

ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACAP	Aged Care Assessment Program
ACAT	Aged Care Assessment Team
ACIR	Australian Childhood Immunisation Register
ACT	Australian Capital Territory
AHMAC	Australian Health Ministers' Advisory Council
AIDS	Acquired Immune Deficiency Syndrome
AIGC	Australian Indigenous Geographical Classification
AIHW	Australian Institute of Health and Welfare
AJJA	Australasian Juvenile Justice Administrators
AMA	Australian Medical Association
AMI	acute myocardial infarction
ANZDATA	Australian and New Zealand Dialysis and Transplant Registry
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ARIA	Accessibility/Remoteness Index of Australia
ASCED	Australian Standard Classification of Education
ASCO	Australian Standard Classification of Occupations
ASGC	Australian Standard Geographical Classification
ATSIC	Aboriginal and Torres Strait Islander Commission
BEACH	Bettering the Evaluation and Care of Health
BMI	body mass index
cat. no.	Catalogue number
CABG	coronary artery bypass graft
CACP	Community Aged Care Package
CAP	Crisis Accommodation Program
CD	collection district
CDEP	Community Development Employment Projects
CHD	coronary heart disease
CHINS	Community Housing and Infrastructure Needs Survey
COAG	Council of Australian Governments
COPD	chronic obstructive pulmonary disease
CRA	Commonwealth Rent Assistance
CS NMDS	Children's Services National Minimum Data Set
CSHA	Commonwealth–State Housing Agreement
CSTDA	Commonwealth State/Territory Disability Agreement
dmft	decayed, missing and filled (deciduous) teeth
DALY	disability-adjusted life-years
DASR	Drug and Alcohol Service Report
DEEWR	Australian Government Department of Education, Employment and Workplace Relations
DEST	Australian Government Department of Education, Science and Training

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DHAC	Australian Government Department of Health and Aged Care
DMFT	decayed, missing and filled (permanent) teeth
DoHA	Australian Government Department of Health and Ageing
DTP	diphtheria, tetanus and pertussis vaccine
EACH	extended aged care at home
ERP	estimated resident population
ESRD	end-stage renal disease
FaCS	Australian Government Department of Family and Community Services
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
FTE	full-time equivalent
GP	General Medical Practitioner
GSS	General Social Survey
HACC	Home and Community Care, Australian Government Department of Health and Ageing
Hib	Haemophilus influenzae (type B)
HIV	Human Immunodeficiency Virus
HPA	home purchase assistance
HREOC	Human Rights and Equal Opportunity Commission
ICD-10	International Classification of Diseases 10th Revision
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ICH	Indigenous community housing
IESIP	Indigenous Education Strategic Initiatives Programme
IHD	ischaemic heart disease
IHF	interviewer household form
IHO	Indigenous housing organisation
IREG	Indigenous Region
km	kilometre
K5	Kessler Psychological Distress Scale - modified five-item version
LFS	Labour Force Survey
LORI	Level of Relative Isolation
mL	millilitre
MACS	Multifunctional Aboriginal Children's Services
MCEETYA	Ministerial Council on Education, Employment, Training and Youth Affairs
MDS	minimum data set
MIP	Major Infrastructure Program
MMR	measles, mumps and rubella
n.e.c.	not elsewhere classified
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
NATSIS	National Aboriginal and Torres Strait Islander Survey
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NCIRS	National Centre for Immunisation Research and Surveillance
NCMHCD	National Community Mental Health Care Database
NDR	National Data Repository
NHMD	National Hospital Morbidity Database

ABBREVIATIONS

NHMRC	National Health and Medical Research Council
NHPAC	National Health Priority Action Council
NHS	National Health Survey
NHS(I)	National Health Survey (Indigenous)
NMDS	National Minimum Data Set
NNDSS	National Notifiable Diseases Surveillance System
NOCS	Notifiable Conditions System
NPDC	National Perinatal Data Collection
NPHP	National Public Health Partnership
NPSU	National Perinatal Statistics Unit
NRF	National Reporting Framework
NSW	New South Wales
NT	Northern Territory
OATSIH	Office for Aboriginal and Torres Strait Islander Health (Australian Government Department of Health and Ageing)
OECD	Organisation for Economic Co-operation and Development
OID	Overcoming Indigenous Disadvantage
OPV	oral polio vaccine
PBS	Pharmaceutical Benefits Scheme
PCI	percutaneous coronary intervention
PRA	private rental assistance
Qld	Queensland
RCS	Resident Classification Scale
RHD	rheumatic heart disease
SA	South Australia
SAAP	Supported Accommodation Assistance Program
SAND	Supplementary Analysis of Nominated Data
SAR	Service Activity Reporting
SCATSIH	Standing Committee on Aboriginal and Torres Strait Islander Health
SCRCSSP	Steering Committee for the Review of Commonwealth/State Service Provision
SCRGSP	Steering Committee for the Review of Government Service Provision
SDAC	Survey of Disability, Ageing and Carers
SF-36	Medical Outcome Short Form Health Survey
SIDS	Sudden Infant Death Syndrome
SMR	standardised mortality ratio
SOMIH	State owned and managed Indigenous housing
SRA	Supplementary Recurrent Assistance
STI	sexually transmissible infection
Tas.	Tasmania
TFR	total fertility rate
TSRA	Torres Strait Regional Authority
VET	vocational education and training
Vic.	Victoria
WA	Western Australia
WAACHS	Western Australian Aboriginal Child Health Survey
WHO	World Health Organization
YLL	years of life lost

CORE ACTIVITY NEED FOR ASSISTANCE

A1.1 HOUSEHOLD FORM

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20 DOES THE PERSON EVER NEED SOMEONE TO HELP WITH, OR BE WITH THEM, FOR SELF CARE ACTIVITIES?

For example: doing everyday activities such as eating, showering, dressing or toileting.

- Yes, always
- Yes, sometimes
- No

21 DOES THE PERSON EVER NEED SOMEONE TO HELP WITH, OR BE WITH THEM, FOR BODY MOVEMENT ACTIVITIES?

For example: getting out of bed, moving around at home or at places away from home.

- Yes, always
- Yes, sometimes
- No

22 DOES THE PERSON EVER NEED SOMEONE TO HELP WITH, OR BE WITH THEM, FOR COMMUNICATION ACTIVITIES?

For example: understanding, or being understood, by others.

- Yes, always
- Yes, sometimes
- No

23 WHAT ARE THE REASONS FOR THE NEED FOR ASSISTANCE OR SUPERVISION SHOWN IN QUESTIONS 20, 21 OR 22?

- No need for help or supervision
 - Short-term health condition (lasting less than six months)
 - Long-term health condition (lasting six months or more)
 - Disability (lasting six months or more)
 - Old or young age
 - Difficulty with English language
 - Other cause
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A1.2 INTERVIEWER HOUSEHOLD FORM

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26 DOES THE PERSON EVER NEED SOMEONE TO HELP THEM DO EVERYDAY THINGS SUCH AS EATING, WASHING THEMSELVES, DRESSING OR USING THE TOILET?

- Yes, always
- Yes, sometimes
- No

27 DOES THE PERSON EVER NEED SOMEONE TO HELP THEM MOVE AROUND?

For example: getting out of bed, walking, climbing stairs, getting out of a chair.

- Yes, always
- Yes, sometimes
- No

28 DOES THE PERSON EVER NEED SOMEONE TO HELP WITH UNDERSTANDING OTHER PEOPLE, OR BEING UNDERSTOOD BY OTHER PEOPLE?

- Yes, always
- Yes, sometimes
- No

29 WHY DOES THE PERSON NEED HELP IN THE AREAS SHOWN IN QUESTIONS 26, 27 AND 28?

- No need for help or supervision
 - Short-term health condition (lasting less than six months)
 - Long-term health condition (lasting six months or more)
 - Disability (lasting six months or more)
 - Old or young age
 - Difficulty with English language
 - Other cause
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UNPAID ASSISTANCE TO A PERSON WITH A DISABILITY

A1.3 HOUSEHOLD FORM

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49 IN THE LAST TWO WEEKS DID THE PERSON SPEND TIME PROVIDING UNPAID CARE, HELP OR ASSISTANCE TO FAMILY MEMBERS OR OTHERS BECAUSE OF A DISABILITY, A LONG-TERM ILLNESS OR PROBLEMS RELATED TO OLD AGE?

- No, did not provide unpaid care, help or assistance
- Yes, provided unpaid care, help or assistance sometimes

A1.4 INTERVIEWER HOUSEHOLD FORM

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52 IN THE LAST TWO WEEKS DID THE PERSON SPEND TIME PROVIDING UNPAID CARE, HELP OR ASSISTANCE TO FAMILY MEMBERS OR OTHERS BECAUSE OF A DISABILITY, A LONG-TERM ILLNESS OR PROBLEMS RELATED TO OLD AGE?

Record persons who receive a carers benefit in the 'Yes, provided unpaid care, help or assistance' box.
Ad hoc help or assistance, such as shopping, should only be included if the person needs this sort of assistance because of his/her condition.
Do not include work done through a voluntary organisation or group.

- No, did not provide unpaid care, help or assistance
 - Yes, provided unpaid care, help or assistance sometimes
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MAIN DATA SOURCES

INTRODUCTION

1 Information in this publication is drawn from many sources, including the Census of Population and Housing, a number of surveys conducted by the Australian Bureau of Statistics (ABS) and other organisations, and from a variety of administrative data sources. A brief description of the main sources used in this report is provided in the following paragraphs. Terms and concepts used in this publication are explained in the Glossary. Additional sources referenced within the publication are included in the list of references.

BETTERING THE EVALUATION AND CARE OF HEALTH (BEACH) SURVEY

2 The BEACH survey collects information about consultations with general practitioners (GPs), including GP and patient characteristics, patient reasons for the visit, problems managed and treatments provided. The survey has been conducted annually since April 1998. Information is collected from a random sample of approximately 1,000 GPs from across Australia each year. Each GP provides details of 100 consecutive consultations. Over the period 2001–02 to 2005–06, 1.5% of GP consultations were with patients who identified as Aboriginal and/or Torres Strait Islander.

3 Although the questionnaire contains an Indigenous identifier, it is unknown whether all GPs ask their patients this question. In sub-study Supplementary Analysis of Nominated Data of approximately 9,000 patients, it was found that if the question on Indigenous status was asked within the context of a series of questions about origin and cultural background, 2.2% identified as Aboriginal or Torres Strait Islander. This is twice the rate routinely recorded in BEACH, indicating that BEACH may underestimate the number of Indigenous consultations. More information on the BEACH survey is available on the BEACH project web site <http://www.fmrc.org.au/beach.htm>.

CENSUS OF POPULATION AND HOUSING

4 The Census of Population and Housing is the largest statistical collection undertaken by the ABS and is conducted every five years. Selected results from the 2006 and 2001 Censuses are presented in this report.

5 The Census is a count of the whole population at a given point in time. As such, it forms the basis of the estimated resident population (ERP); the official measure of the Australian population and each state/territory population. These population estimates are used to determine the number of seats in the House of Representatives for each state and territory, and for the allocation of government funding. In addition, Census information about the characteristics of the population as a whole, and of various sub-populations (e.g. Aboriginal and Torres Strait Islander peoples) is used to support the planning, administration and policy development activities of governments, businesses and other users.

COMMUNITY HOUSING AND INFRASTRUCTURE NEEDS SURVEY (CHINS)

6 The 2006 CHINS collected data about the status of housing, infrastructure, education, health and other services available in discrete Indigenous communities throughout Australia. In addition, the survey collected selected information on Indigenous Housing Organisations (IHOs) that provide rental housing to Aboriginal and Torres Strait Islander people.

7 The survey was conducted throughout Australia between March and June 2006, and was the third to be conducted by the ABS. The 2006 CHINS was conducted by the ABS on behalf of, and with full funding from, the then Australian Government Department of Families, Community Services and Indigenous Affairs (FaCSIA).

COMMUNITY HOUSING AND
INFRASTRUCTURE NEEDS
SURVEY (CHINS) *continued*

8 The 2006 CHINS was administered in conjunction with field preparations for the 2006 Census. Although called a survey, the 2006 CHINS was designed as an enumeration of all 1,187 discrete Indigenous communities in Australia that were occupied at the time of the CHINS or were intended to be reoccupied within 12 months, and of all 496 IHOs managing housing for Aboriginal and Torres Strait Islander people. More information on the survey is available in ABS 2007d.

NATIONAL ABORIGINAL AND
TORRES STRAIT ISLANDER
HEALTH SURVEY

9 The NATSIHS collected information about the health circumstances of Indigenous Australians, including general health status, health actions taken, and selected lifestyle factors which may influence health outcomes.

10 The survey was conducted from August 2004 to July 2005 by the ABS. Building on the Indigenous components in the 1995 and 2001 National Health Surveys, the NATSIHS is the first Indigenous-specific health survey. It will be conducted six-yearly to coincide with every second (three-yearly) National Health Survey (NHS).

11 The 2004–05 NATSIHS collected information from 10,400 Indigenous Australians of all ages in remote and non-remote areas.

12 In this report, data for non-Indigenous people from the NHS are used to provide comparisons with data for Indigenous people from the 2004–05 NATSIHS. Except where data are compared for small age groups, comparisons are based on age standardised estimates in order to account for the differences in age structure between the Indigenous and non-Indigenous populations. For more information on age standardisation, see the Glossary. More information on the 2004–05 NATSIHS is available in ABS 2006c.

NATIONAL ABORIGINAL AND
TORRES STRAIT ISLANDER
SOCIAL SURVEY

13 The 2002 NATSISS collected information on a wide range of subjects including family and culture, health, education, employment, income, financial stress, housing, transport and mobility, as well as law and justice.

14 The 2002 NATSISS was conducted from August 2002 to April 2003 and is the second national social survey of Indigenous Australians conducted by the ABS, building on the 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS). The 2008 NATSISS will be enumerated from August to December 2008.

15 The survey collected information from 9,400 Indigenous Australians across all states and territories of Australia, including people living in remote areas. The sample covered persons aged 15 years or over who were usual residents of private dwellings in Australia. Usual residents of 'special' dwellings such as hotels, motels, hostels, hospitals and prisons were not included in the survey.

16 In this report, data for non-Indigenous people from the General Social Survey (GSS) are used to provide comparisons with data for Indigenous people from the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS). In most cases, these comparisons are based on age-standardised estimates in order to account for the differences in age structure between the Indigenous and non-Indigenous populations. For more information on age standardisation, see the Glossary. More information on the 2002 NATSISS is available in ABS 2004d.

NATIONAL HOSPITAL
MORBIDITY DATA COLLECTION

17 The National Mortality Data Collection comprises de-identified hospital separation records (discharges, transfers, deaths or changes in type of episode of care) and is maintained by the AIHW. Information on the characteristics, diagnoses and care of admitted patients in public and private hospitals is provided to the AIHW by state and territory health departments. Further information about this collection is provided in AIHW 2007b.

NATIONAL MORTALITY DATA
COLLECTION

18 The National Mortality Data Collection comprises de-identified information for all deaths in Australia. This data collection includes deaths registered in Australia from 1964 to the present and is maintained by the AIHW. Information on the characteristics and causes of death of the deceased is provided by the Registrars of Births, Deaths and Marriages and coded nationally by the ABS. Information on the cause of death is supplied by the medical practitioner certifying the death, or by a coroner. The data are updated each calendar year, towards the end of the year, with the previous calendar year's data.

NATIONAL PERINATAL DATA
COLLECTION

19 The National Perinatal Data Collection is a national collection that includes data on all births that have occurred in Australia in hospitals, birth centres and the community. It comprises data items as specified in the Perinatal National Minimum Data Set plus additional items collected by the states and territories. The Perinatal National Minimum Data Set is a specification for data collected on all live births, and all stillbirths of at least 20 weeks gestation and/or at least 400 grams birth weight. The Perinatal NMDS was established in 1997. State and territory health authorities provide data to the Australian Institute of Health and Welfare, National Perinatal Statistics Unit for national collation on an annual basis. The Aboriginal or Torres Strait Islander status of the mother is collected, but not that of the father or baby.

SUPPORTED
ACCOMMODATION
ASSISTANCE PROGRAM
(SAAP) NATIONAL DATA
COLLECTION

20 The SAAP National Data Collection is a nationally consistent information system that combines information from SAAP agencies and state/territory and Commonwealth funding departments. The Australian Institute of Health and Welfare fulfils the role of the National Data Collection Agency and manages the collection. All non-government organisations funded under the program are required to participate in the SAAP National Data Collection. The SAAP National Data Collection was established in July 1996 to provide information necessary to assist in the planning, monitoring and evaluation of the SAAP program.

WESTERN AUSTRALIAN
ABORIGINAL CHILD HEALTH
SURVEY (WAACHS)

21 The WAACHS was a large scale investigation into the health of 5,289 Western Australian and Torres Strait Islander children aged 0–17 years. It was undertaken in 2001–02 by the Telethon Institute for Child Health Research in conjunction with the Kulunga Research Network. The survey was the first to gather comprehensive health, educational and developmental information on a population based sample of Aboriginal and Torres Strait Islander children, their families and communities.

22 For more information on the WAACHS, see Zubrick et al 2005; Zubrick et al 2006; Silburn et al 2006, or the Institute's web site <www.ichr.uwa.edu.au>.

GLOSSARY

Aboriginal people	People who identify or are identified as being of Aboriginal origin. May also include people identified as being of both Aboriginal and Torres Strait Islander origin. See also Indigenous people and Torres Strait Islander people.
Access to motor vehicle(s)	Access that a person has to a registered motor vehicle which is owned or used by members of the household, and which is garaged or parked near the occupied dwelling on Census Night. It includes vans and company vehicles kept at home, but excludes motorbikes, scooters and tractors.
Administrative data	Data that are routinely collected in the course of general administration. Includes data from the Registrars of Births, Deaths and Marriages, hospital morbidity data, housing assistance data and child protection data.
Age-specific rate	A rate for a specific age group. The numerator and the denominator relate to the same age group.
Age standardisation	A method of removing the influence of age when comparing populations with different age structures. Where appropriate, estimates in this publication are age standardised to the age composition of the total estimated resident population of Australia as at 30 June 2001. The age standardised rate is that which would have prevailed if the studied population had the standard age composition. Because age standardised estimates do not represent any real population parameters, they should not be used to quantify the difference between the Indigenous and non-Indigenous populations. They should be used as an indication of difference only.
Alcohol consumption risk level	Two measures of alcohol consumption risk were derived from the 2004–05 NATSIHS. See Long-term risky/high risk alcohol consumption and Short-term risky/high risk alcohol consumption.
Apparent retention rates	Apparent retention rates are the percentage of full-time students of a given cohort group who continue from the first year of secondary schooling to a specified year level. Care should be taken in interpreting apparent retention rates, as they do not account for students repeating a year of school or migrating into or out of the Australian school student population. Ungraded secondary students and those enrolled in alternative secondary programs are also not included in retention calculations. For more information, see <i>Schools Australia, 2007</i> (ABS cat. no. 4221.0).
Attended a cultural event	Participation in traditional or contemporary Aboriginal or Torres Strait Islander cultural activities and events in the 12 months prior to interview. Events include funerals, ceremonies, Indigenous festivals and carnivals, arts, craft, music, dance, writing or telling stories, and involvement with Aboriginal and Torres Strait Islander organisations. Participation may be for payment or without payment.
Australian Indigenous Language	An Aboriginal or Torres Strait Islander language in the Australian Indigenous Languages group of the Australian Standard Classification of Languages. Excludes Oceanian Pidgins and Creoles and 'Aboriginal English'. See also Language spoken at home.

Body Mass Index	<p>A measure of body weight relative to height. Calculated from reported height and weight information, using the formula weight (in kilograms) divided by the square of height (in metres). To produce a measure of the prevalence of overweight or obesity in adults, BMI values are grouped according to the table below which allows categories to be reported against the World Health Organization guidelines.</p> <p>BMI categories are as follows:</p> <p>Underweight—Less than 18.5</p> <p>Healthy weight—18.5 to less than 25</p> <p>Overweight—25 to less than 30</p> <p>Obese—30 and greater</p>
Canadian National Occupancy Standard for housing appropriateness	<p>A standard measure of housing utilisation that is sensitive to both household size and composition. Based on the following criteria used to assess bedroom requirements, households requiring at least one additional bedroom are considered to be overcrowded:</p> <ul style="list-style-type: none"> ■ there should be no more than two persons per bedroom ■ a household of one unattached individual may reasonably occupy a bed-sit (i.e. have no bedroom) ■ couples and parents should have a separate bedroom ■ children less than five years of age, of different sexes, may reasonably share a room ■ children five years of age or over, of different sexes, should not share a bedroom ■ children less than 18 years of age and of the same sex may reasonably share a bedroom ■ single household members aged 18 years or over should have a separate bedroom.
Care and protection orders	<p>Children subject to a care and protection order are those for whom the Community Services Department has a responsibility as a result of some formal legal order or an administrative/voluntary arrangement. Only orders issued for protective reasons are included.</p>
Carer	<p>A person aged 15 years or over who provides care for another person with disability, a long-term illness, or problems related to old age. The questions used to ascertain carer status in the 2006 Census are in Appendix 1 of this report.</p>
Census	<p>A census is a count of a whole population. The Census of Population and Housing measures the number of people in Australia and their key characteristics, at a given point in time. The ABS conducts the Census every five years; the last was in August 2006. In this publication the word 'Census' refers to the ABS Census of Population and Housing.</p>
Clan, tribal group or language group	<p>A group of Aboriginal and/or Torres Strait Islander people who share a common language and/or clan or tribal membership.</p>
Commonwealth Rent Assistance (CRA) – Income unit	<p>A CRA income unit is defined as either a single person or a couple with or without dependants. Children over 16 years of age are not regarded as dependent unless they are full-time secondary students aged less than 18 years and not receiving social security payments.</p>
Community Development Employment Projects (CDEP) programme	<p>The CDEP programme enables participants (usually members of the Aboriginal and Torres Strait Islander communities) to exchange unemployment benefits for opportunities to undertake work and training in activities which are managed by a local Aboriginal or Torres Strait Islander community organisation. Participants in the programme are classified as employed.</p>

Community health centre	A facility that provides a range of medical and health-related services to the community. The centre may also provide advice to people on issues such as sexually transmitted diseases, immunisation and family planning. In remote areas some of these services may not be available, but the centre would usually have nurses, health workers and/or doctors in regular attendance.
Comorbidity	When a person has two or more health conditions at the same time.
Core activity need for assistance	People who sometimes or always need help or assistance with one or more of three core activities—self-care, mobility and communication—because of disability, a long-term health condition (lasting six months or more) or old age. This 2006 Census concept is relatable to the 2002 NATSISS measure of profound/severe core activity limitation. The questions used to ascertain core activity need for assistance in the 2006 Census are in Appendix 1 of this report. See also Profound/severe core activity limitation.
Current daily smoker	A person who was smoking one or more cigarettes (or cigars or pipes) per day, on average, at the time of interview. See also Smoker status.
Dialysis	A treatment for end-stage renal disease, where the work of the kidneys is performed artificially.
Difficulty communicating with service providers	The extent to which a person has difficulty communicating with service providers, such as government organisations, due to language difficulties.
Discrete Indigenous community	A geographical location with a physical or legal boundary that is inhabited or intended to be inhabited predominantly by Indigenous people (i.e. comprising more than 50% of the usual population), with housing and infrastructure that is either owned or managed on a community basis.
dmft (child teeth)	The number of decayed, missing or filled deciduous (child) teeth.
DMFT (adult teeth)	The number of decayed, missing or filled permanent (adult) teeth.
Dwelling	See Non-private dwelling and Private dwelling.
Dwelling condition	See Permanent dwelling condition.
Educational attainment	The highest level of education attained. Includes both primary and secondary school and non-school qualifications. See also Highest year of school completed and Non-school qualification.
Employed	Persons aged 15 years or over who had a job or business, or who undertook work without pay in a family business, for a minimum of one hour, in the previous week. Includes persons who were absent from a job or business and CDEP participants. See also Labour force status.
Employed full-time	Persons who usually work 35 hours or more per week.
Employed part-time	Persons who usually work at least one hour, but less than 35 hours per week.
Equivalent gross household income	A standardised income measure which enables analysis of the relative wellbeing of households of different size and composition. Equivalence scales are used to adjust the actual incomes of households in a way that accounts for differences in the needs of individuals within those households and the economies of scale achieved by people living together. The adjustment recognises the greater level of income required by larger households compared with smaller households, and also that the resource needs of adults are normally greater than those of children. For example, it would be expected that a household comprising two people would normally need more income than a lone person household if the two households are to enjoy the same standard of living. One way of adjusting for this difference in household size might be simply to divide the income of the household by the number of people within the household so that all income is presented on a per capita basis. However, such a simple adjustment assumes that all individuals have the same needs if they are to enjoy the same standard of living and that there are no economies derived from sharing resources. When household

Equivalised gross household income <i>continued</i>	<p>income is adjusted according to an equivalence scale, equivalised household income can be viewed as an indicator of the economic resources available to each individual in a household.</p> <p>In this publication, a 'modified OECD' equivalence scale has been used; the scale widely accepted among Australian analysts of income distribution. This scale allocates 1.0 point for the first adult (aged 15 years or over) in a household; 0.5 for each additional adult; and 0.3 for each child. Equivalised household income is derived by dividing total household income by the sum of the equivalence points allocated to household members. For example, if a household received combined gross income of \$2,100 per week and comprised two adults and two children (combined household equivalence points of 2.1), the equivalised gross household income for each household member would be calculated as \$1,000 per week. See also People in low income households.</p>
Equivalised household income – quintiles	Groupings of 20% of the total population of Australia when ranked in ascending order according to equivalised gross household income. The population used for this purpose includes all people living in private dwellings, including children. Households in which income was not reported or only partially reported have been excluded.
Estimated resident population (ERP)	The official ABS estimate of the Australian population, based on the Census count (on a usual residence basis). The estimated resident population is compiled at 30 June each census year, and is updated quarterly between censuses. These intercensal estimates of the resident population are revised each time a population census is taken. See also Indigenous estimated resident population.
Estimated resident Indigenous population	The Indigenous ERP is based on the Census count and adjusted for instances in which Indigenous status is unknown and for net undercount. These adjustments are necessary because of the volatility of counts of the Indigenous population between censuses.
Exercise level	<p>Based on frequency, intensity (i.e. walking, moderate exercise and vigorous exercise) and duration of exercise (for recreation, sport or fitness) in the previous two weeks. From these components, an exercise score was derived using factors to represent the intensity of the exercise. Scores were grouped into the following four categories:</p> <p>Sedentary—Less than 100 mins (includes no exercise)</p> <p>Low— 100 mins to less than 1600 mins</p> <p>Moderate—600–3200 mins, or more than 3200 mins but less than 2 hours of vigorous exercise</p> <p>High—More than 3200 mins and 2 hours or more of vigorous exercise</p>
Fertility rate	See Total fertility rate.
Financial stress	In this report, 'financial stress' is defined as the inability of a household to obtain \$2000 within a week for something important.
Foetal death (stillbirth)	Death prior to the complete expulsion or extraction from its mother of a product of conception of 20 or more completed weeks of gestation or of 400 grams or more of birthweight (criteria used for the state and territory perinatal collections).
Foetal death rate	The number of foetal deaths in a year per 1,000 total births in the same year.
Health Care Card	These cards provide for medical and/or related services free of charge or at reduced rates to recipients of Australian government pensions or benefits.
Health status	See self-assessed health status.
High level residential aged care	Residential aged care services delivered to residents with high levels of dependency. These are approximately equivalent to the services delivered by nursing homes in the past.

High volume form	Most Supported Accommodation Assistance Program (SAAP) agencies use the general client form to collect data for the SAAP Client collection. This form has 29 questions. 'High volume' agencies have a large number of clients and a high client throughput. These agencies use a 'high volume' client form with a subset of questions from the general client form. Generally, high volume agencies include those providing accommodation to more than 50 people per night, telephone referral agencies, day centres and information and referral centres.
Highest year of school completed	The highest year of primary or secondary school completed, irrespective of the type of educational institution attended, or where that education was undertaken. In this publication, the population of interest excludes people aged less than 15 years and those who were still attending a secondary school.
Homelands/traditional country	An area of land with which Aboriginal or Torres Strait Islander people have ancestral and/or cultural links.
Home owner	See Owner without a mortgage and Owner with a mortgage.
Hospitalisation	Refers to the process by which an admitted patient completes an episode of care in hospital, by being discharged, transferring to another hospital or care facility, or dying. A hospital separation record refers to a patient's administrative record on discharge from hospital. The record gives demographic details such as age, sex and Indigenous status, as well as reasons for hospitalisation, and treatments or procedures performed.
Hospital separation	See Hospitalisation.
Household	A household is defined as a group of two or more related or unrelated people who usually reside in the same dwelling, who regard themselves as a household, and who make common provision for food or other essentials for living; or a person living in a dwelling who makes provisions for his/her own food and other essentials for living, without combining with any other person (i.e. a lone-person household). In this publication, households are separated into those containing at least one Indigenous person (referred to as Indigenous households) and Other households. See also Indigenous household and Other household.
Housing assistance program	A program to assist people to obtain access to housing that is affordable and appropriate to their needs.
Illicit substance use	The use of substances for non-medical purposes. Substances included in the 2004–05 NATSIHS were pain-killers or analgesics, tranquillisers or sleeping pills, amphetamines or speed, marijuana, hashish or cannabis resin, heroin, methadone, cocaine, hallucinogens (both synthetic and naturally occurring), ecstasy or other designer drugs, petrol and other inhalants, and kava. Information was collected on substance use in the previous 12 months and substance use to date, for people aged 18 years or over in non-remote areas, using a self-completion form. Information on substance use was not collected in remote areas due to concerns about guaranteeing respondent confidentiality in instances where personal interview was the collection method.
Imprisonment rate	The number of prisoners per 100,000 adult population.
Incidence	The number of new cases of a particular illness commencing during a given period in a specified population. See also Prevalence.
Income	Regular gross weekly income, which is the income before tax, superannuation, health insurance, or other deductions are made. Gross income includes family allowance, family allowance supplement, pensions, unemployment benefits, student allowances, maintenance (child support), superannuation, wages, overtime, dividends, rents received, interest received, business or farm income (less operation expenses) and workers compensation received.
Income quintiles	See Equivalised gross household income—quintiles.

Indigenous community housing	Dwellings targeted to Indigenous people that are managed by Indigenous Housing Organisations.
Indigenous household	A household in an occupied private dwelling with at least one resident who has been identified as Indigenous, and who was enumerated at home on Census night. The other residents of the household may have been identified as Indigenous, non-Indigenous, or have Indigenous status unknown. See also Household and Other household.
Indigenous Housing Organisation	Any Aboriginal or Torres Strait Islander organisation which is responsible for managing housing for Indigenous people. This includes community organisations, such as Resources Agencies and Land Councils, that have a range of functions, provided that they manage housing for Indigenous people.
Indigenous income unit	An income unit in which the client of a community services program, or their partner, has been identified as Aboriginal or Torres Strait Islander in origin. See also Commonwealth Rent Assistance (CRA) – Income unit.
Indigenous people	People who identified themselves, or were identified by another household member, as being of Aboriginal and/or Torres Strait Islander origin.
Indigenous Region	Indigenous Regions (IREGs) are the highest level of the Australian Indigenous Geographic Classification (AIGC). The AIGC provides a geographical standard for the publication of Census data about the Indigenous population of Australia. In 2001, the highest level of the AIGC was Aboriginal and Torres Strait Islander Commission (ATSIC) Region, which reflected the legal ATSIC Region boundaries defined under the ATSIC Act (1989). When ATSIC ceased operations in 2005, the legal requirement for these boundaries also ceased to exist. IREGs are based on the former ATSIC Region boundaries but reflect recent changes in local government areas. Changes in government administrative arrangements were also taken into account in defining the IREGs. Where possible and appropriate, the 2001 boundaries were maintained to allow the characteristics of Indigenous people within a Region to be compared across Censuses.
Individual weekly income	Gross income (including pensions and allowances) that a person aged 15 years or over usually receives each week. See also Median individual weekly income.
Infant mortality	Deaths of children under one year of age.
Infant mortality rate	The number of deaths of infants per 1,000 live births.
International Statistical Classification of Diseases and Related Health Problems (ICD-10)	The tenth revision of the International Classification of Diseases and Health Related Problems (ICD-10). The Australian modification of the ICD-10 (ICD-10-AM) was adopted for Australian use for deaths registered from 1 January 1999 and superseded ICD-9. The ICD, which is endorsed by the World Health Organization (WHO), is primarily designed for the classification of diseases and injuries with a formal diagnosis.
Involvement in social activities	Participation in social activities in the three months prior to interview including: recreational or cultural group activities; community or special interest group activities; church or religious activities; outings to a cafe, restaurant or bar; involvement in sport or physical activities; attendance at a sporting event as a spectator; visiting a library, museum or art gallery; going to the movies, theatre or concert; visiting a park, botanic gardens, zoo or theme park; attending Aboriginal and Torres Strait Islander Commission or Native Title meetings; attending funerals, ceremonies or festivals; and fishing or hunting in a group.
Jurisdiction	A state or territory of Australia.

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Labour force participation rate	The number of persons in the labour force (i.e. employed plus unemployed) expressed as a percentage of the population. Both the numerator and denominator may be restricted to derive labour force participation rates for particular age groups, e.g. persons aged 18–64 years. Persons who did not report their labour force status are excluded when calculating the participation rate. See also Employed, Labour force status, and Unemployed.
Labour force status	Identifies whether a person is employed, unemployed or not in the labour force. See also Employed, Not in the labour force and Unemployed.
Landlord	The person or organisation that provides housing in exchange for rent.
Language spoken at home	In the 2006 Census, language spoken at home was recorded for people who spoke a language other than English at home. It does not identify the main language spoken or number of languages spoken.
Life table	A life table is a statistical model used to show the life expectancy and hence levels of mortality at different ages. It depicts the mortality experience of a hypothetical group of newborn babies throughout their lifetimes. Life tables may be complete or abridged, depending on the age interval used in their compilation. Complete life tables such as those for the Australian population contain data by single years of age, while abridged life tables, such as those for the Indigenous population, contain data for five-year age groups. Life tables are presented separately for males and females.
Long-term health condition	A medical condition (illness, injury or disability) which has lasted at least six months, or which the respondent expects to last for six months or more. In the 2004–05 NATSIHS, some reported conditions were assumed to be long-term, including: asthma; arthritis; cancer; osteoporosis; diabetes; rheumatic heart disease; heart attack; and stroke.
Long-term risky/high risk alcohol consumption	According to National Health and Medical Research Council (NHMRC) guidelines, long-term risky/high risk alcohol consumption equates to 50ml or more of alcohol per day for men and 25ml or more per day for women (see table below). In the 2004–05 NATSIHS, long-term alcohol risk levels were derived from the average daily consumption of alcohol in the seven days prior to interview. It should be noted that risk level as defined by the NHMRC is based on regular alcohol consumption levels, whereas indicators derived from the 2004–05 NATSIHS do not take into account whether consumption in the reference week was more, less or the same as usual.

RISK OF HARM IN THE LONG-TERM, consumption on an average day

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<i>Relative risk</i>	<i>Males</i>	<i>Females</i>
Low	Less than 50 mls	Less than 25 mls
Moderate	50–75 mls	25–50 mls
High	Greater than 75 mls	Greater than 50 mls

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Note: One standard drink contains 12.5ml of alcohol.

See also Alcohol consumption risk level and Short-term risky/high risk alcohol consumption.

Low birthweight	Birthweight of less than 2,500 grams.
Low resource household	See People in low resource households.
Major cities	Geographical areas within the 'Major cities of Australia' category of the Australian Standard Geographical Classification (ASGC) Remoteness Structure. See also Remoteness Area.
Marital status	See Social marital status.

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Median	The midpoint of a distribution of values. Half the values occur above this point and half below.
Median equivalised gross household income	The midpoint of the distribution of equivalised weekly income values, based on ranged data. See also Equivalised weekly income.
Median individual weekly income	The midpoint of the distribution of individual weekly income values, based on ranged data. See also Individual weekly income.
Morbidity	Any departure, subjective or objective, from a state of physiological or psychological wellbeing.
Multiple causes of death	All morbid conditions, diseases and injuries entered on the death certificate. These include those factors involved in the morbid train of events leading to death which were classified as either the underlying cause, the immediate cause, or any intervening causes and those conditions which contributed to death, but were not related to the disease or condition causing death. For deaths where the underlying cause was identified as an external cause (injury or poisoning) multiple causes include circumstances of injury, the nature of injury as well as any other conditions reported on the death certificate.
Needs assistance with core activities	See Core activity need for assistance.
Neighbourhood/community problems	A person's perception of crime and other problems in their neighbourhood. Problems include: theft; prowlers or loiterers; damage to property; dangerous or noisy driving; alcohol and illegal drugs; family violence; assault; sexual assault; problems with neighbours; youth-related problems; and a perceived lack of personal safety.
Neonatal death	Death of a liveborn infant within 28 days of birth.
Neonatal mortality rate	The number of neonatal deaths in a year per 1,000 live births in the same year.
Non-private dwelling	Includes (but is not limited to) hotel, motel, hospital or psychiatric institution, nursing home, boarding house, hostel for homeless, disabled or backpackers, convent or monastery, prison, corrective institution and immigration detention centre. Non-private dwellings are enumerated on personal forms instead of household forms which are used for private dwellings. See also Private dwelling.
Non-remote	Geographical areas within the 'Major cities of Australia', 'Inner regional Australia' and 'Outer regional Australia' categories of the Australian Standard Geographical Classification (ASGC) Remoteness Structure. See also Remoteness Area.
Non-school qualification	A non-school qualification is awarded for post-school educational attainment. Includes Certificates, Diplomas, Bachelor degrees, Graduate certificates, Graduate Diplomas and Postgraduate degrees. In this publication, the population of interest for non-school qualification is people aged 25–64 years. Non-school qualifications may be attained concurrently with school qualifications. Responses have been coded according to the <i>Australian Standard Classification of Education (ASCED), 2001</i> (cat. no. 1272.0).
Not in the labour force	Persons who are retired; no longer working; do not intend to work in the future; permanently unable to work; or who have never worked and never intend to work. See also Labour force status.
Obese	See Body Mass Index.
Other household	A household in an occupied private dwelling not identified as an Indigenous household because no residents were identified as Indigenous on Census night. These households may include residents whose Indigenous status was unknown.
Other tenure type	Comprises persons in dwellings being purchased under a rent/buy scheme, occupied rent-free, under a life tenure scheme, or other tenure type. See also Tenure type.
Overcrowding	See Canadian National Occupancy Standard for housing appropriateness.
Overweight	See Body Mass Index.

Owner with a mortgage	A household where the reference person's outstanding mortgage or loan amount secured against the dwelling is greater than zero. (Persons who have an outstanding mortgage amount but who are not making any payments are included in this category.) See also Tenure type.
Owner without a mortgage	A household where the reference person has no outstanding mortgage or loan amount secured against the dwelling. (Persons who have repaid a mortgage or loan but have not formally discharged the associated mortgage are included in this category.) See also Tenure type.
People in low resource households	People with equivalised gross household income in the bottom 20% of incomes, excluding people in households that were owned (with or without a mortgage) by a household member or where a household member was an owner manager of an unincorporated business. This concept takes into account that for some households in the lowest quintile, income levels may not fully reflect their economic wellbeing. This is particularly so for households that have unincorporated businesses or have access to wealth. As the incidence of such households is higher in the non-Indigenous population than the Indigenous population, the 'low resource household' concept enables better comparison between the economic circumstances of Indigenous and non-Indigenous people on low incomes.
Perinatal mortality rate	The number of perinatal deaths per 1,000 total births in the same year. A perinatal death is a foetal or neonatal death.
Permanent dwelling	A dwelling is a structure or discrete space within a structure designed for people to live in or where people live. A permanent dwelling has fixed walls, roof and doors. They usually have kitchen and bathroom facilities, though this is not necessary, provided these facilities could be built into the dwelling. Permanent dwellings are made from regular building materials and are intended for long-term residential use.
Permanent dwelling condition	In the 2006 CHINS, permanent dwellings managed by an Indigenous Housing Organisation (IHO) were categorised according to the extent of repairs required. Dwellings that required repairs of less than \$20,000 in low cost areas, less than \$27,000 in medium cost areas, and less than \$33,000 in high cost areas were defined as needing 'minor or no repair' while dwellings requiring repairs of \$20,000 to less than \$60,000 in low cost areas, \$27,000 to less than \$80,000 in medium cost areas, and \$33,000 to less than \$100,000 in high cost areas were defined as needing 'major repair'. Dwellings that required repairs of \$60,000 or more in low cost areas, \$80,000 or more in medium cost areas, and \$100,000 or more in high cost areas were defined as needing replacement.
Prevalence	The number of instances of a specific disease present in a given population at a designated point in time. See also Incidence.
Principal diagnosis	The diagnosis established to be chiefly responsible for a patient's hospitalisation.
Private and other renters	Comprises renters from a real estate agent, relative or other person not in same household, residential park (includes caravan parks and marinas), government or other employer, and landlord not stated. See also Tenure type.
Private dwelling	In general terms, a dwelling is a structure which is intended to have people live in it, and which is habitable on Census Night. A private dwelling can be a house, flat, caravan, houseboat, tent, or a room above a shop occupied by one or more people. Private dwellings are enumerated using household forms, which obtain family and relationship data. Private dwellings exclude houses under construction, derelict houses, vacant tents, hotels, guest houses, prisons, hospitals or other communal dwellings. See also Non-private dwelling.
Procedure (hospital)	Procedures encompass surgical procedures and also non-surgical investigative and therapeutic procedures such as x-rays and chemotherapy. Because a procedure is not undertaken every time a patient visits hospital, the number of hospital separations always exceeds procedures recorded.

Profound/severe core activity limitation	A limitation in the performance of one or more core activities of self-care, mobility or communication. People who needed assistance to perform one or more of these activities, some or all of the time, were categorised as having a profound or severe core activity limitation. This 2002 NATSISS concept is relatable to the 2006 Census measure of core activity need for assistance. See also Core activity need for assistance.
Puerperium	The period from the birth of a child until the mother is again restored to ordinary health. This period is generally regarded as lasting for one month.
Rate ratio	Indigenous to non-Indigenous rate ratios are calculated by dividing the proportion of Indigenous people with a particular characteristic by the proportion of non-Indigenous people with the same characteristic. If the characteristic of interest is highly correlated with age (e.g. need for assistance with core activities), age standardised proportions are used to calculate Indigenous to non-Indigenous rate ratios. A rate ratio of 1.0 indicates that the prevalence of the characteristic is the same in the Indigenous and non-Indigenous populations. Rate ratios of greater than 1.0 indicate higher prevalence in the Indigenous population and rate ratios less than 1.0 indicate higher prevalence in the non-Indigenous population.
Regional	Geographical areas within the 'Inner Regional Australia' and 'Outer Regional Australia' categories of the Australian Standard Geographical Classification (ASGC) Remoteness Structure. See also Remoteness Area.
Remote	Geographical areas within the 'Remote Australia' and 'Very remote Australia' categories of the Australian Standard Geographical Classification (ASGC) Remoteness Structure. This term has been abbreviated to 'Remote' in this publication. See also Remoteness Area.
Remoteness Area	Within the Australian Standard Geographical Classification (ASGC), the Remoteness classification comprises five categories. Determined in the context of Australia as a whole, each of these identify an aggregation of non-contiguous geographical areas, being a grouping of Collection Districts (CDs), which share a particular degree of remoteness. The degrees of remoteness range from 'highly accessible' (i.e. major cities) to 'very remote'. The degree of remoteness of each CD was determined using the Accessibility/Remoteness Index of Australia (ARIA). ARIA measures the remoteness of a point based on the physical road distances to the nearest Urban Centre in each of the five size classes. Therefore, not all Remoteness Areas are represented in each state or territory. There are six Remoteness Areas in this structure: Major Cities of Australia, Inner Regional Australia, Outer Regional Australia, Remote Australia, Very Remote Australia and Migratory (composed of offshore, shipping and migratory CDs). For more information, see <i>Statistical Geography Volume 1, Australian Standard Geographical Classification (ASGC), 2007</i> (ABS cat. no. 1216.0).
Risk factor	An aspect of lifestyle or behaviour, a health condition, an environmental exposure, or an inborn or inherited characteristic, known to be associated with health-related conditions that is considered important to prevent, e.g. smoking.
Sedentary/low level exercise	See Exercise level.
Self-assessed health status	A person's general assessment of their own health against a five point scale which ranged from excellent through to poor.

Short-term risky/high risk alcohol consumption Short-term alcohol risk levels for the 2004–05 NATSIHS were based on the frequency of consuming five (for females) or seven (for males) or more standard drinks on any one occasion in the last 12 months. These risk levels equate to NHMRC guidelines for risk of harm in the short-term.

RISK OF HARM IN THE SHORT-TERM, consumption on any day in the last 12 months

<i>Relative risk</i>	<i>Males</i>	<i>Females</i>
Low	Less than 75 mls	Less than 50 mls
Moderate	75–125 mls	50–75 mls
High	Greater than 125 mls	Greater than 75 mls

Note: One standard drink contains 12.5ml of alcohol.

See also Alcohol consumption risk level and Long-term risky/high risk alcohol consumption.

Smoker status The extent to which an adult was smoking at the time of the interview. In the 2004–05 NATSIHS, smoker status was collected from persons aged 18 years or over and referred to regular smoking of tobacco, including manufactured (packet) cigarettes, roll-your-own cigarettes, cigars and pipes, but excludes chewing tobacco and smoking of non-tobacco products. Categories used to describe smoker status are as follows:

Current daily smoker (a person who was smoking one or more cigarettes (or cigars or pipes) per day, on average, at the time of interview);

Current smoker—other (a person who was smoking at least once a week, but not daily at the time of the interview);

Ex-smoker (has previously smoked daily or has smoked 100 or more cigarettes in lifetime or has smoked pipes/cigars etc. at least 20 times);

Never smoked (has not previously smoked daily or smoked 100 or more cigarettes in lifetime or smoked pipes/cigars etc. at least 20 times).

Social marital status People aged 15 years or over in a couple relationship with another person in the same usual residence. Individuals are regarded as married if they are in a de facto marriage, or if they are living with the person to whom they are registered as married.

Stressors One or more selected events or circumstances which a person considers to have been a problem for themselves or someone close to them in the last 12 months. In the 2004–05 NATSIHS, the specified stressors were: serious illness or disability; serious accident; death of a family member or close friend; divorce or separation; inability to obtain work; involuntary loss of a job; alcohol-related problems; drug-related problems; witnessing violence; being the victim of abuse or violent crime; trouble with the police; gambling problems; incarceration of self or a family member; overcrowding at home; and discrimination or racism.

Support in time of crisis The existence of a support network outside a person's household. Such support could be called on in a time of crisis and could take the form of emotional, physical and/or financial help.

Tenure type The nature of a household's legal right to occupy the dwelling in which they usually reside. Includes home purchasing, renting, rent/buy or shared equity schemes and other tenure types. See also Other tenure type and Private and other renters.

Torres Strait Indigenous Region The grouping of Census Collection Districts (CDs), comprising islands in the seas between Cape York and the coast of Papua New Guinea, which make up the 'Torres Strait Indigenous Region' according to the Australian Indigenous Geographical Classification (AIGC). The region's geographical area is equivalent to the former ATSIC classification 'Torres Strait Area'. See also Indigenous Region.

Torres Strait Islander people	People identified as being of Torres Strait Islander origin. May also include people identified as being of both Torres Strait Islander and Aboriginal origin. See also Indigenous people.
Total fertility rate	Estimate of the average number of children a woman would bear during her lifetime if she experienced current age-specific fertility rates throughout her reproductive life.
Underlying cause of death	The disease or injury which initiated the morbid train of events leading directly to death. Accidental and violent deaths are classified to the external cause, that is, to the circumstance of the accident or violence which produced the fatal injury rather than to the nature of the injury.
Unemployed	People aged 15 years and over who were not employed but were actively looking for work in the previous four weeks, and were available to start work in the previous week. See also Labour Force Status.
Unemployment rate	Unemployed people expressed as a proportion of the labour force (i.e. unemployed plus employed people).
Usual daily serves of fruit	Refers to the number of serves of fruit (excluding drinks and beverages) usually consumed each day, as reported by the respondent. A serve is approximately 150 grams of fresh fruit or 50 grams of dried fruit. Low usual daily fruit intake is defined as eating one serve or less per day, which includes not eating fruit at all. In the 2004–05 NATSIHS, information on usual daily serves of fruit was collected for persons aged 12 years or over, excluding those in remote areas.
Usual daily serves of vegetables	Refers to the number of serves of vegetables (excluding drinks and beverages) usually consumed each day, as reported by the respondent. A serve is approximately half a cup of cooked vegetables or one cup of salad vegetables—equivalent to approximately 75 grams. Low usual daily vegetable intake is defined as eating one serve or less per day, which includes not eating vegetables at all. Information on usual daily serves of vegetables was collected for persons aged 12 years or over, excluding those in remote areas.
Usual residence	Refers to the place where a person has lived or intends to live for a total of six months or more.
Victim of physical or threatened violence	A person who had physical force or violence used against them, or threatened to be used against them, in the 12 months prior to the survey. Includes violence or threats made by persons known to the respondent.
Voluntary work	The provision of unpaid help in the form of time, service or skills to an organisation or community group in the 12 months prior to interview. 'Unpaid' means the person is not paid in cash or in kind for the work they do. The reimbursement of expenses in full or part (e.g. token payments) or small gifts (e.g. sports club T-shirts or caps) does not constitute payment of a salary, thus people who receive these are still included as voluntary workers.

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