

METHODS AND DATA SOURCES

RATES

Age-standardised rates have been used to remove the influence of age when comparing populations with different age structures. The 1991 Australian population has been used as the standard population in all Australian comparisons. The world standard population has been used for international comparisons.

Age and sex-specific rates have been used to compare age and sex groups.

Crude rates have been used when age-standardisation is not appropriate or not possible.

CLASSIFICATIONS

Cause of death and hospital diagnosis

The classification of cause of death is based upon the International Classification of Diseases, Ninth Revision (ICD-9). The following classification has been used in this report.

Disease	ICD-9 code
Rheumatic fever and rheumatic heart disease	390–398
Coronary heart disease	410–414
Heart failure	428
Stroke	430–438
Peripheral vascular disease	441–444
Cardiovascular disease	390–459

Hospital diagnosis has been classified using the ICD-9 CM (clinical modification), based on the same codes.

Urban, rural and remote areas

Urban, rural and remote areas are identified in this report using the Rural, Remote and Metropolitan Areas (RRMA) classification, developed in 1994 by the Department of Primary Industries and Energy and the then Department of Human Services and Health.

The RRMA classification assigns each Statistical Local Area in Australia into one of seven categories—2 metropolitan, 3 rural and 2 remote zones. These can be regrouped into three larger zones: urban (metropolitan), rural and remote. The classification is based primarily on population numbers and an index of remoteness.

This report examines data for the three larger areas (urban, rural and remote), as cell sizes are too small for accurate estimation in a more detailed classification.

Socioeconomic groups

The Australian Bureau of Statistics has constructed a number of socioeconomic indexes designed to classify areas on the basis of social and economic information collected in the Census of Population and Housing. The indexes are compiled at small geographical areas such as collection districts and then aggregated to larger geographic areas such as postcodes or statistical local areas (SLAs).

In this report the index of relative socioeconomic disadvantage has been used, which is based on income, educational attainment and employment status. Individual records were classified into quintiles of socioeconomic disadvantage according to the value of this index for the SLA of usual residence.

Indigenous Australians

Indigenous Australians refers to people who identify themselves as being of Aboriginal and/or Torres Strait Islander origin. Data quality issues exist in the identification of Indigenous Australians across population surveys and administrative data collections. In the 1996 Census, the number of people who identified themselves as Indigenous Australians was about a third higher than the number who did so in 1991, a difference much larger than can be explained by natural increase.

Deficiencies in health data for Indigenous Australians occur in both the National Mortality Database and the National Health Survey. Only mortality data for South Australia, Western Australia, the Northern Territory and the Australian Capital Territory are considered to have more than 90% coverage of Indigenous Australian deaths. Data for the Australian Capital Territory has not been included in this report due to the small number of deaths and the short period of time that death data has been collected there. No data is available from the National Health Survey on Indigenous Australians living in remote areas, due to concerns about data quality.

MAIN DATA SOURCES

1983 National Dietary Survey of Adults, was conducted as a component of the second Risk Factor Prevalence Survey, by the Commonwealth Department of Health in collaboration with the National Heart Foundation (now the Heart Foundation of Australia). The survey was designed to obtain national information on dietary intake to determine the food composition and nutrient intake of Australians aged 25–64. The survey collected information from a sample of 5,950 people living in the six capital cities of Australia.

1993 Disability, Ageing and Carers Survey, conducted by the Australian Bureau of Statistics, collects national information on the disability and handicap levels of Australians, their current and future care needs and the role of carers. It can be used with previous national disability surveys to monitor trends over time. The survey collected information from a sample of about 46,800 people, over a 4 month period from February to April 1993.

1995 National Health Survey, conducted by the Australian Bureau of Statistics, was designed to obtain national information on the health status of Australians, their use of health services and facilities, and health-related aspects of their lifestyle. It can be used with previous health surveys to monitor trends in health over time. The survey collected information from a sample of 57,600 people, over a 12-month period from January 1995 to January 1996.

1995 National Nutrition Survey, a joint project between the Australian Bureau of Statistics and the Commonwealth Department of Health and Aged Care, is the largest and most comprehensive Australian survey of food and nutrient intake, dietary habits and body measurements. The survey collected information from a sub-sample of respondents from the 1995 National Health Survey, approximately 13,800 people from urban and rural areas of Australia. The National Nutrition Survey was conducted over a 12-month period from January 1995 to January 1996.

Drug Utilization Sub-Committee Database, held at the Commonwealth Department of Health and Aged Care, monitors the community (i.e. non-public hospital) use of prescription medicines in Australia. This database combines information on prescriptions subsidised by the Pharmaceutical Benefits Scheme and the Repatriation Pharmaceutical Benefits Scheme with an estimate, from the Pharmacy Guild Survey, of those prescriptions that are not subsidised (i.e. private prescriptions and PBS prescriptions priced under the general patient copayment). The Pharmacy Guild Survey collects dispensing information each month from a random sample of about 250 pharmacies throughout Australia. Information on drugs prescribed in public hospitals and on highly specialised drugs available for outpatients through public hospital pharmacies under section 100 of the National Health Act are not included in this database.

National Cardiac Surgery Register, held at the Australian Institute of Health and Welfare, contains information on the number of a range of heart surgery procedures and associated deaths. The data are supplied annually to the Australian Institute of Health and Welfare by cardiac surgery units around Australia.

National Coronary Angioplasty Register, held at the Australian Institute of Health and Welfare, contains information on coronary angioplasty procedures, indications, associated complications, lesion location, success rates and adjunctive techniques such as stenting. The data are supplied annually to the Australian Institute of Health and Welfare by cardiac catheterisation units around Australia.

National Hospital Morbidity Database, held at the Australian Institute of Health and Welfare, contains demographic, diagnostic, procedural and duration of stay information on episodes of care for patients admitted to hospital. The data items are supplied to the Australian Institute of Health and Welfare by the State and Territory health authorities. The database provides information on the number of hospitalisations for a particular condition or procedure. It is not possible to count patients individually.

National Mortality Database, held at the Australian Institute of Health and Welfare, contains information on the cause of death supplied by the medical practitioner certifying the death or by a coroner. Registration of deaths is the responsibility of the State and Territory Registrars of Births, Deaths and Marriages. Registrars provide the information to the Australian Bureau of Statistics for coding of cause of death and compilation into aggregate statistics. As of 1 January 1997 the Australian Bureau of Statistics has introduced new automatic coding software, which identifies multiple causes of deaths within Australia. In this report, death data relates only to the principal cause of death.

Risk Factor Prevalence Study, a series of surveys conducted by the Heart Foundation of Australia (formerly National Heart Foundation) in 1980, 1983 and 1989, was designed to obtain national information on biomedical and behavioural risk factors in Australia and to monitor trends over time. While the data are somewhat dated, it remains an important source of national data for biomedical risk factors. The study collected information from a sample of around 22,000 adults living in capital cities of Australia (Canberra and Darwin were not included in the 1980 and 1983 Study), between May/June and December of the survey year.

