

1.03 Hospitalisation for injury and poisoning

The number of hospital separations with a principal diagnosis of injury and poisoning for Aboriginal and Torres Strait Islander peoples expressed as a rate by age group, age-standardised rate and rate ratio

Data sources

Data for this measure come from the AIHW National Hospital Morbidity Database, the ABS mortality unit record data collection, and the National Aboriginal and Torres Strait Islander Health Survey.

Hospitalisations

The National Hospital Morbidity Database is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals in each state and territory. Information on the characteristics, diagnoses and care of admitted patients in public and private hospitals is provided annually to the AIHW by state and territory health departments.

Data are presented for the six jurisdictions which have been assessed by the AIHW as having adequate identification of Indigenous hospitalisations in 2004–05 – New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory. These six jurisdictions represent approximately 96% of the Indigenous population of Australia. Data are presented by state/territory of usual residence of the patient.

Hospitalisations for which the Indigenous status of the patient was not reported have been included with hospitalisations data for non-Indigenous people under the 'other' category. This is to enable consistency across jurisdictions, as public hospitals in some states and territories do not have a category for the reporting of 'not stated' or inadequately recorded/reported Indigenous status.

Hospitalisation data are presented for the 2-year period July 2004 to June 2006. An aggregate of 2 years of data has been used, as the number of hospitalisations for some conditions is likely to be small for a single year.

The principal diagnosis is the diagnosis established to be the problem that was chiefly responsible for the patient's episode of care in hospital. The additional diagnosis is a condition or complaint either coexisting with the principal diagnosis or arising during the episode of care. The term 'hospitalisation' has been used to refer to a separation which is the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending a change in a type of care (for example, from acute to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care.

Mortality data

Mortality data in this report are from the ABS mortality unit record data collection. Data are presented according to the year in which the deaths occurred.

Data are presented for the four jurisdictions which have been assessed as having adequate identification of Indigenous deaths for the period 1999–00 to 2003–04—Queensland, Western Australia, South Australia and the Northern Territory. These four jurisdictions represent approximately 60% of the Indigenous population of Australia.

Deaths for which Indigenous status was not reported have been included with deaths data for non-Indigenous people under the 'other' category.

Because of small case numbers, mortality data are presented for the 5-year period 1999–00 to 2003–2004.

National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)

The 2004–05 NATSIHS collected information from 10,439 Indigenous Australians of all ages. This sample was considerably larger than the supplementary Indigenous samples in the 1995 and 2001 National Health Surveys. The survey was conducted in remote and non-remote areas of Australia and collected a range of information from Indigenous Australians about health-related issues including health-related actions, health risk factors, health status, socioeconomic circumstances and women's health. It is planned to repeat the NATSIHS at 6-yearly intervals, with the next NATSIHS to be conducted in 2010–11. Selected non-Indigenous comparisons are available through the 2004–05 National Health Survey (NHS).

Analyses

Age-standardised rates and ratios have been used as a measure of hospitalisations in the Indigenous population relative to other Australians. Ratios of this type illustrate differences between the rates of hospital admissions among Indigenous people and those of other Australians, taking into account differences in age distributions.

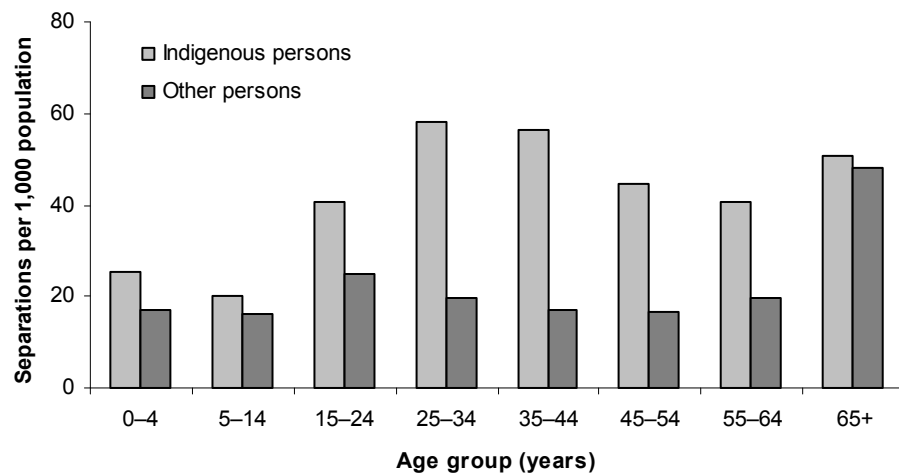
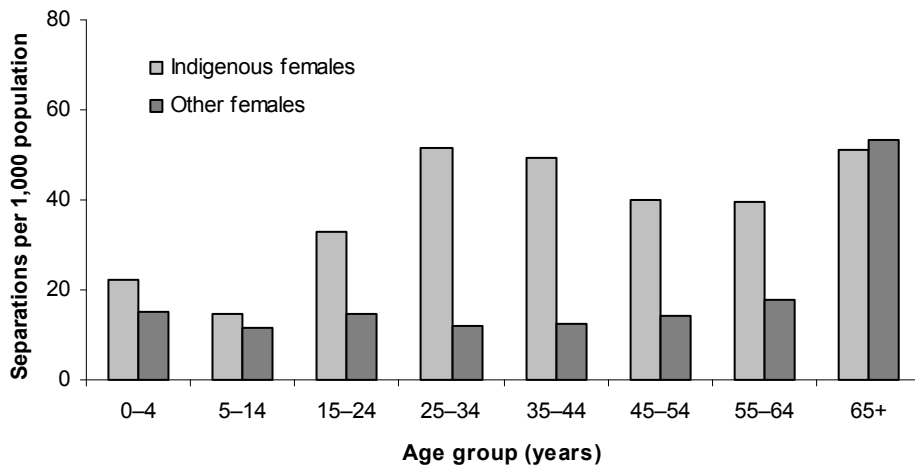
Hospitalisations

- In the 2-year period July 2004 to June 2006, there were 906,465 hospitalisations for injury and poisoning in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, 36,505 (4.0%) of which were hospitalisations of Aboriginal and Torres Strait Islander peoples (Table 1.03.1).
- Hospitalisations for injury and poisoning were the second most common principal diagnosis at the ICD-10-AM chapter level among Aboriginal and Torres Strait Islander Australians, representing 8% of all hospital separations.

Hospitalisations by age and sex

- For the 2-year period July 2004 to June 2006, in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, Indigenous males had higher hospitalisation rates for injury and poisoning than other males across all age groups. Indigenous females had higher hospitalisation rates for injury and poisoning than other females across all age groups, except among those aged 65 years and over (Figure 1.03.1).
- The greatest difference in hospitalisation rates occurred in the 35–44 and 45–54 year age groups for males, and the 25–34 and 35–44 year age groups for females. Indigenous males were hospitalised at around three times the rate of other males in these age groups and Indigenous females were hospitalised at around four times the rate of other females in these age groups.

- For Indigenous males and females, hospitalisation rates were highest among those aged 25–34 years, and for other males and females, rates were highest among those aged 65 years and over.
- Approximately 56% of Indigenous Australians hospitalised for injury and poisoning were males (20,507) and 44% were females (15,998).



Source: AIHW analysis of National Hospital Morbidity Database.

Figure 1.03.1: Age-specific hospitalisation rates for a principal diagnosis of injury and poisoning, by Indigenous status and sex, NSW, Vic, Qld, WA, SA and NT, July 2004 to June 2006

Hospitalisations by state/territory

Table 1.03.1 presents hospitalisations for a principal diagnosis of injury and poisoning for the 2-year period July 2004 to June 2006 in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory. As well as rates and ratios for the six jurisdictions which have been assessed as having adequate identification of Indigenous hospitalisations in 2004–05, unadjusted and adjusted national level data are also presented in the table. The Australia data are adjusted by applying a completeness factor of 89.4%, which is an estimate of the level of Indigenous under-identification in hospital separations data.

- Over the period July 2004 to June 2006, Indigenous Australians in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined were hospitalised for injury at about twice the rate of other Australians in these jurisdictions.
- When hospital rates are adjusted at the national level for Indigenous under-identification, Indigenous Australians were hospitalised for injury and poisoning at 2.1 times the rate of other Australians.
- In New South Wales and Victoria, Indigenous people were hospitalised for injury and poisoning at around 1.5 times the rate of other Australians. In Queensland and South Australia, Indigenous people were hospitalised for injury and poisoning at around twice the rate of other Australians. In Western Australia and the Northern Territory, Indigenous people were hospitalised at three times the rate of other Australians.

Table 1.03.1: Hospitalisations for principal diagnosis of injury and poisoning, by Indigenous status and sex, NSW, Vic, Qld, WA, SA and NT, July 2004 to June 2006^{(a)(b)(c)(d)}

	Indigenous				Other ^(e)				Ratio ⁽ⁱ⁾
	Number	No. per 1,000 ^(f)	LCL 95% ^(g)	UCL 95% ^(h)	Number	No. per 1,000 ^(f)	LCL 95% ^(g)	UCL 95% ^(h)	
NSW									
Males	4,937	37.4	35.9	38.8	170,951	26.2	26.1	26.4	1.4*
Females	3,332	27.5	26.2	28.7	129,240	17.9	17.8	18.0	1.5*
Persons ^(j)	8,269	32.4	31.5	33.3	300,199	22.2	22.2	22.3	1.5*
Vic									
Males	877	34.4	31.0	37.9	127,669	25.9	25.7	26.0	1.3*
Females	614	24.2	21.8	26.6	104,430	19.2	19.0	19.3	1.3*
Persons ^(j)	1,491	28.8	26.9	30.8	232,101	22.7	22.6	22.8	1.3*
Qld									
Males	5,760	48.1	46.4	49.8	107,998	28.3	28.2	28.5	1.7*
Females	4,100	34.8	33.4	36.2	73,979	18.6	18.5	18.8	1.9*
Persons ^(j)	9,860	41.2	40.1	42.3	181,977	23.6	23.5	23.7	1.7*
WA									
Males	4,152	66.3	63.8	68.8	47,009	24.4	24.2	24.6	2.7*
Females	3,638	58.1	55.9	60.3	34,103	17.2	17.0	17.4	3.4*
Persons ^(j)	7,790	62.1	60.4	63.8	81,112	21.0	20.8	21.1	3.0*
SA									
Males	1,342	54.0	50.5	57.6	37,964	25.1	24.8	25.3	2.2*
Females	1,113	43.4	40.4	46.4	31,317	18.2	18.0	18.4	2.4*
Persons ^(j)	2,455	48.5	46.2	50.8	69,281	21.8	21.6	22.0	2.2*
NT									
Males	3,439	63.3	60.6	65.9	3,586	25.4	24.5	26.4	2.5*
Females	3,201	59.5	57.1	61.9	1,704	15.3	14.5	16.2	3.9*
Persons ^(j)	6,640	61.4	59.6	63.2	5,290	20.7	20.0	21.3	3.0*
NSW, Vic, Qld, WA, SA and NT^(d)									
Males	20,507	48.9	48.0	49.8	495,177	26.3	26.2	26.3	1.9*
Females	15,998	39.1	38.4	39.9	374,773	18.3	18.3	18.4	2.1*
Persons^(j)	36,505	43.9	43.4	44.5	869,960	22.5	22.4	22.5	2.0*
Australia unadjusted^(k)									
Males	21,013	47.9	47.0	48.7	518,551	26.4	26.4	26.5	1.8*
Females	16,289	38.1	37.4	38.8	391,826	18.4	18.4	18.5	2.1*
Persons ^(j)	37,302	42.9	42.4	43.5	910,388	22.6	22.5	22.6	1.9*
Australia adjusted^{(k)(l)}									
Males	23,482	53.5	52.6	54.4	516,082	26.3	26.2	26.4	2.0*
Females	18,203	42.6	41.8	43.3	389,912	18.3	18.3	18.4	2.3*
Persons ^(j)	41,685	48.0	47.4	48.5	906,005	22.5	22.4	22.5	2.1*

(continued)

Table 1.03.1 (continued): Hospitalisations for principal diagnosis of injury and poisoning, by Indigenous status and sex, NSW, Vic, Qld, WA, SA and NT, July 2004 to June 2006^{(a)(b)(c)(d)}

* Represents results with statistically significant differences in the Indigenous/other comparisons at the $p < 0.05$ level.

- (a) Data are from public and most private hospitals. Data exclude private hospitals in the Northern Territory.
- (b) Categories are based on ICD-10-AM fifth edition (National Centre for Classification in Health 2006); ICD-10-AM codes S00–T98.
- (c) Financial year reporting.
- (d) Data are reported by state/territory of usual residence of the patient hospitalised and are for New South Wales, Victoria, Western Australia, South Australia, the Northern Territory and Queensland only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these six jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.
- (e) 'Other' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.
- (f) Directly age-standardised using the Australian 2001 standard population.
- (g) LCL = lower confidence limit.
- (h) UCL = upper confidence limit.
- (i) Rate ratio Indigenous:other.
- (j) Includes hospitalisations for which sex was indeterminate or not stated.
- (k) Includes all eight states and territories, including the Australian Capital Territory and Tasmania; Other Territories and Residence State not applicable (e.g. overseas, at sea, no fixed address).
- (l) Australian hospitalisation numbers and rates have been adjusted for Indigenous under-identification using a national adjustment factor of 0.89. This factor was derived from a study undertaken by the AIHW in 2007 which assessed the level of Indigenous under-identification in hospital data in all states and territories by comparing information gathered from face-to face interviews in public hospitals with results from hospital records. By applying this factor, the number of Indigenous hospitalisations was increased by 11% and these additional hospitalisations then subtracted from the number of hospitalisations for Other Australians.

Source: AIHW analysis of National Hospital Morbidity Database.

Hospitalisations by principal diagnosis

Type of injury

Table 1.03.2 presents hospitalisations for a principal diagnosis of injury and poisoning and certain other consequences of external causes by type of injury for the 2-year period July 2004 to June 2006 for the six jurisdictions.

- For the period 2004–05 to 2005–06 in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, of all hospitalisations with a principal diagnosis of injury and poisoning, injuries were the most common reason for hospitalisation among Aboriginal and Torres Strait Islander peoples (77%) followed by complications of medical and surgical care not elsewhere classified (10%).
- Indigenous males and females were hospitalised at between two and three times the rate of other males and females for burns and frostbite and 'other and unspecified effects of external causes (such as radiation, hypothermia, maltreatment syndromes) and certain early complications of trauma'.

Table 1.03.2: Hospitalisations of Indigenous persons for principal diagnosis of injury and poisoning and certain other consequences of external causes, by type of injury and sex, NSW, Vic, Qld, WA, SA and NT, July 2004 to June 2006^{(a)(b)(c)(d)}

Principal diagnosis	Males						Females						Persons ^(e)					
	No.	% ^(f)	No. per 1,000 ^(g)	LCL 95% ^(h)	UCL 95% ⁽ⁱ⁾	Ratio ^(j)	No.	% ^(f)	No. per 1,000 ^(g)	LCL 95% ^(h)	UCL 95% ⁽ⁱ⁾	Ratio ^(j)	No.	% ^(f)	No. per 1,000 ^(g)	LCL 95% ^(h)	UCL 95% ⁽ⁱ⁾	Ratio ^(j)
Injuries (S00–T19)	16,405	80.0	37.4	36.7	38.2	1.9*	11,684	73.0	27.7	27.0	28.3	2.3*	28,089	76.9	32.5	32.0	33.0	2.0*
Complications of surgical & medical care n.e.c (T80–T89)	1,744	8.5	6.2	5.8	6.6	1.6*	1,833	11.5	6.1	5.8	6.4	1.8*	3,577	9.8	6.1	5.9	6.4	1.7*
Poisoning (T36–T50)	817	4.0	1.9	1.8	2.1	1.8*	1,427	8.9	3.2	3.0	3.4	1.8*	2,244	6.1	2.6	2.5	2.7	1.8*
Other and unspecified effects of external causes/ Certain early complications of trauma (T66–T79)	486	2.4	1.2	1.0	1.3	2.4*	431	2.7	1.0	0.8	1.1	2.5*	917	2.5	1.1	1.0	1.2	2.5*
Burns and frostbite (T20–T35)	673	3.3	1.4	1.3	1.6	3.0*	367	2.3	0.7	0.6	0.8	2.9*	1,040	2.8	1.0	0.9	1.1	2.9*
Toxic effects of substances chiefly non-medicinal (T51–T65)	381	1.9	0.8	0.7	0.9	1.8*	256	1.6	0.5	0.4	0.6	1.9*	637	1.7	0.6	0.6	0.7	1.8*
Total^(k)	20,507	100.0	48.9	48.0	49.8	1.9*	15,998	100.0	39.1	38.4	39.9	2.1*	36,505	100.0	43.9	43.4	44.5	2.0*

(continued)

Table 1.03.2 (continued): Hospitalisations of Indigenous persons for principal diagnosis of injury and poisoning, by type of injury and sex, NSW, Vic, Qld, WA, SA and NT, July 2004 to June 2006^{(a)(b)(c)(d)}

* Represents results with statistically significant differences in the Indigenous/Other comparisons at the $p < 0.05$ level.

- (a) Data are from public and most private hospitals. Data exclude private hospitals in the Northern Territory.
- (b) Categories are based on the ICD-10-AM fifth edition (National Centre for Classification in Health 2006); Cause of injury is based on the first reported external causes where the principle diagnosis was 'injury, poisoning and certain other consequences of external causes'; ICD-10-AM codes S00–T98.
- (c) Financial year reporting.
- (d) Data are reported by state/territory of usual residence of the patient hospitalised and are for New South Wales, Victoria, Western Australia, South Australia, the Northern Territory and Queensland only. These six jurisdictions are considered to have the highest level of accuracy of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these six jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.
- (e) Includes hospitalisations for which sex was indeterminate or not stated.
- (f) Proportion of male, female and total hospitalisations of Indigenous persons in the period 2004–05 to 2005–06.
- (g) Directly age-standardised using the Australian 2001 standard population.
- (h) LCL = lower confidence limit.
- (i) UCL = upper confidence limit.
- (j) Rate ratio Indigenous:other.
- (k) Total includes sequelae of injuries, poisoning, external causes (T90–T98).

Source: AIHW analysis of National Hospital Morbidity database.

External cause of injury and poisoning

Table 1.03.3 presents external causes of injury and poisoning for Aboriginal and Torres Strait Islander peoples in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory with a principal diagnosis of injury, poisoning and other consequences of external causes.

- In the 2-year period July 2004 to June 2006, assault was the most common cause for hospitalisation for Indigenous males and females hospitalised with a principal diagnosis of injury and poisoning (22% and 32% respectively) in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined.
- Aboriginal and Torres Strait Islander males and females were 8 and 35 times more likely to be hospitalised for injuries due to assault as other males and females respectively.
- Indigenous males were hospitalised for intentional self-harm at more than twice the rate of other males.
- Indigenous males and females were around 2.5 times as likely to be hospitalised for exposure to electrical currents, smoke, fire, animals or nature as other males and females.

Table 1.03.3: External causes for hospitalisations of Indigenous persons with a principal diagnosis of injury and poisoning and other consequences of external causes, by sex, NSW, Vic, Qld, WA, SA and NT, July 2000 to June 2006^{(a)(b)(c)(d)}

External cause	Males						Females						Persons ^(e)					
	No.	% ^(f)	No. per 1,000 ^(g)	LCL 95% ^(h)	UCL 95% ⁽ⁱ⁾	Ratio ^(j)	No.	% ^(f)	No. per 1,000 ^(g)	LCL 95% ^(h)	UCL 95% ⁽ⁱ⁾	Ratio ^(j)	No.	% ^(f)	No. per 1,000 ^(g)	LCL 95% ^(h)	UCL 95% ⁽ⁱ⁾	Ratio ^(j)
Assault (X85–Y09)	4,603	22.4	10.7	10.4	11.1	7.5*	5,074	31.7	10.9	10.6	11.3	35.3*	9,677	26.5	10.8	10.6	11.1	12.3*
Falls (W00–W19)	3,601	17.6	9.7	9.3	10.2	1.5*	2,627	16.4	8.4	8.0	8.9	1.2*	6,228	17.1	9.1	8.8	9.5	1.3*
Exposure to inanimate mechanical forces (W20–W49)	2,973	14.5	5.8	5.6	6.0	1.4*	1,372	8.6	2.5	2.4	2.7	1.9*	4,345	11.9	4.1	4.0	4.3	1.5*
Complications of medical and surgical care (Y40–Y84)	1,783	8.7	6.5	6.1	6.9	1.6*	1,873	11.7	6.3	5.9	6.6	1.8*	3,656	10.0	6.3	6.1	6.6	1.7*
Transport accidents (V01–V99)	2,322	11.3	4.7	4.5	5.0	1.2*	1,143	7.1	2.3	2.2	2.5	1.4*	3,465	9.5	3.5	3.4	3.6	1.3*
Other accidental exposures ^(k)	1,608	7.8	3.8	3.5	4.0	1.2*	884	5.5	2.2	2.0	2.4	1.4*	2,492	6.8	3.0	2.8	3.1	1.3*
Intentional self-harm (X60–X84)	993	4.8	2.3	2.1	2.4	2.5*	1,323	8.3	2.8	2.7	3.0	1.9*	2,316	6.3	2.5	2.4	2.7	2.2*
Exposure to animate mechanical forces (W50–W64)	1,005	4.9	1.9	1.8	2.1	2.1*	462	2.9	1.0	0.9	1.0	2.6*	1,467	4.0	1.4	1.4	1.5	2.2*
Exposure to electric current/smoke/fire/venomous animals and plants/forces of nature (W85–W99, X00–X39) ^(l)	829	4.0	1.7	1.6	1.9	2.5*	463	2.9	0.9	0.8	1.0	2.4*	1,292	3.5	1.3	1.2	1.4	2.4*
Accidental poisoning by and exposure to noxious substances (X40–X49)	451	2.2	0.9	0.8	1.0	1.8*	469	2.9	1.0	0.9	1.1	2.0*	920	2.5	1.0	0.9	1.1	1.9*
Other external causes ^(m)	287	1.4	0.7	0.6	0.7	2.9*	270	1.7	0.6	0.5	0.7	2.7*	557	1.5	0.7	0.6	0.7	2.8*
Total⁽ⁿ⁾	20,504	100.0	48.8	48.0	49.7	1.9*	15,998	100.0	39.1	38.4	39.9	2.1*	36,505	100.0	43.9	43.4	44.5	2.0*

Table 1.03.3 (continued): External causes for hospitalisations of Indigenous persons with a principal diagnosis of injury and poisoning and other consequences of external causes, by sex, NSW, Vic, Qld, WA, SA and NT, July 2000 to June 2006^{(a)(b)(c)(d)}

* Represents results with statistically significant differences in the Indigenous/other comparisons at the $p < 0.05$ level.

- (a) Data are from public and most private hospitals. Data exclude private hospitals in the Northern Territory.
- (b) Categories are based on the ICD-10-AM fifth edition (National Centre for Classification in Health 2006); cause of injury is based on the first reported external causes where the principle diagnosis was 'injury, poisoning and certain other consequences of external causes'; ICD-10-AM codes V01–Y98.
- (c) Financial year reporting.
- (d) Data are reported by state/territory of usual residence of the patient hospitalised and are for New South Wales, Victoria, Western Australia, South Australia, the Northern Territory and Queensland only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these six jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.
- (e) Includes hospitalisations for which sex was indeterminate or not stated.
- (f) Proportion of male, female and total hospitalisations for injury and poisoning of Indigenous persons in the period 2004–05 to 2005–06.
- (g) Directly age-standardised using the Australian 2001 standard population.
- (h) LCL = lower confidence limit.
- (i) UCL = upper confidence limit.
- (j) Rate ratio Indigenous:other.
- (k) Accidental drowning and submersion (W65–W74), accidental threats to breathing (W75–W84), overexertion, travel and privation (X50–X57), accidental exposure to other and unspecified factors (X58–X59),
- (l) Includes exposure to electrical current, radiation and extreme ambient air temperature and pressure (W85–W99), smoke, fire and flames (X00–X09), contact with heat and hot substances (X10–X19), contact with venomous animals and plants (X20–X29), exposure to forces of nature (X30–X39).
- (m) Includes event of undetermined intent (Y10–Y34), legal intervention and operation of war (Y35–Y36), sequelae of external causes of morbidity and mortality (Y85–Y89), supplementary factors classified elsewhere (Y90–Y98).
- (n) Includes injuries where no external cause was reported.

Source: AIHW analysis of National Hospital Morbidity Database.

Injury due to transport

Mode of transport

Tables 1.03.4 and 1.03.5 present data on mode of transport for fatal and serious injury for the four jurisdictions assessed as having adequate identification of Indigenous deaths and hospitalisations for 1999–00 to 2003–04 – Queensland, Western Australia, South Australia and the Northern Territory. Because of small case numbers, transport accident data for these jurisdictions have been combined for 1999–00 to 2003–04.

- In 1999–00 to 2003–04, 52% of Indigenous persons fatally injured in a transport accident were occupants of a car, 35% were pedestrians, 3% were motorcyclists and 3% were occupants of a pick-up truck or van. Of non-Indigenous persons fatally injured in a transport accident, 55% were occupants of a car, 13% were pedestrians, 13% were motorcyclists and 2% were occupants of a pick-up truck or van (Table 1.03.4).
- Of Indigenous persons seriously injured in a transport accident, 47% were occupants of a car, 17% were pedestrians, 16% were pedal cyclists and 8% were motorcyclists. Of non-Indigenous persons seriously injured in a transport accident, 34% were occupants of a car, 7% were pedestrians, 17% were pedal cyclists and 24% were motorcyclists (Table 1.03.5).

Table 1.03.4: Mode of transport^(a) for fatal injury, Qld, WA, SA & NT, 1999–00 to 2003–04

Fatally injured person	Indigenous			Non-Indigenous			Rate ratio ^(c)
	Number	%	Rate ^(b)	Number	%	Rate ^(b)	
Car occupant^(d)	169	52.0	13.5	2,060	55.2	5.9	2.3
traffic	159	48.9	12.8	2,026	54.3	5.8	2.2
non-traffic	8	2.5	0.5	29	0.8	0.1	6.6
Pedestrian^(d)	113	34.8	9.8	479	12.8	1.4	7.1
traffic	101	31.1	8.9	415	11.1	1.2	7.4
non-traffic	12	3.7	0.9	47	1.3	0.1	6.8
Motorcyclist^(d)	9	2.8	0.5	469	12.6	1.3	0.4
traffic	8	2.5	0.5	414	11.1	1.2	0.4
non-traffic	0	0.0	0.0	55	1.5	0.2	0.0
Occupant of pick-up truck or van^(d)	8	2.5	0.5	86	2.3	0.2	1.9
traffic	8	2.5	0.5	83	2.2	0.2	2.0
non-traffic	0	0.0	0.0	n.p.	n.p.	n.p.	n.p.
Pedal cyclist^(d)	n.p.	n.p.	n.p.	80	2.1	0.2	n.p.
traffic	n.p.	n.p.	n.p.	78	2.1	0.2	n.p.
non-traffic	0	0.0	0.0	n.p.	n.p.	n.p.	n.p.
Occupant of heavy transport vehicle^(d)	n.p.	n.p.	n.p.	85	2.3	0.2	0.2
traffic	0	0.0	0.0	82	2.2	0.2	0.0
non-traffic	0	0.0	0.0	n.p.	n.p.	n.p.	n.p.
Bus occupant^(d)	n.p.	n.p.	n.p.	10	0.3	0.0	n.p.
traffic	n.p.	n.p.	n.p.	10	0.3	0.0	n.p.
non-traffic	0	0.0	0.0	0	0.0	0.0	0.0
Other and unspecified	15	4.6	1.1	134	3.6	0.4	2.9
Total^(e)	325	100.0	26.1	3,731	100.0	10.7	2.4

(a) 'Mode of transport' here means the vehicle the person was travelling in at the time of being injured in a transport accident. 'Other and unspecified' includes V87, V88, V89, V98, and V99 for ICD-10 (deaths).

(b) Number per 100,000 population, adjusted by direct standardisation to the Australian population in June 2001.

(c) Ratio of age-standardised rate for persons specified as Indigenous to the equivalent rate for all other persons (i.e. non-Indigenous or not stated).

(d) A traffic accident is any vehicle accident occurring on a public road [i.e. originating on, terminating on, or involving a vehicle partially on the road]. A non-traffic accident is any vehicle accident that occurs entirely on any place other than a public road. For a certain proportion of cases, whether an accident was traffic or non-traffic was unknown. These cases are included in the totals for each mode of transport and this is the reason the sum of traffic and non-traffic cases is sometimes less than the total for each mode.

(e) Includes Animal rider or occupant of animal-drawn vehicle; Occupant of a special all-terrain or off-road motor vehicle; Occupant of three-wheeled motor vehicle; Occupant of a tram, train, special industrial vehicle, special agricultural vehicle, special construction vehicle, watercraft and aircraft.

Source: Berry et al. 2007.

Table 1.03.5: Mode of transport^(a) for serious injury, NT, WA, SA and Qld, 1999-00 to 2003-04

Seriously injured person	Indigenous			Non-Indigenous			Rate Ratio ^(c)
	Number	%	Rate ^(b)	Number	%	Rate ^(b)	
Car occupant^(d)	2,270	47.0	166.0	29,753	34.0	85.4	1.9
traffic	1,787	37.0	132.1	24,387	27.8	70.0	1.9
non-traffic	382	7.9	26.9	4,392	5.0	12.6	2.1
Pedestrian^(d)	815	16.9	61.4	5,785	6.6	16.7	3.7
traffic	579	12.0	45.4	3,543	4.0	10.2	4.4
non-traffic	128	2.7	5.7	1,592	1.8	4.6	1.7
Pedal cyclist^(d)	762	15.8	37.5	14,849	17.0	42.7	0.9
traffic	275	5.7	14.8	6,017	6.9	17.3	0.9
non-traffic	450	9.3	21.2	8,303	9.5	23.9	0.9
Motorcyclist^(d)	387	8.0	23.5	20,961	23.9	60.1	0.4
traffic	158	3.3	9.9	9,946	11.4	28.5	0.3
non-traffic	222	4.6	13.3	10,414	11.9	29.9	0.4
Occupant of pick-up truck or van^(d)	81	1.7	5.4	1,008	1.2	2.9	1.9
traffic	40	0.8	2.8	521	0.6	1.5	1.9
non-traffic	34	0.7	2.2	375	0.4	1.1	2.0
Bus occupant^(d)	30	0.6	2.8	585	0.7	1.7	1.6
traffic	16	0.3	1.3	200	0.2	0.6	2.3
non-traffic	5	0.1	0.5	119	0.1	0.3	1.4
Occupant of heavy transport vehicle^(d)	21	0.4	2.3	1,327	1.5	3.8	0.6
traffic	11	0.2	1.2	714	0.8	2.0	0.6
non-traffic	5	0.1	0.6	421	0.5	1.2	0.5
Animal rider or occupant of animal-drawn vehicle	235	4.9	14.4	6,607	7.5	18.9	0.8
Occupant of watercraft	30	0.6	2.0	1,868	2.1	5.3	0.4
Occupant of a special all-terrain or off-road motor vehicle	26	0.5	1.2	1,104	1.3	3.2	0.4
Occupant of three-wheeled motor vehicle	12	0.3	0.6	258	0.3	0.7	0.8
Occupant of a special agricultural vehicle	13	0.3	1.0	439	0.5	1.3	0.8
Occupant of a tram	7	0.2	0.6	78	0.1	0.2	2.7
Occupant of a train	6	0.1	0.3	99	0.1	0.3	1.0
Occupant of a special industrial vehicle	4	0.1	0.3	275	0.3	0.8	0.3
Occupant of a special construction vehicle	4	0.1	0.3	163	0.2	0.5	0.6
Occupant of aircraft	0	0.0	0.0	453	0.5	1.3	0.0
Other and unspecified	124	2.6	7.9	2,013	2.3	5.8	1.4
Total	4,827	100.0	327.6	87,625	100.0	251.6	1.4

(continued)

Table 1.03.5 (continued): Mode of transport^(a) for serious injury; NT, WA, SA and Qld, 1999-00 to 2003-04

- (a) 'Mode of transport' here means the vehicle the person was travelling in at the time of being injured in a transport accident. 'Other and unspecified' includes V87, V88, V89, V98, and V99 for ICD-10 (deaths).
- (b) Number per 100,000 population, adjusted by direct standardisation to the Australian population in June 2001.
- (c) Ratio of age-standardised rate for persons specified as Indigenous to the equivalent rate for all other persons (i.e. non-Indigenous or not stated).
- (d) A traffic accident is any vehicle accident occurring on a public road [i.e. originating on, terminating on, or involving a vehicle partially on the road]. A non-traffic accident is any vehicle accident that occurs entirely on any place other than a public road. For a certain proportion of cases, whether an accident was traffic or non-traffic was unknown. These cases are included in the totals for each mode of transport and this is the reason the sum of traffic and non-traffic cases is sometimes less than the total for each mode.

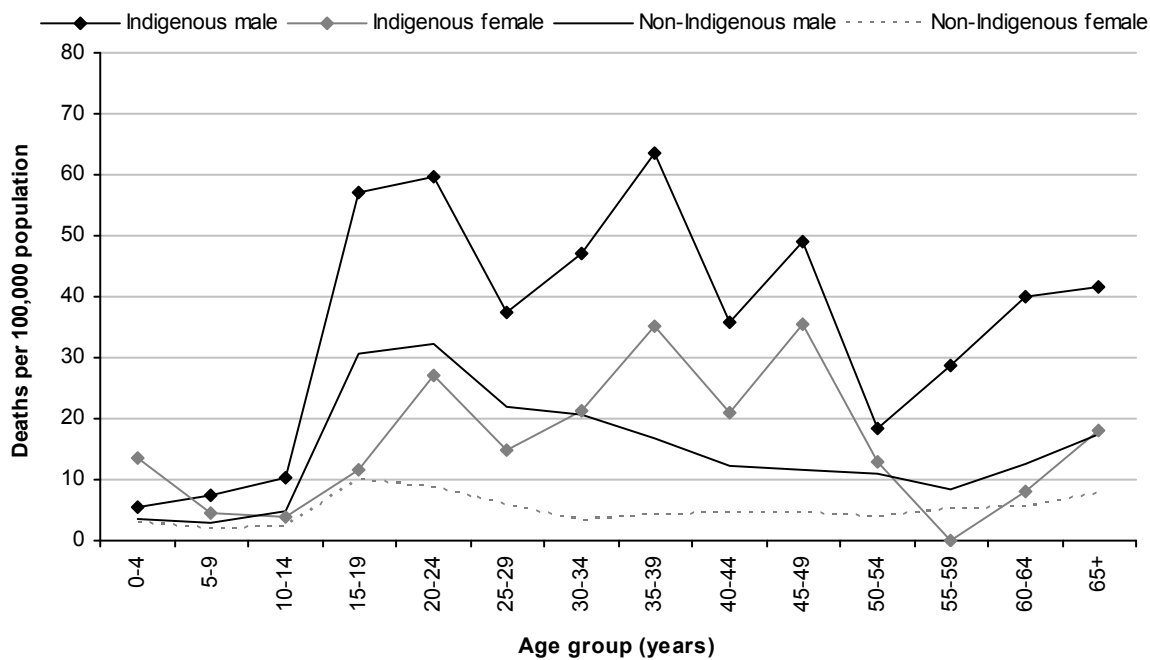
Source: Berry et al. 2007.

Land transport injury

- Most Indigenous transport deaths (99%) and serious injury cases (99%) were known to have involved land transport; 94% of non-Indigenous transport deaths and 96% of serious injury cases were known to have involved land transport (Berry et al. 2007).
- From 1999-00 to 2003-04, land transport accidents accounted for 27% of fatal injury cases for Indigenous people and 8.7% of all injury hospitalisations for Indigenous people. The age-standardised rate of land transport injury was 26 deaths per 100,000 Indigenous persons and 324 admissions to hospital per 100,000 Indigenous persons (Berry et al. 2007).

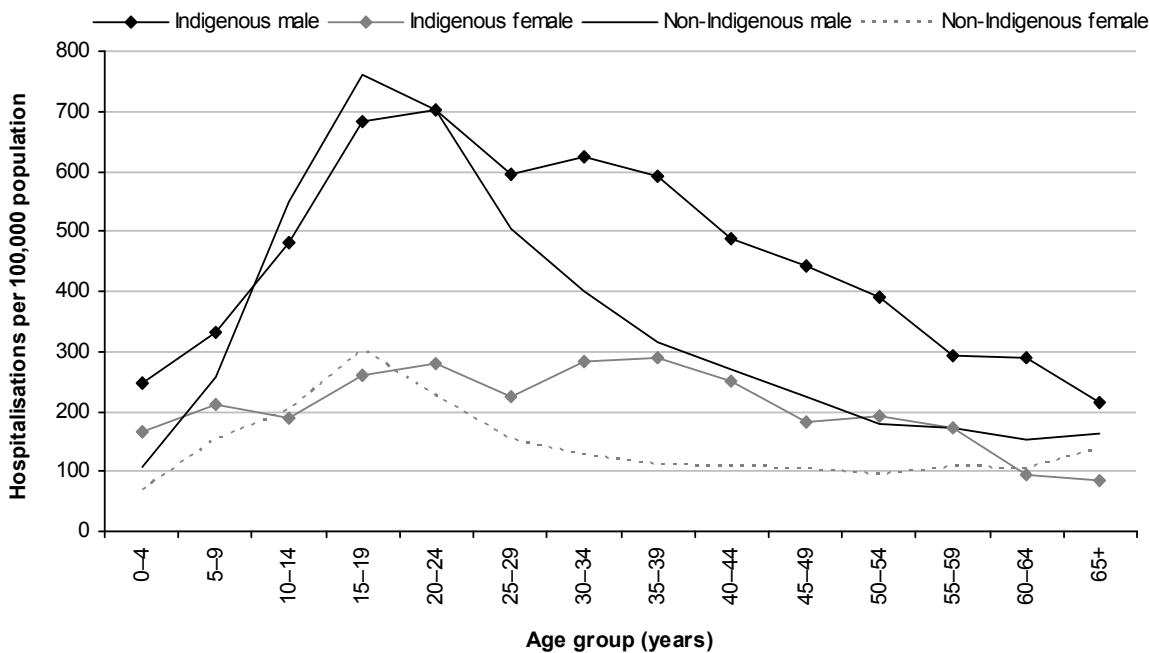
Land transport injury by age and sex

- Indigenous males accounted for two-thirds (66%) of all land transport deaths of Indigenous Australians in 1999-00 to 2003-04 (Figure 1.03.2).
- Fatal injury rates, on an age-specific population basis, for non-Indigenous males and females were highest for the 15-19 and 20-24 year age groups. For Indigenous males and females, fatal injury rates rose in early adulthood and remained elevated through middle age, although age-specific rates were variable because of small case numbers in each age group (Berry et al. 2007).
- Fatal injury rates for Indigenous males were substantially higher than non-Indigenous rates across all ages, except for infants aged 0-4 years. For females, Indigenous and non-Indigenous fatal injury rates were similar in the age bands from 5 to 19 years and the 55-64 years age group; but Indigenous females had a substantially higher death rate than non-Indigenous females in infancy, and over the age bands from 20 to 54 years (Figure 1.03.2).
- Indigenous males accounted for over two-thirds (68%) of Indigenous land transport deaths in 1999-00 to 2003-04 (Figure 1.03.3).
- For both males and females, Indigenous serious injury rates were fairly similar to non-Indigenous rates over the age bands from 5 to 29 years and above age 60 (women) or 65 (men); but Indigenous people had a substantially higher serious injury rate in infancy, and in the age bands from 30 to 59 years (Figure 1.03.3).



Source: Berry et al. 2007.

Figure 1.03.2: Age-specific fatal injury rates for land transport injury by sex, Indigenous and non-Indigenous persons, NT, WA, SA and Qld, 1999-00 to 2003-04



Source: Berry et al. 2007.

Figure 1.03.3: Age-specific serious injury rates for land transport injury by sex, Indigenous and non-Indigenous persons, NT, WA, SA and Qld, 1999-00 to 2003-04

Time series analysis

Injury and poisoning

Time series data are presented for the four jurisdictions that have been assessed as having adequate identification of Indigenous hospitalisations for all years from 1998–99 to 2005–06 – Queensland, Western Australia, South Australia and the Northern Territory. These four jurisdictions represent approximately 60% of the Indigenous Australian population. New South Wales and Victoria were identified as having adequate identification of Indigenous hospitalisations from 2004–05 onwards, therefore they were included as part of the current period analysis (2004–05 to 2005–06) but not as part of the time series analyses.

Hospitalisation rates, rate ratios and rate differences between Indigenous and other Australians for injury and poisoning over the seven-year period 1998–99 to 2005–06 are presented in Table 1.03.6 and Figure 1.03.4.

- In Queensland, Western Australia, South Australia and the Northern Territory combined, there were apparent declines in hospitalisation rates for injury and poisoning among Indigenous males and females during the period 1998–99 to 2005–06, but these declines were not significant.
- There were significant declines in hospitalisation rates for injury and poisoning among other Australian males and persons overall during the same period, with an average yearly decline in the rate of around 0.2 and 0.1, respectively, per 1,000 population. This was equivalent to a 5% and 4% decline in the rate for males and persons overall over the period. There was an apparent decline in the hospitalisation rates for injury and poisoning among other Australian females over the same period, but this decline was not significant.
- There were no significant changes in the hospitalisation rate ratios or rate differences between Indigenous and other Australians for the period 1998–99 to 2005–06.

Note that changes in the level of accuracy of Indigenous identification in hospital records will result in changes in the level of reported hospital separations for Indigenous Australians. Also, changes in access, hospital policies and practices all affect the level of hospitalisation over time. Caution should be used in interpreting changes over time, as it is not possible to ascertain whether a change in reported hospitalisation rates is due to changes in the accuracy of Indigenous identification or real changes in the rates at which Indigenous people are hospitalised. An increase in hospitalisations may reflect increased use of admitted patient hospital services rather than a worsening of health.

Table 1.03.6: Age-standardised hospitalisation rates, rate ratios and rate differences for injury and poisoning, Qld, WA, SA and NT, 1998–99 to 2005–06^(a)

	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	Annual change ^(b)	% change over period ^(c)
Indigenous rate (separations per 1,000)										
Males	58.8	54.0	55.1	57.0	52.4	53.6	54.9	57.6	-0.2	-1.8
Females	46.8	46.4	45.0	46.1	44.4	45.9	45.7	46.7	—	-0.5
Persons	52.6	50.2	49.9	51.5	48.4	49.8	50.2	52.0	-0.1	-1.2
Other Australian^(d) rate (separations per 1,000)										
Males	27.7	27.7	27.0	26.5	25.5	26.0	26.5	26.7	-0.2*	-5.2
Females	18.6	18.3	18.1	17.8	17.5	17.8	18.0	18.2	-0.1	-2.6
Persons	23.3	23.2	22.7	22.3	21.7	22.0	22.4	22.6	-0.1*	-4.3
Rate ratio^(e)										
Males	2.1	1.9	2.0	2.1	2.1	2.1	2.1	2.2	—	3.3
Females	2.5	2.5	2.5	2.6	2.5	2.6	2.5	2.6	—	2.1
Persons	2.3	2.2	2.2	2.3	2.2	2.3	2.2	2.3	—	3.1
Rate difference^(f)										
Males	31.1	26.3	28.1	30.5	26.8	27.7	28.4	30.9	0.1	1.2
Females	28.2	28.1	26.9	28.3	26.9	28.1	27.7	28.6	—	0.9
Persons	29.3	27.0	27.2	29.2	26.8	27.7	27.8	29.4	—	1.2

* Represents results with statistically significant increases or declines at the $p < 0.05$ level over the period 1998–99 to 2005–06.

(a) Data are from public and most private hospitals. Data exclude private hospitals in the Northern Territory.

(b) Average annual change in rates, rate ratios and rate differences determined using linear regression analysis.

(c) Per cent change between 1998–99 and 2005–06 based on the average annual change over the period.

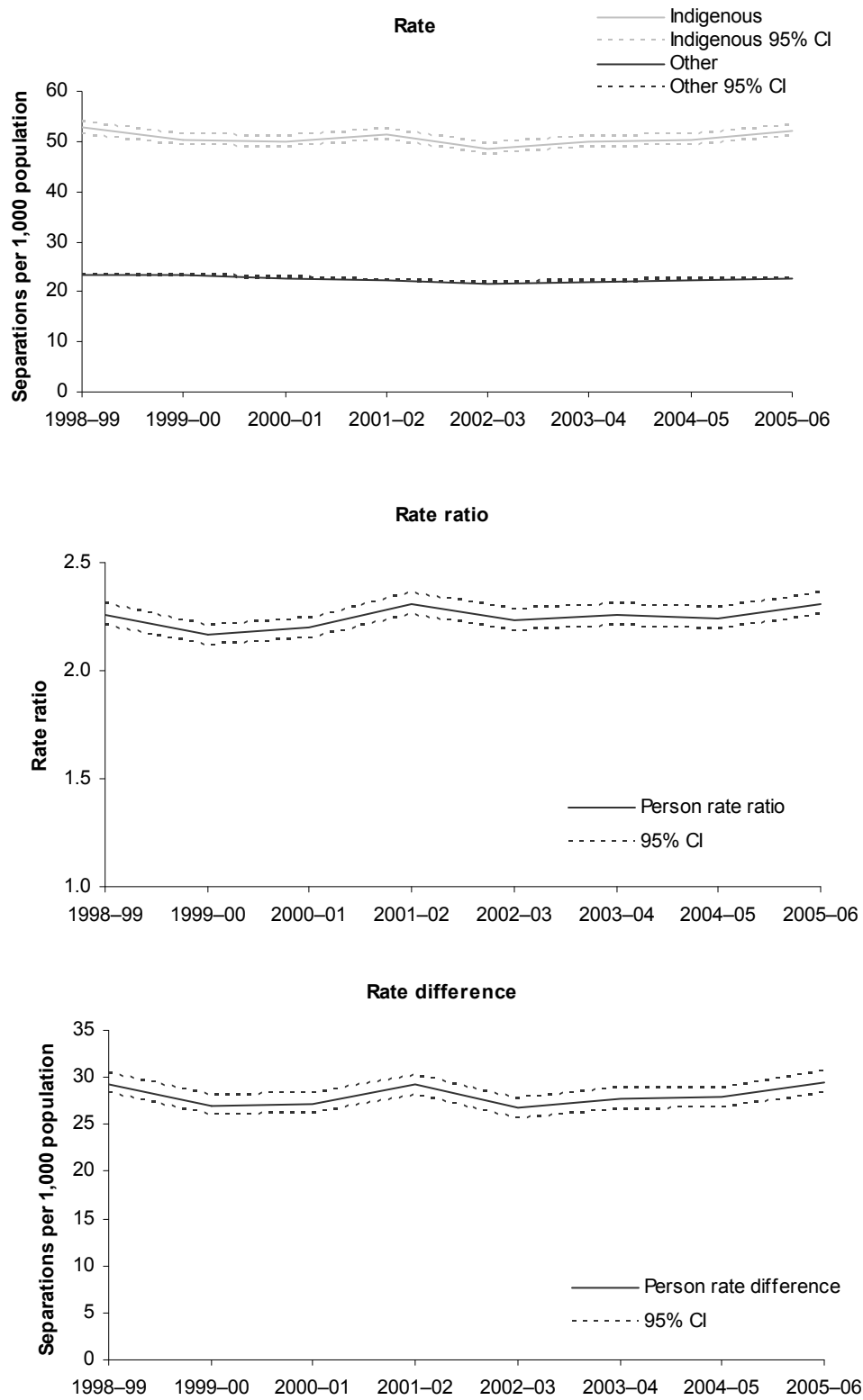
(d) 'Other' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

(e) Hospitalisation rates for Indigenous Australians divided by the hospitalisation rates for other Australians.

(f) Hospitalisation rates for Indigenous Australians minus the hospitalisation rates for other Australians.

Note: Rates have been directly age-standardised using the 2001 Australian standard population.

Source: AIHW analysis of National Hospital Morbidity Database.



Source: AIHW analysis of National Hospital Morbidity Database.

Figure 1.03.4: Hospitalisation rates, rate ratios and rate differences between Indigenous and other Australians for injury and poisoning, Qld, WA, SA and NT, 1998-99 to 2005-06

Sensitivity of hospitalisation trends to changes in identification

- The fitted trends described above have been examined for their sensitivity to changes in Indigenous identification. Three scenarios for identification were posted – constant identification, increasing identification and decreasing identification:
 - Under the constant identification scenario, the number of hospitalisations for the period under study was adjusted using the following identification factors:
 - o Queensland 87%
 - o Western Australia 97%
 - o South Australia 82%
 - o Northern Territory 96%.
 - Under the increasing identification scenario, hospitalisations were adjusted by linearly increasing the identification through the period under study – from 82% in 1998–99 to 87% in 2005–06 for Queensland, from 95% to 97% for Western Australia, from 76% to 82% for South Australia, and from 94% to 96% for the Northern Territory.
 - Under the decreasing identification scenario, hospitalisations were adjusted by linearly decreasing the identification from 92% in 1998–99 to 87% in 2005–06 for Queensland, from 99% to 97% for Western Australia, from 88% to 82% for South Australia, and from 98% to 96% for the Northern Territory.
- The adjustments in the latter two scenarios were based on judgments about the largest plausible shifts in identification during the period; of course, if any actual shift in identification was more extreme than has been posted under these scenarios, then the observed trends in hospitalisations might not persist.
- The decline in the hospitalisation rates for injury and poisoning for other Australian males and persons overall during the period 1998–99 to 2005–06 remained significant under the constant and decreasing identification scenarios. Only the decline in the hospitalisation rates for other Australian males remained significant under the increasing identification scenario.

Assault

Hospitalisation rates, rate ratios and rate differences between Indigenous and other Australians for assault over the 7-year period 1998–99 to 2005–06 are presented in Table 1.03.7 and Figure 1.03.5.

- Over the period 1998–99 to 2005–06, there were significant declines in the hospitalisation rate for assault among Indigenous males and females. The fitted trend implies an average yearly decline in the rate of around 0.4 per 1,000 for Indigenous males and 0.2 per 1,000 for Indigenous females, which is equivalent to a 16% and 9% reduction in the rate for males and females over the period.
- Over the same period there was no significant change in the hospitalisation rate for assault for other Australians.
- There were significant declines in both the hospitalisation rate ratios and rate differences between Indigenous and other Australians for assault over the period 1998–99 to 2005–06 (13% decline in the ratio and rate difference). This reflects both a relative and absolute decline in the gap between Indigenous and other Australian hospitalisation rates for assault.

Table 1.03.7: Age-standardised hospitalisation rates, rate ratios and rate differences for assault, Qld, WA, SA and NT, 1998–99 to 2005–06

	1998–99	1999–00	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	Annual change ^(a)	% change over period ^(b)
Indigenous rate (separations per 1,000)										
Males	16.2	15.3	15.2	15.8	14.6	13.6	13.6	13.8	-0.4*	-16.1
Females	16.6	16.1	15.1	15.5	15.0	14.5	15.0	15.1	-0.2*	-9.1
Persons	16.4	15.7	15.1	15.6	14.8	14.1	14.3	14.4	-0.3*	-12.4
Other Australian^(c) rate (separations per 1,000)										
Males	1.4	1.4	1.5	1.5	1.4	1.3	1.4	1.5	—	1.9
Females	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	—	-3.6
Persons	0.9	0.9	0.9	0.9	0.9	0.8	0.9	0.9	—	1.1
Rate ratio^(d)										
Males	11.5	11.1	10.2	10.8	10.5	10.1	9.6	9.1	-0.3*	-17.4
Females	51.4	50.5	45.1	46.5	48.1	46.6	50.5	45.6	-0.4	-5.5
Persons	18.7	18.3	16.4	17.3	17.2	16.9	16.6	15.5	-0.4*	-13.2
Rate difference^(e)										
Males	14.8	13.9	13.7	14.4	13.2	12.3	12.2	12.3	-0.4*	-17.8
Females	16.2	15.7	14.7	15.2	14.7	14.2	14.7	14.7	-0.2*	-9.2
Persons	15.5	14.8	14.2	14.7	13.9	13.2	13.4	13.5	-0.3*	-13.2

* Represents results with statistically significant increases or declines at the $p < 0.05$ level over the period 1998–99 to 2005–06.

(a) Average annual change in rates, rate ratios and rate differences determined using linear regression analysis.

(b) Per cent change between 1998–99 and 2005–06 based on the average annual change over the period.

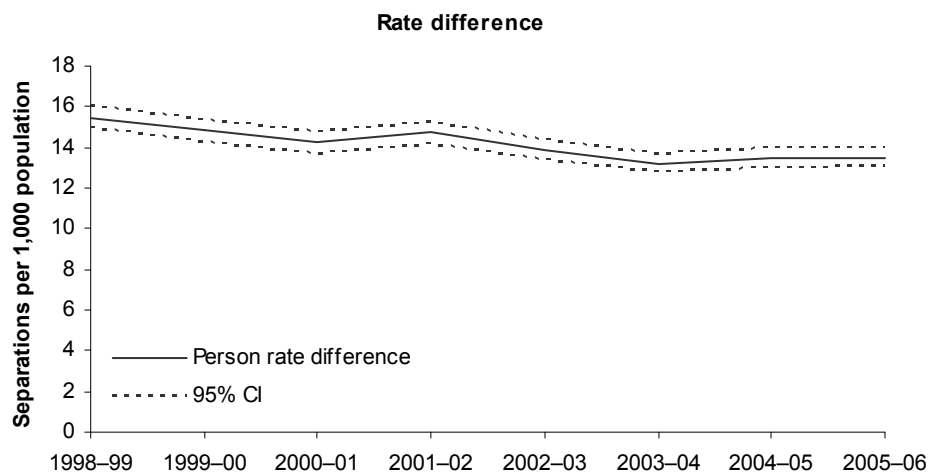
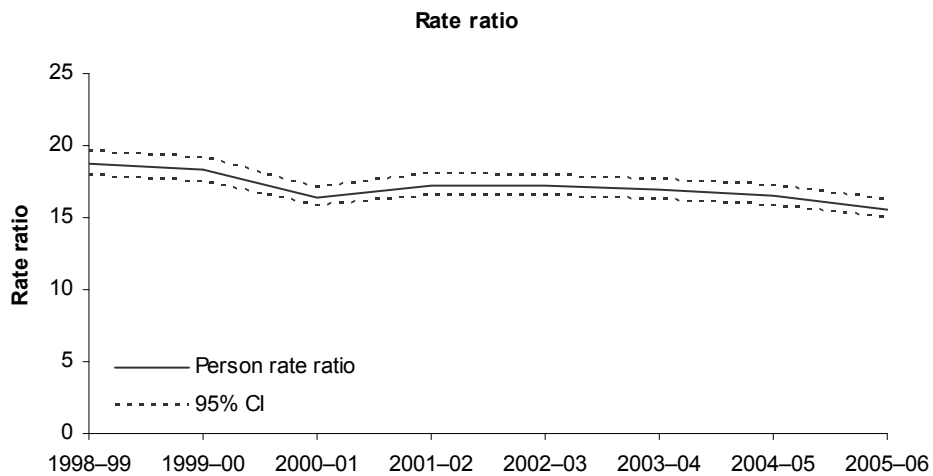
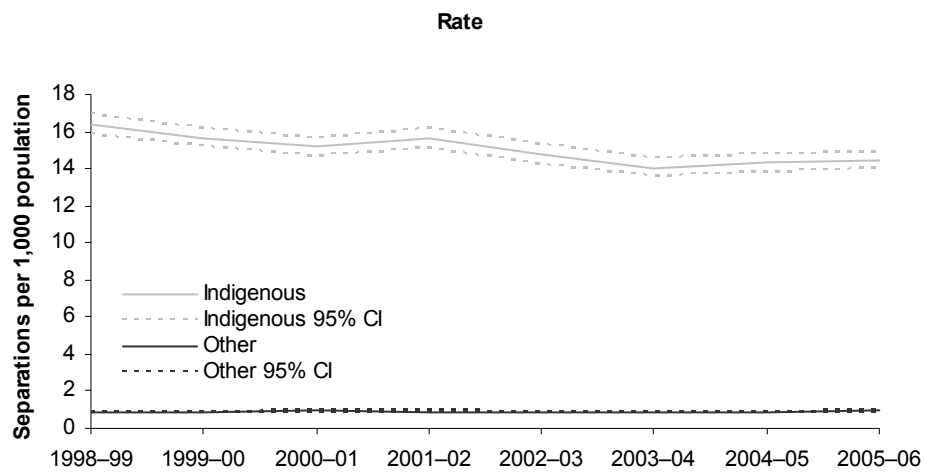
(c) 'Other' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

(d) Hospitalisation rates for Indigenous Australians divided by the hospitalisation rates for other Australians.

(e) Hospitalisation rates for Indigenous Australians minus the hospitalisation rates for other Australians.

Note: Rates have been directly age-standardised using the 2001 Australian standard population.

Source: AIHW analysis of National Hospital Morbidity database.



Source: AIHW analysis of National Hospital Morbidity Database.

Figure 1.03.5: Hospitalisation rates, rate ratios and rate differences between Indigenous and other Australians for assault, Qld, WA, SA and NT, 1998-99 to 2005-06

Additional information

This section presents information on injuries received in the 4 weeks before the interview from the 2004–05 ABS National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). The NATSIHS collected information on the type of injury, the damage caused by the injury, the activity and location at the time of injury and the part of the body affected. Note that the 2004–05 NATSIHS data relate only to persons in private dwellings. People in hospitals, nursing and convalescent homes, and hospices were excluded from the sample.

Prevalence

- After adjusting for differences in age distribution, Indigenous Australians had a slightly lower rate of reported recent injury (in the previous 4 weeks) than non-Indigenous Australians (15.4 per 100 compared with 18.6 per 100).

Type of injury

- The most common events which led to injury for Indigenous Australians were low falls (33%) and cuts (19%).
- Indigenous Australians were three times as likely as non-Indigenous Australians to report a recent injury which was the result of an attack by another person (rate ratio 2.8) or a high fall (rate ratio 3.1).

Nature of injury

- The most common forms of recent injury for Indigenous Australians were an open wound (41%) and bruising (30%).
- Nearly half (45%) of Indigenous Australians in the 0–14 age group who experienced an injury had an open wound. Bruising was also a common injury in this age group (36%).
- Indigenous Australians were more than twice as likely as non-Indigenous Australians to report a fracture as a recent injury (rate ratio 2.4).

Activity at time of injury event

- Leisure activities were the most common activity being undertaken when Indigenous Australians were injured (37% of Indigenous persons recently injured were undertaking leisure activity at the time of injury).
- In the Indigenous 0–14 age group, 62% of injuries occurred during leisure activities, 14% occurred during sports activities and 7% of injuries received in this age group occurred while attending school. For non-Indigenous Australians in the 0–14 age group, 54% of injuries occurred during leisure activities, 15% of injuries occurred during sports activities and 12% of injuries were received while attending school.
- Indigenous Australians who were recently injured were slightly less likely than non-Indigenous Australians who were recently injured to be attending school/college/university or working for income or as a volunteer at the time of injury (rate ratios of 0.7 and 0.8 respectively) and slightly more likely to be resting, sleeping or engaged in other personal activities at the time of injury (rate ratio of 1.4).

Location at time of injury event

- Indigenous Australians who received recent injuries were most likely to experience them inside or outside their own or someone else's home (29% and 28% respectively).
- Indigenous Australians were less likely than non-Indigenous Australians to experience recent injuries at a commercial or industrial place (respective rate ratios of 0.5 and 0.7)

and slightly more likely than non-Indigenous Australians to experience recent injuries at a street/highway (rate ratio of 1.3).

Influence of alcohol

- In 2004–05, 6% of Indigenous Australians aged 15 years and over reported being under the influence of alcohol or other substances at the time of injury.
- Indigenous Australians were almost five times as likely as non-Indigenous Australians to report being under the influence of alcohol or other substances at the time of injury (rate ratio of 4.5).

Data quality issues

Hospital separations data

Separations

The number and pattern of hospitalisations can be affected by differing admission practices among the jurisdictions and from year to year, and differing levels and patterns of service delivery.

Indigenous status question

Some jurisdictions have slightly different approaches to the collection and storage of the standard Indigenous status question and categories in their hospital collections. The 'not stated category' is missing from several collections. It is recommended that the standard wording and categories be used in all jurisdictions (AIHW 2005).

Under-identification

The incompleteness of Indigenous identification means the number of hospital separations recorded as Indigenous is an underestimate of hospitalisations involving Aboriginal and Torres Strait Islander peoples. For several years, Queensland, South Australia, Western Australia and the Northern Territory reported that Indigenous status in their hospital separations data was of acceptable quality (AIHW 2007). The AIHW, however, has recently completed an assessment of the level of Indigenous under-identification in hospital data in all states and territories. Results from this assessment indicate that New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory have adequate Indigenous identification (20% or less overall under-identification of Indigenous patients) in their hospital separations data (AIHW unpublished data). It has therefore been recommended that reporting of Indigenous hospital separations data be limited to aggregated information from New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory. The proportion of the Indigenous population covered by these six jurisdictions is 96%. The following caveats have also been recommended for analysis of hospitalisation data from selected jurisdictions (ABS & AIHW 2005):

- *Interpretation of results should take into account the relative quality of the data from the jurisdictions included (currently a small degree of Indigenous under-identification in data from Western Australia and the Northern Territory and relatively marked Indigenous under-identification in data from South Australia and Victoria).*
- *Data for these six jurisdictions over-represent Indigenous populations in less urbanised and more remote locations.*
- *Hospitalisation data for these six jurisdictions are not necessarily representative of the jurisdictions not included.*

From the AIHW study it was possible to produce correction factors for the level of Indigenous under-identification in hospital data for each jurisdiction and at the national level.

Numerator and denominator

Rate and ratio calculations rely on good numerator and denominator data. The changes in the completeness of identification of Indigenous people in hospital records may take place at different rates from changes in the identification of Indigenous people in other administrative collections and population censuses. Denominators used here are sourced from Experimental estimates and projections: Aboriginal and Torres Strait Islander Australians 1991 to 2009 (ABS 2004).

(continued)

Data quality issues (continued)

Data sources for injury emergency episodes

The National Non-admitted Patient Emergency Department Care Database is a national collection of de-identified data on emergency department episodes based on the Non-admitted Emergency Department Care National Minimum Data Set. This data set includes the standard Indigenous status question but does not include injury coding (for example, ICD-10). The Injury Surveillance National Minimum Data Set includes injury coding (components of ICD-10) but does not include demographic details such as Indigenous status. Therefore, there is currently no national minimum data set containing both Indigenous status and injury coding.

National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)

The NATSIHS uses the standard Indigenous status question. The NATSIHS sample was specifically designed to select a representative sample of Aboriginal and Torres Strait Islander Australians and thus overcomes the problem inherent in most national surveys with small and unrepresentative Indigenous samples. As with other surveys, the NATSIHS is subject to sampling and non-sampling errors. Calculations of standard errors and significance testing help to identify the accuracy of the estimates and differences.

Information recorded in this survey is essentially 'as reported' by respondents. The ABS makes every effort to collect accurate information from respondents, particularly through careful questionnaire design, pre-testing of questionnaires, use of trained interviewers and assistance from Indigenous facilitators. Nevertheless, some responses may be affected by imperfect recall or individual interpretation of survey questions.

Non-Indigenous comparisons are available through the National Health Survey (NHS). The NHS was conducted in major cities and regional and remote areas, but very remote areas were excluded from the sample. Time series comparisons are available through the 1995 and 2001 National Health Survey.

In remote communities there were some modifications to the NATSIHS content in order to accommodate language and cultural appropriateness in traditional communities and help respondents understand the concepts. Some questions were excluded and some reworded. Also, paper forms were used in communities in remote areas and computer-assisted interview (CAI) instruments were used in non-remote areas. The CAI process included built-in edit checks and sequencing.

Further information on NATSIHS data quality issues can be found in the NATSIHS 2004–05 publication (ABS 2006).

References

- ABS (Australian Bureau of Statistics) 2004. Experimental estimates and projections: Aboriginal and Torres Strait Islander Australians 1991 to 2009. ABS cat. no. 3238.0. Canberra: ABS.
- ABS 2006. National Aboriginal and Torres Strait Islander Health Survey 2004–05. ABS cat. no. 4715.0. Canberra: ABS.
- ABS & AIHW (Australian Institute of Health and Welfare) 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 & AIHW.
- AIHW 2005. Improving the quality of Indigenous identification in hospital statistics. Health services series no. 25. Cat. no. HSE 101. Canberra: AIHW.
- AIHW 2007. Australian hospital statistics 2005–06. Health services series no. 30. Cat. no. HSE 50. Canberra: AIHW.

Berry JB, Nearmy M & Harrison J 2007. Injury of Aboriginal and Torres Strait Islander people due to transport, 1999–00 to 2003–04. Cat. no. INJ CAT 100. Canberra: AIHW & ATSB (Australian Transport Safety Bureau).

National Centre for Classification in Health 2006. International statistical classification of diseases and related health problems, 10th revision, Australian modification. 5th edition. National Centre for Classification in Health.