

Appendix 1: Methods

Crude rates

A crude rate is defined as the number of events over a specified period (for example, a year) divided by the total population at risk of the event.

Age-specific rates

An age-specific rate is defined as the number of events for a specified age group over a specified period (for example, a year) divided by the total population at risk of the event in that age group. Age-specific rates in this report were calculated by dividing, for example, the number of hospital separations or deaths in each specified age group by the corresponding population in the same age group.

Age-standardised rates

Age-standardised rates enable comparisons to be made between populations that have different age structures. This publication uses direct standardisation, in which the age-specific rates are multiplied by a constant population. This effectively removes the influence of the age structure on the summary rate.

All age-standardised rates in this report have used the June 2001 Australian total estimated resident population as the standard population.

The method used for the calculation of age standardised rates consists of three steps:

- Step 1: Calculate the age-specific rate for each age group.
- Step 2: Calculate the expected number of cases in each age group by multiplying the age-specific rates by the corresponding standard population and dividing by 100,000 to get the expected number of cases.
- Step 3: Sum the expected number of cases in each age group, divide by the total of the standard population and multiply by 100,000. This gives the age-standardised rate.

Confidence intervals

The observed value of a rate may vary due to chance even where there is no variation in the underlying value of the rate. Therefore, where indicators include a comparison between time periods, geographical locations, socioeconomic groups or Indigenous and non-Indigenous status, a 95% confidence interval has been calculated for administrative data (including data from the AIHW National Hospital Morbidity Database and the AIHW National Mortality Database).

The 95% confidence intervals for this report were calculated using a method for obtaining approximate confidence intervals for a weighted sum of Poisson parameters developed by Dobson et al. (1991). This method calculates approximate confidence intervals for a weighted sum of Poisson parameters.

The confidence intervals are used to provide an approximate indication of the differences between rates. Where the confidence intervals of two rates do not overlap, the corresponding rates are statistically significantly different from each other, that is, there is at least 95% confidence that the change in a rate is greater than that which could be explained by chance.

As with all statistical comparisons, care should be exercised in interpreting the results of the comparison. If two rates are statistically significantly different from each other, this means that the difference is unlikely to have arisen by chance. Judgement should, however, be exercised in deciding whether or not the difference is of any practical significance.

In this report, differences have been reported based on 95% confidence intervals. These confidence intervals are available on request.

For survey data, significance testing was undertaken where possible, using information about sampling variability.

Population data

The ABS estimated resident population (ERP) data were used to calculate all rates presented in this report, with the exception of rates by Indigenous status and socioeconomic status.

Crude and age-specific rates were calculated using the ERP of the reference year as at 30 June for mortality and 31 December for hospital separations. For this report, population data for 2005 and 2006 were available as preliminary estimates only. Final estimates were used for all other years.

Alternative methods were used to calculate the denominators for rates by socioeconomic status and regional status. The denominators for these rates were calculated by applying an ABS concordance between statistical local area (SLA) and socioeconomic status and between SLA and regional status to the relevant ERP by SLA counts.

The most recent direct count of the Aboriginal and Torres Strait Islander population, for which data was available for this publication, was the 2001 Census. However, the ABS has released projected estimates for the Aboriginal and Torres Strait Islander population for more recent years and these were used in this report.

Population groups

Aboriginal and Torres Strait Islander people

At present, there is considerable variation across the states and territories in the completeness of mortality and hospital data for Aboriginal and Torres Strait Islander people. Information concerning the number of hospital separations and deaths of Indigenous people is limited by the accuracy with which Indigenous persons are identified in deaths and hospital records. Problems associated with identification result in an underestimation of deaths and hospital separations for Indigenous people.

Mortality data for Queensland, Western Australia, South Australia and the Northern Territory are considered to have sufficient level of coverage to produce reliable statistics on Indigenous Australian deaths for the period 1998–2004. Due to small numbers of deaths among young Indigenous people aged 12–24 years, three years of mortality data have been combined for analysis in this report (2002–2004).

Where Indigenous status is 'Not stated/inadequately described', these deaths have been excluded from analysis. As such, the categories used for presentation of mortality analysis are 'Indigenous Australians' and 'non-Indigenous Australians'.

Guidelines developed by the AIHW for hospital separation data analysis using Indigenous status have been used in this report. This report recommended that data from the same jurisdictions as for mortality should be used for analytical purposes (Queensland, Western Australia, South Australia and the Northern Territory) (for further details see AIHW 2005e).

For these reasons the mortality and hospital separation data in this report include data from only Queensland, Western Australia, South Australia and the Northern Territory. Interpretation of results should take into account the relative quality of the data from these jurisdictions and the fact that data from these jurisdictions are not necessarily representative of the jurisdictions excluded.

Where Indigenous status is ‘Not stated/inadequately described’, these separations have been amalgamated with the separations for non-Indigenous people. As such, the categories used for presentation of hospital separation are ‘Indigenous Australians’ and ‘Other Australians’.

Regional status

This report uses the Australian Standard Geographical Classification (ASGC), which groups geographic areas into five classes. These classes are based on Census Collection Districts (CDs) and are defined using the Accessibility/Remoteness Index of Australia (ARIA). ARIA is a measure of the remoteness of a location from the services provided by large towns or cities. A higher ARIA score denotes a more remote location. The five classes of the ASGC Remoteness classification, along with a sixth ‘Migratory’ class, are listed in Table A1.

Table A1: Remoteness areas for the ASGC Remoteness Classification

Region	Collection districts (CDs) within region
Major Cities of Australia	CDs with an average ARIA index value of 0 to 0.2
Inner Regional Australia	CDs with an average ARIA index value greater than 0.2 and less than or equal to 2.4
Outer Regional Australia	CDs with an average ARIA index value greater than 2.4 and less than or equal to 5.92
Remote Australia	CDs with an average ARIA index value greater than 5.92 and less than or equal to 10.53
Very Remote Australia	CDs with an average ARIA index value greater than 10.53
Migratory	Areas composed of off-shore, shipping and migratory CDs

Source: ABS 2001a.

Socioeconomic status

SEIFA indexes are summary measures of socioeconomic status. They summarise a range of socioeconomic variables associated with disadvantage. The SEIFA index used in this report is the Index of Relative Socioeconomic Disadvantage (IRSD) developed by the Australian Bureau of Statistics for use at the Statistical Local Area level.

Social disadvantage is typically associated with low income, high unemployment and low levels of education (see Adhikari (2006) for the complete list of variables and corresponding weights used for the IRSD).

Since this index only summarises variables that indicate disadvantage, a low score indicates that an area has many low income families, people with little training and working in unskilled occupations and may be considered as disadvantaged relative to other areas. A high score implies that the area has few families with low incomes and few people with little or no training and few people working in unskilled occupations. These areas with high index scores may be considered less disadvantaged relatively to other areas. It is important to understand that a high score reflects a relative lack of disadvantage rather than advantage.

In this report, SEIFA quintiles were used, with quintile 1 representing the most relatively disadvantaged area and quintile 5 representing the least relatively disadvantaged area.

It is important to note that the IRSD relates to the average disadvantage of all people living in a geographic area and therefore should not be presumed to apply to all individuals living within the area.

For further information see Adhikari (2006).

Cause of death classification

Australia uses the International Statistical Classification of Diseases and Related Health Problems for coding of causes of death. The ninth revision (ICD-9) is available for the years 1979–1998 and the tenth revision from 1999 onwards. The ABS backcoded the 1997 and 1998 cause of death data in ICD-10 and consequently dual coding in ICD-9 and ICD-10 is available for use for these years. In this report, trend data for mortality used ICD-10 from 1997 onwards.

There are comparability factors available between ICD-9 to ICD-10. The comparability factors indicate the effect of the change on a particular code over time and can provide a means of bridging data between two revisions when presenting data over time. It was not necessary to apply comparability factors for the age groups used in this report.

The ICD-9 and ICD-10 codes used for analysis in this report are included throughout.

Hospital diagnosis classification

For hospital diagnosis, the International Statistical Classification of Diseases and Related Health Problems is used with modifications. ICD-9-CM is a clinical modification of ICD-9, and has been used in the AIHW National Hospital Morbidity Database (NHMD) from 1993–94 to 1997–98. ICD-10-AM is an Australian modification of ICD-10, and has been used in the AIHW NHMD from 1998–99 onwards.

The ICD-9-CM and ICD-10-AM codes used for analysis in this report are included throughout.

Hospital separations due to injury and poisoning

There are a number of issues when performing analysis on hospital separations for injury and poisoning and for external causes of injury and poisoning. The criteria used to select injury and poisoning and external cause of injury and poisoning hospital separations are described here.

For analysis at the injury and poisoning chapter level, the criteria used to select separations was a principal diagnosis in the ICD-10-AM range S00-T98 (ICD Chapter XIX *Injury and poisoning and certain other consequences of external causes*).

All records in the AIHW National Hospital Morbidity database that have a principal diagnosis of injury and poisoning should include one or more ICD-10-AM external cause codes. In 2004–05, among injury and poisoning hospital separations for 12–24 year olds, only 0.01% had no external cause code. Injury and poisoning separations without an external cause code are included in the total number of injury and poisoning separations, but are not included in external cause separations. This is because the focus of the injury and poisoning section of this report is to describe injury separations in terms of the external causes that brought them about.

The criteria used to select separations for external causes was a principal diagnosis in the ICD-10-AM range S00-T98 (ICD Chapter XIX *Injury and poisoning and certain other consequences of external cause*) and an external cause code in the ICD-10-AM range V01-Y99 (ICD Chapter XX *External causes of morbidity and mortality*). As multiple external causes can be recorded, only the first reported external cause per hospital separation was selected (that is, one external cause per injury and poisoning separation).

The selection of injury and poisoning separations in this report was not limited by omitting records in which the mode of admission was recorded as being by transfer from another acute-care hospital, as the purpose was to report all hospital separations for injury and poisoning.

Appendix 2: Data sources

A number of data sources were used to compile this report, including administrative data (for example, hospital separations), survey data, unit record data and published data. In all cases, the data used in this report has been the most recently available at the time of writing.

The two main data sources used throughout were the AIHW National Hospital Morbidity Database and the AIHW National Mortality Database. This section provides a brief description of most of the data sources used in this report.

AIHW data sources

AIHW Child Protection Data Collection

The AIHW collects annual statistics on child protection in Australia for children and adolescents aged 0–17 years. Data are provided by the state and territory community services departments and are used to produce *Child Protection Australia* and are also provided to the Productivity Commission for the *Report on Government Services*.

There are three separate child protection collections: child protection notifications, investigations and substantiations; children on care and protection orders and; children in out-of-home care.

Data availability: Care and protection orders annually from 2000-01 onwards, notifications, investigations and substantiations annually from 1990-91 onwards, and out-of-home care annually from 1998–99 onwards.

Further information: <www.aihw.gov.au/chilyouth/childprotection/index.cfm>

AIHW National Drug Strategy Household Survey (NDSHS)

The NDSHS is a key data collection under the National Drug Strategy. The survey commenced in 1985 and has been managed by the AIHW since 1998.

The 2004 NDSHS was conducted between June and November 2004. It is the largest and most comprehensive survey concerning licit and illicit drug use ever undertaken in Australia. Almost 30,000 people aged 12 years and older participated in the survey, in which they were asked about their knowledge of and attitudes towards drugs, their drug consumption histories, and related behaviours.

The data collected from these surveys have contributed to the development of policies for Australia's response to drug-related issues.

Data availability: 1985, 1988, 1991, 1993, 1995, 1998, 2001 and 2004

Further information: AIHW 2005a or <www.aihw.gov.au/drugs/strategies/index.cfm>

AIHW National Hospital Morbidity Database (NHMD)

The NHMD is compiled by the AIHW from data supplied by the state and territory health authorities. It is a collection of electronic confidentialised summary records for separations (that is, episodes of care) in public and private hospitals in Australia.

Hospital records are for 'separations' and not individuals, and as there can be multiple admissions for the same individuals, hospital separation rates do not usually reflect the incidence or prevalence of the disease or condition in question.

The collection contains establishment data (information about the hospital), demographic data of the patient, administrative data, length of stay data and, clinical and related data.

Diagnoses have been classified according to ICD-10-AM since 1998–99. See Appendix 1 for more information on hospital diagnosis classification.

Data availability: Annual from 1993–94 onwards

Further information: <www.aihw.gov.au/hospitals/nhm_database.cfm>

AIHW National Mortality Database

The AIHW National Mortality Database is held at the AIHW for the analysis of mortality statistics. The database includes information on the factors that caused death (usually referred to as the cause of death). The collection also contains information about the deceased person such as their age at death, the place of death, their country of birth, and where applicable, the circumstances of their death. These data are collected in Australia by the Registrars of Births, Deaths and Marriages in each state and territory. The data are then compiled nationally by the ABS, which codes the data according to the International Classification of Diseases (ICD). The tenth revision (ICD-10) is available for use from 1997. See Appendix 1 for more information on cause of death classification.

Data availability: Annual from 1964 onwards

Further information: <www.aihw.gov.au/mortality/index.cfm>

Bettering the Evaluation and Care of Health (BEACH)

The BEACH survey of general practice activity is a collaborative study between the AIHW and the University of Sydney. The BEACH project is a continuous collection of morbidity and treatment data from general practice across Australia, which aims to provide a quality database covering general practice activities.

Each year a random sample of 1,000 recognised general practitioners each record details of 100 consecutive consultations generating an annual database of 100,000 doctor-patient encounters.

Details collected include information about the consultation (for example, date, type of consultation), the patient (for example, date of birth, sex, reasons for encounter), the problems managed and the management of each problem (for example, treatment provided, prescriptions, referrals). Data on patient risk factors and health status and on general practitioner characteristics are also collected.

Data availability: Annual from 1998–99 onwards

Further information: AIHW: Britt et al. 2007

Juvenile Justice National Minimum Data Set (JJ NMDS)

The JJ NMDS involves the annual collection of state and territory information on juvenile justice supervision in Australia. Data is provided by the department responsible for juvenile justice in each jurisdiction. The JJ NMDS is a joint project between the Australasian Juvenile Justice Administrators (AJJA) and the AIHW, with a focus on the experience of young people aged 10 years and over (10 years is the youngest age that a person can enter the formal criminal justice system) involved in juvenile justice supervision in Australia. The JJ NMDS is designed to provide relevant and comparable information that will contribute to the national monitoring of juvenile justice policies and programs.

Information collected includes: the number of juvenile justice clients and some client characteristics; number and type of supervision periods and; juvenile justice detention centre characteristics.

Data availability: Annual from 2000–01 onwards

Further information: <www.aihw.gov.au/chilyouth/juvenilejustice/index.cfm>

National Cancer Statistics Clearing House (NCSCCH)

The AIHW maintains the NCSCCH. Information on the incidence of cancer in the Australian population is provided to the NCSCCH by the state and territory cancer registries. The data items provided to the NCSCCH by the state and territory cancer registries enable record linkage to be performed (for example, to the National Death Index) and the analysis of cancer by site and behaviour.

The NCSCCH collects information on incidence, mortality, specific cancer sites, cancer histology, geographical variation, trends over time and survival.

The NCSCCH is the only national database of cancer incidence in Australia.

Data availability: The earliest cases recorded in the database are those diagnosed in 1982

Further information: <www.aihw.gov.au/cancer/ncsch/index.cfm>

National Community Mental Health Care Database (NCMHCD)

The NCMHCD is a collation of data on specialised mental health services provided to non-admitted patients, in both government-operated community and hospital-based ambulatory care services such as community mental health services, outpatient clinics and day clinics.

Each record in the database is for a service contact, defined as a contact between a patient or client and an ambulatory mental health care service (including hospital and community-based services) that resulted in a dated entry being made in the individual's record.

The NCMHCD contains data on the date of service contact and on the characteristics of the patient, including demographic information such as age and sex, and clinically relevant information such as principal diagnosis and mental health legal status.

A mental health service contact for the purposes of this collection was defined as the provision of a clinically significant service by a specialised mental health service provider(s) for patients/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those resident in 24-hour staffed specialised residential mental health services, where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question. It should be noted that there is some variation across jurisdictions as to what they class as a service contact.

Data availability: Annual from 2000–01 onwards

Further information: AIHW 2005g

National Dental Telephone Interview Survey (NDTIS)

The 2002 NDTIS, conducted by the AIHW Dental Statistics Research Unit at Flinders University, involved a random sample of Australian residents aged five years and over in all states and territories. The data items included in the 2002 survey were based on those used in previous rounds of the survey.

The NDTIS collects a wide range of information on: oral health status, access to dental services (such as time, place and reason for last dental visit; frequency of visits; visits and treatments received in the previous year; and waiting time), social impact of dental health, dental insurance, financial burden, perceived needs, and sociodemographic and economic details. There were 7,312 participants across Australia in the 2002 survey, 19% of which were aged 12–24 years.

Data availability: 1994, 1995, 1996, 1999, 2002

Further information: Carter & Stewart 2003

National Diabetes Register (NDR)

The NDR, held at the AIHW, is a register of people living in Australia with insulin-treated diabetes. This includes persons using insulin to manage Type 1, Type 2, gestational and other types of diabetes.

People are eligible to be on the NDR if they use insulin to treat their diabetes and their insulin use began on or after 1 January 1999.

The NDR has two main data sources:

- the National Diabetes Services Scheme (NDSS) database, administered by Diabetes Australia
- the Australasian Paediatric Endocrine Group's (APEG) state and territory databases.

Data availability: Aims to collect all new cases of insulin-treated diabetes mellitus from 1 January 1999 onwards

Further information: <www.aihw.gov.au/diabetes/ndr.cfm>

Supported Accommodation Assistance Program (SAAP) National Data Collection

The SAAP National Data Collection has been providing annual information on the provision of assistance through SAAP since 1996–97. The AIHW has had the role of National Data Collection Agency (NDCA) since the collection's inception.

The National Data Collection consists of distinct components, each of which can be thought of as a separate collection. Currently, four collections are run annually: the Client Collection, the Administrative Data Collection, the Demand for Accommodation Collection and the Casual Client Collection.

The Client Collection collects information about all clients receiving support under SAAP of more than 1 hour's duration. Data are recorded by service providers during, or immediately following, contact with clients and are then forwarded to the NDCA after clients' support periods have ended or, for ongoing clients, at the end of the reporting period (31 December and 30 June). Data collected include basic sociodemographic information and information on the services requested by, and provided to, each client. Information about each client's situation before and after receiving SAAP services is also collected.

The Administrative Data Collection consists of general information about the agencies providing accommodation and support services to people who are homeless or in crisis.

The Demand for Accommodation Collection is conducted annually over 2 weeks. It measures the level of unmet demand for SAAP services by collecting information about the number of requests for accommodation from SAAP agencies that are not met, for whatever reason.

The 2-week Casual Client Collection is conducted annually to elicit information about short-term or one-off assistance provided to homeless people.

Data availability: Annual from 1996–97 onwards

Further information: <www.aihw.gov.au/housing/sacs/saap/index.cfm>

ABS data sources

ABS Family Characteristics Survey

The 2003 Family Characteristics Survey is the fourth survey on the topic of family composition, the first being conducted in 1982. The survey collects information about the composition of households and families, and the characteristics and circumstances of people within them.

The 2003 survey specifically collected details on household and family composition including demographics, labour force, and family type. The survey collected information on people of all ages, however there was a particular focus on families with children aged 0-17 years. The additional information collected for these families included information about family structure, the social marital status of the parents, parental income and contact arrangements for children with non-resident parents.

Data availability: 1982 and 1992 (Family Survey), 1997 and 2003 (Family Characteristics Survey)

Further information: ABS 2004d or <www.abs.gov.au/ausstats/abs@.nsf/

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ABS General Social Survey (GSS)

The first GSS was conducted by the ABS in 2002, with plans to repeat the survey at four-yearly intervals.

The aims of the GSS are to present data on a range of social dimensions of the Australian community at a single point in time by collecting data on a range of topics from the same individual; enable analysis of the interrelationship of social circumstances and outcomes, including the exploration of multiple advantage and disadvantage and; provide a base for comparing social circumstances and outcomes over time and across population groups.

The 2002 GSS collected information from 15,500 people aged 18 years and over across all states and territories of Australia. Information was collected about individuals and about the households in which they lived.

The focus is on the relationships between characteristics from different areas of social concern, rather than in-depth information about a particular field. Topics include health, housing, education, work, income, financial stress, broad assets and liabilities, transport, family and community, and crime.

Data availability: 2002, 2006 (not available for this publication)

Further information: ABS 2003c

ABS Labour Force Survey

The Labour Force Survey collects information on labour market activity of the usually resident civilian population of Australia aged 15 years and over. The survey collects information on socio-demographics, persons in the labour force (for example, labour force status, unemployment rate, participation rate), employed persons (for example, status of employment in main job (full-time or part-time), hours worked, job tenure, underemployment, occupation and industry in main job), unemployed persons (for example, whether looking for work, reason for ceasing last job, duration of unemployment) and persons not in the labour force (for example, whether looking for work, permanently unable to work).

Data availability: Quarterly from 1960–1968 and monthly from February 1978 onwards

Further information: <[www.abs.gov.au/websitedbs/c311215.nsf/0/](http://www.abs.gov.au/websitedbs/c311215.nsf/0/BF6068ABC64802DECA256BD500169F18?Open)

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ABS National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)

The 2004–05 NATSIHS, conducted by the ABS provides information about the health circumstances of Indigenous Australians. The sample size was 10,439 persons (or about one in 45 of the total Indigenous population), considerably larger than the supplementary Indigenous samples in the 1995 and 2001 National Health Surveys. This survey, which was conducted in remote and non-remote areas throughout Australia, collected information from Indigenous Australians about health related issues, including health status, risk factors and actions, and socioeconomic circumstances.

The aims of the survey were to provide broad information about the health of Indigenous Australians, by remoteness, and at the national and state/territory levels; allow for the relationships across the health status, risk factors and health related actions of Indigenous Australians to be explored; provide comparisons over time in the health of Indigenous Australians; and provide comparisons with results for the non-Indigenous population from the 2001 and 2004-05 National Health Survey (NHS).

Data availability: 2004-05

Further information: ABS 2006l or <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4715.0Main+Features12004-05?OpenDocument>

ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS)

The 2002 NATSISS was conducted between August 2002 and April 2003. Information was collected about the Aboriginal and Torres Strait Islander populations of Australia for a wide range of areas of social concern including health, education, culture and labour force participation. The survey is expected to be conducted at 6-yearly intervals.

Information was collected by personal interview from approximately 10,000 Aboriginal and Torres Strait Islander people aged 15 years and over throughout Australia, including those living in remote areas.

Data availability: 2002

Further information: <www.abs.gov.au/Ausstats/abs@.nsf/0d21d0868273a2c3ca25697b00207e97/9ad558b6d0aed752ca256c7600018788!OpenDocument>

ABS National Crime and Safety Survey

The Crime and Safety Survey collects information from residents of private dwellings about selected household and personal crime and safety issues on the perception of crime problems in the neighbourhood, fear of crime, the incidence of selected categories of crime and reporting behaviour. The survey includes persons aged 15 years and over. Persons aged 18 and over were asked to provide information on sexual assault on a separate questionnaire.

The survey collection methodology has been different on each occasion, but similar data items were collected.

Data availability: 1975, 1983, 1993, 1998, 2002 and 2005

Further information: <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4509.0Main+Features1Apr%202005?OpenDocument>

ABS National Health Survey (NHS)

The most recent NHS was conducted between August 2004 and June 2005 by the ABS. The survey collected information from 19,501 Australians of all ages and from all states and territories and from urban and remote areas. Very remote areas were excluded.

The aims of the survey are to obtain national benchmark information on a range of health issues and to enable trends in health to be monitored over time. Information was collected about the health status of the Australian population, health-related aspects of lifestyle and other health risk factors and use of health services.

In the ABS National Health Surveys, information is reported by a parent/guardian for young people under the age of 15 years, a combination of self- and parent-report for ages 15-17 years and self-report only for aged 18 years and over.

Data availability: 1977-78, 1983, 1989-90, 1995, 2001 and 2004-05

Further information: ABS 2006m

ABS National Nutrition Survey (NNS)

The NNS was conducted between February 1995 and March 1996 across all states and territories. It collected information for people aged two years and over on food and beverage intake, usual frequency of intake, food-related habits and attitudes, and physical measurements.

Data availability: 1995

Further information: <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4805.0Main+Features11995?OpenDocument>

ABS National Survey of Mental Health and Wellbeing of Adults (SMHWB)

The ABS 1997 SMHWB collected information from approximately 10,600 people aged 18 years or over on a range of mental disorders. These included anxiety disorders (for example, obsessive-compulsive disorder, panic disorder), affective disorders (for example, depression, bipolar affective disorder) and alcohol and drug use disorders. The survey used the Composite International Diagnostic Interview (CIDI) to diagnose mental disorders.

The survey also collected information on: demographic and socioeconomic characteristics; physical conditions; disability associated with mental disorders; health service use for a mental health problem; and perceived need for health services for a mental health problem.

Data availability: 1997

Further information: ABS 1998

ABS Personal Safety Survey (PSS)

The PSS collected information from persons aged 18 years and over about their safety at home and in the community.

Private, face-to-face interviews were conducted. Respondents were asked about their experiences of different types of violence, since the age of 15 years, by different types of male and female perpetrators (including current partner, previous partner, boyfriend/girlfriend or date, other known man or woman, and stranger). Information was collected about experiences of physical and sexual violence, the nature and extent of the violence against women and men, actions taken after experiencing violence, and the effect on their lives. Additional information was collected about incidents of abuse, stalking and other forms of harassment.

Data availability: 2005

Further information: <[www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4906.0Main+Features12005%20\(Reissue\)?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4906.0Main+Features12005%20(Reissue)?OpenDocument)>

ABS Survey of Children's Participation in Cultural and Leisure Activities

The Survey of Children's Participation in Cultural and Leisure Activities collects information about the participation of children aged 5–14 years in cultural, sporting and other leisure activities, details on children's use of computers and the Internet, and their involvement in homework and other study.

Data availability: 2000, 2003, 2006

Further information: <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4901.0Main+Features1Apr%202006?OpenDocument>

ABS Survey of Disability, Ageing and Carers (SDAC)

The SDAC collects information about people of all ages with a disability, older people (aged 60 years and over) and people who provide assistance to older people and people with disabilities.

The aims of the survey were to measure the prevalence of disability in Australia, measure the need for support of older people and those with a disability; provide a demographic and socioeconomic profile of people with disabilities, older people and carers compared with the general population; and to estimate the number of, and provide information, about people who provide care to older people and people with disabilities.

People with a disability were asked questions relating to help and assistance needed and received for self-care, mobility, communication, cognition or emotion, health care, housework, property maintenance, meal preparation, paperwork (reading and writing tasks) and transport activities. They were also asked questions relating to computer and Internet use and participation in community activities. Those aged 5-20 years (or their proxies) were asked about schooling restrictions, and those aged 15-64 years about employment restrictions.

Data availability: 1981, 1988, 1993, 1998 and 2003

Further information: <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4430.0Main+Features12003?OpenDocument>

ABS Survey of Education and Work

The Survey of Education and Work is conducted in May each year as a supplement to the Labour Force Survey. It presents information about the educational experience of persons aged 15–64 years, particularly in relation to their labour force status.

Information collected in the survey includes: participation in education in the year prior to the survey, and in the survey month; labour force characteristics; type of educational institution; level of education of current and previous study; highest year of school completed; level of highest non-school qualification; level of highest educational attainment; unmet demand for education in current year; and selected characteristics of apprentices. This survey was previously known as Transition from Education to Work, Australia.

Data availability: Transition from Education to Work: 1994, 1996, 1997

Education and Work: annual from 1997 onwards

Further information: <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/6227.0Main+Features1May%202006?OpenDocument>

ABS Survey of Work in Selected Culture and Leisure Activities

The Survey of Work in Selected Culture and Leisure Activities is a supplement to the Monthly Population Survey and collects data from those aged 15 years and over on involvement in cultural activities and sports participation which are cross-classified by demographic characteristics collected from the Labour Force Survey.

The object of the survey is to obtain data about the population's paid and unpaid involvement in a range of culture, sport and leisure activities.

The 1998–99 data were collected from a different survey vehicle (Population Survey Monitor) for those aged 18 years and over. Caution should therefore be exercised when comparing this survey with other years.

Data availability: 1993, 1997, 1998–99, 2001, 2004

Further information: <[www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/6281.0Main+Features1Apr%202004%20\(Corrigendum\)?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/6281.0Main+Features1Apr%202004%20(Corrigendum)?OpenDocument)>

Other data sources

Australian Secondary Students Alcohol and Drug (ASSAD) Survey

The ASSAD survey is a triennial secondary school-based survey which monitors the use of tobacco, alcohol and other substances among adolescents in Australia. The most recent survey was conducted in 2005 and used a representative sample of over 20,000 secondary school students in Years 7–12 across Australia. The current survey in this series was developed from a triennial national survey of secondary school students' use of tobacco and alcohol, conducted collaboratively by the Cancer Councils in each state of Australia commencing in 1984.

In 1996, the survey was expanded to include questions on the use of illicit substances and federal, state and territory health departments became collaborators with the Cancer Councils in the project.

The questionnaire covers the use of tobacco, alcohol, pain relievers, sleeping tablets and the use of illicit substances such as cannabis and hallucinogens.

Students were administered an anonymous, written questionnaire and the presence of teachers during the survey is discouraged.

Data availability: 1984, 1987, 1990, 1993, 1996, 1999, 2002 and 2005

Further information: <www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/home>

Child and Adolescent Component of the National Survey of Mental Health and Wellbeing

The Child and Adolescent Component of the National Survey of Mental Health and Wellbeing was commissioned by the Mental Health Branch of the then Commonwealth Department of Health and Aged Care and undertaken by the University of Adelaide.

This survey was the first to investigate the mental health and wellbeing of children and adolescents aged 4–17 years at a national level in Australia. It provides an accurate estimate of the prevalence of mental health problems, the degree of disability associated with mental health problems and the extent to which children and adolescents are receiving help for their problems.

A representative sample of 4,500 children was recruited, and the response rate for the survey was 70%. Information was gathered from parents of all participants and from adolescents aged 13–17 years. Parents were interviewed, and both parents and adolescents completed a self-report questionnaire.

Data availability: 1998

Further information: Sawyer et al. 2000

Household, Income and Labour Dynamics in Australia (HILDA) Survey

The HILDA Survey is a longitudinal household-based panel survey. The HILDA Survey is commissioned and funded by the Australian Government Department of Families, Community Services and Indigenous Affairs. The survey aims to describe the way people's lives are changing by tracking all members of an initial sample of households over an indefinite life.

Data are 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 wellbeing, child care, and housing. In addition, in every wave there is scope for additional questions on special topics. Interviews are conducted with all persons in the household aged 15 years and over, although information may be collected on persons aged under 15 years from other household members.

Data availability: 2001 (wave 1), 2002 (wave 2), 2003 (wave 3), 2004 (wave 4), 2005 (wave 5)

Further information: <www.melbourneinstitute.com/hilda/>

National Notifiable Diseases Surveillance System (NNDSS)

The 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 50 communicable diseases or disease groups. 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 Australian Government Department of Health and Ageing on a daily basis for collation, analysis and publication on the internet and 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, Indigenous status and postcode of residence.

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 notified to health authorities is not known with certainty and may vary among diseases, between jurisdictions and over time.

Data availability: 1991 onwards

Further information: <www9.health.gov.au/cda/Source/CDA-index.cfm>

National Survey of Secondary Students and Sexual Health

The National Survey of Secondary Students and Sexual Health has been conducted every five years throughout Australia since 1992. The third survey, conducted in 2002, involved 2,388 young people (55% young women) from Years 10 and 12 in all states and territories. For the first time students from both the Catholic and Independent school systems were included in the survey. The surveys are designed to inform educational policy and practice within the domain of sexual health.

The 2002 questionnaire collected information on students' personal experiences of sex, sexual attraction, condom use, alcohol and injecting drug use, body piercing, tattooing, general health, sources of information on sexuality and sexual health, and feelings and confidence in talking to peers and parents/guardians about a range of sexual matters. Detailed information was also collected on knowledge and perceived risk of HIV/AIDS, sexually transmitted infections and blood-borne viruses.

Data availability: 1992, 1997 and 2002

Further information: Smith et al. 2003

NSW Schools Physical Activity and Nutrition Survey (SPANS)

The NSW SPANS is a key initiative in the *Prevention of Obesity in Children and Young People: NSW Government Action Plan 2003–2007*. The survey collected information from almost 5,500 primary and high school students aged 5–16 years in NSW. Information was collected on the prevalence of overweight and obesity, levels of physical activity, modes of travel to and from school, fundamental movement skills, sedentary behaviours, food habits and eating patterns, fitness levels, and risk factors for chronic disease.

The study builds on the NSW Schools Fitness and Physical Activity Survey 1997 (NSWSFPAS).

Data availability: 2004

Further information: Booth et al. 2006

Appendix 3: Abbreviations

AACR	Australasian Association of Cancer Registries
ABS	Australian Bureau of Statistics
ACAM	Australian Centre for Asthma Monitoring
ACIR	Australian Childhood Immunisation Register
ACSC	Ambulatory Care Sensitive Conditions
ADHD	Attention-Deficit Hyperactivity Disorder
AIC	Australian Institute of Criminology
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
AMA	Australian Medical Association
ARIA	Accessibility/Remoteness Index of Australia
ASGC	Australian Standard Geographical Classification
ASSAD	Australian Secondary Students Alcohol and Drug survey
BMI	Body Mass Index
CDs	Collection Districts
CURF	Confidentialised Unit Record File
DALY	Disability-adjusted life year
DHAC	Commonwealth Department of Health and Aged Care
DMFT	Number of decayed, missing and filled permanent teeth
DoHA	Commonwealth Department of Health and Ageing
DSRU	Dental Statistics Research Unit
ERP	Estimated resident population
GSS	General Social Survey
FaCSIA	Commonwealth Department of Family and Community Services and Indigenous Affairs
GDP	Gross Domestic Product
GSS	General Social Survey
Hib	<i>Haemophilus influenzae</i> type b
HILDA	Household and Income Labour Dynamics in Australia Survey
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 and Related Health Problems, 10th Revision
ICD-10-AM	International Classification of Disease and Related Health Problems, 10th Revision, Australian modification
IRSD	Index of Relative Socio-economic Disadvantage
JJ NMDS	Juvenile Justice National Minimum Data Set
K10	Kessler 10
MCEETYA	Ministerial Council on Education, Employment, Training and Youth Affairs
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey

NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NCIRS	Australian National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases
NCP	National Child Protection
NCPASS	National Child Protection and Support Services
NCSCH	National Cancer Statistics Clearing House
NCMHCD	National Community Mental Health Care Database
NDARC	National Drug and Alcohol Research Centre
NDN	National Data Network
NDR	National Diabetes Register
NDSHS	National Drug Strategy Household Survey
NHMRC	National Health and Medical Research Council
NHPA	National Health Priority Area
NHPC	National Health Performance Committee
NHS	National Health Survey
NISU	National Injury Surveillance Unit
NMDS	National Minimum Data Set
NMSC	Non-melanoma skin cancer
NNDSS	National Notifiable Diseases Surveillance System
NNS	National Nutrition Survey
NPHP	National Public Health Partnership
NPSU	National Perinatal Statistics Unit
OECD	Organisation for Economic Co-operation and Development
SAAP	Supported Accommodation Assistance Program
SEIFA	Socio-Economic Index for Areas
SF-36	Short Form 36
SLA	Statistical local area
TFR	Total Fertility Rate
TIMSS	Third International Mathematics and Science Study
USDHHS	United States Department of Health and Human Services
WHO	World Health Organization
YLD	Years of life lost due to disability
YLL	Years of potential life lost

States/territories

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

Appendix 4: 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. See also *Indigenous*.

acute Coming on sharply and often brief, intense and severe.

affective disorders Mood disorders such as depression, mania and bipolar affective disorder. (The term does not include *anxiety disorders*, which are classified as a separate group.)

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.

ambulatory care Care provided to hospital patients who are not admitted to the hospital, such as patients of emergency departments and outpatient clinics. The term is also used to refer to care provided to patients of community-based (non-hospital) health care services.

anxiety disorders A group of mental disorders marked by excessive feelings of apprehension, worry, nervousness and stress. Includes panic disorder, various phobias, generalised anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder.

apparent retention rate The ratio of the number of students in a given year to the number originally entering secondary school.

ASGC Remoteness This classification is designed to compare, on the one hand, the major cities, and at the other extreme, very remote areas. This structure is based on the Accessibility/Remoteness Index of Australia (ARIA), which utilises road distance to various size service centres as a measure of physical remoteness. Within a state or territory, each remoteness area represents an aggregation of non-contiguous geographical areas that share common characteristics of remoteness.

The defined areas are:

- Major Cities of Australia
- Inner Regional Australia
- Outer Regional Australia
- Remote Australia
- Very Remote Australia
- Migratory: composed of off-shore, shipping and migratory collection districts (figures for these areas are not shown separately in this publication).

associated cause(s) of death Any condition(s), disease and injuries—other than the *underlying cause*—considered to contribute to a death. See also *cause of death*.

asthma A chronic inflammatory disease of the air passages causing widespread narrowing in them, obstruction of airflow, and episodes of wheezing, chest tightness and shortness of breath.

average length of stay (ALOS) The average length of stay for admitted patient episodes.

benchmark A standard or point of reference for measuring quality or performance.

birth cohort People who are born in the same year.

birth rate Number of live births per 1,000 population.

bipolar affective disorder A mental disorder where the person may be depressed at one time and manic at another. Formerly known as manic depression.

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).

blended families A couple family containing two or more children, of whom at least one is the natural child of both members of the couple, and at least one is the step-child of either member of the couple.

body mass index (BMI) The most commonly used method of assessing whether a person is normal weight, underweight, overweight or obese. It is calculated by dividing the person's weight (in kilograms) by their height (in metres) squared (kg/m^2). Cut-off points for persons of different age and sex are used to determine if a person is overweight or obese.

campylobacteriosis A disease usually marked by diarrhoea, abdominal pain, fever, nausea and vomiting for a few days, caused by some types of *Campylobacter* bacteria and often foodborne.

cancer A large range of diseases in which some of the body's cells become defective, begin to multiply out of control, can invade and damage the area around them, and can also spread to other parts of the body.

carries See *dental caries*.

cause of death From information reported on the medical certificate of cause of death, each death is classified by the underlying cause of death according to rules and conventions of the 9th or 10th revision of the *International Classification of Diseases*. The *underlying cause of death* is defined as the disease that initiated the train of events leading directly to death.

cerebrovascular disease Any disorder of the blood vessels supplying the brain or its covering membranes.

child protection investigation The process whereby the community services department obtains more detailed information about a child who is the subject of a notification and makes an assessment about the harm or degree of harm to the child and the child's protective needs.

child protection notifications A report is made to an authorised department by persons or other bodies making allegations of child abuse or neglect, child maltreatment or harm to a child. Where it is claimed that two children have been abused or neglected, this is counted as two notifications, even if the children are from one family.

child protection substantiation A child protection notification made to relevant authorities which was investigated, the investigation was finalised, and it was concluded that there was reasonable cause to believe that the child had been, was being, or was likely to be abused, neglected or otherwise harmed.

chronic disease Term applied to a diverse group of diseases, such as asthma, diabetes, cancer and rheumatic heart disease (to name a few), that tend to be long-lasting and persistent in their symptoms or development. Although these features also apply to some *communicable diseases*, the term is usually confined to non-communicable diseases.

cohort A group of individuals being studied who have experienced the same event at a specified period in time; for example, *birth cohort*.

communicable diseases (infectious diseases) Diseases or illnesses due to infectious organisms or their toxic products. Transmission may occur directly or indirectly via contact with other humans, animals or other environments that harbour the organism.

comorbidity When a person has two or more health problems at the same time.

conditions originating in the perinatal period Conditions that have their origin in the perinatal period even though death or morbidity occurs later. These include pregnancy and birth complications, birth trauma, respiratory and cardiovascular disorders, infections, and disorders related to the length of gestation and fetal growth.

confidence interval A statistical term describing a range (interval) of values within which we can be 'confident' that the true value lies, usually because it has a 95% or higher chance of doing so.

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.

deciduous teeth The teeth that are replaced by permanent (adult) teeth during childhood. Also called baby or milk teeth.

dental caries The disease process leading to tooth decay.

depression A mood disorder with prolonged feelings of being sad, hopeless, low and inadequate, with a loss of interest or pleasure in activities and often with suicidal thoughts or self-blame.

determinant Any factor that can increase the chances of ill health (risk factors) or good health (protective factors) in a population or individual. By convention, services or other programs which aim to improve health are often not included in this definition.

diabetes (diabetes mellitus) A chronic condition in which the body cannot properly use its main energy source, the sugar glucose. This is due to the relative or absolute deficiency in insulin, a hormone produced by the pancreas. Insulin helps glucose enter the body's cells from the bloodstream and then be processed by them. Diabetes is marked by an abnormal build-up of glucose in the blood and it can have serious short- and long-term effects. For the three main types of diabetes see *Type 1 diabetes*, *Type 2 diabetes* and *gestational diabetes*.

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.

diphtheria A bacterial infection that usually starts with soreness of the throat and tonsils but which can also affect other parts of the body and become severe enough to block breathing. It is preventable by vaccination.

disability Described by the International Classification of Functioning, Disability and Health as a concept of several dimensions relating to an impairment in body structure or function, a limitation in activities (such as mobility and communication), a restriction in participation (involvement in life situations such as work, social interaction and education), and the affected person's physical and social environment. Described by the *Oxford concise colour medical dictionary* (1998) as 'a loss or restriction of functional ability or activity as a result of impairment of the body or mind'.

disability-adjusted life year (DALY) Years of healthy life lost through premature death or living with disability due to illness or injury.

disease A physical or mental disturbance involving *symptoms* (such as pain or feeling unwell), dysfunction or tissue damage, especially if these *symptoms* and *signs* form a recognisable clinical pattern.

DMFT The number of permanent (adult) teeth currently decayed, extracted due to decay or with filling.

donovanosis Infectious disease (previously called granuloma inguinale) caused by the bacteria *Chlamydia granulomatis*. It features painless genital ulcers with tissue destruction, and can result in secondary infection and scarring.

epidemic An outbreak of a disease or its occurrence at a level that is clearly higher than usual, especially if it affects a large proportion of the population.

epilepsy A disturbance of brain function marked by recurrent fits and loss of consciousness.

exclusive breastfeeding Breastfeeding only—no other liquids or solids.

external cause Environmental event, circumstance and/or condition as the cause of injury, poisoning and/or other adverse effect. The term is used in disease classification.

fertility rate Number of live births per 1,000 women aged 15–49 years. See also *total fertility rate*.

full-time/part-time employed Full-time employed are those who work 35 or more hours per week; part-time employed are those who work less than 35 hours per week.

generalised anxiety disorder A mental disorder where a person is overly and unrealistically anxious and worried about many things over a long period. One of the group of *anxiety disorders*.

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

gestational diabetes Diabetes which is first diagnosed during pregnancy (gestation). It may disappear after pregnancy but signals a high risk of diabetes occurring later on.

Haemophilus influenzae type b infection A bacterial infection of infants and children that can cause meningitis, pneumonia and other serious effects. It is preventable by vaccination.

health Term relating to whether the body (which includes the mind) is in a good or bad state. With good health the state of the body and mind are such that a person feels and functions well and can continue to do so for as long as possible. See also *public health*.

health indicator See *indicator*.

health outcome A change in the health of an individual or population due wholly or partly to a preventive or clinical intervention.

health status An individual's or population's overall level of health, taking account of various aspects such as *life expectancy*, amount of *disability*, levels of disease *risk factors* and so forth.

hepatitis Inflammation of the liver, which can be due to certain viral infections, alcohol excess or a range of other causes.

Hodgkin's disease (Hodgkin's lymphoma) A cancer marked by progressive painless enlargement of lymph nodes throughout the body. A form of *lymphoma*.

hospital separation An episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). Separation also means the process by which an admitted patient completes an episode of care either by being discharged, dying, transferring to another hospital or changing type of care.

illness A state of feeling unwell, although the term is also often used synonymously with *disease*.

immunisation Inducing immunity against infection by the use of an antigen (vaccine) to stimulate the body to produce its own antibodies. See *vaccination*.

incidence The number of new cases (of an illness or event, and so forth) occurring during a given period. Compare with *prevalence*.

incident Newly acquired cases.

indicator A key statistic that describes (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. See also *Aboriginal*, or *Torres Strait Islander*.

infants Children aged less than 1 year.

inflammation Local response to injury or infection, marked by local redness, heat, swelling and pain. Can also occur when there is no clear external cause and the body reacts against itself, as in *auto-immune diseases*.

insulin Hormone that is produced by the pancreas and regulates the body's energy sources, most notably the sugar glucose.

International Classification of Diseases (ICD) International Statistical Classification of Diseases and Related Health Problems. The World Health Organization's internationally accepted classification of death and disease. The 10th Revision (ICD-10) is currently in use. ICD-10-AM is the Australian modification of ICD-10, used for diagnoses and procedures recorded for patients admitted to hospitals.

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.

ischaemia Reduced or blocked blood supply. See also *ischaemic heart disease*.

ischaemic heart disease Heart attack and angina (chest pain). Also known as coronary heart disease. See also *ischaemia*.

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 one day.

life expectancy An indication of how long a person can expect to live. It is the number of years of life remaining to a person at a particular age if death rates do not change.

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.

lymphoma A cancer of the lymph nodes. Lymphomas are divided into two broad types, *Hodgkin's disease* lymphomas and *non-Hodgkin's lymphomas*.

measles A highly contagious infection, usually of children, that causes flu-like symptoms, fever, a typical rash, and sometimes serious secondary problems such as brain damage. It is preventable by vaccination.

median The midpoint of a list of observations ranked from the smallest to the largest.

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

melanoma A cancer of the body's cells that contain pigment (melanin), mainly affecting the skin.

meningitis Inflammation of the brain's covering (the meninges), as can occur with some viral or bacterial infections.

mental illness Disturbances of mood or thought that can affect behaviour and distress the person or those around them, so the person often has trouble functioning normally. They include *anxiety disorders*, *depression* and *schizophrenia*.

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

mortality Death.

mumps A contagious viral disease marked by acute and painful swelling of the saliva-producing glands, often similarly affecting the testicles and sometimes other body parts.

musculoskeletal Relating to the muscles, joints and bones.

National Health Priority Areas (NHPA) The NHPA initiative is a collaborative effort involving the Australian 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.

National Minimum Data Set (NMDS) A minimum set of data elements agreed for mandatory collection and reporting at a national level.

neonatal The period of 28 days (4 weeks) after birth.

neoplasm Abnormal growth of tissue which may be benign or malignant; includes cancers and leukaemias.

non-Hodgkin's lymphoma A range of cancers of the lymphatic system (lymph glands and the channels they are linked to) that are not of the Hodgkin's variety.

obsessive-compulsive disorder A form of *anxiety disorder* where repeated and unwanted thoughts and impulses disturb and dominate a person. Often involves rituals such as excessive hand washing, checking and counting, which in turn cause anxiety if they are prevented or out of control.

Organisation for Economic Co-operation and Development (OECD) An organisation of 30 developed countries, including Australia.

other Australians 'Other Australians' is used when referring to people that have not identified as Aboriginal and/or Torres Strait Islander. This group will include those people who have said they are non-Indigenous but may also include either: (a) Aboriginal and/or Torres Strait Islander people who have chosen not to identify as such or (b) individuals for whom the relevant information was not collected.

outcome (health outcome) A health-related change due to a preventive or clinical intervention or service. (The intervention may be single or multiple, and the outcome may relate to a person, group or population, or be partly or wholly due to the intervention.)

panic disorder Marked by panic attacks (episodes of intense fear or discomfort) that occur suddenly and often unpredictably.

Pap smear Papanicolaou smear, a procedure to detect cancer and pre-cancerous conditions of the female genital tract.

perinatal period The period between 20 weeks (140 days) of gestation and 28 days after birth.

pertussis (whooping cough) A highly infectious bacterial disease of the air passages marked by explosive fits of coughing and often a whooping sound on breathing in. It is preventable by vaccination.

phobia A form of *anxiety disorder* in which there is persistent, unrealistic fear of an object or situation and which interferes with the person's life as they seek to avoid the object of their fear. Phobias include fear of heights, flying, open spaces, social gatherings, and animals such as spiders and snakes.

poliomyelitis (polio) Muscle paralysis, wasting and deformity of limbs after infection by a common virus (poliovirus) that can damage the so-called motor nerves in the spinal cord. It is preventable by vaccination.

postnatal The period of time after birth.

post-traumatic stress disorder (PTSD) A form of *anxiety disorder* in which a person has a delayed and prolonged reaction after being in an extremely threatening or catastrophic situation such as a war, natural disaster, terrorist attack, serious accident or witnessing violent deaths.

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

prevention (of disease or ill health) Action to reduce or eliminate the onset, causes, complications or recurrence of disease or ill health.

principal diagnosis The diagnosis describing the problem that was chiefly responsible for the patient's episode of care in hospital.

private hospital A privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and allied health practitioners. Compare with *public hospital*.

problem (health problem) A poorly defined term often used synonymously with *condition* or *disorder*. May be used more specifically to refer to health factors that a person or their doctor perceives as a concern—a problem—that needs attention; and which, for example, the person may list in a survey or their doctor may list in clinical notes.

public health Term variously referring to the level of health in the population, to actions that improve that level or to related study. Activities that aim to benefit a population tend to emphasise prevention, protection and health promotion as distinct from treatment tailored to individuals with symptoms. Examples include provision of a clean water supply and good sewerage, conduct of anti-smoking education 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 Australians who need them.

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

rheumatic fever An acute, serious disease that affects mainly children and young adults and can damage the heart valves, the heart muscle and its lining, the joints and the brain. Is brought on by a reaction to a throat infection by a particular bacterium. Now very rare in the non-Indigenous population, it is still at unacceptably high levels among Indigenous Australians living in remote areas. See *rheumatic heart disease*.

rheumatic heart disease Chronic disease from damaged heart valves cause by earlier attack(s) of rheumatic fever.

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. Along with their opposites (protective factors) risk factors are known as *determinants*.

rubella (German measles) A communicable disease of children and young adults which has mild symptoms but which often causes serious birth defects if it occurs in a mother during the first three months of pregnancy. It is preventable by vaccination.

salmonellosis A disease commonly marked by sudden onset of headache, abdominal pain, fever, diarrhoea, nausea and sometimes vomiting, caused by some types of salmonella bacteria and often foodborne.

schizophrenia A group of serious mental disorders where imagined and disordered thoughts are key features, often with problems of behaviour, mood and motivation, and a retreat from social life.

sign (clinical) An indication of a disorder that is detected by a clinician or other observer who examines the person affected. Unlike with *symptoms*, a patient does not necessarily notice or complain of a sign and many signs are detected only with special techniques used by the person doing the examination.

Socio-economic Index for Areas SEIFA indexes are summary measures of socioeconomic status which are strongly linked with population health status. The SEIFA index used in this report is the Index of Relative Socioeconomic Disadvantage developed by the Australian Bureau of Statistics for use at the Statistical Local Area level. This index is derived from selected attributes including income, educational attainment, unemployment, and jobs in relatively unskilled occupations. Low scores on the index reflect census collection districts (CDs) with many relatively low income families and people with little training and unskilled occupations. High index scores indicate that the area has relatively few families with low income, little training and unskilled occupations (ABS 2001c).

socioeconomic status A relative position in the community as determined by occupation, income and level of education. The socioeconomic status measure used in this report is the Socio-economic Index for Areas (SEIFA)—Index of Relative Socioeconomic Disadvantage.

Statistical Local Area (SLA) Based on the administrative areas of local government where these exist. Where there is no incorporated body of local government, SLAs are defined to cover the unincorporated areas. The SLA is the base spatial unit used by the Australian Bureau of Statistics to collect and disseminate statistics other than those collected in Population Censuses.

statistical significance An indication from a statistical test that an observed difference or association may be significant or 'real' because it is unlikely to be due just to chance. A statistical result is usually said to be 'significant' if it would occur by chance only once in twenty times or less often.

substance use disorder Disorder of harmful use of and/or dependence on illicit or licit drugs, including alcohol, tobacco and prescription drugs.

suicide Deliberately ending one's own life.

survival rates The proportion of individuals diagnosed with a specific condition who have survived for a specified period of time since diagnosis.

symptom Any indication of a disorder that is apparent to the person affected. Compare with *sign (clinical)*.

Torres Strait Islander A person who identifies himself or herself to be of Torres Strait Islander origin. See also *Indigenous*.

total fertility rate The number of children a female would bear during her lifetime if she experienced current age-specific fertility rates at each age of her reproductive life.

Type 1 diabetes A form of *diabetes* usually arising in childhood or youth ('juvenile onset'), marked by a complete lack of insulin and needing insulin replacement for survival.

Type 2 diabetes The most common form of *diabetes*, occurring mostly in people aged 40 years or over, and marked by reduced or less effective insulin.

underlying cause of death The condition, disease or injury initiating the sequence of events leading directly to death; that is, the primary, chief, main or principal cause. Compare with *associated cause(s) of death*.

vaccination The process of administering a vaccine to a person to produce immunity against infection. See also *immunisation*.

vector An insect or other organism that transmits infectious micro-organisms from animal to human or human to human.

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