

# CHAPTER 1

## INTRODUCTION

This publication presents hospital statistics on Aboriginal and Torres Strait Islander patients who were identified as Indigenous in public and private hospital morbidity collections for the financial year 1999–2000. The publication presents a summary of hospitalisation statistics, for admitted patients only, from the Australian Institute of Health and Welfare's (AIHW) National Hospital Morbidity Database (NHMD) on the diagnoses of Indigenous patients, the procedures they underwent and a range of patient characteristics. Comparisons are made with non-Indigenous rates for the same period. While the majority of the analysis in this publication looks at total admission rates for the Indigenous population, some analysis is also presented on the proportion of admitted patients undergoing procedures in hospital.

The first detailed national report on hospital morbidity collections relating to the Indigenous population published by the Australian Bureau of Statistics (ABS) was *Occasional Paper: Hospital Statistics, Aboriginal and Torres Strait Islander Australians 1997–98* (cat. no. 4711.0). This second edition, for 1999–2000, updates the 1997–98 report. Summary information for earlier years is presented in *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* (ABS and AIHW 1999, 2001) and data for 1999–2000 were published in *Australia's Health* (AIHW 2002) and *Australian Hospital Statistics 1999–00* (AIHW 2001a).

Analysis of hospital data is important, as a large proportion of recurrent health expenditure is used to fund hospitals and associated services. The most recent analysis of expenditure on health services for Aboriginal and Torres Strait Islander persons shows that \$467 million was spent on admitted patient services for 1998–99. This represents 38% of all health expenditure for Indigenous Australians. In that same period, 31% of all health expenditure for non-Indigenous persons was spent on admitted patient services (AIHW 2001b).

In this publication, some terminology has been simplified to allow for wider dissemination. The terms 'separation rates' and 'rate of hospitalisation' have been used interchangeably. Any reference made to 'separations identified as Indigenous', represents separations for persons identified as Indigenous. The term 'Indigenous' is used throughout the publication to include all Aboriginal or Torres Strait Islander persons and the term 'non-Indigenous' refers to persons recorded as non-Indigenous or unknown. As records relate to separations, rather than to patients, it is not possible to identify and analyse multiple admissions for individuals. Explanations provided in Chapter 2 should be used in conjunction with analysis of data presented throughout the publication.

Notwithstanding the limitations in hospital data described in Chapter 2, statistical information presented in this publication provides a useful indication of the health status of Indigenous Australians, and should be interpreted in conjunction with other health measures to provide a more substantial view of Indigenous health status.

Analysis of hospital morbidity collections for Indigenous Australians is complicated by difficulties in estimating both the numbers of Indigenous patients admitted to hospital and the numbers in the overall population. Information concerning the numbers of Indigenous patients in hospital is limited by the accuracy with which they are identified in hospital records. Studies in a number of hospitals across Australia have indicated that the rate at which hospitals correctly record Indigenous status varied from as few as 44% complete in some hospitals, to 100% complete in others (Shannon, Brough and Haswell-Elkins 1997; Lynch and Lewis 1997; Condon et al. 1998; ATSIHWIU 1999; Young 2001) (see Chapter 2). The numbers presented in this publication will, therefore, underestimate the true level of hospital utilisation by Indigenous Australians.

Under-identification of Aboriginal and Torres Strait Islander patients in hospital morbidity collections makes it difficult to draw conclusions over time. Improvements in the identification of Indigenous patients can lead to higher apparent rates of hospitalisation. At present, it is not possible to ascertain whether a change in identified hospitalisation rates reflects changed Indigenous identification or a genuine change in hospital use. All states and territories are continuing to work toward the improvement of Indigenous identification. Recent initiatives include annual data quality reporting, data quality audits and various training programs for staff (see Chapter 2 and Appendix C).