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Abbreviations

ABS	Australian Bureau of Statistics
ACER	Australian Council for Educational Research
ADHD	Attention-deficit hyperactivity disorder
AIHW	Australian Institute of Health and Welfare
AHMAC	Australian Health Ministers' Advisory Council
ASGC	Australian Standard Geographical Classification
ASSAD	Australian Secondary Students Alcohol and Drug (Survey)
BEACH	Bettering the Evaluation and Care of Health
BMI	Body mass index
DoHA	Commonwealth Department of Health and Ageing
DHAC	Commonwealth Department of Health and Aged Care
DHFS	Commonwealth Department of Health and Family 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
HIC	Health Insurance 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 and Related Health Problems, 10th Revision
ICD-10-AM	International Classification of Disease and Related Health Problems, 10th Revision, Australian modification
ICPC-2	International Classification of Primary Care, Version 2
LSAY	Longitudinal Survey of Australian Youth
MCEETYA	Ministerial Council on Education, Employment, Training and Youth Affairs
MMR	Measles/mumps/rubella (vaccine)
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSI	National Aboriginal and Torres Strait Islander Survey
NCSC	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

NNDS	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
PISA	Programme for International Student Assessment
RRMA	Rural, remote and metropolitan areas
SAAP	Supported Accommodation Assistance Program
STI	Sexually transmitted infection
TFR	Total fertility rate
UNICEF	United Nations Children's Fund
USDHSS	United States Department of Health and Human Services
WHO	World Health Organization

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.

Accessibility/Remoteness Index of Australia Plus (ARIA+): A continuous variable with a score of 0–15 which gives a measure of remoteness.

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.

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).

Body mass index (BMI): The most commonly used method of assessing whether a person is normal weight, underweight, overweight or obese. Calculated by dividing the person's weight (in kilograms) by their height (in metres) squared.

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 and Related Health Problems. 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.

Labour force: The labour force includes people who are employed and people who are unemployed (not employed and actively looking for work).

Labour force participation: young people who are employed either part time or full time and those who are currently unemployed but are looking for either full time or part time work are part of the labour force. The labour force participation rate is the proportion of people employed and unemployed out of the total population for the relevant age group

Labour force status: the labour force status of young people can be classified as follows: employed either full time or part time, unemployed (not employed and looking for full time or part time work) and not in the labour force (neither employed nor looking for work).

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.

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.

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.

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

Risk factor: Any factor which represents a greater risk of a health disorder or other unwanted condition or event. Some risk factors are regarded as causes of disease, others are not necessarily so.

SAAP support period: A support period commences when a client begins to receive support and/or supported accommodation from a SAAP agency. The support period is considered to finish when: the client ends the relationship with the agency; or the agency ends the relationship with the client.

SAAP closed support period: A support period that had finished before the end of the reporting period – 30 June.

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.

Unemployment rate: The unemployment rate is the proportion of those unemployed (not employed and looking for full time or part time work) out of the total work force (those working and those unemployed).

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 and Related Health Problems, 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 and Related Health Problems, 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 2001 ABS NHS from February to November 2001. Trained interviewers conducted personal interviews with residents of approximately 27,000 private dwellings. The first of the NHS series was conducted in

1989–90 with a second survey conducted in 1995. 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 2001 NHS also included a supplementary sample of Aboriginal and Torres Strait Islander people to provide information on the health of Aboriginal and Torres Strait Islander Australians. The Indigenous sample covered all areas of Australia, including sparsely settled areas.

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 (NCSCCH)

The AIHW maintains the National Cancer Statistics Clearing House (NCSCCH). 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).

The National Survey of Mental Health and Wellbeing of Adults

The 1997 National Survey of Mental Health and Wellbeing of Adults (SMHWP) was conducted from May to August 1997 from a representative sample of persons living in private dwellings in all states and territories of Australia. Approximately 13,600 private dwellings were initially selected in the survey sample. One person aged 18 years or over from each dwelling was subsequently invited to participate. Approximately 10,600 people aged 18 years or over participated in the survey, representing a response rate of 78%.

The SMHWP was designed to provide information on the prevalence of a range of major mental disorders for Australian adults. The range of mental disorders included in this survey was determined by a Technical Advisory Committee, taking into consideration: disorders that were expected to affect more than one per cent of the population; the capacity of the Composite International Diagnostic Interview (CIDI) to

diagnose selected mental disorders; and the limitations of a household survey identifying relevant population groups.

The selected mental disorders examined in the survey included; anxiety disorders, affective disorders, alcohol use disorders and drug use disorders

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 sociodemographic 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 ABS NHS 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.

Household, Income and Labour Dynamics in Australia Survey

The Household, Income and Labour Dynamics in Australia (or HILDA) Survey is a household-based panel survey funded by the Commonwealth Government, which aims to track all members of an initial sample of households over an indefinite life. The first wave of the survey was conducted in the second half of 2001

The initial sample selected for the first wave of the HILDA Survey comprised 12,252 households selected from 488 different neighbourhood regions across Australia, of which 11,693 were subsequently identified as in-scope. Interviews were successfully conducted with 13,969 members of 7682 households, giving a household response rate of 66 per cent.

In Wave 1 data was collected on a wide range of issues, including: household structure, family background, marital history, family formation, education, employment history, current employment, job search, income, health and well-being, child care and housing.

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 young people. For these particular rates, indirect age standardisation was more appropriate given the small numbers involved.

For the direct standardisation, the estimated resident young people population of Australia at 2001 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 total Australian population of young people in the period 1999–01 for Queensland, Western Australia, South Australia and Northern Territory were applied to the number young Aboriginal and Torres Strait Islander people in these jurisdictions, to obtain the number of expected deaths of Indigenous young people 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.

Indicators of youth health and wellbeing

The following list is a summary of the indicators of youth health and wellbeing that are presented in this report. The indicators, are listed according to the chapter of the report in which they appear.

Health and wellbeing

- Proportion of young people aged 15–24 years rating their own health as ‘excellent’, ‘very good’ or ‘good’
- Proportion of young people aged 15–24 years stating that they feel ‘delighted’, ‘pleased’ or ‘mostly satisfied’ with their life as a whole

Mortality

- Death rates for young people aged 12–24 years

Morbidity

- Rate of GP consultations per young person aged 12–24 years
- Hospitalisation rate for young people aged 12–24 years
- Proportion of young people aged 15–24 years who had had days away from work or study because of illness or injury in the previous 2 weeks
- Mean number of Medicare services processed per young person aged 12–24 years
- Proportion of young people aged 15–24 years taking a health-related action in the past 2 weeks

Disability

- Prevalence rate for disability in young people aged 15–24 years
- Prevalence rate for severe or profound core activity restriction among young people aged 15–24 years

Injury and poisoning

- Incidence rate for injury of young people aged 12–24 years
- Injury hospitalisation rate for young people aged 12–24 years
- Injury death rate for young people aged 12–24 years
- Transport accident hospitalisation rate for young people aged 12–24 years
- Transport accident death rate for young people aged 12–24 years
- Assault hospitalisation rate for young people aged 12–24 years
- Assault death rate for young people aged 12–24 years
- Death of young people aged 15–24 years from accidental poisoning by narcotics and hallucinogens

Mental health

- Proportion of young people aged 18–24 years having the highest levels of psychological distress as measured by the K10 scale
- Prevalence rate for mental health problems among young people aged 12–17 years
- Prevalence rate for mental health disorders among young people aged 12–24 years
- Mental health problems and disorders hospitalisation rate for young people aged 12–24 years
- Prevalence rate for depressive disorders among young people aged 12–24 years
- Prevalence rate for anxiety disorders among young people aged 18–24 years
- Prevalence rate for ADHD among young people aged 12–17 years
- Prevalence rate for conduct disorder among young people aged 12–17 years
- Prevalence rate for suicidal ideation for young people aged 12–17 years
- Intentional self-harm hospitalisation rate for young people aged 12–24 years
- Suicide rate for young people aged 12–24 years
- Prevalence rate for substance use disorders for young people aged 18–24 years
- Substance use disorder hospitalisation rate for young people aged 15–24 years
- Drug dependence disorder hospitalisation rate for young people aged 15–24 years
- Drug dependence disorder death rate for young people aged 15–24 years

Sexual and reproductive health

- Proportion of young people in Year 10 and Year 12 who have had sexual intercourse
- Proportion of sexually active young people aged 16–24 who are currently using any contraception to avoid pregnancy
- Proportion of young people in Year 10 and Year 12 who are attracted to the same sex, both sexes or unsure of their sexual attraction
- Chlamydia, gonococcal infection and syphilis notification rates for young people aged 12–24 years
- Proportion of students in Year 10 who correctly identified whether a disease was sexually transmitted and proportion of students in Year 12 who correctly identified whether a disease was sexually transmitted
- Proportion of young people aged 16–24 years who have non-regular sexual partners and who sometimes or never use condoms
- Induced abortion rate for young women aged 12–24 years
- Birth rate for young women aged 12–24 years
- Infectious diseases:
 - HIV infection notification rate for young people aged 12–24 years
 - Hepatitis A, B and C notification rates for young people aged 12–24 years
 - Pertussis, meningococcal disease, measles, mumps and rubella notification rates for young people aged 12–24 years
- Meningococcal disease hospitalisation rate for young people aged 12–24 years

Chronic diseases

- Prevalence rate of asthma for young people aged 12–24 years
- Asthma hospitalisation rate for young people aged 12–24 years
- Incidence rate for type 1 diabetes among young people aged 12–24 years
- Incidence rate for impaired glucose tolerance among young people aged 12–24 years
- Diabetes hospitalisation rate for young people aged 12–24 years
- Incidence rate for cancer among young people aged 12–24 years
- Five-year relative cancer survival rates for young people aged 12–24 years
- Proportion of young women aged 20–24 years who have had a Pap smear in the previous 24 months

Oral health

- Proportion of young people aged 12–24 who rate their oral health positively
- Percentage of young people aged 12–24 experiencing toothache in last 12 months
- Mean DMFT at 12 years and mean DMFT at 15 years
- Percentage of young people free of clinical decay at 12 years and at 15 years
- Oral health problems hospitalisation rate for young people aged 12–24 years
- (continued)
- Proportion of young people aged 12–24 making a dental consultation in the past 12 months

Substance use

- Mean age of initiation: tobacco, alcohol and illicit drugs
- Proportion of young people aged 12–24 years who are ‘recent’ smokers
- Proportion of young people aged 12–17 years who smoke and who buy their own cigarettes
- Proportion of young people aged 14–24 years who are ‘daily’ smokers
- Proportion of young people aged 14–24 years who drink at risky or high risk levels in the short term
- Proportion of young people aged 14–24 years who drink at risky or high risk levels in the long term
- Proportion of young people aged 12–24 years who had used an illicit drug within the previous 12 months
- Proportion of young people aged 12–24 years who had used cannabis within the previous 12 months
- Proportion of young people aged 14–24 years who had injected drugs within the previous 12 months
- Proportion of young people successfully quitting smoking in the last 12 months
- Alcohol and other drug-related violence victimisation rate for young people aged 14–24 years

Diet and nutrition

- proportion of young people aged 12–24 years whose daily energy intake from fats is above the level recommended by NHMRC
- Mean daily intake of energy of young people aged 12–24 years
- Proportion of young people aged 12–24 years eating sufficient daily serves of fruit and vegetables

Physical activity

- Proportion of young people aged 18–24 years reporting undertaking moderate or vigorous physical activity in previous week
- Overweight and obesity:
 - Proportion of young people aged 12–24 years who are overweight or obese
- Sun protection:
 - Proportion of young people aged 12–17 years reporting that they always or usually use some type of sun protection on a sunny day in summer
 - Proportion of young people aged 12–24 years whose skin is regularly checked for changes in freckles and moles

Family environment

- Proportion of young people in families who rated their family cohesion as 'fair' or 'poor'
- Rate of young people aged 12–16 years who are the subject of a child protection substantiation
- Rate of young people aged 12–17 years who are the subject of care and protection orders
- Proportion of young people aged 12–17 years who were in out of home care

Relationships and social participation

- Volunteering rate for young people aged 18–24 years
- Proportion of young people aged 15–24 years who are active members of sporting, hobby, or community-based clubs or associations

Education, employment and income

- School participation rate for young people aged 15–18 years
- Apparent retention rates for young people to Year 12
- Education participation rate for young people aged 15–24 years
- Attainment of Year 12 or a post-school qualification by 19-year-olds and attainment of a skilled vocational qualification or higher by 24-year-olds
- Proportion of young people aged 14 years who achieved mastery in reading and numeracy
- Proportion of young people aged 15–24 years who are unemployed and not in full-time education
- Proportion of young people aged 15–24 years who were long-term (more than 52 weeks) unemployed
- Proportion of young people aged 15–24 participating in full-time education or training, or in full-time work, or in both part-time education or training and part-time work
- Proportion of young people aged 15–24 years receiving government income support
- Proportion of young people aged 15–17 years who are considered to be independent from their parents for the purpose of Youth Allowance
- Proportion of young people aged 15–24 years who experienced hardship because of a shortage of money

Housing and homelessness

- Rate of young people aged 12–24 years who are currently homeless
- Proportion of young people aged 12–24 years who are SAAP clients
- Proportion of young people aged 12–24 years who live in overcrowded housing
- Juvenile justice:
 - Proportion of people aged 12–16 years in custody in a juvenile justice facility
 - Rate of imprisonment among young people aged 18–24 years
 - Personal crime victimisation rate among young people aged 18–24 years