were hospitalised at twice the rate of non-Indigenous Australians. However, this publication notes that the identification of Aboriginal and Torres Strait Islander patients in hospital records is considered to be incomplete in most jurisdictions, and therefore the true hospital separation rates for Aboriginal and Torres Strait Islander peoples would be even higher (see Chapter 2).

Two-thirds of all separations occurred in public hospitals, but 97% of separations recorded for patients identified as Indigenous occurred in public hospitals. Both males and females who were identified as Indigenous had higher separation rates than the non-Indigenous population for all age groups.

A major reason for hospitalisation (principal diagnosis) for persons identified as Indigenous was 'care involving dialysis', used in the treatment of kidney failure. 'Care involving dialysis' accounted for 29% of all separations for patients identified as Indigenous. Males identified as Indigenous were six times as likely to be hospitalised for 'care involving dialysis' as non-Indigenous males, and Indigenous females 14 times as likely to be hospitalised for this reason.

Other key reasons for hospitalisation of persons identified as Indigenous were conditions associated with 'pregnancy, childbirth and puerperium'; 'injury, poisoning and certain other consequences of external causes'; and 'respiratory diseases'. For most broad diagnosis types shown in this publication (i.e., for each chapter in *The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification*), Indigenous persons were more likely than non-Indigenous persons to be hospitalised. The exceptions were for 'neoplasms', 'diseases of the musculoskeletal system and connective tissues', and 'congenital anomalies'.

Analysis of procedures in this publication takes all recorded procedures into account, reflecting a recent acute health sector shift away from the separate concepts of principal and additional procedures. Admitted patients identified as Indigenous were less likely than non-Indigenous patients to have one or more procedures recorded. Recent research indicates that a variety of factors (including age, sex, area of residence, same-day admission, patient accommodation status, type of hospital and principal diagnosis) suggest possible reasons for the disparity in public hospitals (Cunningham 2002).

In 1999–2000, haemodialysis accounted for the majority of procedures for patients identified as Indigenous. Other common types of procedures performed on patients identified as Indigenous were 'allied health interventions', and 'obstetric procedures'.

Both males and females identified as Indigenous were more than twice as likely as non-Indigenous persons to be admitted to hospital in South Australia, Western Australia, and the Northern Territory. However, it is noted that the variability in Indigenous identification across jurisdictions makes it difficult to compare hospital data between States and Territories.

