E Health sector overview

CONTENTS

Attachment tables

Attachment tables are identified in references throughout this sector overview by an 'EA' prefix (for example, table EA.1). A full list of attachment tables is provided at the end of this sector overview, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

E.1 Introduction

This sector overview provides an introduction to the Public hospitals (chapter 10), Primary and community health (chapter 11), and Mental health management (chapter 12) chapters of this Report. It provides an overview of the health sector, presenting both contextual information and high level performance information.

Major improvements in reporting in health this year are identified in each of the service-specific health chapters.

Health services are concerned with promoting, restoring and maintaining a healthy society. They involve illness prevention, health promotion, the detection and

treatment of illness and injury, and the rehabilitation and palliative care of individuals who experience illness and injury. The health system also includes a range of activities that raise awareness of health issues, thereby reducing the risk and onset of illness and injury.

Policy context

All levels of government in Australia fund, deliver and regulate health services, with most of the activity performed by the Australian, State and Territory governments. The Australian Government's health services activities include:

- funding State and Territory governments to assist with the cost of providing public hospital services in line with the National Health Reform Agreement and the National Healthcare Agreement (NHA)
- providing rebates to patients and regulating medical services provided by General Practitioners (GPs) and specialists, practice nurses, and some services provided by allied health professionals (such as Medicare), and delivering public health programs
- funding and regulating the Pharmaceutical Benefits Scheme (PBS)
- funding and regulating private health insurance rebates
- funding improved access to primary health care, including Indigenous-specific primary health, specialist services and infrastructure for rural and remote communities
- promulgating and coordinating health regulations
- undertaking health policy research and policy coordination across the Australian, State and Territory governments
- funding hospital services and the provision of other services through the Department of Veterans' Affairs
- funding hearing services for eligible Australians through the Australian Government Hearing Services Program
- funding the Medicare Safety Net.

State and Territory governments contribute funding for, and deliver, a range of health care services (including services specifically for Indigenous Australians) such as:

- community health services
- mental health programs

- specialist palliative care
- public hospital services
- public dental services
- patient transport
- health policy research and policy development
- public health (such as health promotion programs and disease prevention)
- the regulation, inspection, licensing and monitoring of premises, institutions and personnel.

Local governments are generally involved in environmental control and a range of community-based and home care services, although the exact nature of their involvement varies across jurisdictions. The non-government sector plays a significant role in the health system, delivering general practice and specialist medical and surgical services, dental services, a range of other allied health services (such as optometry and physiotherapy) and private hospitals.

Sector scope

Health services in Australia are delivered by a variety of government and non-government providers in a range of service settings. This Report primarily concentrates on the performance of public hospitals (chapter 10), primary and community health services (including general practice) (chapter 11) and mental health management (chapter 12). These services are selected for reporting as they:

- make an important contribution to the health of the community
- reflect government priorities, for example, they fall within the National Health Priority Areas
- represent significant components of government expenditure on healthcare
- have common objectives across jurisdictions.

High level residential aged care services and patient transport (ambulance) services are not covered in the health chapters in this Report, but are reported separately in chapter 13 ('Aged care services') and chapter 9 ('Fire, road rescue and ambulance').

Other major areas of government involvement in health provision not covered in the health chapters, or elsewhere in the Report, include:

- public health programs, other than those for mental health
- funding for specialist medical practitioners.

Profile of health sector

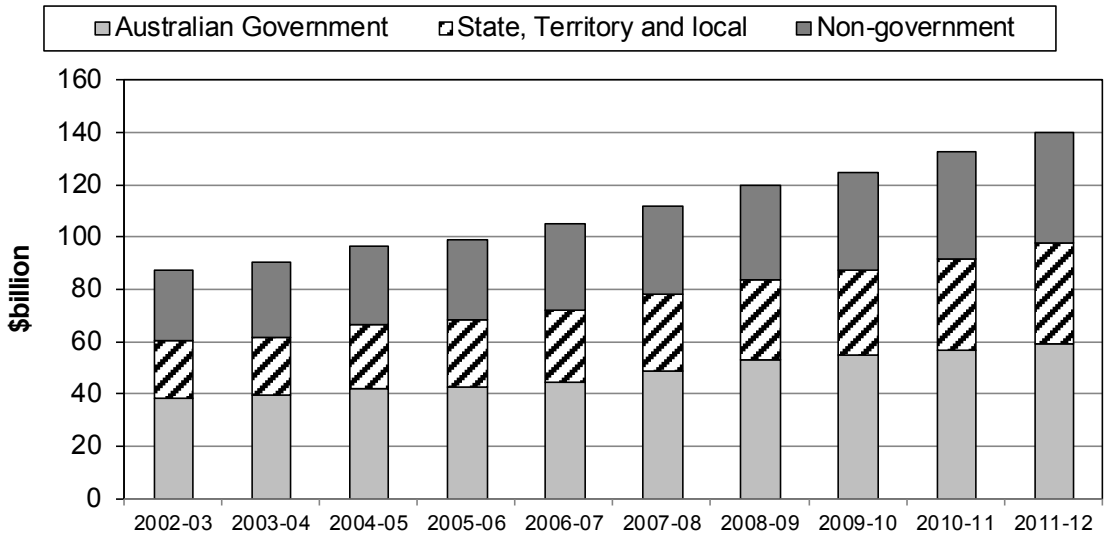
Detailed profiles for the services within the health sector are reported in chapters 10, 11 and 12, and cover health service funding and expenditure as well as the size and scope of the individual service types.

Descriptive statistics

Descriptive statistics for the health sector are included in this section. Additional descriptive data for each jurisdiction are presented in tables EA.5–EA.6.

Total expenditure (recurrent and capital) on health care services in Australia was estimated to be $140.2 billion in 2011-12 (figure E.1). This total was estimated to account for 9.5 per cent of gross domestic product in 2011-12, an increase of 1.7 percentage points from the 7.8 per cent of GDP in 2002-03 (AIHW 2013a).

Figure E.1 **Total health expenditure, by source of funds (2011-12 dollars)[a, b, c, d]**



[a] Includes recurrent and capital expenditure. [b] Includes expenditure on ambulance services (reported in chapter 9). [c] Expenditure by Australian Government and non-government sources has been adjusted for tax expenditure in relation to private health incentives claimed through the taxation system. [d] 'Non-government' includes expenditure by individuals, health insurance funds, workers compensation and compulsory motor vehicle third party insurers.

Source: AIHW 2013, *Health Expenditure Australia 2011-12*, Health and Welfare Expenditure Series no. 50. Cat. no. HWE 59, Canberra; Table EA.1.

In 2011-12, the health expenditure of the Australian, State and Territory, and local governments was $97.8 billion, which represented 69.7 per cent of total health expenditure within Australia. The Australian Government accounted for the largest

proportion of health care expenditure — $59.5 billion or 42.4 per cent of the total in 2011-12. State and Territory, and local governments contributed $38.3 billion or 27.3 per cent of total health expenditure in that year (AIHW 2013a). The remainder was paid by individuals, health insurance funds, workers compensation and compulsory motor vehicle third party insurance providers (tables EA.1 to EA.7).

Between 2002-03 and 2011-12, the average annual rate of growth in real expenditure was 4.9 per cent for the Australian Government, 6.8 per cent for State, Territory and local governments, and 5.0 per cent for non-government sources (table EA.1).[1]

The Health chapters (Part E) provide performance information on Australian, State and Territory, and local governments health services that account for $77.4 billion of total recurrent health expenditure (or 84.3 per cent of all government recurrent expenditure on health in 2011-12) (table EA.4). The services covered are:

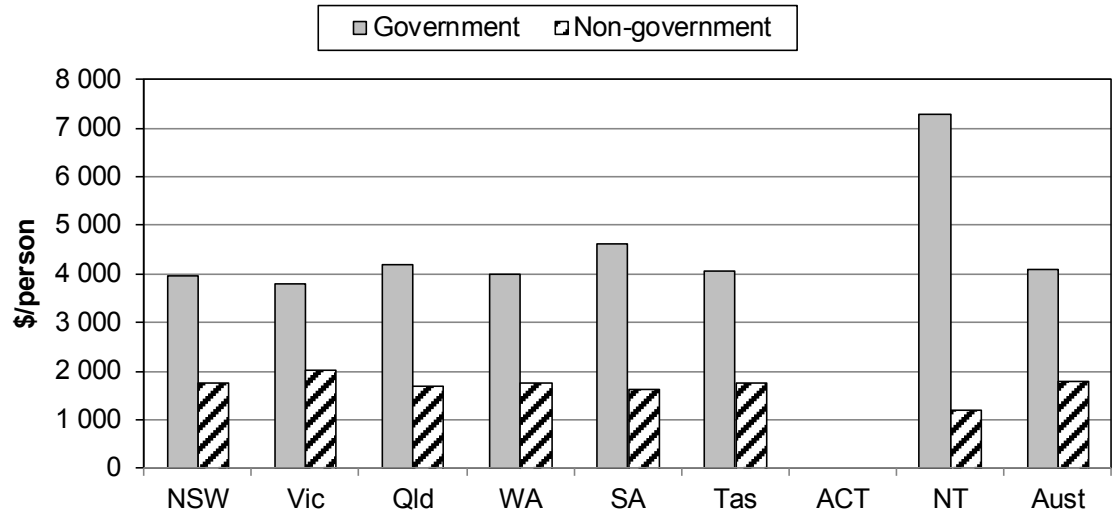
- public hospitals (chapter 10)
- primary and community health (chapter 11) — medical services (including payments to general practitioners [GPs] and other specialist practitioners), community and public health, medications and public dental services
- specialist mental health services (chapter 12) — recurrent expenditure estimated to be around $7.0 billion in 2011-12 (table 12A.4).

Health expenditure per person in each jurisdiction is affected by different policy initiatives and socioeconomic and demographic characteristics. Nationally, total health expenditure per person in Australia increased from $4474 in 2002-03 to $6230 in 2011-12 (expressed in 2011-12 dollars) (table EA.5). Government real recurrent health expenditure per person in Australia increased from $2985 in 2002-03 to $4079 in 2011-12 (expressed in 2011-12 dollars). Non-government recurrent expenditure per person in Australia rose from $1259 in 2002-03 to $1802 in 2011-12 (expressed in 2011-12 dollars) (figure E.2 and table EA.6).

In 2010-11, Australian, State and Territory government total expenditure on health for Indigenous Australians was $4.2 billion (AIHW 2013b; table E.1). Health expenditure by area of expenditure in 2010-11 is presented for Indigenous and non-Indigenous Australians in table E.2.

[1] There was a break in series due to differences in definitions of public hospital and public hospital services between 2002-03 and 2003-04.

Figure E.2 **Recurrent health expenditure per person, by source of funds, 2011-12** [a, b, c]



[a] Includes expenditure on ambulance services (reported in chapter 9). [b] Government expenditure includes expenditure by the Australian, State, Territory and local governments. [c] ACT per person figures are not calculated, as the expenditure numbers for the ACT include substantial expenditure for NSW residents, and the ACT population is not the appropriate denominator. [d] Excludes expenditure on high level residential aged care.

Source: AIHW 2013, *Health Expenditure Australia 2011-12*, Health and Welfare Expenditure Series no. 50. Cat. no. HWE 59, Canberra; Table EA.6.

Table E.1 **Health funding for Indigenous and non-Indigenous Australians by source of funding, 2010-11**

Source of funding	*Amount ($ million)*			
	Indigenous	*Non-Indigenous*	*Total*	*Indigenous share (%)*
State and Territory governments	2 119.2	28 172.0	30 291.2	7.0
Australian Government	2 040.7	52 967.2	55 007.8	3.7
Direct Australian Government	1 245.0	33 078.3	34 323.3	3.6
Indirect through Australian State/Territory governments	746.1	13 493.9	14 240.0	5.2
Indirect through non-government[a]	49.6	6 394.9	6 444.5	0.8
All governments	4 159.9	81 139.2	85 299.0	4.9
Non-government	392.1	37 964.9	38 357.1	1.0
Total health	**4 552.0**	**119 104.1**	**123 656.1**	**3.7**

[a] Includes private health insurance rebates for all Australians. Also includes Specific Purpose Payments covering highly specialised drugs in private hospitals and other payments.

Source: AIHW 2013, *Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11,* Health and Welfare Expenditure Series no. 48. Cat. no. HWE 57, Canberra.

Table E.2 **Expenditure on health services for Indigenous and non-Indigenous Australians, 2010-11**

	Expenditure ($ million)				*Expenditure per person ($)*		
Area of expenditure	*Indigenous*	*Non-Indigenous*	*Total*	*Indigenous share (%)*	*Indigenous*	*Non-Indigenous*	*Ratio*
Total hospital services	2 178.0	47 527.6	49 705.7	4.4	3 825.6	2 169.4	1.8
Public hospitals[a]	2 067.4	36 870.4	38 937.8	5.3	3 631.3	1 683.0	2.2
Admitted patients[b]	1 748.7	31 106.6	32 855.4	5.3	3 071.6	1 419.9	2.2
Non-admitted patients	333.0	5 749.4	6 082.4	5.5	584.9	262.4	2.2
Private hospitals[c]	110.7	10 657.3	10 767.9	1.0	194.4	486.5	0.4
Patient transport	183.4	2 601.4	2 784.7	6.6	322.1	118.7	2.7
Medical	376.3	22 148.2	22 524.5	1.7	660.9	1 011.0	0.7
Medicare	286.0	17 380.7	17 666.8	1.6	502.4	793.3	0.6
Other	90.2	4 767.5	4 857.7	1.9	158.5	217.6	0.7
Dental	84.8	7 780.8	7 865.5	1.1	148.9	355.2	0.4
Community health[d]	1 119.6	5 172.0	6 291.6	17.8	1 966.5	236.1	8.3
Other professional	43.8	4 053.4	4 097.2	1.1	77.0	185.0	0.4
Public health	185.7	1 810.3	1 996.1	9.3	326.2	82.6	4.0
Medications	209.9	18 215.2	18 425.0	1.1	368.7	831.4	0.4
Aids and appliances	15.2	3 616.6	3 631.8	0.4	26.7	165.1	0.2
Research	124.2	4 158.5	4 282.7	2.9	218.2	189.8	1.2
Health administration	31.1	2 020.1	2 051.2	1.5	54.6	92.2	0.6
Total health	**4 552.0**	**119 104.1**	**123 656.1**	**3.7**	**7 995.4**	**5 436.5**	**1.5**

[a] Excludes dental services, patient transport services, community health services, public health and health research undertaken by the hospital. [b] Admitted patient expenditure estimates are adjusted for Aboriginal and Torres Strait Islander under-identification. [c] Includes State/Territory governments' expenditure for services provided for public patients in private hospitals. The estimates are not comparable to previous estimates due to improved methodology. [d] Includes other recurrent expenditure on health not elsewhere classified, such as family planning previously reported under 'Other health services (n.e.c.)'. State and Territory expenditure on Closing the Gap initiatives have been allocated to this category for the first time.

Source: AIHW 2013, *Expenditure on health for Aboriginal and Torres Strait Islander people 2010-11,* Health and Welfare Expenditure Series no. 48. Cat. no. HWE 57, Canberra.

Factors affecting demand for services

Health status is linked to demand for health services and is associated with a range of demographic and socioeconomic factors. Financial, educational, geographic and cultural barriers can reduce access to health services and contribute to poorer health outcomes.

Social and economic factors

It has been well documented that people who experience social and economic disadvantage are at risk of negative health outcomes. Compared with those who have social and economic advantages, disadvantaged Australians are more likely to have shorter lives (AIHW 2012). Those who are disadvantaged tend to have greater health risks such as smoking more and higher rates of obesity (SCRGSP 2012). Burden-of-disease studies indicate greater burden among people who are relatively disadvantaged in society (Begg et al. 2007). Those who are disadvantaged are more likely to report their health as fair or poor than those that do not suffer the same disadvantage as measured by the Socio Economic Indexes for Areas (SEIFA).

Higher income and wealth are associated with better health. People with higher income are better able to access health services in a timely manner, and are also able to access goods and services that have health benefits such as better housing, food and other healthy pursuits (AIHW 2012). People with higher education levels, which are also associated with higher incomes and better access to health care, are likely to have better health (AIHW 2012).

Geographic location

Geographic distance to health services, particularly in remote and very remote areas, can contribute to poor health. People living in rural and remote areas tend to have higher levels of disease risk factors and illness than those in major cities (AIHW 2012). Those in remote areas are more likely to report their health as fair or poor and less likely to report their health as excellent, very good or good than those in major cities.

Nationally, 2.3 per cent of the population lived in remote and very remote areas in 2012 (table 2A.12). Those living in remote and very remote areas made up less than 7 per cent of the population in each State and Territory except the NT, where the figure was 43.9 per cent — 20.8 per cent in remote and 23.1 per cent in very remote areas.

Indigenous status

Indigenous Australians are generally less healthy than other Australians, die at much younger ages, and have more disability and a lower quality of life (AIHW 2012; tables EA.35 and EA.37). Many Indigenous Australians live in conditions of social and economic disadvantage — a recent study found socioeconomic disadvantage to be the leading health risk for Indigenous Australians in the NT, accounting for 42 to 54 per cent of the life expectancy gap between Indigenous and non-Indigenous Australians (Zhao *et al*. 2013). Indigenous Australians have low employment and income levels when compared to non-Indigenous Australians (see chapter 2 Statistical context p. 2.2; tables 2A.23–2A.25; tables 2A.34–2A.36; SCRGSP 2011). Indigenous Australians have relatively high rates for many health risk factors and are more likely to smoke and to consume alcohol at risky levels (ABS 2013a; SCRGSP 2011; Zhao *et al*. 2013). Indigenous Australians are more likely to live in inadequate and overcrowded housing (SCRGSP 2011) and in remote areas with more limited access to health services. In 2006, 51 992 Indigenous Australians were living in discrete Indigenous communities that were 100 kilometres or more from the nearest hospital (ABS 2007).

Nationally, 3.0 per cent of the total population identified as Indigenous in 2011. Those identifying as Indigenous made up less than 5 per cent of the population in each State and Territory except the NT, where the figure was 29.8 per cent (tables 2A.1 and 2A.15).

Service-sector objectives

Government involvement in health services is predicated on the desire to improve the health of all Australians and to ensure equity of access and the sustainability of the Australian health system. Box E.1 presents the overall objectives of the health system as summarised for this Report, which are consistent with the objectives outlined in the National Healthcare Agreement (MCFFR 2012). Governments provide a variety of services in different settings to fulfil these objectives.

Box E.1 **Overall objectives of the health system**

Government involvement in the health system is aimed at efficiently and effectively improving health outcomes for all Australians and ensuring the sustainability of the Australian health system, achieving the following outcomes:

- Australians are born and remain healthy
- Australians receive appropriate high quality and affordable primary and community health services
- Australians receive appropriate high quality and affordable hospital and hospital related care
- Australians have positive health care experiences which take account of individual circumstances and care needs
- Australians have a health system that promotes social inclusion and reduces disadvantage, especially for Indigenous Australians
- Australians have a sustainable health system.

Measuring the equity, effectiveness and efficiency of Australia's health system is a complex task. It must account for the performance of a range of services (such as prevention and medical intervention) and service providers (such as community health centres, GPs and public hospitals), and account for the overall outcomes generated by the health system. The appropriate mix of services — including the prevention of illness and injury, and medical treatment (prevention versus medical intervention) — and the appropriate mix of service delivery mechanisms (community-based versus hospital-based) plays an important role in determining outcomes. Other relevant factors are external to the health system, such as the socioeconomic and demographic characteristics of the population, available infrastructure and the environment.

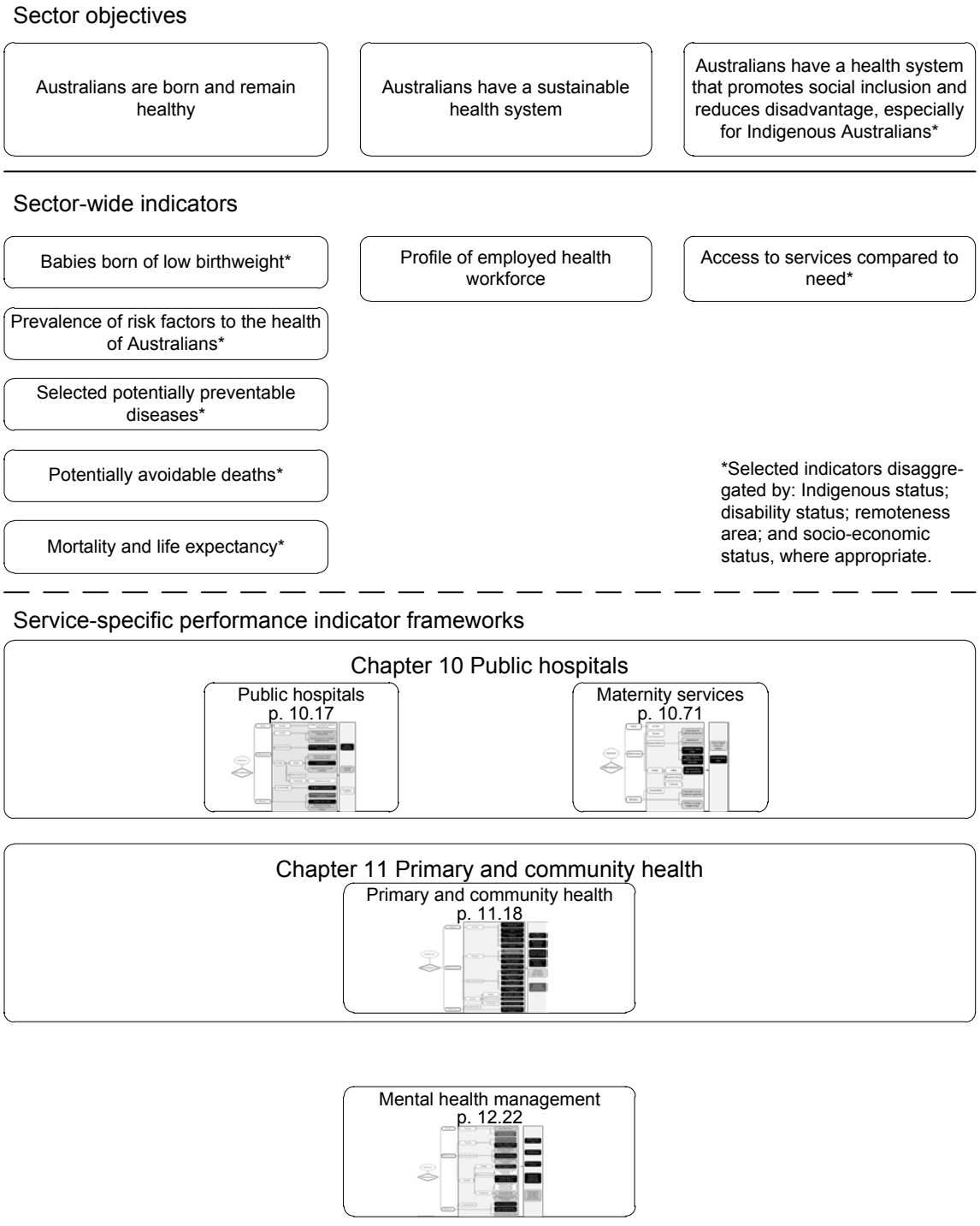
E.2 Sector performance indicator framework

This sector overview is based on a sector performance indicator framework (figure E.3). This framework is made up of the following elements:

- Sector objectives — three sector objectives are a précis of the key objectives of the health system and reflect the outcomes in the NHA (box E.1).
- Sector-wide indicators — seven sector-wide indicators relate to the overarching service sector objectives identified in the NHA.
- Information from the service-specific performance indicator frameworks that relate to health services. Discussed in more detail in chapters 10, 11 and 12, the service-specific frameworks provide comprehensive information on the equity, effectiveness and efficiency of these services.

This sector overview provides an overview of relevant performance information. Chapters 10, 11 and 12 and their associated attachment tables provide more detailed information.

Figure E.3 **Health services sector performance indicator framework**



Data quality information (DQI) is being progressively introduced for all indicators in the Report. The purpose of DQI is to provide structured and consistent information about quality aspects of data used to report on performance indicators. DQI in this Report cover the seven dimensions in the Australian Bureau of Statistics (ABS) data quality framework (institutional environment, relevance, timeliness, accuracy, coherence, accessibility and interpretability) in addition to dimensions that define and describe performance indicators in a consistent manner, and note key data gaps and issues identified by the Steering Committee. All DQI for the 2014 Report can be found at www.pc.gov.au/gsp/reports/rogs/2014.

Sector-wide performance indicators

This section includes high level indicators of health outcomes. Many factors are likely to influence outcomes — not solely the performance of government services. However, these outcomes inform the development of appropriate policies and delivery of government services.

Babies born of low birth weight

'Babies born of low birth weight' is an indicator of governments' objective that Australians are born and remain healthy (box E.2). The birth weight of a baby is an important indicator of its health status and future wellbeing. Low birth weight babies have a greater risk of poor health and dying, require a longer period of hospitalisation after birth, and are more likely to develop significant disabilities (Goldenberg & Culhane 2007).

Box E.2 **Low birth weight of babies**

Babies' birth weight is defined as low if they weigh less than 2500 grams, very low if they weigh less than 1500 grams and extremely low if they weigh less than 1000 grams (AIHW and Li et al. 2013).

A low or decreasing number of low birth weight babies is desirable.

Factors external to the health system also have a strong influence on the birth weight of babies. Some factors contributing to low birth weight include socioeconomic status, size of parents, age of mother, number of babies previously born, mother's nutritional status, smoking and alcohol intake, and illness during pregnancy (Li et al. 2011).

Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2011 data are available for all jurisdictions.

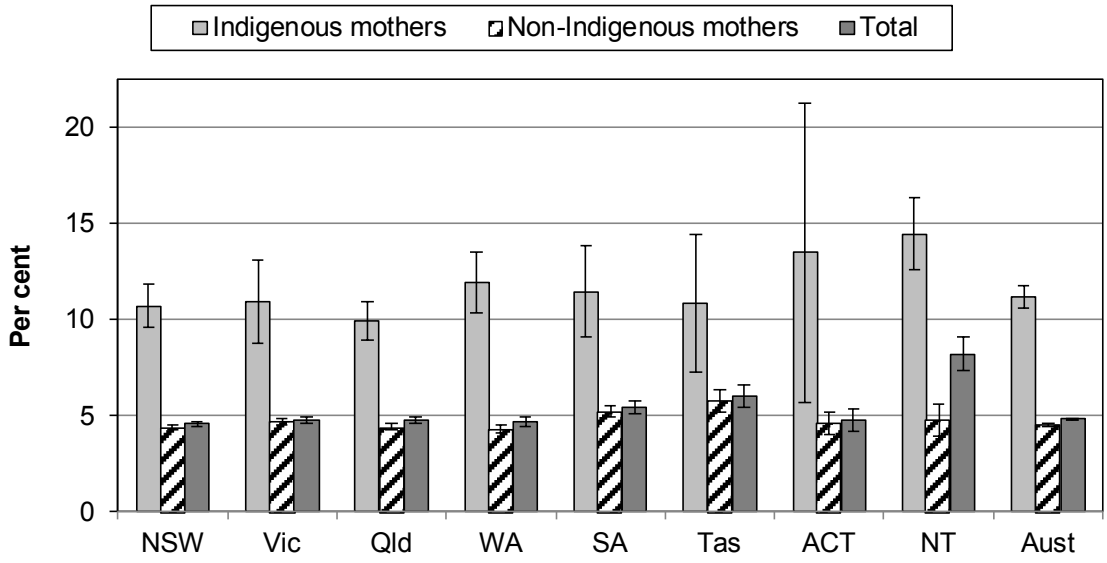
Data quality Information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

In 2011, 93.7 per cent of liveborn babies in Australia weighed 2500 grams or over (AIHW and Li et al. 2013). The average birth weight for all live births was 3367 grams in 2011 (table EA.8). In 2011, 6.3 per cent of all liveborn babies in Australia weighed less than 2500 grams. This included 1.0 per cent of babies with a very low birth weight — less than 1500 grams (table EA.8).

Nationally, rates of low birth weight babies increased with remoteness, from 4.6 per cent in major cities, rising to 5.3 per cent in outer regional areas, and 9.3 per cent in very remote areas in 2011 (table EA.11).

Nationally, the average birth weight for liveborn babies of Indigenous mothers was 3187 grams in 2011 (table EA.9). Among live-born singleton babies born to Indigenous mothers in 2011, the proportion with low birth weight was twice that of those born to non-Indigenous mothers (figure E.4).

Figure E.4 **Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, 2011**[a, b, c, d, e]



[a] Low birth weight is defined as less than 2500 grams. [b] Disaggregation by State/Territory is by place of usual residence of the mother. [c] Data excludes Australian non-residents, residents of external territories and where State/Territory of residence was not stated. [d] Excludes stillbirths and multiple births. Births were included if they were at least 20 weeks gestation or at least 400 grams birth weight. [e] Birth weight data on babies born to Indigenous mothers residing in the ACT and Tasmania should be viewed with caution as they are based on small numbers of births.

Source: AIHW (unpublished) National Perinatal Data Collection; table EA.10.

Prevalence of risk factors to the health of Australians

'Prevalence of risk factors to the health of Australians' is an indicator of governments' objective that Australians are born and remain healthy (box E.3).

A number of behaviours create risks to health outcomes; for example, lack of exercise, smoking, excessive alcohol consumption, sun exposure and unhealthy dietary habits. Health services are concerned with promoting, restoring and maintaining a healthy society. An important part of this activity is reducing health risk factors through activities that raise awareness of health issues to reduce the risk and onset of illness and injury.

Box E.3 **Prevalence of risk factors to the health of Australians**

'Prevalence of risk factors to the health of Australians' is defined by the following measures:

- Prevalence of overweight and obesity — the number of people with a Body Mass Index (BMI) in the categories of either overweight or obese, as a percentage of the population. BMI is calculated as weight (kg) divided by the square of height (m). BMI values are grouped according to World Health Organization and National Health and Medical Research Council guidelines.

  Among adults, a BMI of 25 to less than 30 is considered overweight and a BMI of 30 and over is considered to be obese (WHO 2000; NHMRC 2013).

  Children are defined as people aged 5–17 years. For children, obesity is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.
- Rates of current daily smokers — number of people aged 18 years or over who smoke tobacco every day as a percentage of the population aged 18 years or over.
- Risk of alcohol related harm over a lifetime — people aged 18 years or over assessed as having an alcohol consumption pattern that puts them at risk of long-term alcohol related harm, as a percentage of the population aged 18 years or over.

  'Lifetime risk of alcohol related harm' is defined according to the 2009 National Health and Medical Research Council guidelines: for males and females, no more than two standard drinks on any day. This has been operationalised as: for both males and females, an average of more than 2 standard drinks per day in the last week.

Rates for all three measures are age standardised.

A low or decreasing rate is desirable for each health risk factor.

Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2011–2013 data are available for all jurisdictions.

Data quality Information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

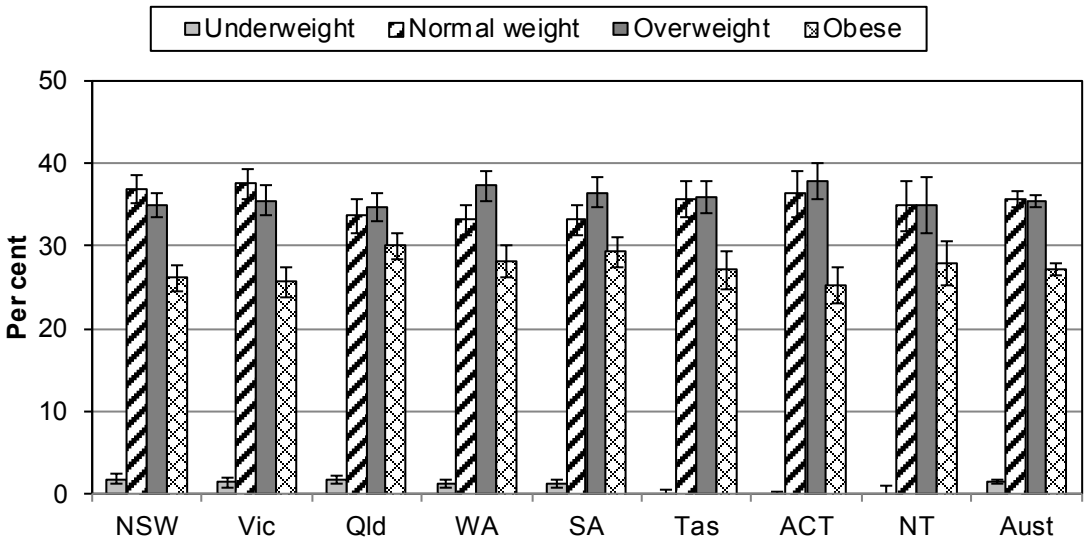
Prevalence of overweight and obesity

Being overweight or obese increases the risk of an individual developing, among other things, heart disease, stroke and Type 2 diabetes. In 2011-12, over a third of Australians' measured BMI was in the overweight range and over a quarter were obese (figure E.5; table EA.12).

The percentage of adults who were overweight or obese tended to be higher in remote (70.1 per cent) and outer regional areas (67.8 per cent), than in major cities

(60.9 per cent) in 2011-12 (table EA.13). The percentage of people who were overweight or obese increased from 2007-08 in all areas of Australia (table EA.13).

Figure E.5 **Proportion of adults in BMI categories, 2011-12[a, b, c, d, e, f]**



[a] Adults are defined as people aged 18 years and over. [b] Obesity for adults is defined as BMI equal to or greater than 30. [c] Measured people only. [d] Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population. [e] Data have been revised and may differ from data published in the 2013 Report. [f] Data for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey translates to the exclusion of around 23 per cent of the NT population.

Source: ABS (unpublished), *Australian Health Survey 2011–13* (2011-12 Core component); table EA.12.

The percentage of people who were overweight or obese tended to be higher in older age groups, peaking at age 70–74 for males and females (83.8 per cent and 74.0 per cent respectively) in 2011-12. Overall, the percentage of males and females that were overweight or obese increased from 2007-08 (by 2.1 percentage points for males and 0.9 percentage points for females) although the change varied by age category (table EA.15).

Nationally, the rate of overweight and obesity was higher for Indigenous adults (71.4 per cent) than for non-Indigenous adults (62.6 per cent) in 2011–13 (table EA.16). Data for the rate of overweight and obesity for children by Indigenous status are reported in table EA.18.

Rates of current daily smokers

Smoking is an important risk factor for heart disease, stroke and lung cancer. These were the three leading causes of death in Australia in 2011 (ABS 2013b). Smoking

is responsible for around 80 per cent of all lung cancer deaths and 20 per cent of all cancer deaths (HealthInsite 2011).

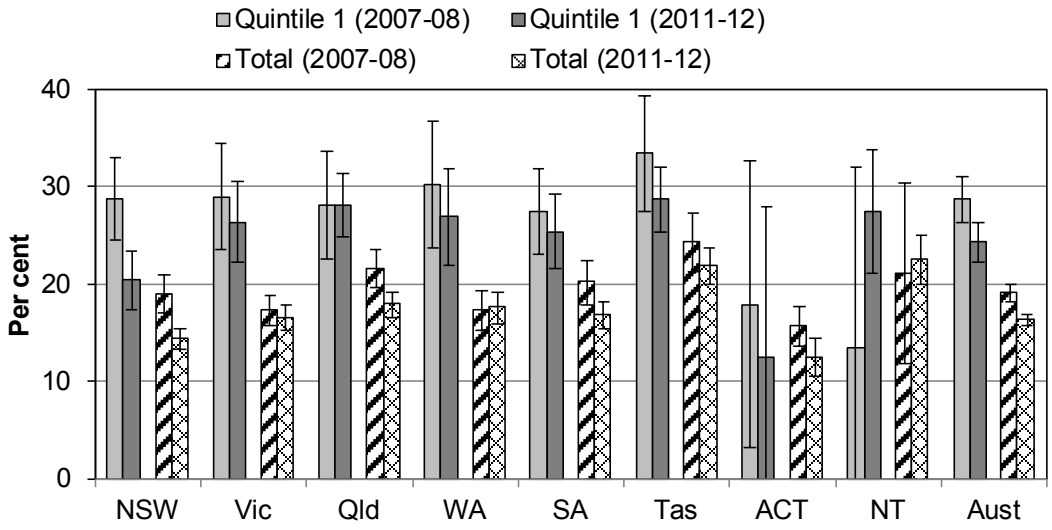
The proportion of adult daily smokers aged 18 years and over accounted for 16.3 per cent of the population in 2011-12, a decrease of 2.8 percentage points from 2007-08 (figure E.6 and table EA.19).

Nationally, people from more disadvantaged socioeconomic backgrounds have a higher propensity to smoke (age standardised). In 2011-12, 24.3 per cent of adults living in areas from the first quintile of the SEIFA — the areas of greatest relative disadvantage — were daily smokers, compared with 9.0 per cent from the fifth quintile — the areas of least relative disadvantage — (figure E.6 and table EA.20).

Adults from more remote locations also had a higher propensity to smoke (age standardised). In 2011-12, daily smokers accounted for 26.1 per cent of the population in remote geographical areas, gradually decreasing as remoteness of residence decreases, accounting for 22.6 per cent of the population in outer regional areas, 19.5 per cent in inner regional areas and 14.7 per cent in major cities (table EA.19).

Nationally, Indigenous Australians had higher age-standardised rates of daily smoking (41.2 per cent) than non-Indigenous Australians (16.0 per cent) in 2011–13 (table EA.21).

Figure E.6 **Proportion of adults who are daily smokers, by State and Territory[a, b, c, d, e, f]**



[a] Rates for total are age-standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 years). [b] A lower SEIFA quintile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA quintile indicates a relative lack of disadvantage and greater advantage in general. [c] Total includes persons for whom an Index of disadvantage of residence score was not known. [d] Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are considered too unreliable for general use. [e] Data for 2011-12 have been revised and differ from data published in the 2013 Report. [f] Data for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey translates to the exclusion of around 23 per cent of the NT population.

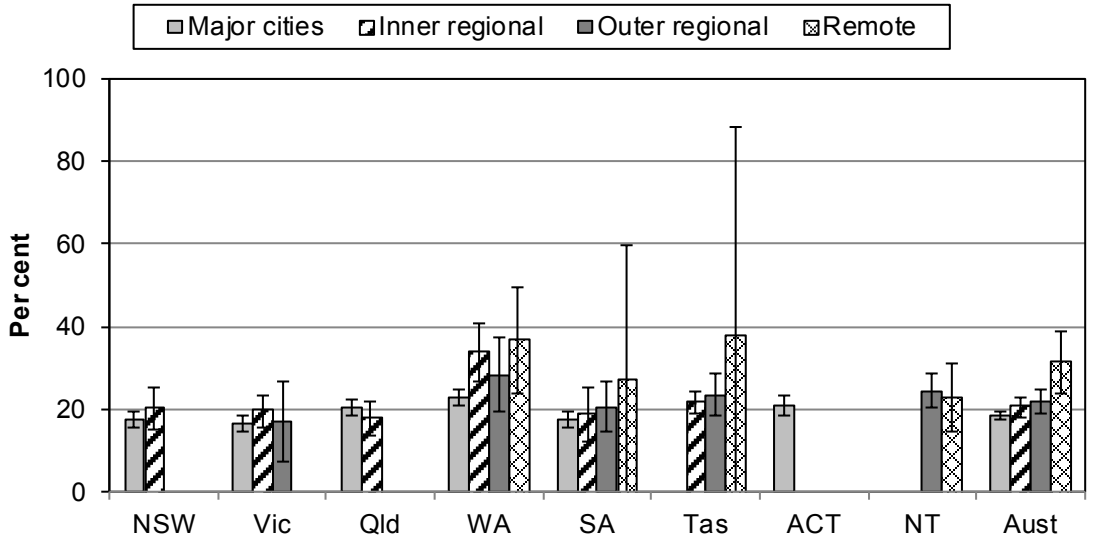
Source: ABS (unpublished), *Australian Health* Survey *2011-13* (2011-12 Core component)*;* ABS (unpublished) *National Health Survey 2007-08*; table EA.19.

Levels of risky alcohol consumption

The National Health and Medical Research Council (NHMRC) reports that excessive long term alcohol consumption increases the risk of heart disease, diabetes, liver cirrhosis and some types of cancers. It can contribute to injury and death through accidents, violence, suicide and homicide, and also to financial problems, family breakdown, and child abuse and neglect (NHMRC 2009).

Rates are based on the 2009 NHMRC guidelines for reducing risks from drinking alcohol (NHMRC 2009). Across Australia, 19.4 per cent of adults were at risk of alcohol related harm over a lifetime in 2011-12, although the age standardised rates varied among jurisdictions (table EA.22). Adults who are at risk of alcohol related harm over a lifetime gradually decreased as remoteness of residence decreased in 2011-12 (figure E.7). There is no statistically significant difference between socioeconomic categories of the proportion of Australians at risk of alcohol related harm over a lifetime (table EA.23).

Figure E.7 **Proportion of adults at risk of alcohol related harm over a lifetime, by remoteness, 2011-12[a, b, c, d, e]**



[a] Rates are based on the 2009 NHMRC guidelines and can be used for the purposes of comparisons over time. [b] Rates are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 years). [c] There are no major cities in Tasmania; no outer regional or remote areas in the ACT; no major cities or inner regional areas in the NT. [d] Very remote data were not collected. [e] Data for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey translates to the exclusion of around 23 per cent of the NT population.

Source: ABS (unpublished*) Australian Health Survey 2011-13* (2011-12 (National Health Survey (NHS) component); ABS (unpublished) *National Health Survey 2007-08*; table EA.22.

Nationally, the age standardised proportion of adults at risk of alcohol related harm over a lifetime (2009 NHMRC guidelines) was similar for Indigenous Australians (19.2 per cent) and non-Indigenous Australians (19.5 per cent) in 2011–13, although results varied across jurisdictions (table EA.24).

Selected potentially preventable diseases

'Selected potentially preventable diseases' is an indicator of governments' objective that Australians are born and remain healthy (box E.4).

Selected potentially preventable diseases are diseases that can potentially be prevented through reducing health risk factors such as obesity, smoking and harmful drinking. Note that a similarly named indicator 'selected potentially preventable hospitalisations' is reported in chapter 11 Primary and community health. Selected potentially preventable *hospitalisations* are hospital admissions that could potentially be reduced by more effective management of illness and injury in the primary and community healthcare sector.

Box E.4 **Selected potentially preventable diseases**

'Selected potentially preventable diseases' is defined by the following measures:

- Incidence of selected cancers — incidence of selected cancers of public health importance.
  - For melanoma, lung and bowel cancer, the measure is defined as the number of new cases in the reported year expressed as a directly age standardised rate.
  - For breast and cervical cancer in females, the measure is defined as the number of new cases in women in the reported year expressed as a directly age standardised rate.
  - Data reported for this measure are:
    - comparable (subject to caveats) across jurisdictions and over time except for NSW and the ACT, for which 2010 data are estimated
    - incomplete for the current reporting period. Data for 2010 were not available for NSW or the ACT and estimates are reported for these jurisdictions.
- Incidence of heart attacks — the number of deaths recorded as acute coronary heart disease deaths plus the number of non-fatal hospitalisations for acute myocardial infarction or unstable angina not ending in a transfer to another acute hospital, expressed as a directly age-standardised rate.
  - Data reported for this measure are:
    - comparable (subject to caveats) over time at the national level
    - incomplete for the current reporting period. Data are not currently available by State and Territory.
- Prevalence of type 2 diabetes — the number of people recorded as having Type 2 diabetes as a percentage of the total population aged 18 years or over.
  - Data reported for this measure are:
    - comparable across jurisdictions except for the NT where people in very remote areas, for which data are not available, comprise around 23 per cent of the population (see caveats in attachment tables) but are not comparable over time
    - complete for the current reporting period except for the NT. All required 2011–13 data are reported for all jurisdictions except the NT.

A low or decreasing rate is desirable for each incidence/prevalence rate.

Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.

Prevalence is defined as the proportion of the population suffering from a disorder.

Data quality Information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

As well as addressing health risk factors, well-planned disease prevention and early intervention programs help prevent a number of diseases (or more successfully treat diseases through early identification). A number of programs form an important

element of preventing disease and improving the health of Australians (NPHT 2009), such as:

- immunisation
- cancer screening and early treatment
- early detection and intervention
- individual disease risk assessments and early intervention for biomedical risk factors such as: high blood pressure, high blood cholesterol, or impaired glucose tolerance
- childhood infectious diseases control
- sexually transmitted infections control.

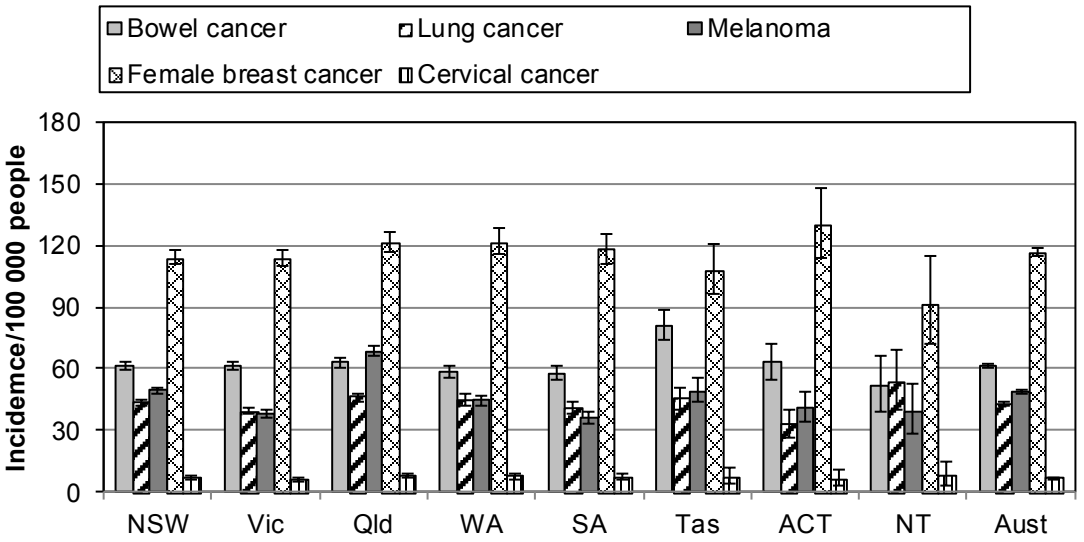
Incidence of selected cancers

Health service efforts to control cancer involve (AIHW 2013c):

- *public health programs* — programs to reduce the major risk factors; tobacco consumption, poor diet, insufficient physical activity, being overweight or obese, unsafe alcohol use, infectious diseases and exposure to ultraviolet radiation
- *early detection* — screening programs for cancers in Australia have contributed to substantial declines in associated mortality. Screening can also help prevent the development of cancer if changes can be found before they become cancer
- *research support* — such as provided through the National Health and Medical Research Council.

Nationally, the age standardised rate of lung cancer was 42.8 new cases per 100 000 people in 2010. Bowel cancer, which has been linked to diet, occurred at a rate of 61.8 new cases per 100 000 people in 2010 (table EA.24). Other cancers such as melanoma are also preventable. The incidence of these cancers for 2010, along with breast and cervical cancer, are reported in figure E.8. Tables EA.26–28 report the incidence of the selected cancers by remoteness, SEIFA IRSD quintiles and Indigenous status.

Figure E.8 **Incidence of selected cancers, per 100 000 people, 2010[a, b, c]**



a Age-standardised to the Australian population as at 30 June 2001 using five-year age groups to 84 years, and expressed per 100 000 persons (per 100 000 females for female breast cancer and cervical cancer). **b** Due to the low incidence of cancers in some jurisdictions, comparisons across time and between jurisdictions should be made with caution. **c** Data for NSW and the ACT are based on projections rather than actual cancer incidence and are not comparable with data for other jurisdictions.

Source: AIHW (unpublished) Australian Cancer Database; ABS (unpublished) Estimated Resident Population, 30 June 2010; table EA.25.

Incidence of heart attacks

Cardiovascular disease is the largest cause of premature death in Australia. Although death rates for cardiovascular disease have declined considerably in recent decades, it continues to be one of the biggest health problems requiring attention in Australia (AIHW 2013c).

The major, preventable risk factors for cardiovascular disease are: tobacco smoking; high blood pressure; high blood cholesterol; insufficient physical activity; overweight and obesity; poor nutrition; and diabetes.

Nationally, the rate of heart attacks was 427 new cases per 100 000 people in 2011 (table EA.30). The incidence of heart attacks was greater for Indigenous Australians (table EA.29). Caution should be taken in interpreting these data as they have been estimated using an algorithm that is under AIHW development. It should be considered an interim measure until current validation work is complete.

Prevalence of type 2 diabetes

Diabetes mellitus is a chronic condition in which the body makes too little of the hormone insulin or cannot use it properly. Type 2 diabetes is the most common form of diabetes, occurring mostly in people aged 50 years and over, and accounting for 85-90 per cent of all cases of diabetes mellitus (AIHW 2013c).

Diabetes mellitus and its complications contribute significantly to ill health, disability, poor quality of life and premature death. It also increases the risk of a variety of complications including end-stage kidney disease, coronary heart disease, stroke and other vascular diseases. Type 2 diabetes is more common in people who do insufficient physical activity and are overweight or obese. It is strongly associated with high blood pressure, high cholesterol and excess weight carried around the waist (Better Health Channel 2013). Thus, early intervention and treatment programs have the potential to reduce the cases and severity of the disease.

Prevalence of type 2 diabetes is derived using a combination of fasting blood glucose and self-reported information on diabetes diagnosis and medication use. Data include all newly diagnosed diabetes cases as the vast majority can be assumed to be type 2 diabetes. See DQI for further detail.

Nationally, an estimated 4.3 per cent of people aged 18 years or over had type 2 diabetes in 2011-12 (table EA.31).

Potentially avoidable deaths

'Potentially avoidable deaths' is an indicator of governments' objective that Australians are born and remain healthy (box E.5). Avoidable deaths reflect the effectiveness of current and past preventative health activities.

Box E.5 **Potentially avoidable deaths**

'Potentially avoidable deaths' is defined as potentially preventable deaths (deaths amenable to screening and primary prevention, such as immunisation) and deaths from potentially treatable conditions (deaths amenable to therapeutic interventions) for those aged less than 75 years per 100 000 people aged less than 75 years.

A low or decreasing potentially avoidable death rate is desirable.

Most components of the health system can influence potentially avoidable death rates, although there can be decades between the action and the effect. Factors external to the health system also have a strong influence on potentially avoidable death rates.

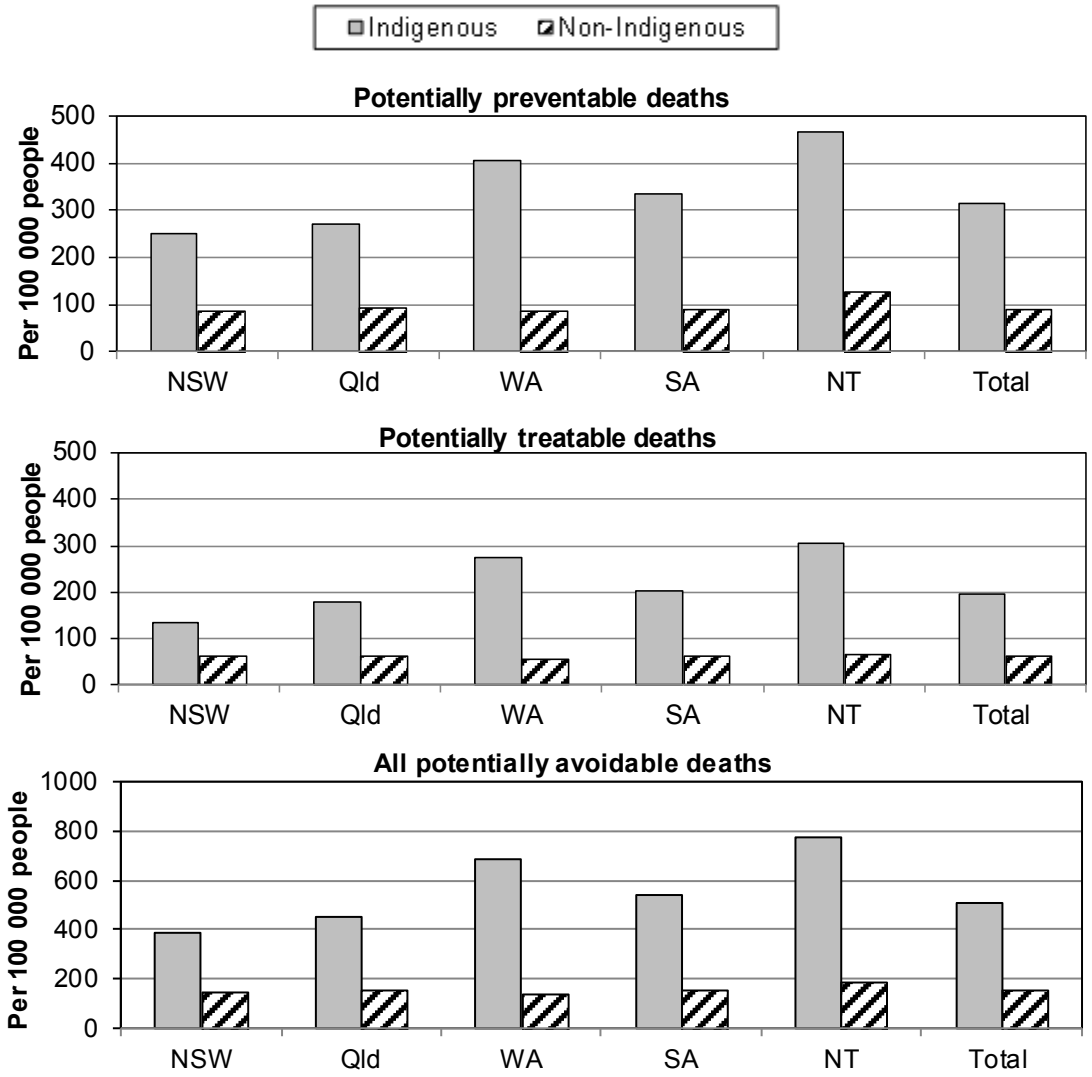
Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2007–2011 data are available for all jurisdictions.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

Indigenous Australians had significantly higher death rates from potentially avoidable deaths (preventable and treatable) over the period 2007–2011, comprising higher potentially preventable deaths per 100 000 people and higher treatable deaths per 100 000 people (figure E.9 and table EA.33). Single year data for all Australians are presented in table EA.32.

Figure E.9 **Age standardised mortality rates of potentially avoidable deaths, under 75 years, 2007–2011[a, b, c, d, e, f, g, h, i, j]**



[a] Standardised death rates calculated using the direct method, age-standardised by 5 year age groups to less than 75 years. [b] Excludes deaths where Indigenous status was not provided. [c] Avoidable mortality is defined as mortality before the age of 75 years, from conditions which are potentially avoidable within the existing health system. [d] Data based on year of registration. See DQI for more information. [e] Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis. [f] Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See DQI for more information. [g] For WA, Indigenous deaths data for 2007, 2008 and 2009 have been revised. See DQI for more information. [h] Total includes data for NSW, Queensland, WA, SA and the NT only. [i] Preventable deaths are those which are amenable to screening and primary prevention such as immunisation, and reflect the effectiveness of the current preventative health activities of the health sector. [j] Deaths from potentially treatable conditions are those which are amenable to therapeutic interventions, and reflect the safety and quality of the current treatment system.

Source: ABS (unpublished) *Causes of Deaths, Australia, 2011*, Cat. no. 3303.0; table EA.33.

The mortality and life expectancy of Australians

'The mortality and life expectancy of Australians' is an indicator of governments' objective that Australians are born and remain healthy (box E.6).

Comparing mortality and life expectancy data across populations, including cause, age, sex, population group and geographical distribution, provide important insights into the overall health of Australians (AIHW 2013d). Trends over time in mortality and life expectancy data can signal changes in the health status of the population, as well as provide a baseline indicator for the effectiveness of the health system.

Box E.6 **The mortality and life expectancy of Australians**

'The mortality and life expectancy of Australians' is defined by the following measures:

- '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/her lifetime.

  A high or increasing life expectancy is desirable.
- 'Median age at death' — the age at which exactly half the deaths registered (or occurring) in a given time period were deaths of people above that age and half were deaths below that age.

  A high or increasing median age at death is desirable.
- 'Mortality rates' — the number of registered deaths compared to the total population (expressed as a rate). Rates are provided for:
  - Australian mortality rate — age standardised mortality per 1000 people
  - infant and child mortality rates — the number of deaths of children under one year of age in a calendar year per 1000 live births in the same year (infant mortality rate) and the number of deaths of children between one and four years of age in a calendar year per 100 000 children (child mortality rate)
  - mortality rates by major cause of death — age standardised deaths, by cause of death compared to the total population (expressed as a rate).

  A low or decreasing mortality rate is desirable.

Most components of the health system can influence the mortality and life expectancy of Australians, although there can be decades between the action and the effect. Factors external to the health system also have a strong influence.

Data reported for this indicator are:

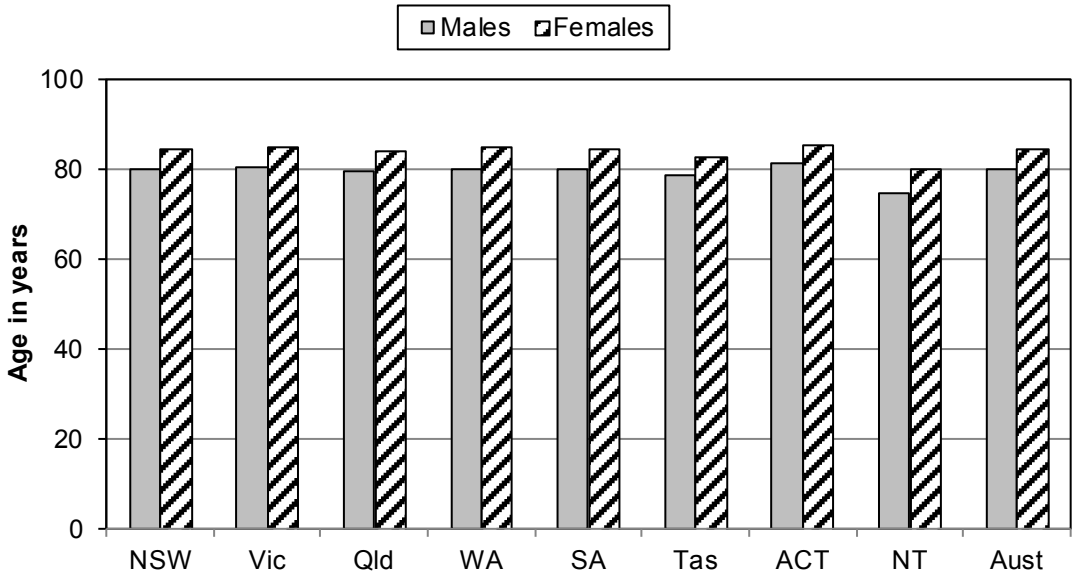
- comparable (subject to caveats) across jurisdictions and over time except for median age at death
- complete (subject to caveats) for the current reporting period. All required 2010–2012 data for life expectancy, 2012 data for median age at death and 2012 data for mortality rates are available for all jurisdictions.

Data quality Information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

Life expectancy

The life expectancy of Australians improved dramatically during the twentieth century and so far during the twenty-first century. The average life expectancy at birth in the period 1901–1910 was 55.2 years for males and 58.8 years for females (ABS 2013c). It has risen steadily in each decade since, reaching 79.9 years for males and 84.3 years for females in 2010–2012 (figure E.10).

Figure E.10 **All Australians average life expectancy at birth, 2010–2012[a]**

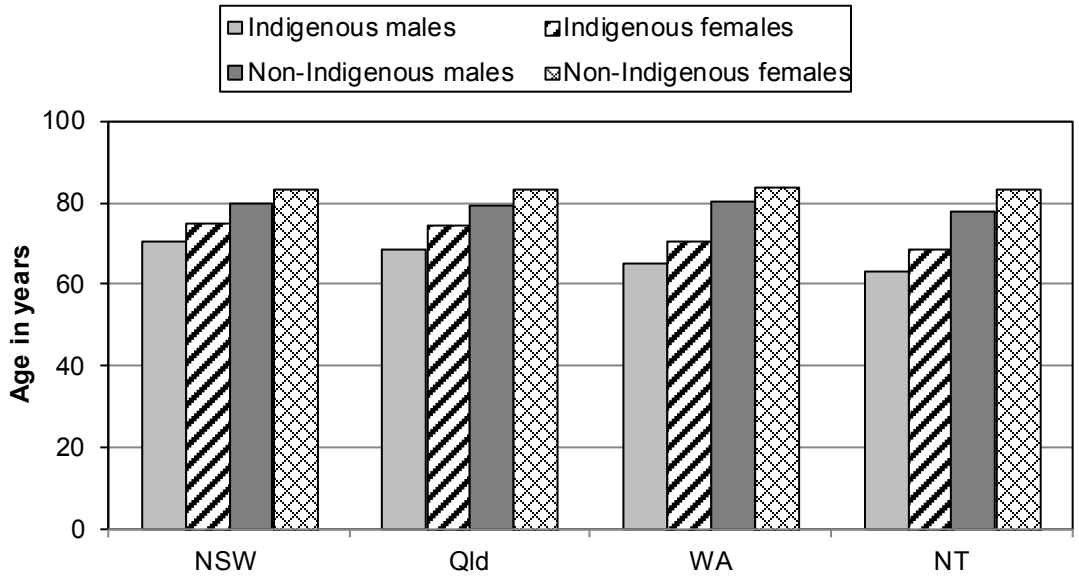


a Data for Australia include 'other territories'.

Source: ABS (2013) *Deaths, Australia,* 2010-2012, Cat. no. 3302, Canberra; table EA.34.

The life expectancies of Indigenous Australians are considerably lower than those of non-Indigenous Australians. ABS estimates indicate a life expectancy at birth of 69.1 years for Indigenous males and 73.7 years for Indigenous females born from 2010 to 2012. In the same time period, life expectancy at birth for non-Indigenous males was 79.7 years and for non-Indigenous females was 83.1 years (table EA.35). Life expectancy at birth by Indigenous status and sex for NSW, Queensland, WA and the NT are presented in figure E.11.

Figure E.11 **Estimated life expectancies at birth, by Indigenous status and sex, 2010–2012 (years)[a, b]**



[a] Indigenous estimates of life expectancy are not available for Victoria, SA, Tasmania or the ACT due to the small number of Indigenous deaths in these jurisdictions. [b] Life tables are constructed separately for Males and Females.
Source: ABS (2013) *Life Tables for Aboriginal and Torres Strait Islander Australians 2010–2012*, Cat. no. 3302, Canberra; table EA.35.

Median age at death

The median age at death in 2012 was 78.9 years of age for Australian males and 84.7 years of age for Australian females (table EA.36).

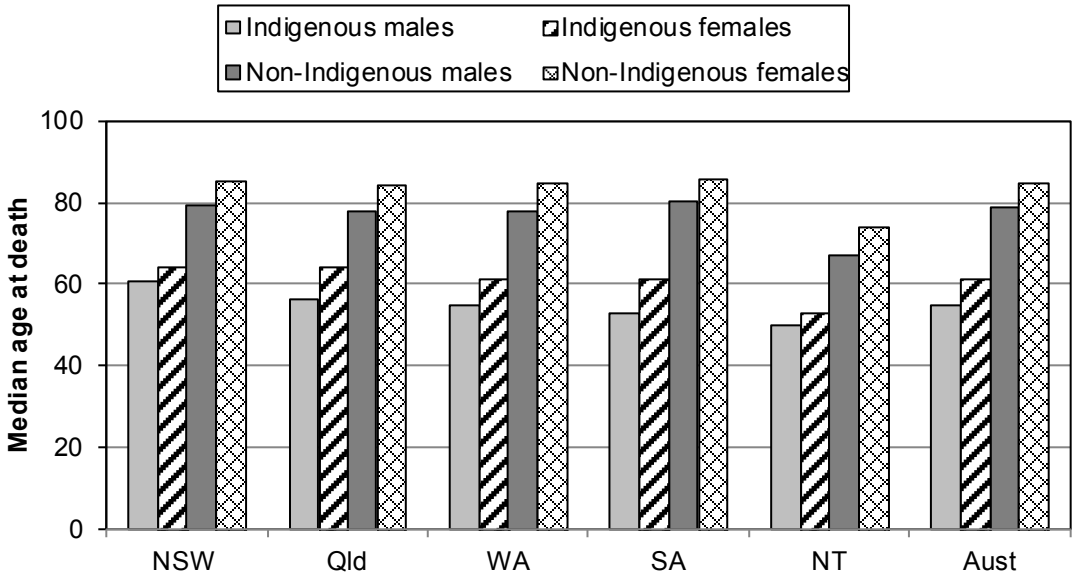
Comparisons of the median age at death for Indigenous and non-Indigenous Australians are affected by different age structures in the populations and by differences in the extent of identification of Indigenous deaths across jurisdictions and across age groups. Identification of Indigenous status for infant deaths is high, but falls significantly in older age groups. The median age of death for Indigenous Australians is, therefore, likely to be an underestimate.

Caution should be taken when comparing median age at death between Indigenous and non-Indigenous populations. Coory and Baade (2003) note that:

- the relationship between a change in median age at death and a change in death rate depends upon the baseline death rate. So comparison of trends in median age at death for Indigenous and non-Indigenous Australians is difficult to interpret
- changes in the median age at death of public health importance might be difficult to distinguish from statistical noise.

In the jurisdictions for which data were available for Indigenous Australians, the median age at death for male Indigenous Australians was 55.0 years of age. The median age at death for female Indigenous Australians was 61.3 years of age (figure E.12 and table EA.37).

Figure E.12 **Median age at death, by sex and Indigenous status, 2012[a, b]**



a Victoria, Tasmania and the ACT are excluded due to small numbers of registered Indigenous deaths. **b** The accuracy of Indigenous mortality data is variable as a result of varying rates of coverage across jurisdictions and age groups, and of changes in the estimated Indigenous population caused by changing rates of identification in the Census and births data.

Source: ABS (2013) *Deaths, Australia, 2012*, Cat. no. 3302.0, Canberra; table EA.37.

Mortality rates

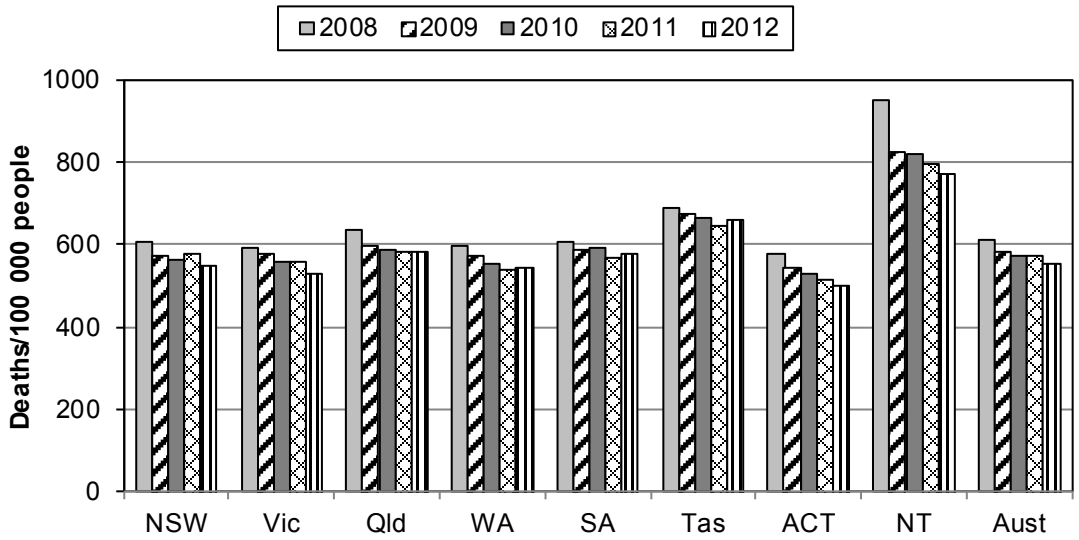
There were 147 098 deaths in Australia in 2012 (ABS 2013c), which translated into an age standardised mortality rate of 553.6 deaths per 100 000 people (figure E.13). Death rates over the last 20 years have declined for all states and territories (ABS 2013c).

Mortality rates — Infant and child

The annual infant mortality rate in Australia declined from an average of 4.8 deaths per 1000 live births in 2003 to 3.3 deaths per 1000 live births in 2012 (table EA.42 and figure E.14).

The Australian infant and child combined mortality rate was 91.5 deaths per 100 000 population in 2010–2012 (children aged 0 to 4 years). Of the total deaths for this age group, 84.5 per cent were infant deaths (table EA.43).

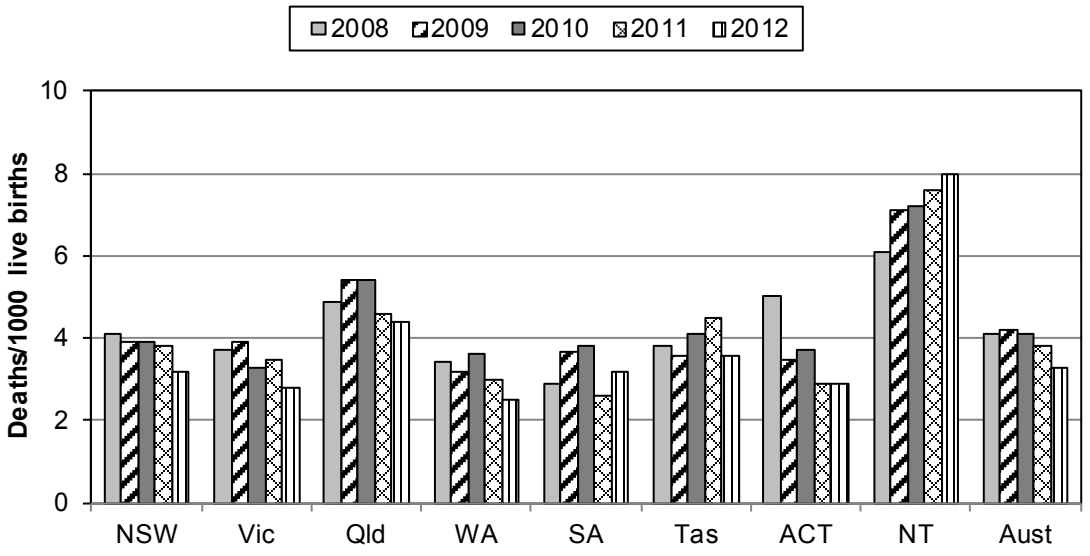
Figure E.13 **Mortality rates, age standardised[a, b, c, d]**



a Deaths are based on year of registration of death. **b** Deaths per 100 000 standard population. Standardised death rates use total people in the 2001 Australian population as the standard population. **c** Rates may differ from previous reports as they have been revised using ERPs based on the 2011 Census. Rates are not comparable with rates for Indigenous and non-Indigenous Australians which use ERPs based on the 2006 Census. **d** Australian totals includes all states and territories.

Source: ABS (2013) *Deaths, Australia, 2012*, Cat. no. 3302.0, AusInfo, Canberra; table EA.38.

Figure E.14 **Infant mortality rate[a, b]**



a Infant deaths per 1000 live births. **b** Data for Australia include all states and territories.

Source: ABS (2013) *Deaths, Australia, 2012,* Cat. no. 3302.0, Canberra; table EA.41.

Mortality rates — by remoteness

Mortality indicators showed that very remote areas of Australia have had consistently higher mortality rates than have other remoteness areas. In 2012, the age standardised mortality rates were highest in very remote areas (8.4 deaths per 1000 people), while major cities had the lowest mortality rates (5.5 deaths per 1000 people) (ABS 2013c).

Mortality rates — Indigenous Australians

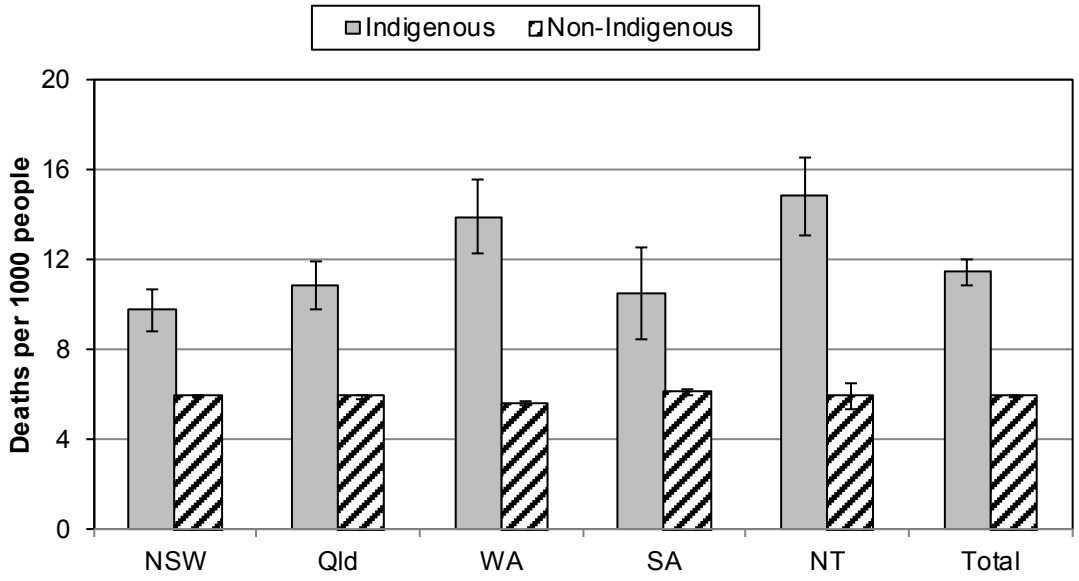
Data on Indigenous mortality are collected through State and Territory death registrations. The completeness of identification of Indigenous Australians in these collections varies significantly across states and territories so care is required when making comparisons.

For the period 2008–2012, NSW, Queensland, WA, SA and the NT have been assessed as having adequate identification and number of Indigenous deaths for mortality analysis. For these five jurisdictions combined, the overall mortality rate for Indigenous Australians was 1143.4 per 100 000 people, nearly twice as high as for non-Indigenous Australians (589.7 per 100 000 people) (figure E.15 and table EA.39). Due to identification completeness issues, mortality rates presented here are likely to be underestimates of the true mortality of Indigenous Australians (ABS and AIHW 2008).

Data on longer-term trends for WA, SA and the NT suggest that the mortality rate for Indigenous infants decreased by 62 per cent between 1991 and 2010 (AHMAC 2012). While this is a significant improvement, infant mortality rates for Indigenous children are still markedly higher than for non-Indigenous children in Australia.

For the period 2008–2012, the average infant mortality rate for Indigenous infants (less than one year) was higher than for non-Indigenous infants in the jurisdictions (NSW, Queensland, WA, SA and the NT) for which there were data available (table EA.44). For the same period, the average child mortality rate for Indigenous children (1–4 years) was also higher for these jurisdictions (table EA.44). The combined infant and child average mortality rate for Indigenous infants and children (0–4 years) was 203.3 deaths per 100 000 of the infant and child population in NSW, Queensland, WA, SA and NT. This compared with 91.4 deaths per 100 000 of the infant and child population for non-Indigenous infants and children (table EA.44).

Figure E.15 **Mortality rates, age standardised, by Indigenous status, five year average, 2008–2012**[a, b, c, d, e]



[a] Deaths are based on year of registration. [b] Mortality rates are age-standardised to the 2001 Australian standard population. [c] Calculations of rates for the Indigenous population are based on *ABS Experimental Projections, Aboriginal and Torres Strait Islander Australians 1991 to 2009* (ABS Cat. no. 3238.0, low series, 2001 base). There are no comparable population data for the non-Indigenous population. Calculations of rates for comparison with the Indigenous population are derived by subtracting Indigenous population projections from total Estimated Resident Population (ERP) and should be used with care, as these data include deaths and population units for which Indigenous status were not stated. ERP used in calculations are final ERP based on 2006 Census. [d] Total includes NSW, Queensland, SA, WA, and NT combined, based on State or Territory of usual residence. Victoria, Tasmania and the ACT are excluded due to small numbers of registered Indigenous deaths. [e] Error bars represent the 95 per cent variability band associated with each point estimate. See the DQI for more information.

Source: ABS (unpublished), *Deaths, Australia, 2012*; table EA.39.

Mortality rates — by major cause of death

The most common causes of death among Australians in 2011 were cancers, diseases of the circulatory system (including heart disease, heart attack and stroke), and diseases of the respiratory system (including influenza, pneumonia and chronic lower respiratory diseases) (tables E.3 and EA.45).

In the jurisdictions for which age standardised death rates are available by Indigenous status (NSW, Queensland, WA, SA and the NT), death rates were significantly higher for Indigenous Australians than for non-Indigenous Australians in 2007–11. For these jurisdictions the leading age-standardised cause of death for Indigenous Australians was circulatory diseases followed by neoplasms (cancer) (tables E.4 and EA.46).

Table E.3 **Age standardised mortality rates by major cause of death (deaths per 100 000 people), 2011[a, b]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Certain infectious and parasitic diseases	11.6	8.5	8.5	6.3	8.9	6.8	8.5	np	9.4
Neoplasms	177.7	173.3	175.1	166.6	170.6	189.5	146.5	220.3	174.5
Diseases of the blood[c]	1.9	1.8	1.8	1.6	2.2	np	np	–	1.8
Endocrine, nutritional and metabolic diseases	20.9	24.8	23.7	23.4	24.8	34.1	20.0	60.1	23.5
Mental and behavioural disorders	27.9	27.3	27.3	23.7	30.4	40.6	26.5	51.6	27.9
Diseases of the:									
• nervous system	23.8	27.8	23.3	30.5	28.4	29.5	32.2	30.9	26.0
• eye and adnexa	np	np	np	np	–	–	–	–	np
• ear and mastoid process	np	np	np	np	np	–	–	–	np
• circulatory system	177.5	161.8	180.3	153.1	171.3	190.4	151.5	201.4	171.6
• respiratory system	49.5	46.3	49.9	42.1	45.9	53.3	42.8	83.5	48.0
• digestive system	20.2	19.9	20.3	19.8	19.5	21.9	19.4	37.0	20.2
• skin and subcutaneous tissue	2.1	1.4	1.4	1.3	1.6	np	np	np	1.6
• musculoskeletal system and connective tissue	4.7	4.4	4.8	3.7	3.3	5.4	np	np	4.4
• genitourinary system	12.9	14.1	12.1	11.2	13.2	13.1	14.5	np	13.0
Pregnancy, childbirth and the puerperium	np	np	np	–	np	–	–	–	np
Certain conditions originating in the perinatal period	3.0	2.5	3.3	2.0	1.9	np	np	np	2.8
Congenital conditions[d]	2.5	2.3	2.7	1.9	2.4	np	np	np	2.4
Abnormal findings nec[e]	5.9	3.3	3.7	4.2	4.3	np	7.7	np	4.6
External causes of morbidity and mortality	34.1	36.0	42.7	44.2	37.6	45.5	31.5	60.5	38.1
Total	**576.4**	**555.8**	**581.0**	**535.6**	**566.6**	**642.4**	**513.1**	**795.0**	**570.0**

[a] Age standardised to the Australian population as at 30 June 2001. [b] Australian total includes 'Other territories'. [c] Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism. [d] Congenital malformations, deformations and chromosomal abnormalities. [e] Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified. – Nil or rounded to zero. **np** Not published.

Source: ABS (unpublished) *Causes of Death Australia, 2011* Cat. no. 3301.0; table EA.45.

Compared to non-Indigenous Australians, Indigenous Australians died at higher rates from 'endocrine, metabolic and nutritional disorders', 'kidney diseases', 'digestive diseases', and 'respiratory diseases' (tables E.4 and EA.46).

Table E.4 **Age standardised Indigenous mortality rate (deaths per 100 000 people) compared to non-Indigenous rate, by major cause of death, 2007–2011**[a, b, c]

	Rate difference — Indigenous rate less non-Indigenous rate						*Rate ratio — Indigenous rate divided by non-Indigenous rate*					
	NSW	Qld	WA	SA	NT	Total	NSW	Qld	WA	SA	NT	Total
Circulatory diseases	130.0	122.7	238.3	128.3	192.9	147.0	1.6	1.6	2.4	1.6	2.2	1.7
Cancer	60.5	76.6	87.9	26.2	114.4	76.3	1.3	1.4	1.5	1.1	1.6	1.4
External causes	27.2	28.4	90.3	65.7	57.7	48.1	1.8	1.7	3.2	2.8	1.9	2.3
Endocrine and other disorders[d]	48.2	103.9	140.5	42.9	167.9	94.9	3.3	5.6	6.9	2.7	6.4	5.3
Respiratory diseases	59.0	48.9	71.0	62.9	98.5	64.0	2.2	2.0	2.6	2.3	2.8	2.3
Digestive diseases	19.9	33.8	56.3	38.3	57.6	36.5	2.0	2.7	3.8	2.9	3.2	2.8
Kidney Disease	11.7	20.6	39.9	np	57.6	24.8	2.0	3.0	4.9	np	6.5	3.2
Conditions originating in the perinatal period	2.0	2.9	3.3	np	6.6	3.2	1.7	2.0	3.1	np	3.3	2.2
Infectious and parasitic diseases	8.4	16.2	17.7	np	31.6	15.6	1.8	3.3	3.5	np	3.4	2.8
Nervous system diseases	- 1.3	- 2.7	16.2	5.7	3.8	2.1	0.9	0.9	1.5	1.2	1.2	1.1
Other causes	30.0	28.8	73.8	33.2	75.9	42.7	1.6	1.7	2.8	1.7	2.5	2.0
All causes	**395.7**	**480.2**	**835.1**	**439.1**	**864.6**	**555.5**	**1.7**	**1.8**	**2.5**	**1.7**	**2.4**	**1.9**

a All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2006 (final) 2007 (final), 2008 (final), 2009 (revised), 2010 (preliminary). See Cause of Death, Australia, 2010 (cat. no. 3303.0) Explanatory Notes 35-39 and Technical Notes, Causes of Death Revisions, 2006 and Causes of Death Revisions, 2008 and 2009. **b** Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100 000 persons. SDRs in this table have been calculated using the direct method, age standardised by 5 year age group to 75 years and over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method. **c** Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis. **d** Endocrine, metabolic and nutritional disorders. **np** not published

Source: ABS (unpublished) *Causes of Death Australia, 2011* Cat. no. 3301.0; table EA.46.

Profile of employed health workforce

'Profile of employed health workforce' is an indicator of governments' objective that Australians have a sustainable health system (box E.7).

Box E.7 **Profile of employed health workforce**

'Profile of employed health workforce' is defined by three measures:

- the full time equivalent employed health workforce divided by the population
- the proportion of the full time equivalent employed health workforce under the age of 45 years
- the net growth in the full time equivalent employed health workforce.

High or increasing rates in the health workforce measures can give an indication of the sustainability of the health system and its ability to respond and adapt to future needs.

Data reported for this indicator are:

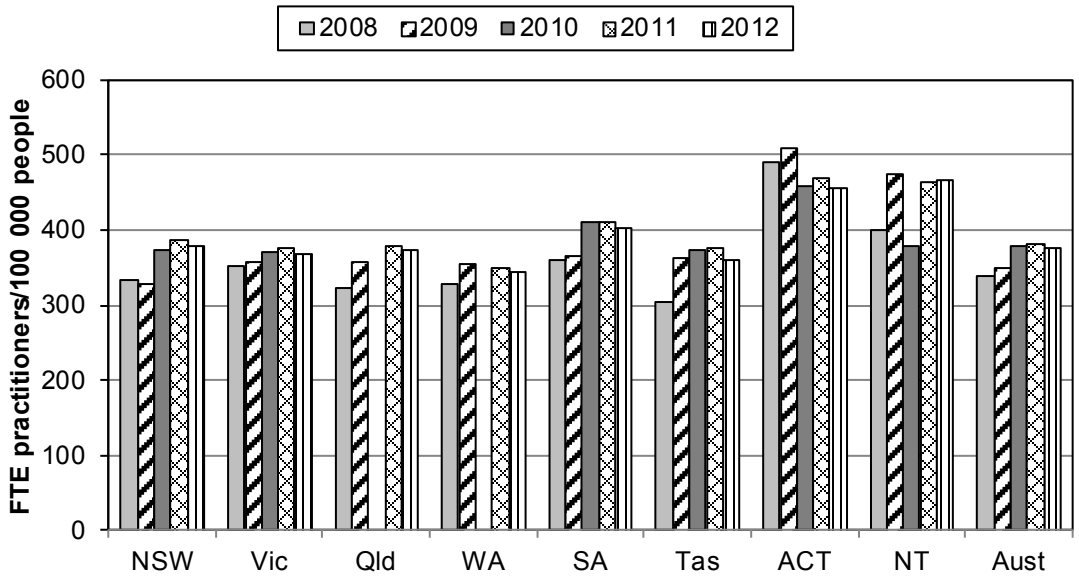
- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2012 data are available for all jurisdictions.

Information about data quality for this indicator/measure is at www.pc.gov.au/gsp/reports/rogs/2014.

In 2012, the majority of employed medical practitioners (commonly referred to as doctors) that were employed in medicine were clinicians (94.5 per cent), of whom 34.5 per cent were general practitioners, 35.0 per cent were specialists, 15.3 per cent were specialists-in-training, 12.7 per cent were hospital non-specialists and 2.5 per cent were other clinicians. The proportion of women increased from 34.9 per cent in 2008 to 37.9 per cent in 2012 (AIHW 2014). The number of full time equivalent (FTE) practitioners per 100 000 people by jurisdiction is illustrated in figure E.16.

In 2012, the number of nurses and midwives registered in Australia was 334 078. In 2012, the number of nurses and midwives registered and employed in Australia was 290 144, or 1279 per 100 000 population (table EA.48). The majority of employed nurses and midwives were clinicians (80.1 per cent). The principal area of the main job of employed registered and enrolled nurses and midwives was aged care (14.2 per cent) followed by medical (9.0 per cent) and surgical (8.0) roles. The average age of employed nurses and midwives changed little between 2008 (44.1 years) and 2012 (44.6 years). The proportion of employed nurses and midwives aged 50 or older increased from 35.1 per cent to 39.1 per cent over this period (AIHW 2013e). The number of FTE nurses and midwives per 100 000 people by jurisdiction is illustrated in figure E.17.

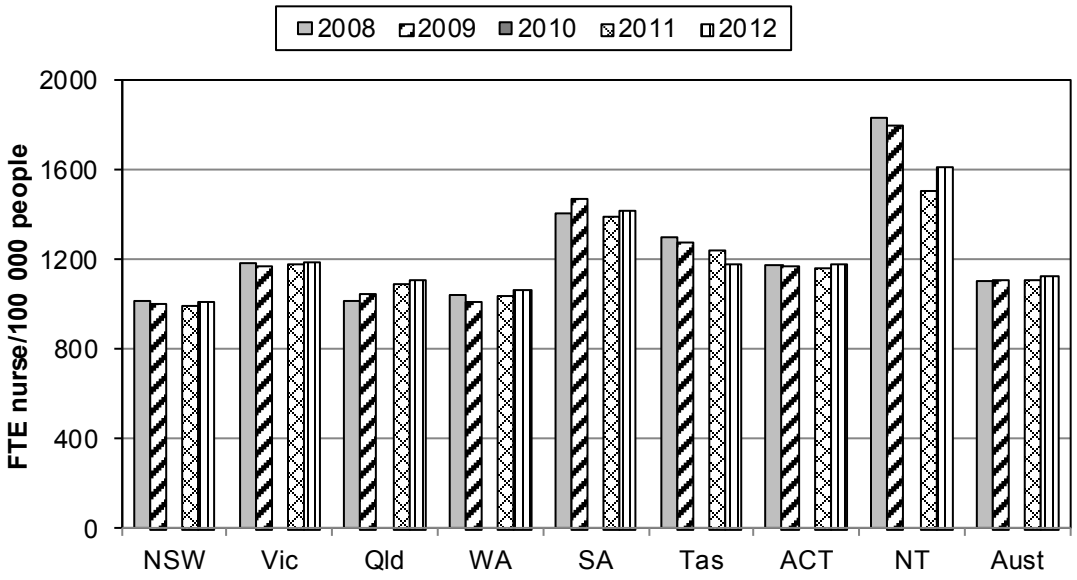
Figure E.16 **Full time equivalent employed medical practitioners**[a, b, c, d, e, f, g]



[a] FTE rate (FTE per 100 000 people) is based on a standard full-time working week of 40 hours. [b] Excludes employed medical practitioners on extended leave. [c] Care must be taken when interpreting the ACT's data as the ACT's medical practitioners provide a large number of services to NSW residents. This rate used the ACT resident population as the denominator, hence a high rate for the ACT. The rate will reduce if the NSW population within the catchment area of Southern NSW is included in the denominator. [d] From 2010, health workforce labour surveys are conducted at the national level and survey questions are consistent across jurisdictions. For 2009 and previous years, surveys were managed by each jurisdiction's health authority and there were some differences in survey questions between jurisdictions and within jurisdictions over time. This has little impact on the data reported here. However, caution should be used in comparing data between jurisdictions and over time (see DQI for further details). [e] 2010 data exclude Queensland and WA due to closure of the registration period after the national registration deadline. [f] Caution should be used in comparing data for the NT with other jurisdictions from 2010 as this was the first year of changed doctors' registration requirements (in particular, doctors providing fly in fly out services are no longer required to register in the NT where they are registered nationally). [g] From 2011, State and Territory is derived from State and Territory of main job where available; otherwise State and Territory of principal practice is used as a proxy. If principal practice details are also unavailable, State and Territory of residence is used. Records with no information on all three locations are coded to 'Not stated'.

Source: AIHW (unpublished) National Health Workforce Data Set: medical practitioners; AIHW (unpublished) Medical Labour Force Survey; ABS (unpublished) Estimated Resident Population (based on 2011 ABS Census of Population and Housing); table EA.47.

Figure E.17 **Full time equivalent employed nurses and midwives**[a, b, c, d, e]



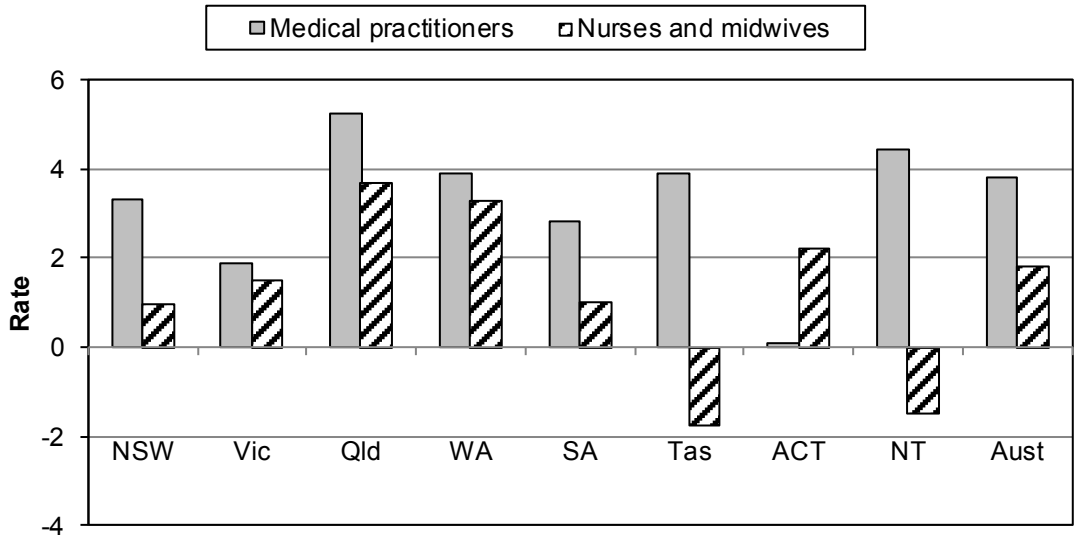
[a] FTE nurse rate (per 100 000 people) based on a 38-hour week. [b] Excludes nurses on extended leave. [c] Data are not available for 2010. [d] From 2011, health workforce labour surveys are conducted at the national level and survey questions are consistent across jurisdictions. For 2009 and previous years, surveys were managed by each jurisdiction's health authority and there were some differences in survey questions between jurisdictions and within jurisdictions over time. This has little impact on the data reported here. However, caution should be used in comparing data between jurisdictions and over time (see DQI for further details). [e] From 2011, State and Territory is derived from State and Territory of main job where available; otherwise State and Territory of principal practice is used as a proxy. If principal practice details are also unavailable, State and Territory of residence is used. Records with no information on all three locations are coded to 'Not stated'.

Source: AIHW (unpublished) National Health Workforce Data Set and AIHW 2011; table EA.48.

At the national level, 50.9 per cent of employed medical practitioners were under the age of 45 in 2012 (table EA.47). The medical practitioner workforce grew at an average annual rate of 3.8 per cent from 2008 to 2012 (figure E.18). The nursing and midwifery workforce grew at an average rate of 1.8 per cent annually from 2008 to 2012 (figure E.18), and 47.0 per cent of employed nurses were under the age of 45 in 2011 (table EA.48).

Nationally, 0.8 per cent of the nursing and midwifery workforce were Indigenous in 2012 (table EA.50). Of people employed in health-related occupations in 2011, 1.6 per cent were Indigenous. Within health related occupations in 2011, the occupations with the highest percentage of Indigenous Australians were health and welfare support officers, which includes the occupation Indigenous Health Workers (tables EA.51–EA.53).

Figure E.18 **Annual average growth in selected workforces, 2008–2012**[a, b, c, d, e, f]



[a] Net growth measures the change in the FTE number in the workforce in the reference year compared to the year prior to the reference year. [b] FTEs calculated based on a 40-hour standard working week for medical practitioners and a 38-hour week for nurses/midwives. [c] From 2010, health workforce labour surveys are conducted at the national level and survey questions are consistent across jurisdictions. For 2009 and previous years, surveys were managed by each jurisdiction's health authority and there were some differences in survey questions between jurisdictions and within jurisdictions over time. This has little impact on the data reported here. However, caution should be used in comparing data between jurisdictions and over time (see DQI for further details) [d] From 2011, state and territory is derived from state and territory of main job where available; otherwise state and territory of principal practice is used as a proxy. If principal practice details are unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'Not stated'. [e] Data for 2007, 2008 and 2009 are for the workforce (i.e. including those employed, on extended leave and looking for work in the workforce). Data from 2010 are only for those employed in the workforce. [f] Caution should be used in comparing medical workforce data for the NT with other jurisdictions from 2010 as this was the first year of changed doctors' registration requirements (in particular, doctors providing fly in fly out services are no longer required to register in the NT where they are registered nationally).

Source: AIHW (unpublished) National Health Workforce Data Set; ABS (unpublished) Estimated Resident Population (based on the 2011 ABS Census of Population and Housing); table EA.49.

Access to services compared to need by type of service

'Access to services compared to need by type of service' is an indicator of governments' objective that Indigenous Australians and those living in rural and remote areas or on low incomes achieve health outcomes comparable to the broader population (box E.8).

Results from the 2011-12 Australian Health Survey indicate that the majority of Australians (85.6 per cent) aged 15 years or over reported their health as either good, very good or excellent (ABS 2012). In the 2012-13 Australian Aboriginal and

Torres Strait Islander Health Survey, 75 per cent of Indigenous Australians reported their health as either good, very good or excellent (ABS 2013a).

Box E.8 **Access to services compared to need by type of service**

'Access to services compared to need by type of service' is defined as the number of people aged 15 years or over who accessed a particular health service in the past 12 months (for hospital admissions), 3 months (for dental services) or 2 weeks (for other health services) divided by the population aged 15 years or over, expressed as a percentage. Rates are age standardised and calculated separately for each type of service and by categories of self-assessed health status. Service types are: admitted hospitalisations, casualty/outpatients, GP and/or specialist doctor consultations, consultations with other health professional and dental consultation. Self-assessed health status is categorised as excellent/very good/good and fair/poor. Data are reported for all Australians by remoteness and by Socio Economic Indexes for Areas (SEIFA) and for Indigenous Australians.

High or increasing rates of 'access to services compared to need by type of service' are desirable, as are rates for those in disadvantaged groups being close to the rates for those who are not disadvantaged.

Data reported for this indicator are

- comparable (subject to caveats) across jurisdictions but not over time
- complete (subject to caveats) for the current reporting period. All required 2011-12 data are available for all jurisdictions

Data quality information for this indicator is under development.

The latest available data for self-assessed health status are from the 2012-13 National Aboriginal and Torres Strait Islander Health Survey for Indigenous Australians (ABS 2013a) and from the 2011-12 National Health Survey for non-Indigenous Australians (ABS 2012). Indigenous Australians were less likely than non-Indigenous Australians to report very good or excellent health. Taking into account differences in age structure between the populations, Indigenous Australians overall were more than twice as likely to report their health as fair or poor than non-Indigenous Australians in 2011–13 (ABS 2013a).

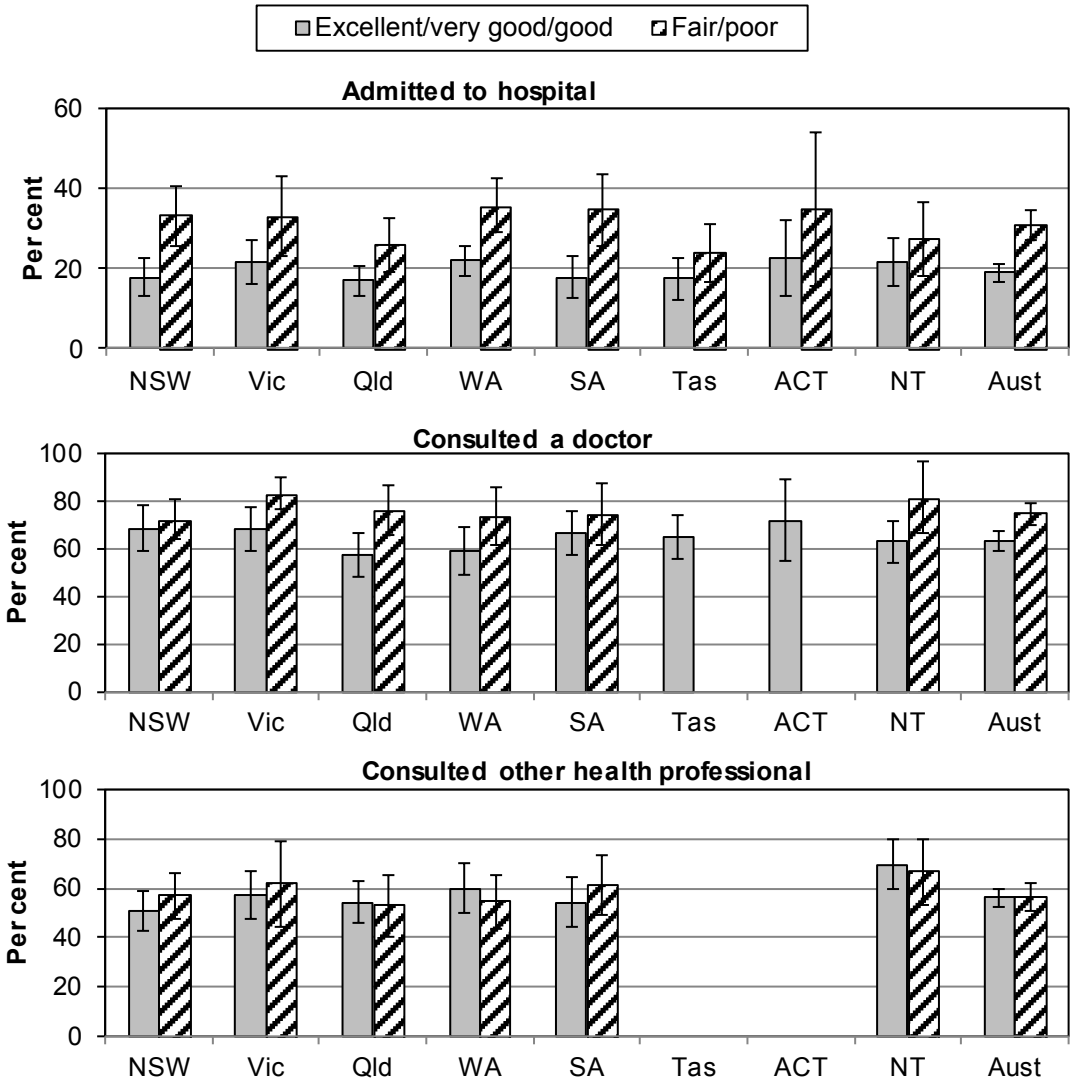
Data from the surveys show that 27.1 per cent of Australians who reported their health status as being excellent/very good/good accessed health services in 2011-12, while health services were accessed by 48.5 per cent of people who reported their health status as being fair/poor (table EA.54).

Data for Indigenous Australians are not comparable with data for non-Indigenous Australians due to a slightly different methodology. Nationally, the proportion of

Indigenous Australians who accessed services varied significantly by self-assessed health status for hospital admissions and doctor consultations, but not consultations with other health professionals (figure E.19). Data for people accessing health services by Indigenous status in 2004-05 are reported in table EA.57.

Data on the proportion of people who accessed health services by remoteness and SEIFA and data on the types of health services people accessed are reported for 2004-05 and 2011-12 in tables EA.58–EA.61.

Figure E.19 **Proportion of Indigenous Australians who accessed health services by health status, 2011-12[a, b, c, d, e, f, g]**



[a] Rates are age standardised by State/Territory to the 2001 estimated resident population. [b] Data are not comparable with data for all Australians due to differences in methodology. [c] People aged 15 years or over who consulted a doctor or another health professional in the last 2 weeks, or were admitted to hospital in the last 12 months. [d] Error bars represent the 95 per cent confidence intervals associated with each estimate.

Source: ABS (unpublished) *National Aboriginal and Torres Strait Islander Health Survey, 2012-13*, Cat. no. 4727.0.55.001; table EA.56.

Service-specific performance indicator frameworks

The health service specific frameworks in chapters 10, 11 and 12 reflect both the general Report framework and the National Health Performance Framework.[2] They differ from the general Report framework (see chapter 1) in two respects. First, they include three subdimensions of quality — safety, responsiveness and continuity — and, second, they include an extra dimension of efficiency — sustainability. These additions are intended to address the following key performance dimensions of the health system in the National Health Performance Framework that were not explicitly covered in the general Report framework:

- *safety*: the avoidance, or reduction to acceptable levels, of actual or potential harm from health care services, management or environments, and the prevention or minimisation of adverse events associated with health care delivery
- *responsiveness*: the provision of services that are client oriented and respectful of clients' dignity, autonomy, confidentiality, amenity, choices, and social and cultural needs
- *continuity*: the provision of uninterrupted, timely, coordinated healthcare interventions and actions across programs, practitioners and organisations
- *sustainability*: the capacity to provide infrastructure (such as workforce, facilities and equipment), be innovative and respond to emerging needs (NHPC 2009).

Other aspects of the Steering Committee's framework of performance indicators are defined in chapter 1.

This section summarises information from the following specific indicator frameworks:

- public hospitals (see chapter 10 for more detail)
- maternity services (see chapter 10 for more detail)
- primary and community health (see chapter 11 for more detail)
- mental health management (see chapter 12 for more detail).

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2 The former National Health Performance Committee developed the National Health Performance Framework to guide the reporting and measurement of health service performance in Australia. The National Health Performance Framework was reviewed by the National Health Performance Committee and a revised framework was agreed by the National Health Information Standards and Statistics Committee in 2009. A number of groups involved in health performance indicator development have adopted this framework for use within specific project areas and in publications.

Additional information is available to assist the interpretation of these results:

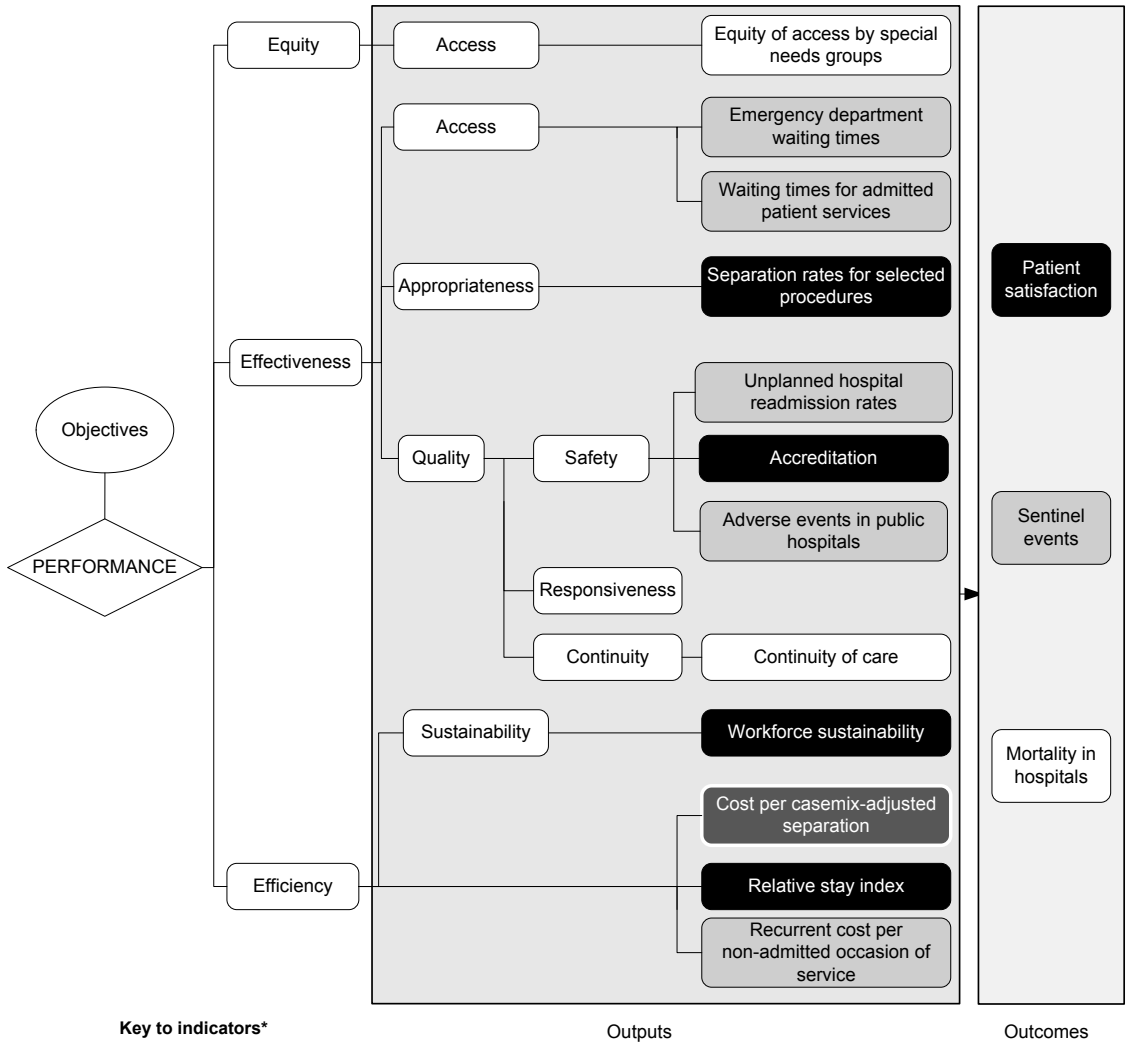
- indicator interpretation boxes, which define the measures used and indicate any significant conceptual or methodological issues with the reported information (chapters 10, 11 and 12)
- caveats and footnotes to the reported data (chapters 10, 11 and 12 and Attachments 10A, 11A and 12A)
- additional measures and further disaggregation of reported measures (for example, by Indigenous status, remoteness, disability, language background, sex) (chapters 10, 11 and 12 and Attachments 10A, 11A and 12A)
- data quality information for many indicators, based on the ABS Data Quality Framework (chapters 10, 11 and 12 Data quality information).

A full list of attachment tables and available data quality information is provided at the end of chapters 10, 11 and 12.

Public hospitals

The performance indicator framework for public hospitals is presented in figure E.20. This framework provides comprehensive information on the equity, effectiveness, efficiency and the outcomes of public hospitals.

Figure E.20 **Public hospitals performance indicator framework**



An overview of the public hospital performance indicator results are presented in table E.5. Information to assist the interpretation of these data can be found in the indicator interpretation boxes in chapter 10 and the footnotes in attachment 10A.

Table E.5 **Performance indicators for public hospitals**[a]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Effectiveness — Access indicators									
Emergency department waiting times, 2012-13									
Most recent data for this indicator are complete but not directly comparable (chapter 10)									
Proportion of patients seen on time (per cent)									
Resuscitation	100	100	100	100	100	100	100	100	100
Emergency	83	84	84	81	75	83	74	66	82
Urgent	73	72	68	52	66	65	43	52	68
Semi-urgent	77	68	74	67	78	70	46	52	72
Non-urgent	92	87	92	93	92	90	79	89	91
Total	78	73	74	66	75	71	51	57	73
Waiting times for admitted patient services									
Elective surgery waiting times: Number of days waited, 2012-13									
Most recent data for this measure are complete but not directly comparable (chapter 10)									
50th percentile	50	36	27	30	34	41	51	40	36
90th percentile	335	223	163	159	182	406	277	196	265
Elective surgery waiting times: Proportion who waited more than 365 days, 2012-13									
Most recent data for this measure are complete but not directly comparable (chapter 10)									
%	2.8	3.3	2.5	1.5	1.0	11.5	4.1	3.3	2.7
Proportion of presentations to emergency departments with a length of stay of 4 hours or less ending in admission, public hospitals (per cent), 2012-13									
Most recent data for this measure are complete but not directly comparable (chapter 10)									
Resuscitation	44	56	54	59	55	56	62	48	52
Emergency	32	44	40	52	41	32	40	23	39
Urgent	27	36	39	43	38	22	24	23	34
Semi-urgent	30	36	45	45	43	24	28	24	35
Non-urgent	53	53	62	55	61	47	40	50	54
Total	30	38	41	46	41	25	29	24	36

Source: tables 10A.17, 10A.22 and 10A.44.

Effectiveness — Appropriateness indicators									
Separation rates for selected procedures, public hospitals, per 1000 people (age-standardised), 2011-12									
Most recent data for this indicator are complete and comparable (chapter 10)									
Cataract extraction	2.6	3.1	1.6	4.3	3.5	1.3	3.5	5.1	2.7
Cholecystectomy	1.4	1.4	1.2	1.1	1.4	1.4	1.4	1.2	1.3
Coronary angioplasty	0.9	0.8	0.8	0.9	1.0	1.0	1.9	..	0.9
Coronary artery bypass graft	0.3	0.3	0.3	0.2	0.3	0.4	0.6	..	0.3
Cystoscopy	1.6	2.8	2.0	3.0	2.6	1.5	2.4	1.7	2.2
Haemorrhoidectomy	1.0	0.8	0.4	0.5	0.5	0.7	0.4	0.9	0.7
Hip replacement	0.7	0.7	0.5	0.8	0.7	0.6	1.0	0.6	0.6
Hysterectomy	1.0	1.1	1.0	1.1	1.3	1.1	0.7	0.8	1.0
Inguinal herniorrhaphy	1.0	1.0	0.8	0.9	1.0	1.1	0.9	0.9	1.0
Knee replacement	0.7	0.5	0.5	0.7	0.6	0.3	0.9	0.4	0.6
Myringotomy	0.5	0.8	0.7	0.7	1.3	0.6	0.8	0.6	0.7
Prostatectomy	0.9	1.1	0.8	0.8	1.0	0.8	0.9	1.0	0.9

(Continued next page)

Table E.5 **(continued)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Septoplasty	0.3	0.5	0.2	0.2	0.4	0.1	0.4	0.1	0.3
Tonsillectomy	0.9	1.2	0.9	1.0	1.3	0.8	1.0	0.7	1.0
Varicose veins, stripping and ligation	0.2	0.3	0.1	0.1	0.3	0.1	0.6	0.2	0.2

Source: table 10A.45.

Effectiveness — Quality — Safety indicators

Unplanned hospital readmissions within 28 days of selected surgical admissions, 2011-12

Most recent data for this indicator are complete but not directly comparable (chapter 10)

Surgical, procedure prior to separation, rate per 1000 separations									
Knee replacement	18.5	19.1	26.9	17.4	17.7	np	np	np	20.0
Hip replacement	17.7	17.4	14.2	22.5	23.7	np	np	np	17.7
Tonsillectomy and adenoidectomy	24.8	23.7	32.6	33.3	33.7	60.6	18.3	np	27.8
Hysterectomy	27.9	32.4	33.2	31.5	28.1	28.1	np	np	30.9
Prostatectomy	22.7	26.4	36.3	50.3	25.9	np	np	np	27.2
Cataract surgery	2.8	3.2	4.0	2.6	3.3	7.2	–	np	3.2
Appendicectomy	23.5	24.5	20.4	31.3	36.0	29.8	26.3	49.6	24.7

Accreditation, proportion of accredited beds, public hospitals 2011-12

Most recent data for this measure are complete and comparable (chapter 10)

%	97	100	100	100	100	87	100	100	99

Adverse events in public hospitals

Healthcare associated infections in acute care hospitals per 10 000 patient days, 2012-13									
Data for this measure not complete or not directly comparable (chapter 10)									
	1.0	0.9	1.0	0.8	0.8	1.0	1.3	0.7	0.9
Separations with an adverse event, public hospitals: Events per 100 separations, 2011-12									
Data for this indicator not complete or not directly comparable (chapter 10)									
Total	6.3	6.1	6.0	6.0	6.7	7.7	6.3	3.2	6.1

Source: tables 10A.47–10A.51.

Efficiency sustainability indicators

Workforce sustainability

Most recent data for this indicator are complete and comparable (chapter 10)

Nursing workforce by age group (per cent), 2012									
<30	13.8	17.0	14.7	16.0	14.1	12.0	15.4	17.9	na
30-39	20.1	21.3	20.7	20.1	18.9	15.5	21.7	25.6	na
40-49	24.5	25.9	27.8	26.7	26.7	27.7	25.6	22.8	na
50-59	30.3	26.3	26.7	26.8	31.0	34.2	28.3	25.3	na
60+	11.2	9.5	10.0	10.4	9.3	10.6	9.0	8.4	na
Medical practitioner workforce by age group (per cent), 2012									
<30	7.7	10.3	9.5	11.7	10.0	8.6	7.0	9.6	na
30-39	26.7	28.1	29.6	27.9	27.4	23.9	28.1	35.6	na
40-49	24.5	24.1	25.7	25.4	24.9	26.4	26.6	24.4	na
50-59	21.8	21.0	20.7	20.4	20.5	23.8	23.3	17.6	na
60+	19.3	16.4	14.4	14.6	17.2	17.3	14.9	12.7	na

Source: tables 10A.52–10A.55.

(Continued next page)

Table E.5 **(continued)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Medical practitioner workforce by age group, 2012									
<30	7.7	10.3	9.5	11.7	10.0	8.6	7.0	9.6	na
30-39	26.7	28.1	29.6	27.9	27.4	23.9	28.1	35.6	na
40-49	24.5	24.1	25.7	25.4	24.9	26.4	26.6	24.4	na
50-59	21.8	21.0	20.7	20.4	20.5	23.8	23.3	17.6	na
60+	19.3	16.4	14.4	14.6	17.2	17.3	14.9	12.7	na

Source: tables 10A.52–10A.55.

Efficiency indicators

Recurrent cost per casemix adjusted separation, dollars, 2011-12

Most recent data for this indicator are complete but not directly comparable (chapter 10)

Total recurrent	5 280	4 693	5 246	5 733	5 251	6 033	6 384	6 017	5 204
Capital	475	804	424	542	395	427	556	693	493

Relative stay index, 2011-12

Most recent data for this indicator are complete and comparable (chapter 10)

Total	1.05	0.91	0.89	0.98	1.02	1.04	1.00	1.16	0.98

Recurrent cost per non-admitted occasion of service, 2011-12

Most recent data for this indicator not complete or not directly comparable (chapter 10). Data are available in tables 10A.61–10A.65.

Source: tables 10A.56–10A.68.

Outcome indicators

Patient satisfaction, 2012-13

Most recent data for this indicator are complete and comparable (chapter 10).

Proportion (%) of persons who went to an *emergency department* in the last 12 months reporting:									
ED doctors, specialists or nurses always or often listened carefully to them									
Doctors/specialists	85.0	83.4	84.0	84.7	83.4	81.3	82.5	87.6	84.2
Nurses	87.6	89.8	90.1	90.9	87.4	89.6	83.5	90.5	89.1
ED doctors, specialists or nurses always or often showed respect to them									
Doctors/specialists	86.4	84.7	85.5	87.2	84.8	83.3	82.6	88.4	85.7
Nurses	88.5	91.1	90.2	92.4	89.6	90.3	86.7	90.2	90.1
ED doctors, specialists or nurses always or often spent enough time with them									
Doctors/specialists	81.0	79.9	80.7	83.1	79.5	74.9	75.3	85.0	80.7
Nurses	85.2	85.6	87.5	90.4	86.6	84.3	80.8	89.5	86.4
Proportion (%) of persons who were admitted to hospital in the last 12 months reporting:									
Hospital doctors, specialists or nurses always or often listened carefully to them									
Doctors/specialists	91.3	89.5	87.1	90.8	89.5	85.9	89.3	81.5	89.5
Nurses	90.5	92.1	91.8	92.0	90.8	89.9	89.8	86.9	91.2
hospital doctors, specialists or nurses always or often showed respect to them									
Doctors/specialists	91.5	89.3	88.4	92.6	90.2	86.2	91.2	81.3	90.2
Nurses	92.2	91.1	91.4	93.0	91.7	88.4	90.6	87.6	91.5
hospital doctors, specialists or nurses always or often spent enough time with them									
Doctors/specialists	87.5	85.6	85.8	87.2	84.0	84.7	85.4	80.3	86.2
Nurses	88.5	89.0	89.2	91.8	87.7	86.5	85.3	85.8	88.9

Source: tables 10A.69–10A.76.

(Continued next page)

Table E.5 **(continued)**

Sentinel events, 2011-12

Most recent data for this indicator are complete but not directly comparable (chapter 10).

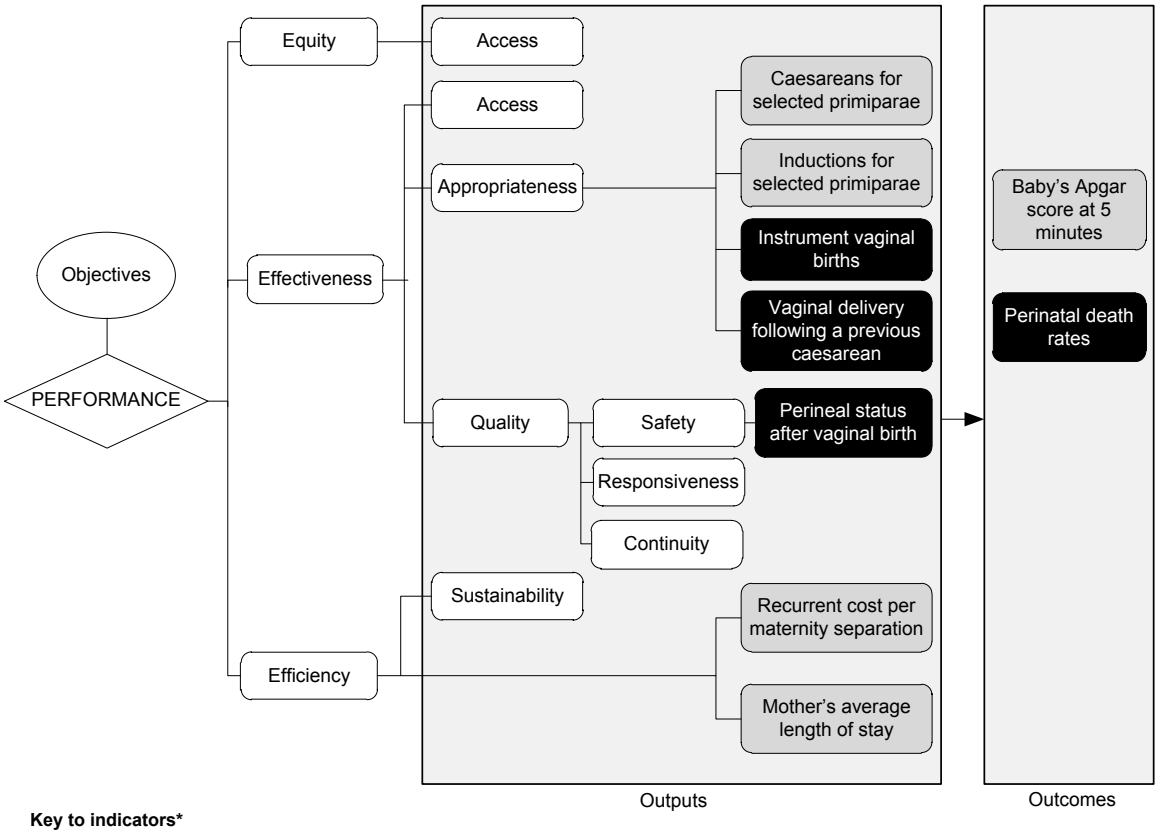
Data are available in tables 10A.77–10A.93.

a Caveats for these data are available in chapter 10 and attachment 10A. Refer to the indicator interpretation boxes in chapter 12 for information to assist with the interpretation of data presented in this table. – Nil or rounded to zero. **na** Not available. **np** Not published.

Maternity services

The performance indicator framework for maternity services is presented in figure E.21. This framework provides comprehensive information on the equity, effectiveness, efficiency and the outcomes of maternity services.

Figure E.21 **Maternity services performance indicator framework**



Key to indicators*

Text Most recent data for all measures are comparable and complete

Text Most recent data for at least one measure are comparable and complete

Text Most recent data for all measures are either not comparable and/or not complete

Text No data reported and/or no measures yet developed

* A description of the comparability and completeness of each measure is provided in indicator interpretation boxes within the chapter

An overview of the maternity services performance indicator results are presented in table E.6. Information to assist the interpretation of these data can be found in the indicator interpretation boxes in chapter 10 and the footnotes in attachment 10A.

Table E.6 **Performance indicators for maternity services[a]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Effectiveness — Appropriateness indicators									
Caesareans for selected primiparae — Proportion (%) of births that were caesareans, 2012									
Most recent data for this indicator not complete or not directly comparable (chapter 10)									
Public hospitals	23.8	23.2	22.9	24.7	20.2	na	21.3	28.6	23.3
Private hospitals	30.9	30.6	36.5	33.4	29.3	na	36.3	np	32.9
Inductions for selected primiparae — Proportion (%) of births that were induced, rate, 2012									
Most recent data for this indicator not complete or not directly comparable (chapter 10)									
Public hospitals	36.3	31.7	29.4	36.3	38.3	na	23.5	36.0	33.7
Private hospitals	35.5	34.5	33.8	42.3	44.3	na	25.9	np	36.4
Instrumental vaginal births, 2011									
Most recent data for this indicator not complete but are comparable (chapter 10)									
%	23.2	27.6	21.2	29.9	24.0	29.2	26.6	18.9	24.8
Vaginal birth following a previous caesarean, 2011									
Most recent data for this indicator are complete and comparable (chapter 10)									
Non-instrumental	12.9	12.3	12.2	9.5	13.1	13.9	11.5	18.3	12.3
Instrumental	3.6	3.9	2.6	3.7	4.2	4.0	4.8	3.0	3.5
Source: tables 10A.97–10A.107.									
Effectiveness — Quality — Safety indicators									
Perineal status after vaginal birth — Mothers with third or fourth degree lacerations after vaginal births, 2011									
Most recent data for this indicator are complete and comparable (chapter 10)									
%	2.0	1.9	1.8	2.1	2.2	1.7	3.6	2.9	2.0
Source: table 10A.108.									
Efficiency indicators									
Cost per maternity separation, without complications, dollars, 2010-11,									
Most recent data for this indicator are complete but not directly comparable (chapter 10)									
Vaginal delivery	5 304	4 359	5 096	5 669	4 495	5 829	6 919	5 137	4 998
Caesarean	8 689	8 947	–	13 196	9 917	12 010	12 328	11 257	9 681
Mother's average length of stay, days, 2011-12									
Most recent data for this indicator are complete and comparable (chapter 10)									
Vaginal delivery	1.8	1.8	1.6	1.9	1.8	2	1.4	2	1.8
Caesarean	3.9	3.8	3.4	3.8	4.1	3.8	3.9	4.6	3.8
Source: table 10A.109–10A.110.									

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Table E.6 **(continued)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Outcome indicators									
Apgar score at 5 minutes, 2012									
Most recent data for this indicator are not complete and are not directly comparable (chapter 10)									
Percentage of live births with an Apgar score of 3 or lower by birthweight									
<1500g	17.7	17.5	17.0	4.1	12.7	na	12.4	np	na
1500g–1999g	1.3	1.1	2.2	1.3	0.8	na	–	np	na
2000g–2499g	0.7	0.6	0.6	0.5	0.1	na	0.5	np	na
2500g+	0.2	0.2	0.2	0.2	0.1	na	0.2	0.3	na
Perinatal death rates — deaths per '000 total births, 2011									
Most recent data for this indicator are not complete but are comparable (chapter 10)									
Fetal deaths	5.2	5.6	5.9	7.8	4.5	7.4	5.4	8.5	5.8
Neonatal deaths	3.0	2.6	3.1	2.0	1.5	2.7	1.8	4.3	2.7
Perinatal deaths	8.1	8.1	9.1	9.7	6.0	10.1	7.2	12.8	8.4

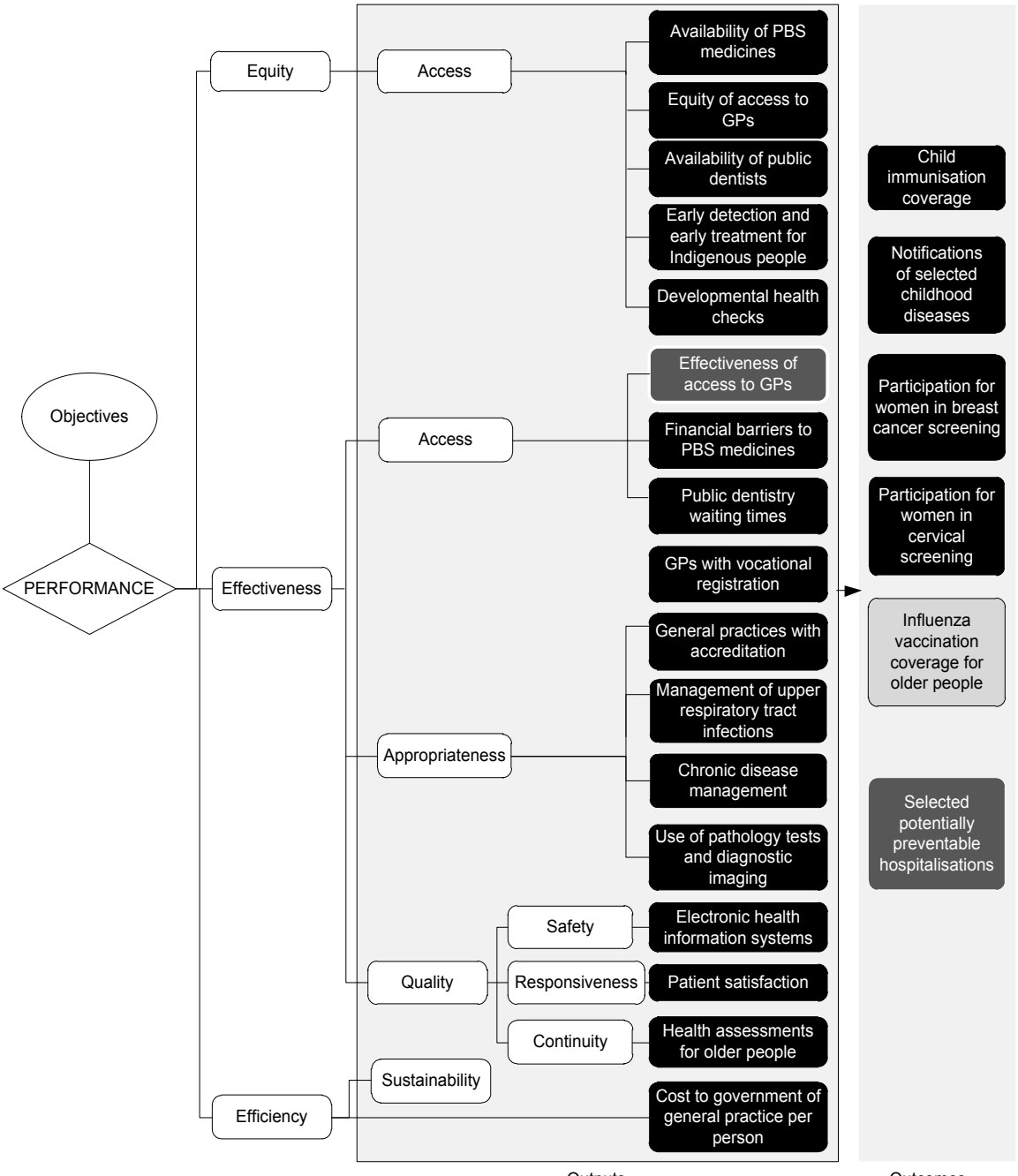
Source: tables 10A.111–10A.116.

a Caveats for these data are available in chapter 10 and attachment 10A. Refer to the indicator interpretation boxes in chapter 12 for information to assist with the interpretation of data presented in this table. – Nil or rounded to zero. **na** Not available.

Primary and community health

The performance indicator framework for primary and community health is presented in figure E.22. This framework provides comprehensive information on the equity, effectiveness, efficiency and the outcomes of primary and community health.

Figure E.22 **Primary and community health performance indicator framework**



Key to indicators*

Text Most recent data for all measures are comparable and complete

Text Most recent data for at least one measure are comparable and complete

Text Most recent data for all measures are either not comparable and/or not complete

Text No data reported and/or no measures yet developed

* A description of the comparability and completeness of each measure is provided in indicator interpretation boxes within the chapter

An overview of the primary and community health performance indicator results are presented in table E.7. Information to assist the interpretation of these data can be found in the indicator interpretation boxes in chapter 11 and the footnotes in attachment 11A.

Table E.7 **Performance indicators for Primary and community health[a, b]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Availability of PBS medicines — PBS prescriptions filled at concessional rate (per cent), 2012-13									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Proportion of total	88.2	88.5	87.6	83.9	89.5	91.0	76.3	77.7	87.8
Equity of access to GPs, 2012-13									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Full time workload equivalent GPs by remoteness area per 100 000 people									
Major cities, rate	106.7	99.1	102.7	71.5	104.8	..	72.6	..	98.9
Outer regional, rate	79.2	93.5	93.8	83.9	87.5	76.1	..	74.4	86.5
Availability of female GPs per 100 000 females									
Rate	68.1	62.1	65.6	44.5	57.4	63.0	57.9	58.4	62.4
Availability of public dentists — per 100 000 people, 2012									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Proportion of total	5.1	4.2	6.0	5.6	5.7	3.8	6.9	8.1	5.2
Early detection and early treatment for Indigenous Australians — Proportion of Older Indigenous Australians who received a health assessment, 2012-13									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Proportion	29.8	17.9	37.0	30.2	21.0	19.1	26.1	35.1	30.3
Children receiving a fourth year developmental health check, 2012-13									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Proportion	61.4	29.3	72.1	45.3	48.1	57.3	35.3	65.0	52.8

Source: tables 11A.11–11A.31.

Effectiveness — Access indicators

Effectiveness of access to GPs									
Most recent data for this indicator are comparable and complete (subject to caveats) for some but not all measures (chapter 11)									
Bulk billing rates for non-referred patients, 2012-13									
Proportion (%)	86.8	82.1	81.7	73.0	81.4	76.4	55.0	78.2	82.3
GP waiting times for urgent appointment, 2011-12 — less than 4 hours									
Proportion (%)	64.3	63.4	66.8	62.0	66.2	54.1	61.2	49.5	64.1
People deferring treatment due to cost, 2012-13 — deferring visits to GPs									
Proportion (%)	4.8	5.2	6.3	8.0	6.1	7.7	8.8	5.0	5.8
Selected potentially avoidable GP-type presentations to emergency departments, 2012-13									
'000	682.3	574.5	383.8	282.1	105.9	61.6	46.6	39.8	2176.6

(Continued next page)

Table E.7 **(continued)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Financial barriers to PBS medicines									
People deferring treatment due to cost, *2012-13* — deferring purchase of medicines									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Proportion (%)	7.9	8.6	9.9	7.1	9.1	9.8	6.7	8.9	8.5
Public dentistry waiting times, 2012-13 — less than 1 month									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Proportion (%)	34.2	28.5	28.3	37.4	15.1	32.5	36.3	40.4	30.5

Source: tables 11A.32–11A.45.

Effectiveness — Appropriateness indicators

GPs with vocational registration, 2012-13									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Proportion (%)	91.3	86.9	88.4	90.7	90.7	92.2	93.0	72.1	89.4
General practices with accreditation, at 30 June 2011									
Most recent available data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Proportion (%)	61.1	69.2	75.8	73.3	69.1	75.3	70.2	45.7	67.4
Management of upper respiratory tract infections									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Prescriptions for oral antibiotics used to treat upper respiratory tract infections per 1000 people, 2012-13									
Rate	318.5	311.4	311.1	191.1	320.2	331.6	176.8	88.0	297.1
Proportion of GP encounters for the management of acute URTI where systemic antibiotics were prescribed or supplied, April 2008 to March 2013									
Proportion (%)	35.7	29.9	34.1	25.9	28.6	26.5	28.0	21.4	32.5
Management of chronic disease									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
People with diabetes mellitus who have received an annual cycle of care within general practice, *2012-13*									
Proportion (%)	25.1	26.2	25.5	20.5	29.1	31.9	15.4	19.2	25.0
People with asthma who have a written asthma action plan, *2011-12*									
Proportion (%)	26.6	25.3	18.4	24.5	29.3	22.6	24.3	33.7	24.6
Pathology tests and diagnostic imaging — Medicare benefits for pathology tests, 2012-13									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
$ per person	63.8	59.4	67.0	55.1	59.3	55.7	58.7	66.0	61.8

Source: tables 11A.46–11A.66.

Effectiveness — Quality — Safety indicators

Electronic health information systems — general practices using electronic systems, May 2013									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Proportion (%)	69.4	76.2	74.2	68.4	72.7	75.6	80.0	48.2	72.2

Source: tables 11A.67–11A.69.

(Continued next page)

Table E.7 **(continued)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Effectiveness — Quality — Responsiveness indicators									
Patient satisfaction, 2012-13									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Proportion (%) of people who saw a practitioner in the previous 12 months where the practitioner always or often: listened carefully to them									
GP	90.1	89.4	88.7	88.3	88.2	89.7	89.5	87.2	89.3
Dental practitioner	95.8	94.2	94.0	95.5	94.4	94.1	94.8	91.9	94.8
Source: tables 11A.70–11A.74.									
Effectiveness — Quality — Continuity indicators									
Health assessments for older people — proportion of older people assessed, 2012-13									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Proportion (%)	29.4	27.1	33.4	27.5	27.2	34.3	22.0	26.5	29.2
Source: table 11A.75.									
Efficiency indicators									
Cost to government of general practice per person — fee-for-service expenditure, 2012-13									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
$ per person	303.1	288.0	299.9	224.7	285.0	265.1	225.1	223.1	286.1
Source: table 11A.2.									
Outcome indicators									
Child immunisation coverage — Children aged 60 to 63 months fully immunised, 2012-13									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Proportion (%)	91.6	92.6	91.5	89.4	90.9	92.9	92.3	90.7	91.5
Notifications of selected childhood diseases —notifications per 100 000 children, 2012-13									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Measles	6.1	np	np	0.6	np	–	–	np	2.2
Participation rates for women in breast cancer screening — Ages 50–69, 1 January 2011 to 31 December 2012									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Rate	50.4	54.3	57.1	57.8	58.8	57.8	53.5	41.6	54.5
Participation rates for women in cervical screening — Ages 20–69 (ASR), 1 January 2011 to 31 December 2012									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Rate	56.8	61.1	55.8	55.9	59.4	56.6	57.2	53.8	57.7
Influenza vaccination coverage for older people — 65 years or over, 2009									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 11)									
Rate	72.7	75.0	74.6	72.9	81.3	77.5	78.0	69.3	74.6

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Table E.7 **(continued)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Separations for selected potentially preventable hospitalisations, 2011-12, per 1000 people									
Most recent data for the indicator are comparable and complete (subject to caveats) except for the measure potentially preventable hospitalisations for diabetes (chapter 11)									
Vaccine-preventable	0.8	0.8	0.9	0.8	0.9	0.5	0.7	3.1	0.8
Acute conditions *excluding dehydration and gastroenteritis*	10.9	12.0	12.7	13.6	12.8	8.5	9.5	19.8	12.0
Chronic conditions *excluding additional diagnoses of diabetes complications*	10.4	11.9	12.5	10.7	11.4	9.1	8.5	21.0	11.3

Source: tables 11A.76–11A.93.

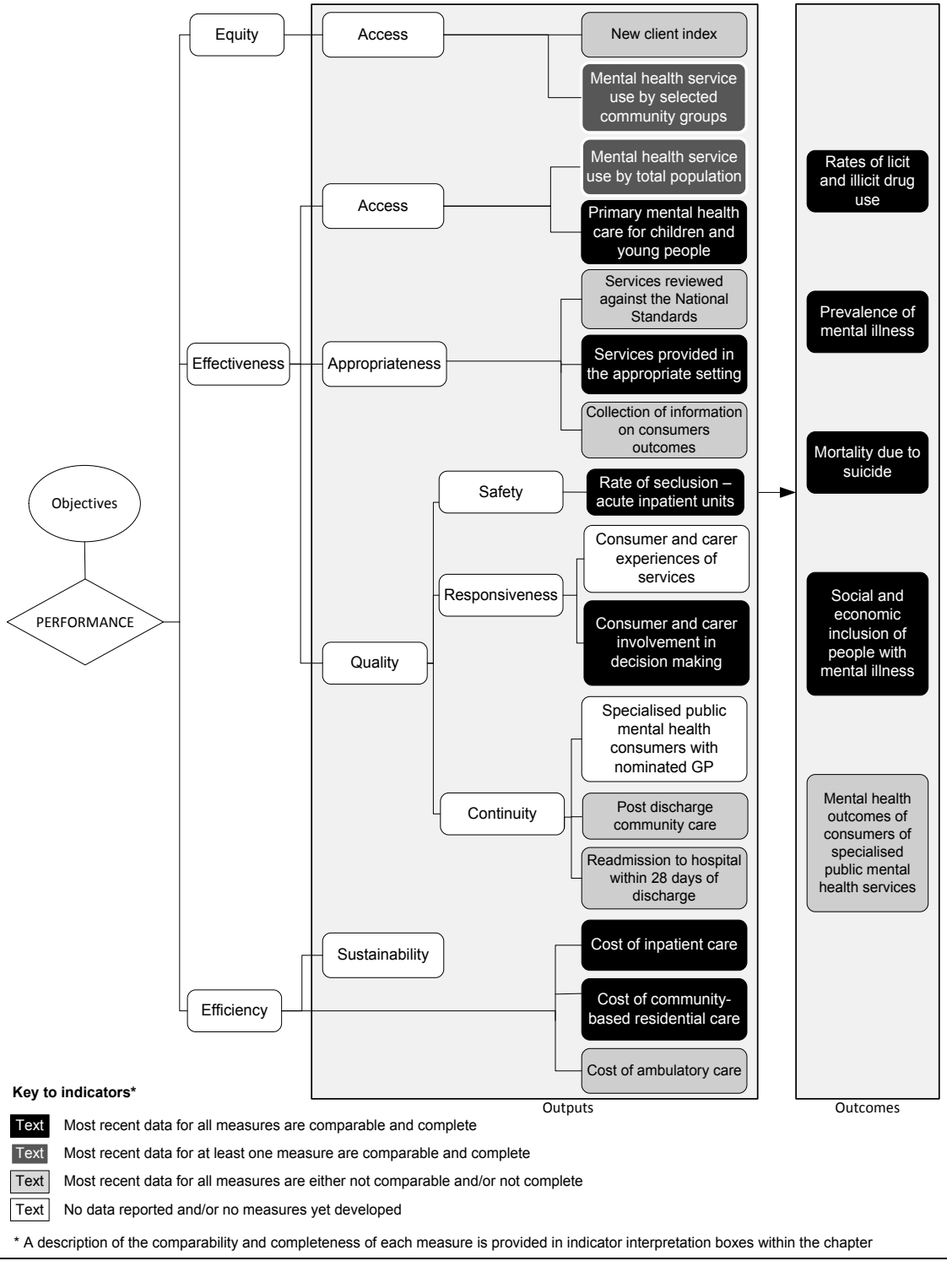
a Caveats for these data are available in Chapter 11 and Attachment 11A. Refer to the indicator interpretation boxes in chapter 11 for information to assist with the interpretation of data presented in this table. **b** Some data are derived from detailed data in Chapter 11 and Attachment 11A. – Nil or rounded to zero. **na** Not available. **np** Not published.

Source: Chapter 11 and Attachment 11A.

Mental health management

The performance indicator framework for mental health management is presented in figure E.23. This framework provides comprehensive information on the equity, effectiveness, efficiency and the outcomes of mental health management.

Figure E.23 **Mental health management performance indicator framework**



* A description of the comparability and completeness of each measure is provided in indicator interpretation boxes within the chapter

An overview of the mental health management performance indicator results are presented in table E.8. Information to assist the interpretation of these data can be found in the indicator interpretation boxes in chapter 12 and the footnotes in attachment 12A.

Table E.8 **Performance indicators for Mental health management**[a]

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Equity — Access indicators									
New client index									
Most recent data for this measure are not directly comparable nor complete (chapter 12)									
Proportion of clients under the care of State or Territory specialised public mental health services who were new clients, 2011-12									
Proportion (%)	39.8	na	45.5	41.6	42.7	21.9	42.2	49.6	41.5
Mental health service use by selected community groups									
Proportion (%) of the Indigenous population using State and Territory mental health services, compared with the proportion for non-Indigenous population, 2011-12									
Most recent data for this measure are comparable (subject to caveats), but not complete (chapter 12)									
Indigenous	5.4	na	4.8	5.4	6.9	1.2	7.9	3.8	na
Non-Indigenous	1.2	na	1.7	1.8	1.7	0.8	1.9	2.3	na
Proportion (%) of the Indigenous population using MBS and DVA funded mental health services, compared with the proportion for non-Indigenous population, 2011-12									
Most recent data for this measure are comparable and complete (chapter 12)									
Indigenous	10.7	12.5	6.7	4.0	8.2	8.4	12.5	1.5	7.4
Non-Indigenous	7.0	7.8	6.7	5.5	7.0	6.2	5.6	3.6	6.9
Source: tables 12A.25–26.									
Effectiveness — Access indicators									
Mental health service use by total population									
Most recent data for this indicator are comparable, but not complete (chapter 12)									
Proportion (%) of the population in a State and Territory using a specialised public mental health service or a MBS-subsidised service, 2011-12									
Specialised public mental health	1.6	na	1.8	2.0	2.1	1.6	2.2	2.7	1.4
MBS and DVA subsidised service	7.3	8.0	7.0	5.5	7.2	6.3	5.7	3.0	7.1
Primary mental health care for children and young people									
Most recent data for this indicator are comparable, but not complete (chapter 12)									
Proportion of young people aged under 25 years who had contact with primary mental health care services subsidised through the MBS, 2012-13									
Proportion (%)	5.3	6.1	5.0	3.9	5.5	5.2	4.6	1.8	5.2
Source: tables 12A.30 and 12A.33.									
Effectiveness — Appropriateness indicators									
Services reviewed against national standards									
Most recent data for this indicator are complete, but not complete (chapter 12)									
Proportion of specialised public mental health services that had completed an external review against national standards and were assessed as meeting 'all Standards' (level 1), June 2012									
Proportion (%)	72.9	63.4	99.7	62.9	41.7	–	100.0	100.0	71.5
Services provided in the appropriate setting									
Most recent data for this measure are comparable and complete (chapter 12)									
Recurrent expenditure on community-based services as a proportion of total expenditure on mental health services, 2011-12									
Proportion (%)	43.5	64.2	56.3	53.4	58.8	56.8	74.4	63.9	54.2

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Table E.9 **(Continued)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Collection of information on consumers outcomes									
Most recent data for this measure are comparable, but not complete (chapter 12)									
Proportion of episodes with completed consumer outcomes measures collected for people in specialised public mental health services — ongoing community care, 2011-12									
Proportion (%)	21.1	na	34.1	29.1	34.8	23.3	7.8	19.7	26.5

Source: tables 12A.34–36.

Effectiveness — Quality — Safety indicators

Rate of seclusion — acute inpatient units

Most recent data for this indicator are comparable and complete (chapter 12)

Number of seclusion events per 1000 patient days in specialised public mental health acute inpatient units, 2012-13									
no.	8.5	10.9	12.7	6.0	9.1	19.7	0.9	15.8	9.6

Source: table 12A.37.

Effectiveness — Quality — Responsiveness indicators

Consumer and carer involvement in decision making

Most recent data for this measure are comparable and complete (chapter 12)

Paid consumer workers (FTE) per 1000 paid direct care, consumer and carer staff (FTE), 2011-12									
no.	3.0	3.2	3.9	0.7	4.0	2.3	–	–	2.9

Source: table 12A.38.

Effectiveness — Quality — Continuity indicators

Community follow up for people within the first 7 days of discharge from hospital

Most recent data for this indicator are not comparable nor complete (chapter 12)

Proportion of overnight separations from psychiatric inpatient acute services with a community mental health service contact recorded in the 7 days following separation, 2011-12									
Proportion (%)	52.4	na	64.4	50.7	50.5	27.4	77.7	44.1	54.6

Readmissions to hospital within 28 days of discharge

Most recent data for this indicator are complete, but not comparable (chapter 12)

Proportion of overnight separations from psychiatric inpatient acute services that were followed by a readmission to a psychiatric inpatient service within 28 days of discharge, 2011-12									
Proportion (%)	15.7	14.3	15.1	13.7	9.3	14.1	12.6	9.8	14.4

Source: tables 12A.39 and 12A.41.

Efficiency indicators

Cost of inpatient care

Most recent data for this indicator are comparable and complete (chapter 12)

Cost per inpatient bed day, 2011-12									
General mental health services (acute units)									
$ per bed day	949	800	859	1 123	865	931	910	1 526	921
Public acute hospital with a psychiatric unit or ward (acute units)									
$ per bed day	944	802	891	1 104	871	1 036	839	1 526	918

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Table E.10 **(Continued)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Average recurrent cost per patient day for community residential services									
Most recent data for this indicator are comparable and complete (chapter 12)									
General adult units — 24-hour staffed units, 2011-12									
$ per patient day	225	488	..	368	484	490	650	308	447
Average cost of ambulatory care									
Most recent data for this indicator are comparable, but not complete (chapter 12)									
Average cost per treatment day of ambulatory care, 2011-12									
$ per episode	245	na	424	431	324	467	249	543	326

Source: tables 12A.43, 12A.45–47.

Outcome indicators

Rates of licit and illicit drug use									
Most recent data for this indicator are comparable and complete (chapter 12)									
Proportion of people aged 14 years or over who used any illicit drug in the preceding 12 months, 2010									
Proportion (%)	11.4	11.0	12.3	15.4	12.7	9.6	11.4	18.8	12.0
Prevalence of mental illness									
Most recent data for this indicator are comparable and complete (chapter 12)									
Proportion of people with a lifetime mental disorders among adults aged 16–85 years, 2007									
Proportion (%)	20.1 ± 2.2	20.7 ± 2.3	19.2 ± 2.6	21.4 ± 4.1	19.1 ± 3.4	14.1 ± 5.4	np	np	20.0 ± 1.1
Mortality due to suicide									
Most recent data for this indicator are comparable and complete (chapter 12)									
Suicide rate per 100 000 people, 2007–2011									
Rate	8.6	9.5	12.7	13.0	12.0	14.1	9.9	20.1	10.6
Social and economic inclusion of people with a mental illness									
Most recent data for this indicator are comparable and complete (chapter 12)									
Proportion of people aged 16–64 years with mental or behavioural problems who are employed, 2011-12									
Proportion (%)	65.2 ± 7.7	59.4 ± 6.4	57.7 ± 6.7	65.0 ± 5.9	61.2 ± 7.2	51.6 ± 8.7	72.5 ± 8.2	63.2 ± 10.3	61.7 ± 3.1
Mental health outcomes of consumers of specialised public mental health services									
Most recent data for this indicator are not comparable nor complete (chapter 12)									
Proportion of people discharged from a State or Territory public hospital psychiatric inpatient unit who had a significant improvement in their clinical mental health outcomes, 2011-12									
Proportion (%)	68.1	na	73.4	72.1	71.3	73.0	np	77.6	70.8

Source: tables 12A.49, 12A.56, 12A.61, 12A.65 and 12A.72.

a Caveats for these data are available in chapter 12 and attachment 12A. Refer to the indicator interpretation boxes in chapter 12 for information to assist with the interpretation of data presented in this table. – Nil or rounded to zero. .. Not applicable. **np** Not published.

E.3 Cross cutting and interface issues

Many determinants affect Australian's health (AIHW 2012). They include the delivery of an efficient, effective and equitable health service, but also factors such as individuals' and communities' social and economic conditions and background.

Major improvements in health outcomes therefore depend on strong partnerships between components of the health system and relationships between the health sector and other government services:

- *Early childhood, education and training services* play an important role in shaping a child's development, which has consequences for overall health and wellbeing in later life (AIHW 2011).

  Good health is critical to a child's educational development. Impaired hearing, malnutrition, poor general health, including poor eyesight, anaemia, skin diseases, and sleep deprivation have been identified as having adverse effects on the educational attainment of Indigenous children (AMA 2001).

- *Justice services* have a critical role in providing a safe and secure society, free from violence. They also enforce laws designed to improve public health such as to prevent road traffic accidents and the use of illicit drugs.

  A person's health can also be a critical factor in a person's interaction with the justice system. Research shows that prisoners have significantly worse health, with generally higher levels of diseases, mental illness and illicit drug use than Australians overall (AIHW 2012).

- *Emergency management services* have an important role in the preparation and response to emergency events providing emergency first aid, protection and shelter. Ambulance services are an integral part of a jurisdiction's health service providing emergency as well as non-emergency patient care and transport.

- *Community services* and health services interact at many levels. People with disability are more likely than others to have poor physical and mental health, and higher rates of risk factors such as smoking and obesity (AIHW 2012). Aged care services can keep people living independently and healthily, without undue call on the health sector. Child protection services act to protect children and ensure their good health (while medical professionals are the source of many child protection notifications).

- *Housing and homelessness services* play an important role in ensuring the health of Australians. Living conditions (particularly poor housing and infrastructure) are a major contributor to health and well being. People with unmet housing needs tend to experience higher death rates, poor health, and are more likely to have serious chronic illnesses (Garner 2006).

E.4 Future directions in performance reporting

This health sector overview will continue to be developed in future reports.

It is anticipated that work undertaken to achieve the COAG aspirations will lead to improvements in performance reporting for the health sector. There are several important national initiatives currently underway. COAG has agreed to the National Health Reform Agreement (COAG 2011). The Agreement includes a commitment to introduce clear and transparent performance reporting against the new Performance and Accountability Framework that will include:

- a subset of the national performance indicators already agreed by COAG through the NHA
- reference to national clinical quality and safety standards developed by the Australian Commission on Safety and Quality in Health Care
- design principles for the new Hospital Performance Reports and Healthy Communities Reports.

Performance reporting will be through the establishment of the National Health Performance Authority. The Authority will:

- provide clear and transparent quarterly public reporting of the performance of every Local Hospital Network, private hospital and Medicare Local
- monitor the performance of Local Hospital Networks, Medicare Locals and hospitals
- develop additional performance indicators as appropriate
- maintain the MyHospitals website.

The COAG Reform Council will continue its role of reviewing the national performance indicators at a State and Territory level. It will report on the performance of the Australian and State and Territory governments in achieving the jurisdictional level outcomes and performance benchmarks included in the NHA.

The Public hospitals, Primary and community health and Mental health management chapters contain a service-specific section on future directions in performance reporting.

E.5 Jurisdictions' comments

This section provides comments from each jurisdiction on the services covered in this sector overview.

New South Wales Government comments

"During 2012-13 significant progress was made on our reform journey.

Partnerships between NSW Health organisations continue to mature, and we can report strong achievements against the targets in NSW 2021- A Plan to Make NSW Number One.

NSW Health performed well against the key performance targets under Goals 11 and 12.

Key achievements in Keeping people healthy and out of hospital (Goal 11) include:

- Enrolled 4446 adults in the Get Healthy Information and Coaching Service
- Commenced the NSW Healthy Children's Initiative 2013–2017 and the Healthy Worker Initiative 2013–2017 to promote healthy weight, healthy eating and physical activity. The rate of overweight and obesity has stabilised for children and adults
- Implemented the NSW Tobacco Strategy 2012–17 to reduce smoking and decrease associated chronic diseases. The rate of smoking has declined since 2002 in both Indigenous and non-Indigenous adults aged 16 years or over
- Amended the Smoke-free Environment Act 2000 to reduce exposure to second hand smoke in a range of public places, with the first major changes taking effect in January 2013 with smoking restricted in outdoor public places which are most commonly visited by families and children
- Launched a range of evidence-based public education programs to reduce smoking and risky drinking, including two programs targeting people whose alcohol consumption poses a lifetime risk to health
- A significant decrease in Aboriginal infant mortality over the last 10 years. The gap between Aboriginal and non-Aboriginal infant mortality has also reduced significantly
- Significant effort has been made to promote the benefits of timely complete immunisation. The rate for children who are fully immunised at one year of age remains high.
- Key achievements in Providing world class clinical services with timely access and effective infrastructure (Goal 12) include:
- Meeting waiting time targets for booked surgery in all categories for the National Elective Surgery Targets (NEST) under the National Health Reform Agreement with the Federal Government
- Meeting or exceeding national performance targets in providing timely care for people presenting to our Emergency Departments in four out of five triage categories."

Victorian Government comments

“In 2012-13, healthcare services in Victoria have been navigating through the challenges of a slower Australian economy, a growing and ageing population, and more complex healthcare needs. National Health Reform has been challenging as new national agencies have become established. Against this backdrop, in partnership with a range of healthcare providers, the Victorian government continues to build and maintain high quality health, mental health and aged care services for Victorians.

Health spending in 2012-13 totalled $13.67 billion, which will increase to $14.34 billion in 2013-14. Increased investment in 2012-13 included $818 million over four years for growth in hospital services, including additional State funding for elective surgery in the context of lapsing Commonwealth funding for these services. A range of initiatives to support the rural maternity workforce and improve maternity service sustainability were also implemented in 2012-13. Investment in the Victorian health system is continuing in 2013-14 with an additional $1.47 billion committed over 4 years for growth in hospital services.

The Victorian Government is also committed to ensuring state-funded mental health services are a more integral and connected part of Victoria’s broader health and human services system, with community-based recovery-oriented treatment and care at the centre of reform. Investment of $1.14 billion was allocated in 2012-13, including additional funding for community-based mental health services, new and redeveloped acute and sub-acute mental health beds, and new specialist services. Funding for mental health services will increase to over $1.2 billion in 2013-14 with new funding for more hospital beds for people with a mental illness, improved access to services for vulnerable Victorians and more support for mental health and alcohol and drug sector workers.

Investment in State-funded primary health care in Victoria in 2012-13 included $61.8 million over four years to improve health outcomes for Aboriginal Victorians, including assistance to increase access to both Aboriginal community-controlled and mainstream health services. Further State funding has been allocated in 2013-14 to improve health outcomes associated with cardiovascular disease and stroke, with improved access initiatives for Victorians living in rural and regional areas.

Victoria’s clinical networks continue to provide leadership and support for collaboration between clinicians. Improved consumer information about the maternity and neonatal service system has also been published, including a statewide parenting kit for Victorian families that develops health literacy and facilitates better health outcomes for children.

The Victorian Government is confident that Victoria’s health system is well placed to address major challenges ahead, continues to perform to a high standard, and is sustainable and responsive to people’s needs.”

Queensland Government comments

“ The 2013-2014 Queensland State budget will see a record $12.3 billion invested in the Queensland healthcare system, an increase of 4.5 per cent on the 2012-2013 estimated actual budget. However, meeting healthcare needs sustainably also requires a continuing commitment to innovation and reform with a focus on measuring outputs and outcomes rather than just inputs.

In 2013-2014, 83.7 per cent of the total Queensland Health budget will be channelled directly to independent Hospital and Health Services (HHS), empowering local management and better responsiveness of healthcare services. The Queensland Government is committed to a robust performance management and reporting framework to hold HHSs accountable for their performance. Open hospital performance reporting allows healthcare consumers to more easily track and compare local health services. Services continue to be delivered within budget — an overall surplus that was recorded by the HHSs in 2012-2013 is being reinvested in additional health services, including extra elective surgery activity to reduce waiting times across the state.

The recently published Blueprint for better healthcare in Queensland outlines structural and cultural improvements that need to occur in coming years to establish Queensland as the leader in Australian healthcare. For instance, it sets a target for the cost of healthcare delivery to equal or better national benchmarks by mid 2014. Improvements have already been achieved since 2009-2010, with further significant improvements expected in 2013-2014.

Significant investment is being made to implement a range of clinical redesign projects. There are many positive indicators of performance with continued reductions in waiting times for emergency department and elective surgery, as well as decreasing average length of stay in our public hospitals. Increased partnerships with the private and not-for-profit sectors in providing innovative, effective and efficient public service delivery models are being explored.

Investment in Queensland’s healthcare infrastructure continued apace in 2013 with the opening of the Gold Coast University Hospital and further progress on the new Queensland Children’s Hospital and the Sunshine Coast Public University Hospital (SCPUH).

Queensland has the most decentralised population of any Australian jurisdiction. The recently announced expansion of the Rural Telehealth Service will help support equity of access to healthcare across the State. Improving Indigenous health toward ‘closing the gap’ is an ongoing priority with several initiatives this year including a new Brisbane-based Centre of Excellence in Indigenous Health.

The Queensland Mental Health Commission was also established from 1 July 2013 to drive and lead cultural change in the way mental health, drug and alcohol services are planned and delivered. Other important developments include the launch of a new Queensland HIV Strategy to reduce infection rates, increased funding to clear cochlear implant waiting lists and the ‘Mums and Bubs’ package of enhanced Maternal and Child Health Services. ”

Western Australian Government comments

“In 2012-13, WA Health continued to provide a high quality service for the Western Australian community, despite increasing demand for its services from the State’s growing population. The solid performance was underpinned by long-term planning, regular and ongoing monitoring and review, innovative reform and a professional workforce. The year began with restructuring public health system governance through appointing five high-level governing councils. In addition, health system efforts were focused through the four pillars of the WA Health Strategic Intent 2010–2015:

- Caring for individuals and the community
  The Western Australian community benefits from effective public health programs, responsive health services and hospitals which meet high standards of safety and quality. The commitment to safety and quality was strengthened in 2012-13 by adopting new national safety and quality service standards. A range of public health initiatives aimed at preventing chronic disease and injury were delivered, including those designed to better protect the community from vaccine-preventable diseases and ongoing initiatives to reduce smoking.
- Caring for those who need it most
  In 2012-13, WA Health hospitals performed strongly against the National Emergency Access Target, with measures implemented to ensure timely access to appropriate care. Community care initiatives were established to enhance services for people with a disability or chronic health condition. New subacute care programs commenced and existing ones were expanded. WA Health has made a significant contribution under the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes, including 98 Aboriginal specific programs delivered in country Western Australia that improved health outcomes for Aboriginal people.
- Making the best use of funds and resources
  Statewide capital programs have progressed well, with several health building projects completed in 2012-13. Construction continued on other major developments including the Fiona Stanley and new children’s hospitals. Of WA Health services, 76 per cent are now funded under the Activity-Based Funding model with an aim to improve efficiency in service delivery. Implementation of an Emergency Telehealth Service in selected rural areas has delivered significant benefits to areas in need.
- Supporting our team
  WA Health has seen more doctors and nurses recruited to meet challenging health workforce demands, particularly in the country areas. Recognised as key to improving the health of Aboriginal people, WA Health also embarked on a range of initiatives to increase the number of Aboriginal people working in the health system.”

South Australian Government comments

“In 2012-13, the Department for Health and Ageing experienced significant reform designed to support the department’s achievement of goals set out in the SA Health Care Plan 2007–16.

Significant legislative reform was achieved during 2012-13. The *Advance Care Directives Bill 2013*, which will simplify existing arrangements for advance care directives, passed both houses of the Parliament of South Australia and is likely to commence mid-2014. The *South Australian Public Health Act 2011* became fully operational, providing the basis for developing a state Public Health Plan and local planning by local councils.

SA Health continued to excel in the provision of Emergency Department and elective surgery services, bettering the national average in a number of key areas of hospital performance. By the end of 2012-13, there were no patients overdue for elective surgery in the South Australian public health system.

The department progressed work on major capital developments during 2012-13 and investment in medical research and innovation continued, with the opening of the $5 million Australian Cancer Research Foundation’s Cancer Genomics Facility at the SA Pathology site. Work on the new Royal Adelaide Hospital site reached several significant milestones and the $163 million Flinders Medical Centre redevelopment was opened. A new $12 million Rehabilitation and Allied Health Building at The Queen Elizabeth Hospital was opened and construction on the final phase of the $17.4 million Modbury Hospital Emergency Department redevelopment began. Young patients with chronic illnesses are now being treated in a new ward at the Women’s and Children’s Hospital, following the opening of the $5.4 million 20-bed Cassia Ward, and SA Ambulance Service launched its first MedSTAR Kids neonatal and paediatric ambulance.

Investment continued in major eHealth initiatives. The largest, the Enterprise Patient Administration System (EPAS), continued to progress during 2012-13. EPAS will provide the foundations for the delivery of an SA Health wide electronic health record and will help improve care by enabling clinicians to spend less time on paperwork and more time with patients at the bedside.

The Northern Community Mental Health Centre was opened, furthering SA Health’s efforts to provide high-quality mental health services. This is the third of six being built across Adelaide as part of a $34 million state government initiative.

Redevelopment works at Country Health SA sites progressed well in 2012-13, including the $39.2 million Port Lincoln and $36 million Riverland hospitals. Redevelopment and upgrade works of the Emergency Departments at Cummins Hospital and the South Coast District Hospital in Victor Harbor were completed.

SA Health’s efforts to reduce the prevalence of smoking continues to deliver good results. Data from the 2012 South Australian Health Omnibus Survey showed that the key target in the South Australian Tobacco Control Strategy 2011–16, to reduce the percentage of young smokers (15 to 29 years) to 16 per cent by 2016, is on track.”

Tasmanian Government comments

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During 2012-13 the Department of Health and Human Services has continued to deliver high quality health services to the population of Tasmania.

This year marked the first year of operation of the three Tasmanian Health Organisations, and the first year in which service agreements were required in accordance with the *Tasmanian Health Organisation Act 2011*.

In 2012-2013, Ambulance Tasmania reduced its statewide median emergency response times despite the number of call-outs increasing by more than 12 per cent, and BreastScreen Tasmania continued to out-perform the national target, with almost 93 per cent of clients assessed within the recommended timeframe.

Another significant milestone was the passing of the new *Mental Health Act 2013* through the Tasmanian Parliament, which comes into effect from 1 January 2014 to ensure there is a human rights approach taken to helping clients suffering from mental illness.

Preventative health remains a core focus and this year the five-yearly *State of Public Health Report* was released, accompanied by the *Health Indicators Tasmania Report*. It shows that the life-expectancy of Tasmanians is improving and self-reported health is generally good. However, Tasmania’s health challenges continue to be towards encouraging Tasmanians to maintain healthy lifestyles and to reduce the prevalence of smoking and chronic disease caused by obesity. Tasmania also has a generally older and more dispersed population than other states, creating particular challenges for our health system.

To meet these and other challenges, the Tasmanian Lead Clinicians Group (TLCG) is leading work to update Tasmania’s Health Plan. They are consulting widely with clinicians and stakeholders to ensure the vision for health services into the future remains flexible and relevant.

The TLCG released *Tasmania’s Health Planning Framework* in August 2013 as the first step in developing a new health plan. Following this, a discussion paper on Clinical Advisory Groups (CAGs) was released seeking feedback on the proposed strategy for implementing the planning framework through the development of CAGs.

Work is currently underway to establish a number of these high level CAGs. Each CAG will provide advice to the TLCG, and lead work in a range of specific areas, including access to and integration of services; quality and safety of care; clinical governance and engagement; efficient resource utilisation; and, statewide service planning.

The TLCG have also identified a number of priority areas for action over the next twelve months as we move forward in building an efficient, safe and sustainable health system for all Tasmanians.

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Australian Capital Territory Government comments

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The ACT Government, through ACT Health, plans, manages and delivers public sector health services to both ACT residents and residents in the NSW surrounding region. The total catchment population (the Australian Capital Region) was 617 071 persons as at June 2012. Canberra is the major health referral centre for the Greater Southern Region of NSW.

As a result of the requirements under the current national health reform agenda, the ACT has established a Local Hospital Network comprising of Canberra Hospital and Health Services, Calvary Hospital, Clare Holland House, and Queen Elizabeth II Family Centre. The network provides a comprehensive range of acute, sub- and non-acute, emergency, non-admitted, and community based health services in the ACT.

In 2012-13, the ACT exceeded its target for the number of people removed from the elective surgery waiting list — the highest on record for the ACT — and continues to reduce the quantum of patients waiting longer than clinically recommended times. The high quality of service that patients receive in ACT public hospitals was reflected in the quality of theatre and post operative care, the effective treatment of people who received hospital healthcare through our hospital and community based services, and the low number of people who acquired a bacteraemial infection during their hospital stay.

The ACT, through the Australian Council on Healthcare Standards, met all accreditation criteria — with 28 marked achievements, 18 extensive achievements, and one outstanding achievement — to retain its full accreditation status for another four years.

The needs of the Canberra community are changing and the ACT Government is embarking on a program of investment in health infrastructure to meet the challenges of a growing and ageing population in the ACT and surrounding region.

The Health Infrastructure Program began with a careful examination of the current health system and a comprehensive review of the future needs of the community. Since the program was first announced in 2008, it has delivered a range of community based projects and many enhancements to services and facilities at our hospitals.

New building projects completed in 2013 include the Belconnen Community Health Centre; the Centenary Hospital for Women and Children; and an extension to the emergency department/intensive care unit at Canberra Hospital, while an expansion and refurbishment of the Tuggeranong Community Health Centre and the Canberra Region Cancer Centre will be completed in 2014. Planning continues on further hospital and community health infrastructures and associated workforce and e-Health services.

The ACT continues to work with the Commonwealth and the health reform bodies on matters relating to the *National Health Reform Agreement*.

”

Northern Territory Government comments

“During 2012-13, Northern Territory Department of Health services provided care in a range of settings, including remote health centres and our five hospitals.

Northern Territory statistics reflect the challenges of geography and a population widely distributed across remote and very remote areas. This contributes to significant socioeconomic disadvantage for some sectors of the population which often results in limited life and health choices and poorer wellbeing. We continue to address these challenges through service delivery approaches that respond to local needs and conditions.

The Northern Territory Government's New Service Framework for Health and Hospital Services (the NSF) was announced in November 2012. The NSF's key objective is to redesign our organisation and health services in order to:

- deliver improved patient and client access to better integrated services
- increase local decision making across our services
- ensure a regional focus and regional input into service provision in communities
- provide a Territory-wide performance and accountability framework
- provide a Territory-wide safety and quality system.

The NSF also implements national health reforms. Operational services will be delivered by two organisations: the Top End and Central Australia Health Services. A more streamlined contemporary Department of Health will be established as the overall health system manager, with responsibility for: planning and managing the Northern Territory public health system; setting Territory-wide policy and frameworks, and monitoring the performance of health services. The Department will also continue to deliver a number of Territory-wide services and provide corporate services for the whole public health system.

Other major initiatives in 2012-13 included:

- improving performance against national targets for Emergency Departments and elective surgery waiting times
- implementing Alcohol Mandatory Treatment (on 1 July 2013)
- enhancing police watch house and prisoner health services
- reviewing the Patient Assistance Travel Scheme (PATS)
- commencing a scoping study for a Palmerston hospital
- opening the New Alice Springs Hospital Emergency Department and Medical Imaging Department
- enhancing cardiac and cardiac outreach services
- commencing secure care services in Alice Springs.”

Australian Government comments

“

Australia’s health system is world class, supporting universal and affordable access to high quality medical, pharmaceutical and hospital services, while helping people to stay healthy through health promotion and disease prevention activities.

Compared to similar countries, Australia has an efficient health system. The most recent Global Burden of Disease Study found that Australia achieves strong health outcomes with lower than average spending on health per capita.

Effective and efficient health policy takes into consideration the effects of an ageing population on demand for health care, increasing risks to the overall health of Australians through poor lifestyle choices and the impact of advancing technology and new drugs. Australia’s health system faces significant challenges from illness, poor health behaviours and health outcome disparities. About one-third of Australia’s burden of disease is due to ‘lifestyle’ health risks such as smoking, obesity, dietary risks, physical inactivity, and alcohol misuse. Significant gains have been made with lower smoking rates across the population. Obesity is being tackled through work to develop dietary guidelines and a front of pack labelling system to provide consumers with the information they need to make healthy eating choices.

Medicare provides all Australians with free treatment as a public patient in public hospitals. Over 80 per cent of general practitioner services are bulk billed at no cost to the patient. Medicare also provides subsidised access to specialists, optometrical services and certain allied health services. The Pharmaceutical Benefits Scheme (PBS) allows Australians to access medications at affordable prices. The PBS subsidises around 750 medicines available in more than 1970 forms.

Australia’s comprehensive immunisation program protects people against harmful diseases. Compared to most other countries, Australia provides a greater range of vaccines free to its citizens. In 2012-13, immunisation coverage for five year olds exceeded 90 per cent.

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E.6 List of attachment tables

Attachment tables are identified in references throughout this appendix by an 'EA' prefix (for example, table EA.1). Attachment tables are available on the Review website (www.pc.gov.au/gsp).

E.7 References

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EA Health sector overview — attachment

Unsourced information was obtained from the Australian, State and Territory governments.

Data in this Report are examined by the Health Working Group, but have not been formally audited by the Secretariat.

Data reported in the attachment tables are the most accurate available at the time of data collection. Historical data may have been updated since the last edition of RoGS.

This file is available in Adobe PDF format on the Review web page (www.pc.gov.au/gsp).

Attachment contents

Attachment contents

Table EA.1 **Total health expenditure, by broad source of funds (2011-12 dollars) (a), (b), (c)**

	Unit	*Australian Government* (d)	*State, Territory and local governments*	*Total government*	*Non -government* (d)	***Total***
Expenditure						
2002-03	$m	38 626	22 075	60 701	27 004	**87 705**
2003-04	$m	39 718	22 238	61 956	28 655	**90 611**
2004-05	$m	42 323	24 155	66 478	30 026	**96 503**
2005-06	$m	42 458	25 966	68 424	30 655	**99 079**
2006-07	$m	44 282	27 937	72 219	32 755	**104 974**
2007-08	$m	48 812	29 247	78 059	34 040	**112 099**
2008-09	$m	53 073	30 498	83 570	36 188	**119 758**
2009-10	$m	54 694	33 041	87 735	37 047	**124 782**
2010-11	$m	56 652	35 279	91 930	40 647	**132 578**
2011-12	$m	59 524	38 290	97 815	42 426	**140 241**
Shares (e)						
2002-03	%	44.0	25.2	69.2	30.8	**100.0**
2003-04	%	43.8	24.5	68.4	31.6	**100.0**
2004-05	%	43.9	25.0	68.9	31.1	**100.0**
2005-06	%	42.9	26.2	69.1	30.9	**100.0**
2006-07	%	42.2	26.6	68.8	31.2	**100.0**
2007-08	%	43.5	26.1	69.6	30.4	**100.0**
2008-09	%	44.3	25.5	69.8	30.2	**100.0**
2009-10	%	43.8	26.5	70.3	29.7	**100.0**
2010-11	%	42.7	26.6	69.3	30.7	**100.0**
2011-12	%	42.4	27.3	69.7	30.3	**100.0**

(a) Constant price health expenditure for 2002-03 to 2011-12 is expressed in terms of 2011-12 prices using Implicit Price Deflators, constructed by AIHW, presented in table EA.7.

(b) Components may not add to totals due to rounding.

(c) Data exclude expenditure on high level residential aged care.

(d) Funding of expenditure has been adjusted for medical expenses tax rebate.

(e) Data are derived.

Source : AIHW 2013, *Health Expenditure Australia 2011-12* , Health and Welfare Expenditure Series no. 50, Cat. no. HWE 59, Canberra.

Table EA.2 Government recurrent health expenditure, by area of expenditure (2011-12 dollars) (a), (b), (c), (d)

	Unit	*Public hospitals* (e)	*Private hospitals*	*Medical services*	*Dental services*	*Other health practitioners* (f)	*Medications*	*Other health* (f), (g)	***Total government recurrent expenditure***
Expenditure									
2002-03	$m	24 134	2 941	12 803	1 047	805	5 348	11 449	**58 526**
2003-04	$m	25 399	2 942	12 898	1 037	853	5 872	11 322	**60 321**
2004-05	$m	26 895	3 075	13 901	1 097	784	6 189	12 281	**64 222**
2005-06	$m	28 051	3 122	13 889	1 107	822	6 242	12 556	**65 789**
2006-07	$m	29 682	3 157	14 435	1 112	961	6 591	13 477	**69 414**
2007-08	$m	31 688	3 420	15 650	1 298	1 212	7 159	15 009	**75 435**
2008-09	$m	33 151	3 502	16 332	1 688	1 323	7 860	16 396	**80 252**
2009-10	$m	34 667	3 835	17 132	1 929	1 462	8 459	16 688	**84 172**
2010-11	$m	36 560	4 019	17 907	2 155	1 512	8 731	16 219	**87 103**
2011-12	$m	38 483	3 958	18 617	2 305	1 555	8 980	17 928	**91 826**
Shares (h)									
2002-03	%	41.2	5.0	21.9	1.8	1.4	9.1	19.6	**100.0**
2003-04	%	42.1	4.9	21.4	1.7	1.4	9.7	18.8	**100.0**
2004-05	%	41.9	4.8	21.6	1.7	1.2	9.6	19.1	**100.0**
2005-06	%	42.6	4.7	21.1	1.7	1.2	9.5	19.1	**100.0**
2006-07	%	42.8	4.5	20.8	1.6	1.4	9.5	19.4	**100.0**
2007-08	%	42.0	4.5	20.7	1.7	1.6	9.5	19.9	**100.0**
2008-09	%	41.3	4.4	20.4	2.1	1.6	9.8	20.4	**100.0**
2009-10	%	41.2	4.6	20.4	2.3	1.7	10.0	19.8	**100.0**
2010-11	%	42.0	4.6	20.6	2.5	1.7	10.0	18.6	**100.0**
2011-12	%	41.9	4.3	20.3	2.5	1.7	9.8	19.5	**100.0**

(a) Constant price health expenditure for 2002-03 to 2011-12 is expressed in terms of 2011-12 prices using Implicit Price Deflators, constructed by AIHW, presented in table EA.7.

(b) Tables show funding provided by the Australian Government, State and Territory governments and local government authorities.

(c) Components may not add to totals due to rounding.

(d) Data exclude expenditure on high level residential aged care.

(e) Public hospitals (2002-03) include any dental services, community health services, patient transport services, public health and health research undertaken by the hospital. Includes services provided off-site, such as hospital in the home, dialysis or other services. Public hospital services (2003-04 to 2011-12) excludes any dental services, community health services, patient transport services, public health and health research undertaken by the hospital. Can include services provided off the hospital site such as hospital in the home, dialysis or other services.

(f) Due to changes in methods, care must be taken comparing 2002-03 and 2003-04.

(g) Other health comprises patient transport services, community health, public health, aids and appliances, other non-institutional health nec., administration and research.

(h) Data are derived.

Source: AIHW (unpublished) Health expenditure database.

Table EA.3 Non-government recurrent health expenditure by area of expenditure (2011-12 dollars) (a), (b), (c), (d), (e)

	Unit	*Public hospitals* (f)	*Private hospitals*	*Medical services*	*Dental services*	*Other health practi-tioners* (g)	*Medica-tions*	*Other health* (g), (h)	***Total non-government recurrent expenditure***
Expenditure									
2002-03	$m	1 804	4 352	3 574	4 708	2 415	4 226	3 597	**24 677**
2003-04	$m	1 651	4 683	3 825	4 807	2 540	4 686	4 014	**26 205**
2004-05	$m	1 985	4 815	3 698	5 033	2 698	5 222	4 120	**27 571**
2005-06	$m	2 083	4 859	3 738	5 025	2 780	5 452	4 228	**28 165**
2006-07	$m	2 270	5 053	4 053	5 194	2 845	6 041	4 381	**29 837**
2007-08	$m	2 453	5 198	4 372	5 175	2 714	6 530	4 560	**31 001**
2008-09	$m	2 872	6 407	4 589	5 364	2 506	7 349	4 764	**33 851**
2009-10	$m	2 937	6 597	4 772	5 846	2 612	7 799	4 966	**35 529**
2010-11	$m	3 350	7 003	5 012	5 723	2 810	9 711	5 224	**38 834**
2011-12	$m	3 552	7 517	5 283	6 031	2 916	9 860	5 401	**40 560**
Shares (i)									
2002-03	%	7.3	17.6	14.5	19.1	9.8	17.1	14.6	**100.0**
2003-04	%	6.3	17.9	14.6	18.3	9.7	17.9	15.3	**100.0**
2004-05	%	7.2	17.5	13.4	18.3	9.8	18.9	14.9	**100.0**
2005-06	%	7.4	17.3	13.3	17.8	9.9	19.4	15.0	**100.0**
2006-07	%	7.6	16.9	13.6	17.4	9.5	20.2	14.7	**100.0**
2007-08	%	7.9	16.8	14.1	16.7	8.8	21.1	14.7	**100.0**
2008-09	%	8.5	18.9	13.6	15.8	7.4	21.7	14.1	**100.0**
2009-10	%	8.3	18.6	13.4	16.5	7.4	22.0	14.0	**100.0**
2010-11	%	8.6	18.0	12.9	14.7	7.2	25.0	13.5	**100.0**
2011-12	%	8.8	18.5	13.0	14.9	7.2	24.3	13.3	**100.0**

(a) Total health funding has not been adjusted to include medical expenses tax rebate as funding by the Australian Government.

(b) Constant price health expenditure for 2002-03 to 2011-12 is expressed in terms of 2011-12 prices using Implicit Price Deflators, constructed by AIHW, presented in table EA.7.

(c) Tables show funding by the major non-government sources of funding for health care.

(d) Data exclude expenditure on high level residential aged care.

(e) Components may not add to totals due to rounding.

(f) Public hospitals (2002-03) include any dental services, community health services, patient transport services, public health and health research undertaken by the hospital. Includes services provided off-site, such as hospital in the home, dialysis or other services. Public hospital services (2003-04 to 2011-12) excludes any dental services, community health services, patient transport services, public health and health research undertaken by the hospital. Can include services provided off the hospital site such as hospital in the home, dialysis or other services.

(g) Due to changes in methods, care must be taken comparing 2002-03 and 2003-04.

(h) Other health comprises patient transport services, community health, public health, aids and appliances, other non-institutional health nec., administration and research.

(i) Data are derived.

Source: AIHW (unpublished) Health expenditure database.

Table EA.4 **Recurrent health expenditure, by source of funds and area of expenditure, 2011-12 (a), (b), (c), (d)**

		Government					*Non-government*				*Total*
		Australian Government									
Area of expenditure	*Unit*	*Direct expenditure*	*Health insurance premium rebates* (e)	*Total*	*State, Territory and local*	*Total government*	*Private health insurance funds*	*Individuals*	*Other* (f)	*Total non-government*	
Expenditure											
Hospitals	$m	16 906	2 630	19 536	22 905	42 441	6 287	2 450	2 331	11 068	53 509
Public hospital services (g)	$m	15 736	337	16 072	22 411	38 483	805	1 117	1 630	3 552	42 034
Private hospitals	$m	1 171	2 293	3 464	494	3 958	5 483	1 334	701	7 517	11 475
Patient transport services	$m	206	75	281	2 084	2 365	179	351	96	626	2 991
Medical services	$m	18 115	502	18 617	–	18 617	1 200	2 955	1 128	5 283	23 900
Dental services	$m	1 060	528	1 587	718	2 305	1 261	4 736	34	6 031	8 336
State/territory provider	$m	..	–	–	718	718	–	20	22	42	760
Private provider	$m	1 060	528	1 587	–	1 587	1 261	4 716	12	5 989	7 576
Other health practitioners	$m	1 297	250	1 547	8	1 555	599	1 928	390	2 916	4 472
Community health and other (h)	$m	1 122	–	1 122	5 703	6 825	1	115	149	265	7 090
Public health	$m	1 503	–	1 503	663	2 166	–	20	47	66	2 232
Medications	$m	8 959	21	8 980	–	8 980	50	9 733	78	9 860	18 839
Benefit-paid medications	$m	8 430	–	8 430	–	8 430	–	1 665	–	1 665	10 096
All other medications	$m	528	21	549	–	549	50	8 067	78	8 195	8 744
Aids and appliances	$m	427	204	631	–	631	488	2 503	65	3 056	3 687
Administration	$m	528	460	988	300	1 288	1 100	–	2	1 102	2 390
Research	$m	3 856	–	3 855	798	4 653	–	5	281	286	4 939
Total recurrent	**$m**	**53 976**	**4 671**	**58 647**	**33 179**	**91 826**	**11 165**	**24 795**	**4 599**	**40 560**	**132 386**

Table EA.4 **Recurrent health expenditure, by source of funds and area of expenditure, 2011-12 (a), (b), (c), (d)**

		Government					*Non-government*				*Total*
		Australian Government									
Area of expenditure	*Unit*	*Direct expenditure*	*Health insurance premium rebates* (e)	*Total*	*State, Territory and local*	*Total government*	*Private health insurance funds*	*Individuals*	*Other* (f)	*Total non-government*	
Shares (i)											
Hospitals	%	31.6	4.9	36.5	42.8	79.3	11.7	4.6	4.4	20.7	100.0
Public hospital services	%	37.4	0.8	38.2	53.3	91.6	1.9	2.7	3.9	8.5	100.0
Private hospitals	%	10.2	20.0	30.2	4.3	34.5	47.8	11.6	6.1	65.5	100.0
Patient transport services	%	6.9	2.5	9.4	69.7	79.1	6.0	11.7	3.2	20.9	100.0
Medical services	%	75.8	2.1	77.9	–	77.9	5.0	12.4	4.7	22.1	100.0
Dental services	%	12.7	6.3	19.0	8.6	27.7	15.1	56.8	0.4	72.3	100.0
State/territory provider	%	..	–	–	94.5	94.5	–	2.6	2.9	5.5	100.0
Private provider	%	14.0	7.0	20.9	–	20.9	16.6	62.2	0.2	79.1	100.0
Other health practitioners	%	29.0	5.6	34.6	0.2	34.8	13.4	43.1	8.7	65.2	100.0
Community health and other	%	15.8	–	15.8	80.4	96.3	–	1.6	2.1	3.7	100.0
Public health	%	67.3	–	67.3	29.7	97.0	–	0.9	2.1	3.0	100.0
Medications	%	47.6	0.1	47.7	–	47.7	0.3	51.7	0.4	52.3	100.0
Benefit-paid medications	%	83.5	–	83.5	–	83.5	–	16.5	–	16.5	100.0
All other medications	%	6.0	0.2	6.3	–	6.3	0.6	92.3	0.9	93.7	100.0
Aids and appliances	%	11.6	5.5	17.1	–	17.1	13.2	67.9	1.8	82.9	100.0
Administration	%	22.1	19.2	41.3	12.6	53.9	46.0	–	0.1	46.1	100.0
Research	%	78.1	–	78.1	16.2	94.2	–	0.1	5.7	5.8	100.0
Total recurrent	**%**	**40.8**	**3.5**	**44.3**	**25.1**	**69.4**	**8.4**	**18.7**	**3.5**	**30.6**	**100.0**

(a) Total health funding has not been adjusted to include medical expenses tax rebate as funding by the Australian Government.

(b) Tables show funding provided by the Australian Government, State and Territory governments and local government authorities and by the major non-government sources of funding for health care. They do not show total expenditure on health goods and services.

Table EA.4 **Recurrent health expenditure, by source of funds and area of expenditure, 2011-12 (a), (b), (c), (d)**

		Government					*Non-government*				*Total*
		Australian Government									
Area of expenditure	*Unit*	*Direct expenditure*	*Health insurance premium rebates* (e)	*Total*	*State, Territory and local*	*Total government*	*Private health insurance funds*	*Individuals*	*Other* (f)	*Total non-government*	

(c) Data exclude expenditure on high level residential aged care.

(d) Components may not add to totals due to rounding.

(e) Includes the 30-40 per cent rebate on health insurance premiums that can be claimed either directly from the Australian Government through the taxation system or it may involve a reduced premium being charged by the private health insurance fund.

(f) Expenditure on health goods and services by workers compensation and compulsory third-party motor vehicle insurers, as well as other sources of income (for example, rent, interest earned) for service providers.

(g) Public hospital services exclude certain services undertaken in hospitals. Can include services provided off-site, such as hospital in the home, dialysis or other services.

(h) 'Other' denotes 'other recurrent health services nec'.

(i) Data are derived.

.. Not applicable. – Nil or rounded to zero.

Source: AIHW 2013, *Health Expenditure Australia 2011-12* , Health and Welfare Expenditure Series no. 50. Cat. no. HWE 59, Canberra.

Table EA.5 **Total health expenditure per person (2011-12 dollars) (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (c)	*NT*	*Aust*
2002-03	4 364	4 713	4 327	4 437	4 421	4 244	5 206	5 169	4 474
2003-04	4 573	4 516	4 487	4 637	4 644	4 227	5 460	5 561	4 571
2004-05	4 842	4 739	4 582	5 001	5 053	4 458	5 801	5 818	4 815
2005-06	4 834	4 843	4 745	5 019	4 978	4 781	5 887	6 241	4 879
2006-07	5 017	5 012	5 126	5 214	5 140	4 788	5 945	6 326	5 090
2007-08	5 259	5 080	5 455	5 473	5 709	5 156	6 012	6 795	5 335
2008-09	5 473	5 363	5 714	5 624	6 018	5 345	6 259	7 165	5 577
2009-10	5 609	5 572	5 895	5 581	6 015	5 411	6 416	7 052	5 708
2010-11	5 769	5 902	6 103	6 056	6 246	6 036	6 927	7 818	5 980
2011-12	5 967	6 099	6 422	6 331	6 497	6 200	7 390	9 188	6 230

(a) Constant price health expenditure for 2002-03 to 2011-12 is expressed in terms of 2011-12 prices using Implicit Price Deflators, constructed by AIHW, presented in table EA.7.

(b) Data exclude expenditure on high level residential aged care.

(c) ACT per person figures are not calculated, as the expenditure numbers for the ACT include substantial expenditures for NSW residents. Thus the ACT population is not the appropriate denominator.

np Not published.

Source: AIHW (unpublished) Health expenditure database.

Table EA.6 Recurrent health expenditure per person by source of funds (2011-12 dollars) (a), (b), (c)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (d)	*NT*	*Aust*
Government recurrent health expenditure									
2002-03	2 925	2 969	2 952	2 988	3 110	2 882	np	4 106	2 985
2003-04	3 070	2 882	2 959	3 140	3 224	2 877	np	4 489	3 042
2004-05	3 290	2 987	3 054	3 288	3 499	3 011	np	4 675	3 204
2005-06	3 277	3 029	3 201	3 225	3 517	3 125	np	4 883	3 239
2006-07	3 366	3 110	3 403	3 399	3 663	3 272	np	5 066	3 365
2007-08	3 534	3 350	3 654	3 590	3 974	3 679	np	5 562	3 589
2008-09	3 677	3 489	3 827	3 627	4 223	3 786	np	5 892	3 737
2009-10	3 779	3 640	3 986	3 605	4 352	3 952	np	5 698	3 849
2010-11	3 816	3 737	4 012	3 775	4 434	4 133	np	6 348	3 928
2011-12	3 958	3 809	4 204	3 990	4 609	4 047	np	7 283	4 079
Non-government recurrent health expenditure									
2002-03	1 261	1 410	1 123	1 267	1 143	1 178	np	897	1 259
2003-04	1 332	1 469	1 168	1 332	1 242	1 174	np	904	1 322
2004-05	1 384	1 530	1 233	1 394	1 260	1 170	np	941	1 375
2005-06	1 361	1 552	1 269	1 428	1 294	1 214	np	1 046	1 387
2006-07	1 432	1 621	1 346	1 477	1 260	1 261	np	1 053	1 446
2007-08	1 471	1 580	1 380	1 589	1 349	1 332	np	1 108	1 475
2008-09	1 567	1 705	1 482	1 684	1 430	1 448	np	1 142	1 576
2009-10	1 626	1 801	1 521	1 682	1 455	1 331	np	1 086	1 625
2010-11	1 709	1 954	1 641	1 846	1 614	1 544	np	1 153	1 751
2011-12	1 753	2 040	1 713	1 768	1 647	1 776	np	1 218	1 802
Total recurrent health expenditure									
2002-03	4 185	4 380	4 075	4 256	4 253	4 061	np	5 005	4 244
2003-04	4 402	4 350	4 126	4 472	4 467	4 050	np	5 391	4 364
2004-05	4 674	4 517	4 287	4 683	4 760	4 181	np	5 618	4 579
2005-06	4 638	4 581	4 469	4 653	4 810	4 340	np	5 928	4 626
2006-07	4 798	4 731	4 749	4 875	4 923	4 533	np	6 118	4 811
2007-08	5 005	4 930	5 033	5 179	5 323	5 012	np	6 668	5 065
2008-09	5 244	5 193	5 309	5 311	5 653	5 233	np	7 036	5 313
2009-10	5 405	5 441	5 507	5 287	5 807	5 283	np	6 785	5 474
2010-11	5 525	5 691	5 652	5 621	6 048	5 678	np	7 500	5 680
2011-12	5 711	5 849	5 916	5 757	6 256	5 822	np	8 502	5 881

(a) Tables show funding provided by the Australian Government, State and Territory governments and local government authorities and by the major non-government sources of funding for health goods and services. They do not show total expenditure on health services by the different service provider sectors.

(b) Constant price health expenditure for 2002-03 to 2011-12 is expressed in terms of 2011-12 prices using Implicit Price Deflators, constructed by AIHW, presented in table EA.7.

(c) Data exclude expenditure on high level residential aged care.

(d) ACT per person figures are not calculated, as the expenditure numbers for the ACT include substantial expenditure for NSW residents. Thus the ACT population is not the appropriate denominator.

np Not published.

Source: AIHW (unpublished) Health expenditure database.

Table EA.7 **Total health price index**

	2002–03	*2003–04*	*2004–05*	*2005–06*	*2006–07*	*2007–08*	*2008–09*	*2009–10*	*2010–11*	*2011–12*
Total health price index(a)	78.4	81.1	84.0	87.5	90.4	92.4	94.9	97.3	98.3	100.0
Government final consumption expenditure on hospitals and nursing homes	75.5	78.2	80.3	84.0	87.3	89.9	92.9	96.4	97.7	100.0
Medicare medical services fees charged(b)	73.3	77.2	83.2	87.9	90.6	93.1	94.5	96.8	98.4	100.0
Dental services(a)	75.0	79.8	83.0	87.6	91.2	94.3	96.7	99.1	100.0	100.0
Other health practitioners(a)	76.4	78.2	80.5	84.3	86.0	85.9	89.5	91.9	94.8	100.0
Professional health workers wage rates	70.7	74.0	76.7	80.2	83.8	86.9	90.2	93.8	97.2	100.0
PBS pharmaceuticals(a)	98.3	98.4	98.5	98.6	98.8	99.0	99.5	99.7	100.0	100.0
HFCE on chemist goods	98.2	96.8	97.8	99.1	101.5	102.0	100.6	101.0	99.9	100.0
Aids and appliances(a)	97.6	104.4	107.1	110.0	112.3	115.5	113.5	108.0	101.9	100.0
Australian Government gross fixed capital formation	95.6	94.0	95.7	96.5	98.1	98.0	100.2	99.5	99.9	100.0
State, territory and local government gross fixed capital formation	85.6	86.3	88.6	91.3	94.4	96.6	100.5	98.4	98.9	100.0
Private gross fixed capital formation	87.6	89.2	91.9	93.9	96.5	98.5	100.9	100.2	100.5	100.0
Gross domestic product	71.2	73.4	76.2	79.9	83.8	87.6	92.0	92.8	98.4	100.0

(a) Implicit Price Deflator, constructed by AIHW

(b) Chain price index, constructed by the AIHW

Source : AIHW 2013, *Health Expenditure Australia 2011-12* , Health and Welfare Expenditure Series no. 50. Cat. no. HWE 59, Canberra.

Table EA.8 **Birthweights, live births, all mothers, 2011 (a)**

	Unit	*NSW*	*Vic* (b)	*Qld*	*WA*	*SA*	*Tas*	*ACT* (c)	*NT*	*Aust*
Mean birthweight										
	grams	3 372	3 371	3 377	3 355	3 340	3 381	3 343	3 275	3 367
Number of babies by birthweight										
Less than 1000g	no.	400	370	305	125	104	29	35	26	1 394
1000–1499g	no.	503	392	381	165	106	51	48	40	1 686
1500–1999g	no.	1 059	919	825	363	267	98	115	75	3 721
2000–2499g	no.	3 648	2 927	2 459	1 279	924	300	259	232	12 028
2500–2999g	no.	14 727	11 188	9 202	5 115	3 308	889	844	709	45 982
3000–3499g	no.	35 311	26 159	21 642	11 728	7 253	2 120	1 950	1 376	107 539
3500–3999g	no.	29 896	22 377	19 293	9 749	6 015	1 974	1 744	1 017	92 065
4000–4499g	no.	9 509	7 470	6 545	3 015	1 926	684	560	363	30 072
4500g and over	no.	1 565	1 381	1 110	396	289	144	103	61	5 049
Not stated	no.	46	–	4	–	2	–	–	–	52
All births	**no.**	**96 664**	**73 183**	**61 766**	**31 935**	**20 194**	**6 289**	**5 658**	**3 899**	**299 588**
Less than 1500g	*no.*	903	762	686	290	210	80	83	66	3 080
Less than 2500g	*no.*	5 610	4 608	3 970	1 932	1 401	478	457	373	18 829
Proportion of babies by birthweight										
Less than 1000g	%	0.4	0.5	0.5	0.4	0.5	0.5	0.6	0.7	0.5
1000–1499g	%	0.5	0.5	0.6	0.5	0.5	0.8	0.8	1.0	0.6
1500–1999g	%	1.1	1.3	1.3	1.1	1.3	1.6	2.0	1.9	1.2
2000–2499g	%	3.8	4.0	4.0	4.0	4.6	4.8	4.6	6.0	4.0
2500–2999g	%	15.2	15.3	14.9	16.0	16.4	14.1	14.9	18.2	15.3
3000–3499g	%	36.5	35.7	35.0	36.7	35.9	33.7	34.5	35.3	35.9
3500–3999g	%	30.9	30.6	31.2	30.5	29.8	31.4	30.8	26.1	30.7
4000–4499g	%	9.8	10.2	10.6	9.4	9.5	10.9	9.9	9.3	10.0
4500g and over	%	1.6	1.9	1.8	1.2	1.4	2.3	1.8	1.6	1.7
Not stated	%	–	–	–	–	–		–	–	–
All births	**%**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Less than 1500g (c	*%*	0.9	1.0	1.1	0.9	1.0	1.3	1.5	1.7	1.0
Less than 2500g (c	*%*	5.8	6.3	6.4	6.0	6.9	7.6	8.1	9.6	6.3

(a) This table cannot be compared with birthweight for all births in previous reports.

(b) Data for Victoria are provisional data.

(c) Non-ACT residents made up 14.6 per cent of women who gave birth in the ACT. Care must be taken when interpreting percentages. For example, the percentage of live births of ACT residents who gave birth in the ACT where the birthweight was less than 1,500 grams was 1.0 per cent and where the birthweight was less than 2,500 grams the percentage was 6.5 per cent.

– Nil or rounded to zero.

Source: Li Z, Zeki R, Hilder L & Sullivan EA 2013. *Australia's mothers and babies 2011*. Perinatal statistics series no. 28. Cat. no. PER 58. Sydney: AIHW National Perinatal Epidemiology and Statistics Unit.

Table EA.9 **Birthweights, live births, Indigenous mothers, 2011 (a)**

	Unit	*NSW*	*Vic* (b)	*Qld*	*WA*	*SA*	*Tas*	*ACT* (c)	*NT*	*Aust*
Mean birthweight	grams	3 229	3 246	3 215	3 144	3 116	3 206	2 929	3 089	3 187
Number of babies by birthweight										
Less than 1500g	no.	36	np	74	30	26	np	np	37	237
1500–2499g	no.	310	100	336	187	79	np	np	184	1 245
2500–2999g	no.	611	166	764	420	160	54	18	357	2 550
3000–3499g	no.	973	294	1 251	540	216	98	26	489	3 887
3500–3999g	no.	764	249	881	368	157	84	23	233	2 759
4000–4499g	no.	240	85	300	105	45	18	8	91	892
4500g and over	no.	46	np	51	17	10	<5	–	25	166
Not stated	no.	1	–	–	–	–	–	–	–	1
All births	**no.**	2 981	924	3 657	1 667	693	np	np	1 416	11 737
Less than 2500g	*no.*	346	116	410	217	105	39	28	221	1 482
Proportion of babies by birthweight										
Less than 1500g	%	1.2	np	2.0	1.8	3.8	np	np	2.6	2.0
1500–2499g	%	10.4	10.8	9.2	11.2	11.4	np	np	13.0	10.6
2500–2999g	%	20.5	18.0	20.9	25.2	23.1	18.2	17.5	25.2	21.7
3000–3499g	%	32.6	31.8	34.2	32.4	31.2	33.1	25.2	34.5	33.1
3500–3999g	%	25.6	26.9	24.1	22.1	22.7	28.4	22.3	16.5	23.5
4000–4499g	%	8.1	9.2	8.2	6.3	6.5	6.1	7.8	6.4	7.6
4500g and over	%	1.5	np	1.4	1.0	1.4	np	–	1.8	1.4
Not stated	%	–	–	–	–	–	–	–	–	–
All births	**%**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Less than 2500g	*%*	11.6	12.6	11.2	13.0	15.2	13.2	27.2	15.6	12.6

(a) This table cannot be compared with birthweight for all births to Indigenous mothers in previous reports.

(b) Data for Victoria are provisional data.

(c) Of Indigenous women who gave birth in the ACT, 28.2 per cent were non-ACT residents. Care must be taken when interpreting percentages. For example, the percentage of liveborn babies born in the ACT to ACT resident Indigenous women in 2011 where the birthweight was less than 2500 grams was 16.4 per cent.

– Nil or rounded to zero. **np** Not published.

Source: Li Z, Zeki R, Hilder L & Sullivan EA 2013. *Australia's mothers and babies 2011*. Perinatal statistics series no. 28. Cat. no. PER 58. Sydney: AIHW National Perinatal Epidemiology and Statistics Unit.

Table EA.10 **Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic* (f)	*Qld*	*WA*	*SA*	*Tas* (g)	*ACT* (g)	*NT*	*Aust*
2007										
Proportion low birthweight babies born to										
Indigenous mothers	%	10.3	10.6	10.0	14.4	13.8	np	np	12.3	11.2
Non-Indigenous mothers	%	4.3	4.7	4.3	4.4	4.7	np	np	4.1	4.5
Total (h)	**%**	**4.5**	**4.7**	**4.7**	**5.0**	**4.9**	**5.3**	**4.5**	**7.3**	**4.7**
Number of low birthweight babies born to										
Indigenous mothers	no.	298	65	308	249	81	np	np	169	1 186
Non-Indigenous mothers	no.	3 888	3 147	2 391	1 214	861	np	np	89	12 100
Total (h)	**no.**	**4 212**	**3 215**	**2 702**	**1 463**	**942**	**326**	**201**	**258**	**13 319**
Variability bands for rate										
Indigenous mothers	no.	1.1	2.4	1.1	1.7	2.8	np	np	1.7	0.6
Non-Indigenous mothers	no.	0.1	0.2	0.2	0.2	0.3	np	np	0.8	0.1
Total (h)	**no.**	**0.1**	**0.2**	**0.2**	**0.3**	**0.3**	**0.6**	**0.6**	**0.9**	**0.1**
2008										
Proportion low birthweight babies born to										
Indigenous mothers	%	10.4	13.1	8.9	14.0	12.4	9.2	10.0	13.7	11.2
Non-Indigenous mothers	%	4.3	4.5	4.4	4.3	4.6	5.0	3.7	4.1	4.4
Total (h)	**%**	**4.5**	**4.6**	**4.6**	**4.9**	**4.8**	**5.2**	**3.8**	**7.6**	**4.7**
Number of low birthweight babies born to										
Indigenous mothers	no.	314	85	294	233	75	26	7	184	1 218
Non-Indigenous mothers	no.	3 947	3 067	2 445	1 213	849	298	166	98	12 083
Total (h)	**no.**	**4 280**	**3 155**	**2 742**	**1 446**	**924**	**324**	**174**	**282**	**13 327**
Variability bands for rate										
Indigenous mothers	no.	1.1	2.6	1.0	1.7	2.6	3.4	7.0	1.8	0.6
Non-Indigenous mothers	no.	0.1	0.2	0.2	0.2	0.3	0.6	0.5	0.8	0.1
Total (h)	**no.**	**0.1**	**0.2**	**0.2**	**0.2**	**0.3**	**0.6**	**0.5**	**0.8**	**0.1**
2009										
Proportion low birthweight babies born to										
Indigenous mothers	%	10.0	12.2	9.8	13.0	10.4	8.3	13.9	12.5	10.9
Non-Indigenous mothers	%	4.2	4.6	4.7	4.3	5.0	5.0	3.7	5.0	4.5
Total (h)	**%**	**4.4**	**4.7**	**4.9**	**4.8**	**5.1**	**5.1**	**3.8**	**7.7**	**4.7**
Number of low birthweight babies born to										
Indigenous mothers	no.	294	91	320	223	63	23	11	174	1 199
Non-Indigenous mothers	no.	3 813	3 076	2 637	1 221	921	290	172	117	12 247
Total (h)	**no.**	**4 124**	**3 231**	**2 961**	**1 444**	**984**	**313**	**184**	**291**	**13 532**
Variability bands for rate										
Indigenous mothers	no.	1.1	2.4	1.0	1.6	2.4	3.3	7.6	1.7	0.6
Non-Indigenous mothers	no.	0.1	0.2	0.2	0.2	0.3	0.6	0.5	0.9	0.1
Total (h)	**no.**	**0.1**	**0.2**	**0.2**	**0.2**	**0.3**	**0.6**	**0.5**	**0.9**	**0.1**

Table EA.10 **Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic* (f)	*Qld*	*WA*	*SA*	*Tas* (g)	*ACT* (g)	*NT*	*Aust*
2010										
Proportion low birthweight babies born to										
Indigenous mothers	%	10.0	10.0	10.1	12.3	12.7	6.6	12.7	12.4	10.7
Non-Indigenous mothers	%	4.2	4.8	4.6	4.3	4.8	5.5	4.3	4.4	4.5
Total (h)	**%**	**4.4**	**4.8**	**4.9**	**4.7**	**5.0**	**5.5**	**4.4**	**7.3**	**4.8**
Number of low birthweight babies born to										
Indigenous mothers	no.	312	78	344	204	81	15	8	163	1 205
Non-Indigenous mothers	no.	3 841	3 255	2 585	1 227	881	309	205	104	12 407
Total (h)	**no.**	**4 172**	**3 359**	**2 929**	**1 431**	**962**	**326**	**213**	**271**	**13 663**
Variability bands for rate										
Indigenous mothers	no.	1.0	2.1	1.0	1.6	2.6	3.2	8.2	1.8	0.6
Non-Indigenous mothers	no.	0.1	0.2	0.2	0.2	0.3	0.6	0.6	0.8	0.1
Total (h)	**no.**	**0.1**	**0.2**	**0.2**	**0.2**	**0.3**	**0.6**	**0.6**	**0.8**	**0.1**
2011										
Proportion low birthweight babies born to										
Indigenous mothers	%	10.7	10.9	10.0	11.9	11.5	10.8	13.5	14.5	11.2
Non-Indigenous mothers	%	4.4	4.7	4.4	4.3	5.2	5.8	4.6	4.8	4.6
Total (h)	**%**	**4.6**	**4.8**	**4.7**	**4.7**	**5.5**	**6.0**	**4.8**	**8.2**	**4.8**
Number of low birthweight babies born to										
Indigenous mothers	no.	322	89	354	198	78	31	10	193	1 275
Non-Indigenous mothers	no.	4 038	3 212	2 492	1 266	989	328	216	116	12 657
Total (h)	**no.**	**4 379**	**3 322**	**2 849**	**1 464**	**1 067**	**368**	**227**	**309**	**13 985**
Variability bands for rate										
Indigenous mothers	no.	1.1	2.1	1.0	1.6	2.4	3.6	7.8	1.9	0.6
Non-Indigenous mothers	no.	0.1	0.2	0.2	0.2	0.3	0.6	0.6	0.8	0.1
Total (h)	**no.**	**0.1**	**0.2**	**0.2**	**0.2**	**0.3**	**0.6**	**0.6**	**0.9**	**0.1**

Low birthweight is defined as less than 2500 grams.

(a) Data are sourced from the 2012-13 National Indigenous Reform Agreement Performance Report.

(b) Data do not include babies born to non-Indigenous mothers and Indigenous fathers. Therefore, the number of babies born to Indigenous mothers is not necessarily the total number of Indigenous babies born.

(c) Disaggregation by State/Territory are by place of usual residence of the mother.

(d) Data excludes Australian non-residents, residents of external territories and where State/Territory of residence was not stated.

(e) Data relate to live births. Excludes stillbirths and multiple births. Births were included if they were at least 20 weeks gestation or at least 400 grams birthweight.

(f) Data for Victoria are provisional and subject to vary with data quality activities. Further minor changes to the data are not forseen to produce any detectable change to the indicator.

(g) Birthweight data on babies born to Indigenous mothers residing in the ACT and Tasmania should be viewed with caution as they are based on small numbers of births.

(h) Includes births to mothers whose Indigenous status was not stated.

Source : AIHW unpublished, National Perinatal Data Collection.

Table EA.11 Proportion of live-born singleton babies of low birthweight, by remoteness and SEIFA quintiles, and SEIFA deciles, National, 2011 (a), (b), (c)

	Aust %	*Variability band ±*	*Aust no.*
Remoteness of residence (d)			
Major cities	4.6	0.1	9 457
Inner regional	5.0	0.2	2 475
Outer regional	5.3	0.3	1 367
Remote	6.1	0.7	298
Very remote	9.3	1.0	308
SEIFA of residence (e)			
Decile 1	6.2	0.3	2 102
Decile 2	5.6	0.3	1 619
Decile 3	5.3	0.3	1 559
Decile 4	4.8	0.2	1 415
Decile 5	4.9	0.2	1 407
Decile 6	4.4	0.2	1 329
Decile 7	4.3	0.2	1 220
Decile 8	4.6	0.2	1 286
Decile 9	4.1	0.2	1 081
Decile 10	3.6	0.2	887
Total (g)	4.8	0.1	**13 985**

(a) Low birthweight is defined as less than 2500 grams.

(b) Excludes multiple births, stillbirths and births with unknown birthweight. Births were included if they were at least 20 weeks gestation or if gestation was not known at least 400 grams birthweight.

(c) Data excludes Australian non-residents, residents of external territories and where State/Territory of residence was not stated.

(d) Disaggregation by remoteness area is by place of usual residence of the mother, not by place of birth.

(e) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Disaggregation by SEIFA is based on the place of usual residence of the mother, not by place of birth.

(g) Total includes number of babies for which remoteness areas and/or SEIFA categories for the mothers could not be assigned.

Source: AIHW (unpublished) National Perinatal Data Collection.

Table EA.12 **Proportion of adults and children in BMI categories (a), (b), (c), (d), (e), (f)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (g), (h)	*Aust*
Adults										
2011-12 (h)										
Underweight	%	1.9	1.5	1.8	1.3	1.3	1.0	0.6	2.3	1.6
Conf. Inter.	±	0.5	0.6	0.5	0.5	0.5	0.6	0.4	1.1	0.2
Normal weight	%	36.9	37.5	33.6	33.1	33.1	35.7	36.4	34.9	35.7
Conf. Inter.	±	1.6	1.8	2.0	1.8	1.8	2.1	2.8	3.0	0.9
Overweight	%	35.0	35.5	34.7	37.3	36.5	36.0	37.8	34.9	35.5
Conf. Inter.	±	1.5	1.8	1.7	1.9	1.8	1.9	2.2	3.4	0.7
Obese	%	26.2	25.6	30.0	28.2	29.2	27.2	25.2	27.9	27.2
Conf. Inter.	±	1.6	1.8	1.6	2.0	1.8	2.3	2.2	2.7	0.8
2007-08										
Underweight	%	1.8	1.5	3.1	1.4	2.3	2.1	1.1	–	2.0
Conf. Inter.	±	0.7	0.6	1.4	0.6	0.9	1.2	0.7	–	0.4
Normal weight	%	37.6	37.5	35.7	35.6	36.9	35.2	39.8	36.8	36.9
Conf. Inter.	±	2.4	2.6	2.5	3.2	2.5	3.3	3.0	19.4	1.2
Overweight	%	37.1	36.5	36.1	37.4	37.1	36.2	34.2	30.4	36.7
Conf. Inter.	±	2.4	2.3	2.5	3.0	2.6	3.1	2.8	11.2	1.2
Obese	%	23.4	24.5	25.0	25.6	23.7	26.5	24.8	32.8	24.4
Conf. Inter.	±	2.2	2.4	2.4	3.2	2.2	3.2	2.5	17.9	1.1
Children										
2011-12 (h)										
Underweight	%	4.2	4.6	6.9	5.5	4.4	5.0	4.6	9.9	5.1
Conf. Inter.	±	1.3	1.3	1.9	1.8	1.7	2.1	2.0	4.0	0.6
Normal weight	%	70.6	71.8	67.2	66.8	72.0	69.7	70.0	64.9	69.8
Conf. Inter.	±	3.6	3.2	3.5	3.4	4.2	5.0	4.4	6.1	1.7
Overweight	%	18.5	17.8	17.4	21.1	16.6	16.9	19.5	17.4	18.2
Conf. Inter.	±	2.8	3.1	2.6	2.8	3.5	3.5	4.1	4.5	1.3
Obese	%	6.7	5.8	8.5	6.6	7.0	8.5	5.9	7.8	6.9
Conf. Inter.	±	1.6	1.6	2.0	2.0	2.2	3.1	1.9	3.5	0.9
2007-08										
Underweight	%	7.8	6.3	10.2	6.9	6.2	4.1	3.3	np	7.5
Conf. Inter.	±	2.6	2.8	3.5	3.3	3.3	3.5	1.8	np	1.4
Normal weight	%	68.8	68.5	62.9	68.1	68.1	77.2	75.8	88.4	67.7
Conf. Inter.	±	4.7	5.1	6.4	6.1	8.2	7.1	5.1	52.1	2.9
Overweight	%	15.0	18.9	18.0	19.6	18.4	12.1	np	np	17.2
Conf. Inter.	±	3.7	4.4	5.3	5.4	6.4	5.4	np	np	2.1
Obese	%	8.5	6.3	8.9	5.4	7.3	6.6	np	np	7.5
Conf. Inter.	±	3.3	2.5	4.0	2.8	4.5	3.9	np	np	1.7
Relative standard error for adults										
2011-12 (h)										
Underweight	%	13.6	20.9	14.3	19.5	19.7	28.3	33.9	24.1	7.7
Normal weight	%	2.2	2.5	3.0	2.8	2.7	3.0	3.9	4.3	1.3

Table EA.12 **Proportion of adults and children in BMI categories (a), (b), (c), (d), (e), (f)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (g), (h)	*Aust*
Overweight	%	2.2	2.6	2.5	2.5	2.5	2.7	3.0	5.0	1.0
Obese	%	3.0	3.5	2.7	3.6	3.2	4.3	4.5	4.9	1.6
2007-08										
Underweight	%	19.5	21.2	22.5	22.1	20.9	29.0	30.1	–	11.3
Normal weight	%	3.2	3.5	3.6	4.6	3.4	4.8	3.8	26.9	1.7
Overweight	%	3.3	3.3	3.5	4.1	3.6	4.4	4.2	18.9	1.6
Obese	%	4.8	5.0	4.9	6.3	4.8	6.2	5.1	27.8	2.3
Relative standard error for children										
2011-12 (h)										
Underweight	%	15.2	13.8	13.8	16.7	19.0	21.2	22.4	20.5	5.8
Normal weight	%	2.6	2.3	2.6	2.6	2.9	3.7	3.2	4.8	1.2
Overweight	%	7.7	8.7	7.5	6.8	10.6	10.6	10.6	13.1	3.6
Obese	%	12.4	14.0	12.1	15.4	16.2	19.0	16.2	22.7	6.4
2007-08										
Underweight	%	17.0	22.7	17.3	24.2	26.6	43.2	27.1	np	9.5
Normal weight	%	3.5	3.8	5.2	4.6	6.1	4.7	3.4	30.1	2.2
Overweight	%	12.5	11.9	14.9	14.2	17.9	22.7	np	np	6.2
Obese	%	19.7	20.7	22.9	26.0	31.2	29.8	np	np	11.5

Conf. Inter. = 95 per cent confidence interval. **RSE** = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Adults are defined as persons aged 18 years and over. Children are defined as persons aged 5–17 years.

(b) Data for 2011-12 have been revised and differ from the data published in the 2013 Report.

(c) Body mass index (BMI) categories for adults are defined as: Underweight (BMI less than 18.5); Normal weight (BMI 18.5–24.9); Overweight (BMI 25.0–29.9); Obese (BMI 30.0 or over).

(d) BMI catagories for children are defined as BMI (appropriate for age and sex) that is likely to be equal to the BMI for the same adult category at age 18 years.

(e) Data are calculated from measured height and weight. Data exclude those for whom measured height and weight were not available. Data are not comparable with data for 2004-05 that are based on self-reported height and weight.

(f) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 yr ranges from 18 for adults, selected ranges from 5–17 for children).

(g) Data for the NT should be used with care as very remote areas were excluded from the Australian Health Survey, which translates to exclusion of around 23 per cent of the NT population.

(h) Data for the NT for 2011-12 are not comparable to previous years due to the increase in sample size.

– Nil or rounded to zero. **np** Not published.

Source : ABS (unpublished) *Australian Health Survey 2011-13* (2011-12 Core component); ABS (unpublished) *National Health Survey 2007-08* .

Table EA.13 **Rate of overweight and obesity for adults and children, by remoteness (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (f), (g)	*Aust*
Adults										
2011-12 (e), (g)										
Major cities	%	59.4	59.1	62.4	64.2	64.2	–	63.0	–	60.9
Conf. Inter. (f)	±	2.1	2.3	2.0	2.2	2.1	–	2.8	–	1.2
Inner regional	%	68.2	68.9	67.4	70.0	71.0	61.9	–	–	67.8
Conf. Inter. (f)	±	4.1	4.1	3.7	6.1	7.5	2.6	–	–	1.8
Outer regional	%	64.0	59.8	70.8	72.3	69.3	66.3	–	62.3	67.8
Conf. Inter. (f)	±	6.5	14.2	5.1	6.3	8.2	4.0	–	3.7	3.0
Remote	%	np	–	67.3	68.7	65.8	70.9	–	64.4	70.1
Conf. Inter. (f)	±	np	–	35.4	13.2	15.9	24.3	–	6.9	6.1
Very remote (e)	%	na	na	na	na	na	na	na	na	na
Conf. Inter. (f)	±	na	na	na	na	na	na	na	na	na
2007-08										
Major cities	%	58.4	58.7	57.5	59.6	61.6	..	59.1	..	58.8
Conf. Inter. (f)	±	2.7	3.0	3.9	3.8	2.8	..	3.0	..	1.4
Inner regional	%	64.4	66.8	66.4	72.7	51.1	60.8	..	..	66.2
Conf. Inter. (f)	±	5.3	5.6	4.6	8.4	9.2	4.6	..	..	2.3
Outer regional	%	69.2	77.1	60.5	65.1	59.6	66.3	..	53.8	65.0
Conf. Inter. (f)	±	10.0	14.5	8.1	13.4	22.8	6.2	..	17.6	4.5
Remote	%	53.0	..	64.2	73.3	61.7	81.3	..	52.9	64.0
Conf. Inter. (f)	±	55.3	..	27.7	12.7	18.3	48.5	..	38.2	12.2
Very remote (e)	%	na	na	na	na	na	na	na	na	na
Conf. Inter. (f)	±	na	na	na	na	na	na	na	na	na
Children										
2011-12 (e), (g)										
Major cities	%	24.2	24.8	25.3	26.9	21.1	–	25.4	–	24.6
Conf. Inter.	±	3.6	3.9	3.9	3.8	3.9	–	4.5	–	1.8
Inner regional	%	27.6	21.5	26.2	27.4	28.6	26.0	–	–	25.6
Conf. Inter.	±	8.7	7.7	6.3	13.8	14.1	5.3	–	–	4.3
Outer regional	%	30.1	12.4	28.0	32.6	32.0	25.3	–	22.6	27.4
Conf. Inter.	±	16.1	7.5	10.2	11.0	12.6	10.9	–	5.9	4.7
Remote	%	–	–	27.0	31.0	21.1	–	–	33.6	27.6
Conf. Inter.	±	–	–	43.8	42.3	29.5	–	–	10.8	14.7
Very remote (e)	%	na	na	na	na	na	na	na	na	na
Conf. Inter.	±	na	na	na	na	na	na	na	na	na
2007-08										
Major cities	%	21.5	23.6	24.6	23.0	23.5	..	20.9	..	22.8
Conf. Inter.	±	5.2	5.2	7.3	6.1	8.3	..	4.7	..	3.1
Inner regional	%	27.3	28.5	30.6	24.7	38.3	19.8	..	..	28.7
Conf. Inter.	±	11.5	11.3	11.2	12.4	28.5	9.1	..	..	5.3
Outer regional	%	28.4	np	22.8	24.3	np	16.8	..	np	25.5
Conf. Inter.	±	26.1	np	14.8	19.2	np	9.0	..	np	10.7

Table EA.13 **Rate of overweight and obesity for adults and children, by remoteness (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (f), (g)	*Aust*
Remote	%	..	..	35.4	30.6	np	..	..	np	21.3
Conf. Inter.	±	..	..	67.1	28.5	np	..	..	np	16.7
Very remote (e)	%	na	na	na	na	na	na	na	na	na
Conf. Inter.	±	na	na	na	na	na	na	na	na	na
Relative standard error for adults										
2011-12 (e), (g)										
Major cities	%	1.8	2.0	1.6	1.7	1.7	–	2.3	–	1.0
Inner regional	%	3.1	3.1	2.8	4.4	5.4	2.1	–	–	1.4
Outer regional	%	5.2	12.1	3.6	4.4	6.1	3.0	–	3.0	2.3
Remote	%	np	–	26.8	9.8	12.3	17.5	–	5.5	4.5
Very remote (e)	%	na	na	na	na	na	na	na	na	na
2007-08										
Major cities	%	2.4	2.6	3.4	3.2	2.4	..	2.6	..	1.3
Inner regional	%	4.2	4.3	3.5	5.9	9.2	3.8	..	..	1.8
Outer regional	%	7.4	9.6	6.9	10.5	19.5	4.8	..	16.7	3.6
Remote	%	53.3	..	22.0	8.9	15.1	30.5	..	36.9	9.7
Very remote (e)	%	na	na	na	na	na	na	na	na	na
Relative standard error for children										
2011-12 (e), (g)										
Major cities	%	7.7	8.1	7.8	7.1	9.4	–	9.0	–	3.7
Inner regional	%	16.1	18.3	12.4	25.7	25.1	10.5	–	–	8.5
Outer regional	%	27.2	30.9	18.6	17.1	20.1	22.0	–	13.3	8.8
Remote	%	–	–	82.6	69.7	71.4	–	–	16.5	27.2
Very remote (e)	%	na	na	na	na	na	na	na	na	na
2007-08										
Major cities	%	21.5	23.6	24.6	23.0	23.5	..	20.9	..	22.8
Inner regional	%	27.3	28.5	30.6	24.7	38.3	19.8	..	..	28.7
Outer regional	%	28.4	np	22.8	24.3	np	16.8	..	np	25.5
Remote	%	..	..	35.4	30.6	np	..	..	np	21.3
Very remote (e)	%	na	na	na	na	na	na	na	na	na

Conf. Inter. = 95 per cent confidence interval. **RSE** = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Adults are defined as persons aged 18 years and over. Children are defined as persons aged 5–17 years.

(b) Overweight for adults is defined as BMI equal to 25 but less than 30. Overweight for children is defined as BMI (appropriate for age and sex) that is likely to be equal to 25 but less than 30 at age 18 years. Obesity for adults is defined as BMI equal to or greater than 30. Obesity for children is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.

(c) Data are calculated from measured height and weight. Data exclude those for whom measured height and weight were not available. Data are not comparable with data for 2004-05 that are based on self-reported height and weight.

Table EA.13 **Rate of overweight and obesity for adults and children, by remoteness (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (f), (g)	*Aust*

(d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults, selected ranges from 5–17 for children).

(e) Data for 2011-12 have been revised and differ from data published in the 2013 Report.

(f) Data for the NT should be used with care as very remote areas were excluded from the Australian Health Survey, which translates to exclusion of around 23 per cent of the NT population.

(g) Data for the NT for 2011-12 are not comparable to previous years due to the increase in sample size.

Source : ABS (unpublished) *Australian Health Survey 2011-13* (2011-12 Core component); ABS (unpublished) *National Health Survey 2007-08* .

Table EA.14 Rates of overweight and obesity for adults and children, by SEIFA IRSD quinitiles (a), (b), (c), (d), (e), (f)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (g), (h)	Aust
Adults										
2011-12 (f), (h)										
Quintile 1	%	63.4	65.6	68.0	71.7	69.3	65.3	61.7	67.2	65.8
Conf. Inter.	±	4.6	4.5	5.4	7.1	5.7	3.9	14.3	7.1	2.8
Quintile 2	%	65.7	66.9	65.1	67.5	67.3	65.7	52.5	66.0	66.2
Conf. Inter.	±	4.1	3.7	4.4	3.7	3.6	4.7	11.8	5.8	1.8
Quintile 3	%	60.9	61.3	64.2	64.4	65.5	61.1	63.6	68.8	62.8
Conf. Inter.	±	3.5	4.9	3.8	4.8	4.4	5.0	8.2	6.2	1.8
Quintile 4	%	58.3	60.5	64.0	67.3	61.4	64.7	65.8	59.5	61.6
Conf. Inter.	±	3.9	4.8	3.3	3.7	5.5	6.4	5.5	7.4	2.3
Quintile 5	%	57.7	52.3	61.9	60.6	60.2	52.2	61.8	55.7	57.5
Conf. Inter.	±	3.4	4.6	4.7	5.4	6.1	11.0	4.0	10.1	2.3
2007-08										
Quintile 1	%	66.0	67.4	63.5	72.7	67.3	69.1	55.3	55.9	65.9
Conf. Inter.	±	6.0	7.3	5.8	5.2	6.0	6.2	7.1	37.4	3.2
Quintile 2	%	59.7	60.5	65.9	63.5	55.1	63.5	65.0	80.1	61.9
Conf. Inter.	±	3.9	6.4	5.9	6.8	6.6	7.7	35.7	38.8	2.7
Quintile 3	%	63.6	63.2	63.9	63.5	64.0	59.5	60.7	40.5	63.3
Conf. Inter.	±	5.7	6.7	6.1	6.0	5.4	9.1	11.2	32.8	2.3
Quintile 4	%	62.6	60.7	53.4	64.3	63.6	59.1	56.7	45.0	60.5
Conf. Inter.	±	6.0	5.0	6.6	7.9	5.6	7.6	5.7	43.7	2.4
Quintile 5	%	54.7	56.7	55.5	53.9	59.5	58.4	59.8	60.4	55.3
Conf. Inter.	±	4.6	5.7	8.5	7.4	7.8	24.2	3.4	8.5	2.7
Children										
2011-12 (f), (h)										
Quintile 1	%	35.4	26.9	28.0	29.7	35.2	29.9	21.2	35.8	31.4
Conf. Inter.	±	7.9	8.8	9.3	11.5	10.3	9.9	27.3	16.8	4.1
Quintile 2	%	32.5	34.0	27.9	35.9	23.5	17.6	44.4	34.3	31.0
Conf. Inter.	±	10.2	7.4	7.5	6.6	7.2	6.9	41.1	7.9	4.4
Quintile 3	%	17.6	20.5	31.1	23.0	22.0	35.7	18.9	22.8	23.3
Conf. Inter.	±	7.4	6.8	7.2	7.8	9.8	13.2	10.0	12.1	2.8
Quintile 4	%	22.0	18.3	21.0	28.7	20.2	17.1	26.7	17.0	21.3
Conf. Inter.	±	7.4	7.4	6.9	6.7	7.0	11.1	10.1	8.5	3.1
Quintile 5	%	20.5	21.0	20.4	23.4	14.3	15.7	26.1	16.4	20.7
Conf. Inter.	±	5.5	6.6	7.1	7.2	6.6	16.8	6.0	15.5	2.8
2007-08										
Quintile 1	%	31.9	41.7	44.1	44.6	35.9	26.3	np	np	36.2
Conf. Inter.	±	5.5	4.6	7.8	6.3	5.1	4.1	34.4	9.3	2.2
Quintile 2	%	23.8	29.5	31.8	37.1	24.3	10.6	np	np	28.3
Conf. Inter.	±	5.1	4.6	5.2	6.2	4.4	4.8	17.6	8.7	2.5
Quintile 3	%	28.8	23.8	22.7	14.9	23.9	np	11.3	np	23.9
Conf. Inter.	±	5.7	5.7	5.9	6.0	6.1	7.5	9.0	10.8	2.8

Table EA.14 **Rates of overweight and obesity for adults and children, by SEIFA IRSD quinitiles (a), (b), (c), (d), (e), (f)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (g), (h)	*Aust*
Quintile 4	%	24.1	19.9	22.4	16.9	19.3	28.0	16.7	np	21.0
Conf. Inter.	±	3.5	4.6	4.5	5.7	6.2	7.1	6.3	9.6	2.0
Quintile 5	%	10.5	21.9	11.5	22.4	24.2	np	25.6	np	17.2
Conf. Inter.	±	4.8	5.6	5.2	5.5	8.5	21.1	5.8	17.1	2.4
Relative standard error for adults										
2011-12 (f), (h)										
Quintile 1	%	3.7	3.5	4.0	5.1	4.2	3.1	11.8	5.4	2.2
Quintile 2	%	3.2	2.8	3.4	2.8	2.8	3.6	11.5	4.5	1.4
Quintile 3	%	2.9	4.1	3.0	3.8	3.5	4.2	6.5	4.6	1.5
Quintile 4	%	3.4	4.0	2.7	2.8	4.6	5.1	4.3	6.4	1.9
Quintile 5	%	3.0	4.5	3.8	4.6	5.2	10.8	3.3	9.3	2.1
2007-08										
Quintile 1	%	4.6	5.5	4.6	3.6	4.5	4.6	6.5	34.1	2.5
Quintile 2	%	3.4	5.4	4.5	5.4	6.1	6.2	28.1	24.7	2.2
Quintile 3	%	4.6	5.4	4.8	4.8	4.3	7.8	9.4	41.3	1.8
Quintile 4	%	4.9	4.2	6.3	6.3	4.5	6.6	5.2	49.6	2.0
Quintile 5	%	4.3	5.1	7.8	7.0	6.7	21.2	2.9	7.1	2.5
Relative standard error for children										
2011-12 (f), (h)										
Quintile 1	%	11.4	16.7	16.9	19.8	14.9	16.9	65.8	23.9	6.6
Quintile 2	%	15.9	11.1	13.7	9.4	15.6	19.9	47.2	11.8	7.3
Quintile 3	%	21.3	16.9	11.8	17.3	22.7	18.8	27.0	27.2	6.2
Quintile 4	%	17.2	20.6	16.7	11.9	17.6	33.0	19.4	25.3	7.4
Quintile 5	%	13.7	16.0	17.6	15.7	23.5	54.6	11.8	48.2	6.8
2007-08										
Quintile 1	%	21.2	21.2	17.8	39.4	37.0	20.8	np	np	10.7
Quintile 2	%	28.9	20.1	20.6	16.0	32.3	46.3	np	np	12.2
Quintile 3	%	23.4	22.2	22.1	30.4	32.0	np	96.0	np	12.6
Quintile 4	%	21.9	29.7	29.3	33.0	36.2	38.8	20.7	np	12.5
Quintile 5	%	36.1	19.4	47.5	22.1	33.0	np	12.0	np	11.8

Conf. Inter. = 95 per cent confidence interval. **RSE** = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Adults are defined as persons aged 18 years and over. Children are defined as persons aged 5–17 years.

(b) Overweight for adults is defined as BMI equal to 25 but less than 30. Overweight for children is defined as BMI (appropriate for age and sex) that is likely to be equal to 25 but less than 30 at age 18 years. Obesity for adults is defined as BMI equal to or greater than 30. Obesity for children is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.

(c) Data are calculated from measured height and weight. Data exclude those for whom measured height and weight were not available. Data are not comparable with data for 2004-05 that are based on self-reported height and weight.

Table EA.14 **Rates of overweight and obesity for adults and children, by SEIFA IRSD quinitiles (a), (b), (c), (d), (e), (f)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (g), (h)	*Aust*

(d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults, selected ranges from 5–17 for children).

(e) A lower SEIFA quintile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA quintile indicates a relative lack of disadvantage and greater advantage in general.

(f) Data for 2011-12 have been revised and differ from data published in the 2013 Report.

(g) Data for the NT should be used with care as very remote areas were excluded from the Australian Health Survey, which translates to exclusion of around 23 per cent of the NT population.

(h) Data for the NT for 2011-12 are not comparable to previous years due to the increase in sample size.

Source : ABS (unpublished) *Australian Health Survey 2011-13* (2011-12 Core component); ABS (unpublished) *National Health Survey 2007-08* .

Table EA.15 **Rates of overweight and obesity for adults, by sex and age (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (f), (g)	*Aust*
Overweight and obese adults										
Males										
2011-12 (e), (f)										
18–24	%	41.2	37.8	39.4	46.8	40.8	39.3	51.5	50.4	40.8
25–34	%	62.2	64.4	67.2	67.0	68.6	65.0	57.6	59.6	64.6
35–44	%	75.9	72.1	76.7	78.8	71.4	66.2	75.1	72.6	74.9
45–54	%	76.9	78.4	80.8	77.0	81.4	75.2	84.7	78.6	78.5
55–64	%	74.5	77.8	84.2	78.8	80.8	85.6	74.6	71.8	78.5
65–69	%	75.1	78.0	83.2	76.1	85.4	78.0	72.0	74.3	78.3
70–74	%	82.8	78.8	89.3	90.0	83.0	83.1	77.2	85.8	83.8
75 and over	%	68.2	63.4	77.8	71.0	78.6	78.1	81.3	74.5	70.3
Total males	**%**	**68.5**	**68.0**	**72.7**	**72.0**	**71.6**	**68.7**	**70.7**	**69.3**	**69.9**
Total males	000	1 665.6	1 182.2	1 059.1	560.3	386.0	114.3	83.1	35.4	5 086.2
2007-08										
18–24	%	40.5	36.8	42.2	42.2	34.9	41.4	np	np	39.8
25–34	%	69.9	52.3	62.9	64.2	56.7	43.1	54.4	40.3	62.0
35–44	%	68.8	69.7	71.7	77.0	71.5	78.2	72.1	47.9	70.7
45–54	%	74.9	77.9	74.7	83.7	78.7	66.8	76.0	81.5	76.7
55–64	%	72.8	76.2	75.1	72.4	79.3	77.6	np	np	74.9
65–69	%	74.2	82.1	85.1	79.8	78.6	91.8	np	np	79.4
70–74	%	79.0	89.2	75.7	64.2	63.8	78.9	np	np	78.3
75 and over	%	80.4	70.1	77.7	71.4	58.7	65.1	np	np	74.3
Total males	**%**	**68.6**	**66.1**	**68.5**	**70.0**	**65.7**	**64.1**	**66.8**	**73.1**	**67.8**
Total males	000	1 332.5	925.4	726.6	417.8	252.2	79.6	61.6	32.9	3 828.6
Females										
2011-12 (e), (f)										
18–24	%	31.6	21.6	36.4	38.9	41.7	42.8	29.1	37.2	31.8
25–34	%	37.3	43.8	44.7	52.0	49.8	51.8	47.7	45.5	43.2
35–44	%	51.7	53.4	57.3	59.2	58.4	57.1	52.0	55.0	54.7
45–54	%	64.5	62.7	61.8	63.6	69.7	59.5	58.9	69.6	63.6
55–64	%	70.4	68.6	70.4	63.2	69.4	72.2	68.8	66.0	69.1
65–69	%	63.3	65.8	67.0	66.1	68.5	73.0	61.8	78.4	65.7
70–74	%	75.6	73.5	70.3	75.4	74.9	74.2	86.5	57.4	74.0
75 and over	%	61.3	69.9	68.3	70.7	62.7	58.2	69.9	np	65.7
Total female	**%**	**53.3**	**53.8**	**56.5**	**58.6**	**59.6**	**58.1**	**54.9**	**56.0**	**55.2**
Total female	000	1 259.0	929.8	812.9	426.5	317.8	97.8	62.2	27.1	3 933.3
2007-08										
18–24	%	35.7	36.1	33.2	37.8	26.1	43.8	np	np	34.8
25–34	%	43.2	40.8	49.0	48.1	39.4	52.6	48.5	45.8	44.4
35–44	%	48.4	59.7	57.1	59.8	59.8	58.1	52.0	51.3	55.1
45–54	%	55.1	62.3	56.2	61.2	67.7	70.0	47.8	53.6	58.7
55–64	%	65.0	78.2	63.8	64.9	64.3	69.0	np	np	67.9

Table EA.15 **Rates of overweight and obesity for adults, by sex and age (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (f), (g)	*Aust*
65–69	%	65.8	67.4	84.9	65.9	87.0	81.2	np	np	71.9
70–74	%	77.3	67.2	67.7	59.9	72.5	72.7	np	np	70.6
75 and over	%	60.7	50.2	53.5	58.1	61.1	68.5	np	np	56.9
Total female	**%**	**52.1**	**55.8**	**54.5**	**55.9**	**55.5**	**61.5**	**51.3**	**39.4**	**54.3**
Total female	000	982.2	762.7	626.9	328.7	206.1	79.5	46.1	22.2	3 054.3
All adults										
2011-12 (e), (f)										
18–24	%	36.4	30.1	38.0	42.9	41.2	41.0	40.9	44.4	36.4
25–34	%	50.4	54.7	56.5	60.2	59.7	58.2	53.1	52.3	54.5
35–44	%	64.1	62.7	67.1	69.3	65.1	61.7	63.9	64.0	64.9
45–54	%	70.9	70.5	71.2	70.5	75.6	67.2	71.9	74.3	71.1
55–64	%	72.5	73.1	77.2	71.4	75.4	79.1	71.5	69.0	73.9
65–69	%	69.3	72.1	75.3	71.2	76.5	75.5	67.0	76.2	72.1
70–74	%	79.1	76.2	79.4	82.7	78.5	78.9	81.8	74.6	78.8
75 and over	%	64.5	66.9	72.9	70.8	69.9	66.5	75.2	62.9	67.8
Total adults	**%**	**61.1**	**61.0**	**64.7**	**65.6**	**65.7**	**63.3**	**63.0**	**62.9**	**62.7**
Total adults	000	2 924.7	2 112.0	1 872.1	986.8	703.8	212.2	145.3	62.5	9 019.4
2007-08										
18–24	%	38.1	36.5	37.4	40.1	31.0	42.6	np	np	37.3
25–34	%	57.6	46.9	56.1	56.5	48.1	48.0	51.7	43.8	53.6
35–44	%	58.4	64.9	64.2	68.3	65.9	67.4	61.7	50.1	62.9
45–54	%	65.3	70.4	65.1	72.9	73.5	68.4	61.6	65.4	67.9
55–64	%	70.0	75.0	85.0	72.5	83.5	86.8	np	np	75.7
65–69	%	69.1	77.2	69.3	68.7	72.4	73.2	71.8	88.8	71.5
70–74	%	78.2	77.6	71.4	61.9	68.1	76.1	np	np	74.3
75 and over	%	69.6	59.6	63.3	64.1	60.0	67.0	np	np	64.8
Total adults	**%**	**60.6**	**61.0**	**61.2**	**62.9**	**60.9**	**62.8**	**59.0**	**63.2**	**61.1**
Total adults	**000**	2 314.8	1 688.0	1 353.5	746.5	458.2	159.1	107.7	55.1	6 882.9
Relative standard errors										
Males										
2011-12 (e), (f)										
18–24	%	10.8	10.9	11.8	8.7	14.8	14.0	9.6	14.2	4.6
25–34	%	5.1	4.2	3.7	5.2	5.1	6.4	6.4	8.4	2.1
35–44	%	3.1	3.7	3.4	3.7	4.7	5.4	4.9	5.3	1.7
45–54	%	3.3	3.4	3.7	3.5	3.6	4.7	4.2	5.4	1.6
55–64	%	4.3	4.1	2.9	3.4	3.7	3.3	5.8	7.2	1.8
65–69	%	6.1	4.9	3.8	6.0	4.7	5.3	11.3	10.9	2.5
70–74	%	4.9	6.3	3.3	4.5	6.1	7.2	9.2	9.6	2.3
75 and over	%	5.4	8.5	5.5	6.3	4.9	5.8	8.9	15.1	2.9
2007-08										
18–24	%	15.1	16.4	14.7	15.2	24.1	19.0	np	np	6.1

Table EA.15 **Rates of overweight and obesity for adults, by sex and age (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (f), (g)	*Aust*
25–34	%	4.9	9.0	7.4	7.1	8.4	17.1	7.6	58.6	3.6
35–44	%	5.6	5.5	6.7	4.7	6.4	7.6	5.6	70.0	2.7
45–54	%	5.2	5.1	5.4	4.4	5.0	8.1	5.5	30.2	2.2
55–64	%	5.6	7.8	5.7	6.8	5.4	5.9	np	np	3.0
65–69	%	7.8	9.0	7.0	9.3	9.4	4.8	np	np	3.9
70–74	%	6.5	6.6	9.5	19.5	16.2	13.3	np	np	3.9
75 and over	%	6.0	8.3	8.5	8.8	13.0	8.5	np	np	3.5
Total males	**%**	**2.5**	**2.6**	**3.0**	**2.7**	**2.8**	**3.8**	**2.8**	**23.8**	**1.3**
Females										
2011-12 (e), (f)										
18–24	%	10.6	20.5	11.9	11.0	13.4	13.2	22.0	17.7	5.7
25–34	%	7.6	8.3	7.8	5.9	8.2	8.1	6.9	7.9	3.5
35–44	%	5.4	5.6	5.0	5.2	5.7	6.1	9.0	8.8	2.6
45–54	%	3.9	5.1	5.1	5.6	5.9	6.2	7.5	6.9	2.2
55–64	%	4.2	5.4	4.1	4.6	5.2	4.9	5.3	7.1	2.3
65–69	%	7.2	7.3	6.6	8.1	6.7	6.9	9.5	7.3	3.6
70–74	%	6.0	8.0	8.1	6.6	5.6	7.5	7.2	21.9	3.4
75 and over	%	6.6	4.5	5.6	6.1	6.9	8.3	8.8	np	2.9
Total females	**%**	**2.3**	**2.7**	**2.6**	**2.7**	**2.6**	**2.8**	**3.5**	**4.4**	**1.2**
2007-08										
18–24	%	18.1	18.2	16.2	19.6	25.9	23.4	np	np	7.0
25–34	%	7.9	9.8	9.3	10.1	11.0	11.4	9.8	30.9	4.1
35–44	%	7.0	6.6	7.0	7.9	9.2	11.3	8.4	49.2	2.9
45–54	%	7.3	8.1	8.7	10.2	8.5	8.0	11.0	37.5	3.7
55–64	%	6.8	5.0	6.7	8.9	7.9	8.8	np	np	3.2
65–69	%	8.9	12.5	6.2	11.7	5.2	11.6	np	np	3.7
70–74	%	6.5	12.0	10.5	16.2	10.3	10.2	np	np	4.7
75 and over	%	10.1	13.4	11.7	13.3	9.4	8.6	np	np	5.0
Total females	**%**	**3.2**	**3.4**	**2.9**	**4.4**	**3.7**	**4.1**	**4.4**	**20.4**	**1.5**
All adults										
2011-12 (e), (f)										
18–24	%	7.4	11.3	7.5	7.6	9.1	8.8	8.9	10.8	3.4
25–34	%	4.5	3.9	3.8	3.6	4.4	4.8	4.9	6.1	2.0
35–44	%	3.1	3.0	3.1	3.3	3.5	3.3	4.9	4.7	1.5
45–54	%	2.4	3.2	3.2	2.6	3.3	3.9	4.4	4.2	1.3
55–64	%	3.0	3.6	2.7	2.7	3.1	3.0	4.0	5.0	1.5
65–69	%	4.3	4.5	3.7	4.2	4.0	4.2	7.2	6.5	2.1
70–74	%	4.1	4.5	3.4	4.2	4.7	4.8	6.1	10.0	1.9
75 and over	%	4.0	4.3	4.0	3.9	4.4	4.7	6.3	14.3	2.0
Total adults	**%**	**1.5**	**1.6**	**1.5**	**1.4**	**1.3**	**1.6**	**2.3**	**2.7**	**0.8**
2007-08										
18–24	%	10.1	12.1	11.8	11.6	17.1	13.9	np	np	4.3

Table EA.15 **Rates of overweight and obesity for adults, by sex and age (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (f), (g)	*Aust*
25–34	%	4.5	6.5	6.2	5.9	7.2	9.9	6.1	30.3	3.0
35–44	%	4.3	4.7	4.5	4.4	5.0	6.9	4.4	40.6	1.8
45–54	%	4.2	4.8	5.2	5.5	4.6	5.9	5.9	29.7	2.2
55–64	%	4.3	4.4	4.6	4.9	4.4	4.8	4.9	11.3	2.1
65–69	%	5.9	7.4	4.4	6.8	5.0	5.7	np	np	2.6
70–74	%	4.9	7.8	6.8	12.6	9.6	8.2	np	np	3.5
75 and over	%	5.8	8.0	6.6	8.0	8.5	5.9	np	np	2.9
Total adults	**%**	**2.0**	**2.2**	**2.2**	**2.6**	**2.0**	**2.7**	**2.6**	**17.2**	**1.0**
95 per cent confidence intervals										
Males										
2011-12 (e), (f)										
18–24	±	8.7	8.1	9.1	8.0	11.8	10.8	9.7	14.0	3.7
25–34	±	6.2	5.3	4.9	6.8	6.9	8.2	7.2	9.8	2.7
35–44	**±**	4.6	5.2	5.1	5.8	6.6	7.0	7.2	7.5	2.6
45–54	±	5.0	5.2	5.9	5.3	5.8	6.9	6.9	8.3	2.4
55–64	±	6.3	6.3	4.7	5.3	5.9	5.6	8.5	10.1	2.7
65–69	±	9.0	7.4	6.3	9.0	7.9	8.1	16.0	15.9	3.9
70–74	±	7.9	9.7	5.8	8.0	10.0	11.7	14.0	16.1	3.8
75 and over	±	7.2	10.6	8.4	8.8	7.5	8.8	14.1	22.0	3.9
Total males	**±**	**2.2**	**2.5**	**2.2**	**2.3**	**2.4**	**3.1**	**3.6**	**4.5**	**1.2**
2007-08										
18–24	±	11.9	11.8	12.2	12.6	16.5	15.4	np	np	4.8
25–34	±	6.8	9.2	9.1	8.9	9.4	14.5	8.1	46.3	4.3
35–44	**±**	7.6	7.5	9.4	7.1	8.9	11.7	8.0	65.7	3.7
45–54	±	7.6	7.8	7.9	7.2	7.7	10.6	8.2	48.2	3.2
55–64	±	8.0	11.7	8.3	9.6	8.4	9.0	np	np	4.4
65–69	±	11.3	14.5	11.7	14.6	14.5	8.7	np	np	6.1
70–74	±	10.0	11.6	14.1	24.5	20.3	20.5	np	np	6.0
75 and over	±	9.4	11.3	13.0	12.3	14.9	10.8	np	np	5.2
Total males	**±**	**3.3**	**3.4**	**4.0**	**3.8**	**3.6**	**4.8**	**3.7**	**34.0**	**1.7**
Females										
2011-12 (e), (f)										
18–24	±	6.5	8.7	8.5	8.4	10.9	11.1	12.5	12.9	3.5
25–34	±	5.6	7.1	6.9	6.0	8.0	8.2	6.5	7.1	2.9
35–44	**±**	5.4	5.9	5.7	6.0	6.5	6.8	9.2	9.5	2.8
45–54	±	4.9	6.2	6.2	7.0	8.1	7.3	8.6	9.4	2.7
55–64	±	5.7	7.3	5.7	5.7	7.1	7.0	7.2	9.2	3.1
65–69	±	9.0	9.5	8.6	10.5	9.0	9.9	11.5	11.2	4.6
70–74	±	8.9	11.5	11.1	9.7	8.2	10.9	12.2	24.6	4.9
75 and over	±	7.9	6.2	7.5	8.5	8.4	9.4	12.1	np	3.8
Total females	**±**	**2.4**	**2.8**	**2.9**	**3.1**	**3.0**	**3.2**	**3.8**	**4.8**	**1.3**
2007-08										

Table EA.15 **Rates of overweight and obesity for adults, by sex and age (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (f), (g)	*Aust*
18–24	±	12.6	12.9	10.6	14.5	13.3	20.1	np	np	4.8
25–34	±	6.7	7.8	9.0	9.6	8.5	11.7	9.3	27.8	3.5
35–44	±	6.7	7.8	7.8	9.2	10.7	12.8	8.5	49.4	3.1
45–54	±	7.9	9.9	9.6	12.3	11.3	11.0	10.3	39.3	4.3
55–64	±	8.7	7.6	8.3	11.3	10.0	11.9	np	np	4.2
65–69	±	11.5	16.5	10.2	15.1	9.0	18.5	np	np	5.2
70–74	±	9.9	15.8	13.9	19.0	14.7	14.5	np	np	6.6
75 and over	±	12.0	13.2	12.2	15.1	11.2	11.5	np	np	5.6
Total females	**±**	**3.3**	**3.7**	**3.1**	**4.8**	**4.0**	**5.0**	**4.4**	**15.7**	**1.6**
All adults										
2011-12 (e), (f)										
18–24	±	5.3	6.7	5.6	6.4	7.4	7.1	7.2	9.4	2.5
25–34	±	4.4	4.1	4.2	4.3	5.2	5.4	5.1	6.3	2.1
35–44	**±**	3.9	3.6	4.1	4.5	4.5	4.0	6.1	5.9	2.0
45–54	±	3.4	4.4	4.4	3.6	4.9	5.1	6.2	6.0	1.9
55–64	±	4.3	5.1	4.1	3.8	4.6	4.6	5.6	6.7	2.2
65–69	±	5.9	6.3	5.5	5.9	6.0	6.2	9.5	9.7	3.0
70–74	±	6.4	6.7	5.3	6.8	7.2	7.4	9.7	14.7	2.9
75 and over	±	5.0	5.7	5.7	5.4	6.0	6.1	9.3	17.6	2.7
Total adults	**±**	**1.8**	**1.9**	**1.9**	**1.9**	**1.7**	**2.0**	**2.8**	**3.3**	**0.9**
2007-08										
18–24	±	7.6	8.6	8.7	9.1	10.4	11.6	np	np	3.2
25–34	±	5.1	6.0	6.8	6.5	6.8	9.4	6.2	26.0	3.1
35–44	**±**	5.0	6.0	5.7	5.8	6.5	9.1	5.4	39.8	2.2
45–54	±	5.4	6.6	6.7	7.8	6.7	7.9	7.1	38.1	3.0
55–64	±	5.8	6.7	6.3	6.6	6.2	6.8	6.9	19.6	2.9
65–69	±	8.1	10.9	7.4	9.7	8.1	9.8	np	np	3.8
70–74	±	7.5	11.8	9.5	15.3	12.8	12.3	np	np	5.0
75 and over	±	7.9	9.3	8.2	10.1	10.0	7.8	np	np	3.7
Total adults	**±**	**2.3**	**2.6**	**2.6**	**3.2**	**2.4**	**3.3**	**3.0**	**21.4**	**1.2**

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Adults are defined as persons aged 18 years and over.

(b) Overweight for adults is defined as BMI equal to 25 but less than 30. Obesity for adults is defined as BMI equal to or greater than 30.

(c) Data are calculated from measured height and weight. Data exclude those for whom measured height and weight were not available. Data are not comparable with data for 2004-05 that are based on self-reported height and weight.

(d) Rates for total are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).

(e) Data for 2011-12 have been revised and differ from data published in the 2013 Report.

Table EA.15 **Rates of overweight and obesity for adults, by sex and age (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (f), (g)	*Aust*

(f) Data for the NT should be used with care as very remote areas were excluded from the Australian Health Survey, which translates to exclusion of around 23 per cent of the NT population.

(g) Data for the NT for 2011-12 are not comparable to previous years due to the increase in sample size.

np Not published.

Source : ABS (unpublished) *Australian Health Survey 2011-13* (2011-12 Core component); ABS (unpublished) *National Health Survey 2007-08* .

Table EA.16 **Rates of overweight and obesity for adults, by Indigenous status, 2011–13 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*
Rates										
Indigenous	%	75.9	69.8	71.3	73.4	69.4	68.9	69.6	59.8	71.4
Conf. Inter.	±	4.3	5.8	4.8	4.3	5.7	5.8	10.8	7.1	2.3
Non-Indigenous	%	61.0	61.1	64.5	65.3	65.5	63.8	62.5	62.1	62.6
Conf. Inter.	±	1.8	1.9	1.8	2.0	1.7	2.0	2.9	2.9	1.0
Relative standard errors										
Indigenous	%	2.9	4.2	3.4	3.0	4.2	4.3	7.9	6.1	1.6
Non-Indigenous	%	1.5	1.6	1.4	1.5	1.4	1.6	2.4	2.4	0.8
Rate ratio (g)	no.	1.2	1.1	1.1	1.1	1.1	1.1	1.1	1.0	1.1

Conf. Inter. = 95 per cent confidence interval. **RSE** = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Adults are defined as persons aged 18 years and over.

(b) Overweight for adults is defined as BMI equal to 25 but less than 30. Obesity for adults is defined as BMI equal to or greater than 30.

(c) BMI calculated from measured height and weight. Data are not comparable with 2004-05 data that are calculated from self-reported height and weight.

(d) Rates are age standardised to the 2001 Australian population (10 year age ranges from 18 years).

(e) Data for non-Indigenous people for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey translates to exclusion of around 23 per cent of the NT population.

(f) 95 per cent confidence interval.

(g) Rate ratio is the rate of Indigenous people overweight or obese divided by the rate of non-Indigenous people overweight or obese.

Source : ABS (unpublished) *Australian Health Survey 2011–13* (2011-12 Core component); ABS (unpublished) *Australian Aboriginal and Torres Strait Islander Health Survey, 2012-13* (2012-13 NATSIHS component).

Table EA.17 **Rates of overweight and obesity for adults, by Indigenous status, 2004-05 (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (f)	*Aust*
Rates										
Indigenous	%	66.9	55.7	66.1	65.4	71.9	60.1	63.7	53.9	64.1
Conf. Inter.	±	6.4	13.1	6.8	6.8	8.5	9.5	10.6	9.1	3.3
Non-Indigenous	%	53.6	53.3	52.5	52.2	54.5	54.7	53.2	51.2	53.2
Conf. Inter.	±	1.8	1.7	2.2	2.8	1.6	2.6	3.4	11.5	0.9
Relative standard errors										
Indigenous	%	4.9	12.0	5.3	5.3	6.0	8.0	8.5	8.6	2.6
Non-Indigenous	%	1.7	1.6	2.1	2.7	1.5	2.4	3.3	11.5	0.9

Conf. Inter. = 95 per cent confidence interval. **RSE** = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Adults are defined as persons aged 18 years and over.

(b) Overweight for adults is defined as BMI equal to 25 but less than 30. Obesity for adults is defined as BMI equal to or greater than 30.

(c) BMI calculated from self-reported height and weight. Data excludes persons for whom height or weight was not reported. Data are not comparable with data for 2007-08 and 2011-12 that are based on measured height and weight.

(d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (10 year age ranges from 18 years).

(e) Data for non-Indigenous people have been revised and differ from previous reports.

(f) Data for non-Indigenous people for the NT should be used with care as exclusion of very remote areas from the National Health Survey translates to exclusion of around 23 per cent of the NT population.

(g) 95 per cent confidence interval.

na Not available.

Source: ABS unpublished, *National Aboriginal and Torres Strait Islander Health Survey, 2004-05;* ABS unpublished, *National Health Survey, 2004-05* .

Table EA.18 **Rate of overweight and obesity for children by Indigenous status, 2011–13 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*
Rate										
Indigenous	%	37.7	36.3	30.7	35.3	37.4	34.1	42.0	23.9	33.7
Conf. Inter.	±	6.1	8.4	6.8	7.4	8.8	9.2	16.0	7.0	3.1
Non-Indigenous	%	24.5	23.9	25.5	27.8	23.0	24.8	24.7	23.8	24.8
Conf. Inter.	±	3.3	3.3	3.5	3.3	3.4	4.5	4.3	5.3	1.6
Relative standard errors										
Indigenous	%	8.2	11.8	11.4	10.8	12.0	13.7	19.4	14.9	4.7
Non-Indigenous	%	6.9	7.0	6.9	6.1	7.6	9.2	8.8	11.3	3.2

Conf. Inter. = 95 per cent confidence interval. **RSE** = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Children are defined as persons aged 5-17 years.

(b) Overweight for children is defined as BMI (appropriate for age and sex) that is likely to be equal to 25 but less than 30 at age 18 years. Obesity for children is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.

(c) BMI calculated from measured height and weight.

(d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (selected age ranges from 5-17 years).

(e) Data for non-Indigenous people for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey translates to exclusion of around 23 per cent of the NT population.

(f) 95 per cent confidence interval.

Source: ABS (unpublished) *Australian Health Survey 2011–13* (2011-12 Core component)*;* ABS (unpublished) *Australian Aboriginal and Torres Strait Islander Health Survey, 2012-13* (2012-13 NATSIHS component).

Table EA.19 **Proportion of adults who are daily smokers, by remoteness (a), (b)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (c), (d)	Aust
Remoteness of residence (age standardised rate)										
2011-12 (d), (e)										
Major cities	%	13.5	14.8	15.9	16.4	15.6	0.0	12.5	0.0	14.7
Conf. Inter. (f)	±	1.4	1.6	1.6	1.6	1.6	0.0	1.9	0.0	0.7
Inner regional	%	17.2	22.2	20.6	21.2	14.5	18.8	0.0	0.0	19.5
Conf. Inter. (f)	±	3.3	3.9	4.3	5.7	5.4	2.2	0.0	0.0	1.8
Outer regional	%	21.6	24.1	20.6	24.2	26.4	28.4	0.0	21.5	22.6
Conf. Inter. (f)	±	7.4	18.6	4.1	6.8	5.5	3.7	0.0	2.9	2.2
Remote	%	31.1	0.0	48.6	20.1	23.4	42.1	0.0	25.2	26.1
Conf. Inter. (f)	±	43.6	0.0	40.8	10.1	20.3	26.5	0.0	4.2	7.2
Very remote (b)	%	na	na	na	na	na	na	na	na	na
Conf. Inter. (f)	±	na	na	na	na	na	na	na	na	na
Total	**%**	**14.4**	**16.5**	**17.9**	**17.6**	**16.8**	**21.9**	**12.5**	**22.5**	**16.3**
Conf. Inter. (f)	**±**	**1.1**	**1.3**	**1.3**	**1.6**	**1.4**	**1.9**	**1.9**	**2.5**	**0.6**
Daily smokers	'000	807.8	702.9	601.6	308.4	203.3	78.7	35.0	29.4	2 751.4
2007-08										
Major cities	%	17.9	17.0	18.5	16.7	18.1	..	15.8	..	17.6
Conf. Inter. (f)	±	2.1	1.7	2.6	2.3	2.1	..	2.0	..	1.0
Inner regional	%	20.8	17.5	22.0	13.2	25.5	23.2	0.0	..	20.1
Conf. Inter. (f)	±	4.6	3.5	4.0	5.1	10.2	4.2	0.0	..	2.1
Outer regional	%	23.7	21.3	28.4	23.9	28.5	27.4	..	21.7	25.7
Conf. Inter. (f)	±	6.1	14.5	5.3	5.6	7.0	5.2	..	12.1	3.1
Remote	%	27.9	0.0	33.4	32.8	21.7	11.3	..	19.6	27.3
Conf. Inter. (f)	±	32.2	0.0	16.1	17.0	10.5	6.4	..	11.7	7.3
Very remote (b)	%	na	na	na	na	na	na	na	na	na
Conf. Inter. (f)	±	na	na	na	na	na	na	na	na	na
Total	**%**	**19.0**	**17.3**	**21.6**	**17.3**	**20.2**	**24.3**	**15.7**	**21.1**	**19.1**
Conf. Inter. (f)	**±**	**1.9**	**1.6**	**2.0**	**2.1**	**2.3**	**3.0**	**2.0**	**10.5**	**0.9**
Daily smokers	'000	975.4	682.5	665.2	268.6	232.9	85.1	41.9	28.8	2 980.3
Relative standard error										
2011-12 (d), (e)										
Major cities	%	5.3	5.4	5.0	5.0	5.3	–	7.6	–	2.5
Inner regional	%	9.8	8.9	10.7	13.8	18.9	5.9	–	–	4.8
Outer regional	%	17.4	39.4	10.2	14.4	10.7	6.6	–	6.8	5.0
Remote	%	71.4	–	42.9	25.6	44.4	32.1	–	8.5	14.2
Very remote (b)	%	na	na	na	na	na	na	na	na	na
Total	%	**4.0**	**4.1**	**3.8**	**4.6**	**4.2**	**4.5**	**7.6**	**5.8**	**2.0**
2007-08										
Major cities	%	6.1	5.2	7.2	7.1	5.8	..	6.4	..	2.9
Inner regional	%	11.3	10.1	9.2	19.7	20.5	9.3	–	..	5.3
Outer regional	%	13.2	34.7	9.6	12.0	12.6	9.7	..	28.5	6.1
Remote	%	58.7	–	24.6	26.5	24.8	29.1	..	30.5	13.7

Table EA.19 **Proportion of adults who are daily smokers, by remoteness (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (c), (d)	*Aust*
Very remote (b)	%	na	na	na	na	na	na	na	na	na
Total	%	**5.2**	**4.6**	**4.7**	**6.3**	**5.7**	**6.2**	**6.4**	**25.4**	**2.4**

RSE = Relative standard error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Rates for total are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(b) Very remote data was not collected.

(c) Data for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey translates to exclusion of around 23 per cent of the NT population.

(d) Data for 2011-12 for the NT are not comparable to data for previous years due to the increased sample size.

(e) Data for 2011-12 have been revised and differ from data published in the 2013 Report.

(f) 95 per cent confidence interval.

.. Not applicable. – Nil or rounded to zero. **np** Not published.

Source : ABS (unpublished) Australian Health Survey 2011-13 (2011-12 Core component); ABS (unpublished) National Health Survey 2007-08.

Table EA.20 **Proportion of adults who are daily smokers, by SEIFA IRSD quintiles (a), (b)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (c), (d)	Aust
SEIFA IRSD quintile (age standardised)										
2011-12 (d), (e)										
Quintile 1	%	20.4	26.4	28.1	26.9	25.4	28.7	12.5	27.5	24.3
Conf. Inter. (f)	±	3.0	4.2	3.3	5.0	3.8	3.3	15.5	6.3	2.0
Quintile 2	%	16.4	22.7	21.5	21.5	17.6	22.7	14.5	29.3	19.9
Conf. Inter. (f)	±	2.4	3.1	3.6	3.1	2.7	4.0	9.6	8.0	1.5
Quintile 3	%	15.4	15.6	17.9	22.4	16.8	17.9	19.8	25.6	17.0
Conf. Inter. (f)	±	2.3	2.9	2.4	3.2	4.0	5.1	5.7	5.0	1.1
Quintile 4	%	11.1	12.1	14.5	15.2	13.5	15.4	15.3	18.7	12.9
Conf. Inter. (f)	±	1.8	2.8	2.9	2.6	3.2	3.7	2.6	4.2	1.1
Quintile 5	%	9.7	7.4	9.5	8.6	9.2	15.9	8.8	12.2	9.0
Conf. Inter. (f)	±	2.4	2.7	2.4	2.2	2.9	5.6	2.2	6.5	1.2
Total (g)	**%**	**14.4**	**16.5**	**17.9**	**17.6**	**16.8**	**21.9**	**12.5**	**22.5**	**16.3**
Conf. Inter. (f)	**±**	**1.1**	**1.3**	**1.3**	**1.6**	**1.4**	**1.9**	**1.9**	**2.5**	**0.6**
Daily smokers	'000	792.1	702.9	601.6	308.4	203.3	78.7	35.0	29.4	2 751.4
2007-08										
Quintile 1	%	28.8	29.0	28.1	30.2	27.4	33.4	17.9	13.5	28.7
Conf. Inter. (f)	±	4.2	5.4	5.5	6.5	4.4	6.0	14.7	18.5	2.4
Quintile 2	%	19.3	17.8	28.0	23.1	24.2	24.4	26.7	18.7	21.6
Conf. Inter. (f)	±	4.6	4.0	5.2	4.8	4.4	6.5	17.0	12.9	2.1
Quintile 3	%	19.3	16.7	23.8	19.1	18.3	17.1	18.5	26.5	19.6
Conf. Inter. (f)	±	4.4	3.2	4.2	4.0	4.8	4.6	5.4	20.8	1.8
Quintile 4	%	15.6	17.4	16.2	16.2	14.1	18.9	16.6	13.7	16.2
Conf. Inter. (f)	±	3.2	4.0	3.5	5.1	3.5	8.2	4.4	36.6	1.7
Quintile 5	%	12.3	10.0	11.7	8.2	13.5	18.1	np	np	11.2
Conf. Inter. (f)	±	3.0	2.7	3.4	2.7	4.8	13.3	np	np	1.6
Total (g)	**%**	**19.0**	**17.3**	**21.6**	**17.3**	**20.2**	**24.3**	**15.7**	**21.1**	**19.1**
Conf. Inter. (f)	**±**	**1.9**	**1.6**	**2.0**	**2.1**	**2.3**	**3.0**	**2.0**	**9.3**	**0.9**
Daily smokers	'000	975.4	682.5	665.2	268.6	232.9	85.1	41.9	28.8	2 980.3
Relative standard error										
2011-12 (d), (e)										
Quintile 1	%	7.6	8.2	6.0	9.5	7.7	5.9	63.0	11.7	4.3
Quintile 2	%	7.4	6.9	8.5	7.4	7.7	9.0	33.9	14.0	3.9
Quintile 3	%	7.5	9.6	6.9	7.4	12.0	14.6	14.8	9.9	3.3
Quintile 4	%	8.2	11.8	10.3	8.8	11.9	12.2	8.7	11.3	4.5
Quintile 5	%	12.8	18.5	12.9	12.8	15.9	18.1	12.8	27.3	7.0
Total (g)	%	**4.0**	**4.1**	**3.8**	**4.6**	**4.2**	**4.5**	**7.6**	**5.8**	**2.0**
2007-08										
Quintile 1	%	7.4	9.6	10.0	11.1	8.2	9.2	41.9	69.9	4.2
Quintile 2	%	12.3	11.4	9.4	10.6	9.2	13.6	32.5	35.2	4.9
Quintile 3	%	11.7	9.9	9.0	10.8	13.3	13.9	14.8	40.2	4.8
Quintile 4	%	10.6	11.7	11.1	16.0	12.5	22.3	13.5	136.5	5.5

Table EA.20 Proportion of adults who are daily smokers, by SEIFA IRSD quintiles (a), (b)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (c), (d)	*Aust*
Quintile 5	%	12.4	13.9	14.7	16.6	18.2	37.6	np	np	7.3
Total (g)	%	**5.2**	**4.6**	**4.7**	**6.3**	**5.7**	**6.2**	**6.4**	**22.4**	**2.4**

RSE = Relative standard error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Rates for total are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(b) A lower SEIFA quintile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA quintile indicates a relative lack of disadvantage and greater advantage in general.

(c) Data for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey translates to exclusion of around 23 per cent of the NT population.

(d) Data for 2011-12 for the NT are not comparable to data for previous years due to the increased sample size.

(e) Data for 2011-12 have been revised and differ from data published in the 2013 Report.

(f) 95 per cent confidence interval.

(g) Total includes those who could not be allocated to a SEIFA quintile.

.. Not applicable. – Nil or rounded to zero. **np** Not published.

Source : ABS (unpublished) *Australian Health Survey 2011-13* (2011-12 Core component); ABS (unpublished) *National Health Survey 2007-08* .

Table EA.21 Proportion of adults who are daily smokers, by Indigenous status (a), (b)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (c), (d)	Aust
2011–13 (d)										
Rate of adult daily smokers (age standardised)										
Indigenous	%	39.5	41.0	41.8	39.5	42.2	39.1	28.1	48.0	41.2
Conf. Inter. (e)	±	4.9	5.7	4.4	4.4	5.6	6.0	9.4	5.1	2.1
Non-Indigenous	%	14.0	16.5	17.1	17.4	16.3	21.2	12.6	22.1	16.0
Conf. Inter. (e)	±	1.1	1.3	1.2	1.5	1.4	1.9	1.9	2.7	0.7
Relative standard errors — Rate of adult daily smokers (age standardised)										
Indigenous	%	6.3	7.1	5.4	5.7	6.8	7.8	17.1	5.5	2.6
Non-Indigenous	%	4.2	4.1	3.7	4.5	4.4	4.5	7.8	6.3	2.1
Rate ratio (f)		2.8	2.5	2.4	2.3	2.6	1.8	2.2	2.2	2.6
2007-08 (g)										
Rate of adult daily smokers (age standardised)										
Indigenous	%	47.6	46.6	42.8	39.6	47.0	44.2	29.8	46.6	44.8
Conf. Inter. (e)	±	4.6	3.8	4.2	4.4	5.4	5.9	6.5	4.9	2.0
Non-Indigenous (g	%	18.8	17.3	21.5	16.9	20.0	23.5	16.0	22.2	18.9
Conf. Inter. (e)	±	1.9	1.6	2.0	2.0	2.3	3.1	2.0	12.3	0.9
Relative standard errors — Rate of adult daily smokers (age standardised)										
Indigenous	%	5.0	4.1	5.0	5.7	5.9	6.8	11.2	5.4	2.3
Non-Indigenous (g	%	5.1	4.8	4.6	6.2	5.8	6.7	6.4	28.2	2.4
Rate ratio (f)		2.5	2.7	2.0	2.3	2.4	1.9	1.9	2.1	2.4

RSE = Relative standard error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Adults are defined as persons aged 18 years and over.

(b) Rates are age standardised to the 2001 Australian population (10 year age ranges from 18 years to 55 years or over).

(c) Data for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey in 2011-12 and the National Health Survey in 2007-08 translates to exclusion of around 23 per cent of the NT population.

(d) Data for 2011–13 for non-Indigenous people for the NT are not comparable to data for previous years due to the increased sample size.

(e) 95 per cent confidence interval.

(f) Rate ratio is the rate for Indigenous Australians divided by the rate for non-Indigenous Australians.

Source : ABS unpublished, *Australian Aboriginal and Torres Strait Islander Health Survey 2012-13* (2012-13 NATSIHS component); ABS unpublished, *National Aboriginal and Torres Strait Islander Social Survey, 2008* ; ABS unpublished, *Australian Health Survey 2011–13* (2011-12 Core component); ABS unpublished, *National Health Survey, 2007-08* .

Table EA.22 **Proportion of adults at risk of long term harm from alcohol (2009 NHMRC guidelines), by remoteness (a), (b), (c)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (d), (e)	Aust
Remoteness of residence (age standardised rate)										
2011-12 (e)										
Major cities	%	17.5	16.7	20.5	22.9	17.6	..	21.0	..	18.5
Conf. Inter. (f)	±	1.9	1.9	2.1	2.1	2.0	..	2.4	..	1.0
Inner regional	%	20.4	19.7	17.8	33.7	18.8	21.7	–	..	20.6
Conf. Inter. (f)	±	5.2	3.9	4.3	7.0	6.7	2.7	–	..	2.4
Outer regional	%	np	17.0	np	28.5	20.7	23.6	..	24.5	22.1
Conf. Inter. (f)	±	np	9.8	np	8.8	5.9	5.2	..	4.2	2.9
Remote	%	np	..	np	36.7	27.3	37.6	..	22.9	31.4
Conf. Inter. (f)	±	np	..	np	12.7	32.6	50.6	..	8.1	7.4
Very remote (c)	%	na	na	na	na	na	na	na	na	na
Conf. Inter. (f)	±	na	na	na	na	na	na	na	na	na
Total	**%**	**18.5**	**17.5**	**19.9**	**25.3**	**18.2**	**22.8**	**21.0**	**24.2**	**19.4**
Conf. Inter. (f)	**±**	**1.5**	**1.6**	**1.8**	**2.1**	**1.8**	**2.4**	**2.4**	**3.5**	**0.8**
Adults at risk	'000	1 027.5	760.4	682.8	443.1	228.3	86.9	58.5	30.7	3 318.2
2007-08										
Major cities	%	18.9	17.7	20.3	22.9	18.6	..	21.3	..	19.2
Conf. Inter. (f)	±	1.8	1.9	2.2	2.7	2.1	..	2.1	..	0.8
Inner regional	%	25.5	23.5	23.3	28.4	20.9	21.3	–	..	24.3
Conf. Inter. (f)	±	4.0	5.0	4.2	6.5	10.9	3.6	–	..	2.5
Outer regional	%	np	21.7	25.6	40.8	12.2	np	..	23.8	24.2
Conf. Inter. (f)	±	np	14.3	4.0	11.2	5.5	np	..	16.8	2.9
Remote	%	np	..	39.5	23.8	24.6	np	..	52.1	32.1
Conf. Inter. (f)	±	np	..	24.8	20.3	12.8	np	..	30.9	11.1
Very remote (c)	%	na	na	na	na	na	na	na	na	na
Conf. Inter. (f)	±	na	na	na	na	na	na	na	na	na
Total	**%**	na	na	na	na	na	na	na	na	na
Conf. Inter. (f)	**±**	**1.7**	**1.8**	**2.0**	**2.5**	**1.8**	**2.9**	**2.1**	**14.6**	**0.9**
Adults at risk	'000	1 063.2	749.3	694.6	395.4	220.0	77.8	55.2	38.5	3 294.0
Relative standard error										
2011-12 (e)										
Major cities	%	5.4	5.8	5.3	4.6	5.7	..	5.8	..	2.9
Inner regional	%	13.0	10.1	12.2	10.6	18.1	6.4	–	..	5.9
Outer regional	%	np	29.3	np	15.7	14.5	11.3	..	8.8	6.8
Remote	%	np	..	np	17.6	60.8	68.7	..	18.1	12.1
Very remote (c)	%	na	na	na	na	na	na	na	na	na
Total	%	**4.2**	**4.7**	**4.7**	**4.3**	**4.9**	**5.5**	**5.8**	**7.4**	**2.2**
2007-08										
Major cities	%	4.8	5.6	5.5	5.9	5.6	..	5.0	..	2.1
Inner regional	%	8.0	10.9	9.3	11.7	26.7	8.7	–	..	5.3
Outer regional	%	np	33.5	8.0	14.0	22.8	np	..	35.9	6.0
Remote	%	np	..	32.1	43.5	26.5	np	..	30.2	17.7

Table EA.22 Proportion of adults at risk of long term harm from alcohol (2009 NHMRC guidelines), by remoteness (a), (b), (c)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d), (e)	*Aust*
Very remote (c)	%	na	na	na	na	na	na	na	na	na
Total	%	**4.2**	**5.0**	**4.5**	**5.0**	**5.1**	**7.0**	**5.0**	**22.3**	**2.1**

RSE = Relative standard error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Rates are based on the 2009 NHMRC guidelines and can be used for the purposes of comparisons over time.

(b) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(c) Very remote data was not collected.

(d) Data for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey translates to exclusion of around 23 per cent of the NT population.

(e) Data for 2011-12 for the NT are not comparable to data for previous years due to the increased sample size.

(f) 95 per cent confidence interval.

Source : ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component); ABS (unpublished) National Health Survey 2007-08.

Table EA.23 Proportion of adults at risk of long term harm from alcohol (2009 NHMRC guidelines), by SEIFA IRSD quintiles (a), (b), (c)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (d), (e)	Aust
SEIFA IRSD quintile (age standardised)										
2011-12 (e)										
Quintile 1	%	14.1	16.7	20.2	22.7	14.4	21.0	10.4	22.1	16.7
Conf. Inter. (f)	±	3.6	3.5	5.0	6.7	3.9	4.3	10.2	8.1	1.9
Quintile 2	%	18.3	15.5	18.5	25.5	16.7	22.6	20.3	23.8	18.3
Conf. Inter. (f)	±	3.8	4.0	4.0	5.8	3.3	6.4	10.9	6.9	1.8
Quintile 3	%	19.1	15.1	21.5	24.9	18.1	20.7	21.1	21.5	19.2
Conf. Inter. (f)	±	3.8	3.8	3.7	4.6	5.9	6.1	6.8	6.6	2.0
Quintile 4	%	19.6	20.0	21.3	21.1	20.1	26.5	17.0	26.7	20.2
Conf. Inter. (f)	±	3.2	4.6	4.1	5.0	5.7	7.3	4.6	7.2	2.1
Quintile 5	%	20.6	21.2	18.3	29.8	21.2	23.7	23.6	31.9	21.7
Conf. Inter. (f)	±	4.7	3.4	4.2	4.6	4.5	8.3	4.1	13.7	2.1
Total (g)	**%**	**18.5**	**17.5**	**19.9**	**25.3**	**18.2**	**22.8**	**21.0**	**24.2**	**19.4**
Conf. Inter. (f)	**±**	**1.5**	**1.6**	**1.8**	**2.1**	**1.8**	**2.4**	**2.4**	**3.5**	**0.8**
Adults at risk	'000	1 027.5	760.4	682.8	443.1	228.3	86.9	58.5	30.7	3 318.2
2007-08										
Quintile 1	%	11.7	16.2	26.1	19.8	14.3	23.3	23.9	22.7	17.3
Conf. Inter. (f)	±	2.8	5.3	5.2	6.1	3.0	6.0	12.4	36.9	1.8
Quintile 2	%	19.4	16.1	23.0	27.4	19.0	20.3	24.0	35.7	20.7
Conf. Inter. (f)	±	4.3	4.2	3.6	5.3	4.4	7.6	20.0	22.9	1.7
Quintile 3	%	23.9	24.3	24.0	23.4	20.5	17.9	27.5	27.9	23.6
Conf. Inter. (f)	±	4.8	4.9	4.2	6.5	5.8	4.7	11.3	24.1	2.2
Quintile 4	%	22.3	16.6	17.6	26.8	16.1	22.3	18.7	23.2	19.8
Conf. Inter. (f)	±	4.2	3.8	4.3	5.9	3.9	6.8	3.9	26.6	1.9
Quintile 5	%	24.2	20.9	20.0	26.5	22.8	21.5	21.3	28.1	22.6
Conf. Inter. (f)	±	3.5	4.0	5.4	5.5	5.9	8.5	2.5	17.0	1.9
Total (g)	**%**	**20.4**	**18.8**	**22.3**	**25.3**	**18.5**	**21.5**	**21.3**	**33.4**	**20.9**
Conf. Inter. (f)	**±**	**1.7**	**1.8**	**2.0**	**2.5**	**1.8**	**2.9**	**2.1**	**14.6**	**0.9**
Adults at risk	'000	1 063.2	749.3	694.6	395.4	220.0	77.8	55.2	38.5	3 294.0
Relative standard error										
2011-12 (e)										
Quintile 1	%	13.1	10.6	12.7	15.1	13.8	10.5	50.3	18.6	5.7
Quintile 2	%	10.7	13.1	11.2	11.7	10.2	14.4	27.4	14.8	5.0
Quintile 3	%	10.1	12.7	8.8	9.5	16.5	15.1	16.4	15.7	5.2
Quintile 4	%	8.4	11.7	9.8	12.0	14.5	14.1	13.8	13.7	5.3
Quintile 5	%	11.5	8.2	11.8	7.8	10.7	17.8	8.9	22.0	4.8
Total (g)	%	**4.2**	**5.0**	**4.5**	**5.0**	**5.1**	**7.0**	**5.0**	**22.3**	**2.1**
2007-08										
Quintile 1	%	12.2	16.6	10.1	15.7	10.6	13.2	26.4	83.1	5.4
Quintile 2	%	11.4	13.4	8.0	9.8	11.9	19.2	42.6	32.8	4.2
Quintile 3	%	10.3	10.4	9.0	14.1	14.4	13.4	20.9	44.0	4.7
Quintile 4	%	9.6	11.7	12.6	11.2	12.3	15.7	10.6	58.5	4.8

Table EA.23 Proportion of adults at risk of long term harm from alcohol (2009 NHMRC guidelines), by SEIFA IRSD quintiles (a), (b), (c)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d), (e)	*Aust*
Quintile 5	%	7.3	9.7	13.7	10.7	13.2	20.1	6.0	30.9	4.2
Total (g)	%	**4.2**	**5.0**	**4.5**	**5.0**	**5.1**	**7.0**	**5.0**	**22.3**	**2.1**

RSE = Relative standard error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Rates are based on the 2009 NHMRC guidelines and can be used for the purposes of comparisons over time.

(b) Rates for total are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(c) A lower SEIFA quintile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA quintile indicates a relative lack of disadvantage and greater advantage in general.

(d) Data for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey translates to exclusion of around 23 per cent of the NT population.

(e) Data for 2011-12 for the NT are not comparable to data for previous years due to the increased sample size.

(f) 95 per cent confidence interval.

(g) Total includes those who could not be allocated to a SEIFA quintile.

Source : ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component); ABS (unpublished) National Health Survey 2007-08.

Table EA.24 **Proportion of adults at risk of long term harm from alcohol (2009 NHMRC guidelines), by Indigenous status (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d), (e)	*Aust*
2011–13 (e)										
Number of adults at risk										
Indigenous	'000	22.1	5.6	19.5	11.3	4.7	2.6	0.6	5.8	72.3
Non-Indigenous	'000	1 003.9	757.3	663.8	434.2	227.1	83.8	57.6	28.3	3 256.0
Rate of adults at risk of long term harm from alcohol (age standardised)										
Indigenous	%	19.7	19.9	18.2	23.0	22.1	18.1	15.5	14.2	19.2
Conf. Inter. (f)	±	3.3	4.1	3.7	3.8	5.1	4.2	6.2	4.0	1.6
Non-Indigenous	%	18.4	17.7	20.1	25.4	18.5	23.0	20.9	24.9	19.5
Conf. Inter. (f)	±	1.5	1.7	1.9	2.1	1.8	2.4	2.3	3.9	0.9
Relative standard errors										
Indigenous	%	8.4	10.5	10.4	8.3	11.7	11.9	20.3	14.5	4.3
Non-Indigenous	%	4.3	4.8	4.8	4.3	4.9	5.4	5.7	7.9	2.3
Rate ratio (f)		1.1	1.1	0.9	0.9	1.2	0.8	0.7	0.6	1.0
2004-05 (g)										
Number of adults at risk										
Indigenous	'000	16.6	3.8	17.4	8.6	3.4	1.9	0.5	3.8	56.0
Non-Indigenous	'000	1 085.9	764.0	623.8	349.1	257.5	65.8	52.3	28.2	3 226.6
Rate of adults at risk of long term harm from alcohol (age standardised)										
Indigenous	%	21.4	22.1	23.0	20.4	21.2	19.1	21.0	10.3	20.3
Conf. Inter. (f)	±	3.9	7.7	4.4	3.9	7.1	4.3	7.2	3.1	1.9
Non-Indigenous	%	21.9	20.4	22.4	24.6	23.0	19.2	21.6	29.6	21.9
Conf. Inter. (f)	±	1.3	1.6	1.5	2.3	1.6	2.0	2.5	11.7	0.7
Relative standard errors										
Indigenous	%	9.3	17.8	9.7	9.8	17.0	11.4	17.4	15.5	4.9
Non-Indigenous	%	3.1	3.9	3.4	4.8	3.6	5.2	5.8	20.1	1.6
Rate ratio (f)		1.0	1.1	1.0	0.8	0.9	1.0	1.0	0.3	0.9

RSE = Relative standard error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Adults are defined as persons aged 18 years or over.

(b) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (10 year age ranges from 18 years to 55 years or over).

(c) Long term harm measured as per the 2009 NHMRC alcohol guidelines. Rates are based on the 2009 NHMRC guidelines.

(d) Data for non-Indigenous people for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey in 2011-12 and the National Health Survey in 2004-05 translates to exclusion of around 23 per cent of the NT population.

(e) Data for 2011–13 for non-Indigenous people for the NT are not comparable to data for previous years due to the increased sample size.

(f) 95 per cent confidence interval.

(g) Rate ratio is the age standardised Indigenous proportion divided by the age standardised non-Indigenous proportion.

Table EA.24 **Proportion of adults at risk of long term harm from alcohol (2009 NHMRC guidelines), by Indigenous status (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d), (e)	*Aust*

(h) Data for 2004-05 are based on the 2009 NHMRC alcohol guidelines and differ from previously reported data that were based on 2001 NHMRC guidelines.

Source : ABS unpublished, *Australian Aboriginal and Torres Strait Islander Health Survey 2012-13* (2012-13 NATSIHS component); ABS unpublished, *Australian Health Survey 2011–13* (2011-12 Core component); ABS unpublished, *National Aboriginal and Torres Strait Islander Health Survey, 2004-05* ; ABS unpublished, *National Health Survey, 2004-05* .

Table EA.25 **Incidence of selected cancers (a)**

	Unit	NSW (b), (c)	Vic	Qld	WA	SA	Tas	ACT (b), (d)	NT	Aust
Incidence of selected cancers					*Age standardised rate per 100 000 population*					
2010 (b)										
Bowel cancer (e)	rate	61.5	61.7	63.2	58.5	57.6	80.7	62.9	52.0	61.8
Variability band (g)		59.8–63.3	59.7–63.8	60.9–65.6	55.4–61.8	54.3–61.0	73.7–88.1	54.3–72.2	39.5–66.7	60.8–62.8
Lung cancer (e)	rate	43.5	39.2	46.3	45.1	40.7	45.6	33.2	53.1	42.8
Variability band (g)		42.0–44.9	37.7–40.9	44.3–48.3	42.3–48.0	37.9–43.6	40.5–51.2	26.9–40.1	39.9–68.9	42.0–43.7
Melanoma (e)	rate	49.5	38.2	68.2	44.5	36.0	49.3	41.3	39.3	48.5
Variability band (g)		47.9–51.1	36.6–39.8	65.8–70.7	41.8–47.3	33.3–38.9	43.7–55.4	34.5–48.6	28.3–52.7	47.6–49.4
Female breast cancer (f)	rate	113.9	114.0	121.6	121.5	118.1	108.2	129.8	91.7	116.4
Variability band (g)		110.6–117.3	110.2–117.9	117.1–126.1	115.3–127.9	111.3–125.3	96.7–120.7	113.5–147.5	72.4–114.3	114.5–118.4
Cervical cancer (f)	rate	7.0	6.3	7.9	7.6	7.4	7.3	6.1	7.8	7.1
Variability band (g)		6.1–7.9	5.4–7.3	6.8–9.2	6.1–9.4	5.7–9.5	4.3–11.5	3.0–10.7	3.6–14.9	6.6–7.6
2009 (c), (d), (b)										
Bowel cancer (e)	rate	59.5	60.8	63.6	58.4	60.6	71.6	62.9	54.7	60.9
Variability band (g)		57.8–61.3	58.8–62.8	61.2–66.0	55.3–61.7	57.2–64.1	65.0–78.7	54.2–72.4	40.5–71.6	59.9–61.9
Lung cancer (e)	rate	43.6	41.5	47.2	45.9	43.6	39.5	31.3	57.7	43.8
Variability band (g)		42.2–45.1	39.9–43.2	45.2–49.3	43.0–48.8	40.7–46.7	34.7–44.8	25.2–38.3	42.2–76.2	42.9–44.6
Melanoma (e)	rate	48.2	41.4	69.3	46.0	36.3	47.7	34.9	37.0	49.1
Variability band (g)		46.7–49.8	39.8–43.1	66.8–71.8	43.2–48.9	33.6–39.2	42.2–53.8	28.8–41.9	26.1–50.5	48.2–50.0
Female breast cancer (f)	rate	116.7	109.4	120.8	113.5	112.7	117.0	149.0	83.0	115.2
Variability band (g)		113.4–120.2	105.6–113.2	116.3–125.4	107.4–119.8	105.9–119.7	104.9–130.0	131.4–168.3	62.5–107.5	113.3–117.2
Cervical cancer (f)	rate	6.8	5.7	7.6	8.4	5.1	6.0	6.5	14.1	6.7
Variability band (g)		6.0–7.7	4.8–6.6	6.5–8.8	6.7–10.2	3.7–6.8	3.3–9.9	3.4–11.4	5.7–27.4	6.2–7.2
2008										
Bowel cancer (e)	rate	60.6	62.1	66.4	58.1	66.1	77.4	63.2	49.3	62.7
Variability band (g)		58.8–62.4	60.0–64.2	64.0–68.9	54.9–61.5	62.5–69.9	70.5–84.8	54.4–73.0	35.8–65.6	61.7–63.7
Lung cancer (e)	rate	43.4	42.6	47.9	44.3	44.0	47.9	35.4	79.2	44.4
Variability band (g)		41.9–44.9	40.9–44.3	45.9–50.1	41.5–47.2	41.1–47.1	42.5–53.8	28.9–42.9	60.7–100.8	43.5–45.2

Table EA.25 **Incidence of selected cancers (a)**

	Unit	*NSW* (b), (c)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b), (d)	*NT*	*Aust*
Melanoma (e)	rate	48.1	39.7	68.9	49.5	39.9	49.1	44.6	35.3	49.3
Variability band (g)		46.6–49.7	38.0–41.4	66.4–71.4	46.6–52.5	37.0–42.9	43.4–55.4	37.5–52.6	24.3–48.8	48.4–50.3
Female breast cancer (f)	rate	114.0	116.7	123.1	118.8	119.0	103.1	117.6	97.4	116.9
Variability band (g)		110.6–117.4	112.8–120.7	118.5–127.8	112.5–125.3	112.0–126.3	91.7–115.5	102.0–134.9	74.2–125.0	114.9–118.9
Cervical cancer (f)	rate	6.7	6.6	7.1	8.7	8.1	6.9	3.8	14.1	7.1
Variability band (g)		5.9–7.6	5.7–7.6	6.0–8.3	7.1–10.7	6.2–10.3	3.9–11.1	1.5–7.9	6.1–26.5	6.6–7.6
2007										
Bowel cancer (e)	rate	63.8	64.3	66.6	57.3	65.7	81.8	60.6	69.7	64.5
Variability band (g)		62.0–65.6	62.2–66.4	64.1–69.1	54.1–60.6	62.1–69.5	74.6–89.5	51.9–70.4	53.1–89.3	63.4–65.5
Lung cancer (e)	rate	43.6	45.6	46.5	42.9	41.1	49.8	38.0	56.0	44.6
Variability band (g)		42.2–45.2	43.8–47.4	44.4–48.6	40.1–45.9	38.2–44.1	44.2–56.0	31.1–45.9	41.8–73.0	43.7–45.4
Melanoma (e)	rate	48.3	39.6	64.7	46.2	34.6	42.0	32.7	25.4	47.5
Variability band (g)		46.7–49.9	37.9–41.3	62.3–67.2	43.3–49.2	31.9–37.5	36.7–47.7	26.6–39.7	18.5–34.0	46.6–48.4
Female breast cancer (f)	rate	111.0	112.3	113.2	102.5	117.4	97.4	115.1	82.8	110.9
Variability band (g)		107.6–114.4	108.4–116.3	108.7–117.8	96.6–108.7	110.5–124.7	86.3–109.5	99.5–132.3	60.1–110.2	109.0–112.9
Cervical cancer (f)	rate	7.7	6.0	6.9	7.8	5.0	7.9	4.4	10.4	6.9
Variability band (g)		6.8–8.7	5.1–7.0	5.8–8.1	6.2–9.7	3.5–6.8	4.9–12.1	1.9–8.7	4.8–19.4	6.4–7.4
Number of new cases						*Number*				
2010										
Bowel cancer	no.	4 976	3 728	2 862	1 345	1 158	506	204	80	14 860
Lung cancer	no.	3 506	2 375	2 108	1 022	821	287	105	71	10 296
Melanoma	no.	3 861	2 245	3 089	1 031	684	291	141	63	11 405
Female breast cancer	no.	4 582	3 475	2 848	1 463	1 155	334	236	88	14 181
Cervical cancer	no.	265	182	177	90	65	19	11	9	818
2009 (c), (d), (h)										
Bowel cancer	no.	4 668	3 565	2 780	1 294	1 202	440	195	70	14 214

Table EA.25 **Incidence of selected cancers (a)**

	Unit	*NSW* (b), (c)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b), (d)	*NT*	*Aust*
Lung cancer	no.	3 438	2 441	2 086	1 008	860	247	96	65	10 241
Melanoma	no.	3 695	2 376	3 041	1 036	671	274	117	54	11 264
Female breast cancer	no.	4 609	3 266	2 766	1 324	1 086	355	265	71	13 742
Cervical cancer	no.	251	164	165	93	45	15	12	11	756
2008										
Bowel cancer	no.	4 656	3 545	2 844	1 254	1 273	467	191	61	14 291
Lung cancer	no.	3 319	2 441	2 053	948	855	289	107	89	10 101
Melanoma	no.	3 617	2 216	2 951	1 080	734	276	144	50	11 068
Female breast cancer	no.	4 392	3 413	2 739	1 343	1 121	306	207	75	13 596
Cervical cancer	no.	248	182	149	96	66	17	7	12	777
2007										
Bowel cancer	no.	4785	3584	2774	1200	1240	481	178	80	14322
Lung cancer	no.	3 279	2 548	1 925	887	777	288	110	70	9 884
Melanoma	no.	3 542	2 163	2 698	977	619	237	104	50	10 390
Female breast cancer	no.	4 203	3 199	2 449	1 127	1 108	286	200	61	12 633
Cervical cancer	no.	278	164	145	82	40	21	8	10	748

(a) Due to the low incidence of cancers in some jurisdictions, comparisons across time and between jurisdictions should be made with caution.

(b) NSW and ACT data for 2010 are estimated as actual incidence data were not available. See the data quality statement for more details.

(c) 2009 incidence data for NSW include an extra 1.2% imputed cases for currently missing 'death certificate only' notifications. See the data quality statement for more details.

(d) 2009 incidence data for the ACT include an extra 1.4% imputed cases for currently missing 'death certificate only' notifications. See the data quality statement for more details.

(e) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 persons.

(f) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 females.

(g) Variability band (± rate per 100 000 population)

(h) 2009 data have been revised and may differ from data published in the 2013 Report.

Source: AIHW unpublished, Australian Cancer Database 2010; ABS unpublished, Estimated Resident Population, 30 June.

Table EA.26 **Incidence of selected cancers, by remoteness area, 2010 (a)**

	NSW (b)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT* (c)	*Total excluding NSW/ACT* (d)	*Total excluding NSW/ACT* (d)
					Age standardised rate per 100 000 population					*no.*
Bowel cancer (e)										
Major cities	na	58.5	60.8	57.3	56.3	..	na	..	58.5	5,904
Variability band (g)	na	56.2–60.8	57.8–63.8	53.6–61.1	52.4–60.4	..	na	..	57.0–60.1	
Inner regional	na	65.5	65.2	63.8	52.9	80.6	na	..	65.9	2,282
Variability band (g)	na	61.2–70.1	60.5–70.2	55.3–72.8	44.1–62.5	71.8–89.9	na	..	63.2–68.7	
Outer regional	na	76.5	69.6	59.8	63.7	81.7	na	61.1	70.0	1,215
Variability band (g)	na	67.2–86.4	63.1–76.4	49.6–71.2	53.8–74.4	69.7–94.7	na	43.4–82.9	66.1–74.1	
Remote	na	47.9	68.8	55.0	83.0	74.5	na	48.3	68.4	179
Variability band (g)	na	9.3–121.2	50.9–90.3	39.3–74.5	60.4–109.5	28.2–151.6	na	28.5–75.7	58.4–79.4	
Very remote	na	..	41.6	57.3	67.1	69.9	na	16.2	49.1	51
Variability band (g)	na	..	22.1–68.4	30.7–94.3	25.3–130.8	13.7–206.0	na	4.6–34.6	35.2–65.8	
Lung cancer (e)										
Major cities	na	36.7	44.7	44.5	42.4	..	na	..	40.8	4,106
Variability band (g)	na	34.9–38.5	42.2–47.3	41.2–47.9	39.0–45.9	..	na	..	39.6–42.1	
Inner regional	na	41.7	45.6	47.0	36.0	42.9	na	..	43.2	1,506
Variability band (g)	na	38.3–45.3	41.7–49.7	39.8–55.0	29.1–44.0	36.6–49.8	na	..	41.0–45.4	
Outer regional	na	43.5	48.4	46.5	37.4	48.5	na	51.2	45.7	801
Variability band (g)	na	36.7–50.9	43.0–54.1	37.5–56.5	29.9–45.8	39.6–58.7	na	34.6–71.1	42.5–49.0	
Remote	na	43.5	58.6	49.1	31.1	61.5	na	32.9	46.5	115
Variability band (g)	na	5.4–119.7	41.4–79.2	32.9–68.5	17.9–49.1	22.1–129.6	na	13.1–63.2	38.0–56.0	
Very remote	na	..	75.5	32.1	52.6	114.3	na	91.1	62.1	74
Variability band (g)	na	..	50.5–108.1	11.7–62.0	20.2–100.9	27.0–301.7	na	45.4–148.8	47.3–79.1	

Table EA.26 **Incidence of selected cancers, by remoteness area, 2010 (a)**

	NSW (b)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT* (c)	*Total excluding NSW/ACT* (d)	*Total excluding NSW/ACT* (d)
					Age standardised rate per 100 000 population					*no.*
Melanoma (e)										
Major cities	na	34.8	70.8	40.0	33.4	..	na	..	45.2	4,520
Variability band (g)	na	33.1–36.6	67.6–74.0	37.0–43.2	30.3–36.6	..	na	..	43.8–46.5	
Inner regional	na	46.7	65.1	64.4	40.5	49.3	na	..	54.3	1,774
Variability band (g)	na	43.0–50.7	60.2–70.2	55.8–73.6	32.5–49.6	42.3–57.0	na	..	51.8–57.0	
Outer regional	na	43.2	66.7	44.8	45.7	49.1	na	49.0	53.6	908
Variability band (g)	na	36.0–51.3	60.4–73.4	36.1–54.8	36.7–55.8	39.6–59.9	na	32.6–68.7	50.1–57.2	
Remote	na	48.4	44.2	49.7	49.8	43.6	na	38.0	46.5	126
Variability band (g)	na	1.9–162.7	30.3–62.0	35.0–67.5	32.0–73.0	8.3–107.1	na	20.0–63.1	38.5–55.6	
Very remote	na	..	37.4	49.1	16.3	62.3	na	np	31.7	46
Variability band (g)	na	..	21.0–60.0	25.4–79.9	1.6–49.1	7.4–225.7	na	np	22.3–42.8	
Female breast cancer (f)										
Major cities	na	113.8	122.1	122.9	122.8	..	na	..	118.7	6,170
Variability band (g)	na	109.4–118.4	116.3–128.1	115.5–130.6	114.6–131.4	..	na	..	115.7–121.7	
Inner regional	na	111.2	124.0	120.6	134.1	109.9	na	..	117.9	2,009
Variability band (g)	na	103.1–119.8	114.8–133.7	104.6–138.3	114.1–156.2	95.4–125.8	na	..	112.7–123.2	
Outer regional	na	121.9	117.4	124.9	69.8	107.4	na	100.9	111.5	970
Variability band (g)	na	104.9–140.7	105.8–129.7	104.3–147.5	54.3–87.4	88.1–129.6	na	74.8–132.6	104.5–118.8	
Remote	na	99.2	74.1	100.7	131.0	104.4	na	81.1	99.4	131
Variability band (g)	na	16.7–283.8	49.1–107.2	69.5–137.4	89.9–179.7	29.5–231.8	na	47.6–128.7	82.5–117.9	
Very remote	na	..	130.7	110.3	92.0	–	na	77.8	104.0	63
Variability band (g)	na	..	83.9–189.5	57.8–177.7	29.5–200.1	..	na	36.9–140.9	78.5–134.7	

Table EA.26 **Incidence of selected cancers, by remoteness area, 2010 (a)**

	NSW (b)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT* (c)	*Total excluding NSW/ACT* (d)	*Total excluding NSW/ACT* (d)
					Age standardised rate per 100 000 population					*no.*
Cervical cancer (f)										
Major cities	na	6.1	7.0	7.1	7.9	..	na	..	6.7	342
Variability band (g)	na	5.1–7.2	5.6–8.5	5.3–9.0	5.8–10.4	..	na	..	6.0–7.5	
Inner regional	na	7.9	8.3	6.4	6.1	6.6	na	..	7.6	108
Variability band (g)	na	5.5–10.7	5.8–11.3	3.0–11.7	2.2–12.3	3.1–11.7	na	..	6.2–9.2	
Outer regional	na	5.0	9.9	9.1	5.3	8.0	na	np	8.1	64
Variability band (g)	na	1.6–11.5	6.7–14.0	4.0–16.9	1.5–12.5	2.8–16.0	na	np	6.2–10.3	
Remote	na	–	10.3	13.6	9.1	13.7	na	np	11.4	16
Variability band (g)	na	..	2.2–25.9	4.6–27.4	0.5–31.1	0.0–82.5	na	np	6.2–18.1	
Very remote	na	..	21.2	24.5	–	–	na	–	13.1	8
Variability band (g)	na	..	5.2–49.5	2.5–67.5	..	..	na	..	4.9–26.0	

(a) Remoteness areas are classified according to the Australian Standard Geographical classification (ASGC) Remoteness Area. Disaggregation by remoteness area is based on postcode of usual residence. There are no very remote areas in Victoria; no major cities in Tasmania; and no major cities or inner regional areas in the NT.

(b) 2010 incidence data for NSW and ACT were not available. Estimates were made for the jurisdictions as a whole (see table EA.24) but not by remoteness area.

(c) For the NT, incidence rates based on counts of between 1 and 4 persons are not published due to statistical unreliability, consistent with NT Health Department policy.

(d) Totals do not include NSW or ACT as disaggregation by remoteness area was not available. Therefore totals should not be compared to previous years.

(e) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 persons.

(f) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 females.

(g) Variability band (± rate per 100 000 population)

na Not available. .. Not applicable. **–** Nil or rounded to zero. **np** Not published.

Source: AIHW (unpublished) Australian Cancer Database 2010; ABS (unpublished) concordances from Postal Area to Remoteness Area; ABS (unpublished) Estimated Resident Population, 30 June 2010.

Table EA.27 **Incidence of selected cancers, by SEIFA IRSD quintiles, 2010 (a)**

	NSW (b)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT* (c)	*Total excluding NSW/ACT* (d)	*Total excluding NSW/ACT* (d)
	Age standardised rate per 100 000 population									*no.*
Bowel cancer (e)										
Quintile 1	na	66.0	63.8	62.8	64.8	84.8	na	32.1	66.6	2181
Variability band (g)	na	61.0–71.3	59.1–68.7	49.5–78.5	58.5–71.6	75.5–95.0	na	16.2–55.1	63.8–69.5	
Quintile 2	na	65.8	74.8	66.9	53.5	67.3	na	79.9	66.4	1886
Variability band (g)	na	61.2–70.7	68.6–81.4	59.5–75.0	46.9–60.7	45.8–95.3	na	34.7–152.	63.4–69.5	
Quintile 3	na	62.5	63.3	56.3	59.9	80.8	na	66.4	61.7	2073
Variability band (g)	na	58.0–67.1	58.3–68.7	51.1–61.9	51.2–69.7	65.6–98.5	na	37.6–106.	59.1–64.5	
Quintile 4	na	57.1	57.9	56.2	55.5	71.7	na	61.9	57.8	1868
Variability band (g)	na	53.0–61.5	53.4–62.8	49.0–64.1	48.1–63.8	55.3–91.3	na	37.9–93.8	55.2–60.5	
Quintile 5	na	55.7	56.8	55.4	49.4	..	na	np	55.2	1622
Variability band (g)	na	51.8–59.8	51.2–62.9	49.2–62.1	41.3–58.6	..	na	np	52.5–57.9	
Lung cancer (e)										
Quintile 1	na	45.3	54.2	50.3	52.5	48.3	na	81.1	50.6	1676
Variability band (g)	na	41.2–49.7	49.9–58.6	38.3–64.8	46.9–58.6	41.5–56.0	na	53.4–116.	48.2–53.1	
Quintile 2	na	40.7	52.1	51.7	43.7	44.4	na	56.2	45.9	1312
Variability band (g)	na	37.1–44.6	47.0–57.7	45.2–58.9	37.9–50.2	27.0–68.8	na	23.3–112.	43.4–48.5	
Quintile 3	na	42.1	49.3	48.8	34.9	42.5	na	51.6	45.1	1515
Variability band (g)	na	38.5–46.0	44.9–54.0	44.0–54.0	28.3–42.6	31.7–55.8	na	24.7–92.4	42.8–47.4	
Quintile 4	na	31.5	38.0	39.3	36.9	40.7	na	30.8	35.4	1137
Variability band (g)	na	28.5–34.8	34.4–42.0	33.2–46.1	30.9–43.8	28.4–56.5	na	13.0–58.8	33.4–37.6	
Quintile 5	na	33.5	34.2	36.9	21.5	..	na	np	33.1	961
Variability band (g)	na	30.5–36.7	29.8–39.1	31.9–42.4	16.2–27.8	..	na	np	31.0–35.3	

Table EA.27 **Incidence of selected cancers, by SEIFA IRSD quintiles, 2010 (a)**

	NSW (b)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT* (c)	*Total excluding NSW/ACT* (d)	*Total excluding NSW/ACT* (d)
				Age standardised rate per 100 000 population						*no.*
Melanoma (e)										
Quintile 1	na	25.0	58.8	47.6	37.8	48.0	na	15.6	42.2	1321
Variability band (g)	na	21.9–28.4	54.2–63.7	36.4–61.1	32.9–43.3	40.8–56.1	na	5.8–31.3	39.9–44.5	
Quintile 2	na	40.0	68.0	48.7	37.3	55.6	na	45.6	48.5	1322
Variability band (g)	na	36.3–44.0	62.1–74.5	42.4–55.6	31.6–43.7	35.4–82.9	na	14.3–103.	45.9–51.2	
Quintile 3	na	35.4	70.3	39.5	33.7	60.2	na	66.5	46.9	1570
Variability band (g)	na	32.1–39.0	65.0–75.9	35.2–44.2	27.1–41.5	46.3–76.8	na	34.8–111.	44.6–49.3	
Quintile 4	na	41.1	67.1	46.9	36.1	39.4	na	52.3	50.0	1628
Variability band (g)	na	37.6–44.9	62.3–72.2	40.6–54.0	30.0–43.1	27.4–54.8	na	29.6–83.0	47.6–52.5	
Quintile 5	na	44.0	79.2	45.3	32.7	..	na	23.4	52.2	1531
Variability band (g)	na	40.6–47.7	72.8–86.0	39.7–51.4	26.1–40.5	..	na	7.6–54.6	49.6–54.9	
Female breast cancer (f)										
Quintile 1	na	103.6	112.3	116.2	104.5	109.7	na	37.7	106.9	1701
Variability band (g)	na	94.6–113.2	103.4–121.8	91.1–146.0	93.0–117.1	94.5–126.6	na	20.6–63.4	101.8–112.2	
Quintile 2	na	110.4	119.1	120.5	121.9	107.5	na	202.1	116.4	1638
Variability band (g)	na	101.7–119.7	108.2–130.9	106.6–135.6	107.3–137.9	67.7–161.9	na	108.1–34	110.8–122.3	
Quintile 3	na	115.1	124.6	113.4	115.7	96.3	na	126.5	117.1	2020
Variability band (g)	na	106.8–123.9	114.8–135.1	103.2–124.4	97.9–135.7	72.9–124.7	na	79.5–190.	112.0–122.3	
Quintile 4	na	113.8	121.2	126.6	131.7	120.4	na	97.5	119.8	2039
Variability band (g)	na	105.7–122.2	112.2–130.7	112.1–142.4	115.3–149.8	90.7–156.6	na	63.3–142.	114.6–125.2	
Quintile 5	na	121.5	132.1	130.8	123.3	..	na	101.7	125.8	1945
Variability band (g)	na	113.5–129.9	120.6–144.4	117.8–144.9	105.7–142.8	..	na	25.9–236.	120.2–131.6	

Table EA.27 **Incidence of selected cancers, by SEIFA IRSD quintiles, 2010 (a)**

	NSW (b)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT* (c)	*Total excluding NSW/ACT* (d)	*Total excluding NSW/ACT* (d)
				Age standardised rate per 100 000 population						*no.*
Cervical cancer (f)										
Quintile 1	na	7.0	11.2	14.8	8.8	7.2	na	np	9.0	131
Variability band (g)	na	4.7–10.0	8.4–14.7	6.7–28.1	5.6–13.0	3.5–13.0	na	np	7.5–10.7	
Quintile 2	na	7.0	9.2	6.9	9.6	4.4	na	np	7.9	99
Variability band (g)	na	4.8–9.9	6.2–13.0	3.9–11.4	5.6–15.2	0.1–24.5	na	np	6.4–9.6	
Quintile 3	na	6.4	5.9	8.5	6.9	10.3	na	np	7.0	116
Variability band (g)	na	4.6–8.8	3.9–8.5	5.9–11.9	3.0–13.6	3.1–24.5	na	np	5.8–8.4	
Quintile 4	na	5.8	6.7	6.4	7.0	5.3	na	np	6.3	105
Variability band (g)	na	4.1–8.1	4.7–9.2	3.5–10.7	3.4–12.8	0.6–19.1	na	np	5.2–7.7	
Quintile 5	na	5.8	6.7	6.6	3.0	..	na	–	5.8	87
Variability band (g)	na	4.1–7.9	4.4–9.8	3.9–10.5	0.5–8.8	..	na	..	4.7–7.2	

(a) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on Statistical Local Area (SLA) of usual residence at time of diagnosis. Not all quintiles are represented in every jurisdiction. Socio-Economic Indexes for Areas quintiles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within SLA boundaries since 2006.

(b) 2010 incidence data for NSW and ACT were not available. Estimates were made for the jurisdictions as a whole (see table EA.24) but not by SEIFA quintile.

(c) For the NT, incidence rates based on counts of between 1 and 4 persons are not published due to statistical unreliability, consistent with NT Health Department policy.

(d) Totals do not include NSW or ACT as disaggregation by SEIFA quintile was not available. Therefore totals should not be compared to previous years.

(e) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 persons.

(f) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 females.

(g) Variability band (± rate per 100 000 population)

na Not available. .. Not applicable. **–** Nil or rounded to zero. **np** Not published.

Source: AIHW (unpublished) Australian Cancer Database 2010; ABS (unpublished) concordances from Postal Area to ABS Index of Relative Socio-economic Disadvantage (IRSD); ABS (unpublished) Estimated Resident Population, 30 June 2010.

Table EA.28 **Incidence of selected cancers, by Indigenous status (a), (b), (c), (d), (e)**

	NSW (f)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (f)	*NT*	*Total* (g)	*Total*
				Age standardised rate per 100 000 population						*(no.)*
2010 (f), (g)										
Bowel cancer										
Indigenous	na	102.0	58.4	41.8	28.2	62.2	na	13.6	43.9	52
Variability band (h), (i)	na	54.9–171.5	38.4–84.4	20.9–73.1	5.9–76.1	14.9–163.6	na	4.3–32.0	31.7–59.0	
Other Australians (j)	na	61.4	61.4	58.2	57.9	81.0	na	59.2	60.4	4 235
Variability band (h), (i)	na	59.4–63.4	59.1–63.7	55.1–61.4	54.6–61.4	74.0–88.4	na	45.5–75.4	58.6–62.2	
Lung cancer										
Indigenous	na	69.5	91.7	44.4	81.9	98.8	na	97.3	80.8	90
Variability band (h), (i)	na	34.0–124.3	66.7–122.4	21.4–80.0	36.1–155.7	34.3–218.5	na	59.9–147.8	63.6–100.9	
Other Australians (j)	na	38.9	44.2	44.3	40.1	44.8	na	42.4	44.2	3 111
Variability band (h), (i)	na	37.3–40.5	42.3–46.2	41.6–47.2	37.4–43.0	39.7–50.4	na	30.3–57.4	42.6–45.8	
Melanoma of the skin										
Indigenous	na	20.9	7.6	2.0	17.2	7.3	na	np	5.8	7
Variability band (h), (i)	na	3.5–63.1	1.6–19.3	0.1–11.4	3.5–50.3	0.2–40.8	na	np	1.9–12.8	
Other Australians (j)	na	37.9	67.6	45.0	36.5	50.4	na	42.3	59.7	4 176
Variability band (h), (i)	na	36.3–39.5	65.2–70.1	42.3–47.8	33.8–39.4	44.7–56.7	na	31.7–55.1	57.9–61.6	
Female breast cancer										
Indigenous	na	98.4	88.2	86.5	44.5	–	na	88.2	87.2	69
Variability band (h), (i)	na	44.2–185.7	57.8–127.6	47.5–142.2	12.1–114.2	na	na	50.0–142.6	65.9–112.7	
Other Australians (j)	na	113.0	119.6	122.6	116.3	110.4	na	93.6	120.3	4 330
Variability band (h), (i)	na	109.2–116.8	115.2–124.1	116.3–129.1	109.6–123.3	98.6–123.1	na	71.7–119.8	116.7–123.9	
Cervical cancer										
Indigenous	na	28.2	26.4	19.1	–	–	na	np	20.1	17
Variability band (h), (i)	na	7.6–72.4	10.3–53.1	7.0–41.5	na	na	na	np	10.6–33.8	
Other Australians (j)	na	6.2	7.5	7.4	7.5	7.5	na	8.0	7.5	259
Variability band (h), (i)	na	5.3–7.1	6.4–8.7	5.9–9.2	5.8–9.6	4.4–11.8	na	3.2–16.4	6.6–8.5	

Table EA.28 **Incidence of selected cancers, by Indigenous status (a), (b), (c), (d), (e)**

	NSW (f)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (f)	*NT*	*Total* (g)	*Total*
	Age standardised rate per 100 000 population									*(no.)*
2009										
Bowel cancer										
Indigenous	44.1	44.9	69.8	51.0	23.9	73.2	–	40.0	52.3	100
Variability band (h), (i)	29.8–62.5	19.5–87.0	47.2–98.7	25.9–88.4	3.5–73.2	20.1–178.0	na	18.1–73.9	41.5–64.8	
Other Australians (j)	59.4	60.4	61.6	57.9	61.3	72.1	62.2	53.7	59.8	8 712
Variability band (h), (i)	57.7–61.1	58.4–62.4	59.3–64.0	54.8–61.2	57.8–64.9	65.5–79.3	53.6–71.6	39.8–70.6	58.5–61.1	
Lung cancer										
Indigenous	87.9	71.5	88.2	85.3	47.1	92.8	–	67.8	84.8	138
Variability band (h), (i)	64.8–116.0	34.7–128.4	62.9–119.6	49.1–137.5	13.0–114.4	30.5–208.7	na	36.6–112.8	70.2–101.3	
Other Australians (j)	43.0	41.1	45.4	44.9	43.4	39.1	30.3	46.8	44.0	6 459
Variability band (h), (i)	41.6–44.5	39.5–42.7	43.5–47.5	42.2–47.8	40.5–46.4	34.3–44.3	24.4–37.0	33.7–63.1	43.0–45.1	
Melanoma of the skin										
Indigenous	5.4	7.3	6.0	11.5	–	–	–	np	7.0	16
Variability band (h), (i)	1.3–13.6	0.7–27.1	1.1–15.6	2.1–31.6	na	na	na	np	3.6–12.0	
Other Australians (j)	48.5	41.1	68.7	46.3	36.4	49.0	35.8	40.5	54.3	7 810
Variability band (h), (i)	46.9–50.1	39.5–42.8	66.2–71.2	43.5–49.2	33.7–39.3	43.3–55.2	29.5–42.9	29.4–54.3	53.1–55.6	
Female breast cancer										
Indigenous	98.5	81.2	72.0	104.1	10.4	115.6	np	100.6	91.2	108
Variability band (h), (i)	70.5–133.2	32.4–164.6	45.2–107.8	57.3–170.8	0.3–57.8	28.3–287.9	np	53.2–169.7	73.3–111.8	
Other Australians (j)	115.6	108.2	119.2	114.5	111.5	117.3	148.6	73.2	116.3	8 662
Variability band (h), (i)	112.2–119.	104.5–112.0	114.8–123.8	108.3–120.9	104.8–118.4	105.1–130.4	131.0–167.8	54.1–96.6	113.8–118.8	
Cervical cancer										
Indigenous	12.2	9.0	20.6	8.1	–	–	np	np	15.0	20
Variability band (h), (i)	2.9–30.4	0.2–50.1	7.6–42.2	1.5–24.0	na	na	np	np	8.2–24.4	
Other Australians (j)	6.7	5.7	7.2	8.2	5.1	6.1	6.1	11.2	7.1	500
Variability band (h), (i)	5.9–7.6	4.9–6.7	6.1–8.4	6.6–10.1	3.7–6.8	3.4–10.1	3.0–10.9	4.3–23.0	6.5–7.8	

Table EA.28 **Incidence of selected cancers, by Indigenous status (a), (b), (c), (d), (e)**

	NSW (f)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (f)	*NT*	*Total* (g)	*Total*
	Age standardised rate per 100 000 population									*(no.)*
2008										
Bowel cancer										
Indigenous	68.2	109.5	34.2	30.2	np	–	np	np	47.7	94
Variability band (h), (i)	47.6–94.2	58.0–186.6	20.5–53.0	11.3–62.6	np	–	np	np	37.8–59.3	
Other Australians (j)	60.5	60.7	64.8	58.1	66.4	79.0	62.6	56.2	62.1	14 131
Variability band (h), (i)	58.8–62.3	58.7–62.7	62.4–67.2	54.9–61.4	62.7–70.1	72.0–86.6	53.9–72.3	41.5–74.1	61.1–63.1	
Lung cancer										
Indigenous	77.5	np	54.6	96.0	57.6	np	np	124.3	73.6	149
Variability band (h), (i)	55.6–104.6	np	35.4–79.7	60.2–144.2	17.7–136.3	np	np	80.7–181.5	61.4–87.5	
Other Australians (j)	42.4	41.1	45.8	43.2	43.7	44.7	34.7	52.6	42.9	9 805
Variability band (h), (i)	40.9–43.9	39.5–42.8	43.8–47.9	40.4–46.1	40.8–46.8	39.5–50.4	28.3–42.2	38.5–70.0	42.1–43.8	
Melanoma of the skin										
Indigenous	np	28.5	np	np	–	–	np	–	6.2	14
Variability band (h), (i)	np	8.2–68.5	np	np	–	–	np	–	3.0–10.9	
Other Australians (j)	48.5	39.1	68.6	49.9	40.4	50.8	44.6	40.1	49.5	11 043
Variability band (h), (i)	47.0–50.1	37.5–40.8	66.2–71.2	47.0–53.0	37.5–43.5	44.9–57.3	37.5–52.6	28.8–54.1	48.5–50.4	
Female breast cancer										
Indigenous	100.5	157.8	94.0	99.9	np	np	np	64.3	92.0	123
Variability band (h), (i)	71.2–137.1	85.2–264.9	62.7–134.2	50.3–175.1	np	np	np	28.5–120.6	75.1–111.2	
Other Australians (j)	112.9	115.3	121.0	119.4	117.0	104.0	119.4	111.4	115.8	13 444
Variability band (h), (i)	109.5–116.3	111.4–119.2	116.5–125.7	113.1–126.1	110.1–124.2	92.5–116.6	103.6–137.0	83.1–145.5	113.8–117.7	
Cervical cancer										
Indigenous	np	np	20.4	22.2	–	np	–	np	14.2	26
Variability band (h), (i)	np	np	8.3–40.4	7.8–48.9	–	np	–	np	8.8–21.4	
Other Australians (j)	6.6	6.5	6.7	8.6	8.3	6.6	3.9	np	6.9	752
Variability band (h), (i)	5.8–7.5	5.5–7.5	5.6–7.9	7.0–10.6	6.4–10.5	3.7–10.9	1.6–8.0	np	6.4–7.4	

Table EA.28 **Incidence of selected cancers, by Indigenous status (a), (b), (c), (d), (e)**

	NSW (f)	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (f)	*NT*	*Total* (g)	*Total*
	Age standardised rate per 100 000 population									*(no.)*

(a) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 64 years, and expressed per 100 000 persons.

(b) Other includes non-Indigenous people and those for whom Indigenous status was not stated.

(c) Populations used to derive the Indigenous Australians and non-Indigenous Australians' rates are based on the 2006 Census and are not comparable with the 2011 based populations used to derive the rates for all Australians.

(d) Some jurisdictions may use an imputation method to impute missing Indigenous status for reporting purposes. This may lead to an underreporting of rates in this Indicator compared to those shown in jurisdictional cancer incidence reports.

(e) The incidence rate for Indigenous Australians may fluctuate considerably from year to year due to the behaviour of rare events in small populations.

(f) 2010 incidence data were not available for NSW or the ACT. Estimates were made for the jurisdictions as a whole but not by Indigenous status.

(g) For 2010, the total includes only Queensland, WA and the NT, for whom the quality of Indigenous status data is considered acceptable for statistical analysis. Totals for previous years also include NSW. This constitutes a break in time series and totals data for 2010 are not comparable with data for previous years.

(h) A 95 per cent variability band (confidence interval) for an estimate is a range of values which is very likely (95 times out of 100) to contain the true unknown value. Rates derived from administrative data counts are not subject to sampling error but may still be subject to natural random variation, especially for small counts. To quantify this variation variability bands are calculated to provide a confidence interval for the estimate.

(i) Variability bands should be used for the purposes of comparisons over time. They should not be used for comparing rates between jurisdictions at a single point in time as the variability bands and rates do not take into account differences in Indigenous under-identification between jurisdictions.

(j) 'Other' includes non-Indigenous people and those for whom Indigenous status was not stated.

– Nil or rounded to zero. **na** Not available. **np** Not published.

Source : AIHW unpublished, Australian Cancer Database 2010; ABS unpublished, Estimated Resident Population, 30 June 2009; ABS 2009, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021,* Series B, Cat. no. 3238.0, Canberra.

Table EA.29 Age standardised rate of heart attacks (new cases), people 25 years or over, by Indigenous status, 2007 to 2011 (a), (b), (c), (d)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (e)
Rate of heart attacks										
2007										
Indigenous	rate	na	na	na	na	na	na	na	na	1 208.2
Non-Indigenous (f)	rate	na	na	na	na	na	na	na	na	521.1
2008										
Indigenous	rate	na	na	na	na	na	na	na	na	1 197.8
Non-Indigenous (f)	rate	na	na	na	na	na	na	na	na	485.6
2009										
Indigenous	rate	na	na	na	na	na	na	na	na	1 183.5
Non-Indigenous (f)	rate	na	na	na	na	na	na	na	na	450.7
2010										
Indigenous	rate	na	na	na	na	na	na	na	na	1 104.3
Non-Indigenous (f)	rate	na	na	na	na	na	na	na	na	435.2
2011										
Indigenous	rate	na	na	na	na	na	na	na	na	1 076.9
Non-Indigenous (f)	rate	na	na	na	na	na	na	na	na	420.8

(a) Data should be interpreted with caution. These data are estimated from national hospital and deaths data, using an algorithm developed by the AIHW which has not yet been validated. The accuracy of the estimates rely on the accuracy of coding of principal diagnosis, transfers and deaths in hospital in the National Hospital Morbidity Database (NHMD) and the underlying cause of death in the National Mortality Database (NMD). See data quality information for further detail.

(b) The estimated number of heart attacks in a given year is derived from hospitalisations with a principal diagnoses of acute myocardial infarction or unstable angina that did not end in a transfer to another acute hospital or death in hospital, plus deaths from acute coronary heart disease. Rates are calculated as the estimated number of heart attacks divided by the relevant Australian estimated resident population.

(c) Rates are directly age-standardised to the 2001 Australian standard population.

(d) The populations used to derive rates are based on the 2006 Census and are not comparable with the 2011 based populations used to derive rates for all Australians.

(e) Estimates are based on data from the five jurisdictions where the quality of identification of Indigenous status is considered to be reasonable in both the NHMD and the NMD (NSW, QLD, WA, SA and the NT).

(f) Non-Indigenous includes cases where Indigenous status was not stated or was inadequately described.

Source : AIHW (unpublished) National Hospital Morbidity Database; AIHW (unpublished) National Mortality Database; ABS (2012) *Australian Demographic Statistics, September 2011* , Cat. no. 3101.0; ABS (unpublished) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , Series B, Cat.no. 3238.0.

Table EA.30 **Rate of heart attacks, by age and sex, people aged 25 years and over, 2007 to 2011 (a), (b), (c)**

	Unit	*<25*	*25-34*	*35-44*	*45-54*	*55-64*	*65-74*	*75-84*	*85+*	*Aust* (d)
Rate per 100 000 population										
2007										
Males	rate	na	22.3	149.3	492.7	979.0	1 650.8	2 710.5	4 586.1	729.0
Females	rate	na	6.4	44.1	148.1	350.7	785.8	1 683.5	3 475.5	358.2
Total	**rate**	**na**	**14.4**	**96.3**	**319.0**	**664.7**	**1 209.3**	**2 135.1**	**3 840.9**	**534.2**
2008										
Males	rate	na	18.8	142.0	457.1	907.6	1 556.2	2 519.7	4 408.5	682.7
Females	rate	na	5.3	40.9	144.0	314.1	721.0	1 599.7	3 402.9	337.4
Total	**rate**	**na**	**12.1**	**91.1**	**299.2**	**610.4**	**1 130.7**	**2 006.3**	**3 737.6**	**501.7**
2009										
Males	rate	na	18.4	140.4	438.5	882.3	1 399.8	2 334.5	4 104.6	639.9
Females	rate	na	5.1	46.3	139.6	296.9	641.1	1 442.7	3 102.1	310.2
Total	**rate**	**na**	**11.8**	**93.0**	**287.8**	**588.7**	**1 014.1**	**1 838.7**	**3 439.7**	**467.2**
2010										
Males	rate	na	17.3	131.5	437.3	823.6	1 325.5	2 225.0	3 980.0	611.4
Females	rate	na	5.2	43.3	139.9	283.6	620.5	1 395.3	2 943.8	299.2
Total	**rate**	**na**	**11.3**	**87.0**	**287.3**	**552.4**	**968.0**	**1 765.3**	**3 296.5**	**447.8**
2011										
Males	rate	na	15.8	125.7	416.8	784.4	1 264.7	2 127.3	3 834.8	584.0
Females	rate	na	6.4	40.6	134.3	274.0	578.3	1 287.7	2 900.5	283.8
Total	**rate**	**na**	**11.1**	**82.8**	**274.2**	**527.7**	**917.7**	**1 663.8**	**3 222.4**	**427.0**

(a) Data should be interpreted with caution. These data are estimated from national hospital and deaths data, using an algorithm developed by the AIHW which has not yet been validated. The accuracy of the estimates rely on the accuracy of coding of principal diagnosis, transfers and deaths in hospital in the National Hospital Morbidity Database (NHMD) and the underlying cause of death in the National Mortality Database (NMD). See data quality information for further detail.

(b) The estimated number of heart attacks in a given year is derived from hospitalisations with a principal diagnoses of acute myocardial infarction or unstable angina that did not end in a transfer to another acute hospital or death in hospital, plus deaths from acute coronary heart disease. Rates are calculated as the estimated number of heart attacks divided by the relevant Australian estimate resident population.

(c) The populations used to derive rates are based on the 2011 Census and are not comparable with the 2006 based populations used to derive rates for Indigenous and non-Indigenous Australians.

(d) The Australian total is directly age-standardised to the 2001 Australian standard population.

Source : AIHW (unpublished) National Hospital Morbidity Database; AIHW (unpublished) National Mortality Database; ABS (2012) *Australian Demographic Statistics, September 2011* , Cat. no. 3101.0; ABS (2013) *Australian Demographic Statistics, December 2012* , Cat. no. 3101.0.

Table EA.31 **Proportion of people with type 2 diabetes (based on fasting blood glucose test), by State and Territory, by sex, 2011-12 (per cent) (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*
People aged 18 years or over										
Proportion										
Males	%	5.4	5.1	5.8	5.4	6.4	5.1	4.4	8.6	5.5
95 per cent confidence interval	±	1.9	2.4	1.9	1.7	2.2	1.6	2.3	5.1	0.9
Females	%	3.1	2.3	3.3	3.9	4.4	3.0	4.8	6.3	3.2
95 per cent confidence interval	±	1.1	1.7	1.3	1.7	1.7	1.2	2.2	5.0	0.7
Total (f)	%	**4.2**	**3.6**	**4.6**	**4.6**	**5.4**	**4.0**	**4.6**	**7.4**	**4.3**
95 per cent confidence interval	±	1.1	1.3	1.1	1.2	1.3	1.0	1.8	3.1	0.5
Relative standard error										
Males	%	17.6	24.0	16.4	16.3	17.8	16.4	27.3	30.4	8.5
Females	%	18.9	37.4	20.1	22.0	19.2	20.0	24.1	40.7	10.7
Total (f)	%	**13.0**	**18.4**	**12.8**	**13.6**	**12.3**	**13.0**	**19.3**	**21.8**	**6.4**
People aged 25 years or over										
Proportion										
Males	%	6.2	5.8	6.7	6.2	7.4	5.9	5.0	9.9	6.3
95 per cent confidence interval	±	2.1	2.7	2.1	2.0	2.6	1.9	2.7	5.9	1.0
Females	%	3.5	2.7	3.7	4.4	5.1	3.5	5.5	4.0	3.6
95 per cent confidence interval	±	1.3	2.0	1.5	1.9	1.9	1.4	2.6	3.9	0.8
Total (f)	%	**4.8**	**4.1**	**5.2**	**5.2**	**6.1**	**4.6**	**5.3**	**7.0**	**4.9**
95 per cent confidence interval	±	1.2	1.5	1.3	1.4	1.5	1.2	2.0	2.9	0.6

Table EA.31 **Proportion of people with type 2 diabetes (based on fasting blood glucose test), by State and Territory, by sex, 2011-12 (per cent) (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*
Relative standard error										
Males	%	17.6	24.0	16.4	16.3	17.8	16.4	27.3	30.4	8.5
Females	%	18.9	37.4	20.1	22.0	19.2	20.0	24.1	49.4	10.7
Total (f)	%	**13.0**	**18.4**	**12.8**	**13.6**	**12.3**	**13.0**	**19.3**	**21.2**	**6.4**

RSE = Relative Standard Error. Estimates with RSEs between 25 percent and 50 per cent should be used with caution.

(a) Data include pregnant women.

(b) Data include those with known type 2 diabetes and all persons with newly diagnosed diabetes. Diabetes prevalence is derived using a combination of fasting plasma glucose test results and self-reported information on diabetes diagnosis and medication use. The type of diabetes for newly diagnosed cases cannot be determined from a fasting plasma glucose test alone. However, as it is assumed that the vast majority of newly diagnosed cases would be Type 2, all newly diagnosed cases of diabetes have been included in this measure. See DQI for more information.

(c) Fasting plasma glucose is a fasting blood test. Data include only people who fasted for 8 hours or more prior to their blood test. For Australia in 2011-12, approximately 79% of people aged 18 years or over and people aged 25 years or over who participated in the National Health Measures Survey had fasted.

(d) Rates are age standardised to the 2001 Australian standard population using 5 year ranges from 18 years.

(e) Data for the NT should be used with care as the exclusion of very remote areas from the Australian Health Survey translates to exclusion of around 23 per cent of the NT population.

(f) Denominator includes a small number of persons for whom test results were not reported.

Source: ABS unpublished, *Australian Health Survey 2011-13*, (2011-12 National Health Measures Survey component).

Table EA.32 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years (a), (b), (c), (d), (e), (f)**

	NSW	*Vic*	*Qld* (g)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (g), (h)
Potentially preventable deaths (i)									
2007									
Number of deaths	6 362	4 461	3 959	2 044	1 623	637	240	382	19 708
Rate per 100 000 persons	94.5	88.7	100.5	102.1	101.2	123.4	77.8	225.8	97.2
variability band (±)	2.3	2.6	3.2	4.5	5.0	9.7	10.0	24.8	1.4
2008									
Number of deaths	6 373	4 719	4 303	2 100	1 551	611	247	374	20 277
Rate per 100 000 persons	92.6	91.5	105.9	101.3	94.8	116.0	78.7	217.2	97.5
variability band (±)	2.3	2.6	3.2	4.4	4.8	9.3	10.0	23.9	1.3
2009									
Number of deaths	6 436	4 880	4 261	2 068	1 607	666	247	336	20 502
Rate per 100 000 persons	91.2	92.1	101.4	96.7	96.6	122.9	76.1	189.0	95.8
variability band (±)	2.2	2.6	3.1	4.2	4.8	9.5	9.6	21.8	1.3
2010									
Number of deaths	6 534	4 473	4 396	2 102	1 644	597	240	337	20 322
Rate per 100 000 persons	90.1	82.4	101.3	95.3	96.4	106.9	72.9	180.0	92.4
variability band (±)	2.2	2.4	3.0	4.1	4.7	8.7	9.4	20.6	1.3
2011									
Number of deaths	6 576	4 681	4 358	2 019	1 537	614	242	341	20 368
Rate per 100 000 persons	88.4	83.8	97.3	88.4	89.0	105.8	71.3	182.7	90.1
variability band (±)	2.2	2.4	2.9	3.9	4.5	8.6	9.1	20.6	1.3
Potentially treatable deaths (j)									
2007									
Number of deaths	4 310	2 888	2 630	1 203	1 075	352	175	209	12 841
Rate per 100 000 persons	63.7	57.4	66.8	60.2	66.3	66.2	58.5	138.0	63.1
variability band (±)	1.9	2.1	2.6	3.4	4.0	7.0	8.8	21.0	1.1
2008									
Number of deaths	4 328	2 973	2 739	1 208	1 019	389	170	185	13 011
Rate per 100 000 persons	62.6	56.9	67.2	58.5	61.0	71.1	56.3	110.2	62.2
variability band (±)	1.9	2.1	2.5	3.3	3.8	7.1	8.6	17.3	1.1
2009									
Number of deaths	4 213	3 026	2 708	1 211	1 071	384	156	190	12 959
Rate per 100 000 persons	59.1	57.1	63.9	56.4	63.1	69.3	49.4	116.2	60.2
variability band (±)	1.8	2.0	2.4	3.2	3.8	7.0	7.9	18.0	1.0
2010									
Number of deaths	4 150	2 950	2 615	1 214	1 050	365	166	181	12 691
Rate per 100 000 persons	56.8	54.0	59.9	54.9	60.6	63.6	51.3	102.3	57.3
variability band (±)	1.7	2.0	2.3	3.1	3.7	6.6	7.9	16.1	1.0
2011									
Number of deaths	4 382	2 972	2 621	1 184	1 026	339	137	175	12 835
Rate per 100 000 persons	58.3	53.0	58.0	51.8	57.4	58.3	40.6	94.7	56.3
variability band (±)	1.7	1.9	2.2	3.0	3.5	6.3	6.9	15.0	1.0

Table EA.32 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years (a), (b), (c), (d), (e), (f)**

	NSW	*Vic*	*Qld* (g)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (g), (h)
All potentially avoidable deaths (b)									
2007									
Number of deaths	10 672	7 348	6 589	3 247	2 697	989	414	590	32 548
Rate per 100 000 persons	158.1	146.1	167.3	162.3	167.5	189.6	136.3	363.8	160.3
variability band (±)	3.0	3.4	4.1	5.6	6.4	12.0	13.3	32.5	1.7
2008									
Number of deaths	10 700	7 691	7 042	3 307	2 570	999	417	558	33 287
Rate per 100 000 persons	155.2	149.0	173.1	159.8	155.8	187.1	135.0	327.4	159.7
variability band (±)	3.0	3.3	4.1	5.5	6.1	11.8	13.2	29.5	1.7
2009									
Number of deaths	10 648	7 905	6 969	3 279	2 678	1 050	403	525	33 461
Rate per 100 000 persons	150.3	149.2	165.3	153.2	159.7	192.2	125.4	305.3	156.0
variability band (±)	2.9	3.3	3.9	5.3	6.1	11.8	12.4	28.3	1.7
2010									
Number of deaths	10 684	7 422	7 011	3 315	2 694	961	406	517	33 012
Rate per 100 000 persons	146.9	136.4	161.3	150.2	157.0	170.5	124.2	282.2	149.7
variability band (±)	2.8	3.1	3.8	5.1	6.0	11.0	12.3	26.1	1.6
2011									
Number of deaths	10 958	7 653	6 978	3 202	2 562	953	378	515	33 202
Rate per 100 000 persons	146.6	136.9	155.4	140.2	146.3	164.1	111.9	277.4	146.4
variability band (±)	2.8	3.1	3.7	4.9	5.7	10.6	11.4	25.5	1.6

(a) Age-standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 1000 or 100 000 persons. SDRs in this table have been calculated using the direct method, age-standardised by 5 year age groups to less than 75 years.

(b) Data based on reference year. See data quality information (DQI) for a more detailed explanation.

(c) Rates may differ from previous reports as they have been revised using ERPs based on the 2011 Census.

(d) Avoidable mortality has been defined in the Public Health Information Development Unit's report, *Australian and New Zealand Atlas of Avoidable Mortality* (2006), and in reports by NSW Health and Victorian Department of Human Services as mortality before the age of 75 years, from conditions which are potentially avoidable within the present health system.

(e) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2007-2009 (final), 2010 (revised) and 2011 (preliminary). See Explanatory Notes 29-33 and Causes of Death Revisions 2009 and 2010 (Technical Note) in *Causes of Death, Australia, 2011* (cat. no. 3303.0).

(f) Some totals and figures may not compute due to the effects of rounding.

(g) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See DQI for a more detailed explanation.

(h) All states and territories including other territories.

Table EA.32 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years (a), (b), (c), (d), (e), (f)**

	NSW	*Vic*	*Qld* (g)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (g), (h)

(i) Preventable deaths are those which are amenable to screening and primary prevention, such as immunisation, and reflect the effectiveness of the current preventative health activities of the health sector.

(j) Treatable deaths are those which are amenable to therapeutic interventions, and reflecting the safety and quality of the current treatment system.

Source: ABS (unpublished) *Causes of Death, Australia* , Cat. no. 3303.0.

Table EA.33 Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT, 2007–2011 (a), (b), (c), (d), (e), (f), (g), (h), (i)

	Unit	*NSW*	*Qld* (j)	*WA* (k)	*SA*	*NT*	*Total* (j), (k), (l)
Potentially preventable deaths (m)							
Indigenous							
Number of deaths	no.	1 115	1 115	908	303	915	4 355
Rate (a)	per 100 000	250.0	271.5	407.4	336.4	467.0	315.5
Non-Indigenous							
Number of deaths	no.	30 816	19 615	9 184	7 566	846	68 026
Rate (a)	per 100 000	87.7	93.2	87.2	90.5	125.4	89.8
Deaths from potentially treatable conditions (n)							
Indigenous							
Number of deaths	no.	592	711	548	168	557	2 575
Rate (a)	per 100 000	135.2	178.8	273.7	202.2	306.9	196.5
Non-Indigenous							
Number of deaths	no.	20 619	12 254	5 405	5 040	380	43 697
Rate (a)	per 100 000	58.4	58.0	51.3	59.2	61.5	57.4
All potentially avoidable deaths (b)							
Indigenous							
Number of deaths	no.	1 707	1 825	1 455	471	1 471	6 929
Rate (a)	per 100 000	385.2	450.4	681.2	538.6	773.9	512.0
Non-Indigenous							
Number of deaths	no.	51 434	31 869	14 588	12 606	1 225	111 722
Rate (a)	per 100 000	146.1	151.2	138.5	149.8	186.9	147.2

(a) Age-standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 1000 or 100 000 persons. SDRs in this table have been calculated using the direct method, age-standardised by 5 year age groups to less than 75 years.

(b) Avoidable mortality has been defined in the Public Health Information Development Unit's report, Australian and New Zealand Atlas of Avoidable Mortality (2006), and in reports by NSW Health and Victorian Department of Human Services as mortality before the age of 75 years, from conditions which are potentially avoidable within the present health system.

(c) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(d) Data based on year of registration. See data quality information (DQI) for a more detailed explanation.

(e) Some totals and figures may not compute due to the effects of rounding.

(f) Data are presented in five-year groupings due to the volitatlity of small numbers each year.

(g) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.

Table EA.33 **Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT, 2007–2011 (a), (b), (c), (d), (e), (f), (g), (h), (i)**

	Unit	*NSW*	*Qld* (j)	*WA* (k)	*SA*	*NT*	*Total* (j), (k), (l)

(h) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2007-2009 (final), 2010 (revised) and 2011 (preliminary). See Explanatory Notes 29-33 and Causes of Death Revisions 2009 and 2010 (Technical Note) in *Causes of Death, Australia, 2011* (cat. no. 3303.0).

(i) Deaths where the Indigenous status of the deceased was not stated are excluded from analysis.

(j) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See DQI for a more detailed explanation.

(k) For WA, Indigenous deaths data for 2007, 2008 and 2009 have been corrected. The data differ from previous reports in which they were over-reported. Please see DQI for more information.

(l) Total includes data for NSW, Queensland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(m) Preventable deaths are those which are amenable to screening and primary prevention such as immunisation, and reflect the effectiveness of the current preventative health activities of the health sector.

(n) Deaths from potentially treatable conditions are those which are amenable to therapeutic interventions, and reflect the safety and quality of the current treatment system.

Source : ABS (unpublished), Causes of Death, Australia, 2011; ABS (unpublished) Estimated Resident Population; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 2006–2010, Series B, Cat. no. 3238.0.

Table EA.34 **All Australians average life expectancy at birth (years) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)
Males									
2002–2004	78.0	78.5	77.8	78.6	78.0	76.7	79.7	72.3	78.1
2003–2005	76.3	76.8	75.6	75.6	77.5	75.8	74.3	57.1	76.3
2004–2006	76.9	77.3	75.9	75.6	77.4	76.6	74.9	55.0	76.6
2005–2007	77.0	77.4	76.0	76.0	77.7	76.3	76.0	56.8	76.8
2006–2008	77.7	77.9	76.4	76.4	78.2	76.9	75.9	57.1	77.3
2007–2009	77.9	78.2	76.7	76.2	78.6	76.6	76.7	59.2	77.5
2008–2010	78.3	78.5	77.0	76.4	78.9	78.2	78.3	61.4	77.9
2009–2011	79.8	80.3	79.5	80.1	79.7	78.3	81.0	74.9	79.7
2010–2012	79.9	80.5	79.5	80.1	79.8	78.7	81.2	74.7	79.9
Females									
2004–2006	83.3	83.3	82.9	83.3	83.1	81.8	83.9	78.0	83.0
2004–2006	83.3	83.6	83.2	83.8	83.4	82.1	84.0	78.2	83.3
2004–2006	83.4	83.7	83.4	83.8	83.6	82.3	83.9	78.1	83.5
2005–2007	83.8	83.8	83.6	84.0	83.9	82.4	84.0	78.4	83.7
2006–2008	83.9	83.9	83.7	84.0	83.8	82.3	84.0	78.4	83.7
2007–2009	84.3	84.1	83.8	84.1	83.9	82.2	84.3	79.0	83.9
2008–2010	84.1	84.3	83.9	84.3	83.8	82.3	84.7	79.2	84.0
2009–2011	84.2	84.4	84.1	84.6	84.0	82.5	84.8	80.5	84.2
2010–2012	84.2	84.5	84.0	84.8	84.2	82.6	85.1	80.0	84.3
Difference between male and female life expectancies at birth (c)									
2004–2006	7.0	6.5	7.3	7.7	5.6	6.0	9.6	20.9	6.7
2004–2006	6.5	6.4	7.5	8.2	6.2	5.7	9.0	23.1	6.9
2005–2007	6.8	6.4	7.6	8.0	6.2	6.1	8.0	21.6	6.9
2006–2008	6.2	6.0	7.3	7.6	5.6	5.4	8.1	21.3	6.4
2007–2009	6.4	5.9	7.1	7.9	5.3	5.6	7.6	19.8	6.4
2008–2010	5.8	5.8	6.9	7.9	4.9	4.1	6.4	17.8	6.1
2009–2011	4.4	4.1	4.6	4.5	4.3	4.2	3.8	5.6	4.5
2010–2012	4.3	4.0	4.5	4.7	4.4	3.9	3.9	5.3	4.4

(a) Life expectancy is calculated using three years of data.

(b) Figures for Australia include Other territories.

(c) Differences are based on unrounded estimates.

Source: ABS 2013, *Life Tables, Australia, States and Territories, 2010-2012* (Cat. no. 3302.0.55.001).

Table EA.35 **Estimated life expectancies at birth, by Indigenous status and sex (years) (a), (b), (c)**

	NSW	*Qld*	*WA*	*NT*	*Australia — for comparison* (d), (e)	*Australia — Headline estimates* (d), (f)
2010–2012						
Indigenous						
Life expectancy at birth						
Males	70.5	68.7	65.0	63.4	67.4	69.1
Females	74.6	74.4	70.2	68.7	72.3	73.7
Persons (c)	72.5	71.5	67.5	66.0	69.8	71.3
Upper and lower 95 per cent confidence intervals						
Males	69.0–72.0	67.3–70.1	63.4–66.6	61.3–65.5	66.1–68.7	67.8–70.4
Females	73.3–75.9	73.2–75.6	68.8–71.6	66.8–70.6	71.2–73.4	72.5–74.9
Persons	na	na	na	na	na	na
Non-Indigenous						
Life expectancy at birth						
Males	79.8	79.4	80.1	77.8	79.8	79.7
Females	83.1	83.0	83.7	83.1	83.2	83.1
Persons (c)	81.4	81.2	81.9	80.4	81.5	81.4
Difference between Indigenous and non-Indigenous life expectancies at birth (g)						
Males	9.3	10.8	15.1	14.4	12.4	10.6
Females	8.5	8.6	13.5	14.4	10.9	9.5
Persons (c)	8.9	9.7	14.3	14.4	11.7	10.1
2005–2007						
Indigenous						
Life expectancy at birth						
Males	68.3	67.1	64.5	61.5	65.7	67.5
Females	74.0	72.7	70.0	69.4	71.7	73.1
Persons (c)	71.1	69.8	67.2	65.3	68.6	70.2
Upper and lower 95 per cent confidence intervals						
Males	66.3–70.3	65.6–68.6	62.9–66.1	60.1–62.9	64.3–67.1	66.1–68.9
Females	72.3–75.7	71.4–74.0	68.5–71.5	68.1–70.7	70.5–72.9	71.9–74.3
Persons	na	na	na	na	na	na
Non-Indigenous						
Life expectancy at birth						
Males	78.8	78.8	79.2	75.5	78.9	78.9
Females	82.6	82.7	82.9	81.0	82.7	82.6
Persons (c)	80.7	80.7	81.0	78.1	80.7	80.7
Difference between Indigenous and non-Indigenous life expectancies at birth (g)						
Males	10.5	11.8	14.7	14.0	13.2	11.4
Females	8.6	10.0	12.9	11.6	11.0	9.6
Persons (c)	9.6	10.9	13.8	12.8	12.1	10.5

(a) Indigenous estimates of life expectancy are not available for Victoria, SA, Tasmania or the ACT due to the small number of Indigenous deaths in these jurisdictions.

(b) Care should be taken in comparing life expectancy data by Indigenous status over time as Indigenous status is determined by self-identification and can vary from one Census to another.

Table EA.35 **Estimated life expectancies at birth, by Indigenous status and sex (years) (a), (b), (c)**

	NSW	*Qld*	*WA*	*NT*	*Australia — for comparison* (d), (e)	*Australia — Headline estimates* (d), (f)

(c) Life tables are constructed separately for males and females. Life expectancy estimates for Persons are a weighted combination of male and female life expectancies.

(d) Australian totals include all states and territories.

(e) These estimates, calculated without an age-adjustment, are not the headline estimates for Australia but are provided to enable effective comparison with the state and territory estimates.

(f) Headline estimates for Australia for 2010–2012 are calculated using an improved methodology (taking into account age-specific identification rates) that could not be applied at state/territory level. Therefore, these data should not be compared with data for any State or Territory. The statistical impact of the improved methodology as well as the improved collection of Indigenous status in the 2011 Post Enumeration Survey were also applied to provide 'Headline estimates' for Australia for 2005--2007 data, to enable comparison over time.

(g) Differences are based on unrounded estimates.

na Not available.

Source: ABS 2013, *Life Tables for Aboriginal and Torres Strait Islander Australians, 2010–2012* , Cat. no. 3302.0.55.003; ABS unpublished, Estimated Resident Population, Cat. no. 3101.0.

Table EA.36 **Median age at death (years) (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)
All Australians									
Males									
2003	76.3	76.8	75.6	75.6	77.5	75.8	74.3	57.1	76.3
2004	76.9	77.3	75.9	75.6	77.4	76.6	74.9	55.0	76.6
2005	77.0	77.4	76.0	76.0	77.7	76.3	76.0	56.8	76.8
2006	77.7	77.9	76.4	76.4	78.2	76.9	75.9	57.1	77.3
2007	77.9	78.2	76.7	76.2	78.6	76.6	76.7	59.2	77.5
2008	78.3	78.5	77.0	76.4	78.9	78.2	78.3	61.4	77.9
2009	78.2	78.5	76.7	76.5	79.1	77.3	76.7	59.3	77.8
2010	78.5	79.1	77.0	77.0	79.5	78.0	77.4	61.3	78.2
2011 (d)	78.9	79.4	77.0	76.8	79.4	78.1	77.9	60.2	78.4
2012 (e)	79.2	79.9	77.4	77.2	80.2	78.0	78.4	59.8	78.9
Females									
2003	82.6	82.7	81.9	82.2	83.0	82.1	81.4	62.8	82.4
2004	82.7	82.9	82.1	82.0	83.2	82.6	81.0	61.4	82.6
2005	83.1	83.2	82.4	82.8	83.7	82.7	82.4	57.1	83.0
2006	83.4	83.6	82.8	82.6	84.0	83.1	82.6	65.0	83.3
2007	83.6	83.9	83.1	83.1	84.2	83.6	82.5	60.3	83.5
2008	84.0	84.2	83.4	83.7	84.5	83.4	83.0	61.8	83.9
2009	84.0	84.5	83.2	83.2	84.4	83.4	83.1	64.5	83.9
2010	84.2	84.7	83.6	83.7	84.8	83.5	84.4	64.1	84.2
2011 (d)	84.6	84.9	83.9	84.1	85.3	83.8	84.3	62.1	84.5
2012 (e)	84.8	85.3	84.0	84.0	85.6	83.8	84.8	63.6	84.7

(a) Median age at death does not adjust for the age structure of the populations involved.

(b) Based on year of registration of death.

(c) Figures for Australia include ‘Other Territories’.

(d) Data for 2011 have been revised and may differ from previous reports.

(e) Data for 2012 are preliminary due to the delay between the registration of a death and the Australian Bureau of Statistics being notified of the registration.

Source: ABS 2013, *Deaths Australia, 2012* , Cat. no. 3302.0, Canberra.

Table EA.37 **Median age at death, by Indigenous status (years) (a), (b), (c), (d)**

	NSW	*Vic* (e)	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (e)	*NT*	*Aust* (e), (f)
Indigenous (c), (d)									
Males									
2003	56.8	np	51.2	50.2	48.8	np	np	46.3	51.1
2004	55.8	np	53.7	50.0	49.5	np	np	43.8	51.2
2005	54.3	np	51.1	52.8	42.4	np	np	45.8	50.4
2006	59.3	np	55.6	47.9	50.4	np	np	45.4	52.4
2007	58.1	np	54.7	51.3	50.5	np	np	45.9	52.7
2008	59.9	np	53.2	48.7	49.0	np	np	52.1	53.1
2009	57.2	np	53.2	50.2	48.0	np	np	48.3	52.3
2010	58.3	np	55.0	52.0	54.0	np	np	50.8	54.3
2011 (g)	58.5	np	57.3	52.2	50.3	np	np	51.8	55.4
2012 (h)	60.6	np	56.1	54.8	53.0	np	np	49.9	55.0
Females									
2003	58.9	np	62.1	55.0	50.0	np	np	52.8	57.3
2004	62.7	np	57.9	63.6	53.5	np	np	54.0	60.1
2005	65.8	np	59.5	57.8	47.5	np	np	50.4	57.9
2006	64.8	np	57.0	57.0	59.3	np	np	55.3	59.0
2007	63.0	np	59.5	58.1	58.3	np	np	55.7	59.2
2008	63.8	np	62.3	57.7	53.5	np	np	56.0	59.3
2009	65.9	np	62.6	56.8	53.0	np	np	55.4	61.0
2010	67.1	np	59.5	56.3	59.3	np	np	55.4	60.7
2011 (g)	66.2	np	59.0	54.2	50.3	np	np	55.0	58.5
2012 (h)	63.9	np	63.9	61.1	61.3	np	np	52.8	61.3
Non-Indigenous (c), (d)									
Males									
2003	76.5	np	75.9	76.1	77.7	np	np	65.9	76.4
2004	77.0	np	76.2	76.3	77.6	np	np	63.0	76.8
2005	77.2	np	76.4	76.6	77.9	np	np	63.7	76.9
2006	77.8	np	76.7	76.9	78.3	np	np	64.7	77.4
2007	78.1	np	77.1	76.9	78.7	np	np	64.6	77.7
2008	78.5	np	77.3	77.0	79.2	np	np	66.3	78.0
2009	78.4	np	77.2	77.3	79.3	np	np	66.6	78.0
2010	78.6	np	77.5	77.8	79.6	np	np	64.9	78.3
2011 (g)	79.1	np	77.5	77.4	79.7	np	np	66.6	78.5
2012 (h)	79.3	np	77.6	77.9	80.2	np	np	67.1	78.7
Females									
2003	82.7	np	82.2	82.4	83.2	np	np	74.5	82.6
2004	82.8	np	82.5	82.3	83.3	np	np	71.3	82.7
2005	83.1	np	82.6	83.2	83.7	np	np	70.5	83.1
2006	83.5	np	83.1	83.1	84.1	np	np	75.0	83.4
2007	83.7	np	83.3	83.4	84.3	np	np	69.3	83.6
2008	84.2	np	83.7	84.1	84.6	np	np	75.7	84.1
2009	84.1	np	83.4	83.6	84.6	np	np	71.8	83.9

Table EA.37 **Median age at death, by Indigenous status (years) (a), (b), (c), (d)**

	NSW	*Vic* (e)	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT* (e)	*NT*	*Aust* (e), (f)
2010	84.3	np	83.9	84.2	84.9	np	np	75.2	84.3
2011 (g)	84.7	np	84.2	84.4	85.3	np	np	73.5	84.6
2012 (h)	84.9	np	84.2	84.4	85.6	np	np	74.0	84.7

(a) Median age at death does not adjust for the age structure of the populations involved.

(b) Based on year of registration of death.

(c) Excludes deaths for whom the Indigenous status was not specified. As a result, Indigenous and non-Indigenous deaths may be underestimated.

(d) Care should be exercised when comparing median age at death of Indigenous Australians and non-Indigenous Australians. For example, higher coverage of Indigenous infant deaths compared with older age groups may result in the median age at death being underestimated.

(e) Victoria, Tasmania and the ACT are excluded due to small numbers of registered Indigenous deaths.

(f) Figures for Australia include 'Other Territories'.

(g) Data for 2011 have been revised and may differ from previous reports.

(h) Data for 2012 are preliminary due to the delay between the registration of a death and the Australian Bureau of Statistics being notified of the registration.

np Not published.

Source : ABS 2013, *Deaths Australia, 2012* , Cat. no. 3302.0, Canberra.

Table EA.38 Age standardised mortality rate (all causes), by State and Territory (a), (b), (c)

	Unit	*NSW*	*Vic*	*Qld* (d)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (d) (e)
2012										
Rate	per 100 000 persons	545.9	526.1	581.4	539.9	574.0	660.4	498.0	768.8	553.6
	variability band ±	4.9	5.5	6.8	9.2	10.0	19.7	23.9	56.6	2.9
2011										
Rate	per 100 000 persons	576.4	555.8	581.0	535.6	566.6	642.4	513.1	795.0	570.0
	variability band ±	5.1	5.8	6.9	9.4	10.1	19.6	24.7	62.1	2.9
2010										
Rate	per 100 000 persons	562.6	557.8	589.8	556.0	593.9	664.6	528.8	818.4	572.5
	variability band ±	5.1	5.8	7.1	9.7	10.4	20.2	25.6	63.2	3.0
2009										
Rate	per 100 000 persons	569.7	577.4	595.9	568.9	587.9	671.0	540.2	824.6	582.0
	variability band ±	5.2	6.0	7.2	10.0	10.5	20.5	26.4	64.3	3.1
2008										
Rate	per 100 000 persons	607.9	592.6	638.0	596.8	606.8	688.5	578.0	950.3	612.4
	variability band ±	5.4	6.2	7.6	10.4	10.8	21.0	27.8	70.5	3.2
2007										
Rate	per 100 000 persons	600.4	583.4	621.2	594.7	611.5	693.2	560.1	902.2	604.4
	variability band ±	5.5	6.2	7.6	10.6	10.9	21.3	27.8	68.5	3.2

(a) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100 000 standard population. SDRs in this table have been calculated using the direct method, age standardised by 5 year age groups to 95 years or over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(b) Rates may differ from previous reports as they have been revised using ERPs based on the 2011 Census. Rates are not comparable with rates for Indigenous and non-Indigenous Australians which use ERPs based on the 2006 Census.

(c) Data based on year of registration. See data quality information (DQI) for more detail.

(d) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See DQI for more information.

(e) Includes Other Territories.

Source : ABS unpublished, Deaths, Australia, Cat. No. 3302.0; ABS 2013, *Australian Demographic Statistics* , Cat. no. 3101.0.

Table EA.39 Age standardised all-cause mortality rate, rate ratios and rate differences, by Indigenous status, NSW, Qld, WA, SA, NT, five year aggregate, 2008–2012 (per 100 000 people) (a), (b), (c), (d), (e), (f), (g), (h)

	Unit	*NSW*	*Qld* (i)	*WA*	*SA*	*NT*	*Total* (j)
Indigenous							
Rate per 100 000 persons	rate	976.0	1 086.0	1 390.6	1 049.8	1 480.1	1 143.4
Variability bands (k)	±	90.9	106.3	161.9	205.5	170.0	57.5
Non-Indigenous							
Rate per 100 000 persons	rate	591.4	590.2	561.1	610.7	592.0	589.7
Variability bands (k)	±	5.3	7.2	10.0	10.8	57.6	3.7
Rate ratio (l)	no.	1.7	1.8	2.5	1.7	2.5	1.9

(a) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100 000 persons. SDRs in this table have been calculated using the direct method, age standardised by 5 year age groups to 75 years or over.

(b) Although most deaths of Indigenous people are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Indigenous all causes mortality rate.

(c) Data are reported individually by jurisdiction of usual residence for NSW, Qld, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(d) Data are based on year of registration. Note that the terms 'registration year' in the Deaths collection and 'reference year' in the Causes of Death collection have the same meaning.

(e) Data are presented in five-year groupings due to volatility of the small numbers involved.

(f) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the projected Indigenous population from the total population. In the present table, non-Indigenous population estimates have been derived by subtracting the 2006-census-based Indigenous population projections from the 2006-census based total persons estimated resident population (ERP). Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(g) A derived Estimated Resident Population (ERP) based on the 2006 Census is used in the calculation of total population rates. Non-Indigenous ERP was derived by subtracting Aboriginal and Torres Strait Islander projections based on the 2006 Census (3238.0) from the total population ERP. Population figures from Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021 (cat. no. 3238.0) (based on the 2006 Census) are used to calculate Aboriginal and Torres Strait Islander rates.

Table EA.39 **Age standardised all-cause mortality rate, rate ratios and rate differences, by Indigenous status, NSW, Qld, WA, SA, NT, five year aggregate, 2008–2012 (per 100 000 people) (a), (b), (c), (d), (e), (f), (g), (h)**

	Unit	*NSW*	*Qld* (i)	*WA*	*SA*	*NT*	*Total* (j)

(h) Some totals and figures may not compute due to the effects of using different denominators and of rounding.

(i) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See data quality statements for more information.

(j) Total includes data for NSW, Qld, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(k) Variability bands can be be used for comparisons within jurisdictions (for cause of death or over time), but not between jursidictions or between jurisdictions and totals. See data quality statement for details.

(l) Rate ratio is the age standardised Indigenous rate divided by the non-Indigenous rate.

Source : ABS unpublished, *Deaths, Australia, 2012* , Cat. No. 3302.0.

Table EA.40 **Age standardised all-cause mortality rate, rate ratios and rate differences, by Indigenous status, NSW, Qld, WA, SA, NT, single year, 2006 to 2012 (per 100 000 people) (a), (b), (c), (d), (e), (f), (g)**

	Unit	*NSW*	*Qld* (h)	*WA*	*SA*	*NT*	*Total* (h), (i)
2006							
Indigenous rate	rate	920.0	1 087.1	1 528.9	964.0	1 605.4	1 160.9
Variability bands (j)	±	93.9	109.7	175.4	197.6	189.5	60.6
Non-Indigenous rate	rate	606.6	593.8	570.9	607.9	634.1	599.2
Variability bands (j)	±	5.6	7.6	10.6	11.1	66.1	3.9
Rate ratio (k)	no.	1.5	1.8	2.7	1.6	2.5	1.9
2007							
Indigenous rate	rate	999.5	1 098.0	1 502.0	1 067.3	1 575.3	1 187.3
Variability bands (j)	±	96.3	108.5	169.6	212.8	181.9	60.2
Non-Indigenous rate	rate	604.4	604.9	586.7	618.6	679.0	604.5
Variability bands (j)	±	5.5	7.6	10.6	11.1	66.5	3.9
Rate ratio (k)	no.	1.7	1.8	2.6	1.7	2.3	2.0
2008							
Indigenous rate	rate	952.4	1 035.3	1 491.2	1 031.2	1 639.5	1 155.8
Variability bands (j)	±	94.8	106.5	166.1	202.2	187.0	59.4
Non-Indigenous rate	rate	615.5	626.7	590.5	620.7	718.2	616.5
Variability bands (j)	±	5.5	7.6	10.5	11.0	67.8	3.8
Rate ratio (k)	no.	1.5	1.7	2.5	1.7	2.3	1.9
2009							
Indigenous rate	rate	949.3	1 128.5	1 329.2	1 044.3	1 425.6	1 129.0
Variability bands (j)	±	91.3	110.1	159.1	194.7	170.3	57.8
Non-Indigenous rate	rate	583.1	579.4	567.0	605.8	602.7	583.1
Variability bands (j)	±	5.3	7.2	10.2	10.8	59.6	3.7
Rate ratio (k)	no.	1.6	1.9	2.3	1.7	2.4	1.9

Table EA.40 **Age standardised all-cause mortality rate, rate ratios and rate differences, by Indigenous status, NSW, Qld, WA, SA, NT, single year, 2006 to 2012 (per 100 000 people) (a), (b), (c), (d), (e), (f), (g)**

	Unit	*NSW*	*Qld* (h)	*WA*	*SA*	*NT*	*Total* (h), (i)
2010							
Indigenous rate	rate	956.4	1 095.6	1 324.9	1 181.3	1 432.6	1 133.2
Variability bands (j)	±	89.1	105.4	156.2	231.4	166.8	56.9
Non-Indigenous rate	rate	583.0	580.5	557.3	619.7	587.1	583.7
Variability bands (j)	±	5.3	7.1	9.9	10.8	57.2	3.7
Rate ratio (k)	no.	1.6	1.9	2.4	1.9	2.4	1.9
2011 (n)							
Indigenous rate	rate	1 082.7	1 015.9	1 322.1	909.6	1 330.3	1 122.4
Variability bands (j)	+	93.0	100.5	153.9	181.9	156.2	55.6
Non-Indigenous rate	rate	601.3	582.0	537.6	596.7	556.9	587.4
Variability bands (j)	+	5.3	7.0	9.6	10.5	53.9	3.6
Rate ratio (k)	no.	1.8	1.7	2.5	1.5	2.4	1.9
2012							
Indigenous rate	rate	900.6	1 104.4	1 411.8	1 042.9	1 524.3	1 128.3
Variability bands (j)	±	82.2	102.5	158.8	199.7	162.2	54.3
Non-Indigenous rate	rate	571.4	577.1	545.3	608.9	508.3	573.9
Variability bands (j)	±	5.1	6.9	9.5	10.6	50.1	3.5
Rate ratio (k)	no.	1.6	1.9	2.6	1.7	3.0	2.0

(a) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100 000 standard population. SDRs in this table have been calculated using the direct method, age standardised by 5 year age groups to 75 years and over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(b) Although most deaths of Indigenous people are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Indigenous all causes mortality rate.

Table EA.40 **Age standardised all-cause mortality rate, rate ratios and rate differences, by Indigenous status, NSW, Qld, WA, SA, NT, single year, 2006 to 2012 (per 100 000 people) (a), (b), (c), (d), (e), (f), (g)**

	Unit	*NSW*	*Qld* (h)	*WA*	*SA*	*NT*	*Total* (h), (i)

(c) Data are reported individually by jurisdiction of usual residence for NSW, Qld, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(d) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases. 2006 Census year non-Indigenous and Indigenous population estimates are sourced from ABS *Experimental Estimates of Aboriginal and Torres Strait Islander Australians* (Cat. no. 3238.0.55.001).

(e) A derived Estimated Resident Population (ERP) based on the 2006 Census is used in the calculation of total population rates. Non-Indigenous ERP was derived by subtracting Aboriginal and Torres Strait Islander projections based on the 2006 Census (3238.0) from the total population ERP. Population figures from Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021 (cat. no. 3238.0) (based on the 2006 Census) are used to calculate Aboriginal and Torres Strait Islander rates.

(f) Data are based on year of registration. Note that the terms 'registration year' in the Deaths collection and 'reference year' in the Causes of Death collection have the same meaning.

(g) Some totals and figures may not compute due to the effects of rounding.

(h) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See data quality information (DQI) for more information.

(i) Total includes data for NSW, Qld, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(j) Variability bands can be used for comparisons within jurisdictions (for cause of death or over time), but not between jurisdictions or between jurisdictions and totals. See DQI for more information.

(k) Rate ratio is the age standardised Indigenous rate divided by the non-Indigenous rate.

Source : ABS unpublished, *Deaths, Australia* , various years, Cat. No. 3302.0.

Table EA.41 **Infant mortality (a), (b), (c), (d), (e)**

	NSW	*Vic*	*Qld* (f)	*WA* (g)	*SA*	*Tas*	ACT	*NT*	*Aust*
2003									
Number of deaths	398	309	230	100	65	40	24	32	1 199
Rate per 1000 live births	4.6	5.1	4.8	4.1	3.7	7.0	5.8	8.4	4.8
2004									
Number of deaths	399	282	262	99	54	21	29	38	1 184
Rate per 1000 live births	4.6	4.5	5.2	3.9	3.2	3.6	6.9	10.7	4.7
2005									
Number of deaths	425	321	264	120	91	22	24	35	1 302
Rate per 1000 live births	4.7	5.1	5.1	4.6	5.1	3.5	5.7	9.6	4.9
2006									
Number of deaths	424	283	279	136	59	25	23	33	1 262
Rate per 1000 live births	4.6	4.3	5.3	4.9	3.2	3.9	5.1	8.9	4.7
2007									
Number of deaths	387	270	308	71	88	28	18	33	1 203
Rate per 1000 live births	4.0	3.8	5.0	2.4	4.5	4.2	3.8	8.5	4.1
2008									
Number of deaths	412	264	308	108	59	26	24	24	1 226
Rate per 1000 live births	4.1	3.7	4.9	3.4	2.9	3.8	5.0	6.1	4.1
2009									
Number of deaths	387	278	356	99	73	24	17	27	1 261
Rate per 1000 live births	3.9	3.9	5.4	3.2	3.7	3.6	3.5	7.1	4.2
2010									
Number of deaths	390	230	347	113	76	26	19	28	1 229
Rate per 1000 live births	3.9	3.3	5.4	3.6	3.8	4.1	3.7	7.2	4.1
2011									
Number of deaths	372	251	294	96	52	30	15	30	1 140
Rate per 1000 live births	3.8	3.5	4.6	3.0	2.6	4.5	2.9	7.6	3.8
2012									
Number of deaths	312	219	281	83	65	22	16	33	1 031
Rate per 1000 live births	3.2	2.8	4.4	2.5	3.2	3.6	2.9	8.0	3.3

(a) Includes all deaths within the first year of life.

(b) Data are based on year of registration. Note that the terms 'registration year' in the Deaths collection and 'reference year' in the Causes of Death collection have the same meaning.

(c) Some totals and figures may not compute due to rounding.

(d) Small numbers of registered deaths can lead to volatility in death rates.

(e) NSW data include previously unprocessed NSW Birth Registrations for the period 2005 to 2010.

(f) Includes other territories.

Source : ABS 2013, *Deaths, Australia, 2012* , Cat. no. 3302.0, Canberra.

Table EA.42 **Infant mortality rate by Indigenous status, three year average (per 1000 live births) (a), (b), (c), (d), (e)**

	NSW (f)	*Vic*	*Qld* (g)	*WA*	*SA*	*Tas*	ACT	*NT*	*Aust*
Indigenous									
2004–2006	6.6	na	11.1	11.9	6.7	na	na	16.7	na
2005–2007	7.2	na	9.1	10.2	8.9	na	na	15.7	na
2006–2008	6.2	na	7.9	9.5	6.4	na	na	13.6	na
2007–2009	5.3	na	7.6	7.1	6.7	na	na	12.2	na
2008–2010	4.1	na	8.8	7.7	4.6	na	na	11.4	na
2009–2011	3.9	na	8.4	7.0	5.4	na	na	13.0	na
2010–2012	3.8	na	6.9	6.5	6.5	na	na	13.7	na
Non-Indigenous									
2004–2006	4.5	na	4.7	3.9	3.6	na	na	4.7	na
2005–2007	4.2	na	4.8	3.4	4.0	na	na	4.2	na
2006–2008	4.1	na	4.7	3.1	3.4	na	na	3.8	na
2007–2009	3.9	na	4.7	2.8	3.5	na	na	3.9	na
2008–2010	3.9	na	4.7	3.1	3.4	na	na	3.7	na
2009–2011	3.8	na	4.7	2.9	3.3	na	na	3.6	na
2010–2012	3.5	na	4.4	2.6	3.0	na	na	3.7	na

(a) Includes deaths within the first year of life.

(b) Deaths where Indigenous status was not stated are excluded. As a result, infant death rates by Indigenous status may be underestimated.

(c) Data are based on year of registration. Note that the terms 'registration year' in the Deaths collection and 'reference year' in the Causes of Death collection have the same meaning.

(d) Data are presented in three-year groupings to reduce volatility stemming from the small numbers of registered Indigenous infant deaths.

(e) Data are not available for Victoria, Tasmania or the ACT due to small numbers of registered Indigenous infant deaths.

(f) NSW data have been revised to include previously unprocessed NSW Birth Registrations for the period 2005 to 2010.

(g) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registrations of deaths on mortality indicators. See data quality statements for more information.

na Not available.

Source : ABS 2013, *Deaths Australia, 2012* , Cat. no. 3302.0, Canberra.

Table EA.43 **All causes infant and child mortality, by age group (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld* (e)	*WA* (f)	*SA*	*Tas*	*ACT*	*NT*	*Aust* (e), (f), (g)
Infants (<1 year) (h)										
2007–2009										
Number of deaths	no.	1 186	812	972	278	220	78	59	84	3 690
Rate per 1000 live births		4.3	3.8	5.1	3.0	3.7	3.9	4.1	7.2	4.2
2008–2010										
Number of deaths		1 189	772	1 011	320	208	76	60	79	3 716
Rate per 1000 live births		4.0	3.6	5.1	3.5	3.5	3.8	4.1	6.9	4.1
2009–2011										
Number of deaths		1 149	759	997	308	201	80	51	85	3 630
Rate per 1000 live births		3.8	3.6	5.2	3.3	3.3	4.2	3.3	7.3	4.0
2010–2012										
Number of deaths	no.	1074	700	903	292	193	78	50	91	3381
Rate per 1000 live births		3.6	3.3	4.8	3.0	3.2	3.9	3.3	7.7	3.7
Child (0–4 years) (i)										
2007–2009										
Number of deaths	no.	204	955	1 146	346	271	94	71	104	4 378
Rate per 100 000 population		104.1	95.0	132.1	80.9	96.3	97.7	105.9	191.9	105.9
2008–2010										
Number of deaths	no.	1 386	919	1 150	398	258	94	71	100	4 377
Rate per 100 000 population		101.9	88.7	126.2	88.9	89.4	94.4	102.8	180.5	102.6
2009–2011										
Number of deaths	no.	1 346	901	1 124	383	249	96	58	103	4 260
Rate per 100 000 population		97.7	85.4	120.8	82.9	84.3	95.6	80.6	184.0	97.9
2010–2012										
Number of deaths	no.	1254	834	1046	370	238	91	60	110	4003
Rate per 100 000 population		88.3	79.0	114.6	78.9	81.4	95.3	82.9	198.3	91.5

(a) State or Territory of usual residence.

(b) Data are presented in three-year groupings due to volatility of the small numbers involved.

(c) Data based on reference year. Note that the terms 'registration year' in the Deaths collection and 'reference year' in the Causes of Death collection have the same meaning.

(d) Some totals and figures may not compute due to the effects of using different denominators and of rounding.

(e) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been

(f) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data were not previously supplied in 2011. Corrected WA Indigenous mortality data for these years are now available. See data quality statements for more information.

(g) All states and territories including other territories.

(h) Includes all deaths within the first year of life. Historical data have been revised and differ from previous reports. Rates represent the number of deaths per 1000 live births.

(i) For child deaths (0–4 years), the rates represent the number of deaths per 100 000 ERP (0–4 years) at 30 June of the mid point year of the reference period. Rates are derived using ERPs based on the 2006 Census.

Source : ABS unpublished, *Deaths, Australia* , Cat. no. 3302.0; ABS unpublished *Births, Australia* Cat. no. 3301.0; ABS unpublished, Estimated Resident Population.

Table EA.44 **All causes infant and child mortality, by Indigenous status, NSW, Queensland, WA, SA, NT (a), (b), (c), (d), (e), (f), (g)**

	Unit	*NSW*	*Qld* (h)	*WA* (i)	*SA*	*NT*	*Total* (j)
2008–2012							
Infants (<1 year) (k)							
Number of deaths							
Indigenous	no.	103	182	85	26	97	493
Non-Indigenous	no.	1 745	1 320	396	290	45	3 796
Rate							
Indigenous	per 1000 live births	3.6	6.9	7.3	5.5	12.5	6.2
Non-Indigenous	per 1000 live births	3.7	4.5	2.8	3.1	3.8	3.7
Rate ratio (l)		1.0	1.5	2.6	1.8	3.2	1.7
Child (1–4 years) (m)							
Number of deaths							
Indigenous	no.	27	35	25	5	25	123
Non-Indigenous	no.	274	217	95	74	10	673
Rate							
Indigenous	per 100 000 population	32.8	43.1	71.6	35.8	80.4	50.5
Non-Indigenous	per 100 000 population	15.7	18.7	16.4	19.5	23.1	17.2
Rate ratio (l)		2.1	2.3	4.4	1.8	3.5	2.9
Child (0–4 years) (n)							
Number of deaths							
Indigenous	no.	130	217	110	31	122	627
Non-Indigenous	no.	2 019	1 537	491	364	55	4 475
Rate							
Indigenous	per 100 000 population	124.3	210.8	249.7	175.3	311.0	203.3
Non-Indigenous	per 100 000 population	92.1	106.1	109.5	48.4	101.7	91.4
Rate ratio (l)		1.4	2.0	2.3	3.6	3.1	2.2
2007–2011							
Infants (<1 year) (k)							
Number of deaths							
Indigenous	no.	128	182	89	28	99	526
Non-Indigenous	no.	1 795	1 355	386	311	43	3 890
Rate							
Indigenous	per 1000 live births	6.2	7.0	7.4	6.3	13.0	7.4
Non-Indigenous	per 1000 live births	4.1	4.5	2.8	3.4	3.8	3.9
Rate ratio (l)		1.5	1.6	2.6	1.9	3.4	1.9
Child (1–4 years) (m)							
Number of deaths							
Indigenous	no.	30	36	19	6	21	112
Non-Indigenous	no.	302	213	96	73	10	694
Rate							
Indigenous	per 100 000 population	37.6	45.2	55.4	44.0	68.9	47.1
Non-Indigenous	per 100 000 population	17.6	19.1	17.2	19.8	23.6	18.3
Rate ratio (l)		2.1	2.4	3.2	2.2	2.9	2.6

Table EA.44 **All causes infant and child mortality, by Indigenous status, NSW, Queensland, WA, SA, NT (a), (b), (c), (d), (e), (f), (g)**

	Unit	*NSW*	*Qld* (h)	*WA* (i)	*SA*	*NT*	*Total* (j)
Child (0–4 years) (n)							
Number of deaths							
Indigenous	no.	158	218	108	34	120	638
Non-Indigenous	no.	2 097	1 568	482	384	53	4 584
Rate							
Indigenous	per 100 000 population	155.8	216.4	249.7	197.1	311.9	211.9
Non-Indigenous	per 100 000 population	96.9	110.6	68.5	82.8	98.5	95.4
Rate ratio (l)		1.6	2.0	3.6	2.4	3.2	2.2

(a) Although most deaths of Indigenous people are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Indigenous all causes mortality rate.

(b) Data are reported individually by jurisdiction of residence for NSW, Queensland, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(c) Data are presented in five-year groupings due to volatility of the small numbers involved.

(d) A derived Estimated Resident Population (ERP) based on the 2006 Census is used in the calculation of total population rates. Non-Indigenous ERP was derived by subtracting Aboriginal and Torres Strait Islander projections based on the 2006 Census (3238.0) from the total population ERP. Population estimates from *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* (Cat. no. 3238.0) (based on the 2006 Census) are used to calculate Aboriginal and Torres Strait Islander rates.

(e) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the projected Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(f) Data are based on year of registration. See data quality statements for a more detailed explanation.

(g) Some totals and figures may not compute due to the effects of using different denominators and of rounding.

(h) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and deaths registrationns. Queensland deaths data for 2010 have been adjusted to minimise the the impact of late registration of deaths on mortality indicators. See data quality statements for more information.

(i) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data were not previously supplied in 2011. Corrected WA Indigenous mortality data for these years are now available. See data quality statements for more information.

(j) Total includes data for NSW, Queenland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(k) For infant deaths (less than one year) rates are per 1000 live births. Includes all deaths within the first year of life. The volatility in infant mortality rates is partially due to the relatively small number of infant deaths registered.

(l) Rate ratio is the Indigenous mortality rate divided by the non-Indigenous mortality rate.

(m) For child deaths (1–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (1-4 years) at 30 June of the mid point year of the reference period. Includes deaths of all children aged 0–4 years.

Table EA.44 **All causes infant and child mortality, by Indigenous status, NSW, Queensland, WA, SA, NT (a), (b), (c), (d), (e), (f), (g)**

Unit	*NSW*	*Qld* (h)	*WA* (i)	*SA*	*NT*	*Total* (j)

(n) For child deaths (0–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (0–4 years) at 30 June of the mid point year of the reference period. Data include all deaths of children aged 0–4 years.

Source : ABS unpublished *Deaths, Australia* , Cat. no. 3302.0, various years.

Table EA.45 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

	NSW	*Vic*	*Qld* (e)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
2011									
Cause of death				*Rate (per 100 000 persons)*					
Certain infectious and parasitic diseases (A00-B99)	11.6	8.5	8.5	6.3	8.9	6.8	8.5	np	9.4
Neoplasms (C00-D48)	177.7	173.3	175.1	166.6	170.6	189.5	146.5	220.3	174.5
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	1.9	1.8	1.8	1.6	2.2	np	np	–	1.8
Endocrine, nutritional and metabolic diseases (E00-E90)	20.9	24.8	23.7	23.4	24.8	34.1	20.0	60.1	23.5
Mental and behavioural disorders (F00-F99)	27.9	27.3	27.3	23.7	30.4	40.6	26.5	51.6	27.9
Diseases of the nervous system (G00-G99)	23.8	27.8	23.3	30.5	28.4	29.5	32.2	30.9	26.0
Diseases of the eye and adnexa (H00-H59)	np	np	np	np	–	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)	np	np	np	np	np	–	–	–	np
Diseases of the circulatory system (I00-I99)	177.5	161.8	180.3	153.1	171.3	190.4	151.5	201.4	171.6
Diseases of the respiratory system (J00-J99)	49.5	46.3	49.9	42.1	45.9	53.3	42.8	83.5	48.0
Diseases of the digestive system (K00-K93)	20.2	19.9	20.3	19.8	19.5	21.9	19.4	37.0	20.2
Diseases of the skin and subcutaneous tissue (L00-L99)	2.1	1.4	1.4	1.3	1.6	np	np	np	1.6
Diseases of the musculoskeletal system and connective tissue (M00-M99)	4.7	4.4	4.8	3.7	3.3	5.4	np	np	4.4
Diseases of the genitourinary system (N00-N99)	12.9	14.1	12.1	11.2	13.2	13.1	14.5	np	13.0
Pregnancy, childbirth and the puerperium (O00-O99)	np	np	np	–	np	–	–	–	np
Certain conditions originating in the perinatal period (P00-P96)	3.0	2.5	3.3	2.0	1.9	np	np	np	2.8
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	2.5	2.3	2.7	1.9	2.4	np	np	np	2.4
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	5.9	3.3	3.7	4.2	4.3	np	7.7	np	4.6

Table EA.45 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

		NSW	*Vic*	*Qld* (e)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
External causes of morbidity and mortality (V01-Y98)		34.1	36.0	42.7	44.2	37.6	45.5	31.5	60.5	38.1
Total		**576.4**	**555.8**	**581.0**	**535.6**	**566.6**	**642.4**	**513.1**	**795.0**	**570.0**
Cause of Death					*variability band* ± (g) (h)					
Certain infectious and parasitic diseases (A00-B99)	±	0.7	0.7	0.8	1.0	1.3	2.0	3.2	np	0.4
Neoplasms (C00-D48)	±	2.9	3.3	3.8	5.2	5.7	10.7	13.3	31.4	1.6
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	±	0.3	0.3	0.4	0.5	0.6	np	np	–	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	±	1.0	1.2	1.4	2.0	2.1	4.5	4.9	17.9	0.6
Mental and behavioural disorders (F00-F99)	±	1.0	1.2	1.4	2.2	2.1	4.5	6.2	18.6	0.6
Diseases of the nervous system (G00-G99)	±	1.0	1.3	1.5	2.2	2.3	4.2	5.8	16.2	0.6
Diseases of the eye and adnexa (H00-H59)	±	np	np	–	np	–	–	np	–	np
Diseases of the ear and mastoid process (H60-H95)	±	np	–	np	np	np	–	–	–	np
Diseases of the circulatory system (I00-I99)	±	2.9	3.3	4.1	5.5	5.8	11.3	15.6	33.4	1.7
Diseases of the respiratory system (J00-J99)	±	1.5	1.7	2.1	2.7	2.8	5.8	6.4	20.3	0.9
Diseases of the digestive system (K00-K93)	±	1.0	1.2	1.3	1.9	2.0	3.6	5.0	13.1	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	±	0.3	0.3	0.3	0.5	0.5	np	np	np	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	±	0.5	0.5	0.6	0.8	0.8	1.7	np	np	0.3
Diseases of the genitourinary system (N00-N99)	±	0.7	0.9	1.0	1.4	1.5	2.8	4.2	np	0.4
Pregnancy, childbirth and the puerperium (O00-O99)	±	np	np	np	–	np	–	–	–	np
Certain conditions originating in the perinatal period (P00-P96)	±	0.4	0.4	0.5	0.6	0.7	np	np	np	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	±	0.4	0.4	0.5	0.6	0.8	np	np	np	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	±	0.5	0.5	0.6	0.8	0.9	np	2.9	np	0.3

Table EA.45 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

		NSW	*Vic*	*Qld* (e)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
External causes of morbidity and mortality (V01-Y98)	±	1.3	1.5	1.9	2.7	2.9	5.7	5.9	12.0	0.8
Total	±	**5.1**	**5.8**	**6.9**	**9.4**	**10.1**	**19.6**	**24.7**	**62.1**	**2.9**
2010										
Cause of death					*Rate (per 100 000 persons)*					
Certain infectious and parasitic diseases (A00-B99)		9.9	7.4	6.7	8.8	10.1	7.7	7.5	np	8.6
Neoplasms (C00-D48)		175.6	175.5	185.6	172.1	178.3	194.9	157.6	217.1	177.7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)		1.6	1.6	1.6	1.8	1.6	np	np	np	1.6
Endocrine, nutritional and metabolic diseases (E00-E90)		19.2	23.8	22.6	24.1	25.0	35.2	20.0	53.7	22.6
Mental and behavioural disorders (F00-F99)		25.8	26.8	24.6	25.9	29.8	37.4	26.9	48.4	26.6
Diseases of the nervous system (G00-G99)		22.5	26.4	22.8	28.1	28.6	24.8	24.0	33.5	24.7
Diseases of the eye and adnexa (H00-H59)		np	–	–	np	–	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)		–	np	np	–	–	np	–	–	np
Diseases of the circulatory system (I00-I99)		176.5	166.9	187.0	161.8	186.1	213.2	168.7	198.5	176.6
Diseases of the respiratory system (J00-J99)		48.6	45.1	48.1	41.6	49.1	53.9	41.1	76.5	47.2
Diseases of the digestive system (K00-K93)		19.8	21.0	21.1	20.3	18.8	23.1	16.2	41.4	20.5
Diseases of the skin and subcutaneous tissue (L00-L99)		1.9	1.5	1.3	1.0	1.5	np	np	np	1.5
Diseases of the musculoskeletal system and connective tissue (M00-M99)		4.3	4.9	5.0	4.1	3.6	7.9	np	np	4.6
Diseases of the genitourinary system (N00-N99)		12.4	14.0	12.2	12.5	14.5	13.3	12.9	26.8	13.1
Pregnancy, childbirth and the puerperium (O00-O99)		np	np	np	np	np	–	–	np	np
Certain conditions originating in the perinatal period (P00-P96)		2.9	2.2	3.3	2.1	2.6	np	np	np	2.8

Table EA.45 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

		NSW	*Vic*	*Qld* (e)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)		2.7	2.7	2.9	2.2	2.2	np	np	np	2.7
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)		4.4	1.7	3.4	2.9	3.1	np	np	np	3.2
External causes of morbidity and mortality (V01-Y98)		34.3	36.2	41.4	46.5	38.8	40.8	40.3	78.9	38.4
Total		**562.6**	**557.8**	**589.8**	**556.0**	**593.9**	**664.6**	**528.8**	**818.4**	**572.5**
Cause of Death					*variability band* ± (g) (h)					
Certain infectious and parasitic diseases (A00-B99)	±	0.7	0.7	0.8	1.2	1.4	2.2	3.0	np	0.4
Neoplasms (C00-D48)	±	2.9	3.3	4.0	5.4	5.8	11.0	14.1	31.9	1.7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	±	0.3	0.3	0.4	0.5	0.5	np	np	np	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	±	0.9	1.2	1.4	2.0	2.1	4.6	5.0	15.5	0.6
Mental and behavioural disorders (F00-F99)	±	1.1	1.2	1.4	2.1	2.2	4.6	5.7	17.7	0.6
Diseases of the nervous system (G00-G99)	±	1.0	1.3	1.4	2.2	2.3	4.0	5.5	13.7	0.6
Diseases of the eye and adnexa (H00-H59)	±	np	–	–	np	–	–	–	–	–
Diseases of the ear and mastoid process (H60-H95)	±	–	np	np	–	–	np	–	–	–
Diseases of the circulatory system (I00-I99)	±	2.8	3.1	4.0	5.2	5.7	11.2	14.5	32.9	1.6
Diseases of the respiratory system (J00-J99)	±	1.5	1.6	2.0	2.7	3.0	5.7	7.2	20.6	0.9
Diseases of the digestive system (K00-K93)	±	1.0	1.1	1.3	1.9	1.9	3.8	4.4	14.2	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	±	0.3	0.3	0.3	0.4	0.5	np	np	np	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	±	0.4	0.5	0.7	0.8	0.8	2.2	np	np	0.3
Diseases of the genitourinary system (N00-N99)	±	0.7	0.9	1.0	1.5	1.6	2.8	4.0	12.1	0.4
Pregnancy, childbirth and the puerperium (O00-O99)	±	np	np	np	np	np	–	–	np	–
P96)		0.4	0.4	0.5	0.6	0.8	np	np	np	0.2

Table EA.45 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

		NSW	*Vic*	*Qld* (e)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	±	0.4	0.4	0.5	0.6	0.7	np	np	np	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	±	0.5	0.3	0.5	0.7	0.8	np	np	np	0.2
External causes of morbidity and mortality (V01-Y98)	±	1.3	1.5	1.9	2.8	3.0	5.5	6.7	14.1	0.8
Total	±	**5.1**	**5.8**	**7.1**	**9.7**	**10.4**	**20.2**	**25.6**	**63.2**	**3.0**
2009										
Cause of death					*Rate (per 100 000 persons)*					
Certain infectious and parasitic diseases (A00-B99)		8.2	7.2	6.6	8.0	8.0	6.9	6.6	np	7.6
Neoplasms (C00-D48)		173.7	176.3	184.0	177.2	176.3	197.6	155.9	218.9	177.4
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)		1.7	1.6	1.4	2.4	2.4	np	np	np	1.8
Endocrine, nutritional and metabolic diseases (E00-E90)		21.4	26.4	25.0	24.6	23.4	33.2	25.7	67.3	24.4
Mental and behavioural disorders (F00-F99)		24.9	26.0	23.6	26.7	25.9	34.8	29.5	49.3	25.6
Diseases of the nervous system (G00-G99)		21.6	25.0	24.3	26.8	29.2	28.1	25.7	39.2	24.3
Diseases of the eye and adnexa (H00-H59)		np	np	–	np	–	–	np	–	np
Diseases of the ear and mastoid process (H60-H95)		np	–	np	np	np	–	–	–	np
Diseases of the circulatory system (I00-I99)		187.1	180.0	192.1	173.3	190.2	212.7	185.9	200.6	186.2
Diseases of the respiratory system (J00-J99)		46.3	44.1	47.6	40.0	44.0	54.4	30.2	73.9	45.3
Diseases of the digestive system (K00-K93)		21.0	21.0	19.6	19.7	21.0	20.9	19.8	41.6	20.7
Diseases of the skin and subcutaneous tissue (L00-L99)		2.0	1.1	1.5	1.8	np	np	np	np	1.5
Diseases of the musculoskeletal system and connective tissue (M00-M99)		4.2	4.2	5.0	4.8	3.5	6.9	np	np	4.4
Diseases of the genitourinary system (N00-N99)		13.5	15.5	11.4	12.3	14.6	11.6	12.9	20.2	13.7

Table EA.45 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

		NSW	*Vic*	*Qld* (e)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Pregnancy, childbirth and the puerperium (O00-O99)		np	np	np	np	–	–	–	–	np
Certain conditions originating in the perinatal period (P00-P96)		3.1	2.8	3.8	2.0	2.4	np	np	np	3.0
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)		2.4	3.1	3.6	2.2	3.2	np	np	np	2.9
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)		3.6	2.3	3.3	3.7	2.7	np	np	np	3.1
External causes of morbidity and mortality (V01-Y98)		34.9	40.7	43.0	43.4	40.0	52.8	36.9	74.9	39.9
Total		**569.7**	**577.4**	**595.9**	**568.9**	**587.9**	**671.0**	**540.2**	**824.6**	**582.0**
Cause of Death					*variability band* ± (g) (h)					
Certain infectious and parasitic diseases (A00-B99)	±	0.6	0.7	0.8	1.2	1.2	2.1	2.9	np	0.4
Neoplasms (C00-D48)	±	2.9	3.4	4.0	5.6	5.8	11.2	14.2	32.4	1.7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	±	0.3	0.3	0.4	0.7	0.7	np	np	np	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	±	1.0	1.3	1.5	2.1	2.1	4.6	5.8	18.0	0.6
Mental and behavioural disorders (F00-F99)	±	1.0	1.2	1.4	2.2	2.1	4.5	6.2	18.6	0.6
Diseases of the nervous system (G00-G99)	±	1.0	1.3	1.5	2.2	2.3	4.2	5.8	16.2	0.6
Diseases of the eye and adnexa (H00-H59)	±	np	np	–	np	–	–	np	–	np
Diseases of the ear and mastoid process (H60-H95)	±	np	–	np	np	np	–	–	–	np
Diseases of the circulatory system (I00-I99)	±	2.9	3.3	4.1	5.5	5.8	11.3	15.6	33.4	1.7
Diseases of the respiratory system (J00-J99)	±	1.5	1.7	2.1	2.7	2.8	5.8	6.4	20.3	0.9
Diseases of the digestive system (K00-K93)	±	1.0	1.2	1.3	1.9	2.0	3.6	5.0	13.1	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	±	0.3	0.3	0.4	0.6	np	np	np	np	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	±	0.4	0.5	0.7	0.9	0.8	2.0	np	np	0.3
Diseases of the genitourinary system (N00-N99)	±	0.8	1.0	1.0	1.5	1.6	2.6	4.1	10.1	0.5

Table EA.45 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

		NSW	*Vic*	*Qld* (e)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Pregnancy, childbirth and the puerperium (O00-O99)	±	np	np	np	np	–	–	–	–	np
Certain conditions originating in the perinatal period (P00-P96)	±	0.4	0.5	0.6	0.6	0.8	np	np	np	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	±	0.4	0.5	0.6	0.6	0.9	np	np	np	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	±	0.4	0.4	0.5	0.8	0.8	np	np	np	0.2
External causes of morbidity and mortality (V01-Y98)	±	1.3	1.7	2.0	2.7	3.0	6.3	6.5	15.0	0.8
Total	±	**5.2**	**6.0**	**7.2**	**10.0**	**10.5**	**20.5**	**26.4**	**64.3**	**3.1**
2008										
Cause of death					*Rate (per 100 000 persons)*					
Certain infectious and parasitic diseases (A00-B99)		10.6	6.5	7.2	6.7	8.9	6.3	8.5	29.2	8.4
Neoplasms (C00-D48)		179.5	184.2	192.7	176.8	186.2	205.0	168.6	235.0	184.2
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)		np	2.3	1.8	2.9	2.8	np	np	np	2.1
Endocrine, nutritional and metabolic diseases (E00-E90)		21.6	26.2	26.9	26.7	24.6	32.3	22.4	86.6	25.1
Mental and behavioural disorders (F00-F99)		25.9	27.2	22.7	25.6	26.6	33.1	28.5	44.7	26.0
Diseases of the nervous system (G00-G99)		22.6	25.7	25.1	30.4	28.2	26.9	34.9	24.5	25.3
Diseases of the eye and adnexa (H00-H59)		np	np	np	np	np	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)		–	–	np	–	np	–	–	–	np
Diseases of the circulatory system (I00-I99)		209.3	188.3	218.1	187.2	194.2	222.5	186.3	222.5	202.5
Diseases of the respiratory system (J00-J99)		48.8	45.8	49.0	43.8	46.1	57.5	35.5	93.1	47.7
Diseases of the digestive system (K00-K93)		20.9	20.9	21.1	21.6	20.3	24.7	19.6	43.1	21.1
Diseases of the skin and subcutaneous tissue (L00-L99)		2.2	1.4	1.3	np	1.3	np	np	np	1.6

Table EA.45 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

		NSW	*Vic*	*Qld* (e)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Diseases of the musculoskeletal system and connective tissue (M00-M99)		4.9	4.4	4.7	5.2	4.3	8.0	9.8	np	4.9
Diseases of the genitourinary system (N00-N99)		14.1	12.9	13.9	12.1	15.4	12.4	14.4	39.4	13.8
Pregnancy, childbirth and the puerperium (O00-O99)		–	np	np	–	–	–	–	–	np
Certain conditions originating in the perinatal period (P00-P96)		3.1	2.6	3.2	1.8	2.1	np	np	np	2.8
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)		2.8	2.8	3.8	2.2	2.6	np	np	np	2.9
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)		4.0	3.1	3.4	5.0	2.9	np	np	np	3.7
External causes of morbidity and mortality (V01-Y98)		35.7	38.2	42.9	47.0	40.1	49.7	36.4	101.6	40.1
Total		**607.9**	**592.6**	**638.0**	**596.8**	**606.8**	**688.5**	**578.0**	**950.3**	**612.4**
Cause of Death					*variability band* ± (g) (h)					
Certain infectious and parasitic diseases (A00-B99)	±	0.7	0.7	0.8	1.1	1.3	2.0	3.4	12.1	0.4
Neoplasms (C00-D48)	±	3.0	3.5	4.2	5.7	6.1	11.5	15.0	34.9	1.8
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	±	np	0.4	0.4	0.7	0.7	np	np	np	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	±	1.0	1.3	1.6	2.2	2.1	4.5	5.5	22.0	0.6
Mental and behavioural disorders (F00-F99)	±	1.1	1.3	1.4	2.2	2.1	4.5	6.2	17.3	0.6
Diseases of the nervous system (G00-G99)	±	1.0	1.3	1.5	2.4	2.3	4.1	6.9	11.2	0.6
Diseases of the eye and adnexa (H00-H59)	±	np	np	np	np	np	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)	±	–	–	np	–	np	–	–	–	np
Diseases of the circulatory system (I00-I99)	±	3.1	3.4	4.4	5.8	5.9	11.7	15.9	35.8	1.8
Diseases of the respiratory system (J00-J99)	±	1.5	1.7	2.1	2.8	2.9	6.0	7.0	22.8	0.9
Diseases of the digestive system (K00-K93)	±	1.0	1.2	1.4	2.0	2.0	4.0	5.1	15.1	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	±	0.3	0.3	0.3	np	0.5	np	np	np	0.2

Table EA.45 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

		NSW	*Vic*	*Qld* (e)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Diseases of the musculoskeletal system and connective tissue (M00-M99)	±	0.5	0.5	0.6	1.0	0.9	2.2	3.6	np	0.3
Diseases of the genitourinary system (N00-N99)	±	0.8	0.9	1.1	1.5	1.6	2.8	4.4	14.9	0.5
Pregnancy, childbirth and the puerperium (O00-O99)	±	–	np	np	–	–	–	–	–	np
Certain conditions originating in the perinatal period (P00-P96)	±	0.4	0.4	0.5	0.6	0.8	np	np	np	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	±	0.4	0.5	0.6	0.6	0.8	np	np	np	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	±	0.4	0.5	0.6	1.0	0.8	np	np	np	0.3
External causes of morbidity and mortality (V01-Y98)	±	1.4	1.6	2.0	2.9	3.0	6.2	6.6	18.2	0.8
Total	±	**5.4**	**6.2**	**7.6**	**10.4**	**10.8**	**21.0**	**27.8**	**70.5**	**3.2**
2007										
Cause of death					*Rate (per 100 000 persons)*					
Certain infectious and parasitic diseases (A00-B99)		10.2	6.9	7.7	6.2	7.9	3.7	np	25.1	8.2
Neoplasms (C00-D48)		179.8	180.9	173.2	181.3	181.8	202.5	172.5	229.0	179.9
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)		2.2	2.0	2.3	1.8	2.1	np	np	np	2.1
Endocrine, nutritional and metabolic diseases (E00-E90)		20.3	25.9	21.8	26.1	24.6	36.4	24.5	63.8	23.6
Mental and behavioural disorders (F00-F99)		25.4	24.8	19.3	21.2	25.5	27.3	31.1	41.3	24.0
Diseases of the nervous system (G00-G99)		22.0	24.9	22.2	29.8	25.9	25.6	29.8	17.0	24.0
Diseases of the eye and adnexa (H00-H59)		np	np	–	–	–	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)		–	np	–	–	–	np	–	np	np
Diseases of the circulatory system (I00-I99)		205.4	188.7	213.0	188.0	207.5	230.4	177.7	255.4	202.0
Diseases of the respiratory system (J00-J99)		49.6	47.4	60.1	46.2	45.9	58.8	38.0	69.6	50.6

Table EA.45 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

		NSW	*Vic*	*Qld* (e)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Diseases of the digestive system (K00-K93)		20.1	20.1	22.5	23.0	20.6	22.3	18.0	39.2	21.1
Diseases of the skin and subcutaneous tissue (L00-L99)		1.8	1.2	np	np	1.9	np	np	np	1.6
Diseases of the musculoskeletal system and connective tissue (M00-M99)		4.4	5.1	3.8	5.5	4.9	7.8	np	np	4.8
Diseases of the genitourinary system (N00-N99)		13.9	13.9	14.9	13.7	14.6	17.2	9.5	34.6	14.3
Pregnancy, childbirth and the puerperium (O00-O99)		np	–	np	np	np	–	–	–	np
Certain conditions originating in the perinatal period (P00-P96)		3.0	2.8	3.4	1.3	np	np	np	np	2.9
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)		2.6	2.9	3.5	2.2	2.8	np	np	np	2.9
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)		4.6	3.2	8.7	2.4	2.8	np	np	np	4.5
External causes of morbidity and mortality (V01-Y98)		34.9	32.5	43.2	45.0	39.8	48.2	36.9	92.9	38.1
Total		**600.4**	**583.4**	**621.2**	**594.7**	**611.5**	**693.2**	**560.1**	**902.2**	**604.4**
Cause of Death					*variability band* ± (g) (h)					
Certain infectious and parasitic diseases (A00-B99)	±	0.7	0.7	0.8	1.1	1.2	1.5	np	11.6	0.4
Neoplasms (C00-D48)	±	3.0	3.5	4.0	5.8	6.1	11.5	15.3	34.2	1.8
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	±	0.3	0.4	0.5	0.6	0.6	np	np	np	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	±	1.0	1.3	1.4	2.2	2.2	4.9	5.9	17.9	0.6
Mental and behavioural disorders (F00-F99)	±	1.1	1.3	1.3	2.0	2.1	4.1	6.6	17.6	0.6
Diseases of the nervous system (G00-G99)	±	1.0	1.3	1.4	2.4	2.2	4.1	6.5	8.8	0.6
Diseases of the eye and adnexa (H00-H59)	±	np	np	–	–	–	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)	±	–	np	–	–	–	np	–	np	np
Diseases of the circulatory system (I00-I99)	±	3.2	3.5	4.4	5.9	6.2	12.1	15.8	38.4	1.8

Table EA.45 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

		NSW	*Vic*	*Qld* (e)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Diseases of the respiratory system (J00-J99)	±	1.6	1.8	2.4	3.0	3.0	6.2	7.4	19.7	0.9
Diseases of the digestive system (K00-K93)	±	1.0	1.2	1.4	2.1	2.0	3.8	4.9	13.3	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	±	0.3	0.3	np	np	0.6	np	np	np	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	±	0.5	0.6	0.6	1.0	1.0	2.2	np	np	0.3
Diseases of the genitourinary system (N00-N99)	±	0.8	0.9	1.2	1.6	1.6	3.3	3.7	14.3	0.5
Pregnancy, childbirth and the puerperium (O00-O99)	±	np	–	np	np	np	–	–	–	np
Certain conditions originating in the perinatal period (P00-P96)	±	0.4	0.5	0.6	0.5	np	np	np	np	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	±	0.4	0.5	0.6	0.6	0.9	np	np	np	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	±	0.5	0.5	0.9	0.7	0.8	np	np	np	0.3
External causes of morbidity and mortality (V01-Y98)	±	1.4	1.5	2.0	2.9	3.0	6.1	6.8	16.3	0.8
Total	±	**5.5**	**6.2**	**7.6**	**10.6**	**10.9**	**21.3**	**27.8**	**68.5**	**3.2**

(a) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2007-2009 (final), 2010 (revised) and 2011 (preliminary). See Explanatory Notes 29-33 and Causes of Death Revisions 2009 and 2010 (Technical Note) in *Causes of Death, Australia, 2011* (Cat. no. 3303.0).

(b) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100,000 persons. SDRs in this table have been calculated using the direct method, age standardised by 5 year age group to 95 years and over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(c) Data based on reference year. See data quality statements for a more detailed explanation.

(d) Some totals and figures may not compute due to the effects of rounding.

(e) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See data quality statements for more information.

(f) All states and territories including other territories.

Table EA.45 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

	NSW	*Vic*	*Qld* (e)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)

– Nil or rounded to zero.

np not available for publication but included in totals where applicable, unless otherwise indicated.

Source : ABS unpublished, *Causes of Death, Australia, 2011* , Cat. no. 3303.0.

Table EA.46 Age standardised mortality rates by major cause of death, by Indigenous status, 2007–2011 (a), (b), (c), (d), (e), (f), (g), (h), (i)

	NSW	*Qld* (j)	*WA* (k)	*SA*	*NT*	*Total* (j), (k), (l)
Cause of death — Rate (per 100 000 population)						
Indigenous Australians						
Circulatory diseases (I00-I99)	330.1	321.7	413.5	329.3	351.2	343.6
Neoplasms (cancer) (C00-D48)	238.3	253.7	262.4	206.0	309.1	253.7
External causes of morbidity and mortality (V01-Y98)	61.4	68.5	131.2	103.3	119.8	85.5
Endocrine, metabolic and nutritional disorders (E00-E90)	69.2	126.5	164.3	68.1	198.9	117.2
Respiratory diseases (J00-J99)	109.1	99.3	114.0	111.1	154.0	113.0
Digestive diseases (K00-K93)	40.7	54.0	76.6	58.5	84.4	57.0
Kidney Diseases (N00-N29)	23.3	31.0	50.0	np	68.1	36.2
Conditions originating in the perinatal period (P00-P96)	4.9	5.9	4.9	np	9.4	5.9
Infectious and parasitic diseases (A00-B99)	18.8	23.2	24.7	np	44.6	24.5
Nervous system diseases (G00-G99)	22.0	20.9	46.0	35.0	28.8	27.1
Other causes (m)	76.4	70.9	115.6	79.8	126.4	87.5
All causes	**994.2**	**1 075.5**	**1 403.3**	**1 051.6**	**1 494.6**	**1 151.3**
Non-Indigenous persons						
Circulatory diseases (I00-I99)	200.0	199.0	175.2	201.0	158.4	196.6
Neoplasms (cancer) (C00-D48)	177.8	177.0	174.5	179.8	194.6	177.4
External causes of morbidity and mortality (V01-Y98)	34.2	40.0	40.9	37.5	62.1	37.3
Endocrine, metabolic and nutritional disorders (E00-E90)	20.9	22.6	23.8	25.2	31.0	22.3
Respiratory diseases (J00-J99)	50.0	50.4	43.1	48.2	55.5	49.0
Digestive diseases (K00-K93)	20.8	20.2	20.3	20.3	26.7	20.5
Kidney Diseases (N00-N29)	11.6	10.3	10.1	13.5	10.5	11.4
Conditions originating in the perinatal period (P00-P96)	3.0	3.0	1.6	2.1	2.8	2.7
Infectious and parasitic diseases (A00-B99)	10.4	7.0	7.0	9.1	13.0	8.9
Nervous system diseases (G00-G99)	23.3	23.6	29.8	29.3	25.0	24.9
Other causes (m)	46.4	42.1	41.8	46.5	50.5	44.8
All causes	**598.5**	**595.3**	**568.2**	**612.5**	**630.0**	**595.8**
Cause of death — Rate difference (Indigenous less non-Indigenous)						
Circulatory diseases (I00-I99)	130.0	122.7	238.3	128.3	192.9	147.0
Neoplasms (cancer) (C00-D48)	60.5	76.6	87.9	26.2	114.4	76.3
External causes of morbidity and mortality (V01-Y98)	27.2	28.4	90.3	65.7	57.7	48.1
Endocrine, metabolic and nutritional disorders (E00-E90)	48.2	103.9	140.5	42.9	167.9	94.9
Respiratory diseases (J00-J99)	59.0	48.9	71.0	62.9	98.5	64.0
Digestive diseases (K00-K93)	19.9	33.8	56.3	38.3	57.6	36.5

Table EA.46 Age standardised mortality rates by major cause of death, by Indigenous status, 2007–2011 (a), (b), (c), (d), (e), (f), (g), (h), (i)

	NSW	*Qld* (j)	*WA* (k)	*SA*	*NT*	*Total* (j), (k), (l)
Kidney Diseases (N00-N29)	11.7	20.6	39.9	np	57.6	24.8
Conditions originating in the perinatal period (P00-P96)	2.0	2.9	3.3	np	6.6	3.2
Infectious and parasitic diseases (A00-B99)	8.4	16.2	17.7	np	31.6	15.6
Nervous system diseases (G00-G99)	- 1.3	- 2.7	16.2	5.7	3.8	2.1
Other causes (m)	30.0	28.8	73.8	33.2	75.9	42.7
All causes	**395.7**	**480.2**	**835.1**	**439.1**	**864.6**	**555.5**
Cause of death — Rate ratio (Indigenous divided by non-Indigenous)						
Circulatory diseases (I00-I99)	1.6	1.6	2.4	1.6	2.2	1.7
Neoplasms (cancer) (C00-D48)	1.3	1.4	1.5	1.1	1.6	1.4
External causes of morbidity and mortality (V01-Y98)	1.8	1.7	3.2	2.8	1.9	2.3
Endocrine, metabolic and nutritional disorders (E00-E90)	3.3	5.6	6.9	2.7	6.4	5.3
Respiratory diseases (J00-J99)	2.2	2.0	2.6	2.3	2.8	2.3
Digestive diseases (K00-K93)	2.0	2.7	3.8	2.9	3.2	2.8
Kidney Diseases (N00-N29)	2.0	3.0	4.9	np	6.5	3.2
Conditions originating in the perinatal period (P00-P96)	1.7	2.0	3.1	np	3.3	2.2
Infectious and parasitic diseases (A00-B99)	1.8	3.3	3.5	np	3.4	2.8
Nervous system diseases (G00-G99)	0.9	0.9	1.5	1.2	1.2	1.1
Other causes (m)	1.6	1.7	2.8	1.7	2.5	2.0
All causes	**1.7**	**1.8**	**2.5**	**1.7**	**2.4**	**1.9**

(a) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2007-2009 (final), 2010 (revised) and 2011 (preliminary). See Explanatory Notes 29-33 and Causes of Death Revisions 2009 and 2010 (Technical Note) in *Causes of Death, Australia, 2011* (Cat. no. 3303.0).

(b) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100 000 persons. SDRs in this table have been calculated using the direct method, age standardised by 5 year age group to 75 years and over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(c) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(d) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.

(e) Deaths where the Indigenous status of the deceased was not stated are excluded from analysis.

(f) Data are presented in five-year groupings due to the volatility of small numbers each year.

(g) Data based on reference year. See data quality information (DQI) for a more detailed explanation.

Table EA.46 **Age standardised mortality rates by major cause of death, by Indigenous status, 2007–2011 (a), (b), (c), (d), (e), (f), (g), (h), (i)**

	NSW	*Qld* (j)	*WA* (k)	*SA*	*NT*	*Total* (j), (k), (l)

(h) A derived Estimated Resident Population (ERP) based on the 2006 Census is used in the calculation of total population rates. Non-Indigenous ERP was derived by subtracting Aboriginal and Torres Strait Islander projections based on the 2006 Census (3238.0) from the total population ERP. Population estimates from *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* (Cat. no. 3238.0) (based on the 2006 Census) are used to calculate Aboriginal and Torres Strait

(i) Some totals and figures may not compute due to the effects of rounding.

(j) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See DQI for a more detailed explanation.

(k) For WA, Indigenous deaths data for 2007, 2008 and 2009 have been corrected. The data differ from previous reports in which they were over-reported. Please see DQI for more information.

(l) Total includes data for NSW, Queensland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(m) Other causes consist of all conditions excluding the selected causes displayed in the table.

np Not published.

Source : ABS unpublished, *Causes of Death, Australia, 2010* , Cat. no. 3303.0.

Table EA.47 **Employed medical practitioners (a), (b), (c), (d)**

	NSW (e)	*Vic* (f)	*Qld* (g), (h)	WA(g), (i)	*SA*	*Tas* (j)	*ACT* (k)	*NT* (l)	*Aust*
Practitioner rate (per 100 000 people)									
2003	287.6	300.2	240.8	241.1	321.8	280.1	369.7	442.9	282.5
2004	315.2	311.4	221.3	242.8	321.0	288.3	391.8	241.0	289.2
2005	321.6	313.6	234.1	242.0	318.1	295.7	412.8	348.4	295.4
2006	310.8	321.6	238.9	306.7	325.9	275.5	401.1	411.2	301.6
2007	304.5	325.9	290.8	365.1	338.7	312.2	422.8	418.1	318.9
2008	307.5	324.8	308.7	315.0	345.1	301.3	450.2	377.3	318.4
2009	308.6	332.6	334.6	336.7	353.9	366.4	474.0	443.0	331.4
2010 (d), (m), (n)	337.5	340.4	na	na	376.4	350.5	423.5	352.2	345.4
2011	352.4	350.8	349.3	325.9	386.3	354.7	423.4	420.2	353.1
2012 (o)	350.7	348.9	348.6	325.3	380.5	347.1	418.8	429.2	351.1
FTE practitioner rate (per 100 000 people) based on 40-hour week									
2003	324.2	334.8	264.9	260.4	350.8	290.6	407.6	503.5	313.6
2004	352.3	343.3	242.9	258.0	347.5	301.2	426.0	263.5	318.1
2011	359.4	342.6	256.4	250.5	340.3	301.5	441.6	379.9	322.8
2006	337.2	355.4	259.8	320.5	347.9	283.1	413.1	452.3	326.5
2007	331.1	353.6	314.1	383.3	355.6	316.9	453.4	451.6	343.7
2008	333.6	352.4	321.8	329.1	359.7	305.0	489.6	400.1	339.9
2009	326.3	355.1	355.6	352.7	363.6	362.7	508.6	472.7	349.6
2010 (d), (m), (n)	373.7	371.4	na	na	409.4	372.4	458.0	378.6	378.8
2011	385.5	375.3	378.4	349.0	409.0	374.9	468.1	462.8	381.4
2012 (o)	378.0	366.5	373.2	343.6	401.1	359.2	454.1	466.1	373.9
FTE employed medical practitioner rate (per 100 000 people), by age group, 2012 (a), (o)									
< 25 years	0.7	1.5	0.7	0.7	0.3	1.5	0.3	1.0	0.9
25–34	84.2	95.6	90.9	92.5	98.3	77.6	102.3	146.2	91.1
35–44	98.2	92.5	104.5	92.5	105.3	87.2	126.0	129.2	98.5
45–54	89.9	86.6	95.4	81.1	94.9	96.7	117.3	94.7	90.3
55–64	70.6	63.3	59.3	55.9	72.1	73.6	83.7	63.4	65.3
65 years or over	34.5	27.0	22.5	20.8	30.2	22.6	24.2	31.2	28.0

FTE = Full time equivalent.

(a) FTE rate (FTE per 100 000 people) is based on standard full-time working week of 40 hours.

(b) Includes medical practitioners who are employed in medicine. Excludes medical practitioners on extended leave.

(c) Due to rounding of average hours worked, the sum of states and territories' FTE rates may not add up to total FTE rate for Australia and the sum of age groups FTE rates may not add up to total FTE rate for each state. The Australian total includes employed practitioners who did not state or adequately describe their state or territory of principal practice and employed practitioners who are overseas.

(d) Jurisdictional differences between the previous survey questions prior to 2010, as well as the introduction of the new collection tool in 2010, have resulted in a slight change in the pattern of responses to the employment-related questions. As such, comparing data over time should be done with caution. (See Data Quality Information for further information.)

(e) Prior to 2010, NSW data are based on responses to the AIHW Medical Labour Force Survey weighted to financial registrants holding general, conditional specialist, limited prescribing and referring or non-practising registration.

Table EA.47 **Employed medical practitioners (a), (b), (c), (d)**

	NSW (e)	*Vic* (f)	*Qld* (g), (h)	WA(g), (i)	*SA*	*Tas* (j)	*ACT* (k)	*NT* (l)	*Aust*

(f) In 2009, Victoria surveyed only general, specific and provisional registered medical practitioners in the Medical Labour Force Survey but responses are weighted to all registered medical practitioners.

(g) 2010 data exclude Qld and WA due to their registration period closing after the national registration deadline of 30 September 2010.

(h) In 2009, Queensland data are based on responses to the Medical Labour Force Survey weighted to all registrants excluding some conditional registration types. In 2005, responses to annual Medical Labour Force Surveys were weighted to general registrants and conditionally registered specialists only.

(i) For WA, in 2009, the scope was consistent, that is, the survey population and the benchmark figures are based on general and conditional registrants. In 2005, the survey was administered to both general and conditional registrants but benchmark figures were for general registrants only. For WA in 2009, the benchmark data includes a significant number of registered medical practitioners that are no longer active in the workforce. This inflates the perception of the medical labour force in WA. It is also unknown how significantly past years have been affected. Care should be taken when interpreting these

(j) Prior to 2010, Tasmania data are based on responses to the AIHW Medical Labour Force Survey weighted to general registrants, conditionally registered specialists and non-practising registrants only.

(k) Care must be taken when interpreting ACT's data as the ACT supplies a large number of services to the Greater Southern Area NSW. Inclusion of population from this catchment area would significantly reduce the ratio of practitioners per 100 000 population.

(l) Comparisons with NT data should be made with caution. From 2010, doctors' registration requirements have changed (in particular, doctors providing fly in fly out services are no longer required to register in the NT where they are registered nationally).

(m) From 2010, state and territory is derived from state and territory of main job where available; otherwise state and territory of principal practice is used as a proxy. If principal practice details are unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'Not stated'.

(n) 2010 data exclude Queensland and WA due to closure of their registration period after the national registration deadline of 30 September 2010.

(o) From 2012, data exclude provisional registrants.

np Not published. **na** Not available.

Source : AIHW unpublished, National Health Workforce Data Set; ABS (unpublished) Estimated Resident Population (based on the 2011 ABS Census of Population and Housing).

Table EA.48 **Employed nurses (a), (b), (c), (d), (e)**

	NSW	*Vic* (f)	*Qld* (g)	*WA* (h)	*SA*	*Tas* (i)	*ACT*	*NT* (j)	*Aust*
Practitioner rate (per 100 000 people)									
2003	1 116	1 351	1 036	1 074	1 429	1 330	1 173	1 563	1 189
2004	1 130	1 369	1 058	1 167	1 500	1 281	1 192	1 162	1 212
2005	1 083	1 367	1 036	1 136	1 523	1 366	1 244	3 468	1 198
2006	na	na	na	na	na	na	na	na	na
2007	1 116	1 438	1 171	1 134	1 508	1 428	1 229	1 385	1 250
2008	1 117	1 391	1 140	1 215	1 625	1 472	1 285	1 827	1 255
2009	1 110	1 386	1 170	1 186	1 712	1 465	1 275	1 814	1 261
2010 (k)	na	na	na	na	na	na	na	na	na
2011	1 111	1 429	1 248	1 218	1 670	1 451	1 276	1 514	1 284
2012 (l)	1 113	1 413	1 241	1 223	1 666	1 393	1 264	1 596	1 279
FTE nurses rate (per 100 000 people) based on a 38-hour week									
2003	975	1 134	897	888	1 181	1 141	1 037	1 575	1 017
2004	1 014	1 146	916	983	1 259	1 115	1 069	1 149	1 046
2005	975	1 144	913	950	1 279	1 190	1 126	3 468	1 040
2006	na	na	na	na	na	na	na	na	na
2007	1 007	1 224	1 032	972	1 287	1 254	1 106	1 431	1 095
2008	1 014	1 183	1 014	1 042	1 403	1 301	1 170	1 827	1 103
2009	1 005	1 167	1 043	1 008	1 469	1 280	1 168	1 800	1 105
2010 (k)	na	na	na	na	na	na	na	na	na
2011	993	1 182	1 091	1 037	1 388	1 239	1 164	1 504	1 107
2012 (l)	1 014	1 189	1 107	1 064	1 416	1 179	1 183	1 615	1 123
FTE employed nurses and midwives, rate per 100 000 people based on 38-hour weeks, by age, 2012 (l)									
< 25 years	48.1	68.4	61.1	67.5	70.6	51.3	58.4	78.9	60.0
25–34	189.2	254.7	198.3	205.1	239.6	169.7	242.9	414.2	215.4
35–44	222.0	267.9	266.9	234.9	310.8	227.9	288.3	354.8	252.8
45–54	305.0	341.2	342.3	323.5	468.7	424.5	343.2	430.9	340.0
55–64	221.4	229.5	210.6	206.5	299.3	275.7	229.0	307.0	227.5
65 years or over	28.4	27.4	28.1	26.4	27.0	29.4	21.2	28.8	27.7

FTE = Full time equivalent.

(a) Includes registered and enrolled nurses who are employed in nursing.

(b) FTE rate (FTE per 100 000 people) is based on standard full-time working week of 38 hours.

(c) Data for 2002, 2006 and 2010 are not available.

(d) Due to rounding of average hours worked, the sum of states and territories' FTE rates may not add up to total FTE rate for Australia and the sum of age groups FTE rates may not add up to total FTE rate for each state. The Australian total includes employed practitioners who did not state or adequately describe their state or territory of principal practice and employed practitioners who are overseas.

(e) Jurisdictional differences between the previous survey questions prior to 2010, as well as the introduction of the new collection tool in 2010, have resulted in a slight change in the pattern of responses to the employment-related questions. As such, comparing data over time should be done with caution. (See Data Quality Information for further information.)

Table EA.48 **Employed nurses (a), (b), (c), (d), (e)**

	NSW	*Vic* (f)	*Qld* (g)	*WA* (h)	*SA*	*Tas* (i)	*ACT*	*NT* (j)	*Aust*

(f) Because survey data for Victoria were not available in 2005, the 2006 Victorian survey responses were weighted to 2005 benchmarks. Therefore, care should be taken when comparing these data for Victoria with earlier years and in making comparisons with other states and territories in 2005. In 2008 Victorian data was affected by large numbers of online survey records not being able to be used for technical reasons. Estimates for Victoria for 2008 and 2009 should be treated with caution due to low response rate (33.3 per cent and 31.7 per cent respectively).

(g) Queensland estimates for 2007, 2008 and 2009 should be treated with caution due to low response rates (33.9 per cent, 32.9 per cent and 28.2 respectively). Benchmark data for Queensland in 2009 was estimated by using the total from a summary table provided to AIHW by Queensland Health prorated to the age distribution of 2008.

(h) Estimates for WA for 2005, 2007, 2008 and 2009 should be treated with caution due to low response rates (26.9 per cent, 36.7 per cent, 34.4 per cent and 35.4 per cent respectively). Benchmark data for Western Australia in 2009 was estimated by using the total from the Nursing board annual report prorated to the age distribution of 2008.

(i) Estimates for Tasmania for 2009 should be treated with caution due to low response rate (33.2 per cent). Differences between 2008 and 2009 for Tasmanian data in particular may be caused by the large decline in the response rate for that jurisdiction (from 56.9% to 33.2%).

(j) Estimates for the NT for 2004, 2007, 2008 and 2009 should be treated with caution due to low response rates (35.1 per cent, 28.7 per cent, 34.9 per cent and 32.8 per cent respectively). Data for NT for 2005 are not published. Benchmark data for the Northern Territory in 2009 was estimated by using the total from the Nursing board quarterly bulletin report prorated to the age distribution of 2008. Data for the NT is affected by the transient nature of the nursing labour force in that jurisdiction. According to the Nursing Board Annual Report, approximately one-third of all nurses do not re-register each year, primarily because they no longer practise in the jurisdiction. There has been some variation across years in the degree to which nurses who are interstate have been removed from the renewal process and hence the survey.

(k) From 2010, state and territory is derived from state and territory of main job where available; otherwise state and territory of principal practice is used as a proxy. If principal practice details are unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'Not stated'.

(l) From 2012, data exclude provisional registrants.

np Not published. **na** Not available.

Source : AIHW unpublished, National Health Workforce Data Set; ABS (unpublished) Estimated Resident Population (based on the 2011 ABS Census of Population and Housing).

Table EA.49 Net growth in health workforce, selected professions (a), (b)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)
FTE Medical practitioners in the workforce (d), (e)										
2008	no.	23 404	18 773	13 865	7 165	5 770	1 518	1 695	882	73 076
2009	no.	23 257	19 341	15 733	7 916	5 907	1 826	1 792	1 069	76 740
2010	no.	26 694	20 302	na	na	6 655	1 895	1 657	870	na
2011	no.	27 827	20 723	16 878	8 204	6 708	1 926	1 728	1 072	85 140
2012	no.	27 560	20 607	17 018	8 349	6 637	1 839	1 701	1 095	84 820
Growth in medical workforce from 2008 to 2012 (g)										
Net growth	**%**	**17.8**	**9.8**	**22.7**	**16.5**	**15.0**	**21.1**	**0.3**	**24.1**	**16.1**
Annual average	**%**	**4.2**	**2.4**	**5.3**	**3.9**	**3.6**	**4.9**	**0.1**	**5.5**	**3.8**
FTE Nurses and midwives in the workforce (f)										
2008	no.	71 129	63 001	43 691	22 694	22 502	6 479	4 050	4 028	237 236
2009	no.	71 631	63 559	46 166	22 624	23 860	6 441	4 114	4 072	242 521
2010	no.	na	na	na	na	na	na	na	na	na
2011	no.	71 657	65 439	48 858	24 390	22 755	6 340	4 283	3 479	247 246
2012	no.	73 948	66 866	50 485	25 850	23 436	6 033	4 425	3 789	254 842
Growth in the nursing and midwifery workforce from 2008 to 2012 (g)										
Net growth	**%**	**4.0**	**6.1**	**15.5**	**13.9**	**4.1**	**- 6.9**	**9.3**	**- 5.9**	**7.4**
Annual average	**%**	**1.0**	**1.5**	**3.7**	**3.3**	**1.0**	**-1.8**	**2.2**	**-1.5**	**1.8**

(a) Net growth measures the change in the full time equivalent (FTE) number in the workforce in the reference year compared to the year prior to the reference year.

(b) FTEs calculated based on a 40 hour standard working week for medical practitioners and a 38 hour week for nurses and midwives.

(c) Due to rounding of average hours worked, the total FTE for Australia may not add up to the sum of states and territories.

(d) 2008 and 2009 data for NSW, Queensland and Tasmania are underestimates, as the benchmark figures did not include all registered medical practitioners. For WA the 2008 benchmark used was the total number of registered practitioners in 2008 using 2007 age by sex proportions. For WA 2008 and 2009, the benchmark data were inflated by a significant number of registered medical practitioners that are no longer active in the workforce.

(e) For the NT, benchmarks for 2007 and 2009 were based on the medical board newsletter relating to medical practioners who had been registered during any part of the year, while the 2008 benchmarks were based on data analysis by the NT health department which was restricted to practitioners registered at a point in time (but included the only source for data by age group). The difference between these two sources for 2008 was concentrated in conditionally registered medical practitioners (i.e. short term registrations). The small decline in the survey data for 2008 and subsequent apparent large increase in the 2009 data is attributable to this difference in the benchmark data source. In contrast, AIHW calculations show that the increase in FTE between 2007 and 2009 was a more reasonable 10.3 per cent over two years.

(f) For 2009, state and territory estimates should be treated with caution due to low response rates in some jurisdictions, particularly Victoria, Queensland, WA, Tasmania and the NT. In 2008 Victorian data was affected by large numbers of online survey records not being able to be used for technical reasons.

(g) Jurisdictional differences between the previous survey questions prior to 2010, as well as the introduction of the new collection tool in 2010, have resulted in a slight change in the pattern of responses to the employment-related questions. As such, comparing data over time should be done with caution. (See Data Quality Information for further information.)

Table EA.49 **Net growth in health workforce, selected professions (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)

(h) In 2010, state and territory is derived from state and territory of otherwise, state and territory of residence is used as a proxy. If residence details are unavailable, state and territory of main job is used. Records with no information on all three locations are coded to 'Not stated'.

(i) Data for 2007, 2008 and 2009 are for the workforce (i.e. include employed, those on extended leave and those looking for work in the workforce) — this was National Healthcare Agreement indicator 65.1 which is no longer reported on. Data for 2010 and 2011 are only for those employed in the workforce. Therefore, comparisons should be made with caution.

(j) For medical practitioners, 2010 data for Queensland and WA are not available.

(k) For nurses and midwives, data not available for 2010.

na Not available.

Source : AIHW unpublished, National Health Workforce Data Set; AIHW unpublished, Medical Labour Force Survey; AIHW unpublished, Nursing and Midwifery Labour Force Survey; ABS unpublished, Estimated Resident Population (based on the 2011 ABS Census of Population and Housing).

Table EA.50 Employed health workforce, by Indigenous status and state and territory of principal practice (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)
Medical practitioners employed in medicine (c)									
2010 (d)									
Number									
Indigenous (c)	60	23	na	na	9	3	7	14	117
Non-Indigenous	24 284	18 790	na	na	6 158	1 770	1 508	794	53 330
Not stated	90	73	na	na	24	6	5	1	199
Total	24 434	18 886	na	na	6 191	1 779	1 520	809	53 646
Percentage of employed medical practitioners who are Indigenous (e)	0.2	0.1	na	na	0.1	0.2	0.5	1.7	0.2
2011									
Number									
Indigenous (c)	93	22	59	32	17	4	7	16	249
Non-Indigenous	25 232	19 308	15 509	7 609	6 292	1 795	1 545	950	78 282
Not stated	89	83	61	27	19	14	4	5	302
Total	25 413	19 413	15 628	7 667	6 328	1 813	1 557	972	78 833
Percentage of employed medical practitioners who are Indigenous (e)	0.4	0.1	0.4	0.4	0.3	0.2	0.5	1.7	0.3
2012 (f)									
Number									
Indigenous (c)	na	na	na	na	na	na	na	na	na
Non-Indigenous	na	na	na	na	na	na	na	na	na
Not stated	na	na	na	na	na	na	na	na	na
Total	na	na	na	na	na	na	na	na	na
Percentage of employed medical practitioners who are Indigenous (e)	na	na	na	na	na	na	na	na	na
Employed nurses and midwives (g)									
2010 (h)									
Number									
Indigenous	na	na	na	na	na	na	na	na	na
Non-Indigenous	na	na	na	na	na	na	na	na	na
Not stated	na	na	na	na	na	na		na	na
Total	na	na	na	na	na	na	na	na	na
Percentage of employed nurses and midwives who are Indigenous (e)	na	na	na	na	na	na	na	na	na
2011 (i)									
Number									
Indigenous	850	310	545	164	167	103	25	47	2 212

Table EA.50 Employed health workforce, by Indigenous status and state and territory of principal practice (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)
Non-Indigenous	78 160	77 555	54 368	28 127	26 653	7 228	4 652	3 404	280 199
Not stated	341	294	215	139	101	33	24	19	1 166
Total	79 351	78 159	55 128	28 430	26 921	7 364	4 701	3 470	283 577
Percentage of employed nurses and midwives who are Indigenous (e)	1.1	0.4	1.0	0.6	0.6	1.4	0.5	1.4	0.8
2012									
Number									
Indigenous	865	313	587	159	182	101	38	56	2 301
Non-Indigenous	80 057	78 957	55 870	29 472	27 297	7 014	4 677	3 683	287 046
Not stated	254	184	150	82	82	17	19	10	797
Total	81 176	79 455	56 607	29 712	27 561	7 132	4 734	3 749	290 144
Percentage of employed nurses and midwives who are Indigenous (e)	1.1	0.4	1.0	0.5	0.7	1.4	0.8	1.5	0.8

(a) State and territory is derived from state and territory of main job where available. Otherwise, state and territory of principal practice is used as a proxy. If principal practice details are unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'Not stated'.

(b) Includes employed practitioners who did not state or adequately describe their state or territory and employed practitioners who live overseas. Therefore, state and territory totals may not sum to the national total.

(c) Due to the small population size, the overall response rate and unexplained variation between years, data for Indigenous medical practitioners should be treated with caution.

(d) For medical practitioners, 2010 data for Queensland and Western Australia are not available.

(e) Excludes the response category 'Indigenous status—Not stated'.

(f) For medical practitioners, 2012 data are not available.

(g) Includes people registered as midwives only.

(h) For nurses and midwives, data are not available for 2010.

(i) Nurses and midwives data for 2011 have been revised and may differ from previous reports.

na Not available.

Source: AIHW various years, *Medical workforce* (various years), *Nursing and midwifery workforce* (various years).

Table EA.51 **Indigenous health workforce, by State/Territory, 2011 (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Indigenous Australians										
Employed in health related occupation										
15-24 years	no.	260	76	214	94	61	18	8	105	836
25-34 years	no.	670	172	573	199	143	51	13	257	2 078
35-44 years	no.	862	214	782	279	200	60	21	286	2 704
45-54 years	no.	778	180	654	248	186	71	23	245	2 385
55-64 years	no.	336	76	305	141	69	30	7	117	1 084
65 years & over	no.	25	12	39	26	12	4	–	17	135
Total	**no.**	**2 931**	**730**	**2 567**	**987**	**671**	**234**	**72**	**1 027**	**9 222**
Census population	'000	173	38	156	70	30	20	5	57	548
All people										
Employed in health related occupation										
15-24 years	no.	9 610	9 301	6 952	3 677	2 623	647	514	393	33 717
25-34 years	no.	38 545	35 679	26 165	13 372	10 722	2 482	2 146	1 931	131 045
35-44 years	no.	43 155	36 658	29 776	14 314	11 959	3 208	2 173	1 585	142 838
45-54 years	no.	47 276	37 069	30 493	15 002	13 974	4 181	2 331	1 540	151 877
55-64 years	no.	30 772	23 604	17 786	9 361	8 522	2 658	1 480	940	95 140
65 years & over	no.	6 555	4 655	3 313	1 801	1 353	410	251	146	18 484
Total	**no.**	**175 913**	**146 966**	**114 485**	**57 527**	**49 153**	**13 586**	**8 895**	**6 535**	**573 101**
Census population	'000	6 918	5 354	4 333	2 239	1 597	495	357	212	21 508
Indigenous health workforce as a proportion of total health workforce										
15-24 years	%	2.7	0.8	3.1	2.6	2.3	2.8	1.6	26.7	2.5
25-34 years	%	1.7	0.5	2.2	1.5	1.3	2.1	0.6	13.3	1.6
35-44 years	%	2.0	0.6	2.6	1.9	1.7	1.9	1.0	18.0	1.9
45-54 years	%	1.6	0.5	2.1	1.7	1.3	1.7	1.0	15.9	1.6
55-64 years	%	1.1	0.3	1.7	1.5	0.8	1.1	0.5	12.4	1.1
65 years & over	%	0.4	0.3	1.2	1.4	0.9	1.0	–	11.6	0.7
Total	**%**	**1.7**	**0.5**	**2.2**	**1.7**	**1.4**		**0.8**	**15.7**	**1.6**
Indigenous Australians as a proportion of total census population										
Total	%	2.5	0.7	3.6	3.1	1.9	4.0	1.5	26.8	2.5

(a) Aged 15 years and over.

(b) Coded using the Australian and New Zealand Standard Classification of Occupations (ANZSCO), First Edition, Revision 1. The Occupation code assigned to a response is based on the occupation title and tasks of the main job held during the week prior to Census Night.

(c) No reliance should be placed on small cells

(d) Components may not add to total due to perturbation of component data.

Source : ABS 2012, *2011 Census of Population and Housing* , Canberra.

Table EA.52 **Indigenous health workforce, by sex, 2011 (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Indigenous Australians										
Employed in health related occupation										
Male	no.	783	207	718	308	215	45	25	433	2 734
Female	no.	2 146	523	1 849	679	456	189	46	596	6 487
Total	**no.**	**2 931**	**730**	**2 567**	**987**	**671**	**234**	**72**	**1 027**	**9 222**
All people										
Employed in health related occupation										
Male	no.	47 025	36 440	31 245	15 021	12 359	3 498	2 368	1 942	149 912
Female	no.	**128 885**	**110 527**	**83 240**	**42 506**	**36 793**	**10 090**	**6 527**	**4 593**	**423 189**
Total	**no.**	175 913	146 966	114 485	57 527	49 153	13 586	8 895	6 535	573 101
Indigenous health workforce as a proportion of total health workforce										
Male	%	1.7	0.6	2.3	2.1	1.7	1.3	1.1	22.3	1.8
Female	%	1.7	0.5	2.2	1.6	1.2	1.9	0.7	13.0	1.5
Total	**%**	**1.7**	**0.5**	**2.2**	**1.7**	**1.4**	**1.7**	**0.8**	**15.7**	**1.6**

(a) Aged 15 years and over.

(b) Coded using the Australian and New Zealand Standard Classification of Occupations (ANZSCO), First Edition, Revision 1. The Occupation code assigned to a response is based on the occupation title and tasks of the main job held during the week prior to Census Night.

(c) No reliance should be placed on small cells.

(d) Components may not add to total due to perturbation of component data.

Source : ABS 2012, *2011 Census of Population and Housing* , Canberra.

Table EA.53 Indigenous persons employed in selected health-related occupations, 2011 (a), (b), (c), (d)

	Indigenous Australians	*All people*	*Per cent of Indigenous people employed in a health-related occupation*
Health and welfare services managers	**351**	**17 387**	**2.0**
Health professionals			
Health Professionals nfd	55	2 113	2.6
Health diagnostic and promotion professionals			
Health Diagnostic and Promotion Professionals nfd	7	157	4.5
Dietitians	24	3 705	0.6
Medical Imaging Professionals	22	13 243	0.2
Occupational and Environmental Health Professional	298	18 924	1.6
Optometrists and Orthoptists	6	4 303	0.1
Pharmacists	28	19 936	0.1
Other Health Diagnostic and Promotion Professionals	572	5 595	10.2
Total	**954**	**68 862**	**1.4**
Health therapy professionals			
Health Therapy Professionals nfd	–	171	–
Chiropractors and Osteopaths	11	4 347	0.3
Complementary Health Therapists	19	5 949	0.3
Dental Practitioners	21	10 991	0.2
Occupational Therapists	22	9 251	0.2
Physiotherapists	73	15 928	0.5
Podiatrists	5	2 803	0.2
Speech Professionals and Audiologists	17	6 799	0.3
Total	**168**	**56 231**	**0.3**
Medical practitioners			
Medical Practitioners nfd	4	1 431	0.3
Generalist Medical Practitioners	129	43 429	0.3
Anaesthetists	6	3 765	0.2
Specialist Physicians	–	5 468	–
Psychiatrists	6	2 586	0.2
Surgeons	11	4 926	0.2
Other Medical Practitioners	17	8 619	0.2
Total	**173**	**70 229**	**0.2**
Midwifery and nursing professionals			
Midwifery and Nursing Professionals nfd	3	354	0.8
Midwives	70	14 105	0.5
Nurse Educators and Researchers	21	5 288	0.4
Nurse Managers	81	12 631	0.6
Registered Nurses	1 710	206 916	0.8
Total	**1 890**	**239 292**	**0.8**
Total Health professionals	**3 240**	**433 726**	**0.7**

Table EA.53 Indigenous persons employed in selected health-related occupations, 2011 (a), (b), (c), (d)

	Indigenous Australians	*All people*	*Per cent of Indigenous people employed in a health-related occupation*
Health and welfare support workers			
Health and Welfare Support Workers nfd	65	777	8.4
Ambulance Officers and Paramedics	215	11 939	1.8
Dental Hygienists, Technicians and Therapists	32	6 333	0.5
Diversional Therapists	42	4 256	1.0
Enrolled and Mothercraft Nurses	285	17 891	1.6
Indigenous Health Workers	1 257	1 373	91.6
Massage Therapists	73	10 604	0.7
Welfare Support Workers	3 572	50 205	7.1
Total	**5 548**	**103 383**	**5.4**
Psychologists	**81**	**18 522**	**0.4**
Total aged 15 years and over (n)	**9 221**	**573 101**	**1.6**

(a) Aged 15 years and over.

(b) Coded using the Australian and New Zealand Standard Classification of Occupations (ANZSCO), First Edition, Revision 1. The Occupation code assigned to a response is based on the occupation title and tasks of the main job held during the week prior to Census Night.

(c) No reliance should be placed on small cells

(d) Components may not add to total due to perturbation of component data.

Source : ABS 2012, *2011 Census of Population and Housing* , Canberra.

Table EA.54 Proportion of people who accessed health services by health status, 2011-12 (a), (b), (c)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d)	*Aust*
					Health status (excellent/very good/good)					
Admitted to hospital	%	10.9	11.2	11.0	12.2	12.0	10.8	12.4	12.9	11.3
Casualty/outpatients/day clinic	%	1.7	2.1	2.5	2.8	2.9	1.5	2.1	2.7	2.2
Doctor consultation (GP and/or specialist)	%	22.5	21.6	24.4	21.2	21.2	21.9	21.0	22.9	22.3
Dental consultation (e)	%	16.7	18.9	17.5	18.4	20.3	15.7	17.7	15.0	17.8
Consultation with other health professional	%	6.6	8.2	6.6	5.7	8.5	5.1	8.5	5.3	7.0
Total accessing health care (f)	%	**26.9**	**27.0**	**28.6**	**25.4**	**26.9**	**25.1**	**26.9**	**26.5**	**27.1**
					Health status (fair/poor)					
Admitted to hospital	%	21.7	21.9	26.1	24.5	26.3	22.9	21.5	25.0	23.3
Casualty/outpatients/day clinic	%	2.3	7.3	8.6	5.9	9.1	6.3	8.0	10.1	6.1
Doctor consultation (GP and/or specialist)	%	40.5	52.8	43.3	36.7	40.7	40.1	37.7	36.0	43.4
Dental consultation (e)	%	19.5	15.6	16.2	14.8	18.3	13.8	13.4	22.1	17.4
Consultation with other health professional	%	11.9	14.7	11.9	15.9	12.0	11.3	23.1	8.8	13.2
Total accessing health care (f)	**%**	**43.8**	**55.8**	**50.2**	**44.8**	**48.3**	**44.4**	**47.7**	**42.4**	**48.5**
					95 per cent confidence interval for Health status (excellent/very good/good)					
Admitted to hospital	± %	1.4	1.2	1.6	1.6	1.7	1.9	2.2	3.1	0.6
Casualty/outpatients/day clinic	± %	0.5	0.7	0.7	0.8	0.9	0.8	0.9	1.2	0.3
Doctor consultation (GP and/or specialist)	± %	1.8	1.7	1.9	2.0	2.2	2.6	2.4	2.9	0.8
Dental consultation (e)	± %	1.9	1.8	1.8	2.1	2.4	2.3	2.1	2.8	0.8
Consultation with other health professional	± %	1.1	1.1	1.0	1.0	1.9	1.4	2.0	1.9	0.5
Total accessing health care (f)	**± %**	**2.1**	**2.0**	**2.0**	**2.2**	**2.3**	**2.6**	**3.0**	**3.3**	**0.9**
					95 per cent confidence interval for Health status (fair/poor)					
Admitted to hospital	± %	4.8	5.6	6.1	5.4	6.8	5.8	7.4	7.2	2.5
Casualty/outpatients/day clinic	± %	1.3	3.3	3.2	2.7	4.8	2.9	6.2	4.5	1.2
Doctor consultation (GP and/or specialist)	± %	6.9	8.3	6.2	7.5	6.4	6.8	9.4	9.6	3.6
Dental consultation (e)	± %	5.0	4.6	5.2	4.4	5.3	4.9	7.0	8.4	2.5
Consultation with other health professional	± %	3.1	5.1	3.7	5.3	3.8	4.1	7.5	5.7	1.8
Total accessing health care (f)	**± %**	**6.9**	**8.0**	**6.0**	**8.0**	**5.9**	**6.3**	**10.1**	**8.3**	**3.5**

(a) Rates are age standardised by State/Territory to the 2001 estimated resident population (10 year age ranges from 15 years).

(b) People aged 15 years and over who were admitted to hospital in the last 12 months, consulted a dentist in the last 3 months or who visited casualty, an outpatient clinic, day clinic or consulted a GP, specialist or other health professional in the last 2 weeks.

Table EA.54 **Proportion of people who accessed health services by health status, 2011-12 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d)	*Aust*

(c) Data for 2011-12 are not comparable to data for 2004-05 due to changes to question methodology. In 2004-05, respondents were asked individual questions on actions they had taken for their health in a specified time period (for example, consulting a general practitioner in the last 2 weeks) while in 2011-12 respondents were asked to identify actions they had undertaken in the last 12 months from a prompt card. In 2011-12, if the respondent answered yes to an action they were then asked whether they had done so in the specified time frame.

(d) Data for the NT should be used with care as very remote areas are excluded from the Australian Health Survey, which translates to the exclusion of around 23 per cent of the NT population.

(e) Data presented for 2011-12 for ‘Dental consultation’ relate to 'in the last 3 months', and are not comparable with 2004-05 data.

(f) Total persons accessing casualty/outpatients/day clinic or consulting a doctor (GP and/or specialist) or other health professional in the last 2 weeks. Data for 2011-12 are not comparable with data for 2004-05.

np Not published.

Source: ABS unpublished *Australian Health Survey, 2011-13* (National Health Survey 2011-12 component), Cat. No. 4640.0

Table EA.55 Proportion of people who accessed health services by health status, 2004-05 (a), (b), (c)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d)	*Aust*
					Health status (excellent/very good/good)					
Admitted to hospital	%	14.2	13.5	13.5	15.8	13.5	13.5	13.4	13.7	14.0
Casualty/outpatients/day clinic	%	3.4	5.5	3.7	4.8	4.5	4.7	np	np	4.2
Doctor consultation (GP and/or specialist)	%	21.1	21.5	20.5	22.4	21.8	21.6	19.9	21.5	21.3
Dental consultation (e)	%	5.5	5.9	5.2	6.3	6.4	5.6	5.8	4.4	5.7
Consultation with other health professional	%	11.8	14.3	14.0	13.5	14.2	11.9	12.5	12.6	13.2
Total accessing health care (f)	%	**41.8**	**41.7**	**41.1**	**43.4**	**42.9**	**40.5**	**37.7**	**38.8**	**41.8**
					Health status (fair/poor)					
Admitted to hospital	%	27.6	24.6	25.8	28.1	26.5	27.0	23.8	37.2	26.5
Casualty/outpatients/day clinic	%	7.9	10.0	10.3	12.5	11.4	11.9	5.5	13.0	9.7
Doctor consultation (GP and/or specialist)	%	41.8	44.1	42.3	39.7	41.1	44.1	30.4	38.7	42.0
Dental consultation (e)	%	5.8	6.8	5.8	5.6	9.0	3.5	np	np	6.3
Consultation with other health professional	%	19.7	22.1	24.2	23.9	23.8	19.4	27.4	30.3	22.0
Total accessing health care (f)	**%**	**60.6**	**65.2**	**63.3**	**63.0**	**64.2**	**58.6**	**58.5**	**66.5**	**62.6**
					95 per cent confidence interval for Health status (excellent/very good/good)					
Admitted to hospital	± %	1.2	1.5	1.3	1.4	1.1	1.9	2.1	10.7	0.6
Casualty/outpatients/day clinic	± %	0.7	1.0	0.7	1.2	0.8	1.0	np	np	0.4
Doctor consultation (GP and/or specialist)	± %	1.3	1.6	1.6	2.1	1.8	2.2	3.0	15.0	0.8
Dental consultation (e)	± %	0.8	1.0	0.7	1.2	1.0	1.1	1.4	4.1	0.5
Consultation with other health professional	± %	1.3	1.6	1.5	1.6	1.3	1.7	1.7	13.6	0.7
Total accessing health care (f)	**± %**	**1.9**	**2.3**	**2.0**	**2.2**	**2.2**	**2.7**	**16.7**	**3.3**	**1.1**
					95 per cent confidence interval for Health status (fair/poor)					
Admitted to hospital	± %	4.7	4.0	3.7	5.9	4.4	6.0	7.3	34.1	2.2
Casualty/outpatients/day clinic	± %	2.8	2.8	3.5	4.1	3.6	4.4	2.6	16.9	1.3
Doctor consultation (GP and/or specialist)	± %	5.4	5.1	5.4	6.1	5.9	7.5	7.1	26.6	2.7
Dental consultation (e)	± %	2.9	3.2	2.3	3.0	3.9	2.5	np	np	1.3
Consultation with other health professional	± %	3.8	4.6	4.2	6.0	4.3	5.4	7.9	20.1	2.1
Total accessing health care (f)	**± %**	**5.7**	**5.5**	**5.5**	**6.9**	**5.0**	**7.6**	**8.2**	**32.1**	**3.0**

(a) Rates are age standardised by State/Territory to the 2001 estimated resident population (5 year ranges from 15 years).

(b) Persons who accessed at least one of the health services noted in the table in the last two weeks or were admitted to hospital in the last 12 months.

(c) Limited to people aged 15 years or over.

Table EA.55 **Proportion of people who accessed health services by health status, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d)	*Aust*

(d) Data for the NT should be used with care as very remote areas are excluded from the Australian Health Survey, which translates to the exclusion of around 23 per cent of the NT population.

(e) Data presented for 2004-05 for ‘Dental consultation’ relate to 'in the last 2 weeks', and are not comparable with 2011-12 data.

(f) Total persons accessing any of the selected health services above. Components may not add to total because persons may have accessed more than one type of health service. Data for 2004-05 are not comparable with data for 2011-12.

np Not published.

Source : ABS (unpublished) *National Health Survey, 2004-05* .

Table EA.56 **Proportion of Indigenous Australians who accessed health services by health status, 2012-13 (a), (b), (c)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
					Health status (excellent/very good/good)					
Admitted to hospital (d)	%	17.3	21.6	17.5	22.4	18.6	17.7	23.9	22.1	19.0
Casualty/outpatients/day clinic (e)	%	5.6	5.2	6.1	5.2	6.7	3.1	10.5	4.4	5.5
Doctor consultation (GP and/or specialist) (e)	%	22.3	28.6	19.8	22.0	29.6	23.4	37.1	24.1	22.8
Dental consultation (f)	%	12.6	13.5	11.2	13.6	17.4	10.6	21.0	18.1	13.3
Consultation with other health professional (e)	%	16.9	23.4	18.5	22.2	23.2	20.6	32.2	26.0	20.1
Total accessing health care (g)	**%**	**33.0**	**42.0**	**34.1**	**37.2**	**43.4**	**35.6**	**50.3**	**37.7**	**35.8**
					Health status (fair/poor)					
Admitted to hospital (d)	%	33.6	31.5	27.2	36.8	34.4	23.1	34.0	27.1	31.2
Casualty/outpatients/day clinic (e)	%	7.8	18.0	12.4	16.9	7.5	10.2	9.7	7.5	11.1
Doctor consultation (GP and/or specialist) (e)	%	38.8	43.6	40.4	41.8	42.9	43.1	48.7	36.3	40.1
Dental consultation (f)	%	15.6	14.0	11.2	13.5	20.2	16.6	19.3	15.5	14.5
Consultation with other health professional (e)	%	31.3	35.9	26.8	31.4	36.7	22.7	25.2	29.6	30.6
Total accessing health care (g)	**%**	**54.5**	**55.4**	**52.4**	**56.9**	**58.2**	**51.6**	**55.5**	**45.2**	**53.9**
					95 per cent confidence interval for Health status (excellent/very good/good)					
Admitted to hospital (d)	± %	4.5	5.5	3.7	3.8	5.5	5.1	9.8	5.8	2.0
Casualty/outpatients/day clinic (e)	± %	2.6	2.6	2.2	1.6	3.9	1.7	9.1	3.4	1.2
Doctor consultation (GP and/or specialist) (e)	± %	4.8	5.6	4.2	4.7	6.4	4.8	9.7	5.4	2.0
Dental consultation (f)	± %	3.5	4.5	3.0	3.8	5.7	4.6	9.7	4.8	1.6
Consultation with other health professional (e)	± %	4.1	5.3	4.1	4.9	5.2	5.0	11.5	6.1	1.9
Total accessing health care (g)	**± %**	**5.6**	**6.1**	**4.6**	**5.2**	**6.2**	**5.1**	**8.6**	**5.9**	**2.2**
					95 per cent confidence interval for Health status (fair/poor)					
Admitted to hospital (d)	± %	7.5	9.4	6.7	6.7	8.8	7.1	17.2	8.9	3.4
Casualty/outpatients/day clinic (e)	± %	4.1	7.3	6.2	6.1	4.5	5.8	9.7	4.3	2.5
Doctor consultation (GP and/or specialist) (e)	± %	7.3	9.4	8.3	9.6	7.9	9.0	20.2	10.3	3.8
Dental consultation (f)	± %	6.0	7.0	4.7	6.0	8.4	7.3	18.0	8.5	2.7
Consultation with other health professional (e)	± %	7.1	10.0	6.8	7.3	10.9	7.6	20.4	7.7	3.4
Total accessing health care (g)	**± %**	**8.8**	**9.4**	**8.3**	**8.7**	**9.5**	**8.2**	**17.5**	**8.7**	**4.1**

Table EA.56 **Proportion of Indigenous Australians who accessed health services by health status, 2012-13 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

(a) Rates are age standardised by State/Territory to the 2001 estimated resident population (10 year age ranges from 15 years).

(b) Limited to people aged 15 years or over.

(c) Data are not comparable to 2011-12 data for all Australians (table EA.54) due to differences in survey methodology.

(d) People who were admitted to hospital in the last 12 months.

(e) People who accessed the specified health service in the last two weeks.

(f) People who visited the dentist in the last 3 months. Data are not comparable to data for 2004-05 (table EA.57, people who visited the dentist in the last 2 weeks).

(g) Total accessing casualty/outpatients/day clinic, or consulting a doctor or other health professional, in the last 2 weeks. Components may not add to total because people may have accessed more than one type of health service. Data are not comparable to data for 2004-05 (table EA.57) or to 2011-12 data for all Australians (table EA.54) due to differences in survey methodology.

np Not published.

Source: ABS (unpublished) *National Aboriginal and Torres Strait Islander Health Survey, 2012-13*, Cat. no. 4727.0.55.001.

Table EA.57 Proportion of people who accessed health services by health status, by Indigenous status, 2004-05 (a), (b), (c)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (d)	Aust
					Health status (excellent/very good/good)					
Indigenous										
Admitted to hospital	%	14.7	17.1	16.0	19.1	19.2	10.7	9.9	23.3	17.0
Casualty/outpatients/ day clinic	%	3.0	1.7	5.0	5.0	6.7	3.3	np	4.4	4.0
Doctor consultation (GP and/or specialist)	%	20.9	24.0	21.2	23.1	25.4	18.4	12.9	23.8	21.9
Dental consultation	%	3.3	np	3.4	np	np	np	np	2.6	3.3
Consultation with other health professional	%	14.5	15.6	18.7	20.7	20.5	9.0	14.1	37.2	19.7
Total accessing health care (e)	**%**	**40.4**	**47.9**	**43.4**	**47.1**	**46.1**	**34.3**	**30.0**	**55.3**	**44.3**
Non-Indigenous										
Admitted to hospital	%	14.2	13.4	13.2	15.6	13.4	13.3	13.1	10.8	13.8
Casualty/outpatients/ day clinic	%	1.6	2.5	1.5	2.0	2.8	2.1	1.8	–	1.9
Doctor consultation (GP and/or specialist)	%	21.0	21.3	20.3	21.9	21.5	21.0	19.4	12.4	21.0
Dental consultation	%	5.5	5.9	5.2	6.4	6.6	5.8	5.6	8.2	5.7
Consultation with other health professional	%	11.6	14.4	14.0	13.3	14.2	12.1	12.1	12.5	13.2
Total accessing health care (e)	**%**	**41.1**	**41.2**	**40.4**	**42.0**	**43.1**	**39.9**	**37.5**	**35.9**	**41.1**
					Health status (fair/poor)					
Indigenous										
Admitted to hospital	%	29.9	34.8	26.1	28.3	27.7	31.9	20.5	39.2	29.7
Casualty/outpatients/ day clinic	%	5.0	10.9	14.6	16.3	10.7	7.2	np	10.9	10.8
Doctor consultation (GP and/or specialist)	%	40.6	45.4	34.6	41.1	39.4	52.2	27.4	43.0	39.8
Dental consultation	%	3.0	np	7.0	np	np	np	np	4.6	4.3
Consultation with other health professional	%	24.6	33.7	28.1	21.3	24.1	24.9	30.5	47.5	27.8
Total accessing health care (e)	**%**	**61.3**	**71.7**	**65.8**	**59.1**	**61.7**	**66.6**	**48.2**	**70.6**	**64.1**
Non-Indigenous										
Admitted to hospital	%	28.6	25.1	26.3	28.6	26.1	26.5	23.1	49.4	27.1
Casualty/outpatients/ day clinic	%	4.9	4.9	5.4	6.4	9.3	6.8	np	np	5.5
Doctor consultation (GP and/or specialist)	%	41.7	44.2	42.7	40.5	41.2	44.0	30.9	20.8	42.1
Dental consultation	%	5.7	6.9	5.7	5.5	8.8	3.6	6.9	–	6.1
Consultation with other health professional	%	19.2	22.2	24.2	23.7	23.7	18.9	27.8	18.0	21.7
Total accessing health care (e)	**%**	**60.7**	**64.8**	**62.5**	**62.2**	**64.3**	**58.3**	**58.5**	**58.9**	**62.3**

Table EA.57 Proportion of people who accessed health services by health status, by Indigenous status, 2004-05 (a), (b), (c)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (d)	Aust
		95 per cent confidence interval for Health status (excellent/very good/good)								
Indigenous										
Admitted to hospital	± %	4.6	6.2	4.4	4.6	6.2	5.7	6.8	6.8	2.2
Casualty/outpatients/ day clinic	± %	1.5	1.9	2.9	3.5	4.4	2.5	3.4	2.9	1.1
Doctor consultation (GP and/or specialist)	± %	5.2	9.2	5.9	7.3	7.4	5.9	8.2	8.5	2.8
Dental consultation	± %	2.1	4.6	2.1	2.5	3.4	3.3	2.8	1.7	0.9
Consultation with other health professional	± %	5.8	6.5	6.1	8.5	7.4	5.3	6.3	7.5	2.9
Total accessing health care (e)	**± %**	**6.9**	**11.2**	**6.6**	**8.5**	**8.5**	**6.7**	**12.4**	**7.7**	**3.3**
Non-Indigenous										
Admitted to hospital	± %	1.2	1.5	1.3	1.4	1.1	1.8	2.0	9.4	0.7
Casualty/outpatients/ day clinic	± %	0.4	0.7	0.5	0.7	0.7	0.8	0.8	–	0.3
Doctor consultation (GP and/or specialist)	± %	1.3	1.6	1.7	2.1	1.8	2.1	2.9	7.4	0.8
Dental consultation	± %	0.8	1.0	0.8	1.2	1.0	1.2	1.4	7.2	0.5
Consultation with other health professional	± %	1.3	1.6	1.5	1.6	1.3	1.7	1.7	13.8	0.7
Total accessing health care (e)	**± %**	**1.8**	**2.3**	**2.0**	**2.3**	**2.2**	**2.6**	**3.2**	**13.1**	**1.1**
		95 per cent confidence interval for Health status (fair/poor)								
Indigenous										
Admitted to hospital	± %	7.9	12.9	7.7	7.5	10.1	10.2	11.9	9.1	3.5
Casualty/outpatients/ day clinic	± %	2.5	8.2	6.9	7.8	9.8	4.6	2.5	6.3	2.5
Doctor consultation (GP and/or specialist)	± %	8.1	14.0	8.2	8.0	11.0	11.7	15.2	9.6	3.8
Dental consultation	± %	2.6	3.0	6.8	1.1	6.3	6.8	9.9	4.1	2.2
Consultation with other health professional	± %	7.6	13.7	7.7	6.0	8.0	8.9	15.3	10.6	3.4
Total accessing health care (e)	**± %**	**10.1**	**9.8**	**7.6**	**8.2**	**11.7**	**10.6**	**18.8**	**8.7**	**4.1**
Non-Indigenous										
Admitted to hospital	± %	4.9	4.0	3.7	6.2	4.2	5.6	7.0	39.7	2.1
Casualty/outpatients/ day clinic	± %	2.1	1.9	2.3	2.9	4.1	2.9	np	np	1.0
Doctor consultation (GP and/or specialist)	± %	5.1	5.1	5.2	6.3	6.1	7.6	7.3	30.0	2.5
Dental consultation	± %	2.6	3.1	2.3	2.9	4.4	2.5	3.7	–	1.2
Consultation with other health professional	± %	3.8	4.5	4.5	6.0	4.4	5.2	7.9	14.9	2.1
Total accessing health care (e)	**± %**	**5.7**	**6.1**	**5.5**	**6.9**	**5.2**	**7.9**	**8.2**	**41.1**	**2.9**

Table EA.57 **Proportion of people who accessed health services by health status, by Indigenous status, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d)	*Aust*

(a) Rates are age standardised by State/Territory to the 2001 estimated resident population (5 year ranges from 15 years).

(b) People who accessed at least one of the health services noted in the table in the last two weeks or were admitted to hospital in the last 12 months.

(c) Limited to people aged 15 years or over.

(d) Data for non-Indigenous people for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey translates to exclusion of around 23 per cent of the NT population.

(e) Total people accessing any of the selected health services above. Components may not add to total because persons may have accessed more than one type of health service. Data for 2004-05 are not comparable with data for 2011-12.

– Nil or rounded to zero. **np** Not published.

Source : ABS (unpublished) *National Health Survey, 2004-05* ; ABS (unpublished) *National Aboriginal and Torres Strait Islander Health Survey, 2004-05* .

Table EA.58 Proportion of people who accessed health services by health status, by remoteness of residence, 2011-12 (a), (b), (c), (d)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
					Health status (excellent/very good/good)					
Major cities										
Admitted to hospital	%	10.7	10.4	11.1	12.0	13.3	..	12.4	..	11.1
Casualty/outpatients/day clinic	%	1.6	2.0	2.5	2.6	2.9	..	2.1	..	2.1
Doctor consultation (GP and/or specialist)	%	23.3	21.5	24.4	21.2	22.5	..	21.0	..	22.7
Dental consultation (e)	%	17.5	20.0	18.6	19.9	20.5	..	17.7	..	18.8
Consultation with other health professional	%	6.6	7.8	6.8	5.5	8.8	..	8.5	..	7.1
Total accessing health care (f)	**%**	**27.4**	**26.4**	**28.6**	**25.3**	**28.2**	**..**	**26.9**	**..**	**27.2**
Inner regional										
Admitted to hospital	%	12.3	13.9	13.3	11.4	7.2	11.4	..	..	12.7
Casualty/outpatients/day clinic	%	np	1.8	1.8	np	np	1.2	..	..	1.8
Doctor consultation (GP and/or specialist)	%	19.6	20.2	24.1	22.3	14.7	21.2	..	..	20.8
Dental consultation (e)	%	15.1	17.7	14.3	10.2	24.6	17.8	..	..	16.1
Consultation with other health professional	%	7.2	9.3	6.1	np	9.0	6.3	..	..	7.7
Total accessing health care (f)	**%**	**25.3**	**27.6**	**28.1**	**29.4**	**23.3**	**24.9**	**..**	**..**	**26.6**
Outer regional										
Admitted to hospital	%	11.1	15.2	7.7	15.2	9.2	8.2	..	11.4	10.3
Casualty/outpatients/day clinic	%	np	np	np	np	np	np	..	2.4	3.3
Doctor consultation (GP and/or specialist)	%	24.3	26.7	25.6	20.7	19.6	22.7	..	24.0	23.7
Dental consultation (e)	%	13.5	np	16.8	16.4	17.7	11.9	..	15.4	14.7
Consultation with other health professional	%	np	np	5.3	5.9	7.2	2.4	..	5.3	5.5
Total accessing health care (f)	**%**	**30.8**	**34.5**	**30.0**	**24.4**	**24.1**	**25.8**	**..**	**27.5**	**28.4**
Remote										
Admitted to hospital	%	np	..	np	13.0	np	np	..	18.9	13.0
Casualty/outpatients/day clinic	%	–	..	np	np	np	–	..	np	3.8
Doctor consultation (GP and/or specialist)	%	–	..	np	21.7	np	np	..	18.5	20.3
Dental consultation (e)	%	np	..	np	10.4	np	–	..	14.7	11.9
Consultation with other health professional	%	–	..	np	np	np	np	..	np	5.6
Total accessing health care (f)	**%**	**–**	**..**	**34.3**	**27.6**	**23.6**	**np**	**..**	**22.4**	**25.8**
					Health status (fair/poor)					
Major cities										
Admitted to hospital	%	19.1	19.5	30.2	21.2	29.4	..	21.5	..	22.2
Casualty/outpatients/day clinic	%	2.0	7.1	7.3	4.1	7.8	..	8.0	..	5.3

Table EA.58 **Proportion of people who accessed health services by health status, by remoteness of residence, 2011-12 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Doctor consultation (GP and/or specialist)	%	41.2	53.3	43.9	38.9	44.0	..	37.7	..	44.3
Dental consultation (e)	%	21.6	18.9	18.9	14.4	19.8	..	13.4	..	19.9
Consultation with other health professional	%	11.0	17.3	12.2	14.0	10.8	..	23.1	..	13.5
Total accessing health care (f)	**%**	**44.6**	**56.2**	**50.9**	**45.4**	**50.8**	**..**	**47.7**	**..**	**49.4**
Inner regional										
Admitted to hospital	%	29.7	26.5	28.2	29.9	np	20.3	..	..	26.3
Casualty/outpatients/day clinic	%	np	np	np	np	np	5.7	..	..	5.3
Doctor consultation (GP and/or specialist)	%	44.6	50.6	41.3	37.5	np	45.5	..	..	44.8
Dental consultation (e)	%	19.5	7.7	12.3	np	np	10.9	..	..	13.4
Consultation with other health professional	%	16.3	7.2	13.3	np	np	13.7	..	..	13.0
Total accessing health care (f)	**%**	**47.7**	**54.7**	**49.4**	**43.8**	**np**	**48.4**	**..**	**..**	**49.7**
Outer regional										
Admitted to hospital	%	np	np	17.9	37.6	26.5	33.6	..	23.0	25.7
Casualty/outpatients/day clinic	%	np	np	np	np	np	np	..	5.3	11.9
Doctor consultation (GP and/or specialist)	%	np	35.5	42.2	np	37.8	35.3	..	34.0	34.4
Dental consultation (e)	%	–	np	np	np	np	22.4	..	20.0	8.5
Consultation with other health professional	%	np	np	np	np	np	12.7	..	4.8	11.2
Total accessing health care (f)	**%**	**np**	**35.5**	**55.0**	**35.3**	**46.9**	**45.2**	**..**	**38.7**	**40.2**
Remote										
Admitted to hospital	%	–	..	np	np	np	–	..	24.9	16.6
Casualty/outpatients/day clinic	%	–	..	np	np	np	–	..	np	21.0
Doctor consultation (GP and/or specialist)	%	–	..	np	np	np	np	..	42.5	46.0
Dental consultation (e)	%	–	..	np	np	np	np	..	np	35.4
Consultation with other health professional	%	–	..	–	np	np	–	..	np	16.6
Total accessing health care (f)	**%**	**–**	**..**	**np**	**np**	**np**	**np**	**..**	**56.4**	**58.2**
	95 per cent confidence interval for Health status (excellent/very good/good)									
Major cities										
Admitted to hospital	± %	1.7	1.4	1.8	1.9	1.8	..	2.2	..	0.8
Casualty/outpatients/day clinic	± %	0.7	0.8	0.9	0.9	1.0	..	0.9	..	0.4
Doctor consultation (GP and/or specialist)	± %	2.2	2.2	2.3	2.6	2.4	..	2.4	..	1.0
Dental consultation (e)	± %	2.4	1.9	2.2	2.3	2.5	..	2.1	..	1.0
Consultation with other health professional	± %	1.2	1.3	1.3	1.1	2.1	..	2.0	..	0.6
Total accessing health care (f)	**± %**	**2.4**	**2.3**	**2.4**	**2.6**	**2.4**	**..**	**3.0**	**..**	**1.1**

Table EA.58 Proportion of people who accessed health services by health status, by remoteness of residence, 2011-12 (a), (b), (c), (d)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Inner regional										
Admitted to hospital	± %	2.9	3.0	3.9	7.1	5.0	2.2	..	..	1.4
Casualty/outpatients/day clinic	± %	np	1.1	1.2	np	np	0.9	..	..	0.7
Doctor consultation (GP and/or specialist)	± %	3.9	3.2	4.7	10.1	5.5	2.9	..	..	1.8
Dental consultation (e)	± %	3.2	3.9	3.7	4.5	7.9	2.6	..	..	1.8
Consultation with other health professional	± %	2.7	3.3	2.3	np	7.9	1.9	..	..	1.3
Total accessing health care (f)	**± %**	**5.3**	**5.0**	**4.6**	**10.8**	**9.9**	**3.1**	**..**	**..**	**2.3**
Outer regional										
Admitted to hospital	± %	9.5	9.2	2.9	6.1	5.6	3.1	..	3.3	2.2
Casualty/outpatients/day clinic	± %	np	np	np	np	np	np	..	1.4	1.2
Doctor consultation (GP and/or specialist)	± %	9.9	9.3	5.4	6.1	6.8	5.2	..	3.3	3.1
Dental consultation (e)	± %	7.5	np	4.8	5.7	7.6	4.4	..	3.3	2.2
Consultation with other health professional	± %	np	np	2.3	5.1	5.0	1.9	..	2.0	1.8
Total accessing health care (f)	**± %**	**9.9**	**8.6**	**5.6**	**6.2**	**7.1**	**4.9**	**..**	**3.6**	**2.9**
Remote										
Admitted to hospital	± %	np	..	np	6.5	np	np	..	11.7	3.9
Casualty/outpatients/day clinic	± %	–	..	np	np	np	–	..	np	2.4
Doctor consultation (GP and/or specialist)	± %	–	..	np	8.6	np	np	..	5.6	5.8
Dental consultation (e)	± %	np	..	np	7.0	np	–	..	8.2	3.9
Consultation with other health professional	± %	–	..	np	np	np	np	..	np	3.3
Total accessing health care (f)	**± %**	**–**	**..**	**20.4**	**8.3**	**25.9**	**np**	**..**	**7.1**	**6.7**
		95 per cent confidence interval for Health status (fair/poor)								
Major cities										
Admitted to hospital	± %	5.3	7.7	9.1	5.0	8.6	..	7.4	..	3.0
Casualty/outpatients/day clinic	± %	1.5	4.2	3.7	2.3	4.0	..	6.2	..	1.4
Doctor consultation (GP and/or specialist)	± %	7.5	8.5	8.9	8.7	7.7	..	9.4	..	4.1
Dental consultation (e)	± %	5.7	5.9	6.4	4.8	6.2	..	7.0	..	2.7
Consultation with other health professional	± %	3.4	6.5	4.4	5.9	3.8	..	7.5	..	2.1
Total accessing health care (f)	**± %**	**7.4**	**8.2**	**8.5**	**9.0**	**7.5**	**..**	**10.1**	**..**	**4.0**
Inner regional										
Admitted to hospital	± %	13.7	9.4	14.9	23.3	17.9	np	..	..	5.7
Casualty/outpatients/day clinic	± %	np	np	np	np	np	np	..	..	2.2
Doctor consultation (GP and/or specialist)	± %	13.7	15.8	14.2	16.6	15.7	np	..	..	6.5

Table EA.58 Proportion of people who accessed health services by health status, by remoteness of residence, 2011-12 (a), (b), (c), (d)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Dental consultation (e)	± %	13.3	6.7	10.3	16.9	np	np	..	..	5.2
Consultation with other health professional	± %	8.0	5.1	8.7	19.9	np	np	..	..	4.1
Total accessing health care (f)	**± %**	**13.9**	**15.9**	**13.1**	**17.3**	**np**	**10.1**	**..**	**..**	**6.0**
Outer regional										
Admitted to hospital	± %	np	np	10.9	24.4	26.0	19.6	..	8.1	6.7
Casualty/outpatients/day clinic	± %	np	np	np	np	np	np	..	2.6	5.8
Doctor consultation (GP and/or specialist)	± %	np	21.3	32.8	np	25.2	10.3	..	9.5	8.7
Dental consultation (e)	± %	–	np	np	np	np	15.1	..	8.3	4.1
Consultation with other health professional	± %	np	np	np	np	np	7.6	..	3.8	4.7
Total accessing health care (f)	**± %**	**19.3**	**21.3**	**16.1**	**31.2**	**33.9**	**18.3**	**..**	**9.2**	**9.0**
Remote										
Admitted to hospital	± %	–	..	np	np	np	–	..	21.7	10.4
Casualty/outpatients/day clinic	± %	–	..	np	np	np	–	..	np	22.4
Doctor consultation (GP and/or specialist)	± %	–	..	np	np	np	np	..	31.0	22.6
Dental consultation (e)	± %	–	..	np	np	np	np	..	np	38.7
Consultation with other health professional	± %	–	..	–	np	np	–	..	np	20.1
Total accessing health care (f)	**± %**	**–**	**..**	**np**	**np**	**np**	**np**	**..**	**12.0**	**13.1**

(a) Rates are age standardised by State/Territory to the 2001 estimated resident population (10 year age ranges from 15 years).

(b) People aged 15 years or over who were admitted to hospital in the last 12 months, consulted a dentist in the last 3 months or who visited casualty, an outpatient clinic, day clinic or consulted a GP, specialist or other health professional in the last 2 weeks.

(c) Data for 2011-12 are not comparable to data for 2004-05 due to changes to question methodology. In 2004-05, respondents were asked individual questions on actions they had taken for their health in a specified time period (for example, consulting a general practitioner in the last 2 weeks) while in 2011-12 respondents were asked to identify actions they had undertaken in the last 12 months from a prompt card. In 2011-12, if the respondent answered yes to an action they were then asked whether they had done so in the specified time frame.

(d) Very remote areas are excluded from the Australian Health Survey

(e) Data presented for 2011-12 for 'Dental consultation' relate to 'in the last 3 months', and are not comparable with 2004-05 data.

(f) Total people accessing casualty/outpatients/day clinic or consulting a doctor (GP and/or specialist) or other health professional in the last 2 weeks. Data for 2004-05 and 2011-12 are not comparable.

.. Not applicable. – Nil or rounded to zero. **np** Not published.

Source : ABS unpublished *Australian Health Survey, 2011-13* (National Health Survey 2011-12 component)

Table EA.59 **Proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Health status (excellent/very good/good)					
Major cities										
Admitted to hospital	%	13.7	13.2	14.3	14.3	12.8	..	13.4	..	13.6
Casualty/outpatients/ day clinic	%	3.4	5.5	3.7	4.9	4.3	..	3.8	..	4.3
Doctor consultation (GP and/or specialist)	%	22.3	22.9	21.0	24.1	22.1	..	19.9	..	22.4
Dental consultation (d)	%	5.7	5.7	5.3	6.8	6.5	..	5.8	..	5.8
Consultation with other health professional	%	12.1	13.6	13.8	13.2	14.4	..	12.5	..	13.1
Total accessing health care (e)	**%**	**42.8**	**42.5**	**42.0**	**42.8**	**44.0**	**..**	**38.8**	**..**	**42.6**
Inner regional										
Admitted to hospital	%	16.6	15.0	11.5	19.2	14.9	14.5	..	..	14.8
Casualty/outpatients/ day clinic	%	3.1	4.9	3.2	3.4	3.3	4.7	..	..	3.8
Doctor consultation (GP and/or specialist)	%	18.4	16.1	20.9	18.3	18.4	21.3	..	..	18.6
Dental consultation (d)	%	5.2	6.5	6.2	5.9	7.8	5.7	..	..	6.0
Consultation with other health professional	%	11.1	14.4	15.1	15.0	14.4	12.1	..	..	13.4
Total accessing health care (e)	**%**	**39.3**	**38.2**	**40.5**	**44.0**	**42.1**	**41.4**	**..**	**..**	**39.9**
Outer regional										
Admitted to hospital	%	13.9	10.9	14.4	18.7	16.1	12.1	..	13.8	14.2
Casualty/outpatients/ day clinic	%	4.3	8.8	4.1	3.8	7.3	np	..	np	4.8
Doctor consultation (GP and/or specialist)	%	15.4	22.7	18.3	18.0	22.3	21.9	..	26.2	19.1
Dental consultation (d)	%	5.1	4.9	3.9	3.1	4.6	5.9	..	2.1	4.4
Consultation with other health professional	%	10.9	25.5	13.2	14.5	11.9	12.2	..	13.2	14.1
Total accessing health care (e)	**%**	**37.5**	**45.4**	**39.4**	**44.1**	**40.8**	**39.7**	**..**	**39.4**	**40.3**
Remote										
Admitted to hospital	%	np	..	8.0	26.3	16.9	5.7	..	np	16.2
Casualty/outpatients/ day clinic	%	np	..	6.5	9.6	3.8	np	..	np	5.9
Doctor consultation (GP and/or specialist)	%	36.3	..	22.6	15.5	24.9	np	..	np	20.0
Dental consultation (d)	%	–	..	np	5.4	4.7	np	..	12.3	4.5
Consultation with other health professional	%	–	..	12.4	11.5	17.3	4.9	..	10.3	11.4
Total accessing health care (e)	**%**	**47.3**	**..**	**37.4**	**40.2**	**45.8**	**28.8**	**..**	**32.0**	**39.4**

Table EA.59 **Proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Health status (fair/poor)					
Major cities										
Admitted to hospital	%	27.3	22.2	25.8	30.6	28.4	..	23.8	..	26.2
Casualty/outpatients/ day clinic	%	7.9	9.6	10.7	13.9	10.9	..	5.5	..	9.6
Doctor consultation (GP and/or specialist)	%	42.2	43.8	42.6	40.9	45.9	..	30.4	..	42.6
Dental consultation (d)	%	7.1	8.2	7.2	6.0	9.7	..	7.0	..	7.5
Consultation with other health professional	%	17.0	19.0	24.5	25.1	24.1	..	27.4	..	20.3
Total accessing health care (e)	**%**	**61.2**	**63.4**	**64.0**	**63.8**	**67.4**	**..**	**58.5**	**..**	**62.9**
Inner regional										
Admitted to hospital	%	27.8	28.0	23.4	20.0	20.8	32.1	..	..	26.2
Casualty/outpatients/ day clinic	%	10.4	10.5	12.4	9.6	17.5	15.2	..	..	11.7
Doctor consultation (GP and/or specialist)	%	42.3	44.9	43.7	35.7	25.8	53.1	..	..	43.0
Dental consultation (d)	%	2.3	4.2	5.4	np	np	4.6	..	..	4.1
Consultation with other health professional	%	30.5	29.1	20.8	24.4	13.9	22.9	..	..	25.7
Total accessing health care (e)	**%**	**61.5**	**71.4**	**63.8**	**65.1**	**53.6**	**67.9**	**..**	**..**	**64.9**
Outer regional										
Admitted to hospital	%	30.0	36.3	30.3	30.0	20.1	21.5	..	53.9	30.2
Casualty/outpatients/ day clinic	%	4.0	12.4	6.0	np	10.3	8.2	..	np	6.8
Doctor consultation (GP and/or specialist)	%	38.3	44.1	40.0	36.2	34.5	32.8	..	34.1	38.4
Dental consultation (d)	%	3.7	np	2.5	4.1	8.8	2.4	..	np	3.7
Consultation with other health professional	%	19.0	27.8	30.1	np	26.1	14.0	..	np	23.4
Total accessing health care (e)	**%**	**56.0**	**59.9**	**60.2**	**55.9**	**56.0**	**45.4**	**..**	**53.9**	**56.7**
Remote										
Admitted to hospital	%	np	..	20.6	np	np	10.9	..	np	16.1
Casualty/outpatients/ day clinic	%	np	..	np	np	np	np	..	np	10.5
Doctor consultation (GP and/or specialist)	%	np	..	29.6	38.1	12.8	25.9	..	44.3	32.8
Dental consultation (d)	%	–	..	np	np	np	–	..	np	6.6
Consultation with other health professional	%	np	..	np	–	52.2	19.4	..	57.7	27.3
Total accessing health care (e)	**%**	**43.7**	**..**	**71.8**	**61.1**	**65.0**	**49.5**	**..**	**82.3**	**66.4**

Table EA.59 Proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
	95 per cent confidence interval for Health status (excellent/very good/good)									
Major cities										
Admitted to hospital	± %	1.4	1.8	1.8	1.8	1.3	..	2.1	..	0.8
Casualty/outpatients/ day clinic	± %	0.8	1.1	1.1	1.3	1.0	..	1.3	..	0.5
Doctor consultation (GP and/or specialist)	± %	1.7	1.8	2.8	2.6	2.2	..	3.0	..	1.0
Dental consultation (d)	± %	0.9	1.2	1.1	1.4	1.1	..	1.4	..	0.5
Consultation with other health professional	± %	1.4	1.5	2.3	2.0	1.6	..	1.7	..	0.8
Total accessing health care (e)	**± %**	**2.1**	**2.3**	**3.0**	**2.8**	**2.7**	**..**	**3.3**	**..**	**1.2**
Inner regional										
Admitted to hospital	± %	3.3	3.1	2.7	5.8	3.4	2.2	..	..	1.4
Casualty/outpatients/ day clinic	± %	1.7	1.7	1.4	1.9	2.3	1.1	..	..	0.8
Doctor consultation (GP and/or specialist)	± %	3.1	3.4	3.0	5.7	5.2	2.4	..	..	1.4
Dental consultation (d)	± %	1.9	2.4	2.2	3.5	3.2	1.3	..	..	1.0
Consultation with other health professional	± %	2.6	3.3	2.8	4.3	4.6	2.0	..	..	1.5
Total accessing health care (e)	**± %**	**4.6**	**5.5**	**4.0**	**8.4**	**6.5**	**3.1**	**..**	**..**	**2.2**
Outer regional										
Admitted to hospital	± %	4.6	4.9	3.4	6.0	4.9	3.4	..	12.0	2.0
Casualty/outpatients/ day clinic	± %	2.7	5.2	1.7	2.0	3.1	np	..	np	1.2
Doctor consultation (GP and/or specialist)	± %	5.4	7.6	3.1	6.6	5.5	3.9	..	18.3	2.4
Dental consultation (d)	± %	2.9	3.4	1.6	2.0	2.5	2.4	..	3.4	1.1
Consultation with other health professional	± %	3.9	11.0	3.4	4.3	3.9	3.6	..	17.3	2.4
Total accessing health care (e)	**± %**	**6.8**	**10.3**	**4.2**	**7.7**	**7.2**	**5.3**	**..**	**19.6**	**3.4**
Remote										
Admitted to hospital	± %	np	..	6.4	11.4	8.5	8.4	..	np	4.4
Casualty/outpatients/ day clinic	± %	np	..	7.1	10.6	4.0	np	..	np	3.7
Doctor consultation (GP and/or specialist)	± %	54.9	..	11.7	9.9	8.4	np	..	np	6.5
Dental consultation (d)	± %	–	..	np	7.2	4.4	np	..	8.8	2.6
Consultation with other health professional	± %	–	..	9.6	8.2	4.9	5.0	..	12.2	3.7
Total accessing health care (e)	**± %**	**39.6**	**..**	**11.9**	**13.6**	**11.3**	**23.6**	**..**	**34.2**	**7.4**

Table EA.59 **Proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
		95 per cent confidence interval for Health status (fair/poor)								
Major cities										
Admitted to hospital	± %	6.2	4.3	6.0	7.9	5.8	..	7.3	..	2.8
Casualty/outpatients/ day clinic	± %	3.4	3.3	5.4	5.2	3.4	..	2.6	..	1.6
Doctor consultation (GP and/or specialist)	± %	6.3	6.1	8.6	7.3	7.5	..	7.1	..	3.0
Dental consultation (d)	± %	4.0	4.2	3.4	4.0	5.4	..	3.7	..	2.0
Consultation with other health professional	± %	3.9	5.2	7.3	7.4	5.3	..	7.9	..	2.3
Total accessing health care (e)	**± %**	**7.2**	**7.0**	**8.5**	**8.7**	**6.3**	**..**	**8.2**	**..**	**3.6**
Inner regional										
Admitted to hospital	± %	8.0	11.6	6.6	12.5	11.3	6.7	..	..	4.0
Casualty/outpatients/ day clinic	± %	6.7	7.1	6.8	8.7	17.0	6.2	..	..	3.0
Doctor consultation (GP and/or specialist)	± %	10.7	13.0	9.3	16.0	11.8	9.7	..	..	4.7
Dental consultation (d)	± %	3.1	4.9	4.4	np	np	3.6	..	..	1.9
Consultation with other health professional	± %	13.6	14.6	6.6	21.3	11.1	7.0	..	..	6.1
Total accessing health care (e)	**± %**	**10.6**	**9.9**	**9.2**	**16.7**	**12.7**	**8.1**	**..**	**..**	**4.8**
Outer regional										
Admitted to hospital	± %	12.3	16.5	9.3	17.5	10.1	10.0	..	59.1	6.2
Casualty/outpatients/ day clinic	± %	3.5	5.8	5.1	np	7.3	7.0	..	np	2.5
Doctor consultation (GP and/or specialist)	± %	12.5	15.1	11.6	23.1	16.0	12.4	..	44.7	6.1
Dental consultation (d)	± %	3.1	np	3.1	5.2	9.6	2.7	..	np	1.8
Consultation with other health professional	± %	10.5	16.1	11.0	np	14.2	8.3	..	np	6.8
Total accessing health care (e)	**± %**	**12.7**	**17.0**	**11.1**	**21.2**	**17.2**	**15.1**	**..**	**59.1**	**6.6**
Remote										
Admitted to hospital	± %	np	..	23.3	np	np	12.3	..	np	12.0
Casualty/outpatients/ day clinic	± %	np	..	np	np	np	np	..	np	9.7
Doctor consultation (GP and/or specialist)	± %	np	..	38.0	21.5	13.0	18.2	..	49.7	16.3
Dental consultation (d)	± %	–	..	np	np	np	–	..	np	8.1
Consultation with other health professional	± %	np	..	np	–	56.7	26.9	..	29.4	16.8
Total accessing health care (e)	**± %**	**118.5**	**..**	**30.2**	**55.6**	**45.8**	**22.4**	**..**	**25.2**	**16.8**

Table EA.59 **Proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

(a) Rates are age standardised by State/Territory to the 2001 estimated resident population (5 year ranges from 15 years).

(b) Persons who accessed at least one of the health services noted in the table in the last two weeks or were admitted to hospital in the last 12 months.

(c) Limited to people aged 15 years or over.

(d) Data presented for 2004-05 for ‘Dental consultation’ relate to 'in the last 2 weeks', and are not comparable with 2011-12 data.

(e) Total persons accessing any of the selected health services above. Components may not add to total because persons may have accessed more than one type of health service. Data for 2004-05 are not comparable with data for 2011-12.

.. Not applicable. – Nil or rounded to zero. **np** Not published.

Source : ABS (unpublished) *National Health Survey, 2004-05* .

Table EA.60 Proportion of people who accessed health services by health status, by SEIFA, 2011-12 (a), (b), (c)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (d)	Aust
					Health status (excellent/very good/good)					
Quintile 1										
Admitted to hospital	%	12.7	13.0	8.4	16.3	8.3	14.6	np	16.5	12.0
Casualty/outpatients/day clinic	%	2.3	3.7	np	4.0	3.5	np	np	–	2.8
Doctor consultation (GP and/or specialist)	%	26.4	20.2	22.4	22.4	26.1	23.1	np	17.4	23.6
Dental consultation	%	15.3	13.0	12.2	11.6	15.3	12.6	np	16.0	14.0
Consultation with other health professional	%	6.3	4.2	5.2	5.1	7.6	3.2	np	np	5.6
Total accessing health care (d)	**%**	**31.8**	**23.8**	**26.8**	**25.0**	**30.2**	**26.3**	**18.7**	**18.8**	**28.1**
Quintile 2										
Admitted to hospital	%	11.9	13.3	9.3	11.4	12.0	7.5	np	12.3	11.6
Casualty/outpatients/day clinic	%	3.4	2.3	2.5	3.4	3.1	np	–	np	2.8
Doctor consultation (GP and/or specialist)	%	23.9	21.6	25.6	22.0	21.5	16.5	25.0	22.6	23.1
Dental consultation	%	15.3	16.5	15.7	14.7	19.3	18.4	19.8	10.3	16.1
Consultation with other health professional	%	5.6	6.9	5.9	4.6	8.7	5.4	np	np	6.2
Total accessing health care (d)	**%**	**27.0**	**25.7**	**30.6**	**26.8**	**26.7**	**20.1**	**26.8**	**26.0**	**27.4**
Quintile 3										
Admitted to hospital	%	7.5	11.3	10.4	9.9	13.8	7.9	10.9	12.1	10.0
Casualty/outpatients/day clinic	%	np	2.0	3.1	np	np	np	np	np	2.1
Doctor consultation (GP and/or specialist)	%	21.1	25.9	21.9	19.9	16.9	24.0	23.6	24.2	22.4
Dental consultation	%	14.8	19.2	17.2	16.8	21.3	12.6	13.4	13.6	16.9
Consultation with other health professional	%	4.8	9.9	5.9	5.4	5.9	4.2	4.3	3.9	6.5
Total accessing health care (d)	**%**	**24.5**	**32.4**	**25.6**	**24.2**	**22.3**	**26.4**	**26.1**	**27.3**	**26.9**
Quintile 4										
Admitted to hospital	%	10.2	10.2	12.2	12.4	10.7	13.6	15.1	15.6	11.2
Casualty/outpatients/day clinic	%	np	np	2.4	3.9	2.7	–	np	np	2.0
Doctor consultation (GP and/or specialist)	%	22.8	21.7	25.8	19.8	19.4	26.3	21.9	27.8	22.5
Dental consultation	%	18.2	21.1	16.9	19.9	24.3	20.9	16.3	17.6	19.2
Consultation with other health professional	%	8.8	11.2	8.7	6.7	7.3	8.4	12.7	11.3	9.0
Total accessing health care (d)	**%**	**28.4**	**28.2**	**29.9**	**25.4**	**24.8**	**29.7**	**29.5**	**34.0**	**27.9**
Quintile 5										
Admitted to hospital	%	12.1	9.1	14.6	13.4	13.9	np	11.9	np	11.9
Casualty/outpatients/day clinic	%	np	np	np	np	np	np	3.2	np	1.3
Doctor consultation (GP and/or specialist)	%	19.3	18.6	26.1	21.4	23.3	13.2	20.5	19.5	20.6
Dental consultation	%	19.3	23.4	23.8	23.0	20.5	17.9	19.9	19.0	21.6

Table EA.60 **Proportion of people who accessed health services by health status, by SEIFA, 2011-12 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d)	*Aust*
Consultation with other health professional	%	7.1	8.1	6.5	6.5	13.6	np	8.4	np	7.5
Total accessing health care (d)	**%**	**23.5**	**25.0**	**30.2**	**25.3**	**33.1**	**19.3**	**26.9**	**21.3**	**25.6**
					Health status (fair/poor)					
Quintile 1										
Admitted to hospital	%	24.7	29.4	23.5	33.3	22.7	18.7	np	np	25.6
Casualty/outpatients/day clinic	%	np	13.9	10.8	np	18.5	6.5	np	np	8.2
Doctor consultation (GP and/or specialist)	%	39.5	55.5	48.8	42.8	32.3	35.4	np	37.2	44.4
Dental consultation	%	18.8	7.5	13.3	np	13.5	15.0	np	np	13.5
Consultation with other health professional	%	6.4	13.9	10.4	np	11.6	11.3	np	np	10.4
Total accessing health care (d)	**%**	**40.4**	**56.5**	**59.8**	**47.4**	**49.3**	**39.5**	**47.1**	**42.6**	**48.9**
Quintile 2										
Admitted to hospital	%	27.0	15.2	25.3	16.4	23.5	32.0	np	np	23.1
Casualty/outpatients/day clinic	%	np	np	11.0	np	6.0	np	np	np	6.8
Doctor consultation (GP and/or specialist)	%	45.7	53.4	50.6	41.2	42.0	38.6	np	27.3	47.6
Dental consultation	%	23.9	20.9	22.4	np	18.1	18.2	np	np	20.9
Consultation with other health professional	%	12.9	14.0	13.5	np	12.1	10.4	np	np	13.1
Total accessing health care (d)	**%**	**50.0**	**56.1**	**58.2**	**45.5**	**46.9**	**47.2**	**np**	**37.4**	**52.4**
Quintile 3										
Admitted to hospital	%	18.9	22.8	32.8	24.2	11.6	18.7	np	31.8	24.1
Casualty/outpatients/day clinic	%	np	np	np	np	np	np	np	np	4.2
Doctor consultation (GP and/or specialist)	%	40.0	50.9	37.7	34.0	38.8	53.4	37.8	np	42.6
Dental consultation	%	19.6	15.6	6.4	17.5	21.9	np	np	31.0	15.5
Consultation with other health professional	%	13.8	np	12.8	14.1	np	np	np	np	13.3
Total accessing health care (d)	**%**	**43.9**	**57.2**	**44.4**	**35.7**	**40.3**	**55.0**	**45.2**	**37.7**	**47.2**
Quintile 4										
Admitted to hospital	%	13.2	15.5	37.6	27.1	38.4	np	24.9	31.3	20.2
Casualty/outpatients/day clinic	%	–	np	np	np	np	np	np	np	5.5
Doctor consultation (GP and/or specialist)	%	36.1	55.5	31.1	29.1	43.8	35.5	32.7	42.2	40.0
Dental consultation	%	np	np	22.3	18.4	17.8	np	np	np	15.5
Consultation with other health professional	%	14.2	np	np	21.5	np	np	21.8	np	14.6
Total accessing health care (d)	**%**	**39.5**	**57.3**	**33.1**	**50.9**	**46.0**	**35.5**	**45.2**	**48.5**	**46.6**
Quintile 5										
Admitted to hospital	%	15.0	24.7	np	17.6	33.8	np	20.9	34.7	20.6
Casualty/outpatients/day clinic	%	np	np	np	–	np	np	np	np	6.1

Table EA.60 **Proportion of people who accessed health services by health status, by SEIFA, 2011-12 (a), (b), (c)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (d)	Aust
Doctor consultation (GP and/or specialist)	%	37.6	44.2	29.7	32.0	38.9	np	34.0	54.4	40.0
Dental consultation	%	25.0	25.0	np	22.6	23.9	np	15.1	np	25.2
Consultation with other health professional	%	np	30.0	np	np	np	np	22.9	np	18.2
Total accessing health care (d)	**%**	**44.8**	**48.0**	**32.5**	**37.6**	**56.9**	**np**	**43.4**	**57.8**	**46.0**
95 per cent confidence interval for Health status (excellent/very good/good)										
Quintile 1										
Admitted to hospital	± %	2.9	3.4	3.6	7.0	3.3	4.2	np	11.5	1.6
Casualty/outpatients/day clinic	± %	1.3	2.0	np	2.4	2.3	np	np	–	0.8
Doctor consultation (GP and/or specialist)	± %	4.3	3.8	5.4	5.1	4.6	4.5	np	9.1	2.4
Dental consultation	± %	3.5	3.8	4.7	5.1	4.2	3.9	np	7.2	1.8
Consultation with other health professional	± %	2.3	2.5	2.9	3.0	3.7	1.8	np	np	1.1
Total accessing health care (d)	**± %**	**4.5**	**4.1**	**6.4**	**4.8**	**4.6**	**4.3**	**8.4**	**8.4**	**2.6**
Quintile 2										
Admitted to hospital	± %	3.8	3.5	2.5	3.7	3.2	3.0	np	7.4	1.8
Casualty/outpatients/day clinic	± %	1.9	1.5	1.7	2.0	1.6	np	–	np	0.7
Doctor consultation (GP and/or specialist)	± %	4.8	5.1	3.7	4.8	3.7	4.4	12.3	13.0	2.2
Dental consultation	± %	3.4	4.2	3.2	4.2	4.6	5.3	14.9	6.1	1.5
Consultation with other health professional	± %	2.4	2.8	2.1	1.9	3.0	3.3	np	np	1.2
Total accessing health care (d)	**± %**	**4.8**	**4.8**	**4.1**	**4.9**	**4.5**	**4.9**	**14.3**	**12.8**	**2.3**
Quintile 3										
Admitted to hospital	± %	2.7	2.7	2.8	3.5	4.6	3.7	4.6	4.8	1.5
Casualty/outpatients/day clinic	± %	np	1.4	1.8	np	np	np	np	np	0.6
Doctor consultation (GP and/or specialist)	± %	4.6	4.1	4.3	4.1	4.7	5.5	6.6	7.8	2.1
Dental consultation	± %	3.7	4.2	4.1	3.9	6.0	3.7	6.1	4.6	2.2
Consultation with other health professional	± %	1.6	2.9	1.8	3.1	3.1	2.5	2.9	2.1	1.1
Total accessing health care (d)	**± %**	**4.6**	**4.5**	**4.2**	**5.0**	**4.6**	**5.4**	**6.6**	**7.8**	**2.2**
Quintile 4										
Admitted to hospital	± %	3.5	2.5	3.4	2.9	3.4	5.1	4.3	8.7	1.3
Casualty/outpatients/day clinic	± %	np	np	1.3	2.4	1.8	–	np	np	0.9
Doctor consultation (GP and/or specialist)	± %	4.3	4.1	4.6	4.3	5.2	8.7	4.5	7.5	1.9
Dental consultation	± %	4.7	4.8	4.0	4.6	5.3	7.4	5.8	6.7	2.4
Consultation with other health professional	± %	2.2	3.7	2.8	2.5	3.1	5.1	4.6	5.3	1.3
Total accessing health care (d)	**± %**	**3.9**	**4.7**	**4.7**	**5.3**	**5.5**	**9.8**	**5.6**	**7.9**	**1.9**

Table EA.60 **Proportion of people who accessed health services by health status, by SEIFA, 2011-12 (a), (b), (c)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (d)	Aust
Quintile 5										
Admitted to hospital	± %	3.5	2.8	4.4	3.3	5.8	np	3.2	np	1.7
Casualty/outpatients/day clinic	± %	np	np	np	np	np	np	1.3	np	0.7
Doctor consultation (GP and/or specialist)	± %	3.5	3.5	4.9	4.3	5.7	7.5	2.9	10.2	1.9
Dental consultation	± %	3.2	3.9	4.5	5.3	6.4	8.0	2.8	8.5	1.6
Consultation with other health professional	± %	2.2	2.2	3.0	2.5	6.4	np	2.5	np	1.2
Total accessing health care (d)	**± %**	**3.9**	**3.7**	**5.4**	**5.0**	**7.4**	**11.3**	**3.4**	**10.5**	**2.0**
		95 per cent confidence interval for Health status (fair/poor)								
Quintile 1										
Admitted to hospital	± %	10.6	19.7	11.9	17.4	9.9	6.4	np	np	6.0
Casualty/outpatients/day clinic	± %	np	17.9	6.7	np	21.8	6.0	np	np	2.6
Doctor consultation (GP and/or specialist)	± %	9.5	19.0	12.8	20.4	10.2	10.5	np	13.4	5.0
Dental consultation	± %	8.6	5.1	7.8	np	9.8	9.8	np	np	3.9
Consultation with other health professional	± %	3.8	17.6	6.1	np	8.3	5.9	np	np	3.0
Total accessing health care (d)	**± %**	**9.4**	**18.9**	**12.6**	**15.9**	**20.8**	**9.6**	**23.0**	**12.2**	**5.2**
Quintile 2										
Admitted to hospital	± %	12.4	8.4	9.7	14.3	8.7	18.0	np	np	5.1
Casualty/outpatients/day clinic	± %	np	np	8.1	np	4.5	np	np	np	2.3
Doctor consultation (GP and/or specialist)	± %	21.0	13.6	11.9	18.8	10.8	16.1	np	25.6	6.7
Dental consultation	± %	17.5	11.8	14.7	np	8.3	14.1	np	np	5.3
Consultation with other health professional	± %	7.8	8.0	9.3	np	5.9	7.4	np	np	4.2
Total accessing health care (d)	**± %**	**21.2**	**13.8**	**10.7**	**17.0**	**10.7**	**18.1**	**np**	**36.5**	**6.7**
Quintile 3										
Admitted to hospital	± %	7.1	12.1	9.0	9.0	12.7	11.9	np	24.0	4.5
Casualty/outpatients/day clinic	± %	np	np	np	np	np	np	np	np	2.2
Doctor consultation (GP and/or specialist)	± %	12.5	17.6	11.7	14.0	23.4	17.4	21.9	np	7.4
Dental consultation	± %	9.5	11.9	4.8	12.3	19.3	np	np	24.6	4.1
Consultation with other health professional	± %	7.5	np	7.9	10.5	np	np	np	np	4.1
Total accessing health care (d)	**± %**	**12.6**	**16.0**	**8.6**	**13.9**	**23.4**	**17.4**	**15.5**	**33.6**	**6.9**
Quintile 4										
Admitted to hospital	± %	7.5	14.2	35.6	12.9	27.3	np	15.5	34.2	5.0
Casualty/outpatients/day clinic	± %	–	np	np	np	np	np	np	np	3.4
Doctor consultation (GP and/or specialist)	± %	18.7	37.2	9.2	12.4	19.2	29.4	24.0	29.6	7.8
Dental consultation	± %	np	np	11.8	13.2	12.8	np	np	np	5.6

Table EA.60 **Proportion of people who accessed health services by health status, by SEIFA, 2011-12 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (d)	*Aust*
Consultation with other health professional	± %	15.4	np	np	13.1	np	np	20.0	np	5.1
Total accessing health care (d)	**± %**	**19.0**	**36.7**	**8.3**	**18.2**	**20.8**	**29.4**	**24.9**	**29.6**	**7.9**
Quintile 5										
Admitted to hospital	± %	9.5	24.2	np	10.6	28.7	np	13.6	25.4	6.7
Casualty/outpatients/day clinic	± %	np	np	np	–	np	np	np	np	4.9
Doctor consultation (GP and/or specialist)	± %	17.7	23.3	19.4	17.8	40.8	np	13.1	30.4	8.4
Dental consultation	± %	19.1	17.6	np	19.4	27.0	np	12.0	np	7.2
Consultation with other health professional	± %	np	26.8	np	np	np	np	11.7	np	7.0
Total accessing health care (d)	**± %**	**20.9**	**24.9**	**19.2**	**15.8**	**20.4**	**np**	**14.8**	**36.0**	**8.5**

(a) Rates are age standardised by State/Territory to the 2001 estimated resident population (10 year age ranges from 15 years).

(b) Persons aged 15 years or over who were admitted to hospital in the last 12 months, consulted a dentist in the last 3 months or who visited casualty, an outpatient clinic, day clinic or consulted a GP, specialist or other health professional in the last 2 weeks.

(c) Changes to question methodology mean that data items for 2011-12 are not comparable with 2004-05. In 2004-05 respondents were asked individual questions on actions they had taken for their health (for example, consulting a general practitioner in the last 2 weeks) while in 2011-12 respondents were asked to identify from a prompt card which actions they had undertaken in the last 12 months. If the respondent answered yes to any of these actions they were then asked separate questions about whether they had done so in the last 2 weeks. Changes in data between 2004-05 and 2011-12 may therefore be due to changes in question methodology rather than changes in the proportion of people undertaking particular actions.

(d) Data for the NT should be used with care as very remote areas are excluded from the Australian Health Survey, which translates to the exclusion of around 23 per cent of the NT population.

(e) Data presented for 2011-12 for ‘Dental consultation’ relate to 'in the last 3 months', and are not comparable with 2004-05 data.

(f) Total persons accessing casualty/outpatients/day clinic or consulting a doctor (GP and/or specialist) or other health professional in the last 2 weeks. Data for 2004-05 and 2011-12 are not comparable.

– Nil or rounded to zero. **np** Not published.

Source : ABS unpublished *Australian Health Survey, 2011-13* (National Health Survey 2011-12 component)

Table EA.61 **Proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Health status (excellent/very good/good)					
Quintile 1										
Admitted to hospital	%	14.5	12.5	14.5	15.7	13.7	13.7	np	np	14.0
Casualty/outpatients/day clinic	%	3.6	5.6	3.2	4.1	4.6	4.3	–	–	4.1
Doctor consultation (GP and/or specialist)	%	25.2	25.2	21.6	15.6	23.7	21.8	np	np	23.5
Dental consultation (d)	%	4.4	2.6	3.7	7.8	3.4	4.5	–	–	4.0
Consultation with other health professional	%	9.6	8.3	10.5	12.0	11.2	9.2	–	–	9.7
Total accessing health care (e)	**%**	**42.5**	**39.1**	**39.1**	**34.9**	**42.3**	**38.3**	**np**	**np**	**40.3**
Quintile 2										
Admitted to hospital	%	15.0	15.5	12.3	16.1	13.6	8.6	np	np	14.3
Casualty/outpatients/day clinic	%	4.0	7.9	3.1	6.5	6.0	np	6.8	np	4.8
Doctor consultation (GP and/or specialist)	%	20.7	20.2	21.5	23.4	23.4	20.3	np	np	21.4
Dental consultation (d)	%	4.2	4.2	4.1	4.4	6.4	8.4	np	np	4.4
Consultation with other health professional	%	11.7	14.9	12.8	13.7	14.1	12.8	10.5	–	12.9
Total accessing health care (e)	**%**	**41.5**	**39.5**	**38.4**	**42.7**	**44.7**	**37.8**	**np**	**np**	**40.7**
Quintile 3										
Admitted to hospital	%	13.1	12.4	12.4	17.4	16.5	12.7	np	np	13.5
Casualty/outpatients/day clinic	%	3.0	5.4	3.7	3.3	5.2	np	np	np	3.9
Doctor consultation (GP and/or specialist)	%	19.8	18.7	20.1	20.4	27.3	22.8	12.6	51.8	20.4
Dental consultation (d)	%	6.4	6.0	5.6	6.4	7.0	3.2	np	np	6.1
Consultation with other health professional	%	12.3	14.2	15.6	13.7	14.1	12.9	9.6	32.6	13.9
Total accessing health care (e)	**%**	**41.0**	**39.8**	**43.3**	**44.0**	**48.3**	**41.1**	**16.5**	**66.2**	**42.0**
Quintile 4										
Admitted to hospital	%	13.2	12.9	14.0	11.1	13.1	14.5	15.0	8.1	13.1
Casualty/outpatients/day clinic	%	3.1	5.7	4.4	3.5	3.6	6.0	2.1	–	4.3
Doctor consultation (GP and/or specialist)	%	21.8	22.2	18.6	22.0	19.8	23.8	np	np	20.8
Dental consultation (d)	%	5.7	6.3	6.1	5.8	7.6	9.2	5.7	5.5	6.2
Consultation with other health professional	%	11.0	14.6	13.0	12.5	15.8	13.2	np	np	13.3
Total accessing health care (e)	**%**	**42.5**	**41.3**	**40.6**	**39.7**	**43.8**	**44.8**	**37.8**	**19.9**	**41.3**
Quintile 5										
Admitted to hospital	%	15.0	14.9	14.8	17.7	11.9	14.7	12.9	28.1	14.9
Casualty/outpatients/day clinic	%	3.3	4.5	3.9	5.9	3.6	5.1	np	np	4.1
Doctor consultation (GP and/or specialist)	%	18.8	21.4	20.9	27.4	17.4	17.1	20.3	30.4	20.6
Dental consultation (d)	%	6.8	7.8	7.3	8.2	7.0	8.4	np	np	7.3

Table EA.61 Proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Consultation with other health professional	%	13.7	17.4	20.2	14.4	14.7	20.4	np	np	15.8
Total accessing health care (e)	**%**	**41.7**	**46.2**	**46.2**	**49.2**	**39.1**	**45.6**	**39.8**	**64.3**	**44.1**
					Health status (fair/poor)					
Quintile 1										
Admitted to hospital	%	25.7	25.0	26.0	30.5	20.5	26.0	–	–	25.4
Casualty/outpatients/day clinic	%	11.2	9.6	12.1	6.4	13.7	10.6	np	np	11.0
Doctor consultation (GP and/or specialist)	%	45.9	49.2	51.1	28.9	38.1	45.0	np	np	46.0
Dental consultation (d)	%	4.5	5.3	np	np	7.6	3.1	–	–	4.4
Consultation with other health professional	%	15.0	15.5	25.3	10.4	13.4	16.4	–	–	17.0
Total accessing health care (e)	**%**	**64.7**	**66.5**	**73.7**	**60.6**	**61.4**	**58.2**	**np**	**np**	**66.0**
Quintile 2										
Admitted to hospital	%	33.6	30.4	30.0	27.0	27.2	18.2	np	np	30.8
Casualty/outpatients/day clinic	%	3.1	11.6	11.8	13.1	5.8	4.5	np	np	7.5
Doctor consultation (GP and/or specialist)	%	36.0	48.0	47.5	56.1	36.8	46.1	44.7	–	42.3
Dental consultation (d)	%	6.9	5.7	4.2	np	10.3	np	–	–	6.3
Consultation with other health professional	%	18.7	25.3	30.2	34.2	23.5	18.3	np	np	24.3
Total accessing health care (e)	**%**	**62.1**	**71.2**	**70.9**	**70.4**	**64.6**	**54.9**	**np**	**np**	**66.0**
Quintile 3										
Admitted to hospital	%	23.1	24.6	28.6	28.4	20.8	34.9	–	34.6	25.4
Casualty/outpatients/day clinic	%	11.5	13.8	8.6	9.8	12.2	12.6	np	np	11.6
Doctor consultation (GP and/or specialist)	%	47.4	49.0	36.3	29.7	52.4	42.7	np	np	44.2
Dental consultation (d)	%	3.2	2.6	9.0	4.8	9.4	np	–	np	4.7
Consultation with other health professional	%	29.0	22.1	23.8	14.4	35.3	30.5	np	np	24.6
Total accessing health care (e)	**%**	**59.1**	**65.1**	**54.6**	**52.5**	**68.1**	**60.8**	**np**	**np**	**59.7**
Quintile 4										
Admitted to hospital	%	22.0	25.7	19.6	29.1	34.0	29.8	26.2	34.1	24.6
Casualty/outpatients/day clinic	%	8.2	8.8	8.1	25.1	13.4	19.2	3.9	–	10.0
Doctor consultation (GP and/or specialist)	%	37.0	40.1	30.8	38.3	45.7	36.9	27.5	35.6	37.2
Dental consultation (d)	%	11.3	4.3	np	np	9.9	np	3.8	np	7.3
Consultation with other health professional	%	18.0	22.0	18.0	33.9	29.8	22.3	np	np	22.0
Total accessing health care (e)	**%**	**52.5**	**61.8**	**52.0**	**70.2**	**63.1**	**59.3**	**61.0**	**80.6**	**57.9**
Quintile 5										
Admitted to hospital	%	32.1	18.8	22.1	26.6	26.4	26.2	np	np	25.7
Casualty/outpatients/day clinic	%	6.5	5.7	10.2	9.2	14.0	15.2	np	np	7.8

Table EA.61 Proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Doctor consultation (GP and/or specialist)	%	43.4	34.0	43.0	32.2	37.6	48.3	np	np	38.3
Dental consultation (d)	%	3.7	18.9	14.0	8.7	6.7	14.1	10.1	–	10.8
Consultation with other health professional	%	18.5	27.9	19.3	21.4	22.8	20.1	np	np	23.1
Total accessing health care (e)	**%**	**60.6**	**64.9**	**57.3**	**60.8**	**67.5**	**60.1**	**59.1**	**100.0**	**62.4**
95 per cent confidence interval for Health status (excellent/very good/good)										
Quintile 1										
Admitted to hospital	± %	2.7	3.4	3.2	6.2	3.2	2.7	np	np	1.7
Casualty/outpatients/day clinic	± %	1.5	2.6	1.5	2.5	1.8	1.4	–	–	0.9
Doctor consultation (GP and/or specialist)	± %	4.0	4.7	3.1	5.9	4.6	3.3	np	np	2.2
Dental consultation (d)	± %	1.8	1.5	1.7	3.6	1.6	1.5	–	–	0.9
Consultation with other health professional	± %	2.8	3.0	3.6	5.4	3.2	2.1	–	–	1.4
Total accessing health care (e)	**± %**	**4.3**	**4.8**	**3.9**	**6.8**	**4.7**	**3.9**	**np**	**np**	**2.4**
Quintile 2										
Admitted to hospital	± %	3.4	4.6	2.5	3.2	3.5	6.2	np	np	1.7
Casualty/outpatients/day clinic	± %	1.7	3.9	1.2	2.5	1.8	np	5.7	np	1.0
Doctor consultation (GP and/or specialist)	± %	3.1	6.5	2.9	3.6	4.2	7.8	np	np	1.7
Dental consultation (d)	± %	1.4	2.2	1.5	1.7	2.0	5.5	np	np	0.7
Consultation with other health professional	± %	2.1	4.6	2.8	3.2	3.2	5.5	19.6	–	1.4
Total accessing health care (e)	**± %**	**4.6**	**7.2**	**3.2**	**4.4**	**4.8**	**8.7**	**np**	**np**	**2.3**
Quintile 3										
Admitted to hospital	± %	2.4	2.5	3.8	3.9	3.4	3.9	np	np	1.3
Casualty/outpatients/day clinic	± %	1.3	2.2	2.1	1.8	2.6	np	np	np	0.7
Doctor consultation (GP and/or specialist)	± %	3.8	3.3	4.1	5.1	5.0	7.1	34.5	42.1	1.8
Dental consultation (d)	± %	1.9	2.1	2.0	2.3	2.4	2.5	np	np	1.0
Consultation with other health professional	± %	2.7	2.9	3.3	4.2	3.6	5.4	13.0	46.2	1.4
Total accessing health care (e)	**± %**	**4.5**	**4.4**	**5.5**	**5.9**	**6.0**	**7.5**	**26.3**	**32.1**	**2.2**
Quintile 4										
Admitted to hospital	± %	3.8	2.8	2.7	3.8	2.7	6.0	4.3	5.9	1.5
Casualty/outpatients/day clinic	± %	1.9	1.6	1.9	1.8	1.3	4.5	1.5	–	0.8
Doctor consultation (GP and/or specialist)	± %	4.6	2.7	2.6	5.5	2.3	4.8	np	np	1.6
Dental consultation (d)	± %	1.7	2.1	1.9	3.0	2.0	4.6	3.3	8.9	0.9
Consultation with other health professional	± %	2.9	2.8	2.7	4.5	2.6	6.3	np	np	1.5
Total accessing health care (e)	**± %**	**5.8**	**3.4**	**3.6**	**7.2**	**3.8**	**7.8**	**6.1**	**18.3**	**2.4**

Table EA.61 **Proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Quintile 5										
Admitted to hospital	± %	2.7	3.3	4.1	4.8	2.9	6.0	2.5	43.9	1.5
Casualty/outpatients/day clinic	± %	1.5	1.5	1.9	2.6	2.2	3.1	np	np	0.9
Doctor consultation (GP and/or specialist)	± %	2.2	2.6	3.7	4.7	3.0	5.1	3.9	36.7	1.3
Dental consultation (d)	± %	1.8	2.4	2.2	3.0	2.6	3.9	np	np	1.1
Consultation with other health professional	± %	2.6	3.5	5.1	3.7	2.9	6.8	np	np	1.8
Total accessing health care (e)	**± %**	**3.5**	**3.6**	**5.7**	**5.4**	**4.6**	**6.9**	**4.0**	**30.6**	**2.0**
		95 per cent confidence interval for Health status (fair/poor)								
Quintile 1										
Admitted to hospital	± %	9.1	9.5	7.5	16.7	11.5	9.2	–	–	4.8
Casualty/outpatients/day clinic	± %	7.9	5.0	7.2	8.4	9.3	5.9	np	np	3.3
Doctor consultation (GP and/or specialist)	± %	8.2	12.1	12.1	13.7	12.4	10.1	np	np	5.1
Dental consultation (d)	± %	4.1	5.5	np	np	7.6	3.7	–	–	2.2
Consultation with other health professional	± %	6.6	8.1	8.8	10.6	7.8	6.3	–	–	3.9
Total accessing health care (e)	**± %**	**8.9**	**11.4**	**9.0**	**18.7**	**12.0**	**12.3**	**np**	**np**	**4.6**
Quintile 2										
Admitted to hospital	± %	10.4	12.6	7.8	11.6	8.3	16.7	np	np	5.8
Casualty/outpatients/day clinic	± %	2.0	6.6	7.2	8.7	3.6	6.9	np	np	2.2
Doctor consultation (GP and/or specialist)	± %	9.0	13.5	10.9	10.9	11.0	15.9	57.8	–	4.6
Dental consultation (d)	± %	8.3	7.4	2.8	np	10.4	np	–	–	4.0
Consultation with other health professional	± %	7.6	12.1	8.3	11.7	9.0	18.6	np	np	4.8
Total accessing health care (e)	**± %**	**11.4**	**16.8**	**7.4**	**12.1**	**11.8**	**17.7**	**np**	**np**	**5.8**
Quintile 3										
Admitted to hospital	± %	9.6	9.8	9.0	12.6	8.2	16.7	–	78.5	5.0
Casualty/outpatients/day clinic	± %	6.1	7.7	6.1	8.0	8.3	12.3	np	np	3.5
Doctor consultation (GP and/or specialist)	± %	11.3	15.7	13.6	10.7	16.7	16.6	np	np	6.7
Dental consultation (d)	± %	2.7	3.2	6.0	5.1	9.1	np	–	np	1.9
Consultation with other health professional	± %	12.7	9.8	10.2	9.7	16.2	15.9	np	np	5.9
Total accessing health care (e)	**± %**	**12.7**	**13.4**	**13.0**	**13.9**	**17.3**	**16.5**	**np**	**np**	**6.4**
Quintile 4										
Admitted to hospital	± %	8.7	9.4	7.6	14.8	9.4	16.5	15.5	34.4	4.3
Casualty/outpatients/day clinic	± %	8.7	5.4	4.9	15.0	7.0	20.2	4.2	–	3.2
Doctor consultation (GP and/or specialist)	± %	12.6	9.4	10.8	17.0	9.4	28.8	13.2	30.6	5.3
Dental consultation (d)	± %	8.4	3.8	np	np	9.6	np	4.6	np	3.3

Table EA.61 **Proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Consultation with other health professional	± %	9.3	11.0	7.0	18.4	7.6	19.9	np	np	4.2
Total accessing health care (e)	**± %**	**13.8**	**11.5**	**10.2**	**15.1**	**9.0**	**25.4**	**16.8**	**41.1**	**6.1**
Quintile 5										
Admitted to hospital	± %	12.1	10.0	16.6	17.4	10.7	13.2	np	np	5.2
Casualty/outpatients/day clinic	± %	4.7	4.6	13.6	6.6	12.5	16.8	np	np	3.0
Doctor consultation (GP and/or specialist)	± %	11.8	13.6	19.0	15.3	16.1	18.7	np	np	6.0
Dental consultation (d)	± %	3.7	13.4	10.8	12.0	6.0	12.8	6.2	–	4.5
Consultation with other health professional	± %	8.9	12.7	13.6	14.8	13.1	17.9	np	np	5.0
Total accessing health care (e)	**± %**	**11.8**	**14.1**	**23.6**	**24.8**	**13.3**	**20.0**	**9.8**	**–**	**6.9**

(a) Rates are age standardised by State/Territory to the 2001 estimated resident population (5 year age ranges from 15 years).

(b) Persons who accessed at least one of the health services noted in the table in the last two weeks or were admitted to hospital in the last 12 months.

(c) Limited to people aged 15 years or over.

(d) Data presented for 2004-05 for ‘Dental consultation’ relate to 'in the last 2 weeks', and are not comparable with 2011-12 data.

(e) Total persons accessing any of the selected health services above. Components may not add to total because persons may have accessed more than one type of health service. Data for 2004-05 are not comparable with data for 2011-12.

– Nil or rounded to zero. **np** Not published.

Source : ABS (unpublished), *National Health Survey, 2004-05* .

Data quality information — Health sector overview E

Data quality information

Data quality information (DQI) provides information against the seven ABS data quality framework dimensions, for a selection of measures from performance indicators in the Health sector summary. DQI for additional indicators will be progressively introduced in future reports.

Where RoGS indicators align with National Agreement indicators, DQI has been sourced from the Steering Committee's reports on National Agreements to the COAG Reform Council.

Technical DQI has been supplied or agreed by relevant data providers. Additional Steering Committee commentary does not necessarily reflect the views of data providers.

DQI are available for the following performance measures:

Babies born of low birthweight

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Health Agreement (data supplied by AIHW) with additional Steering Committee comments.

Indicator definition and description

Indicator

The incidence of low birthweight among liveborn babies of Aboriginal and Torres Strait Islander mothers and other mothers as a proportion of liveborn infants.

Measure (computation)

Numerator: Number of low birthweight live-born singleton infants born in a calendar year.

Low birthweight is defined as less than 2500 grams.

Denominator: Number of live-born singleton infants born in a calendar year.

Calculation: 100 × (Numerator ÷ Denominator)

Variability band: to be calculated using the standard method for estimating 95% confidence intervals as follows:

Crude rate

$$CI\ (CR)95\% = CR\ \pm 1.96\ \times CR/\sum_{\alpha}^{l} d$$

Where n=number of live-born singleton infants.

CI = confidence interval

CR = crude rate (expressed as a percentage)

Data source/s

This indicator is calculated using data from the AIHW National Perinatal Data Collection (NPDC).

For data by socioeconomic status: calculated by AIHW using the ABS' Socioeconomic Index for Areas (SEIFA) Index of Relative Socioeconomic Disadvantage (IRSD). Each Statistical Local Area in Australia is ranked and divided into quintiles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: ABS' Australian Standard Geographical Classification.

Data Quality Framework Dimensions

Institutional environment

The National Perinatal Epidemiology and Statistics Unit (NPESU) calculated this indictor on behalf of the Australian Institute of Health and Welfare (AIHW).

The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister for Health and Ageing. For further information see the AIHW website.

The State and Territory health authorities receive these data from patient administrative and clinical records. This information is usually collected by midwives or other birth attendants. States and territories use these data for service planning, monitoring and internal and public reporting.

Relevance

The National Perinatal Data Collection comprises data items as specified in the Perinatal NMDS plus additional items collected by the states and

territories. The purpose of the Perinatal NMDS is to collect information at birth for monitoring pregnancy, childbirth and the neonatal period for both the mother and baby(s).

The Perinatal NMDS is a specification for data collected on all births in Australia in hospitals, birth centres and the community. It includes information for all live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation, except in WA, where births are included if gestational age is 20 weeks or more, or if gestation unknown, if birthweight is at least 400 grams, and in Victoria where livebirths are included or any gestational age and stillbirths if gestational age is 20 weeks or more, or if gestation unknown, if birthweight is at least 400 grams. It includes data items relating to the mother, including demographic characteristics and factors relating to the pregnancy, labour and birth; and data items relating to the baby, including birth status (live or stillbirth), sex, gestational age at birth, birth weight, Apgar score and neonatal length of stay.

The NPDC includes all relevant data elements of interest for this indicator. Birthweight is a Perinatal NMDS item. In 2011, very few (0.02 per cent) records for live-born singleton babies were missing the data for birthweight.

While each jurisdiction has a unique perinatal form for collecting data on which the format of the Indigenous status question and recording categories varies slightly, all systems include the NMDS item on Indigenous status of mother.

No formal national assessment has been undertaken to determine completeness of the coverage of Indigenous mothers in the Perinatal NMDS. However, the proportion of Indigenous mothers for the period 2002–2011 has been consistent, at 3.6–3.9 per cent of women who gave birth. For maternal records where Indigenous status was not stated (0.2 per cent), data were excluded from Indigenous and non-Indigenous analyses.

The indicator is presented by Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD). The data supplied to the NPDC include a code for SLA from all states and territories. Reporting by remoteness is in accordance with the Australian Statistical Geography Standard (ASGS).

Timeliness

The reference period for the data is 2007 to 2011. Collection of data for the NPDC is annual.

Accuracy

Inaccurate responses may occur in all data provided to the AIHW. The AIHW does not have direct access to perinatal records to determine the accuracy of the data provided. However, the NPESU undertakes validation on receipt of data by the AIHW. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The NPESU does not adjust data to account for possible data errors.

Errors may occur during the processing of data by the states and territories or at the AIHW. Processing errors prior to data supply may be found through the validation checks applied by the NPESU. This indicator is calculated on data that has been reported to the AIHW. Prior to publication, these data are referred back to jurisdictions for checking and review. The NPESU does not adjust the data to correct for missing values. Note that because of data editing and subsequent updates of State/Territory databases, and because data are being reported by place of residence rather than place of birth the numbers

reported for this indicator differ from those in reports published by the states and territories. The data are not rounded.

The data supplied for the 2011 Perinatal NMDS by Victoria to prepare this indicator was provisional and subject to vary with data quality activities. Further minor changes to the data are not forseen to produce any detectable change to the indicator.

The geographical location code for the area of usual residence of the mother is included in the Perinatal NMDS. Only 0.1 per cent of records were non-residents or could not be assigned to a state or territory of residence. There is no scope in the data element Area of usual residence of mother to discriminate temporary residence of mother for the purposes of accessing birthing services from usual residence. The former may differentially impact populations from remote and very remote areas, where services are not available locally.

Birthweight is nearly universally reported. Less than 0.05 per cent of records were missing overall. Data presented by Indigenous status are influenced by the quality and completeness of Indigenous identification of mothers which is likely to differ among jurisdictions. Approximately 0.2 per cent of mothers who gave birth in the reference period had missing Indigenous status information. No adjustments have been made for under-identification or missing Indigenous status information and thus jurisdictional comparisons of Indigenous data should not be made.

Disaggregated data by Indigenous status is reported by single year for time series and by three-year combined data for the current reporting period. Single year data by Indigenous status should be used with caution due to the small number of low birthweight infants born to Indigenous mothers each year.

Coherence

Data for this indicator are published annually in *Australia's mothers and babies*; and biennially in reports such as the *Aboriginal and Torres Strait Islander Health Performance Framework* report, the *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, and the *Overcoming Indigenous Disadvantage* report. The numbers presented in these publications will differ slightly from those presented here as this measure excludes multiple births and stillbirths.

Changing levels of Indigenous identification over time and across jurisdictions may also affect the accuracy of compiling a consistent time series in future years.

In 2011, the ABS updated the standard geography used in Australia for most data collections from the Australian Standard Geographical Classification (ASGC) to the Australian Statistical Geography Standard (ASGS). Also updated at this time were remoteness areas and the Socio-Economic Indices for Areas (SEIFA), based on the 2011 ABS Census of Population and Housing.

The new remoteness areas will be referred to as RA 2011, and the previous remoteness areas as RA 2006. The new SEIFA will be referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006.

Data for 2007 through to 2010 reported by remoteness are reported for RA 2006. Data for 2011 are reported for RA 2011. The AIHW considers the change from RA 2006 to RA 2011 to be a series break when applied to data supplied for this indicator, therefore remoteness data for 2010 and previous

years are not comparable to remoteness data for 2011 and subsequent years.

Data for 2007 through to 2010 reported for SEIFA quintiles and deciles are reported using SEIFA 2006 at the Statistical Local Area (SLA) level. Data for 2011 are reported using SEIFA 2011 at the SLA level. The AIHW considers the change from SEIFA 2006 to SEIFA 2011 to be a series break when applied to data supplied for this indicator, therefore SEIFA data for 2011 are not directly comparable with SEIFA data from previous years.

Accessibility

The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are:

- *Australia's mothers and babies annual report*
- *Indigenous mothers and their babies, Australia 2001–2004*
- *METeOR – online metadata repository*
- *National health data dictionary*.

Ad-hoc data are also available on request (charges apply to recover costs).

Interpretability

Supporting information on the use and quality of the Perinatal NMDS are published annually in *Australia's mothers and babies* (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in *Perinatal National Minimum Data Set compliance evaluation: 2006-2009*. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. More detailed information on the quality of Indigenous data that might affect interpretation of the indicator was published in *Indigenous mothers and their babies, Australia 2001–2004* (Chapter 1 and Chapter 5).

Metadata information for this indicator has been published in the AIHW's online metadata repository, METeOR. Metadata information for the Perinatal NMDS are also published in METeOR, and in the *National health data dictionary*.

Data Gaps/Issues Analysis

Key data gaps /issues

The Steering Committee notes the following issues:

- Birthweight is included in the Perinatal National Minimum Data Set (NMDS) and data are complete for over 99.9 per cent of babies.
- This measure only includes births of at least 20 weeks gestation or 400 grams birthweight. It excludes multiple births and stillbirths and the measure may therefore differ slightly from information presented in other publications on low birthweight.
- The National Perinatal Data Collection (NPDC) includes information on the Indigenous status of the mother only. Since 2005, all jurisdictions have collected information on Indigenous status of the mother in accordance with the Perinatal NMDS.
- No formal national assessment has been undertaken to determine completeness of the coverage or identification of Indigenous mothers in the NPDC. The current data have not been adjusted for under-identification of Indigenous status of the mother and thus jurisdictional comparisons of Indigenous data should not be made.
- Remoteness data for 2010 and previous years are not directly comparable to remoteness data for 2011 and subsequent years.
- SEIFA data for 2011 are not directly comparable with SEIFA data from previous years.

Prevalence of risk factors to the health of Australians

Prevalence of overweight and obesity

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Health Agreement (data supplied by AIHW) with additional Steering Committee comments.

Indicator definition and description

Indicator	Prevalence of risk factors to the health of Australians — Proportion of adults and children who are overweight or obese.
Measure (computation)	Numerator: Number of people aged 18 years and over with a Body Mass Index (BMI) greater than or equal to 25, and number of children aged 5–17 years exceeding age and sex specific BMI values for overweight and obesity. Denominator: Number of people aged 18 years and over and number of children aged 5–17 years, for whom height and weight measurements were taken.
Data source/s	For the 2014 reporting cycle, the denominator and numerator for this indicator, for the general and non-indigenous population, use data from the full sample or Core component of the general population component of the ABS Australian Health Survey (AHS) from approximately 32 000 people, which is weighted to benchmarks for the total AHS in-scope estimated resident population (ERP) at 31 October 2011. This information replaces data supplied for the 2013 reporting cycle which was based on the National Health Survey (NHS) subset (20 500 people) of the full sample (32 000 people). The larger sample size (the full sample or core) supplied for the 2014 reporting cycle provides more accurate estimates and allows for analysis at a finer level of disaggregation. For more information on the structure of the AHS, see *Structure of the Australian Health Survey*. For the 2014 reporting cycle, the denominator and numerator for the Aboriginal and Torres Strait Islander population use data from the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) component of the 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) from approximately 9300 people, which is weighted to benchmarks for the Aboriginal and Torres Strait Islander ERP at 30 June 2011. For the 2015 reporting cycle, data from the full sample or Core component of the AATSIHS of approximately 13 000 people will be used. For more information on the structure of the AATSIHS, see *Structure of the Australian Aboriginal and Torres Strait Islander Health Survey*. Data reported for 2007-08 are from the ABS 2007-08 NHS. Data reported for 2004-05 are from the ABS 2004-05 NHS and the ABS 2004-05 NATSIHS.

Data Quality Framework Dimensions

Institutional environment	The AHS and NATSIHS were collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.

For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment on the ABS website, www.abs.gov.au.

Relevance

The 2011–13 AHS and 2011-12 NATSIHS collected measured height and weight from persons aged 2 years and over. For the purposes of this indicator, Body Mass Index (BMI) values are derived from measured height and weight information using the formula: weight (kg) / height $(m)^2$.

Despite some limitations, BMI is widely used internationally as a relatively straightforward way of measuring overweight and obesity.

Timeliness

The AHS is conducted every three years over a 12 month period. Results from the Core component of the AHS were released in June 2013.

The AATSIHS is conducted over a 12 month period, approximately every 6 years. Results from the NATSIHS component of the AATSIHS were released in November 2013. The previous NATSIHS was conducted in 2004-05.

Accuracy

The AHS was conducted in all States and Territories, excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey. The exclusion of persons usually residing in very remote areas has a small impact on estimates, except for the NT, where such persons make up approximately 23 per cent of the population. The response rate for the 2011-12 Core component was 82 per cent. Results are weighted to account for non-response.

The AATSIHS was conducted in all States and Territories, including very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were excluded from the survey. The final response rate for the 2012-13 NATSIHS component was 80 per cent. Results are weighted to account for non-response.

As they are drawn from a sample survey, data for the indicator are subject to sampling error. Sampling error occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the scientific methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE). Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.

The following comments apply to data for the general and non-Indigenous populations only.

- Data for overweight and obesity are not directly comparable to the 2004-05 NHS due to the difference in collection methodology and possible erroneous estimation of respondent self-reported measurements in 2004-05
- Data for the NT for 2011-12 are not comparable to previous years due to the increase in sample size. Data for the NT for 2007-08 should be used with caution due to large RSEs resulting from the small sample size.
- RSEs for adult overweight and obesity rates by State/Territory and Remoteness Areas are generally within acceptable limits, except for remote areas in all jurisdictions and outer regional areas in Victoria where rates are considered too unreliable for general use.

- The breakdown by State/Territory and SEIFA quintiles for adults in general has sampling error within acceptable limits, except quintile 5 in the NT which should be used with caution. For children, remoteness and SEIFA disaggregations by State/Territory should generally be used with caution.
- Adult overweight and obesity rates by age and sex generally have acceptable levels of sampling error at the State/Territory level, though some of the rates for females in the NT should be used with caution.
- Sampling errors for BMI data for adults by State/Territory are generally within acceptable limits, though rates of underweight for most States/Territories for both adults and children should be used with caution.

The following comments apply to data from the NATSIHS for the Aboriginal and Torres Strait Islander population only:

- Data for overweight and obesity are not directly comparable to the 2004-05 NATSIHS due to the difference in collection methodology and possible erroneous estimation of respondent self-reported measurements in 2004-05.
- Data collected on measured height, weight and waist circumference in the 2012-13 NATSIHS used the same methodology and equipment as the 2011-12 NHS. Neither survey collected self-reported measurements so the two are directly comparable.

Coherence

The methods used to construct the indicator are consistent and comparable with other collections and with international practise.

Most surveys, including Computer-Assisted Telephone Interviewing (CATI) health surveys conducted by the States and Territories, collect only self-reported height and weight. There is a general tendency across the population for people to overestimate height and underestimate weight, which results in BMI scores based on self-reported height and weight to be lower than BMI scores based on measured height and weight. Therefore, NHS and NATSIHS data for 2004-05 are not comparable with 2011–13 data which are based on measured height and weight.

The age- and sex-specific cutoff points for BMI categories for children are from the work of Cole TJ, Bellizzi MC, Flegal KM & Dietz WH 2000, "Establishing a standard definition for child overweight and obesity worldwide: international survey", BMJ 320:1240.

The AHS collected a range of other health-related information that can be analysed in conjunction with BMI.

Accessibility

See *Australian Health Survey: First Results* (Cat. no. 4364.0.55.001) and *Australian Health Survey: Health Service Usage and Health Related Actions* (Cat. no. 4364.0.55.002) for an overview of results from the NHS component of the AHS. See: *Australian Health Survey: Updated Results* (Cat. no. 4364.0.55.003) for results from the Core component of AHS. Other information from this survey is also available on request.

The data for NATSIHS are available from the ABS website in the publication *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13* (Cat. no. 4727.0.55.001). Other information from the survey is available on request.

Interpretability

Information to aid interpretation of the data is available on the ABS website from the *Australian Health Survey: User Guide, 2011-13* (Cat. no. 4363.0.55.001) and the *Australian Aboriginal and Torres Strait Islander*

Health Survey: Users' Guide, 2012-13 (Cat. no. 4727.0.55.002).

Many health-related issues are closely associated with age; therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the States and Territories. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population.

For information on how the results compare between the two samples, see Comparison of Results in Australian Health Survey: Updated Results (cat. No. 4364.0.55.003).

Rates of current daily smokers

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Health Agreement (data supplied by AIHW) with additional Steering Committee comments.

Indicator definition and description

Indicator	Prevalence of risk factors to the health of Australians — Rates of current daily smokers.
Measure (computation)	Numerator: Number of persons aged 18 years or over who smoke tobacco every day. Denominator: Population aged 18 years or over.
Data source/s	For the 2014 reporting cycle, the denominator and numerator for this indicator, for the general and non-indigenous population, use data from the full sample or Core component of the general population component of the ABS Australian Health Survey (AHS) from approximately 32 000 people, which is weighted to benchmarks for the total AHS in-scope estimated resident population (ERP) at 31 October 2011. This information replaces data supplied for the 2013 reporting cycle which was based on the National Health Survey (NHS) subset (20 500 people) of the full sample (32 000 people). The larger sample size (the full sample or core) supplied for the 2014 reporting cycle provides more accurate estimates and allows for analysis at a finer level of disaggregation. For more information on the structure of the AHS, see *Structure of the Australian Health Survey*. For the 2014 reporting cycle, the denominator and numerator for the Aboriginal and Torres Strait Islander population use data from the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) component of the 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) from approximately 9300 people, which is weighted to benchmarks for the Aboriginal and Torres Strait Islander ERP at 30 June 2011. For the 2015 reporting cycle, data from the full sample or Core component of the AATSIHS of approximately 13 000 people will be used. For more information on the structure of the AATSIHS, see *Structure of the Australian Aboriginal and Torres Strait Islander Health Survey*. Data reported for 2007-08 are from the ABS 2007-08 NHS and the ABS 2008 National Aboriginal and Torres Strait Islander Social Survey.

Data Quality Framework Dimensions

Institutional environment	The AHS and NATSIHS were collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents. For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment.
Relevance	The AHS and NATSIHS collected self-reported information on smoker status from persons aged 15 years and over. This refers to the smoking of tobacco, including manufactured (packet) cigarettes, roll-your-own cigarettes, cigars and pipes, but excluding chewing tobacco and smoking of non-tobacco

products. The 'current daily smoker' category includes respondents who reported at the time of interview that they regularly smoked one or more cigarettes, cigars or pipes per day.

Timeliness

The AHS is conducted every three years over a 12 month period. Results from the 2011-12 Updated Results (Core) component of the AHS were released in June 2013.

The AATSIHS is conducted over a 12 month period, approximately every 6 years. Results from the NATSIHS component of the AATSIHS were released in November 2013.

Accuracy

The AHS was conducted in all States and Territories, excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey. The exclusion of persons usually residing in very remote areas has a small impact on estimates, except for the NT, where such persons make up approximately 23 per cent of the population. The response rate for the 2011-12 Core component was 82 per cent. Results are weighted to account for non-response.

The AATSIHS was conducted in all States and Territories, including very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were excluded from the survey. The final response rate for the 2012-13 NATSIHS component was 80 per cent. Results are weighted to account for non-response.

As they are drawn from a sample survey, data for the indicator are subject to sampling error. Sampling error occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the scientific methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE). Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.

The following comments apply to data for the general and non-Indigenous populations only.

- Data for Northern Territory in 2011-12 is not comparable to previous years due to the increase in sample size. Data for the NT for 2007-08 should be used with caution due to large RSEs resulting from the small sample size.
- This indicator generally has acceptable levels of sampling error for State/Territory by sex and age breakdown, for persons under the age of 65 years. For persons aged 65 years or over, rates for the ACT and the NT should be used with caution.
- RSEs for adult smoking rates by State/Territory and remote areas are mostly greater than 25 per cent and should either be used with caution or are considered too unreliable for general use.
- Adult smoking rates generally have acceptable levels of sampling error for State/Territory and SEIFA quintiles, though some rates for Victoria, Queensland, South Australia, Tasmania, Australian Capital Territory and Northern Territory should either be used with caution or are considered too unreliable for general use.

The following comments apply to data from the NATSIHS for the Indigenous population only:

- Smoking questions were changed in the 2012-13 NATSIHS to add

questions about specific tobacco products (chewing tobacco, cigars, pipes, other), in order to account for potential high levels of chewing tobacco use among Aboriginal and Torres Strait islander people, which would elevate nicotine levels observed in biomedical data. This change in the questionnaire is minor and the data are considered to be comparable to the 2011-12 AHS data.

- Overall, this indicator has an RSE of less than 25 per cent for all states and territories. Finer levels of disaggregation (e.g. by the inclusion of other cross- classifying variables) may result in higher levels of sampling error.

Coherence

The methods used to construct the indicator are consistent and comparable with other collections and with international practice. The AHS collected a range of other health-related information that can be analysed in conjunction with smoker status.

Other non-ABS collections, such as the National Drug Strategy Household Survey (NDSHS), report estimates of smoker status. Results from the recent NDSHS in 2010 show slightly lower estimates for current daily smoking than in the 2011-13 AHS. These differences may be due to the greater potential for non-response bias in the NDSHS and the differences in collection methodology.

Accessibility

See *Australian Health Survey: First Results* (Cat. no. 4364.0.55.001) and *Australian Health Survey: Health Service Usage and Health Related Actions* (Cat. no. 4364.0.55.002) for an overview of results from the NHS component of the AHS. See: *Australian Health Survey: Updated Results* (Cat. no. 4364.0.55.003) for results from the Core component of AHS. Other information from this survey is also available on request.

The data for NATSIHS are available from the ABS website in the publication *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13* (Cat. no. 4727.0.55.001). Other information from the survey is available on request.

Interpretability

Information to aid interpretation of the data is available on the ABS website from the *Australian Health Survey: User Guide, 2011-13* (Cat. no. 4363.0.55.001) and the *Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide, 2012-13* (Cat. no. 4727.0.55.002).

Many health-related issues are closely associated with age; therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the States and Territories. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population.

Levels of risky alcohol consumption

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Health Agreement (data supplied by AIHW) with additional Steering Committee comments.

Indicator definition and description

Indicator	Prevalence of risk factors to the health of Australians — Levels of risky alcohol consumption.
Measure (computation)	Numerator: Number of persons aged 18 years and over who reported an average of more than 2 standard drinks per day in the last week. Denominator: Number of persons aged 18 years and over.
Data source/s	The denominator and numerator for this indicator, for the general and non-indigenous population, use data from the National Health Survey (NHS) component of the general population component of the ABS Australian Health Survey (AHS), which is weighted to benchmarks for the total AHS in-scope estimated resident population (ERP) at 31 October 2011. For information on scope and coverage, see the *Australian Health Survey: Users' Guide* (Cat. no. 4363.0.55.001) on the ABS website, www.abs.gov.au. For the 2014 reporting cycle, the denominator and numerator for the Aboriginal and Torres Strait Islander population use data from the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) component of the 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) from approximately 9300 people, which is weighted to benchmarks for the Aboriginal and Torres Strait Islander ERP at 30 June 2011. For more information on the structure of the AATSIHS, see *Structure of the Australian Aboriginal and Torres Strait Islander Health Survey*. Data reported for 2007-08 are from the ABS 2007-08 NHS. Data reported for 2004-05 are from the ABS 2004-05 NHS and the ABS 2004-05 NATSIHS.

Data Quality Framework Dimensions

Institutional environment	The AHS and NATSIHS were collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents. For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment.
Relevance	The 2011-12 NHS and 2012-13 NATSIHS collected self-reported information on alcohol consumption from persons aged 15 years and over. Respondents were asked to report the number of drinks of each type they had consumed, the size of the drinks, and, where possible, the brand name(s) of the drink(s) consumed on each of the most recent three days in the last week on which they had consumed alcohol. Intake of alcohol refers to the quantity of alcohol contained in any drinks consumed, not the quantity of the drinks. According to average daily alcohol intake over the 7 days of the reference week, persons who consumed more than 2 standard drinks on any day were

at risk of long term health problems.

To measure against the 2009 guidelines, reported quantities of alcoholic drinks consumed were converted to millilitres (mls) of alcohol present in those drinks, using the formula:

- alcohol content of the type of drink consumed (%) x number of drinks (of that type) consumed x vessel size (in millilitres).

An average daily amount of alcohol consumed was calculated (i.e. an average over the 7 days of the reference week), using the formula:

- average consumption over the 3 days for which consumption details were recorded x number of days consumed alcohol / 7.

According to average daily alcohol intake over the 7 days of the reference week, persons who consumed more than 2 standard drinks on any day were at risk of long term health problems.

Timeliness

The AHS is conducted every three years over a 12 month period. Results from the 2011-12 NHS component of the AHS were released in October 2012.

The AATSIHS is conducted over a 12 month period, approximately every 6 years. Results from the NATSIHS component of the AATSIHS were released in November 2013. The previous NATSIHS was conducted in 2004-05.

Accuracy

The AHS was conducted in all States and Territories, excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey. The exclusion of persons usually residing in very remote areas has a small impact on estimates, except for the Northern Territory, where such persons make up approximately 23 per cent of the population. The response rate for the 2011-12 NHS component was 85 per cent. Results are weighted to account for non-response.

The AATSIHS was conducted in all States and Territories, including very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were excluded from the survey. The final response rate for the 2012-13 NATSIHS component was 80 per cent. Results are weighted to account for non-response.

As they are drawn from a sample survey, data for the indicator are subject to sampling error. Sampling error occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the scientific methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE). Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.

The collection of accurate data on quantity of alcohol consumed is difficult, particularly where recall is concerned, given the nature and possible circumstances of consumption. The use of the one week reference period (with collection of data for the most recent three days in the last week on which the person drank) is considered to be short enough to minimise recall bias but long enough to obtain a reasonable indication of drinking behaviour. While the last week exact recall method may not always reflect the usual drinking behaviour of the respondent at the individual level, at the population level this is expected to largely average out.

The collection and coding of individual brands and container size ensures

that no mental calculation is required of the respondent in reporting standard drinks, and is considered to eliminate potential for the underestimation bias which is known to occur when people convert drinks into standard drinks.

The following comments apply to data for the general and non-Indigenous populations only.

- Data for the NT in 2011-12 are not comparable to previous years due to the increase in sample size in 2011-12. Data for the NT for 2007-08 should be used with caution due to large RSEs resulting from the small sample size
- This indicator generally has acceptable levels of sampling error for State/Territory and Remoteness Areas, except for remote areas where some rates are considered too unreliable for general use. The breakdown by State/Territory and SEIFA quintiles in general has sampling error within acceptable limits, except for the two lowest quintiles in the ACT which should either be used with caution or are considered too unreliable for general use.

Coherence

The AHS and AATSIHS collected a range of other health-related information that can be analysed in conjunction with alcohol risk level. For more detailed information see the *Australian Health Survey: Users' Guide* and the *Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide*, available on the ABS website.

Aggregate levels of alcohol consumption implied by the AHS are somewhat less than the estimates of apparent consumption of alcohol based on the availability of alcoholic beverages in Australia from taxation and customs data, see *Apparent Consumption of Alcohol, 2010-11* (Cat. no. 4307.0.55.001). This suggests a tendency towards under-reporting of alcohol consumption in self-report surveys.

Other collections, such as the National Drug Strategy Household Survey (NDSHS), report against the same NHMRC guidelines. Results from the most recent NDSHS in 2010 show slightly lower estimates for long-term harm from alcohol than in the 2011-13 AHS. These differences may be due to the greater potential for non-response bias in the NDSHS and the differences in collection methodology.

Accessibility

See *Australian Health Survey: First Results* (Cat. no. 4364.0.55.001) and *Australian Health Survey: Health Service Usage and Health Related Actions* (Cat. no. 4364.0.55.002) for an overview of results from the NHS component of the AHS. See: *Australian Health Survey: Updated Results* (Cat. no. 4364.0.55.003) for results from the Core component of AHS. Other information from this survey is also available on request.

The data for NATSIHS are available from the ABS website in the publication *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13* (Cat. no. 4727.0.55.001). Other information from the survey is available on request.

Interpretability

Information to aid interpretation of the data is available from the *Australian Health Survey: Users' Guide* and the *Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide* on the ABS website.

Many health-related issues are closely associated with age; therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the States and Territories. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population.

Selected potentially preventable diseases

Incidence of selected cancers

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Health Agreement (data supplied by AIHW) with additional Steering Committee comments.

Indicator definition and description

Indicator	Selected potentially preventable diseases — Incidence of selected cancers
Measure (computation)	The selected cancers of public health importance are bowel cancer, lung cancer, melanoma of the skin, breast cancer in females and cervical cancer. For bowel cancer, lung cancer and melanoma, the numerator is the number of new cases occurring in the Australian population in the reported year. The denominator is the total Australian population for the same year. For breast and cervical cancer the numerator is the number of new cases occurring in the Australian female population in the reported year. The denominator is the total Australian female population for the same year. Calculation is 100 000 × (Numerator ÷ Denominator), calculated separately for each type of cancer, presented as a rate per 100 000 and age-standardised to the Australian population as at 30 June 2001.
Data source/s	*Numerator:* Australian Cancer Database (ACD) *Denominators:* For bowel cancer, lung cancer and melanoma: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP). For breast and cervical cancer: ABS ERP for female population. For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous population) Series B. For data by Remoteness area: ABS ERPs for Australian Standard Geographical Classifications (ASGC) Remoteness Areas. For data by socioeconomic status: calculated by AIHW using the ABS' 2006 Index of Relative Socio-economic Disadvantage (IRSD) and ERPs by Statistical Local Area (SLA). Each SLA in Australia is ranked by IRSD score and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

Data Quality Framework Dimensions

Institutional environment	The National Cancer Statistics Clearing House (NCSCH), housed at the AIHW, is a collaborative partnership between the AIHW and the Australasian Association of Cancer Registries (AACR). Cancer incidence data are supplied to the AIHW by state and territory cancer registries. These data are compiled by AIHW to form the Australian Cancer Database (ACD). All jurisdictions have legislation requiring mandatory reporting of all cancer cases with the exception of basal cell carcinoma of the skin and squamous cell carcinoma of the skin.
Relevance	The data used to calculate this indicator are accurate and of high quality.

The mandatory reporting of cancers and the use of Estimated Resident Populations (ERPs) based on Census data for denominators provides the most comprehensive data coverage possible. The data are appropriate for this indicator.

Timeliness

Data available for the 2014 Report are based on cancers diagnosed in 2010, noting that cancers for NSW and ACT are based on estimates.

Accuracy

2010 incidence data for NSW and ACT were not available for inclusion in the 2010 version of the ACD. The development of the new NSW Cancer Registries system has resulted in a delay in processing incidence data for 2010 onwards. Details of the expected time-line for processing of 2010 cancer incidence data for NSW and ACT are available at www.cancerinstitute.org.au/data-and-statistics/accessing-our-data/availability-of-nsw-central-cancer-registry-data#incidence-when-2009. Therefore 2010 incidence data for NSW and ACT were estimated by the AIHW. Although the estimation procedure has been shown to be reasonably accurate for estimating overall cancer incidence, its accuracy with respect to individual cancers will vary.

As NSW and ACT make up about a third of Australia's population, the national incidence data for 2010 is likely to be somewhat inaccurate for some individual cancers; which cancers these are is not predictable. Until the actual 2010 cancer data are available from these jurisdictions caution should be exercised when comparing the 2010 NSW, ACT and Australian data with data from previous years. The estimates of 2010 incidence in NSW and ACT cannot be disaggregated by Indigenous status, remoteness area or socioeconomic status. The Australian totals for these tables do not include NSW and ACT.

It is anticipated that the 2011 version of the ACD will include the real 2010 incidence data for NSW and ACT.

2009 incidence data for NSW and ACT include estimates of so-called 'death certificate only' (DCO) cases. An extended delay in the provision of 2009 mortality data from the Council of Australian Registrars has meant that NSW and ACT have not been able to register cases of cancer that are recorded on a death certificate but which were not notified to the cancer registry by any other means. The number of such cases in 2009 for each cancer, sex and age group has been estimated by the AIHW based on the numbers observed for 2004–2008. Overall for the five cancers covered in the Indicator, about 1.2 per cent of NSW cases and 1.4 per cent of ACT cases are estimated DCO cases. The percentage varies by cancer type.

For Indigenous status, the numerator for 'Indigenous' is the number of people who self-reported that they were Indigenous at the time of diagnosis. 'Other' includes those who self-reported that they were not Indigenous at the time of diagnosis and those who chose not to identify as either Indigenous or non-Indigenous.

Caution is required when examining differences across Indigenous status as Vic, SA, Tas and ACT do not have adequate data quality for this indicator. NSW, Qld, WA and NT have indicated that their Indigenous data quality is sufficient for reporting; however, 2010 incidence data for NSW is estimated and Indigenous status for these estimates is not available. Therefore, in 2010, Qld, WA and NT are the only jurisdictions with adequate Indigenous data quality.

Socioeconomic status rankings (by Index of Relative Socio-Economic

Disadvantage (IRSD) score) are calculated by SLA using a population-based method at the Australia-wide level. That is, the quintiles are national quintiles, not state and territory quintiles.

An SLA-to-remoteness-area concordance and SLA-to-socioeconomic-status concordance were used to allocate remoteness area and socioeconomic status to each record on the ACD based on the person's SLA of residence at time of diagnosis.

Caution is required when examining differences across remoteness area and socioeconomic status categories. The SLA of a person is computed by the cancer registry based on the address provided by the person. Some people may supply an address other than that where they normally reside or the details the person provides may not correspond to a valid address meaning that their cancer record cannot be allocated to a remoteness area or socioeconomic status category at all. Such records are excluded from the tables and this may affect some remoteness area and socioeconomic categories more than others. Also, because the concordances are based on the 2006 census, SLA boundaries may have changed over time which creates inaccuracies.

Due to the very small number of diagnoses involved, disaggregation by Indigenous status, or remoteness area, or socioeconomic status by state and territory is not necessarily robust. For example, some SLAs cover a large and heterogeneous geographical area including towns and very remote areas, yet all people in a given SLA are assigned the same socioeconomic status.

Variability bands have been provided to indicate the extent to which conclusions can be drawn about differences in incidence rates between population subgroups. The bands are calculated as 95 per cent confidence intervals around the age-standardised rate, based on the assumption that the number of cancers diagnosed within each category is a Poisson random variable. Although this is a standard assumption in cancer incidence calculations around the world it is important to note that it is not possible to prove or disprove this assumption.

This indicator only counts one year of incidence data. For jurisdictions that record relatively small numbers of cancers, rates may fluctuate widely from year to year; these changes should be interpreted with caution.

Due to Health Department policy in the ACT and NT, incidence rates based on counts of between 1 and 4 persons have been suppressed because of statistical unreliability.

This indicator is calculated on data that have been supplied to the AIHW and undergone extensive checks at both the source cancer registry and the AIHW. The state and territory cancer registries have checked the tables and given their approval for the AIHW to supply them to the Productivity Commission.

Coherence

These data are published annually by the AIHW. While there are sometimes changes to coding for particular cancers, it is possible to map coding changes to make meaningful comparisons over time.

Not all Australian State and Territory cancer registries use the same ICD-10 code groupings to classify certain cancers. Further, the national cancer data presented here may use different code groupings to some jurisdictions. This may mean that data presented here are different to that reported by

individual jurisdictional cancer registries, for certain cancers.

The AIHW define the PI4 cancers by the following ICD 10 codes:

• Cancer	ICD10 codes
• Bowel	C18–C20
• Lung	C34
• Melanoma	C43
• Female breast	C50
• Cervical	C53

Some State and Territory jurisdictions may use different methodologies for particular subgroups (for example, some may use an imputation method for determining Indigenous cancers). This may lead to differences in rates between this Indicator and those shown in jurisdictional cancer incidence reports.

The incidence rate in Indigenous Australians may fluctuate considerably from year to year due to the behaviour of rare events in small populations.

Accessibility

The NCSCH provides summary cancer incidence and mortality data annually via the AIHW website where they can be downloaded free of charge. A biennial report, *Cancer in Australia*, is published and is also available on the AIHW website where it can be downloaded without charge. More specialised data can be requested via the AIHW website.

Interpretability

While numbers of new cancers are easy to interpret, calculation of age-standardised rates is more complex and the concept may be confusing to some readers. Information on how and why age-standardised rates have been calculated and how to interpret them is available in all AIHW cancer publications presenting data in this format, for example, *Cancer in Australia: an overview, 2012*. Information about the Australian Cancer Database is available on the AIHW website.

Data Gaps/Issues Analysis

Key data gaps /issues

The Steering Committee notes the following issues:

- 2010 incidence data for NSW and ACT were not available for inclusion in the 2010 version of the Australian Cancer Database (ACD). The development of the new NSW Cancer Registries system has resulted in a delay in processing incidence data for 2010 onwards. Details of the expected time-line for processing of 2010 cancer incidence data for NSW and ACT are available at: www.cancerinstitute.org.au/data-and-statistics/accessing-our-data/availability-of-nsw-central-cancer-registry-data#incidence-when-2009. Therefore 2010 incidence data for NSW and ACT were estimated by the Australian Institute of Health and Welfare (AIHW). Although the estimation procedure has been shown to be reasonably accurate for estimating overall cancer incidence, its accuracy with respect to individual cancers will vary. Until the actual 2010 cancer data are available from these jurisdictions caution should be exercised when comparing the 2010 NSW, ACT and Australian data with data from previous years. The estimates of 2010 incidence in NSW and ACT cannot be disaggregated by Indigenous status, remoteness area or socioeconomic status. The Australian totals for these tables do not include NSW and ACT.
- This indicator only counts one year of incidence data. For jurisdictions that record relatively small numbers of cancers, rates may fluctuate widely from year to year; these changes should be interpreted with caution.

- The quality of Indigenous identification in cancer registry data varies between jurisdictions. National disaggregation by Indigenous status is based on jurisdictions with adequate data quality (NSW, Qld, WA and NT). Indigenous data for other jurisdictions should be interpreted with caution. Even with adequate data quality, the small numbers behind many disaggregations means certain Indigenous data are not robust enough for meaningful comparisons. Information on adequacy of Indigenous identification in cancer registry data is provided to AIHW by each jurisdictional cancer registry.
- Some jurisdictions may use an imputation method to impute missing Indigenous status for reporting purposes. This may lead to an underreporting of rates in this Indicator compared to those shown in jurisdictional cancer incidence reports.
- The incidence rate in Indigenous Australians may fluctuate considerably from year to year due to the behaviour of rare events in small populations.
- Remoteness area and socioeconomic status are based on Statistical Local Area (SLA) of residential address at the time of diagnosis.
- Due to Health Department policy in the ACT and NT, incidence rates based on counts of between 1 and 4 persons have been suppressed because of statistical unreliability.

Incidence of heart attacks

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Health Agreement (data supplied by AIHW) with additional Steering Committee comments.

Indicator definition and description

Indicator	Selected potentially preventable diseases — Incidence of heart attacks
Measure (computation)	Count (a) number of deaths where 'acute coronary heart disease' (ICD-10 codes I20–I24) is the underlying cause of death in each calendar year (based on year of registration of death). For ages 25 years or over. Count (b) number of non-fatal hospitalisations where 'acute myocardial infarction' (ICD-10-AM I21) or 'unstable angina' (ICD-10-AM I20.0) are the principal diagnosis, and separation mode is not equal to 'died' or 'transferred to another acute hospital', and care type is not equal to 'newborn-unqualified days only' or 'organ procurement – posthumous' or 'hospital border' in each calendar year (based on discharge date from hospital). For ages 25 years or over. The number of acute coronary events is estimated by: (a) + (b): *Numerator* Number of deaths recorded with an underlying cause of acute coronary heart disease (a) plus the number of non-fatal hospitalisations with a principal diagnosis of acute myocardial infarction or unstable angina that do not end in a transfer to another acute hospital (b). For ages 25 years or over. *Denominator* Total population aged 25 years or over for year in question. *Rates* 100,000 x (numerator ÷ denominator). Age specific rates are presented for each 10 year age group from 25 years, by sex. Total rates are directly age-standardised to the 2001 Australian population using 10 year age groups. *Indigenous* National incidence estimates for Indigenous and Other Australians are calculated based on data from NSW, Qld, SA, WA and NT only. Indigenous rates are directly age-standardised to the 2001 Australian population using 10 year age groups capped at 75 years or over. The estimates for Indigenous and Other Australians are derived using only data from the five jurisdictions where the quality of identification is considered reasonable in both the NHMD and the NMD (NSW, Qld, WA, SA and NT).
Data source/s	*Numerator* Australian Institute of Health and Welfare (AIHW) National Hospital Morbidity Database (NHMD), AIHW National Mortality Database (NMD) *Denominator* For total population: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June (2007 to 2011). For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous population) Series B.

Data Quality Framework Dimensions

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator using data extracted from the AIHW NHMD, the NMD and Australian Bureau of Statistics (ABS) population data.

The AIHW is a national agency set up by the Australian Government under the Australian *Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988 (Commonwealth),* ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au.

Relevance

The data provide an estimate of the incidence of acute coronary events in Australia, based on administrative data currently available. Non-fatal events are estimated from the National Hospital Morbidity Database (NHMD) and fatal events from the National Mortality Database (NMD).

It is an estimate of 'events', not individuals. It should be noted that an individual may have multiple events in the one year or in different years. Each would be counted.

The method of estimation has been developed based on an analysis of current hospital and deaths data (AIHW 2011, *Monitoring acute coronary syndrome using national hospital data: an information paper on trends and issues*. Cat. no. CVD 57. Canberra). This method has not yet been validated and should therefore be considered interim. The AIHW is currently undertaking work to validate the algorithm.

The accuracy of the estimates rely on the accuracy of coding of the principal diagnosis (as either AMI or UA) in the NHMD and of the underlying cause of death (as acute coronary heart disease) in the NMD. It also relies on the accuracy of coding of transfers to another acute hospital and of death in hospital.

One acute coronary event may involve multiple hospitalisations, due to

transfers for treatment and on-going care. In the NHMD these are recorded as multiple unlinked hospital episodes. Therefore, to estimate the number of non-fatal events only those episodes that did not end in a transfer to another acute hospital or end in a death in hospital are counted.

The coding of principal diagnosis and the coding of death in hospital in the NHMD are likely to be of reasonable quality. However, the coding of transfers may vary across hospitals and jurisdictions.

It is possible that the method underestimates the number of fatal acute coronary deaths by only counting those deaths coded as ICD-10 I20-I24. This excludes chronic coronary heart disease (I25). It is possible that some deaths from heart attacks are coded as chronic heart disease, especially in older people. However, the extent of this is unknown until validation is undertaken.

The year in which the event occurred is determined from the separation date for hospitalisations, and from the year of registration of death.

Data are reported by the state or territory of residence of the person at the time of hospitalisation or death.

Variations in key variables (particularly in transfer rates) across jurisdictions indicate that the method of estimation may lead to an under-estimate of incidence in some jurisdictions and an over-estimate in others. This variation may be due to differences in treatment patterns but could also be due to differences in coding practices. As the extent of this cannot be measured until the algorithm is validated estimates are not reported at a jurisdictional level.

Estimates for Indigenous and Other Australians, are based on data from those jurisdictions where the quality of identification is considered reasonable in both the NHMD and the NMD. Only NSW, Qld, WA, SA and the NT are included in the national estimates reported by Indigenous status. Estimates for Other Australians are calculated by subtracting Indigenous estimates from total estimates for the five jurisdictions and divided by the population of Other Australians in those jurisdictions. Other Australians therefore includes non-Indigenous people and people whose Indigenous status was not stated or inadequately described.

Timeliness

This indicator reports the latest information available (for years 2007 to 2011).

Accuracy

The method of estimation has not yet been validated and possible errors are not able to be calculated at this time. Estimates should be treated with caution until the method is validated. This work will inform future reporting of data at a jurisdictional level.

The accuracy of the estimates will depend on the accuracy of coding in the NHMD and the NMD (see data sources for DQS for each data source). In particular the accuracy of coding of principal diagnosis, hospital transfers, deaths in hospital and underlying cause of death are central to the accuracy of the estimates.

The accuracy of Indigenous estimates is also reliant on the appropriate identification of Indigenous people in the NHMD and the NMD. Only five jurisdictions are considered to have reasonable quality Indigenous identification in both datasets required to estimate this indicator (the NHMD and the NMD). The five jurisdictions are NSW, QLD, WA, SA and the NT. Indigenous counts for the NT exclude acute coronary events treated in the

private hospital in the NT. All non-fatal events treated in the private hospital in the NT are therefore included in the incidence counts for Other Australians.

The computation method for age-standardisation of data reported by Indigenous status has been refined since the previous reporting cycle.

Deaths occurring between 1992 and 2006 but registered in 2010 by the Queensland Registry of Births, Deaths and Marriages are excluded from the estimates for Indigenous and Other Australians.

NMD data for 2009 and 2010 has been revised since the previous reporting cycle. NMD data for 2010 and 2011 may be subject to further revisions.

Coherence

This is the second year in which this indicator has been reported. The method should be considered as interim until validation is complete.

Accessibility

The AIHW provide a variety of products that draw upon the NMD and NHMD including online data cubes and reports.

These products may be accessed on the AIHW website:

www.aihw.gov.au/hospitals-data/

www.aihw.gov.au/deaths/.

Interpretability

NHMD

The NHMD data were supplied to the AIHW by state and territory health authorities. The state and territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring, and internal and public reporting. Hospitals may be required to provide data to states and territories through administrative arrangements, contractual requirements or legislation.

The scope of the NHMD is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

States and territories supplied these data to the AIHW under the terms of the *National Health Information Agreement*.

The data quality statement for the AIHW National Hospital Morbidity Database can be found in Appendix 1 of *Australian hospital statistics 2011-12* or at www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129543822

Year specific data quality statements for the National Hospital Morbidity Database 2010-11 and 2011-12 can be found at: meteor.aihw.gov.au/content/index.phtml/itemId/511338 and meteor.aihw.gov.au/content/index.phtml/itemId/529483

NMD

The AIHW NMD contains cause of death information for all deaths registered in Australia. Information is provided to the AIHW by the Registrars of Births, Deaths and Marriages and coded nationally by the Australian Bureau of Statistics (ABS).

The data quality statements for the AIHW National Mortality Database can be found in the following ABS publications:

ABS Quality declaration summary for Causes of death, Australia, 2011 (Cat. no. 3303.0) www.abs.gov.au/Ausstats/abs@.nsf/0/D4A300EE1E04AA43CA2576E800156A24?OpenDocument and

ABS Quality declaration summary for Deaths, Australia, 2011 (Cat. no. 3302.0) www.abs.gov.au/Ausstats/abs@.nsf/0/9FD0E6AAA0BB3388CA25750B000E3CF5?OpenDocument

Data Gaps/Issues Analysis

Key data gaps /issues

The Steering Committee notes the following issues:

- This indicator estimates the incidence of acute coronary events from the National Hospital Morbidity Database (NHMD) and the National Mortality Database (NMD).
- It is an interim indicator while validation work is underway.
- The accuracy of the estimates is reliant on the accuracy and consistency of coding of the principal diagnosis and underlying cause of death in each jurisdiction. It also relies on the accuracy of coding of transfers to another acute hospital and of death in hospital.
- Variations in key variables (particularly in transfer rates in hospitals) across jurisdictions indicate that the method of estimation may lead to an under-estimate of incidence in some jurisdictions and an over-estimate in others. The extent of this cannot be measured until the algorithm is validated. As a result, State and Territory estimates are not presented.
- The estimates shown in Table EA.29 for Indigenous and Other Australians are derived using only data from the five jurisdictions where the quality of identification is considered reasonable in both the NHMD and the NMD (NSW, Qld, WA, SA and NT). The estimates provided in table EA.30, by sex, are derived using data from all jurisdictions.

Prevalence of type 2 diabetes

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Health Agreement (data supplied by ABS) with additional Steering Committee comments.

Indicator definition and description

Indicator	Selected potentially preventable diseases — Prevalence of type 2 diabetes
Measure (computation)	Numerator: Number of persons aged 18 years or over with known diabetes (type 2) or newly diagnosed diabetes as determined by a fasting plasma glucose test. For the supplementary measure: number of persons aged 25 years and over with known diabetes (Type 2) or newly diagnosed diabetes as determined by a fasting plasma glucose test. Denominator: Number of persons aged 18 years and over. For the supplementary measure: number of persons aged 25 years and over.
Data source/s	For the 2014 reporting cycle, the denominator and numerator for this indicator for the general population uses data from the 2011-12 National Health Measures Survey (NHMS) component of the Australian Bureau Statistics (ABS) Australian Health Survey (AHS) (approximately 9500 people aged 18 years or over), which is weighted to benchmarks for the total AHS in-scope population derived from the Estimated Resident Population (ERP). For information on scope and coverage, see the Australian Health Survey: Users' Guide (cat. no. 4363.0.55.001) on the ABS website, www.abs.gov.au. For the 2015 reporting cycle, the denominator and numerator for this indicator for the Aboriginal and Torres Strait Islander population will use data from the National Aboriginal and Torres Strait Islander Health Measures Survey (NATSIHMS) component of the 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS).

Data Quality Framework Dimensions

Institutional environment	The 2011-12 NHMS was collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents. The interview components of the AHS were conducted under the Census and Statistics Act 1905. Ethics approval was sought and gained (for the NHMS component only) from the Australian Government Department of Health and Ageing's Departmental Ethics Committee. For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment on the ABS website, www.abs.gov.au.
Relevance	The 2011-12 NHMS uses a combination of blood test results for fasting plasma glucose and self-reported information on diabetes diagnosis and medication use to measure prevalence of Type 2 diabetes. A respondent to the survey is considered to have known diabetes (type 2) if they had ever been told by a doctor or nurse that they have Type 2 diabetes

and:

- They were taking diabetes medication (either insulin or tablets); **or**
- Their blood test result for fasting plasma glucose was greater than or equal to 7.0 mmol/L.

A respondent to the survey is considered to have newly diagnosed diabetes if they reported no prior diagnosis of diabetes, but had a fasting plasma glucose value greater than or equal to 7.0 mmol/L.

Note: The type of diabetes for newly diagnosed cases cannot be determined from a fasting plasma glucose test alone. However, as it is assumed that the vast majority of newly diagnosed cases would be Type 2, all newly diagnosed cases of diabetes have been included in this measure.

The estimates exclude persons who did not fast for 8 hours or more prior to their blood test. Excludes women with gestational diabetes.

The same definition for diabetes will be used in the NATSIHMS.

Timeliness

The NHMS was conducted for the first time in 2011–13. Results from the 2011-12 NHMS were released in August 2013. Results from the NATSIHMS will be released in 2014.

Accuracy

The AHS was conducted in all States and Territories, excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey. The exclusion of persons usually residing in very remote areas has a small impact on estimates, except for the Northern Territory, where such persons make up approximately 23 per cent of the population. The final response rate for the 'core' component of the AHS was 82 per cent.

All selected persons aged 5 years and over were invited to participate in the voluntary NHMS. Of all of those who took part in the AHS, 38 per cent went on to complete the biomedical component.

Analysis of the sample showed that the characteristics of persons who participated in the NHMS were similar with those for the AHS overall. The only significant difference was for smoking, where the NHMS sample had a lower rate of current smokers than the AHS sample (12.0 per cent compared with 17.6 per cent). For more information, see the Explanatory Notes in *Australian Health Survey: Biomedical Results for Chronic Disease* (Cat. no. 4364.0.55.005).

In order to get an accurate reading for the fasting plasma glucose test, participants were asked to fast for 8 hours before their test. The results presented for this indicator refer only to those people who did fast (approximately 79 per cent of adults who participated in the NHMS). Analysis of the characteristics of people who fasted compared with those who did not fast showed no difference between fasters and non-fasters.

As they are drawn from a sample survey, data for the indicator are subject to sampling error. Sampling error occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the scientific methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE). Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.

	This indicator, and the supplementary indicator, generally have acceptable levels of sampling error for State/Territory by sex breakdown. However, rates by sex for the Northern Territory should be used with caution. Likewise, the RSEs for Remote Australia are both greater than 25 per cent and should be used with caution.
Coherence	The methods used to construct the indicator are consistent and comparable with other collections. The AHS collected a range of other health-related information that can be analysed in conjunction with diabetes status. Other non-ABS collections, such as the 1999–2000 Australian Diabetes, Obesity and Lifestyle Study (AusDiab) and the 2009-10 Victorian Health Monitor (VHM) have reported estimates of diabetes prevalence based on biomedical measures and self-reported diagnosis and medication use . Results from the recent VHM were very similar to those from the NHMS. Results from AusDiab showed higher estimates of diabetes than the NHMS, however this difference is most likely due to the difference in test used to measure diabetes (AusDiab used an Oral Glucose Tolerance test, which is a more comprehensive test for diabetes than fasting plasma glucose). For information on how these studies compare, see *Australian Health Survey: Biomedical Results for Chronic Disease* (cat. no. 4364.0.55.005).
Accessibility	See *Australian Health Survey: Biomedical Results for Chronic Disease* (cat. no. 4364.0.55.005). Other information from this survey is also available on request.
Interpretability	Information to aid interpretation of the data is available from the Australian Health Survey: Users' Guide on the ABS website. Many health-related issues are closely associated with age; therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the States and Territories. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population.

Potentially avoidable deaths

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Health Agreement (data supplied by ABS) with additional Steering Committee comments.

Indicator definition and description

Indicator	Potentially avoidable deaths
Measure (computation)	Numerator: death registrations for 2007–2011 (5 year aggregate), and 2007 to 2011 (single years) provided by state and territory Registrars of Births, Deaths and Marriages which have an ICD-10 code which has been further classified as preventable or treatable as per the NHA Technical Manual. Denominator: Estimated Resident Population, Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, Population Projections, Australia
Data source/s	Numerator – ABS Causes of Death collection (3303.0) Denominator - ABS Estimated Resident Population (3101.0); Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, August 2009 (cat. no. 3238), Series B. For the non-Indigenous population, the projected Indigenous population (3238.0, Series B) is subtracted from the 2006-Census-based Estimated Resident Population.

Data Quality Framework Dimensions

Institutional environment	These collections are conducted under the Census and Statistics Act 1905. For information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, see ABS Institutional Environment.
Relevance	The ABS Causes of Death collection includes all deaths that occurred and were registered in Australia, including deaths of persons whose usual residence is overseas. Deaths of Australian residents that occurred outside Australia may be registered by individual Registrars, but are not included in ABS deaths or causes of death statistics. Data in the Causes of Death collection include demographic items, as well as causes of death information, which is coded according to the International Statistical Classification of Diseases and Related health Problems (ICD). ICD is the international standard classification for epidemiological purposes and is designed to promote international comparability in the collection, processing, classification, and presentation of causes of death statistics. The classification is used to classify diseases and causes of disease or injury as recorded on many types of medical records as well as death records. The ICD has been revised periodically to incorporate changes in the medical field. The 10th revision of ICD (ICD-10) has been used by the ABS to code cause of death since 1997. For further information on the ABS Causes of Death collection, see the relevant Data Quality Statement.
Timeliness	Causes of death data is published on an annual basis. Death records are provided electronically to the ABS by individual Registrars on a monthly basis for compilation into aggregate statistics on a quarterly and annual basis. One dimension of timeliness in death registrations data is the interval

between the occurrence and registration of a death. As a result, a small number of deaths occurring in one year are not registered until the following year or later.

Preliminary ERP data is compiled and published quarterly and is generally made available five to six months after the end of each reference quarter. Every year, the 30 June ERP is further disaggregated by sex and single year of age, and is made available five to six months after the end of the reference quarter. Commencing with data for September quarter 2006, revised estimates are released annually and made available 21 months after the end of the reference period for the previous financial year, once more accurate births, deaths and net overseas migration data becomes available. In the case of births and deaths, the revised data is compiled on a date of occurrence basis. In the case of net overseas migration, final data is based on actual traveller behaviour. Generally ERP data is not changed once it has been finalised unless there are compelling reasons to do so, as in June 2013 when data from September 1991 to June 2006 was revised (for more information on this recasting process, please see the feature article titled Recasting 20 years of ERP in the December quarter 2012 issue of Australian Demographic Statistics (cat. no. 3101.0).

For further information on ABS Estimated Resident Population, see the relevant Data Quality Statement.

Accuracy

Information on causes of death is obtained from a complete enumeration of deaths registered during a specified period and is not subject to sampling error. However, deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.

Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous deaths and mortality should be avoided.

All coroner certified deaths registered after 1 January 2006 are now subject to a revisions process. In this round of COAG reporting, 2007, 2008 and 2009 data is final, 2010 data is revised and 2011 data is preliminary. Data for 2010 and 2011 is subject to further revisions. Prior to 2006 all ABS processing of causes of death data for a particular reference period was finalised approximately 13 months after the end of the reference period. Where insufficient information was available to code a cause of death (e.g. a coroner certified death was yet to be finalised by the Coroner), less specific ICD codes were assigned as required by the ICD coding rules. The revision process enables the use of additional information relating to coroner certified deaths, as it becomes available over time. This results in increased specificity of the assigned ICD-10 codes.

Revisions will only impact on coroner certified deaths, as further information becomes available to the ABS about the causes of these deaths. See Technical Note: Causes of Death Revisions 2009 and 2010 in Causes of Death, Australia, 2011 (cat.no. 3303.0).

In November 2010, the Queensland Registrar of Births, Deaths and Marriages advised the ABS of an outstanding deaths registration initiative

undertaken by the Registry. This initiative resulted in the November 2010 registration of 374 previously unregistered deaths which occurred between 1992 and 2006 (including a few for which a date of death was unknown). Of these, around three-quarters (284) were deaths of Aboriginal and Torres Strait Islander Australians.

The ABS discussed different methods of adjustment of Queensland death registrations data for 2010 with key stakeholders. Following the discussion, a decision was made by the ABS and key stakeholders to use an adjustment method that added together deaths registered in 2010 for usual residents of Queensland which occurred in 2007, 2008, 2009 and 2010. This method minimises the impact on mortality indicators used in various government reports. However, care should still be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010. Please note that there are differences between data output in the Causes of Death, Australia, 2010 publication (cat. no. 3303.0) and 2010 data reported for COAG, as this adjustment was not applied in the publication. For further details see Technical Note: Registration of outstanding deaths, Queensland 2010, from the Deaths, Australia, 2010 publication (cat. no, 3302.0) and Explanatory Note 103 in the Causes of Death, Australia, 2010 publication (cat. no. 3303.0).

Investigation conducted by the WA Registrar of Births, Deaths and Marriages indicated that some deaths of non-Indigenous people were wrongly identified as deaths of Indigenous people in WA for 2007, 2008 and 2009. The ABS discussed this issue with a range of key stakeholders and users of Aboriginal and Torres Strait Islander deaths statistics. Following this discussion, the ABS did not release WA Aboriginal and Torres Strait Islander deaths data for the years 2007, 2008 and 2009 in the 2010 issue of *Deaths, Australia* publication, or in the 2011 COAG data supply. The WA Registry corrected the data and resupplied the corrected data to the ABS. These corrected data were then released by the ABS in spreadsheets attached to *Deaths, Australia, 2010* (cat. no. 3302.0) publication on 24 May 2012, and are included in this round of COAG reporting.

All ERP data sources are subject to non-sampling error. Non-sampling error can arise from inaccuracies in collecting, recording and processing the data. In the case of Census and Post Enumeration Survey (PES) data, every effort is made to minimise reporting error by the careful design of questionnaires, intensive training and supervision of interviewers, and efficient data processing procedures. The ABS does not have control over any non-sampling error associated with births, deaths and migration data. For more information see the *Demography Working Paper 1998/2 - Quarterly birth and death estimates, 1998 (cat. no. 3114.0)*. and Australian Demographic Statistics (cat. no. 3101.0).

Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population projections are based on assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the projected Indigenous population from the total population. For the current round of COAG reporting, in the absence of 2011 Census-based Indigenous population projections, the non-Indigenous population denominator has been calculated by subtracting the 2006 Census-based Indigenous projections (see Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, August 2009, cat. no.

	3238.0) from the 2006 Census-based Estimated Resident Population (3101.0). Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases. Non-Indigenous data from the Causes of Death collection do not include death registrations with a 'not stated' Indigenous status. Some rates are unreliable due to small numbers of deaths over the reference period. Resultant rates could be misleading, for example, where the non-Indigenous mortality rate is higher than the indigenous mortality rate. Age-standardised death rates based on a very low death count have been deemed unpublishable. Some cells have also not been published to prevent back-calculation of these suppressed cells. Caution should be used when interpreting rates for this indicator.
Coherence	The methods used to construct the indicator are consistent and comparable with other collections and with international practice.
Accessibility	Causes of death data are available in a variety of formats on the ABS website under the 3303.0 product family. ERP data is available in a variety of formats on the ABS website under the 3101.0 and 3201.0 product families. Further information on deaths and mortality may be available on request. The ABS observes strict confidentiality protocols as required by the Census and Statistics Act (1905). This may restrict access to data at a very detailed level.
Interpretability	Data for this indicator have been age-standardised, using the direct method, to 'under 75 years' of age. Direct age-standardisation to the 2001 total Australian population was used (see Data Cube: Standard Population for Use in Age-Standardisation Table in Australian Demographic Statistics, Dec 2012 (cat. no. 3101.0)). Age-standardised results provide a measure of relative difference only between populations.

Mortality and life expectancy

Life expectancy

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Health Agreement (data supplied by ABS) with additional Steering Committee comments.

Indicator definition and description

Element	Outcome
Indicator	Mortality and life expectancy — Life expectancy
Measure (computation)	Direct estimation of life tables for Indigenous and non-Indigenous Australians, from which life expectancy at birth is obtained. Age/sex-specific death rates used in the construction of the life tables are calculated as: Numerator: death registrations for 2010–2012 provided by State and Territory Registrars of Births, Deaths and Marriages. For Indigenous Australians, deaths registrations were adjusted using factors obtained from the 2011 Census Data Enhancement Indigenous Mortality Study to account for under-identification of Indigenous deaths. Denominator: 30 June 2011 estimated resident Australian Indigenous and non-Indigenous populations.
Data source/s	*Life Tables, States, Territories and Australia, 2010-2012* (Cat. no. 3302.0.55.001); *Life Tables for Aboriginal and Torres Strait Islander Australians, 2010-2012* (Cat. no. 3302.0.55.003).

Data Quality Framework Dimensions

Institutional environment	For information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment. Death statistics are sourced from death registrations systems administered by the various State and Territory Registrars of Births, Deaths and Marriages. It is a legal requirement of each State and Territory that all deaths are registered. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred. As part of the registration process, information on the cause of death is either supplied by the medical practitioner certifying the death on a Medical Certificate of Cause of Death, or supplied as a result of a coronial investigation.
Relevance	Life tables based on assumed improvements in mortality are produced by the ABS using assumptions on future life expectancy at birth, based on recent trends in life expectancy. These life tables are not published by the ABS, they are used as inputs into ABS population projections. The life tables are current or period life tables, based on death rates for a short period of time during which mortality has remained much the same. Mortality rates for the Australian and state and territory life tables are based on death registrations and estimated resident population for the period 2010–2012. The life tables do not take into account future assumed

improvements in mortality.

Life tables are presented separately for males and females. The life table depicts the mortality experience of a hypothetical group of newborn babies throughout their entire lifetime. It is based on the assumption that this group is subject to the age-specific mortality rates of the reference period. Typically this hypothetical group is 100 000 in size.

Life tables for Indigenous Australians from which life expectancy at birth estimates were sourced were produced to enable the compilation of ABS estimates and projections of the Indigenous population of Australia for the period 2001 to 2026.

Estimates of life expectancy at birth for Indigenous Australians are commonly used as a measure for assessing Indigenous population health and disadvantage.

Timeliness

ABS estimates of all Australian life expectancy at birth are calculated for a 3-year period and published on an annual basis.

ABS estimates of life expectancy for Indigenous Australians are calculated for a 3-year period and reported every 5 years, with 2010–2012 estimates released in November 2013. Comparable 2005-2007 life expectancy estimates for Indigenous Australians were also released in November 2013.

Accuracy

Compilation of life tables requires complete and accurate data on deaths that occur in a period, and reliable estimates of the population exposed to the risk of dying during that period. These data are required by age and sex so as to calculate age-sex specific death rates.

Information on deaths is obtained from a complete enumeration of deaths registered during a specified period and are not subject to sampling error. However, deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.

Sources of non-sample error include:

- completeness of an individual record at a given point in time;
- completeness of the dataset (eg impact of registration lags, processing lags and duplicate records);
- extent of coverage of the population (whilst all deaths are legally required to be registered, some cases may not be registered for an extended time, if at all); and
- lack of consistency in the application of questions or forms used by data providers, both through time and between different jurisdictions.

In November 2010, the Queensland Registry of Births, Deaths and Marriages registered 374 previously unregistered deaths which occurred between 1992 and 2006 (including a few for which a date of death was unknown). The ABS life tables are based on deaths by year of occurrence, and are therefore unaffected by this late registration of deaths.

Every effort is made to minimise error by working closely with data providers, the careful design of forms, training of processing staff, and efficient data processing procedures.

ERP is based on Census counts by place of usual residence, adjusted for net Census undercount and the number of Australian residents temporarily overseas on Census night, and backdated from the Census date to 30 June. For post-censal years, ERP is obtained by adding postcensal births, deaths and migrations to the Census ERP.

In the case of life tables for the Indigenous population, registrations of Indigenous deaths and Indigenous population estimates present particular methodological challenges. For example, there are a number of factors which may contribute to under-identification of Indigenous deaths in death registrations records. In addition, there are quality issues associated with Indigenous population estimates, such as undercount of the Indigenous population in the Census, and non-response to the Indigenous status question on the Census form. Due to the inherent uncertainties in these data, care should be exercised when interpreting Aboriginal and Torres Strait Islander life expectancy estimates.

An improvement has been made to the method of calculating Indigenous life tables at the Australia level for the period 2010-2012 (these data are labelled 'headline estimates for Australia'). The method now takes age-specific identification rates into account when calculating the under-identification adjustment.

Comparable 2005-2007 'headline life expectancy estimates for Australia', specifically factoring in the statistical impact of this methodological refinement and the improved collection of Indigenous status in the Post Enumeration Survey, were also computed for Indigenous Australians.

This method could not be used for state and territory life tables due to insufficient sample from the Post Enumeration Survey to accurately calculate age-specific identification rates. The estimates for New South Wales, Queensland, Western Australia and the Northern Territory were therefore calculated without an age-specific adjustment, and followed the same methodology that was used for the 2005–2007 life tables. Due to the different methodologies, life expectancy estimates for these states and one territory are not comparable with the headline estimates for Australia, which used an age-specific adjustment. Comparable, non age-adjusted Australia level life tables are provided to enable national and state and territory comparisons (labelled 'Australia — for comparison').

Coherence

The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

Due to the improvements made to the method of compiling the 2010-2012 Indigenous life tables at the Australia level, a comparable set of 2005-2007 life tables was released by the ABS in Life Tables for Aboriginal and Torres Strait Islander Australians, 2010-2012 (cat. no. 3302.0.55.003).

Accessibility

ABS life expectancy estimates are published on the ABS website www.abs.gov.au (see *Life Tables, States, Territories and Australia, 2010–2012* (Cat. no. 3302.0.55.001).

Indigenous life expectancy estimates are also published on the ABS website, (see *Life Tables for Aboriginal and Torres Strait Islander Australians, Australia, 2010–2012* (Cat. no. 3302.0.55.003).

Interpretability

Please view Explanatory Notes and Glossary that provide information on the data sources, terminology, classifications and other technical aspects associated with these statistics.

Data Gaps/Issues Analysis

Key data gaps /issues

The Steering Committee notes the following issues:

- A large number of unregistered deaths in Queensland dating back to 1992 were identified and registered in 2010. Care should be taken when interpreting Indigenous death data for Queensland for 2010.
- An improved method for calculating Indigenous life tables at the Australia

level, which takes age-specific Indigenous identification rates into account for calculating under-identification adjustment, was used to provide additional stand-alone Australian total data for both 2010–2012 and 2005–2007. The method could not be applied at state/territory level as robust age-specific identification rates were not available. State and Territory life expectancy estimates for 2010–2012 were produced using a similar methodology to that used for the 2005–2007 estimates.

- Data by Indigenous status are not available for Victoria, SA, Tasmania or the ACT due to the small number of Indigenous deaths reported in these jurisdictions (although data are included in national totals). Further work is required to improve the quality of data by Indigenous status, to enable reporting for all states and territories. However, for some jurisdictions, it may not be possible to derive life expectancy estimates due to the small number of Indigenous deaths.
- Data by Indigenous status are available every five years. The most recent available data are for 2012 and were published in November 2013.
- Data are not available by socioeconomic status (SES). Disaggregation of this indicator by SES is a priority.
- The measure for this indicator is based on a three year average. Multiple year averages may not be able to determine trends over time as each reporting year incorporates the two previous years. Further work is required to determine what level of disaggregation is reliable for single year data.

Mortality rates — Infant and child

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Health Agreement (data supplied by ABS) with additional Steering Committee comments.

Indicator definition and description

Indicator	Mortality rates — Infant and child
Measure (computation)	Numerator: death registrations for the period 2007-2012 (single years) provided by state and territory Registrars of Births, Deaths and Marriages. • Infant: Number of deaths among children aged under 1 year • Child 0-4: Number of deaths among children aged 0 to 4 years • Child 1-4: Number of deaths among children aged 1 to 4 years Denominator: • Infant: Number of live births in the period • Child 0-4: Population aged 0 to 4 years • Child 1-4: Population aged 1 to 4 years
Data source/s	Numerator – ABS Deaths Collection (3302.0) Denominator - ABS Births Collection, ABS Estimated Residential Population (3101.0) Infant: ABS Births Collection (3301.0) Child 0-4: ABS Population Projections (2006 Census based), (3222.0) Child 1-4: ABS Population Projections (2006 Census based), (3222.0) Indigenous: ABS Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians (2006 Census based), (3238.0)

Data Quality Framework Dimensions

Institutional environment	These collections are conducted under the Census and Statistics Act 1905. For information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, see ABS Institutional Environment.
Relevance	Deaths data are published on an annual basis. The ABS Deaths collection includes all deaths that occurred and were registered in Australia, including deaths of persons whose usual residence is overseas. Deaths of Australian residents that occurred outside Australia may be registered by individual Registrars, but are not included in ABS deaths or causes of death statistics. The ABS Births collection includes all births that are live born and have not been previously registered, births to temporary visitors to Australia, births occurring within Australian Territorial waters, births occurring in Australian Antarctic Territories and other external territories, births occurring in transit (i.e. on ships or planes) if registered in the state or territory of "next port of call", births to Australian nationals employed overseas at Australian legations and consular offices and births that occurred in earlier years that

have not been previously registered (late registrations). Births data exclude fetal deaths, adoptions, sex changes, legitimations and corrections, and births to foreign diplomatic staff, and births occurring on Norfolk Island.

For further information on the ABS Deaths and Births collections, see the relevant Data Quality Statements.

Timeliness

Death records are provided electronically to the ABS by individual Registrars on a monthly basis for compilation into aggregate statistics on a quarterly and annual basis. One dimension of timeliness in death registrations data is the interval between the occurrence and registration of a death. As a result, a small number of deaths occurring in one year are not registered until the following year or later.

Births records are provided electronically to the ABS by individual Registrars on a monthly basis for compilation into aggregate statistics on a quarterly and annual basis. One dimension of timeliness in birth registrations data is the interval between the occurrence and registration of a birth. As a result, some births occurring in one year are not registered until the following year or even later. This can be caused by either a delay by the parent(s) in submitting a completed form to the registry, or a delay by the registry in processing the birth (for example, due to follow up activity due to missing information on the form, or resource limitations).

Preliminary ERP data is compiled and published quarterly and is generally made available five to six months after the end of each reference quarter. Every year, the 30 June ERP is further disaggregated by sex and single year of age, and is made available five to six months after end of the reference quarter. Commencing with data for September quarter 2006, revised estimates are released annually and made available 21 months after the end of the reference period for the previous financial year, once more accurate births, deaths and net overseas migration data becomes available. In the case of births and deaths, the revised data is compiled on a date of occurrence basis. In the case of net overseas migration, final data is based on actual traveller behaviour. Final estimates are made available every 5 years after a census and revisions are made to the previous inter-censal period. Generally ERP data is not changed once it has been finalised unless there are compelling reasons to do so, as in June 2013 when data from September 1991 to June 2006 was revised (for more information on this recasting process, please see the feature article titled Recasting 20 years of ERP in the December quarter 2012 issue of Australian Demographic Statistics (cat. no. 3101.0).

For further information on ABS Estimated Resident Population, see the relevant Data Quality Statement.

Accuracy

Information on births and deaths is obtained from a complete enumeration of births and deaths registered during a specified period and are not subject to sampling error. However, births and deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.

Concerns have been raised with the accuracy of the NSW births counts in recent years. In response to these concerns the ABS, in conjunction with the NSW Registry of Births, Deaths and Marriages, has undertaken an investigation which has led to the identification of an ABS systems processing error. The ABS acknowledges that this has resulted in previous undercounts of births in NSW. Data for NSW and Australia have been revised to include previously unprocessed NSW birth registrations for the

period 2005 to 2011.

Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous deaths and mortality should be avoided.

In November 2010, the Queensland Registrar of Births, Deaths and Marriages advised the ABS of an outstanding deaths registration initiative undertaken by the Registry. This initiative resulted in the November 2010 registration of 374 previously unregistered deaths which occurred between 1992 and 2006 (including a few for which a date of death was unknown). Of these, around three-quarters (284) were deaths of Aboriginal and Torres Strait Islander Australians.

The ABS discussed different methods of adjustment of Queensland death registrations data for 2010 with key stakeholders. Following the discussion, a decision was made by the ABS and key stakeholders to use an adjustment method that added together deaths registered in 2010 for usual residents of Queensland which occurred in 2007, 2008, 2009 and 2010. This method minimises the impact on mortality indicators used in various government reports. However, care should still be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010.

Investigation conducted by the WA Registrar of Births, Deaths and Marriages indicated that some deaths of non-Indigenous people were wrongly recorded as deaths of Indigenous people in WA for 2007, 2008 and 2009. The ABS discussed this issue with a range of key stakeholders and users of Aboriginal and Torres Strait Islander deaths statistics. Following this discussion, the ABS did not release WA Aboriginal and Torres Strait Islander deaths data for the years 2007, 2008 and 2009 in the 2010 issue of *Deaths, Australia* publication, or in the 2011 COAG data supply. The WA Registry corrected the data and resupplied the corrected data to the ABS. These corrected data were then released by the ABS in spreadsheets attached to *Deaths, Australia, 2010* (cat. no. 3302.0) publication on 24 May 2012, and are included in this round of COAG reporting.

All ERP data sources are subject to non-sampling error. Non-sampling error can arise from inaccuracies in collecting, recording and processing the data. In the case of Census and Post Enumeration Survey (PES) data every effort is made to minimise reporting error by the careful design of questionnaires, intensive training and supervision of interviewers, and efficient data processing procedures. The ABS does not have control over any non-sampling error associated with births, deaths and migration data. For more information see the *Demography Working Paper 1998/2 - Quarterly birth and death estimates, 1998 (cat. no. 3114.0)* and Australian Demographic Statistics (cat. no. 3101.0).

Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population projections are based on assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by

	subtracting the projected Indigenous population from the total population. For the current round of COAG reporting, in the absence of 2011 Census-based Indigenous population projections, the non-Indigenous population denominator has been calculated by subtracting the 2006 Census-based Indigenous projections (see Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, August 2009, cat. no. 3238.0) from the 2006 Census-based ERP for total population (3101.0). Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases. Non-Indigenous data from the Deaths collection do not include death registrations with a 'not stated' Indigenous status. Some rates are unreliable due to small numbers of deaths over the reference period. Resultant rates could be misleading for example where the non-Indigenous mortality rate is higher than the indigenous mortality rate. All rates in this indicator must be used with caution.
Coherence	The methods used to construct the indicator are consistent and comparable with other collections and with international practice.
Accessibility	Deaths data are available in a variety of formats on the ABS website under the 3302.0 product family. Births data are available in a variety of formats on the ABS website under the 3301.0 product family. ERP data is available in a variety of formats on the ABS website under the 3101.0 product family. Further information on deaths and mortality may be available on request. The ABS observes strict confidentiality protocols as required by the *Census and Statistics Act* (1905). This may restrict access to data at a very detailed level.
Interpretability	Data for this indicator have been presented as crude rates, either per 1,000 live births or 1000 estimated resident population.

Mortality rates by major cause of death

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Health Agreement (data supplied by ABS) with additional Steering Committee comments.

Indicator definition and description

Indicator	Age standardised mortality by major cause of death
Measure (computation)	Numerator: death registrations by major cause of death. Denominator: Estimated Resident Population, Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, Population Projections, Australia
Data source/s	Numerator – ABS Causes of death statistics are sourced from death registrations administered by the various state and territory Registrars of Births, Deaths and Marriages. It is a legal requirement of each state and territory, that all deaths are registered. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred. As part of the registration process, information on the causes of death is either supplied by the medical practitioner certifying the death on a *Medical Certificate of Cause of Death*, or supplied as a result of a coronial investigation. Death records are provided electronically to the ABS by individual Registrars, on a monthly basis. Each death record contains both demographic data and medical information from the *Medical Certificate of Cause of Death*, where available. Information from coronial investigations are provided to the ABS through the National Coroners Information System (NCIS) Denominator - ABS Estimated Resident Population (3101.0); Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, August 2009 (cat. no. 3238), Series B. For the non-Indigenous population, the projected Indigenous population (3238.0, Series B) is subtracted from the 2006-Census-based Estimated Resident Population.

Data Quality Framework Dimensions

Institutional environment	These collections are conducted under the Census and Statistics Act 1905. For information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, see ABS Institutional Environment.
Relevance	The ABS Causes of Death collection includes all deaths that occurred and were registered in Australia, including deaths of persons whose usual residence is overseas. Deaths of Australian residents that occurred outside Australia may be registered by individual Registrars, but are not included in ABS deaths or causes of death statistics. From the 2006 reference year, the scope of the collection is: • all deaths registered in Australia for the reference year and which are received by the ABS by the end of the March quarter of the subsequent

year; and

- deaths registered prior to the reference year but not previously received from the Registrar, nor included in any statistics reported for an earlier period.

For example, records received by the ABS during the March quarter of 2011 which were initially registered in 2010 or prior (but not forwarded to the ABS until 2011) are assigned to the 2010 reference year. Any registrations relating to 2010 which are received by the ABS after the end of the March quarter are assigned to the 2011 reference year.

Data in the Causes of Death collection include demographic items, as well as causes of death information, which is coded according to the International Statistical Classification of Diseases and Related Health Problems (ICD). The ICD is the international standard classification for epidemiological purposes and is designed to promote international comparability in the collection, processing, classification, and presentation of causes of death statistics. The classification is used to classify diseases and causes of disease or injury as recorded on many types of medical records as well as death records The ICD has been revised periodically to incorporate changes in the medical field. The 10th revision of ICD (ICD-10) has been used by the ABS to code cause of death since 1997.

See Causes of Death, Australia, 2011 (cat.no. 3303.0) for further detail on scope and coverage of the collection.

Timeliness

Death records are provided electronically to the ABS by individual Registrars and the National Coroners Information System (NCIS) on a monthly basis, for compilation into aggregate statistics on an annual basis. One dimension of timeliness in causes of death registrations data is the interval between the occurrence and registration of a death. As a result, a small number of deaths occurring in one year are not registered until the following year or later.

Causes of Death data are published annually, following the publication of Deaths, Australia (ABS cat 3302.0) in November of each year.

There is a focus on fitness for purpose when causes of death statistics are released. To meet user requirements for accurate causes of death data, it is necessary to obtain information from other administrative sources before all information for the reference period is available (e.g. information from finalisation of coronial proceedings to code an accurate cause of death). A balance therefore needs to be maintained between accuracy (completeness) of data and timeliness. The ABS provides the data in a timely manner, ensuring that all coding possible can be undertaken with accuracy prior to publication.

In addition, to address the issues which arise through the publication of causes of death data for open coroners' cases, these data are now subject to a revisions process. This process enables the use of additional information relating to coroner certified deaths either 12 or 24 months after initial processing. For further information on the revisions process see Causes of Death, Australia, 2011 (cat.no. 3303.0) Explanatory Notes and Causes of Death Revisions 2009 and 2010 (Technical Note). See also Causes of Death Revisions 2006 (Technical Note) in Causes of Death, Australia, 2010 (cat. No. 3303.0).

Accuracy

Information on causes of death is obtained from a complete enumeration of deaths registered during a specified period, so is not subject to sampling

error. However, causes of death data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data. The most significant of these errors are: mis-reporting of data items; deficiencies in coverage; incomplete records; and processing errors. Every effort is made to minimise non-sample error by working closely with data providers, running quality checks throughout the data processing cycle, training of processing staff, and efficient data processing procedures.

Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous deaths and mortality should be avoided.

Causes of death statistics are released with a view to ensuring that they are fit for purpose when released. Supporting documentation for causes of death statistics are published and should be considered when interpreting the data to enable the user to make informed decisions on the relevance and accuracy of the data for the purpose the user is going to use those statistics. To meet user requirements for timely data it is often necessary to obtain information from the administrative source before all information for the reference period is available (e.g. finalisation of coronial proceedings). A balance needs to be maintained between accuracy (completeness) of data and timeliness, taking account of the different needs of users.

All coroner certified deaths registered after 1 January 2006 are now subject to a revisions process. In this round of COAG reporting, 2007, 2008 and 2009 data is final, 2010 data is revised and 2011 data is preliminary. Data for 2010 and 2011 is subject to further revisions. Prior to 2006 all ABS processing of causes of death data for a particular reference period was finalised approximately 13 months after the end of the reference period. Where insufficient information was available to code a cause of death (e.g. a coroner certified death was yet to be finalised by the Coroner), less specific ICD codes were assigned as required by the ICD coding rules. The revision process enables the use of additional information relating to coroner certified deaths, as it becomes available over time. This results in increased specificity of the assigned ICD-10 codes.

Revisions will only impact on coroner certified deaths, as further information becomes available to the ABS about the causes of these deaths. See Technical Note: Causes of Death Revisions 2009 and 2010 and in Causes of Death, Australia, 2011 (cat.no. 3303.0).

In November 2010, the Queensland Registrar of Births, Deaths and Marriages advised the ABS of an outstanding deaths registration initiative undertaken by the Registry. This initiative resulted in the November 2010 registration of 374 previously unregistered deaths which occurred between 1992 and 2006 (including a few for which a date of death was unknown). Of these, around three-quarters (284) were deaths of Aboriginal and Torres Strait Islander Australians.

The ABS discussed different methods of adjustment of Queensland death

registrations data for 2010 with key stakeholders. Following the discussion, a decision was made by the ABS and key stakeholders to use an adjustment method that added together deaths registered in 2010 for usual residents of Queensland which occurred in 2007, 2008, 2009 and 2010. This method minimises the impact on mortality indicators used in various government reports. However, care should still be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010. Please note that there are differences between data output in the Causes of Death, Australia, 2010 publication (cat. No. 3303.0) and 2010 data reported for COAG, as this adjustment was not applied in the publication. For further details see Technical Note: Registration of outstanding deaths, Queensland 2010, from the Deaths, Australia, 2010 publication (cat. no. 3302.0) and Explanatory Note 103 in the Causes of Death, Australia, 2010 publication (cat. no. 3303.0).

Investigation conducted by the WA Registrar of Births, Deaths and Marriages indicated that some deaths of non-Indigenous people were wrongly recorded as deaths of Indigenous people in WA for 2007, 2008 and 2009. The ABS discussed this issue with a range of key stakeholders and users of Aboriginal and Torres Strait Islander deaths statistics. Following this discussion, the ABS did not release WA Aboriginal and Torres Strait Islander deaths data for the years 2007, 2008 and 2009 in the 2010 issue of *Deaths, Australia* publication, or in the 2011 COAG data supply. The WA Registry corrected the data and resupplied the corrected data to the ABS. These corrected data were then released by the ABS in spreadsheets attached to *Deaths, Australia, 2010* (ABS, 2011) publication on 24 May 2012, and are included in this round of COAG reporting.

Coherence

The international standards and recommendations for the definition and scope of causes of deaths statistic in a vital statistics system are set out in the **Principles and Recommendations for a Vital Statistics System Revision 2,** published by the United Nations Statistical Division (UNSD). Consistent with the UNSD recommendations, the ABS defines a death as the permanent disappearance of all evidence of life at any time after live birth has taken place. In addition, the UNSD recommends that the deaths to be counted include all deaths "occurring in every geographic area and in every population group comprising the national area". For the purposes of Australia, this includes all deaths occurring within Australia as defined by the **Australian Statistical Geography Standard (ASGS)** that applies at the time.

Registration of deaths is compulsory in Australia under relevant state/territory legislation. However, each state/territory Registrar has its own death registration form. Most data items are collected in all states and territories and therefore statistics at a national level are available for most characteristics. In some cases, different wording of questions asked on the registration form may result in different answers, which may affect final figures.

Use of the supporting documentation released with the statistics is important for assessing coherence within the dataset and when comparing the statistics with data from other sources. Changing business rules over time and/or across data sources can affect consistency and hence interpretability of statistical output. The Explanatory Notes in each issue contains information pertinent to this particular release which may impact on comparison over time

Accessibility	Causes of death data are available in a variety of formats on the ABS website under the 3303.0 product family. Further information on deaths and mortality may be available on request. The ABS observes strict confidentiality protocols as required by the **Census and Statistics Act** (1905). This may restrict access to data at a very detailed level.
Interpretability	Information on data sources, terminology, classifications and other technical aspects associated with death statistics can be found in Causes of Death, Australia, (cat.no 3303.0) in the Explanatory Notes, Appendices and Glossary on the ABS website.

Profile of employed health workforce

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Health Agreement (data supplied by ABS) with additional Steering Committee comments.

Indicator definition and description

Indicator	Profile of employed health workforce
Measure (computation)	Full time equivalent employed health practitioners per 1000 population (by age group). Workforce sustainability reports aged profiles for nurse and midwife, medical practitioner, dental practitioner and allied health practitioner workforces. It shows the numbers of each of these registered professions in ten year age brackets, both by jurisdiction and by region.
Data source/s	National Health Workforce Data Set: medical practitioners 2010, 2011 and 2012. National Health Workforce Data Set: nurses and midwives 2011 and 2012.

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator using estimates derived from the National Health Workforce Data Set (NHWDS). The NHWDS is developed through the collaboration of three agencies. The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for the implementation of the National Registration and Accreditation Scheme (NRAS) across Australia, including collecting registration data and administering the workforce surveys. Health Workforce Australia is responsible for the development of the health workforce surveys. The AIHW receives registration and survey data from the AHPRA. The registration and workforce survey data are combined, cleansed and adjusted for non-response to form NHWDS, and the findings reported by profession. AIHW is the data custodian of the NHWDS. These data are used for workforce planning, monitoring and reporting. The AIHW is an independent statutory authority within the Health portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.
Relevance	Medical practitioners, dental practitioners, nurses/midwives and allied health practitioners are required by law to be registered with their relevant national board to practise in Australia. All medical practitioners, dental practitioners, nurses/midwives and nominated allied health practitioners must complete the formal registration renewal form(s) to practise in Australia. This is the compulsory component of the renewal process. The exception is Aboriginal and Torres Strait Islander health practitioners in the allied health workforce; where those who are not required by their employer to use the title 'Aboriginal and Torres Strait Islander health practitioner', 'Aboriginal health practitioner' or 'Torres Strait Islander health practitioner'

are not required to be registered, and can continue to work using their current titles (e.g. 'Aboriginal health worker', 'drug and alcohol worker' and 'mental health worker').

The health workforce surveys for each of these professions is voluntary and only practitioners who renew their registration receive a questionnaire for completion. New registrants will not receive a survey form until they renew their registration the following year, during the registration renewal period. Practitioners with limited registration are due for renewal on the anniversary of their first registration and can thus renew and complete a survey at any time through the year.

National Health Workforce Data Set: medical practitioners 2010, 2011 and 2012

The NHWDS: medical practitioners 2010, 2011 and 2012 contain registration details of all registered medical practitioners in Australia, at 30 September on the annual renewal date. Data were extracted from the AHPRA database at the end of November of the same year. The NHWDS also contains workforce data of respondents whose principal state of practice was not Queensland or Western Australia, obtained from the Medical Workforce Survey 2010. These states were excluded from the survey because not all registrations in these states expired prior to the national registration deadline. In 2011 and 2012, the NHWDS contains workforce data obtained from the Medical Workforce Survey for all states and territories.

National Health Workforce Data Set: dental practitioners 2011 and 2012

The NHWDS: dental practitioners 2011 and 2012 contain registration details of all registered dental practitioners in Australia, at 30 November on the annual renewal date. Data were extracted from the AHPRA database at the end of January the following year. In 2011 and 2012, the NHWDS contains workforce data obtained from the Dental Workforce Survey.

National Health Workforce Data Set: nurses and midwives 2011 and 2012

The NHWDS: nurses and midwives 2011 and 2012 contain registration details of all registered nurses/midwives in Australia at 31 May on the annual renewal date. Data were extracted from the AHPRA database at the end of November of the same year. In 2011 and 2012, the NHWDS contains workforce data obtained from the Nursing and Midwifery Workforce Survey.

National Health Workforce Data Set: allied health practitioners 2011 and 2012.

The NHWDS: allied health practitioners 2011 and 2012 contain registration details of all registered allied health practitioners in Australia, at 30 November on the annual renewal date. Data were extracted from the AHPRA database at the end of January the following year. The NHWDS also contains workforce data obtained from each profession-specific health workforce survey.

Indicator data for allied health practitioners are not comparable between 2011 and 2012 due to four additional professions joining the NRAS in 2012. For 2011, data was collected for seven professions: chiropractors, optometrists, osteopaths, pharmacists, physiotherapists, psychologists and podiatrists. For 2012, in addition to the seven in 2011, data was collected

for Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, medical radiation practitioners and occupational therapists.

Due to transitional arrangements with the migration of data from state and territory-based systems to NRAS, in 2012, many medical radiation practitioners in Queensland, Western Australia and Tasmania were not required to renew their registrations and, as a result did not complete a workforce survey. As a consequence, data for Queensland, Western Australia and Tasmania for this profession are excluded from the indicator data for allied health practitioners.

For the same reason, occupational therapists in Queensland, Western Australia and South Australia are excluded from the indicator data for allied health practitioners in 2012.

Timeliness

National Health Workforce Data Set:

The NHWDS for each of the registered professions will be produced annually during the national registration renewal process. Each profession will also be administered a Workforce Survey as part of the registration renewal process.

—*Medical practitioners 2010, 2011 and 2012*

The NHWDS: medical practitioners is produced annually from information collected by the national registration renewal process, conducted between 1 July and 30 September each year, including the collection of the Medical Workforce Survey. The period for the 2010 renewal process was extended to the end of January 2011. Despite this extension, there were still Queensland and Western Australia registrants with expiry dates after January. Therefore data from these states were not included in the 2010 data set.

—*Nurses and midwives 2011 and 2012*

The NHWDS: nurses and midwives is produced annually from information collected by the national registration renewal process, conducted between 1 April and 31 May each year, including the collection of the Nursing and Midwifery Workforce Survey. The period for the 2011 renewal process was extended to the end of June 2011 for Queensland and end of December 2011 for Western Australia registrants.

Accuracy

Data manipulation and estimation processes

The registration and workforce survey data for each health profession are combined, cleansed and adjusted for non-response to form the National Health Workforce Data Set (NHWDS). The cleaning and editing procedures included range and logic checks, clerical scrutiny at unit record level, and validation of unit record and aggregate data.

The data have undergone imputation for item non response and are weighted to the total number of registered practitioners to adjust for population non response. It should be noted that both of these kinds of non-response is likely to introduce some bias in the estimates and any bias is likely to become more pronounced when response rates are low or when estimates are based on a small number of records. Care should be taken when drawing conclusions about the size of the differences between estimates.

As a result of the estimation method to adjust for non-response, numbers of medical practitioners, dental practitioners, nurses/midwives or allied health practitioners may have been in fractions, but have been rounded to whole numbers for this indicator. The full-time equivalent (FTE) rate calculations are based on rounded numbers.

Registration data from the National Registration and Accreditation Scheme (NRAS)

Registration details were migrated from the respective state and territory professional board (or council) for practitioners with registrations expiring after the official AHPRA closing date for their profession.

Some data items previously collected by the AIHW Labour Force Surveys are now collected by the NRAS. However, some data quality issues due to migrated data items from the respective state and territory health profession boards may have affected the weighting method.

Medical practitioners, dental practitioners, nurses/midwives and allied health practitioners who reside overseas have been included with practitioners whose state or territory of principal practice and state or territory of main job, respectively, could not be determined.

Health Workforce Survey

The online survey questionnaire does not include electronic sequencing of questions to automatically guide the respondent to the next appropriate question based on previous responses to questions. This resulted in a number of inconsistent responses.

The order of the response categories for some questions may have also impacted on the accuracy of the information captured. In addition, there was variation in some responses between the online and paper surveys.

NHWDS data by profession

The following should be noted when comparing state and territory indicator data:

- The data include employed professionals who did not state or adequately describe their state of principal practice and employed professionals who reside overseas. The national estimates include this group.

National Health Workforce Data Set: medical practitioners 2010, 2011 and 2012

- The overall response rate for 2010 (excluding Queensland and Western Australia) was 76.6 per cent.
- The overall response rate for 2011 was 85.3 per cent.
- The overall response rate for 2012 was 90.1 per cent.

National Health Workforce Data Set: nurses and midwives 2011 and 2012

- The overall response rate for 2011 was 85.1 per cent.

The overall response rate for 2012 was 93.3 per cent.

Coherence

Health Workforce Survey—coherence with previous surveys

Labour force data published by the AIHW before the NRAS was established in July 2010, were the result of collated jurisdiction-level occupation-specific surveys. The current Health Workforce Survey gathers similar information from each professional group through a separate questionnaire, tailored slightly to take account of profession-specific responses to certain questions, e.g. work setting of main job.

For this indicator, the workforce surveys for medical practitioners, dental practitioners, nurses/midwives and allied health practitioners collect similar data items, but the methodology differs from previous years. The AHPRA is now the single source of registered practitioner data instead of eight state and territories bodies for each profession, and there is greater consistency between jurisdictions and years in the scope of registration information.

The scope and coverage of the Health Workforce Survey is also different from that of the previous series of AIHW Labour Force Surveys as not all jurisdictions surveyed all types of registered health practitioners.

If the location of principal practice recorded in the registration data was different from the corresponding details of their main job self-reported by practitioners in the survey, the location was derived hierarchically based on main job information and then on principal practice location then place of residence.

Date of birth is one of many data items previously collected by the AIHW Labour Force Surveys, which is now collected by the NRAS.

The three employment-related questions in the new survey are now nationally consistent, but vary from the previous AIHW Labour Force Survey. Due to the differences in data collection (including survey design and questionnaire), processing and estimation methods, it is recommended that comparisons between workforce data from the NHWDS and the previous AIHW Labour Force Survey be made with caution.

AIHW Published Numbers

For this indicator, the rates are based on practitioners employed in the medical, allied health and nursing and midwifery workforces, which is consistent with data published in AIHW's workforce reports. Except dental practitioner data are restricted to persons employed in the public sector and are thus not comparable to figures published elsewhere by the AIHW.

Registration data from the NRAS—coherence with published AHPRA/Board data

The NHWDS comprises the registration data extracted at a point in time from the NRAS, while the AHPRA/Board numbers include people registered in the previous 12 months, thereby including registrants whose registration terminated during that period (including short term registrants).

For 2011, the only source of published statistics about registered health professionals is the 2010–11 AHPRA annual report. From March 2012, each Board publishes the data on a quarterly basis.

Medical practitioners in 2010, 2011 and 2012.

The NHWDS numbers of registered medical practitioners for 2010 and 2011 are similar to data reported in the 2010–11 AHPRA annual report. For 2010, there were 84,516 registered practitioners for 2010, compared with 88,293 registered practitioners at 30 June 2011 in the AHPRA annual report.

For 2011, there were 87,790 registered medical practitioners in the NHWDS. Furthermore, the Medical Board of Australia in their quarterly data tables reported 91,354 for March 2012 and 91,645 for June 2012.

For 2012, there were 91,504 registered medical practitioners in the NHWDS, compared with 91,745 reported at December 2012 in the AHPRA quarterly data tables.

Nurses/midwives in 2011 and 2012

The NHWDS number of registered nurses and midwives for 2011 is similar to data reported in the 2010–11 AHPRA annual report, with 330,680 registered nurses and midwives in the NHWDS, compared with 332,185 registered nurses and midwives at 30 June 2011 in the AHPRA annual report. The Nursing and Midwifery Board of Australia in their quarterly data

tables reported 341,189 for March 2012.

For 2012, there were 334,078 registered nurses and midwives in the NHWDS, compared with 343,703 reported at June 2012 in the 2011–12 AHPRA annual report.

Accessibility Published products available on the AIHW website include workforce reports, survey questionnaires, user guides to the data sets and supplementary detailed tables.

Interpretability Explanatory information for the Medical Workforce Survey, Dental Workforce Survey and the Nursing and Midwifery Workforce Survey is contained in the published reports, supplementary detailed tables and data quality statements to the data set for each. For individual allied health professions, information about their workforce surveys is available in the *Allied health workforce 2012* report and data quality statement. This includes collection method, scope and coverage, survey response, imputation and weighting procedures, and assessment of data quality (including comparison with other data sources).

These are available via the AIHW website and readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator.

Data Gaps/Issues Analysis

Key data gaps /issues The Steering Committee notes the following issues:

- The rates have been calculated per 100,000 population for this indicator to assist with interpretation.
- Due to the differences in data collection, processing and estimation methods, including survey design and questionnaire, it is recommended that comparisons between workforce data from the National Health Workforce Data Set (NHWDS) and the previous Australian Institute of Health and Welfare (AIHW) Labour Force Survey be made with caution.
- Results for the indicator are estimates because the survey data have undergone imputation and weighting to adjust for non-response. It should be noted that any of these adjustments may have introduced some bias in the estimates and any bias is likely to become more pronounced when response rates are low or when estimates are based on a small number of survey records. Care should be taken when drawing conclusions about the size of the differences between estimates.
- The 2011 and 2012 allied health workforce indicator data exclude provisional registrants.
- The 2012 dental, medical and nursing and midwifery workforce indicator data exclude provisional registrants.
- Data have been revised since the publication of *Medical workforce 2010*, *Medical workforce 2011* and *Nursing and midwifery workforce 2011*, so these data will not match data previously published.
- The 2011 data for osteopaths in the allied health workforce has been revised since the publication of *Allied health workforce 2012*, so the data will not match data previously published.