

Abbreviations

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Abbreviations

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| AACR | Australasian Association of Cancer Registries |
| ABS | Australian Bureau of Statistics |
| ACIR | Australian Childhood Immunisation Register |
| ADHD | Attention-deficit hyperactivity disorder |
| AIHW | Australian Institute of Health and Welfare |
| AHMAC | Australian Health Ministers' Advisory Council |
| APSU | Australian Paediatric Surveillance Unit |
| ASSAD | Australian Secondary Students Alcohol and Drug (Survey) |
| BEACH | Bettering the Evaluation and Care of Health |
| BMI | Body mass index |
| CVS | Congenital varicella syndrome |
| DALY | Disability-adjusted life year |
| DHA | Commonwealth Department of Health and Ageing |
| DHAC | Commonwealth Department of Health and Aged Care |
| DHFS | Commonwealth Department of Health and Family Services |
| DHS | Victoria Department of Human Services |
| DHSH | Commonwealth Department of Human Services and Health |
| dmft | Number of decayed, missing and filled deciduous teeth |
| DMFT | Number of decayed, missing and filled permanent teeth |
| DPIE | Commonwealth Department of Primary Industries and Energy |
| DSM-IV | Diagnostic and Statistical Manual of Mental Disorders, 4th edition |
| DSRU | Dental Statistics and Research Unit |
| DTP | Diphtheria/tetanus/pertussis (vaccine) |
| HAV | Hepatitis A viral infection |
| Hib | <i>Haemophilus influenzae</i> type b |
| HIC | Health Insurance Commission |
| HREOC | Human Rights and Equal Opportunity Commission |
| ICD-9 | International Classification of Diseases, 9th Revision |
| ICD-9-CM | International Classification of Diseases, 9th Revision, clinical modification |
| ICD-10 | International Classification of Diseases, 10th Revision |
| ICD-10-AM | International Classification of Diseases, 10th Revision, Australian modification |
| IPD | Invasive pneumococcal disease |
| LBW | Low birthweight |
| MMR | Measles/mumps/rubella (vaccine) |
| NACCHO | National Aboriginal Community Controlled Health Organisation |
| NATSIS | National Aboriginal and Torres Strait Islander Survey |
| NCSCH | National Cancer Statistics Clearing House |
| NDSHS | National Drug Strategy Household Survey |
| NHMRC | National Health and Medical Research Council |
| NHS | National Health Survey |
| NISU | National Injury Surveillance Unit |

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|--------|---|
| NNDSS | National Notifiable Diseases Surveillance System |
| NNS | National Nutrition Survey |
| NPSU | National Perinatal Statistics Unit |
| OATSIH | Office for Aboriginal and Torres Strait Islander Health |
| OECD | Organisation for Economic Cooperation and Development |
| OMP | Other medical practitioners |
| RACGP | Royal Australian College of General Practitioners |
| RRMA | Rural, remote and metropolitan areas |
| SIDS | Sudden infant death syndrome |
| SSPE | Subacute sclerosing panencephalitis |
| TFR | Total fertility rate |
| UNICEF | United Nations Children's Fund |
| USDHSS | United States Department of Health and Human Services |
| WHO | World Health Organization |
| YLD | Years of healthy life lost to disability |
| YLL | Years of life lost to premature mortality |

States/Territories

| | |
|-----|------------------------------|
| NSW | New South Wales |
| Vic | Victoria |
| Qld | Queensland |
| WA | Western Australia |
| SA | South Australia |
| Tas | Tasmania |
| ACT | Australian Capital Territory |
| NT | Northern Territory |

Glossary

Aboriginal: A person of Aboriginal descent who identifies as an Aboriginal and is accepted as such by the community in which he or she lives.

Acute: Coming on sharply to a crisis and often brief, intense and severe.

Age-specific rate: A rate for a specific age group. The numerator and denominator relate to the same age group.

Age standardisation: A method of removing the influence of age when comparing populations with different age structures.

Bed days: The number of full or partial days of stay for patients who were admitted for an episode of care and who underwent separation during the reported period. A patient who is admitted and separated on the same day is allocated 1 bed day.

Birth cohort: People who are born in the same year.

Birthweight: The first weight of the baby (stillborn or liveborn) obtained after birth (usually measured to the nearest 5 grams and obtained within 1 hour of birth).

Cause of death: From information reported on the medical certificate of cause of death, each death assigned an underlying cause of death according to rules and conventions of the 9th or 10th revision of the International Classification of Diseases. The underlying cause is defined as the disease which initiated the train of events leading directly to death. Deaths from injury or poisoning are classified according to the circumstances of the violence which produced the fatal injury, rather than to the nature of the injury.

Confinement: Pregnancy resulting in at least one birth.

Congenital: A condition that is recognised at birth, or that is believed to have been present since birth, including conditions which are inherited or caused by environmental factors.

Core activity restrictions: The extent of a person's disability; 'core activities' are defined as self-care (bathing, dressing, eating, using toilet), mobility (moving around at home and away from home, getting into or out of bed or chair, using public transport), and communication (understanding and being understood by others). A person with a *profound* restriction is unable to perform a core activity, or always needs assistance with that activity, while a person with a *severe* restriction sometimes needs assistance to perform the activity.

Diagnosis: A decision based on the recognition of clinically relevant symptomatology, the consideration of causes that may exclude a diagnosis of another condition, and the application of clinical judgment.

Disability: The presence of one or more of 17 restrictions, limitations or impairments.

Disordered eating: Problematic eating behaviour like skipping meals for the purpose of weight loss.

Eating disorder: Clinically severe disturbances in eating behaviour, such as anorexia or bulimia nervosa.

External cause: Environmental event, circumstance and/or condition as the cause of injury, poisoning and/or other adverse effect.

Gestation: The carrying of young in the uterus from conception to delivery.

Hospitalisation: The term used to refer to the episode of care, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning and ending in a change of type of care (for example, from acute to rehabilitation).

Immunisation: Inducing immunity against infection by the use of antigen to stimulate the body to produce its own antibodies. See also *Vaccination*.

Incidence: The number of *new* cases (of an illness or event, etc.) occurring during a given period. Compare with *Prevalence*.

Indicator: A key statistic that indicates an aspect of population health status, health determinants, interventions, services or outcomes. Indicators are designed to help assess progress and performance, as a guide to decision making. They may have an indirect meaning as well as a direct one; for example, Australia's overall death rate is a direct measure of mortality but is often used as a major indicator of population health.

Indigenous: A person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander and is accepted as such by the community with which he or she is associated.

Infants: Children aged less than 1 year.

International Classification of Diseases: The World Health Organization's internationally accepted classification of causes of death and diseases. The 10th Revision (ICD-10) is currently in use.

Intervention (for health): Any action taken by society or an individual which 'steps in' (intervenes) to improve health, such as medical treatment and preventive campaigns.

Length of stay: Duration of hospital stay, calculated by subtracting the date the patient is admitted from the day of separation. All leave days, including the day the patient went on leave, are excluded. A same-day patient is allocated a length of stay of 1 day.

Live birth: Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born (WHO definition).

Medicare: A national, government-funded scheme that subsidises the cost of personal medical services, and that covers all Australians to help them afford medical care.

Medications: Pharmaceutical drugs available only on the prescription of a registered medical practitioner and available only from pharmacies.

Morbidity: Refers to ill-health in an individual and to levels of ill-health in a population or group.

National Health Priority Areas (NHPA): The NHPA initiative is a collaborative effort involving the Commonwealth Government and State and Territory Governments that seeks to focus public attention and health policy on those areas that are considered to contribute significantly to the burden of illness in the community, and for which there is potential for health gain.

Neural tube defects: Defects such as spina bifida and anencephalus that have arisen in the neural tube, the part of the embryo that develops into the brain and spinal chord.

Organisation for Economic Cooperation and Development (OECD): An organisation of 24 developed countries, including Australia.

Prescription drugs: Pharmaceutical drugs available only on the prescription of a registered medical practitioner and available only from pharmacies.

Prevalence: The number or proportion (of cases, instances, etc.) present in a population at a given time. Compare with *Incidence*.

Principal diagnosis: The diagnosis established to be the problem that was chiefly responsible for the patient's episode of care in hospital.

Private health insurance: Health insurance funds offer benefits to members for approved services provided in both public and private hospitals. They also operate ancillary tables which provide benefits for a wide range of non-hospital health and health-related services. There are a number of categories of health insurance membership which provide a wide range of benefits cover. These include 'exclusionary tables' under which funds are able to tailor the range of benefits provided to meet particular needs of different groups of contributors.

Private patients: Persons admitted to a private hospital; or persons admitted to a public hospital who decided to choose the doctor(s) who will treat them and to have private ward accommodation. This means they will be charged for medical services, food and accommodation.

Psychiatric hospitals: Establishments devoted primarily to the treatment and care of admitted patients with psychiatric disorders.

Public health: Health activities which aim to benefit a population. Prevention, protection and promotion of health are emphasised, as distinct from treatment tailored to individuals with symptoms. Examples include provision of a clean water supply and good sewerage, conduct of anti-smoking campaigns, and screening for diseases such as cancer of the breast and cervix.

Public hospital: A hospital controlled by a State or Territory health authority. In Australia, public hospitals offer free diagnostic services, treatment, care and accommodation to all who need it.

Public patient: A patient admitted to a public hospital who has agreed to be treated by doctors of the hospital's choice and to accept shared ward accommodation. This means the patient is not charged.

Quintile: A group derived by ranking the population according to specified criteria and dividing it into five equal parts.

Socioeconomic status: A relative position in the community as determined by occupation, income and level of education.

Torres Strait Islander: A person of Torres Strait Islander descent who identifies as a Torres Strait Islander and is accepted as such by the community in which he or she lives.

Vaccination: The process of administering a vaccine to a person to produce immunity against infection. See also *Immunisation*.

Data sources and methods

A number of data sources have been used to compile this report, including population-based data sources and sample surveys. The two main data sources used throughout are the AIHW Mortality Database and the AIHW National Hospital Morbidity Database. The section below explores these data sources.

AIHW Mortality Database

The AIHW is supplied with annual death data from the State and Territory Registrars of Births Deaths & Marriages. The data, which constitute the AIHW Mortality Database, include all deaths registered in Australia from 1964 to the present. Data are added annually towards the end of each year. For some attributes, data are inconsistent because particular States or Territories do not collect the same information on death certificates, or data codes have changed over time. It is also important to note that deaths are recorded by the date of death and the year in which they were registered, which may differ from the year the death actually occurred. Approximately 6% of deaths in a particular calendar year are registered in subsequent years, most being deaths that occurred in December of the preceding year. Since 1997, the causes of death in the Mortality Database have been coded using the International Classification of Diseases, 10th Revision (ICD-10). Variables contained in the AIHW Mortality Database which were used in this report include underlying cause of death, age, sex, area of residence and Indigenous status.

AIHW National Hospital Morbidity Database

The National Hospital Morbidity Database is compiled by the AIHW from data supplied by the State and Territory health authorities. It is a collection of electronic summary records of hospitalisations for patients admitted to public and private hospitals in Australia. Data are compiled when patients leave the hospital or 'are separated', because only when a patient leaves the hospital is a final diagnosis and length of stay in hospital available. Data are held for hospital separations ending the period 1 July to 30 June, 1993-94 to 1999-00. Almost all hospitals in Australia are included. The total number of records for 1999-00 was 5.9 million. The National Health Data Dictionary definitions form the basis of the database, ensuring a high standard of data comparability. From 1993-94 to 1997-98, all principal diagnoses leading to the hospitalisation have been coded using the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) while since 1998-99 the International Classification of Diseases, 10th Revision, Australian Modification (ICD-10-AM) has been used. In 1998-99, the year when the change-over from ICD-9-CM to ICD-10-AM took place, some States and Territories supplied their hospital data to AIHW already coded in ICD-10-AM (NSW, Vic, ACT and NT), while others supplied their data coded in ICD-9-CM (Qld, SA, Tas and WA). Data supplied from these States had to be mapped to ICD-10-AM by the AIHW. Variables contained in the AIHW National Hospital Morbidity Database which were used in this report include the principal diagnosis, age, sex, area of residence and Indigenous status.

National Health Survey (NHS)

The Australian Bureau of Statistics (ABS) conducted the 1995 National Health Survey from January 1995 to January 1996. Trained interviewers conducted personal interviews with residents of approximately 24,000 private and non-private dwellings. The first of the NHS series was conducted in 1989–90. However, similar national surveys covering health status and the use of health services were conducted by the ABS in 1977–78 and 1983.

This survey provides information on the health status of the Australian population. Topics covered include use of health services and facilities, smoking, alcohol consumption and exercise. The 1995 NHS was also designed to provide information on the health of Aboriginal and Torres Strait Islander Australians. The sample includes private dwellings and a small selection of non-private dwellings (such as hotels, motels and boarding houses). The survey was conducted in both urban and rural areas in all States and Territories.

Bettering the Evaluation and Care of Health (BEACH) Program

The BEACH Program is aiming to establish an ongoing database of GP–patient encounter information. The program continuously collects information about the patients seen, the reasons for seeking medical care, problems managed and treatments provided in general practice in Australia. This information can then be used to assess patient-based risk factors and the relationship these factors have with health service activity. The survey uses a cross-sectional, paper-based data collection system developed over the past 20 years in the Department of General Practice, University of Sydney. Data collection is ongoing, with 20 general practitioners (GPs) recording their consultations for the program per week. An Australia-wide random sample of 1,000 GPs is taken annually from HIC Medicare records. A sample of 100 consecutive consultations is collected from each GP.

Disability, Ageing and Carers Survey

The Disability, Ageing and Carers Survey is conducted by the Australian Bureau of Statistics (ABS). It provides information on people with disabilities, older people and people who provide assistance to others because of their disabilities. The most recent survey was conducted in 1998. Previous surveys were conducted in 1981, 1988 and 1993.

Households with a member (such as parent or child) with a disability were identified, together with families in which a member is a primary carer. The survey sample includes private dwellings and selected non-private dwellings (such as hotels, motels, hospitals, nursing homes and other establishments providing care accommodation, but excluding corrective institutions). The survey was conducted in both urban and rural areas in all States and Territories, but since 1997 excludes persons living in some remote and sparsely settled parts of Australia.

National Notifiable Diseases Surveillance System (NNDSS)

The National Notifiable Diseases Surveillance System (NNDSS) was established in 1990 by the Communicable Diseases Network of Australia and New Zealand (CDNANZ). The NNDSS coordinates the national surveillance of more than 40 communicable diseases. Notifications are made to State or Territory health authorities under the provisions of the public health legislation in their jurisdiction. Computerised, de-identified unit records of notifications are supplied to the NNDSS secretariat at the Department of Health and Ageing for collation, analysis and publication in the *Communicable Diseases Intelligence* journal.

Data provided for each notification include a unique record reference number, State or Territory code, disease code, date of onset, date of notification to the relevant health authority, sex, age, Aboriginality, postcode of residence, and the confirmation.

The quality and completeness of data compiled in the NNDSS are influenced by various factors. Surveillance of communicable diseases varies between jurisdictions, as each State and Territory has specific requirements under its public health legislation for notification by medical practitioners, laboratories and hospitals. The notifiable diseases and the case definition may also vary between jurisdictions. Further, the way in which notifications are made differs between States and Territories. In some jurisdictions, different diseases are required to be notified by different health care providers. Therefore, the proportion of diagnosed cases of a particular disease which are subsequently notified to health authorities is not known with confidence and may vary between diseases, between jurisdictions and over time.

National Cancer Statistics Clearing House (NCSCH)

The AIHW maintains the National Cancer Statistics Clearing House (NCSCH). Information on the incidence of cancer in the Australian population is provided to the NCSCCH by the State and Territory cancer registries. The NCSCCH is the only national database of cancer incidence in Australia. The earliest cases recorded in the database are those diagnosed in 1982.

The Child and Adolescent Component of the National Survey of Mental Health and Well-being (The Mental Health of Young People in Australia)

The Child and Adolescent Component of the National Survey of Mental Health and Wellbeing (also known as the Mental Health of Young People in Australia) was commissioned by the Mental Health Branch of the then Commonwealth Department of Health and Aged Care and undertaken by the University of Adelaide. The data were collected between February and April 1998. Households were randomly selected in proportion to the population of each State or Territory, and spread proportionally across metropolitan and non-metropolitan areas (except in the Northern Territory, where only children in metropolitan areas were included). A representative sample of 4,500 children was recruited, and the response rate for the survey was 70%. Information was gathered from parents of children and from adolescents aged 13–17 years. Parents were interviewed, and both parents and adolescents completed a self-report questionnaire (Sawyer et al. 2000).

National Dental Telephone Interview Survey

The AIHW Dental Statistics Research Unit at Flinders University conducted the National Dental Telephone Interview Survey (NDTIS) in mid-1999. The survey comprised a stratified random sample of persons aged 5 years or more. Proxy interviews were conducted for children, usually with a parent. The NDTIS collected a wide range of information, including data on oral health status, dental treatment (such as time and place of, and reason for, last dental visit; services received in the previous year; and waiting time), perceived needs, social impact of dental health, hardship and affordability, difficulties associated with dental care, and socio-demographic and economic details. There were 7,824 participants across Australia in the 1999 survey. The sample included responses for 446 and 462 children in the age groups 5-9 years and 10-14 years, respectively.

National Nutrition Survey (NNS)

This survey provided information on food and nutritional intake, eating patterns and selected physical measures of the Australian population. The NNS was conducted in association with the 1995 National Health Survey as a joint project between the ABS and the then Commonwealth Department of Health and Family Services.

Because common variables were collected in both the NHS and the NNS, nutrition data can be linked to the family and demographic information collected in the NHS, together with data on health status, health-related actions, health risk factors and women's health supplementary items.

Australian Secondary Students Alcohol and Drug Survey (ASSAD)

The Centre for Behavioural Research in Cancer in Victoria conducts sample surveys on the use of alcohol and drugs by secondary school children in Australia. The sample is designed to represent students from all types of schools and provides statistically significant national and state-specific estimates for each age and sex group (Letcher & White 1999).

Members of the research team administer a written questionnaire to students at school. Students answer the questionnaire anonymously. The presence of teachers during the survey is discouraged.

The core questionnaire covers the use of tobacco, alcohol, over-the-counter medicines (used for non-medical purposes) and illicit substances. Questions relating to tobacco and alcohol cover the lifetime experience of smoking or drinking. The substances included in the questionnaire represent a wide range of licit and illicit substances, including analgesics, tranquillisers, cannabis, amphetamines, inhalants and steroids.

Australian Childhood Immunisation Register (ACIR)

Data on vaccination rates for Australian children are taken from the Australian Childhood Immunisation Register (ACIR) of the Health Insurance Commission (HIC). Recent data are available from the HIC web site. The ACIR commenced on 1 January 1996. All children from birth to 6 years registered with Medicare are enrolled on the ACIR. Financial incentives to doctors and parents exist to encourage both vaccination of children and their inclusion on the ACIR.

Methodology

Methods of standardisation used in this report

Death rates and hospitalisation rates throughout this report have been standardised to control for any effects of differing age structure in the Australian child population.

Direct age standardisation was the method of standardisation used in all cases except for death rates of Aboriginal and Torres Strait Islander children. For these particular rates, indirect age standardisation was more appropriate given the small numbers involved.

For the direct standardisation, the estimated resident child population of Australia at 1991 was used as the standard. The following formula illustrates the steps undertaken to standardise the data:

$$SR = \sum (R_i \times P_i) / \sum P_i$$

Where SR = the age-standardised rate

R_i = the age-specific rate for age group i , and

P_i = the standard population in age group i .

Indirect standardisation was used to estimate Aboriginal and Torres Strait Islander death rates. Average death rates in the non-Indigenous Australian child population in the period 1998–00 for Queensland, Western Australia, South Australia and Northern Territory were applied to the number of child deaths in the Aboriginal and Torres Strait Islander populations in these jurisdictions, to obtain the number of expected deaths of Indigenous children in those populations. The standardised mortality ratio was then calculated by dividing the total number of observed deaths in the Aboriginal and Torres Strait Islander populations by the total number of expected deaths. This ratio was then applied to the crude death rates in the standard population to obtain the standardised rate.

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