# Appendix A: Data and indicator sources

### A1 Data sources

### **ABS Disability, Ageing and Carers Survey (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 with disabilities. The 2003 SDAC survey was conducted throughout Australia, from June to November 2003. The survey included people in both private and non-private dwellings, including people in cared-accommodation establishments, but excluded those in gaols and correctional institutions.

## **ABS General Social Survey (GSS)**

The GSS collects information on a range of social dimensions of the Australian community at a single point in time. In 2002, the GSS collected information from 15,500 people aged 18 years and over across all states and territories in Australia. Information was collected about both the individuals being interviewed and about the household in which they lived.

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

The NATSIHS collects information about the health circumstances of Aboriginal and Torres Strait Islander Australians from both remote and non-remote areas across Australia. The 2004–05 NATSIHS collected information from 10,439 Indigenous Australians. The NATSIHS sample covered usual residents at private dwellings only. Results from that survey are able to be compared with results for non-Indigenous Australians from the 2004–05 National Health Survey.

#### **ABS National Crime and Safety Survey**

The National Crime and Safety Survey collects information from residents of private dwellings about selected household and personal crime and safety issues, including the perception of crime problems in the neighbourhood, fear of crime, the incidence of selected categories of crime, and reporting behaviour.

### **ABS National Health Surveys (NHS)**

The NHS survey collects data to produce national benchmark information on a range of health issues, and enable trends to be monitored over time. This includes information about the health status of the population, health related behaviours, and use of health services. The 2004–05 NHS was conducted throughout Australia from August 2004 to June 2005. Information was collected from 25,900 individuals who were residents of 19,500 private dwellings.

### **ABS National Nutrition Survey (NNS)**

The NNS was conducted between February 1995 and March 1996 across all states and territories. It collected information from people aged 2 years and over about food and beverage intake, usual frequency of intake, food-related habits and attitudes, and physical measurements. The NNS collected information from approximately 13,800 people from urban and rural areas in Australia residing in private dwellings.

### **ABS National Survey of Mental Health and Wellbeing (SMHWB)**

The SMHWB was conducted in 1997 and collected information from approximately 10,600 people aged 18 years and over. Data that were collected included information on a range of mental disorders such as anxiety disorders, affective disorders, and alcohol and drug use disorders. The survey also collected information about disability associated with mental disorders, health service use for a mental health problem, and perceived need for health services for a mental health problem.

### **AIHW Australian Cancer Incidence and Mortality (ACIM) Books**

The AIHW ACIM Books are a series of newly developed interactive Excel workbooks of tables and graphs by age and sex for 'all cancers' and the major cancers, for incidence from 1982 to 2003 and mortality from 1968 to 2005. See also NCSCH.

# AIHW Dental Statistics and Research Unit Child Dental Health Survey (CDHS) and National Survey of Adult Oral Health

Data for this report were supplied by the AIHW's Dental Statistics and Research Unit. Information about the dental health of children was from the CDHS. The CDHS is an annual survey that monitors the dental health of children enrolled in state and territory government-run school dental services. Information about the oral health of adults was obtained using results from the 2004–2006 National Survey of Adult Oral Health.

### **AIHW General Record of Incidence of Mortality (GRIM) Books**

The AIHW GRIM Books are a series of Excel spreadsheets that are constructed using data from the AIHW National Mortality Database. The GRIM Books allow users to readily access information about numbers of deaths, standardised death rates and trends in deaths for all causes and over 100 individual and ICD-10 chapter level causes of death. Most GRIM Books are available at either the National or the state and territory level and for many causes, data are available from 1907. A selection of GRIM Books can be accessed at the AIHW website.

#### **AIHW Health Expenditure Database**

This database contains information on source of funding by area of health expenditure. The AIHW gathers the information on which to base its estimates of health expenditure from a wide range of sources. The ABS, the Department of Health and Ageing, and state and territory health authorities provided most of the basic data. Other major data sources are the Department of Veterans' Affairs, the Private Health Insurance Advisory Counsel, Comcare, and the major workers' compensation and compulsory third-party motor vehicle insurers in each state and territory. A range of information from the database is publicly available from data cubes accessible from the AIHW website.

#### **AIHW National Hospital Morbidity Database**

This database contains demographic, diagnostic, procedural and duration-of-stay information on episodes of care for patients admitted to hospital. The data collection is maintained by the AIHW using data supplied by state and territory health authorities. The database is episode-based, and it is not possible to count patients individually.

### **AIHW National Mortality Database**

This database 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 ABS for coding of cause of death and the data is then provided to the AIHW. See also GRIM Books.

#### **AIHW National Perinatal Statistics Unit (NPSU) Perinatal statistics**

The NPSU is a collaborating unit of the AIHW. The NPSU is involved in perinatal data development activities and epidemiological research. The NPSU maintains national data collections on perinatal health, maternal deaths, congenital anomalies and assisted reproduction technology.

#### Australia and New Zealand Dialysis and Transplant Registry (ANZDATA)

The ANZDATA collects information to monitor dialysis and transplant treatments from all renal units in Australia and New Zealand, on all patients receiving kidney replacement therapy where the intention to treat is long-term. The Registry is coordinated within the Queen Elizabeth Hospital.

### Australian Diabetes, Obesity and Lifestyle Study (AusDiab)

The AusDiab study was conducted in 1999–2000 by the International Diabetes Institute. Results from this study are based on data collected from 11,200 Australians aged 25 years and over and residing in six states of Australia and the Northern Territory. The study was designed to provide estimates of the prevalence of diagnosed and undiagnosed diabetes and self-reported chronic conditions such as heart disease and high blood pressure.

### **National Cancer Statistics Clearing House (NCSCH)**

The AIHW maintains the NCSCH. Information on the incidence of cancer in the Australian population is provided to the NCSCH by the state and territory cancer registries. The information collected by the NCSCH includes incidence, mortality, specific cancer sites, cancer histology. This information is available from 1982. See also ACIM Books.

### **National Drug Strategy Household Survey (NDSHS)**

The NDSHS collects information from Australians aged 14 years and over (the 2004 survey collected from 12 years and over). Respondents are asked about their knowledge of drugs, their attitudes towards drugs, the in drug consumption histories and related behaviours. The collection includes information about alcohol, tobacco, illicit and non-illicit drugs.

### **NSW Schools Physical Activity and Nutrition Survey (SPANS)**

SPANS was a study conducted by the NSW Centre for Overweight and Obesity. It surveyed 8,000 students in Term 1 of 2004 and collected information on children's sociodemographics, physical activity, nutrition, dieting and weight loss beliefs, and perceptions of aspects of the social and physical environments relevant to physical activity participation and food consumption. Direct measurements (for example, height and weight), cardiorespiratory endurance, and fundamental movement skill proficiency were also measured.



### **A2 Indicator sources**

The following is a list of sources from which the indicators used in this report originated. Readers should note that some indicators are represented in more than one source.

- Aboriginal and Torres Strait Islander Health Performance Framework
- Australian Centre for Asthma Monitoring
- Australian Institute of Health and Welfare
- Data Working Group of the National Arthritis and Musculoskeletal Conditions Advisory Group
- Key National Indicators for children and youth
- National Health Performance Committee
- National Health Priority Areas
- National Tobacco Strategy
- Overcoming Indigenous Disadvantage
- Reproductive Health Indicators
- Rural Health Information Framework

# Appendix B: Data tables

## Ischaemic heart disease

Table B2.1: Coronary heart disease events, incidence for persons aged 40–90 years, 1994–2005 (number per 100,000 population)

Year	Males	Females
1994	1,046.6	515.2
1995	1,007.5	485.1
1996	1,012.0	472.3
1997	939.3	454.2
1998	890.3	418.2
1999	861.0	412.6
2000	827.8	397.7
2001	802.8	387.9
2002	795.3	384.8
2003	784.9	374.1
2004	751.8	360.8
2005	706.0	338.9

 $\ensuremath{\textit{Note:}}$  Age-standardised to the 2001 Australian population.

Sources: AIHW National Hospital Morbidity Database; AIHW National Mortality Database.

Table B2.2: Deaths occurring after coronary heart disease events, aged 40–90 years, 1994–2005

Year	Males	Females
1994	15,688	11,986
1995	15,334	11,385
1996	15,244	11,287
1997	14,815	11,284
1998	14,312	10,647
1999	13,874	10,380
2000	13,034	9,978
2001	12,799	9,735
2002	12,703	9,503
2003	12,299	9,183
2004	11,933	8,562
2005	11,197	8,231

Source: AIHW National Mortality Database.

## **Stroke**

Table B2.3: Deaths due to stroke, ages 0–79 years, 1997–2005 (deaths per 100,000 population)

Year	Males	Females
1997	25.4	18.3
1998	23.7	18.0
1999	22.4	17.2
2000	21.1	15.8
2001	19.2	14.7
2002	19.0	14.2
2003	18.6	13.8
2004	16.9	12.7
2005	15.5	11.7

Note: Age-standardised to the 2001 Australian population.

Source: AIHW National Mortality Database.

# **Type 2 diabetes**

Table B2.4: Proportion of adults with Type 2 diabetes, 1995, 2001 and 2004–05 (per cent)

Year	Males	Females
1995	2.0	1.7
2001	4.3	4.2
2004–05	5.8	4.0

#### Notes

- 1. Based on self-reported data.
- 2. Age-standardised to the 2001 Australian population.
- 3. People aged 30 years and over.

Sources: ABS National Health Surveys, 1995, 2001 and 2004–05.

Table B2.5: Proportion of people with diabetes/high sugar levels by Indigenous status, 2001 and 2004–05 (per cent)

Year	Indigenous	Non-Indigenous
2001	11	3
2004–05	12	4

Note: Age-standardised to the 2001 Australian population.

Source: ABS 2006b.

# **Kidney disease**

Table B2.6: Prevalence of treated end-stage kidney disease due to diabetic nephropathy— Type 1 and Type 2, 1981–2003 (number per million population)

	Type 1		Type 2	
Year	Males	Females	Males	Females
1981	6.3	3.6	0.9	1.0
1982	7.8	2.8	1.7	1.3
1983	8.4	4.0	2.8	2.4
1984	10.5	5.3	3.3	2.5
1985	12.4	6.2	2.4	2.2
1986	14.3	7.9	2.6	3.7
1987	15.5	9.3	5.5	4.7
1988	15.6	9.9	6.0	4.5
1989	15.5	10.8	8.0	6.4
1990	17.6	10.6	11.8	9.7
1991	18.8	10.8	14.5	12.0
1992	19.9	12.5	16.0	13.9
1993	19.4	14.1	21.0	16.2
1994	21.2	15.9	26.1	20.5
1995	23.9	17.6	31.4	26.0
1996	25.1	18.8	38.0	29.2
1997	26.0	18.9	45.4	34.3
1998	29.3	18.4	52.9	37.5
1999	30.3	19.4	60.7	42.5
2000	30.9	20.9	65.6	45.8
2001	31.5	21.8	75.7	51.2
2002	32.4	22.4	87.3	55.8
2003	32.8	23.1	94.7	59.3

Note: Age-standardised to the 2001 Australian population.

Source: ANZDATA Registry data.



## **Arthritis**

Table B2.7: Prevalence of osteoarthritis among persons aged 25 years or more, 1995, 2001 and 2004–05 (per cent)

Year	Males	Females
1995	7.8	12.8
2001	8.5	13.9
2004–05	9.4	13.7

#### Notes

- 1. Based on self-reported data.
- 2. Age-standardised to the 2001 Australian population.

Sources: ABS National Health Surveys, 1995, 2001 and 2004-05.

Table B2.8: Prevalence of rheumatoid arthritis, 1995, 2001 and 2004-05 (per cent)

Year	Males	Females
1995	2.1	3.5
2001	2.0	2.7
2004–05	2.1	2.7

#### Notes

- 1. Based on self-reported data.
- 2. Age-standardised to the 2001 Australian population.

Sources: ABS National Health Surveys, 1995, 2001 and 2004-05.

Table B2.9: Death rates for rheumatoid arthritis as the underlying and associated cause of death, 2000–2005 (deaths per million population)

	Underlying cause of death		Associated cause of death	
Year	Males	Females	Males	Females
2000	6.3	11.9	22.5	38.2
2001	6.1	10.4	23.2	37.3
2002	6.0	11.2	23.0	37.7
2003	5.5	11.2	20.6	37.5
2004	5.9	11.4	20.9	34.4
2005	4.0	10.9	20.2	31.3

 $\ensuremath{\textit{Note:}}$  Age-standardised to the 2001 Australian population.

Source: AIHW National Mortality Database.

Table B2.10: Separation rates for primary knee and hip replacements for persons whose principal diagnosis is arthritis, 2000–01 to 2004–05 (separations per 100,000 population)

	Hip replacements		Knee replacements	
Year	Males	Females	Males	Females
2000–01	72.0	69.9	80.9	89.7
2001–02	81.1	76.6	92.2	105.6
2002-03	83.6	81.9	95.8	112.6
2003–04	84.1	84.6	99.5	119.3
2004–05	81.3	85.6	103.3	130.5

Note: Age-standardised to the 2001 Australian population.

Source: AIHW National Hospital Morbidity Database.

## **Osteoporosis**

Table B2.11: Prevalence of osteoporosis among persons aged 40 years and over, 1995, 2001 and 2004–05 (per cent)

Year	Males	Females
1995	0.8	5.67
2001	1.32	5.78
2004–05	1.95	10.44

#### Notes

- 1. Based on self-reported data.
- 2. Age-standardised to the 2001 Australian population.

Sources: ABS National Health Surveys, 1995, 2001 and 2004-05.

Table B2.12: Number of hospital separations for minimal trauma hip fractures among persons aged 40 years and over, 2000–01 to 2004–05 (separations per 100,000 population)

Year	Males	Females
2000–01	156.2	279.5
2001–02	151.2	277.4
2002-03	151.1	276.4
2003-04	152.3	279.8
2004–05	147.5	261.3

 $\it Note: Age\mbox{-standardised}$  to the 2001 Australian population.

Source: AIHW National Hospital Morbidity Database.



# **Lung cancer**

Table B2.13: Incidence of lung cancer, 1983–2003 (new cases per 100,000 population)

Year	Males	Females
1983	84.5	18.9
1984	85.2	19.4
1985	82.5	19.7
1986	80.6	20.8
1987	83.6	21.5
1988	77.7	22.2
1989	78.1	23.1
1990	78.1	23.8
1991	74.9	24.2
1992	73.3	23.8
1993	71.4	25.5
1994	74.0	25.5
1995	69.7	25.9
1996	69.8	26.4
1997	69.2	27.0
1998	67.5	26.4
1999	65.6	26.2
2000	63.3	27.9
2001	61.9	27.9
2002	60.2	28.6
2003	57.1	27.1

Note: Age-standardised to the 2001 Australian population.

Source: AIHW NCSCH.

Table B2.14: Mortality from lung cancer, 1984–2005 (deaths per 100,000 population)

Year	Males	Females
1984	75.3	16.2
1985	77.2	17.1
1986	73.5	18.0
1987	73.0	17.0
1988	74.3	19.5
1989	72.9	19.6
1990	68.5	19.3
1991	67.9	20.6
1992	67.4	20.3
1993	64.8	21.0
1994	67.1	21.2
1995	63.9	21.9
1996	63.4	22.1
1997	58.8	21.5
1998	59.3	20.7
1999	57.1	21.4
2000	54.7	22.2
2001	53.5	22.7
2002	53.3	23.5
2003	49.1	22.2
2004	50.3	22.2
2005	48.3	23.2

 $\it Note: Age\mbox{-standardised}$  to the 2001 Australian population.

Source: AIHW GRIM Books.



# **Colorectal cancer**

Table B2.15: Incidence of colorectal cancer, 1983–2003 (new cases per 100,000 population)

Year	Males	Females
1983	67.9	50.4
1984	68.8	51.4
1985	72.2	53.3
1986	69.6	52.6
1987	70.4	51.7
1988	70.8	49.4
1989	73.8	51.0
1990	72.8	50.1
1991	75.9	53.1
1992	74.4	53.5
1993	74.5	52.2
1994	75.7	53.4
1995	76.7	52.5
1996	78.0	52.1
1997	76.9	52.4
1998	74.5	51.9
1999	74.8	53.7
2000	79.2	52.5
2001	78.1	54.3
2002	75.2	51.4
2003	73.2	51.1

Note: Age-standardised to the 2001 Australian population.

Source: AIHW NCSCH.

Table B2.16: Mortality from colorectal cancer, 1984–2005 (deaths per 100,000 population)

Year	Males	Females
1984	35.2	25.8
1985	37.9	28.0
1986	37.0	27.7
1987	37.3	26.7
1988	37.3	25.3
1989	36.4	24.2
1990	35.2	24.3
1991	34.8	23.9
1992	35.0	23.3
1993	35.2	23.8
1994	35.7	23.8
1995	33.9	22.6
1996	33.9	22.3
1997	33.2	22.1
1998	31.8	21.6
1999	31.3	20.1
2000	30.5	20.5
2001	30.6	19.5
2002	27.7	19.6
2003	26.6	17.6
2004	23.7	16.2
2005	24.2	15.1

Note: Age-standardised to the 2001 Australian population.

Source: AIHW GRIM Books.



# **Asthma**

Table B2.17: Prevalence of diagnosed asthma, 2001 and 2004-05 (per cent)

Year	Males	Females
2001	10.5	12.6
2004–05	8.9	11.5

#### Notes

- 1. Based on self-reported data.
- 2. Age-standardised to the 2001 Australian population.
- 3. Ever told by a doctor or nurse that they have asthma.

Sources: ABS National Health Surveys, 2001 and 2004-05.

Table B2.18: Mortality from asthma, 1984–2004 (deaths per 100,000 population)

Year	Males	Females
1984	5.4	4.7
1985	6.7	5.9
1986	6.4	5.1
1987	5.9	6.1
1988	6.0	5.8
1989	6.7	6.6
1990	5.8	5.4
1991	5.0	4.9
1992	4.9	5.0
1993	4.7	5.1
1994	5.0	5.5
1995	3.9	5.0
1996	4.2	4.5
1997	2.7	3.0
1998	2.3	2.9
1999	2.0	2.6
2000	2.0	2.7
2001	2.0	2.3
2002	1.9	2.1
2003	1.2	1.8
2004	1.2	1.7
2005	1.1	1.7

Note: Age-standardised to the 2001 Australian population.

Source: AIHW GRIM Books.

Table B2.19: Proportion of people with asthma who have a recent written asthma action plan, 2001 and 2004–05 (per cent)

Year	Males	Females
2001	14.5	15.4
2004–05	18.5	23.0

#### Notes

- 1. Based on self-reported data.
- 2. Age-standardised to the 2001 Australian population.
- 3. Action plan developed in consultation with a doctor.

Sources: ABS National Health Surveys, 2001 and 2004-05.

# **Depression**

Table B2.20: Prevalence of depression, and other mood disorders, by age group and sex, 1997 (per cent)

Age group	Males	Females
18–24	2.9	10.7
25–34	4.9	8.4
35–44	6.0	8.5
45–54	5.4	7.3
55–64	3.2	6.9
65 and over	0.8	2.4

Note: Includes all affective disorders.

Source: 1997 ABS National SMHWB.

### **Oral health**

Table B2.21: Proportion of children and young people whose teeth are decay free, 1991–2002 (per cent)

	Age		
Year	6 years	12 years	15 years
1991	52.1	52.5	29.9
1992	52.9	53.8	(a)
1993	53.2	55.8	35.5
1994	53.4	57.5	41.5
1995	55.3	59.1	39.5
1996	61.0	61.8	50.6
1997	60.2	61.9	41.0
1998	59.4	63.3	42.4
1999	59.1	64.5	44.1
2000	56.6	64.9	44.9
2001	52.7	59.7	39.6

(a) Data were not available for young people aged 15 years in 1992. Source: AIHW Dental Statistics and Research Unit.



# **Tobacco smoking**

Table B3.1: People aged 14 years and over who are daily smokers, 1985–2004 (per cent)

Males	Females
32.7	26.1
31.2	29.8
26.7	22.0
28.7	21.4
25.9	21.8
24.2	19.6
21.1	18.0
18.6	16.3
	32.7 31.2 26.7 28.7 25.9 24.2 21.1

Sources: National Drug Strategy Household Surveys.

Table B3.2: People aged 18 years and over who are daily smokers, 1991–2004 (per cent)

Year	Males	Females
1991	27.5	22.6
1993	30.4	22.0
1995	27.4	22.8
1998	25.3	20.2
2001	22.0	18.4
2004	19.6	16.7

Note: Estimates for adults in 1993 are for those aged 20 years and over.

Sources: National Drug Strategy Household Surveys.

Table B3.3: Proportion of Indigenous people aged 18 years and over who are current daily smokers, 1995, 2001 and 2004–05 (per cent)

Year	Remote	Non-remote
1995	(a)	50
2001	57	48
2004–05	52	49

(a) Estimates for 1995 are not available for Indigenous Australians living in remote areas.

Notes

- 1. Based on self-reported data.
- 2. Differences between 2001 and 2004–05 are not considered statistically significant.

Source: ABS 2006b.

# **Physical inactivity**

Table B3.4: Adults who did not engage in sufficient physical activity to confer a health benefit, 1989–90 to 2004–05 (per cent)

Year	Males	Females
1989–90	58	65
1995	58	65
2001	57	64
2004–05	58	64

#### Notes

- 1. Based on self-reported data.
- 2. Classified as having taken less than 300 minutes of leisure-time activity during the 2 weeks before the survey.
- 3. Based on exercise taken for sport, recreation or exercise (leisure-time activity).
- 4. Age-standardised to the 2001 Australian population.

Sources: ABS National Health Surveys, 1989-90, 1995, 2001 and 2004-05.

Table B3.5: Adults not engaged in sufficient physical activity to confer a health benefit, by age group, 2004–05 (per cent)

Age group	Males	Females
18–24	54.9	66.0
25–34	55.8	64.2
35–44	64.0	64.2
45–54	63.6	62.9
55–64	60.2	58.0
65 and over	59.4	71.1

#### Notes

- 1. Based on self-reported data.
- 2. Classified as having taken less than 300 minutes of leisure-time activity during the 2 weeks before the survey.
- 3. Based on exercise taken for sport, recreation or exercise (leisure-time activity).

Sources: 2004-05 ABS National Health Survey.



## **Alcohol misuse**

Table B3.6: Proportion of the population that consume risky or high-risk levels for long-term alcohol-related harm, aged 14 years and over, 2001 and 2004 (per cent)

Year/level of risk	Males	Females
2001		
Risky	6.7	7.2
High risk	3.5	2.2
2004		
Risky	6.5	7.5
High risk	3.6	2.1

Note: For males, the consumption of 29–42 standard drinks per week is considered risky, and 43 or more high risk. For females, the consumption of 15–28 standard drinks per week is considered risky and 29 or more per week high-risk. Sources: National Drug Strategy Household Surveys.

Table B3.7: Proportion of Indigenous people aged 18 years and over reporting alcohol consumption at risky or high-risk levels, 1995, 2001 and 2004–05 (per cent)

Year	Remote	Non-remote
1995	(a)	14
2001	17	12
2004–05	15	17

(a) Estimates for 1995 are not available for Indigenous Australians living in remote areas.

Notes

- 1. Based on self-reported data.
- 2. Based on average daily consumption of alcohol in the 7 days before the interview.

Source: ABS 2006b.

# **Overweight and obesity**

Table B3.8: Proportion of adults who are overweight or obese, 1995, 2001 and 2004-05 (per cent)

Year	Male	S	Female	es
	Overweight	Obese	Overweight	Obese
1995	37.7	11.1	21.4	11.0
2001	39.6	14.7	22.8	15.3
2004-05	40.5	17.8	24.9	15.1

#### Notes

- 1. Based on self-reported data.
- 2. Age-standardised to the 2001 Australian population.
- 3. Persons aged 18 years and over.

Sources: ABS National Health Surveys, 1995, 2001 and 2004-05.

Table B3.9: Proportion of persons aged 15–24 years who are overweight or obese, 1995, 2001 and 2004–05 (per cent)

	Males	<b>S</b>	Female	es
Year	Overweight	Obese	Overweight	Obese
1995	18.0	3.9	10.5	4.0
2001	21.3	6.8	11.3	5.4
2004–05	22.4	5.4	14.5	6.3

Note: Based on self-reported data.

Sources: ABS National Health Surveys, 1995, 2001 and 2004-05.

### **Nutrition**

Table B3.10: Persons aged 12 years or over, proportion usually consuming sufficient<sup>(a)</sup> fruit or vegetables, 2001 and 2004–05 (per cent)

		Males		emales
Year	Fruit	Vegetable	Fruit	Vegetable
2001	47.4	26.6	58.0	32.7
2004–05	47.9	29.9	59.5	35.3

(a) Sufficient intake is based on 2 or more serves for fruit and 4 or more serves for vegetables. Notes

Based on self-reported data.

2. Age-standardised to the 2001 Australian population.

Sources: ABS National Health Surveys 2001 and 2004-05.

# **Hypertension**

Table B3.11: Proportion of adults with hypertension, 1995, 2001 and 2004–05 (per cent)

Year	Males	Females
1995	15.0	15.4
2001	13.0	14.2
2004–05	13.9	14.1

#### Notes

- 1. Based on self-reported data.
- 2. Age-standardised to the 2001 Australian population.

Sources: ABS National Health Surveys, 1995, 2001 and 2004-05.



# **Dyslipidaemia**

Table B3.12: Proportion of adults aged 25–64 years with high blood cholesterol, 1999–2000

Sex	Per cent
Males	51.2
Females	45.6
Persons	48.4

Note: Total cholesterol ≥ 5.5 mmol/L.

Source: AIHW analysis of the 1999-2000 AusDiab.

Table B3.13: Proportion of adults aged 25-64 years with dyslipidaemia, 1999-2000 (per cent)

Lipid	Males	Females	Persons
Total cholesterol	51.2	45.6	48.4
LDL cholesterol	50.0	37.8	43.9
HDL cholesterol	18.5	5.5	12.1
Triglycerides	25.1	13.8	19.5

Note: Abnormal lipid values are defined as any of the following:  $\geq$  to 5.5 mmol/L for total cholesterol, <1.0 for HDL,  $\geq$  to 3.5 for LDL or  $\geq$  2.0 for triglycerides.

Source: AIHW analysis of the 1999–2000 AusDiab.

# **Psychosocial factors**

### **Social support**

# Table B3.14: Proportion of adults living in households with children aged less than 15 years who had social support, 2002

Family type	Per cent
Lone parent	94.7
Couple family	95.2

Source: AIHW analysis of 2002 GSS.

### **Psychological distress**

Table B3.15: Proportion of adults who report levels of high or very high psychological distress, 2001 and 2004–05 (per cent)

	ı	Males		Females	
	High	Very high	High	Very high	
2001	7.1	2.7	10.9	4.4	
2004-05	7.5	3.3	10.8	4.3	

#### Notes

- 1. Based on self-reported data.
- 2. Age-standardised to the 2001 Australian population.

Source: ABS 2006a.

# **Early life factors**

Table B3.16: Women who smoked during pregnancy, 2001–2004

Year	Per cent
2001	19.2
2002	18.4
2003	17.3
2004	16.7

#### Notes

- 1. Data on tobacco smoking during pregnancy were not available for Victoria, Queensland and Tasmania.
- 2. Based on self-reported data.

Source: AIHW National Perinatal Statistics Unit, National Perinatal Data Collection 2007.

Table B3.17: Alcohol consumption in women during pregnancy, 2001 and 2004 (per cent)

Year	Drank the same or more	Drank less than usual	Did not drink alcohol
2001	4	59	36
2004	3	59	38

Note: Women aged 14 years and over who were pregnant in the 12 months before the interview.

Sources: National Drug Strategy Household Surveys.

Table B3.18: Live births, by birthweight, 1991–2004 (per cent)

Year	Less than 1,500 grams	1500-2,499	2,500-4,199	4,200 and over
1991	0.9	4.9	88.7	5.4
1992	1.0	4.8	88.4	5.6
1993	1.0	4.9	88.3	5.7
1994	1.0	4.8	88.4	5.8
1995	1.0	4.9	88.3	5.8
1996	1.0	5.0	88.2	5.8
1997	1.0	5.1	88.1	5.8
1998	1.0	5.1	87.8	6.0
1999	1.1	5.1	87.7	6.0
2000	1.1	5.2	87.4	6.3
2001	1.1	5.2	87.6	6.2
2002	1.1	5.3	87.6	6.0
2003	1.1	5.3	87.6	6.1
2004	1.1	5.3	87.5	6.1

Source: AlHW National Perinatal Statistics Unit, National Perinatal Data Collection 2007.



# **Population structure**

Table B4:1 Age structure of the Australian population, 2006 and 2051 (number)

	20	2051		
Age group	Males	Females	Males	Females
0–4	654,879	620,286	712,159	675,563
5–9	676,395	642,855	727,429	690,788
10–14	714,009	676,901	744,564	708,421
15–19	720,491	684,928	765,146	727,118
20–24	746,088	707,341	798,707	755,692
25–29	706,314	685,650	827,697	789,642
30–34	738,918	741,858	854,666	820,980
35–39	754,177	760,402	874,441	840,584
40–44	759,679	764,490	887,316	854,428
45–49	741,193	748,927	885,191	852,594
50–54	671,491	680,722	889,726	859,606
55–59	642,234	643,087	898,393	869,056
60–64	498,115	489,951	869,519	847,766
65–69	393,033	398,737	844,152	830,439
70–74	304,612	329,759	770,397	774,836
75–79	255,297	302,950	735,671	771,634
80–84	169,493	242,233	664,324	721,682
85 plus	111,000	226,993	1,180,362	1,483,809

Sources: ABS 2007c, ABS 2006e (Series 26).

# Mortality

## **All-cause mortality**

Table B4.2: Deaths due to all causes, 1995–2005 (deaths per 100,000 population)

Year	Males	Females
1995	983.1	622.8
1996	985.6	619.6
1997	948.2	609.8
1998	910.0	578.2
1999	884.9	565.9
2000	853.3	552.0
2001	823.5	535.4
2002	824.0	544.7
2003	791.5	523.0
2004	769.6	511.2
2005	728.1	490.2

Note: Age-standardised to the 2001 Australian population.

Source: AIHW GRIM Books.

# Life expectancy at birth and at 65 years of age

Table B4.3: Life expectancies at birth and 65 years of age, 1995-2005 (years)

	N	Females		
Year	At birth	At 65 years	At birth	At 65 years
1995	75.0	80.7	80.8	84.5
1996	75.2	80.8	81.1	84.6
1997	75.7	81.2	81.4	84.9
1998	75.9	81.3	81.5	85.0
1999	76.2	81.6	81.8	85.2
2000	76.6	81.8	82.0	85.4
2001	77.0	82.2	82.4	85.7
2002	77.4	82.4	82.6	85.8
2003	77.8	82.6	82.8	86.0
2004	78.1	82.8	83.0	86.1
2005	78.5	83.1	83.3	86.4

Source: ABS 2007a.

## **Premature mortality**

Table B4.4: Average potential years of life lost per death, 1995–2005 (years)

Males	Females
9.5	5.8
9.2	5.5
9.1	5.5
9.1	5.5
9.1	5.4
8.7	5.3
8.5	5.1
8.1	4.9
8.1	4.9
7.9	4.8
8.0	4.8
	9.5 9.2 9.1 9.1 9.1 8.7 8.5 8.1 8.1

Note: Deaths before the age of 75 years are considered to be premature.

Source: AIHW GRIM Books.



# **Infant mortality**

Table B4.5: Infant mortality rates, 1995–2005 (deaths per 1,000 live births)

Year	Males	Females
1995	6.1	5.1
1996	6.5	5.0
1997	5.8	4.9
1998	5.5	4.5
1999	6.4	4.9
2000	5.7	4.7
2001	5.9	4.6
2002	5.4	4.6
2003	5.2	4.3
2004	5.2	4.1
2005	5.4	4.7

Sources: ABS Deaths Australia, ABS cat. no. 3302.0—various years.

# **Health status**

# **Long-term conditions**

Table B4.6: Number of long-term conditions, by age group, 2004–05 (per cent)

	Number of long-term conditions					
Age group	None	One	Two	Three	Four	Five or more
0–14	59.0	24.1	9.4	4.0	1.9	1.6
15–24	34.2	28.8	18.4	9.0	4.5	5.1
25–44	20.7	26.1	19.9	12.7	8.3	12.3
45–64	3.2	14.1	19.2	17.6	14.1	31.9
65–84	0.3	4.9	9.5	14.3	14.8	56.3
85 plus	0.0	3.0	6.4	13.0	12.5	65.2
All	23.3	20.5	16.1	11.8	8.7	19.5

Note: Based on self-reported data.

Source: 2004-05 ABS National Health Survey.

## **Potentially preventable hospitalisations**

Table B4.7: Potentially preventable hospitalisations, by type of condition, 2000–01 to 2004–05 (separations<sup>(a)</sup> per 1,000 population)

Condition	2000-01	2001–02	2002-03	2003-04	2004–05
Selected chronic conditions <sup>(b)</sup>					
Angina	2.7	2.5	2.3	2.2	2.0
Asthma	2.5	2.1	1.9	1.9	1.9
Chronic obstructive pulmonary disease	2.8	2.8	2.8	2.8	2.7
Congestive cardiac failure	2.2	2.2	2.1	2.0	1.9
Diabetes complications	6.6	7.1	7.3	8.2	9.8
Hypertension	0.3	0.3	0.3	0.3	0.3
Total selected chronic conditions	17.0	16.9	16.8	17.5	18.7
Total potentially preventable hospitalisations(b)	29.3	29.3	29.4	30.5	31.5

<sup>(</sup>a) Separations for which the care type was reported as newborn with no qualified days and records for hospital boarders and posthumous organ procurement have been excluded.

# **Expenditure on health**

Table B4.8: National health expenditure, proportion of GDP (current prices), 1995–06 to 2005–06

Year	Per cent
1995–96	7.5
1996–97	7.7
1997–98	7.8
1998–99	8.0
1999–00	8.1
2000–01	8.5
2001–02	8.6
2002–03	8.8
2003–04	8.8
2004–05	9.0
2005–06	9.0

Source: AIHW 2007a.

# **Participation in labour force**

Table B4.9: Labour force status for persons aged 15 years and over, September 2006 (per cent)

Status	Males	Females
Employed	70.3	56.7
Unemployed	3.5	2.9
Not in the labour force	26.1	40.4

Source: ABS 2007b.



<sup>(</sup>b) These conditions are defined using ICD-10-AM codes as described in Appendix 3 of Australian Hospital Statistics 2004–05 (AIHW 2006f). Source: AIHW 2006f.



# Glossary

*age-standardisation:* A method of removing the influence of age when comparing populations with different age structures. This is usually necessary because the rates of many diseases vary strongly (usually increasing) with age. The age structures of the different populations are converted to the same 'standard' structure, then the disease rates (or other rate of interest) that would have occurred with that structure are calculated and compared.

*assault:* The direct (and immediate/confrontational) infliction of force, injury or violence upon a person or persons, or the direct (and immediate/confrontational) threat of force, injury or violence where there is an apprehension that the threat could be enacted.

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

*atherosclerosis:* Process that gradually clogs arteries, through fatty and fibre-like deposits building up on the inner walls of the arteries.

*atrial fibrillation:* A condition marked by an irregular, rapid heart beat. It arises because the heart's collecting chambers (atria) stop beating rhythmically and quiver uselessly (fibrillate).

**blood cholesterol:** Fatty substance produced by the liver and carried by the blood to supply the rest of the body. Its normal function is to provide material for cell walls and for steroid hormones, but if levels in the blood are too high it can lead to *atheroscelrosis*.

*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 10<sup>th</sup> revision of the *International Classification of Diseases*. See also *underlying cause of death* and *associated cause of death*.

*cerebrovascular disease*: Any disorder of the blood vessels supplying the brain or its covering membranes. A notable and major form of cerebrovascular disease is stroke.

**dependency ratio:** A measure used to compare the size of the working age population to the size of the non-working age population, calculated as the sum of people aged 0–14 and 65 years and over (that is, dependants) divided by the number of people aged 15–64 years, multiplied by 100.

*determinant:* Any factor that can increase the chances of ill health (*risk factors*) or good health (*protective factor*) in a population or individual.

*estimated resident population:* The official measure of the population of Australia is based on the concept of residence. It refers to all people, regardless of nationality or citizenship, who usually live in Australia, with the exception of foreign diplomatic personnel and their families. It includes usual residents who are overseas for less than 12 months. It excludes overseas visitors who are in Australia for less than 12 months.

*glucose:* A simple sugar that is the major source of energy for the body and the sole source of energy for the brain. It is supplied through food and is also produced and released by the liver. Its proper use requires the hormone insulin.

health protective factor: Any factor that represents a positive effect on a person's health.

*health risk factor:* Any factor that represents a greater risk of a health disorder or other unwanted condition. Some risk factors are regarded as causes of disease, others are regarded as mere contributors.

*incidence:* Number of new cases (of a diseases, condition or event) occurring during a given period. *Compare with prevalence.* 

*indicator:* Statistic chosen to describe (indicate) a situation concisely, help assess progress and performance, and act as a guide to decision-making.

*life expectancy:* The average number of additional years a person of a given age and sex might expect to live if the age-specific death rates of the given period continued throughout his or her lifetime.

*long-term condition:* A condition that has lasted or is expected to last for at least 6 months.

mortality: Death.

*osteoarthritis:* A chronic and common form of arthritis, affecting mostly the spine, hips, knees and hands. It first appears from the age of about 30 and is more common and severe with increasing age.

*periodontitis:* Disease of the gums caused by bacteria, characterised by swelling and bleeding of the gums and loss of tissue that attaches the tooth to the jaw.

*peripheral vascular disease*: Pain in the legs due to an inadequate blood supply to them.

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

*rheumatoid arthritis:* A chronic, multisystem disease whose most prominent feature is joint inflammation, most often affecting the hand joints in symmetrical fashion. Can occur in all age groups but most commonly appears between ages 20 to 40 years. Its causes are not certain but involve autoimmune processes.

*separation:* The formal process by which a hospital records the completion of treatment and/or care for an admitted patient.

**sexual assault:** Physical contact of a sexual nature directed toward another person, where that person does not give consent, as a result of intimidation or fraud, or consent is proscribed (that is, the person is legally deemed incapable of giving consent because of youth, temporary/permanent (mental) incapacity, or there is a familial relationship).

*transient ischaemic attack (TIA):* A 'mini' stroke, with temporary problems in speech or paralysis that last for 24 hours or less, often only minutes. It is a strong warning sign of a more severe stroke.

*underlying cause of death:* Main disease or injury initiating the sequence of events leading directly to death.

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