E Health sector overview

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Attachment tables

Attachment tables are identified in references throughout this sector overview by a '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 on the website (www.pc.gov.au/rogs/2016).

E.1 Introduction

This sector overview provides an introduction to the Health section of this Report, comprising primary and community health (chapter 10), public hospitals (chapter 11) and mental health management (chapter 12). It provides an overview of the health sector, presenting both contextual information and high level performance information.

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.

All abbreviations used in this Report are available in a complete list in volume A: Approach to performance reporting.

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 and public health 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 Aboriginal and Torres Strait Islander-specific primary health guided by the National Aboriginal and Torres Strait Islander Health Plan and Implementation Plan 2013–2023, 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 (DVA)
- 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 for Aboriginal and Torres Strait Islander Australians), such as:

- community health services
- mental health services
- 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)
- 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 primary and community health services (chapter 10), public hospitals (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 and ambulance services').

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 other than general practitioners (GPs).

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.

Funding

Total recurrent and capital expenditure on health care services in Australia was estimated to be \$154.6 billion in 2013-14 (figure E.1). This total was estimated to account for 9.8 per cent of gross domestic product (GDP) in 2013-14, an increase of 1.0 percentage points from the 8.8 per cent of GDP in 2004-05 (AIHW 2015a). Between 2004-05 and

2013-14, the average annual rate of growth in real expenditure was 4.2 per cent for the Australian Government, 5.3 per cent for State, Territory and local governments, and 5.3 per cent for non-government sources (table EA.1).

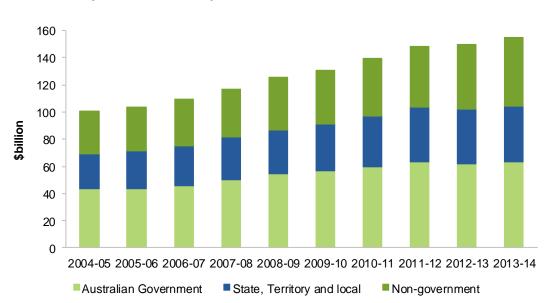


Figure E.1 Total health expenditure, by source of funds (2013-14 dollars)^a

Source: AIHW (Australian Institute of Health and Welfare) (2015) Health Expenditure Australia 2013-14, Health and Welfare Expenditure Series no. 54, Cat. no. HWE 63; table EA.1.

In 2013-14, the combined total health expenditure of the Australian, State and Territory and local governments was \$104.6 billion, representing 67.6 per cent of total health expenditure within Australia (table EA.1). The Australian Government accounted for the largest proportion of health care expenditure — \$63.5 billion or 41.0 per cent. State and Territory, and local governments contributed \$41.1 billion or 26.6 per cent. The remainder was paid by individuals, health insurance funds, workers compensation and compulsory motor vehicle third party insurance providers (tables EA.1–EA.7).

Nationally from 2004-05 to 2013-14:

- total real recurrent health expenditure per person increased from \$4788 to \$6248
- government real recurrent health expenditure per person increased from \$3361 to \$4284
- non-government real recurrent expenditure per person increased from \$1427 to \$1964 (figure E.2 and tables EA.5-EA.6).

^a See table EA.1 for detailed footnotes and caveats.

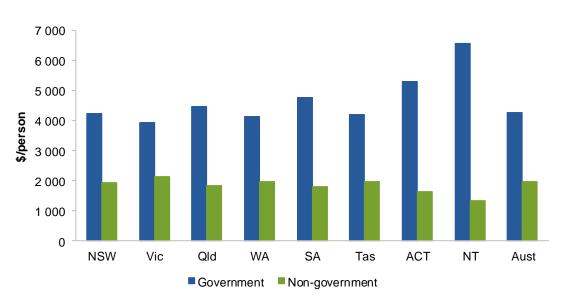


Figure E.2 Recurrent health expenditure per person, by source of funds, 2013-14^a

Source: AIHW (2015) Health Expenditure Australia 2013-14, Health and Welfare Expenditure Series no. 54, Cat. no. HWE 63; table EA.6.

Factors affecting demand for services

Demand for health services is affected by health status, which is in turn affected by 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.

People who experience social and economic disadvantage have a relatively high risk of negative health outcomes. They are more likely to report their health as fair or poor, to have high rates of health risk factors and to have shorter lives (AIHW 2014a). They also suffer a greater burden-of-disease than do those not experiencing disadvantage (Begg et al. 2007).

Geographic location can affect health status and access to health services. People living in rural and remote areas tend to have higher levels of disease risk factors and poorer health status than those living in major cities (AIHW 2014a). Nationally, 2.3 per cent of the population lived in remote and very remote areas in 2014 (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 42.7 per cent — 20.4 per cent in remote and 22.4 per cent in very remote areas (table 2A.12).

a See table EA.6 for detailed footnotes and caveats.

Indigenous status

Aboriginal and Torres Strait Islander people are more likely than are other Australians to experience poor health, to die at younger ages and to experience disability (AIHW 2014a; tables EA.51 and EA.53). A recent study found socioeconomic disadvantage to be the leading health risk for Aboriginal and Torres Strait Islander Australians in the NT, accounting for 42 to 54 per cent of the life expectancy gap between Aboriginal and Torres Strait Islander and other Australians (Zhao et al. 2013).

Aboriginal and Torres Strait Islander people have low employment and income levels when compared to other Australians (see chapter 2, tables 2A.32–2A.34 and 2A.39–2A.46). Aboriginal and Torres Strait Islander 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, 2014a; Zhao et al. 2013). Aboriginal and Torres Strait Islander Australians are more likely to live in inadequate and overcrowded housing (SCRGSP 2014) and in remote areas with more limited access to health services. In 2006, 51 992 Aboriginal and Torres Strait Islander Australians were living in discrete Aboriginal and Torres Strait Islander communities that were 100 kilometres or more from the nearest hospital (ABS 2007).

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 nationally agreed objectives of the health system.

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 Aboriginal and Torres Strait Islander Australians
- · Australians have a sustainable health system.

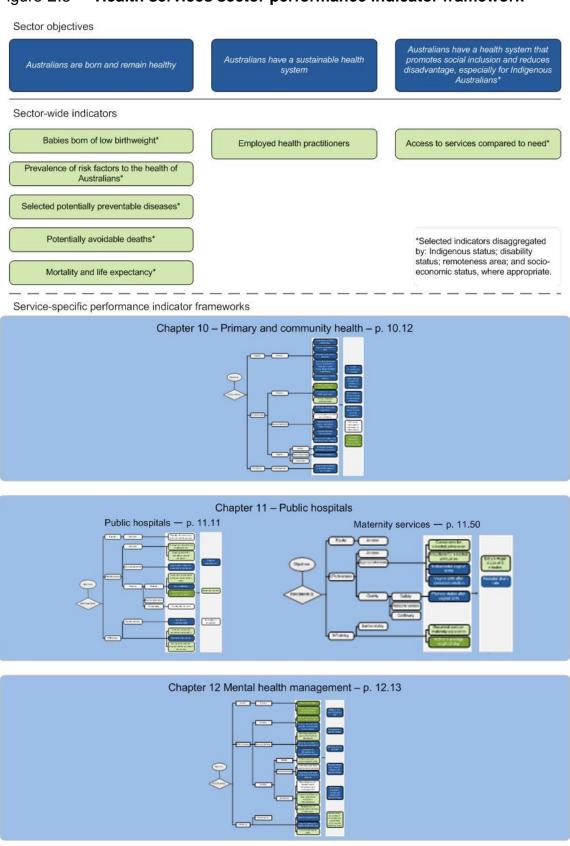
E.2 Sector performance indicator framework

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

- Sector objectives three sector objectives are a précis of the key objectives of the health system (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



E.8

Sector-wide performance indicators

This section includes high level indicators of health outcomes. While many factors affect outcomes — not solely the performance of government services — outcomes inform the development of appropriate policies and delivery of government services.

Data Quality Information (DQI) is included where available for performance indicators in this Report. The purpose of DQI is to provide structured and consistent information about quality aspects of data used to report on performance indicators, in addition to material in the chapter or sector overview and attachment tables. All DQI for the 2016 Report can be found at www.pc.gov.au/rogs/2016.

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). Birthweight is a key indicator of infant health and a principal determinant of a baby's chance of prospective survival, good health, development and wellbeing (AIHW NPESU and AIHW 2013). Low birth weight babies have a greater risk of poor health and dying and are more likely to develop chronic diseases later in life (AIHW 2014b).

Box E.2 Low birth weight of babies

'Low birth weight babies' is defined as the proportion of live singleton babies of low birth weight. 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 (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. 2013).

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 2013 data are available for all jurisdictions.

Data quality Information for this indicator is at www.pc.gov.au/rogs/2016.

In 2013, 4.8 per cent of liveborn singleton babies in Australia were of low birth weight (table EA.8). Of all liveborn babies, 1.0 per cent were of very low birth weight (table EA.11). The average birth weight for all live births was 3355 grams in 2013 (table EA.11).

Nationally, rates of live born singleton low birth weight babies increased with remoteness, ranging from 4.7 per cent in major cities to 5.2 per cent in outer regional areas, and 9.5 per cent in very remote areas in 2013 (table EA.13). Rates of live born singleton low birth weight babies in 2013 also increased with relative disadvantage as measured by the Socio Economic Indexes for Areas (SEIFA), ranging from 3.8 per cent for areas in decile 10 — the areas of least relative disadvantage — to 6.7 per cent in decile 1, the areas of greatest relative disadvantage (table EA.13).

Nationally, the average birth weight for liveborn babies of Aboriginal and Torres Strait Islander mothers was 3200 grams in 2013 (table EA.12). Among liveborn singleton babies born to Aboriginal and Torres Strait Islander mothers in the period 2011–2013, the proportion with low birth weight was more than twice that for babies born to non-Indigenous mothers (figure E.4).

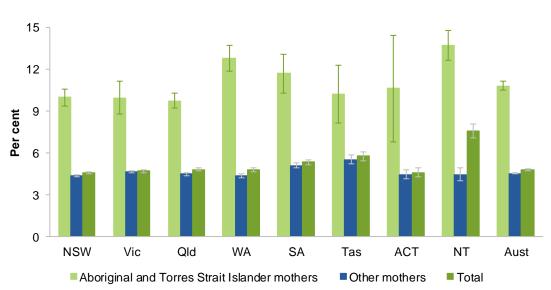


Figure E.4 Proportion of live-born singleton babies of low birth weight, by maternal Indigenous status, 2011–2013^a

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).

Behaviours that increase the risk of poor health outcomes include lack of exercise, smoking, excessive alcohol consumption, excessive sun exposure and unhealthy dietary habits (AIHW 2014a). Lower risk factor prevalence is associated with improved health outcomes and a reduced burden on the health sector.

^a See box E.2 and table EA.10 for detailed definitions, footnotes and caveats. Source: AIHW (unpublished) National Perinatal Data Collection; table EA.10.

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 proportion of the population with a Body Mass Index (BMI) in the categories of either overweight or obese. BMI is calculated as weight (kg) divided by the square of height (m). BMI values are grouped according to World Health Organization (WHO) and National Health and Medical Research Council (NHMRC) guidelines.

Among adults (defined as people aged 18 years or over), a BMI of 25 to less than 30 is considered overweight and a BMI of 30 or 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 the proportion of people aged 18 years or over who smoke tobacco every day.
- Risk of alcohol related harm over a lifetime the proportion of people aged 18 years or over assessed as having an alcohol consumption pattern that puts them at risk of long-term alcohol related harm.

'Lifetime risk of alcohol related harm' is defined according to the 2009 NHMRC 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 2011–13 data are available for all jurisdictions.

The total and non-Indigenous components of the Australian Health Survey (AHS) 2011–2013 did not include people living in discrete Aboriginal and Torres Strait Islander communities, which affects the comparability of the NT results.

Data quality Information for this indicator is at www.pc.gov.au/rogs/2016.

Prevalence of overweight and obesity

Being overweight or obese increases the risk of an individual developing conditions such as 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.14).

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.15). The percentage of people who were overweight or obese increased from 2007-08 in all areas of Australia (table EA.15).

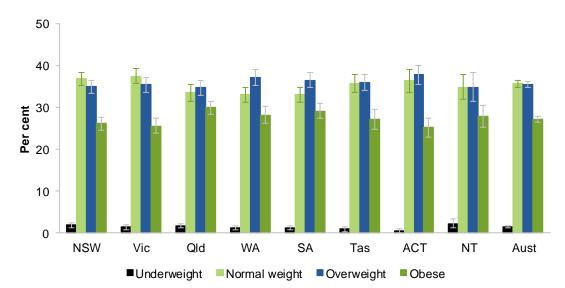


Figure E.5 **Proportion of adults in BMI categories, 2011-12**^a

Source: ABS (Australian Bureau of Statistics) (unpublished) AHS 2011-13 (2011-12 Core component) Cat. no. 4364.0; table EA.14.

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.17).

Nationally, the rate of overweight and obesity was higher for Aboriginal and Torres Strait Islander adults (72.4 per cent) than for other adults (62.6 per cent) in 2011–13 (table EA.18). Data for the rate of overweight and obesity for children by Indigenous status are reported in table EA.20.

Rates of current daily smokers

Smoking is an important risk factor for heart disease, stroke and lung cancer (the three leading causes of death in Australia in 2011) (ABS 2014b). The proportion of adult daily smokers aged 18 years or 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.21).

Nationally, people from more disadvantaged socioeconomic backgrounds had a higher propensity to smoke (age standardised). In 2011-12, 24.3 per cent of adults living in areas from the first quintile of SEIFA — the areas of greatest relative

a See box E.3 and table EA.14 for detailed definitions, footnotes and caveats.

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.22).

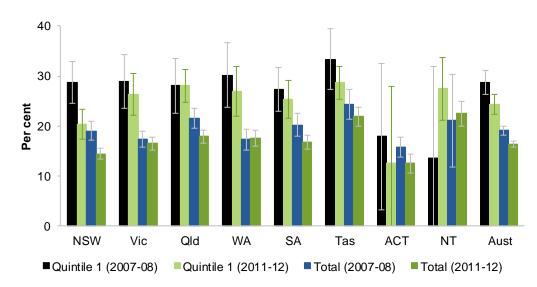


Figure E.6 Proportion of adults who are daily smokers^a

Adults from more remote locations also had a higher propensity to smoke (age standardised) as did Aboriginal and Torres Strait Islander Australians. 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 14.7 per cent in major cities (table EA.21). Nationally, Aboriginal and Torres Strait Islander Australians had higher age-standardised rates of daily smoking (42.0 per cent) than other Australians (16.0 per cent) in 2011–13 (table EA.23).

Levels of risky alcohol consumption

Excessive long-term alcohol consumption increases the risk of heart disease, diabetes, liver cirrhosis and some types of cancers (NHMRC 2009). 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).

Across Australia in 2011-12, 19.4 per cent of adults were at risk of long-term alcohol-related harm (although age standardised rates varied among jurisdictions (table EA.24)), and the proportion gradually increased as remoteness of residence increased (figure E.7). There was no statistically significant difference between

^a See box E.3 and table EA.22 for detailed definitions, footnotes and caveats. Source: ABS (unpublished) AHS 2011-13 (2011-12 Core component), Cat. no. 4364.0; ABS (unpublished) National Health Survey 2007-08, Cat. no. 4364.0; table EA.22.

socioeconomic categories in the proportion of Australians at risk of alcohol related harm over a lifetime (table EA.25).

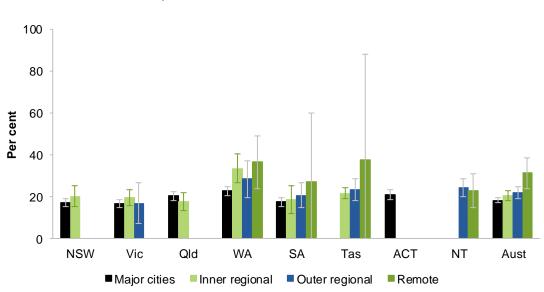


Figure E.7 Adults at risk of alcohol-related harm over a lifetime, by remoteness, 2011-12^{a, b}

Source: ABS (unpublished) AHS 2011-13 (2011-12 NHS (National Health Survey) component); ABS (unpublished) National Health Survey 2007-08; table EA.24.

Nationally, the age standardised proportion of adults at risk of alcohol related harm over a lifetime was similar for Aboriginal and Torres Strait Islander Australians (19.2 per cent) and other Australians (19.5 per cent) in 2011–13, although results varied across jurisdictions (table EA.26).

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.

^a See box E.3 and table EA.24 for detailed definitions, footnotes and caveats. ^b There are no major cities in Tasmania, no outer regional or remote areas in the ACT and no major cities or inner regional areas in the NT.

Box E.4 Selected potentially preventable diseases

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

Incidence of selected cancers — incidence of selected cancers of public health importance, expressed as an age standardised rate.

For melanoma, lung and bowel cancer, the measure is defined as the number of new cases in the reported year. For breast and cervical cancer in females, the measure is defined as the number of new cases in women in the reported year

Data reported for this measure are:

- comparable (subject to caveats) across jurisdictions and over time except for NSW and the ACT, for which data for 2011 are estimated
- incomplete for the current reporting period. Data for 2012 are not available for NSW or the ACT.
- Incidence of heart attacks (acute coronary events) 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 an age standardised rate.

Data reported for this measure are:

- comparable (subject to caveats) over time at the national level but are not comparable across jurisdictions
- complete for the current reporting period. All required 2013 data are reported for all jurisdictions.
- Prevalence of type 2 diabetes the proportion of people aged 18 years or over recorded as having Type 2 diabetes, expressed as an age standardised rate.

Data reported for this measure are:

- comparable across jurisdictions (subject to caveats) but are not comparable over time
- complete for the current reporting period (subject to caveats). All required 2011–13 data are reported for all jurisdictions.

A low or decreasing rate is desirable for each of the three measures.

Measures of both incidence and prevalence are reported for this indicator. 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/rogs/2016.

Incidence of selected cancers

Nationally, the age standardised rate of lung cancer was 43.2 new cases per 100 000 people in 2012. Bowel cancer, which has been linked to diet, occurred at a rate of 57.5 new cases per 100 000 people in 2012 (table EA.28). Other cancers such as melanoma are also largely preventable. The incidence of these cancers for 2012, along with breast and cervical cancer, is presented in figure E.8. Tables EA.29–EA.31 report the incidence of the selected cancers by remoteness, SEIFA IRSD quintiles and Indigenous status.

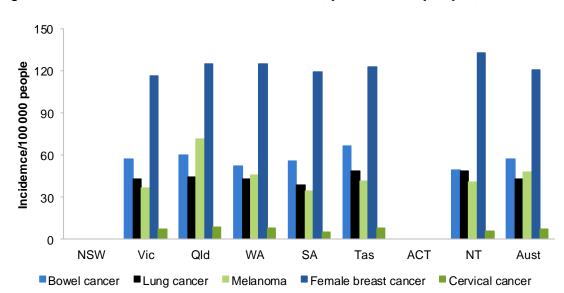


Figure E.8 Incidence of selected cancers, per 100 000 people, 2012a, b

Source: AIHW (unpublished) Australian Cancer Database 2012; ABS (2015) Australian Demographic Statistics, Cat. no. 3101.0; table EA.28.

Data for five-year relative survival proportions for people diagnosed with cancer at the national level are presented in tables EA.47–EA.49.

Incidence of heart attacks (acute coronary events)

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 2013a). Nationally, the rate of heart attacks (acute coronary events) was 378.5 new cases per 100 000 people in 2013 (table EA.32). The incidence of heart attacks (acute coronary events) was more than twice as high for Aboriginal and Torres Strait Islander people as for other Australians (table EA.33). Data for states and territories are reported in tables EA.34-EA.41.

Prevalence of type 2 diabetes

People with diabetes are at high risk of serious complications such as cardiovascular, eye and kidney disease. Type 2 diabetes is more common in people who do insufficient physical activity and are overweight or obese, and is largely preventable. Type 2 diabetes accounts for 85-90 per cent of all cases of diabetes (AIHW 2013a). For this reason, data include all newly diagnosed diabetes cases.

^a See box E.4 and table EA.28 for detailed definitions, footnotes and caveats. ^b Data are not available for NSW and the ACT.

Nationally, an estimated 4.3 per cent of people aged 18 years or over had type 2 diabetes in 2011-12 (table EA.42). The prevalence of type 2 diabetes among Aboriginal and Torres Strait Islander adults was around three times higher than for other Australians in the period 2011–13 (tables EA.43-EA.44).

Potentially avoidable deaths

'Potentially avoidable deaths' is an indicator of governments' objective that Australians are born and remain healthy (box E.5).

Box E.5 Potentially avoidable deaths

'Potentially avoidable deaths' is defined as deaths that are potentially avoidable in the context of the present health system. These include deaths from conditions that are potentially preventable through individualised care and/or treatable through existing primary or hospital

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 affect potentially avoidable death rates — the health system is in some cases not a factor. For example, while the response of the health system may prevent death following a traffic accident, it is not a factor when a traffic accident causes immediate death.

Data reported for this indicator are:

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

Data quality information for this indicator is at www.pc.gov.au/rogs/2016.

Nationally, there were 106.9 avoidable deaths per 100 000 people in 2013 (table EA.45). The rate of avoidable deaths for Aboriginal and Torres Strait Islander people was more than three times the rate for other Australians (figure E.9 and table EA.46).

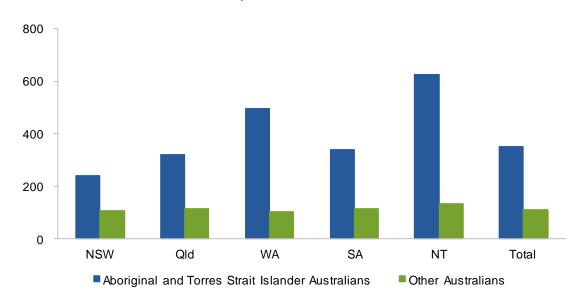


Figure E.9 Age standardised mortality rates for potentially avoidable deaths, under 75 years, 2009-2013a, b

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 2013b). 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.

^a See box E.5 and table EA.46 for detailed definitions, footnotes and caveats. ^b Data are not available for Victoria, Tasmania or the ACT due to the small number of Aboriginal and Torres Strait Islander deaths. Source: ABS (unpublished) Causes of Deaths, Australia, 2013; ABS (unpublished) Estimated Resident Population; ABS (2014) Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026, Cat. no. 3238.0; table EA.46.

Box E.6 The mortality and life expectancy of Australians

'The mortality and life expectancy of Australians' is defined by the following three 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.
- 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 and below that age.
- Mortality rates the number of registered deaths compared to the total population. 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 registered in a calendar year per 1000 live births registered in the same year (infant mortality rate) and the number of deaths of children under five years in a calendar year per 100 000 children (child mortality rate)
 - mortality rates by major cause of death age standardised mortality per 1000 people, by cause of death.

A high or increasing life expectancy and median age at death are desirable. 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. 2012-2014 data for life expectancy, 2014 data for median age at death, 2014 data for mortality rates and 2013 data for cause of death are available for all jurisdictions.

Data quality Information for this indicator is at www.pc.gov.au/rogs/2016.

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 2013b). It has risen steadily in each decade since, reaching 80.3 years for males and 84.4 years for females in 2012–2014 (figure E.10).



Figure E.10 All Australians average life expectancy at birth, 2012–2014^a

The life expectancies of Aboriginal and Torres Strait Islander Australians are considerably lower than those of other Australians. ABS estimates are available every 5 years. These indicate a life expectancy at birth of 69.1 years for Aboriginal and Torres Strait Islander males and 73.7 years for Aboriginal and Torres Strait Islander 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.51).

Median age at death

The median age at death in 2014 was 78.7 years for Australian males and 84.9 years for Australian females (table EA.52).

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

Nationally, counting only the jurisdictions for which data were available for Aboriginal and Torres Strait Islander Australians, the median age at death for Aboriginal and Torres Strait Islander Australians in 2014 was 55.4 years for males and 61.5 years for females (figure E.11 and table EA.53).

^a See box E.6 and table EA.50 for detailed definitions, footnotes and caveats.

Source: ABS (2015) Life Tables, Australia, States and Territories, 2012-2014, Cat. no. 3302.0.55.001; table EA.50.

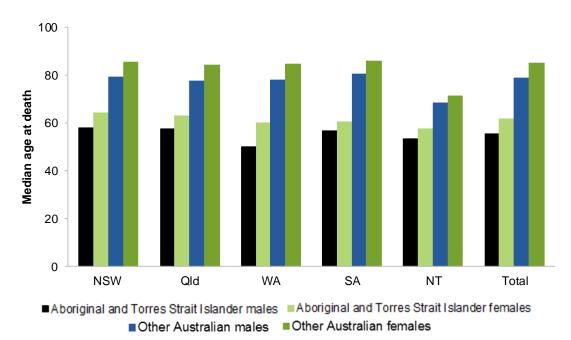


Figure E.11 Median age at death, by sex and Indigenous status, 2014a, b

Mortality rates

The national age standardised mortality rate, measured in deaths per 100 000 people, was 545.0 in 2014 — an increase from 540.0 in 2013 but a decrease from 572.5 in 2010 (figure E.12).

a See box E.6 and table EA.53 for detailed definitions, footnotes and caveats. b Data are not available for Victoria, Tasmania or the ACT due to the small number of Aboriginal and Torres Strait Islander deaths. Source: ABS (2015) Deaths, Australia, 2014, Cat. no. 3302.0; table EA.53.

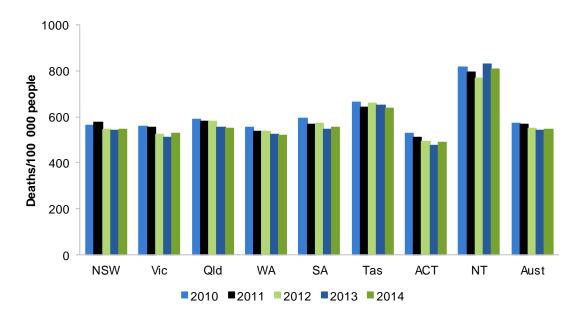


Figure E.12 Mortality rates, age standardised^a

^a See box E.6 and table EA.54 for detailed definitions, footnotes and caveats. Source: ABS (2015) Deaths, Australia, 2014, Cat. no. 3302.0; table EA.54.

Mortality rates — Infant and child

The annual infant mortality rate in Australia declined from an average of 4.9 deaths per 1000 live births in 2005 to 3.4 deaths per 1000 live births in 2014 (table EA.57).

The Australian infant and child combined mortality rate was 82.5 deaths per 100 000 population in 2012–2014 (children aged 0–4 years). Of the total deaths for this age group, 84.0 per cent were infant deaths (table EA.59).

Mortality rates — Aboriginal and Torres Strait Islander Australians

Data for Aboriginal and Torres Strait Islander mortality are collected through State and Territory death registrations. The completeness of identification of Aboriginal and Torres Strait Islander Australian deaths in these collections varies significantly across states and territories so care is required when making comparisons.

For the period 2010–2014, NSW, Queensland, WA, SA and the NT have been assessed as having adequate identification and number of Aboriginal and Torres Strait Islander deaths for mortality analysis. For these five jurisdictions combined, the overall age standardised mortality rate for Aboriginal and Torres Strait Islander people was 985.9 per 100 000 people, significantly higher than for other Australians (581.2 per 100 000 people) (table EA.55). Due to identification completeness issues, mortality rates presented here are likely to be underestimates of the true mortality of Aboriginal and Torres Strait Islander Australians (ABS and AIHW 2008).

For the period 2010-2014, the average mortality rate for Aboriginal and Torres Strait Islander infants (less than one year) was higher than for other infants in the jurisdictions for which there were data available (NSW, Queensland, WA, SA and the NT) (table EA.60). For the same period and the same jurisdictions, the average mortality rate for infants and children combined per 100 000 children aged 0-4 years was 166.0 for Aboriginal and Torres Strait Islander children and 84.1 for other Australian children (table EA.60).

Mortality rates — by major cause of death

The most common causes of death among Australians in 2013 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.1 and EA.61).

Table E.1	Age standardised mortality rates by selected major causes of
	death (deaths per 100 000 people), 2013 ^a

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Neoplasms	169.4	161.9	175.6	162.0	165.6	195.3	153.8	219.4	168.2
Diseases of the circulatory system Diseases of the	159.2	143.0	160.0	143.4	151.9	186.5	123.3	185.7	153.8
respiratory system	44.9	44.8	44.6	41.4	46.1	51.9	42.2	94.9	45.1
All causes	543.6	512.1	554.9	522.6	547.8	649.0	474.8	831.9	540.0

a See box E.6 and table EA.61 for detailed detailed definitions, footnotes and caveats. Source: ABS (unpublished) Causes of Death Australia, 2013, Cat. no. 3303.0; table EA.61.

In the jurisdictions for which age standardised death rates are available by Indigenous status (NSW, Queensland, WA, SA and the NT), the leading age-standardised causes of death for Aboriginal and Torres Strait Islander people in the period 2009-2013 were diseases of the circulatory system, cancers, endocrine and other disorders, and diseases of the respiratory system (table EA.62).

Employed health practitioners

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

Box E.7 **Employed health practitioners**

'Employed health practitioners' is defined by three measures:

- full time equivalent employed health practitioners divided by the population
- the proportion of full time equivalent employed health practitioners under the age of 45 years
- the average annual growth in full time equivalent employed health practitioners.

Health practitioners data in this Report are for employed medical practitioners and nurses/midwives, with some limited data available for employed allied health professionals.

High or increasing rates for measures of employed health practitioners 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 2014 data are available for all jurisdictions.

Information about data quality for this indicator is at www.pc.gov.au/rogs/2016.

In 2014, there were 387.4 (FTE (full time equivalent)) employed medical practitioners per 100 000 people (figure E.13). The majority of employed medical practitioners (commonly referred to as doctors) that were employed in medicine were clinicians (95.3 per cent) and the majority of clinicians were either GPs (33.0 per cent) or specialists (34.9 per cent) (AIHW 2015b).

In 2014, the number of nurses and midwives registered in Australia was 352 838, of whom 300 979 were employed (equating to 1281 per 100 000 population) (table EA.64). The majority of employed nurses and midwives were clinicians (90.1 per cent) (AIHW 2015c). The principal area of the main job of employed registered and enrolled nurses and midwives was aged care (14.4 per cent) followed by medical (9.0 per cent) and surgical (7.9 per cent) roles in 2014 (AIHW 2015c). The number of FTE employed nurses and midwives per 100 000 people by jurisdiction is illustrated for 2011 to 2014 in figure E.14 (data were not collected in 2010).

Nationally there were 435.9 FTE employed allied health practitioners per 100 000 people in 2014 (table EA.65).

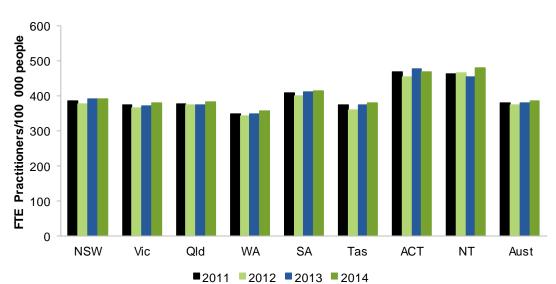
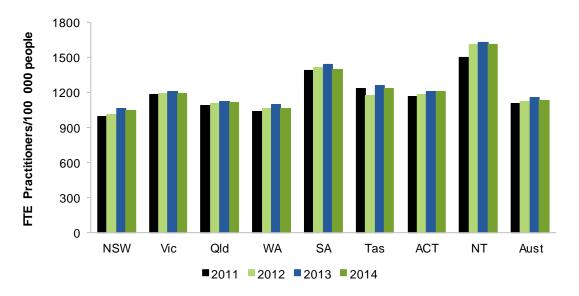


Figure E.13 Full time equivalent employed medical practitioners^a



Full time equivalent employed nurses and midwives^a Figure E.14

At the national level, 52.0 per cent of FTE employed medical practitioners were under the age of 45 in 2014 (table EA.63). The employed medical practitioner workforce grew at an average annual rate of 3.7 per cent from 2009 to 2014 (table EA.66). The employed

^a See box E.7 and table EA.63 for detailed definitions, footnotes and caveats. Source: AIHW (unpublished); table EA.63.

^a See box E.7 and table EA.64 for detailed definitions, footnotes and caveats. Source: AIHW (unpublished); table EA.64.

nursing and midwifery workforce grew at an average annual rate of 2.1 per cent from 2009 to 2014 (table EA.66), and 48.0 per cent of FTE employed nurses were under the age of 45 in 2014 (table EA.64).

Nationally, 1.0 per cent of the employed nursing and midwifery workforce and 0.5 per cent of the employed medical workforce were Aboriginal and Torres Strait Islander in 2014 (table EA.67). Of people employed in health-related occupations in 2011, 1.6 per cent were Aboriginal and Torres Strait Islander. Within health related occupations in 2011, the occupations with the highest percentage of Aboriginal and Torres Strait Islander Australians were health and welfare support officers, which includes the occupation Aboriginal and Torres Strait Islander Health Workers (tables EA.68–EA.70).

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 Aboriginal and Torres Strait Islander Australians and those living in rural and remote areas or on low incomes achieve health outcomes comparable to the broader population (box E.8).

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 proportion of the population 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). 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 SEIFA and for Aboriginal and Torres Strait Islander 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 for this measure include 95 per cent confidence intervals (in the form of error bars in figures and percentages in tables).

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 data are available for all jurisdictions for all Australians (2011-12) and Aboriginal and Torres Strait Islander Australians (2012-13).

The total and non-Indigenous components of the AHS 2011-2013 did not include people living in discrete Aboriginal and Torres Strait Islander communities or very remote areas, which affects the comparability of the NT results.

Data quality information for this indicator is under development.

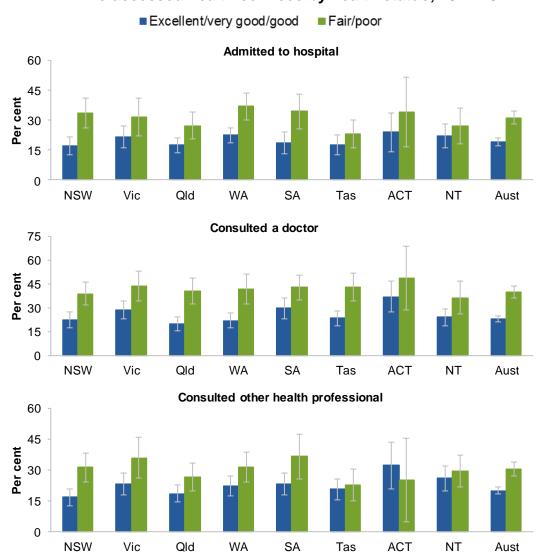
Nationally in 2011-12, the majority of Australians (85.4 per cent) aged 15 years or over reported their health as either good, very good or excellent (ABS 2013c). Aboriginal and Torres Strait Islander people were less likely to report good, very good or excellent health in 2012-13 (76.0 per cent) (ABS 2014a). Age standardised data show that Aboriginal and Torres Strait Islander people were twice as likely as other Australians to report their health as fair or poor.

Health services were accessed in 2011-12 by 27.1 per cent of Australians who reported their health status as excellent/very good/good, and by 48.5 per cent of those who reported their health status as being fair/poor (table EA.71). Data for access to health services by Aboriginal and Torres Strait Islander people are not comparable with data for other Australians due to methodological differences.

Nationally, the proportion of Aboriginal and Torres Strait Islander Australians who accessed services varied significantly by self-assessed health status for hospital admissions, consultations with doctors and consultations with other health professionals (figure E.15). Data for people accessing health services by Indigenous status in 2004-05 are reported in table EA.74.

Data on the proportion of people who accessed health services by remoteness, SEIFA and type of health service are reported for 2004-05 and 2011-12 in tables EA.75–EA.78.

Figure E.15 **Proportion of Aboriginal and Torres Strait Islander people** who accessed health services by health status, 2012-13a



^a See box E.8 and table EA.73 for detailed definitions, footnotes and caveats.

Source: ABS (unpublished) Australian Aboriginal and Torres Strait Islander Health Survey, 2012-13 (National Aboriginal and Torres Strait Islander Health Survey component), Cat. no. 4727.0; table EA.73.

Service-specific performance indicator frameworks

This section summarises information from the following service specific indicator frameworks:

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

Each performance indicator framework provides comprehensive information on the equity, effectiveness and efficiency of specific government services.

Additional information is available in each chapter and associated attachment tables to assist the interpretation of these results.

Primary and community health

The performance indicator framework for primary and community health is presented in figure E.16. An overview of the primary and community health performance indicator results are presented in table E.2.

Availability of PBS medicines Equity of access to Availability of public Equity Access dentists Early detection and early treatment for Child immunisation Australians Developmental health Objectives childhood diseases Financial barriers to Access Participation PERFORMANCE PBS medicines for women in Public dentistry screening waiting times GPs with vocational Participation for women in Effectiveness screening accreditation Management of Influenza Appropriateness upper respiratory tract infection coverage for older people Jse of pathology tests ind diagnostic imagino Electronic health Safety Quality Patient satisfaction Responsiveness Continuity Cost to government Efficiency Sustainability of general practice per person Key to indicators* Outputs Outcomes Most recent data for all measures are comparable and complete Most recent data for at least one measure are comparable and complete Most recent data for all measures are either not comparable and/or not complete No data reported and/or no measures yet developed (Text)

Figure E.16 Primary and community health performance indicator framework

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

Table E.2	Performance indicator results for Primary and community
	health ^{a, b, c}

	eailii * *						
NSW	Vic Ql	d WA	SA	Tas	ACT	NT	Aust
Equity — Access in	dicators						
Availability of PBS							
PBS prescriptions f							
Most recent data for the			-		s (chapter 10		
% 91.2	91.4 90.8	8 87.8	92.3	93.2	84.6	82.5	90.9
Source: Attachmen	t table 10A.12						
Equity of access to							
Availability of FSE (
Most recent data for the	nis measure are com	parable and co	mplete, subj	ect to caveats	s (chapter 10	0)	
Major cities							
rate 98.7	95.3 102.2		99.8	**	69.2	••	95.4
Outer regional, rem						_	
rate 77.4	85.9 87.2	2 68.5	92.2	77.6		70.6	80.9
Source: Attachmen	t table 10A.24						
Availability of GPs b	oy sex, 2014-15						
Most recent data for the	nis measure are com	parable and co	mplete, subj	ect to caveats	s (chapter 10	0)	
FSE Female GPs p	er 100 000 female	S					
rate 69.0	65.6 68.5	5 51.9	59.7	66.1	58.9	60.8	65.2
FSE Male GPs per	100 000 males						
no. 124.4	124.0 127.	7 100.5	133.7	106.0	78.4	79.0	121.3
Source: Attachment	t tables 10A.25 (Fe	emales) and 1	10A.26 (Mal	es)			
Availability of publi	·	,	•	•			
FTE Dentists by reg		eople, 2014					
Most recent data for the	•	-	mplete, subj	ect to caveats	s (chapter 10	O)	
Major cities		•	, ,		` '	,	
rate 6.1	6.3 6.9	9 6.7	8.6		7.0		6.6
Remote and very re	emote						
rate np	- 10.8	8 6.5	3.3	np		9.6	7.9
Source: Attachmen	t table 10A.27			·			
		ar Abariaina	l and Tarr	o Ctroit Iol	andar Aua	traliana	
Early detection and Older Aboriginal an							4-15
Most recent data for the							0
% 30.8	19.8 39.9		23.8	18.2	24.1	38.4	32.7
		00.0	20.0	10.2		00	02.7
Source: Attachmen	t table 10A.31						
Developmental hea Children receiving a		onmental hea	olth check 3	0014-15			
Most recent data for the	•	•			chanter 1	וו	
% 70.9	28.6 79.8		57.7	53.3	49.3	66.9	58.9
		00.0	51.1	55.5	10.0	00.0	55.5
Source: Attachmen	t table 10A.34						
					(continued	next page
							,

Table E.2	(contin	nued)							
N	SW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust

Effectiveness — Access indicators

Effectiveness of access to GPs

Bulk billing rates, 2014-15

Most recent data for this measure are comparable and complete, subject to caveats (chapter 10)

88.4 84.2 84.1 78.3 83.2 77.9 58.1 86.4 84.6

Source: Attachment table 10A.36

People deferring visits to GPs due to financial barriers, 2014-15

Most recent data for this measure are comparable and complete, subject to caveats (chapter 10)

 $3.2 \pm$ $5.6 \pm$ $5.4 \pm$ $7.0 \pm$ $5.0 \pm$ $7.0 \pm$ $5.5 \pm$ $9.7 \pm$ 4.1 ± 0.6 0.8 8.0 1.3 1.0 1.5 2.2 1.8 0.3

Source: Attachment table 10A.37

GP waiting times for urgent appointment, 2014-15 — less than 4 hours

Most recent data for this measure are comparable and complete, subject to caveats (chapter 10)

67.2 +65.7 ± 61.7 ± 58.1 ± 58.2 ± $53.3 \pm$ 53.2 ± 63.9 ± 74.1 ± 7.8 8.4 8.6 10.6 2.4 3.2 3.9 7.6 7.4

Source: Attachment table 10A.39

Financial barriers to PBS medicines

People deferring treatment due to financial barriers, 2014-15

Most recent data for this measure are comparable and complete, subject to caveats (chapter 10)

7.4 ± % $6.9 \pm$ $8.5 \pm$ $8.0 \pm$ 8.6 ± 7.9 ± $6.0 \pm$ $7.6 \pm$ 0.9 0.9 0.9 1.4 1.3 1.2 2.2 2.2 0.5

Source: Attachment table 10A.43

Public dentistry waiting times

Median time waited for public dental care, 2014-15

Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 10). Data are available in attachment tables 10A.45-10A.52.

Effectiveness — Appropriateness indicators

GPs with vocational registration

GPs with vocational registration, 2014-15

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

% 83.8 77.9 80.9 82.7 81.6 80.8 87.9 59.0 81.2

Source: Attachment table 10A.54

Management of upper respiratory tract infections

Proportion of GP encounters for the management of acute URTI where systemic antibiotics were prescribed or supplied, April 2010 to March 2015

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

% $31.5 \pm$ 26.9 ± $34.5 \pm$ 27.5 ± 27.8 ± 26.1 ± 27.6 ± $22.7 \pm$ $30.2 \pm$ 8.9 9.4 1.9 2.6 3.9 6.3 1.1

Source: Attachment table 10A.59

(continued next page)

Table E.2 (continued)

> NSW Vic Qld WA SA Tas **ACT** NT Aust

Prescriptions for oral antibiotics used to treat upper respiratory tract infections per 1000 people, 2014-15

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

rate 326.4 334.3 307.7 197.5 321.2 324.2 177.2 90.1 305.2

Source: Attachment table 10A.57

Management of chronic disease

Uptake by Practices in the Practice Incentives Program (PIP) of the PIP Diabetes Incentive, 2014-15

Most recent data for this measure comparable and complete (subject to caveats) (chapter 10)

45.7 58.2 38.9 60.6 % 53.2 52.1 417 793 51.5

Source: Attachment table 10A.61

Effectiveness — Quality — Safety indicators

Electronic health information systems

General practices using electronic systems, May 2015

Most recent data for this measure are comparable and complete, subject to caveats (chapter 10)

% 89.3 91.5 89.1 87.6 90.8 89.0 87.3 86.2 89.6

Source: Attachment table 10A.73

Effectiveness — Quality — Responsiveness indicators

Patient satisfaction

Proportion of people who saw a GP in the previous 12 months where the practitioner always or often listened carefully to them, 2014-15

Most recent data for this measure are comparable and complete, subject to caveats (chapter 10)

90.2 ± 89.8 ± 89.5 ± 90.9 ± 88.6 ± 89.8 ± 90.9 +89.2 +90.3 +1.7 0.6 0.4 0.3 1.0 1.3 2.8 0.1

Source: Attachment table 10A.76

Proportion of people who saw a dental practitioner in the previous 12 months where the practitioner always or often listened carefully to them, 2014-15

Most recent data for this measure are comparable and complete, subject to caveats (chapter 10)

94.5 ± % 94.6 +94.3 +94.6 +93.6 +94.2 +94.7 +95.6 ± $94.5 \pm$ 1.3 2.0 1.0 2.3 0.7 2.0 1.5 0.4

Source: Attachment table 10A. 79

Efficiency indicators

Cost to government of general practice per person

Age standardised fee-for-service expenditure per person on general practice, 2014-15

Most recent data for this measure are comparable and complete, subject to caveats (chapter 10)

326.1 314.3 331.1 256.8 307.9 280.5 242.4 268.9 312.3

Source: Attachment table 10A.3

(continued next page)

Table E.2	(cont	inued)							
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Outcome in	<u>dicators</u>								
Child immur Children ag Most recent	ged 60 to 63	3 months v		-			s (chapter 10	0)	
%	92.7	92.6	92.3	90.6	90.9	92.6	93.2	92.4	92.3
Source: Att	achment ta	able 10A.8	4						
Notification: Notification: Most recent of	s of measle	es per 100	000 child	ren aged 0	-		hapter 10) 8.2	np	1.4
Source: Att	achment ta	۵ ۵ ۱ مام	5			ľ		r	
Participatio Most recent of								ember 2014 39.3	53.7
Source: Att	achment ta	ble 10A.8	8						
Participation Participation Most recent	n rates for	women in	cervical s	creening, 1	January 2			•	R)
%	57.0	60.3	56.4	56.1	59.4	57.9	57.9	55.2	57.8
Source: Att	achment ta	ble 10A.9	3						
Influenza va Influenza va	accination (coverage f	or people	aged 65 ye					
Most recent									74.0
%	72.7	75.0	74.6	72.9	81.3	77.5	78.0	69.3	74.6
Source: Att									
Separations Separations Most recent	s for select	ed potenti	ally preve	ntable hosp	italisations	s, 2013-14,			
rate	22.4	22.9	27.9	24.6	25.6	22.0	18.5	48.9	24.4
Source: Att									

^a Caveats for these data are available in chapter 10 and attachment 10A. Refer to the indicator interpretation boxes in chapter 10 for information to assist with the interpretation of data presented in this table.
^b These data are derived from detailed data in Chapter 10 and Attachment 10A.
^c Some percentages reported in this table include 95 per cent confidence intervals.

Source: Chapter 10 and Attachment 10A.

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

Public hospitals

The performance indicator framework for public hospitals is presented in figure E.17. An overview of the public hospital performance indicator results are presented in table E.3.

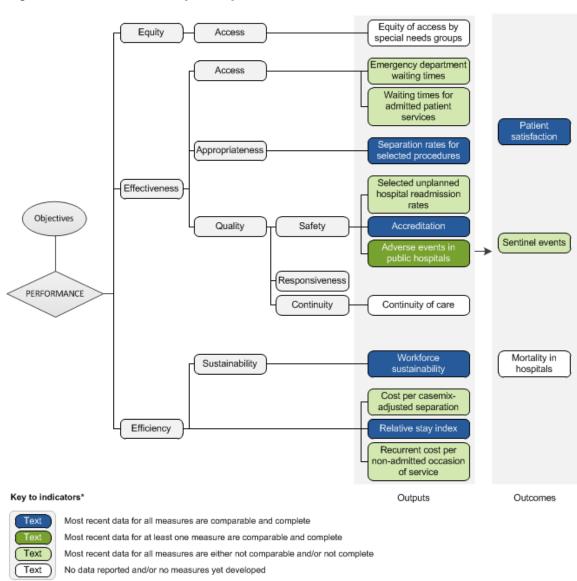


Figure E.17 Public hospitals performance indicator framework

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

	Performan	ce indi	cator re	sults f	or pub	lic ho	spitals	a, b	
	NSW	/ Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Effectiveness —	Access indica	tors_							
Emergency depa	artment waiting	times							
Emergency dep 2014-15	artment waiting t	times by tr	iage categ	ory — pro	oportion (of patient	s seen on	time (p	er cent),
Most recent data f	for this measure ar	re not comp	arable but a	re comple	te (subject	to cavea	s) (chapte	r 11)	
Triage category									
Resuscitation	100	100	99	100	100	100	100	100	100
Emergency	82	2 80	77	83	69	83	78	62	79
Urgent	76	6 73	64	57	57	64	48	54	68
Semi-urgent	81	1 73	74	69	69	67	53	59	74
Non-urgent	95	5 89	93	93	89	89	86	88	92
Total	81	1 75	71	68	66	70	59	60	74
Source: Attachn	nent table 11A.1	4							
Length of stay for 2014-15	or emergency de	partment	care, prop	ortion of p	atients s	taying fo	r four hou	rs or les	S,
	for this measure ar	re not comn	arable but a	re comple	ta (subject	to cavea	e) (chante	· 11\	
Wost recent data i	% 74.9		76.7	78.7	63.8	66.6	63.1	62.1	73.2
			70.7	70.7	03.0	00.0	03.1	02.1	13.2
Source: Attachn	nent table 11A.1	9							
Emergency dep	artment waiting t	time to cor	nmenceme	ent of clin	ical care	(minutes), 2014-1	5	
Most recent data	for this measure ar	re not comp	arable but a	re comple	te (subject	to caveat	s) (chapter	11)	
50 th percentile			20	25	20	25	37	31	18
90 th percentile		3 97	93	99	113	107	147	130	93
Source: Attachn	nent table 11A.2	0.							
Naiting times fo	r admitted natio	ont corvic	06						
_	=			woited)					
	surgery waiting			· ·					
	for this measure ar						, , ,	,	0.5
50 th percentile			27	29	37	55	45	32	35
			147	148	210	424	245	217	253
90 th percentile									
90" percentile Proportion wa									
•	iting more than 3 % 1.6		0.5	0.7	1.1	12.9	5.3	3.9	1.8
Proportion wa		6 2.4	0.5	0.7	1.1	12.9	5.3	3.9	1.8
Proportion was Source: Attachn Presentations to	% 1.6	6 2.4 1 partments	with a leng						1.8
Proportion was Source: Attachn Presentations to admission, publ	% 1.6 nent table 11A.2 emergency depic hospitals (per	2.4 1 partments cent), 201	with a leng 4-15	th of stay	of 4 hou	rs or less	s ending in	า	1.8
Proportion was Source: Attachn Presentations to admission, publ Most recent data to	% 1.6 nent table 11A.2 emergency depic hospitals (per for this measure ar	2.4 1 partments cent), 201	with a leng 4-15	th of stay	of 4 hou	rs or less	s ending in	า	1.8
Proportion was Source: Attachn Presentations to admission, publ Most recent data to Triage category	% 1.6 nent table 11A.2 nemergency depic hospitals (perfor this measure ar	2.4 1 partments v cent), 201 re not comp	with a leng 4-15 arable but a	ith of stay	of 4 hou	rs or less	s ending in	n r 11)	
Proportion was Source: Attachn Presentations to admission, publ Most recent data to Triage category Resuscitation	% 1.6 nent table 11A.2 per emergency depic hospitals (per for this measure ar	2.4 1 partments of cent), 201 re not comp	with a leng 4-15 arable but a	ith of stay are comple 68	of 4 hou te (subject	rs or less to cavear	s ending instance of the second secon	n r 11) 46	56
Proportion was Source: Attachn Presentations to admission, publ Most recent data to Triage category Resuscitation Emergency	% 1.6 nent table 11A.2 o emergency depic hospitals (per for this measure ar	2.4 1 partments of cent), 201 re not comp 1 56 3 49	with a leng 4-15 arable but a 59 56	ith of stay are comple 68 60	of 4 hou te (subject 54 37	rs or less to cavear 58 35	s ending in s) (chapter 57 46	11) 46 24	56 48
Proportion was Source: Attachn Presentations to admission, publ Most recent data to Triage category Resuscitation Emergency Urgent	% 1.6 nent table 11A.2 o emergency depic hospitals (per for this measure ar 51 43	2.4 1 partments vecent), 201 re not comp 1 56 3 49 0 48	with a leng 4-15 arable but a 59 56 56	of stay are comple 68 60 52	of 4 hou te (subject 54 37 34	rs or less to cavear 58 35 26	s ending in s) (chapter 57 46 31	11) 46 24 21	56 48 45
Proportion was Source: Attachn Presentations to admission, publ Most recent data to Triage category Resuscitation Emergency Urgent Semi-urgent	% 1.6 nent table 11A.2 o emergency depic hospitals (per for this measure ar 43 40 45	2.4 1 partments vecent), 201 re not comp 1 56 3 49 0 48 5 51	with a leng 4-15 arable but a 59 56 56 60	ith of stay are comple 68 60 52 53	of 4 hou te (subject 54 37 34 40	58 35 26 28	5 ending in 5) (chapter 57 46 31 35	11) 46 24 21 22	56 48 45 48
Proportion was Source: Attachn Presentations to admission, publ Most recent data to Triage category Resuscitation Emergency Urgent Semi-urgent Non-urgent	% 1.6 nent table 11A.2 nent table 11A.2 nemergency depic hospitals (per for this measure ar 51 43 40 45	2.4 1 partments cent), 201 re not comp 1 56 3 49 0 48 5 51 5 64	with a leng 4-15 arable but a 59 56 56 60 66	th of stay are completed 68 60 52 53 63	of 4 hou te (subject 54 37 34 40 58	58 35 26 28 45	57 46 31 35 42	11) 46 24 21 22 29	56 48 45 48 63
Proportion was Source: Attachn Presentations to admission, publ Most recent data to Triage category Resuscitation Emergency Urgent Semi-urgent Non-urgent Total	% 1.6 nent table 11A.2 o emergency depic hospitals (per for this measure ar 51 43 40 45 65	6 2.4 1 partments (cent), 201 re not comp 1 56 3 49 0 48 5 51 5 64 3 49	with a leng 4-15 arable but a 59 56 56 60	ith of stay are comple 68 60 52 53	of 4 hou te (subject 54 37 34 40	58 35 26 28	5 ending in 5) (chapter 57 46 31 35	11) 46 24 21 22	56 48 45 48
Proportion was Source: Attachn Presentations to admission, publ Most recent data to Triage category Resuscitation Emergency Urgent Semi-urgent Non-urgent Total	% 1.6 nent table 11A.2 nent table 11A.2 nemergency depic hospitals (per for this measure ar 51 43 40 45	6 2.4 1 partments (cent), 201 re not comp 1 56 3 49 0 48 5 51 5 64 3 49	with a leng 4-15 arable but a 59 56 56 60 66	th of stay are completed 68 60 52 53 63	of 4 hou te (subject 54 37 34 40 58	58 35 26 28 45	57 46 31 35 42	11) 46 24 21 22 29	56 48 45 48 63

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Length of stay of emerger	ncy depar	tment pre	esentatio	ns ending	j in admis	ssion, 20	14-15		
Most recent data for this mea	sure are n	ot compai	able but a	re comple	te (subjec	t to cavea	ts) (chapte	r 11)	
Time waited at 50th perce	ntile by tr	iage cate	egory (ho	urs:minu	tes)				
Resuscitation	3:59	3:45	3:37	3:04	3:36	3:24	3:27	4:28	3:45
Emergency	4:39	4:03	3:49	3:38	5:11	5:28	4:24	7:17	4:11
Urgent	4:58	4:14	3:52	3:58	5:31	6:24	5:51	7:22	4:26
Semi-urgent	4:32	3:59	3:44	3:56	4:52	6:12	5:22	6:54	4:11
Non-urgent	3:18	3:24	3:20	3:37	3:12	4:25	4:36	6:32	3:26
Total	4:43	4:05	3:50	3:53	5:12	6:05	5:21	7:08	4:16
Source: Attachment table	11A.45								
Effectiveness — Appropr	<u>iateness</u>	indicato	<u>rs</u>						
Separation rates for selec	ted proc	edures							
Separation rates for selec	-		er 1000 p	eople (ad	ge standa	ardised).	2013-14		
Most recent data for this mea	•				•				
Cataract extraction	8.3	8.7	9.6	10.6	8.0	10.4	7.4	9.1	8.9
									0.5
Cholecystectomy		-						1.7	
Cholecystectomy Coronary angioplasty	2.2 1.5	2.3 1.5	2.4 1.5	2.0	2.1 1.2	2.4	2.5 3.2	-	2.2
Cholecystectomy Coronary angioplasty Coronary artery bypass graft	2.2	2.3	2.4	2.0	2.1	2.4	2.5	1.7	2.2 1.5
Coronary angioplasty Coronary artery bypass	2.2 1.5	2.3 1.5	2.4 1.5	2.0 1.4	2.1 1.2	2.4	2.5 3.2	1.7 0.3	2.2 1.5 0.5
Coronary angioplasty Coronary artery bypass graft	2.2 1.5 0.5	2.3 1.5 0.5	2.4 1.5 0.6	2.0 1.4 0.4	2.1 1.2 0.6	2.4 1.2 0.3	2.5 3.2 0.7	1.7 0.3	2.2 1.5 0.5 5.4
Coronary angioplasty Coronary artery bypass graft Cystoscopy	2.2 1.5 0.5 3.9	2.3 1.5 0.5 6.1	2.4 1.5 0.6 5.5	2.0 1.4 0.4 7.8	2.1 1.2 0.6 6.0	2.4 1.2 0.3 4.8	2.5 3.2 0.7 5.8	1.7 0.3 3.1	2.2 1.5 0.5 5.4 1.9
Coronary angioplasty Coronary artery bypass graft Cystoscopy Haemorrhoidectomy	2.2 1.5 0.5 3.9 2.7	2.3 1.5 0.5 6.1 1.8	2.4 1.5 0.6 5.5 1.5	2.0 1.4 0.4 7.8 1.2	2.1 1.2 0.6 6.0 1.5	2.4 1.2 0.3 4.8 1.9	2.5 3.2 0.7 5.8 1.0	1.7 0.3 3.1 1.9	2.2 1.5 0.5 5.4 1.6
Coronary angioplasty Coronary artery bypass graft Cystoscopy Haemorrhoidectomy Hip replacement	2.2 1.5 0.5 3.9 2.7 1.4	2.3 1.5 0.5 6.1 1.8 1.7	2.4 1.5 0.6 5.5 1.5	2.0 1.4 0.4 7.8 1.2 1.7	2.1 1.2 0.6 6.0 1.5 1.7	2.4 1.2 0.3 4.8 1.9 1.9	2.5 3.2 0.7 5.8 1.0 2.3	1.7 0.3 3.1 1.9 0.7	2.2 1.5 0.5 5.2 1.6 2.4
Coronary angioplasty Coronary artery bypass graft Cystoscopy Haemorrhoidectomy Hip replacement Hysterectomy	2.2 1.5 0.5 3.9 2.7 1.4 2.1	2.3 1.5 0.5 6.1 1.8 1.7 2.3	2.4 1.5 0.6 5.5 1.5 1.4 2.7	2.0 1.4 0.4 7.8 1.2 1.7 3.8	2.1 1.2 0.6 6.0 1.5 1.7	2.4 1.2 0.3 4.8 1.9 1.9 2.7	2.5 3.2 0.7 5.8 1.0 2.3 3.8	1.7 0.3 3.1 1.9 0.7 0.8	2.2 1.5 0.5 5.4 1.9 1.6 2.4 2.1
Coronary angioplasty Coronary artery bypass graft Cystoscopy Haemorrhoidectomy Hip replacement Hysterectomy Inguinal herniorrhaphy	2.2 1.5 0.5 3.9 2.7 1.4 2.1 2.0	2.3 1.5 0.5 6.1 1.8 1.7 2.3 2.1	2.4 1.5 0.6 5.5 1.5 1.4 2.7 2.1	2.0 1.4 0.4 7.8 1.2 1.7 3.8 2.1	2.1 1.2 0.6 6.0 1.5 1.7 1.8 2.0	2.4 1.2 0.3 4.8 1.9 1.9 2.7 2.1	2.5 3.2 0.7 5.8 1.0 2.3 3.8 2.4	1.7 0.3 3.1 1.9 0.7 0.8 1.7	2.2 1.8 0.8 1.9 1.6 2.4 2.7
Coronary angioplasty Coronary artery bypass graft Cystoscopy Haemorrhoidectomy Hip replacement Hysterectomy Inguinal herniorrhaphy Knee replacement	2.2 1.5 0.5 3.9 2.7 1.4 2.1 2.0 1.9	2.3 1.5 0.5 6.1 1.8 1.7 2.3 2.1 1.7	2.4 1.5 0.6 5.5 1.5 1.4 2.7 2.1 2.0	2.0 1.4 0.4 7.8 1.2 1.7 3.8 2.1 2.2	2.1 1.2 0.6 6.0 1.5 1.7 1.8 2.0 2.1	2.4 1.2 0.3 4.8 1.9 1.9 2.7 2.1 1.6	2.5 3.2 0.7 5.8 1.0 2.3 3.8 2.4 2.4	1.7 0.3 3.1 1.9 0.7 0.8 1.7	2.2 1.5 0.5 5.4 1.6 2.4 2.1 1.8
Coronary angioplasty Coronary artery bypass graft Cystoscopy Haemorrhoidectomy Hip replacement Hysterectomy Inguinal herniorrhaphy Knee replacement Myringotomy	2.2 1.5 0.5 3.9 2.7 1.4 2.1 2.0 1.9	2.3 1.5 0.5 6.1 1.8 1.7 2.3 2.1 1.7	2.4 1.5 0.6 5.5 1.5 1.4 2.7 2.1 2.0 1.4	2.0 1.4 0.4 7.8 1.2 1.7 3.8 2.1 2.2 2.0	2.1 1.2 0.6 6.0 1.5 1.7 1.8 2.0 2.1 2.6	2.4 1.2 0.3 4.8 1.9 1.9 2.7 2.1 1.6 1.2	2.5 3.2 0.7 5.8 1.0 2.3 3.8 2.4 2.4 2.3	1.7 0.3 3.1 1.9 0.7 0.8 1.7 0.8 0.7	2.2 1.5 0.5 5.4 1.6 2.4 2.1 1.6 2.6
Coronary angioplasty Coronary artery bypass graft Cystoscopy Haemorrhoidectomy Hip replacement Hysterectomy Inguinal herniorrhaphy Knee replacement Myringotomy Prostatectomy	2.2 1.5 0.5 3.9 2.7 1.4 2.1 2.0 1.9 1.4 2.5	2.3 1.5 0.5 6.1 1.8 1.7 2.3 2.1 1.7 1.7 2.8	2.4 1.5 0.6 5.5 1.5 1.4 2.7 2.1 2.0 1.4 2.7	2.0 1.4 0.4 7.8 1.2 1.7 3.8 2.1 2.2 2.0 2.9	2.1 1.2 0.6 6.0 1.5 1.7 1.8 2.0 2.1 2.6 1.9	2.4 1.2 0.3 4.8 1.9 1.9 2.7 2.1 1.6 1.2 2.6	2.5 3.2 0.7 5.8 1.0 2.3 3.8 2.4 2.4 2.3 8.1	1.7 0.3 3.1 1.9 0.7 0.8 1.7 0.8 0.7 0.2	2.2 1.5 0.5 5.4 1.6 2.4 2.1 1.6 2.6 1.1

Effectiveness — Quality — Safety indicators

Selected unplanned hospital readmission rates

Rate at which patients unexpectedly return to hospital within 28 days for further treatment of the same condition (per 1000 separations), 2013-14

Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11)

Surgical procedure prior to separation

Knee replacement	21.4	21.2	31.3	34.4	18.5	33.8	30.6	np	23.7
Hip replacement	18.1	16.3	19.3	24.8	20.9	14.9	18.4	_	17.8
Tonsillectomy and adenoidectomy	28.5	30.1	43.4	45.4	35.7	35.3	27.3	58.5	33.0

(continued next page)

Table E.3 (co	ontinued)								
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Hysterectomy	28.6	26.0	34.8	37.3	30.9	8.4	64.1	np	29.8
Prostatectomy	25.8	19.8	30.4	29.6	29.3	30.5	np	np	25.5
Cataract surgery	2.7	3.7	4.3	2.1	1.7	2.1	_	9.3	3.1
Appendicectomy	18.3	20.3	19.7	32.9	25.7	19.1	30.2	34.9	20.3
Source: Attachmen	t table 11A.47.								
Accreditation									
The proportion of a Database	ccredited hospit	als repor	ted to the	Nationa	l Public F	lospital l	Establish	ments	
Most recent data for the	his measure are c	omparable	e and com	plete, subj	ject to cav	eats (cha	pter 11)		
	% 92.9	100.0	91.1	100.0	98.8	17.4	100.0	100.0	93.2
Source: Attachmen	t table 11A.49.								
Adverse events in p									
Selected healthcare				-	-	-		-	·15
Most recent data for the	nis measure are no 0.8				-			ter 11) 0.7	0.0
0 444		0.7	8.0	8.0	0.8	0.8	0.8	0.7	0.8
Source: Attachmen									
Adverse events trea	ated in hospitals	, per 100	separati	ons, 201	3-14				
Most recent data for the	nis measure are co	omparable	e and com	plete, subj	ject to cav	eats (cha	pter 11)		
	rate 6.4	7.0	6.4	7.0	7.3	8.4	7.3	3.7	6.7
Source: Attachmen							_		
Falls resulting in pa	· · · · · · · · · · · · · · · · · · ·	-	=	-					
Most recent data for the	nis measure are co rate 5.1	omparable 3.4	and com	plete, subj 4.5	ect to cav 4.9	eats (cha 6.5	pter 11) 3.8	1.8	4.2
0 444		3.4	3.4	4.5	4.9	0.5	3.0	1.0	4.2
Source: Attachmen	t table 11A.52.								
Efficiency sustainal	bility indicators	<u> </u>							
Workforce sustaina	bility								
Nursingworkforce b		-							
Most recent data for the									
<30 years	15.8	18.0	15.3	16.4	14.5	13.1	16.7	17.2	16.2
30-39 years	20.2	20.9	20.7	20.8	19.3	15.9	22.3	26.6	20.5
40-49 years	23.5	24.7	26.7	25.3	25.2	25.5	25.2	22.8	24.9
50-59 years	28.3	25.6	26.8	26.5	30.4	33.9	25.7	23.8	27.3
60+ years	12.3	10.7	10.4	11.0	10.7	11.6	10.1	9.7	11.1
Source: Attachmen			,	.) 0044					
Medical practitioner				•					
Most recent data for the		•				,	. ,	40.0	0.0
<30 years	9.1	10.6	9.8	10.4	9.8	9.7	9.8	10.6	9.8
30-39 years	26.2	28.5	28.5	29.2	27.6	24.5	26.8	37.3	27.8
40-49 years	24.3	23.4	25.8	25.7	24.5	25.8	24.4	22.2	24.5
50-59 years	20.8	20.6	20.9	19.5	20.5	22.5	23.1	16.8	20.7
60+ years	19.5	16.9	15.0	15.2	17.6	17.5	15.8	13.1	17.2
Source: Attachmen	t table 11A.56.								

Table E.3	(continued)								
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust

Efficiency indicators

Cost per casemix adjusted separation

Recurrent cost per casemix-adjusted separation, 2013-14

Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11)

4 788 4 228 4 783 5 624 5 402 4 942 6 664 6 840 4 836

Source: Attachment table 11A.57

Capital cost per separation, 2013-14

Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11)

728 819 614 554 710 668 907 548 709 \$

Source: Attachment table 11A.58.

Relative stay index, 2013-14

Acute care patient days divided by expected number of acute care patient days, adjusted for casemix Most recent data for this measure are comparable and complete, subject to caveats (chapter 11)

> 1.03 0.92 0.86 0.97 1.05 0.99 1.08 0.97 1.14

Source: Attachment table 11A.59.

Recurrent cost per non-admitted occasion of service

Recurrent cost per non-admitted occasion of service, 2013-14

Most recent data for this measure are neither comparable nor complete (chapter 11). Data are available in attachment tables 11A.61-11A.65.

Outcome indicators

Patient satisfaction, 2014-15

Proportion (%) of persons who went to an emergency department in the last 12 months reporting that:

Most recent data for this measure are comparable and complete, subject to caveats (chapter 11).

		•			•	` '	,				
ED doctors, specialists o	r nurses a	always or	often list	tened ca	refully to	them					
Doctors/specialists	86.9	83.7	83.9	88.8	84.4	87.4	86.8	85.5	85.2		
Nurses	90.5	91.2	88.6	92.6	88.2	91.2	91.8	91.2	90.4		
ED doctors, specialists or nurses always or often showed respect to them											
Doctors/specialists	90.1	86.1	86.6	89.5	86.4	88.1	89.3	88.2	87.7		
Nurses	90.8	90.3	88.7	92.7	88.6	93.7	94.8	91.2	90.7		
ED doctors, specialists o	r nurses a	always or	often sp	ent enou	gh time v	vith them					
Doctors/specialists	85.0	80.9	81.2	83.7	80.4	82.5	82.0	87.1	82.4		
Nurses	87.6	85.9	84.4	90.7	85.1	88.5	89.4	91.5	86.8		
Proportion (%) of persons	s who wei	re admitt	ed to hos	spital in th	ne last 12	months	reporting	that:			
Most recent data for this me	asure are	comparab	le and con	nplete, su	bject to ca	veats (cha	pter 11).				
Hospital doctors, speciali	sts or nur	ses alwa	ys or ofte	en listene	ed careful	ly to then	n				
Doctors/specialists	92.0	88.8	88.8	88.9	89.1	88.8	88.1	94.3	89.9		
Nurses	92.9	89.6	90.0	90.7	89.9	91.8	91.6	94.7	90.8		
Hospital doctors, speciali	sts or nur	ses alwa	ys or ofte	en showe	ed respec	t to them					
Doctors/specialists	92.5	90.7	90.2	90.5	91.1	90.1	88.5	90.5	91.0		
Nurses	93.7	91.1	90.3	90.7	90.3	92.7	90.1	94.7	91.9		

(continued next page)

Table E.3	(continued)								
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Hospital doctors,	specialists or nu	ırses alwa	ys or ofte	n spent e	nough tir	ne with t	hem		
Doctors/specia	alists 89.6	84.9	86.4	87.0	88.2	84.5	83.3	90.2	87.2
Nurses	90.0	88.6	87.7	85.9	86.4	90.3	88.4	93.1	88.6
Course Attachm		0 70							

Source: Attachment tables 11A. 69–76.

Sentinel events, 2013-14

Adverse events occurring due to hospital system and process deficiencies that result in death of, or serious harm to, a patient.

Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11). Data are available in tables 11A.77-11A.85.

Source: Chapter 11 and Attachment 11A.

^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** These data are derived from detailed data in Chapter 11 and Attachment 11A. .. Not applicable. - Nil or rounded to zero. np Not published.

Maternity services

The performance indicator framework for maternity services is presented in figure E.18. An overview of the maternity services performance indicator results are presented in table E.4.

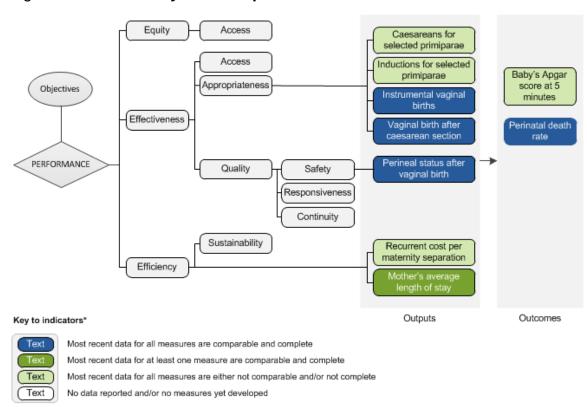


Figure E.18 Maternity services performance indicator framework

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

Table E.4	Performance indicator results for maternity services ^{a, b}
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NSW Vic Qld WA SA ACT NT Tas Aust

Effectiveness — Appropriateness indicators

Caesareans and inductions for selected primiparae

Proportion (%) of births for selected primiparae that were caesareans / inductions, public hospitals, 2014

Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11)

Caesareans 23.5 25.1 22.6 25.0 28.4 24.1 22.4 29.7 243 Inductions 40 4 38.6 31.1 37.6 41.0 50.1 30.4 41.7 37.9

Source: Attachment table 11A.90

Instrumental vaginal births

Proportion of births for women giving birth for the first time that were instrumental vaginal births, 2013

Most recent data for this measure are comparable and complete, subject to caveats (chapter 11)

% 22.9 29.1 22.4 29.6 24.2 23.0 28.4 19.4 25.3

Source: Attachment table 11A.99

Vaginal birth after caesarean section, 2013

Proportion (%) of multiparous mothers who have had a previous caesarean, whose current method of birth was either an instrumental or non-instrumental vaginal birth, 2013

Most recent data for this measure are comparable and complete, subject to caveats (chapter 11)

12.5 10.2 12.8 9.7 Non-instrumental 12.7 13.2 14.1 19.1 11.8 Instrumental 3.7 4.1 2.7 3.6 3.5 3.1 5.5 3.4 3.6

Source: Attachment table 11A.100

Effectiveness — Quality — Safety indicators

Perineal status after vaginal birth

Proportion of women with third or fourth degree lacerations to the perineum following vaginal birth,2013

Most recent data for this measure are comparable and complete, subject to caveats (chapter 11)

% 2.0 1.9 2.2 1.6 2.3 1.8 2.0 2.0

Source: Attachment table 11A.101

Efficiency indicators

Recurrent cost per maternity separation

Recurrent cost per maternity separation without catastrophic or severe complications and comorbidities (dollars), public hospitals, 2013-14

Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 11)

\$/Caesarean 8 279 10 241 9 874 8 803 13 458 9 921 15 932 11 425 9 811 \$/Vaginal delivery 5 930 5 3 1 5 8 291 5 655 12 703 6 2 1 4 6 4 2 3 6 512 6 167

Source: Attachment table 11A.102

Mother's average length of stay

Average length of stay for selected maternity AR-DGs, public hospitals (days), 2013-14

Most recent data for this measure are comparable and complete, subject to caveats (chapter 11)

O01C Caesarean delivery 3.6 3.5 3.2 3.5 3.7 3.6 3.5 4.2 3.5 O60C Vaginal delivery 2.3 2.2 1.9 2.2 2.1 2.3 1.8 2.8 2.2

Source: Attachment table 11A.103

(continued next page)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aus
Outcome indicators									
Baby's Apgar score a	t 5 minutes	6							
Proportion of live birth	s with an A	pgar sco	re of less	than 4, at	5 minut	es, by birt	hweight o	ategory,	2014
Most recent data for this	indicator are	neither co	omparable	nor comple	ete (chapt	er 11)			
<1500g	14.5	18.2	18.2	5.8	9.0	18.8	13.2	25.5	15.1
1500g-1999g	0.8	0.7	1.4	0.3	_	_	2.1	1.7	0.9
2000g-2499g	0.4	0.3	0.6	0.5	0.3	0.5	0.4	0.5	0.4
2500g+	0.2	0.2	0.2	0.2	0.1	0.1	0.5	0.3	0.2
Source: Attachment ta	able 11A.10	4							
Perinatal death rate									
Perinatal death rate pe	er 1000 tota	al births, 2	2013						
Most recent data for this	measure are	compara	ble and cor	nplete, sub	oject to ca	veats (cha	pter 11)		
Fetal deaths	5.6	6.0	5.9	5.9	3.8	7.2	5.2	9.5	5.7
retai deatris			2.2	1.6	2.3	2.3	1.8	4.9	2.5
Neonatal deaths	2.6	2.1	3.2	1.0	2.0	2.0			

^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 These data are derived from detailed data in Chapter 11 and Attachment 11A. – Nil or rounded to zero. **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.19. An overview of the mental health management performance indicator results are presented in table E.5.

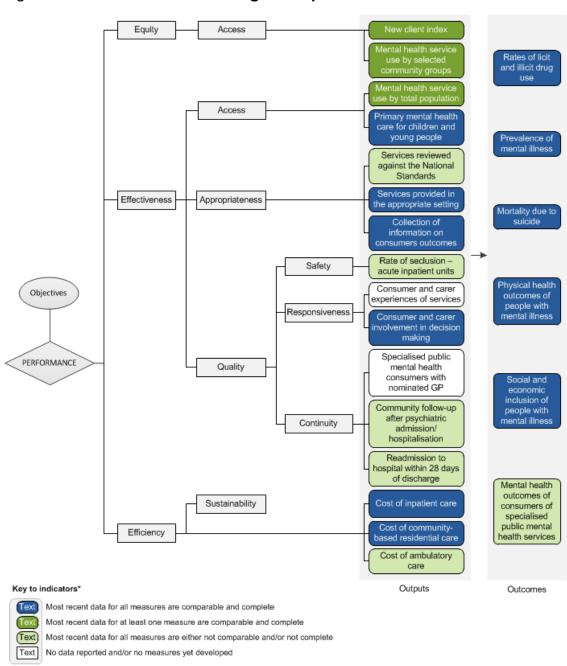


Figure E.19 Mental health management performance indicator framework

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

	formand nageme		ator res	sults for	Menta	l health		
NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Equity — Access indic	ators							
New client index								
Proportion of total clie	nts of State	e and Terri	tory specia	ılised publi	c mental h	ealth servi	es who ar	е
new, 2013-14 Most recent data for this	measure ar	not comps	arahla hut ar	e complete	(subject to (raveats) (cha	enter 12)	
% 40.6	36.8	45.4	42.9	42.8	45.2	40.2	46.1	41.7
Source: Attachment ta			42.9	42.0	43.2	40.2	40.1	41.7
Proportion of total clie		-	d mental h	ealth servi	ces who a	re new. 201	4-15	
Most recent data for this								
% 34.1	32.5	35.9	38.3	33.2	36.4	37.3	49.0	34.5
Source: Attachment ta	ble 12A.35	;						
Mental health service Proportion of the Abor public mental health s Most recent data for this Aboriginal and Torres	iginal and ervices, co	Torres Stra mpared wi e not compa	ait Islander th the prop arable but ar	population ortion for r	non-Indige	nous popul	ation, 201	
% 5.4	2.9	4.5	5.6	6.0	2.0	8.1	4.2	4.8
Non-Indigenous people	е							
% 1.5 Source: Attachment ta	1.1	1.8	1.9	1.9	1.6	2.4	2.3	1.6
Proportion of the Abor services, compared w Most recent data for this Aboriginal and Torres	ith the prop measure are	oortion for le comparab	non-Indige le and comp	nous popu	lation, 201	3-14		health
% 12.0	13.5	8.1	5.1	9.2	9.9	11.8	1.6	8.7
Non-Indigenous people	е							
% 8.4 Source: Attachment ta	9.4	8.4	6.4	8.2	7.7	6.7	4.3	8.3
Effectiveness — Acce Mental health service Proportion of the populativities, 2013-14	use by tot llation usin	al populat g a State a	and Territo		-	•		health
Most recent data for this								4.0
% 1.8 Source: Attachment ta	1.1 able 124 43	2.0	2.1	2.3	1.7	2.6	2.8	1.8
Proportion of the popu		='	uhsidisad	service 20	13-14			
Most recent data for this		-				(chapter 12)	1	
% 8.6	9.4	8.6	6.4	8.3	7.8	6.9	3.5	8.4
Source: Attachment ta	_		. .	0.0		0.0	0.0	0
Primary mental health Proportion of young po- services subsidised th	eople aged	under 25	years who		ct with prin	nary menta	l health ca	re
Most recent data for this		e comparab		lete, subjec	t to caveats)	
% 6.6	7.4	6.8	5.2	7.0	6.8	6.2	2.5	6.7
Source: Attachment ta	ble 12A.45	i						
						(cor	ntinued ne	xt page)

Table E.5 (continued) NSW SA ACT NT Vic Qld W/A Tas Aust Effectiveness — Appropriateness indicators Services reviewed against National Standards Proportion of expenditure on specialised public mental health services that had completed an external review against national standards and were assessed as meeting 'all Standards' (level 1), June 2014 Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 12) 71.9 67.9 81.8 81.7 100.0 67.3 Source: Attachment table 12A.48 Services provided in the appropriate setting Proportion of State and Territory governments' recurrent expenditure on specialised public mental health services that was on community-based services, 2013-14 Most recent data for this measure are comparable and complete, subject to caveats (chapter 12) 413 64 7 55.2 53.1 59.6 597 73.0 63.7 53.3 Source: Attachment table 12A.49 Collection of information on consumers outcomes Proportion of episodes with completed consumer outcomes measures collected for people in specialised public mental health services — ongoing ambulatory care, 2013-14 Most recent data for this measure are comparable and complete, subject to caveats (chapter 12) % 198 37.2 39.5 25.0 23.6 27.3 6.9 11.1 27.2 Source: Attachment table 12A.50. Effectiveness — Quality — Safety indicators Rate of seclusion - acute inpatient units Number of seclusion events per 1000 bed days in specialised public mental health acute inpatient units, 2014-15 Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 12) 7.5 5.0 10.1 2.7 31.0 7.8 no. 7.7 11.4 4.3 Source: Attachment table 12A.51. Effectiveness — Quality — Responsiveness indicators Consumer and carer involvement in decision making Number of paid FTE consumer workers per 1000 FTE paid direct care staff, 2013-14 Most recent data for this measure are comparable and complete, subject to caveats (chapter 12) nο. 3.2 2.6 1.8 1.5 6.1 0.8 0.6 2.7 Source: Attachment table 12A.53 Effectiveness — Quality — Continuity indicators Community follow-up after psychiatric admission/hospitalisation Proportion of State and Territory governments' specialised public admitted patient overnight acute separations from psychiatric units for which a community-based ambulatory contact was recorded in the seven days following separation, 2013-14 Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 12)

% 63.7 72.2 59.5 72.5 47.9 73.7 57.0 57.8 66.4

Source: Attachment table 12A.54

(continued next page)

Table E.5	(continued)							
NSV	V Vic	Qld	WA	SA	Tas	ACT	NT	Aust

Readmissions to hospital within 28 days of discharge

Proportion of State and Territory governments' admitted patient overnight separations from psychiatric acute inpatient units that were followed by readmission to a psychiatric acute inpatient unit within 28 days of discharge, 2013-14

Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 12)

14.3 14.7 13.4 14.3 6.9 13.5 10.7 10.9 13.7

Source: Attachment table 12A.57.

Efficiency indicators

Cost of inpatient care

Cost per inpatient bed day, 2013-14

Most recent data for this measure are comparable and complete, subject to caveats (chapter 12)

General mental health services (acute units) (\$ per bed day)

1 091.72 878.53 993.99 1 287.11 1 140.01 977.63 1 063.98 1 571.39 1 060.56 General hospital with a psychiatric unit or ward (acute units) (\$ per bed day)

\$ 1 111.51 1 571.39 1 057.94

Source: Attachment tables 12A.60 and 12A.62.

Cost of community-based residential care

Average cost per patient day, 2013-14

Most recent data for this measure are comparable and complete, subject to caveats (chapter 12)

General adult units — 24-hour staffed units (\$ per patient day)

\$ 249.60 587.88 545.56 511.06 516.96 668.45 442.30 535.58

Source: Attachment table 12A.63

Cost of ambulatory care

Average cost per treatment day, 2013-14 (\$ per treatment day)

Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 12)

218.17 366.92 344.03 426.38 345.34 317.71 217.39 431.66 304.47

Source: Attachment table 12A.64.

Outcome indicators

Rates of licit and illicit drug use

Proportion of people aged 14 years or over who used any illicit drug in the preceding 12 months, 2013 Most recent data for this measure are comparable and complete, subject to caveats (chapter 12)

11.0 12.6 13.7 12.5 13.3 12.4 19.0 12.0

Source: Attachment table 12A.67.

(continued next page)

Table E.5	(continued)								
NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	

Prevalence of mental illness

Proportion of people with lifetime mental disorders (with symptoms in the previous 12 months) among adults aged 16–85 years, 2007

Most recent data for this measure are comparable and complete, subject to caveats (chapter 12)

% 20.1 ± $20.7 \pm$ 19.2 ± 21.4 ± 19.1 ± $20.0 \pm$ 14.1 +np 2.2 2.3 2.6 4.1 3.4 54 1.1

Source: Attachment table 12A.76

Mortality due to suicide

Suicide rate per 100 000 people, 2009–2013

Most recent data for this measure are comparable and complete, subject to caveats (chapter 12)

Rate 9.1 9.4 13.3 13.4 11.9 14.0 9.1 17.6 10.9

Source: Attachment table 12A.82.

Physical health outcomes for people with a mental illness

Proportion of people with a mental illness (compared to the proportion for people without a mental illness) who were daily smokers, 2011-12 (per cent)

Most recent data for this measure are comparable and complete, subject to caveats (chapter 12)

People with mental illness

%	$23.6 \pm$	$28.9 \pm$	$25.7 \pm$	$26.0 \pm$	$26.7 \pm$	$32.4 \pm$	$20.0 \pm$	29.1 ±	26.1 ±
	4.5	6.4	4.6	5.8	4.9	5.7	5.6	10.1	2.4
People w	ithout men	tal illness							
%	13.4 ±	14.7 ±	15.8 ±	15.0 ±	15.5 ±	21.5 ±	11.7 ±	21.8 ±	14.7 ±
	1.5	1.7	2.1	1.9	2.1	2.3	2.7	3.0	0.8

Source: Attachment table 12A.86.

Social and economic inclusion of people with a mental illness

Proportion of people aged 15 years or over with a mental illness who had face-to-face contact with family or friends living outside the household in the last week, compared with the proportion for people without a mental illness, 2014

Most recent data for this measure are comparable and complete, subject to caveats (chapter 12)

People with mental illness

%	75.4 ±	79.0 ±	72.5 ±	77.0 ±	81.7 ±	78.1 ±	76.3 ±	54.8	76.5 ±
	7.3	5.3	5.2	6.6	8.1	5.2	5.9	±11.5	3.1
People w	ithout men	tal illness							
%	75.1 ±	77.9 ±	75.6 ±	77.4 ±	85.1 ±	86.5 ±	75.8 ±	69.6 ±	77.1 ±
	2.8	3.1	3.3	3.1	2.1	2.8	2.6	4.6	1.4

Source: Attachment table 12A.95.

Mental health outcomes of consumers of specialised public mental health services

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, 2013-14

Most recent data for this measure are not comparable but are complete (subject to caveats) (chapter 12)

% 69.1 73.3 74.8 75.6 68.9 75.5 39.1 77.5 72.4

Source: Attachment table 12A.96.

Source: Chapter 12 and Attachment 12A.

^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. ^b These data are derived from detailed data in Chapter 12 and Attachment 12A. ^c Some percentages reported in this table include 95 per cent confidence intervals. – Nil or rounded to zero. .. Not applicable. **np** Not published.

E.3 Cross cutting and interface issues

The range of determinants affecting Australia's health means that major improvements in health and other life outcomes depend not only on strong partnerships between components of the health system but also on strong relationships between the health sector and other government service sectors. For example:

- Child care, education and training impacts on developmental outcomes and has consequences for overall health and wellbeing throughout life, while poor health has adverse effects on a child's educational development (AIHW 2011)
- Justice services role in providing a safe and secure society and enforcing legislation reduces the risk of injury, while individuals with poor health, including mental illness and illicit drug use, are overrepresented in the justice system (AIHW 2012)
- · Housing and homelessness services impact on environmental risk factors for poor health, while individuals with poor health, including mental illness and illicit drug use, are overrepresented in the homeless population (Garner 2006)
- Community services, such as disability, aged care and child protection services, impact on environmental and social risk factors for poor health, while referrals to such services are often made by health professionals.

E.4 Future directions in performance reporting

The health sector overview will continue to be developed in future reports. National reporting exercises that may inform developments include:

- national clinical quality and safety standards, which are under development by the Australian Commission on Safety and Quality in Health Care
- reporting on the performance of local health networks, hospitals and primary healthcare organisations against the Performance Accountability Framework (currently under review) by the National Health Performance Authority
- biennial reporting on the health of Australians as well as the health system against the National Health Performance Framework (NHPF), in the AIHW's Australia's health. The NHPF is also currently under review
- biennial reporting on the Aboriginal and Torres Strait Islander Health Performance Framework by the Australian Health Ministers' Advisory Council.

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 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 website (www.pc.gov.au/rogs/2016).

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E.6 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 on the web page (www.pc.gov.au/rogs/2016).

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Table EA.36 Incidence of heart attacks (acute coronary events), people 25 years or over, Queensland

(per 100 000 people)

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Table EA.1 Total health expenditure, by broad source of funds (2013-14 dollars) (a), (b), (c), (d)

	Unit	Australian Government (e)	State, Territory and local governments	Total government	Non- government (e), (f)	Total (g)
Expenditure						
2004-05	\$m	43 742	25 775	69 518	31 496	101 014
2005-06	\$m	43 844	27 493	71 336	32 277	103 614
2006-07	\$m	45 732	29 662	75 394	34 401	109 795
2007-08	\$m	50 493	30 834	81 326	35 721	117 048
2008-09	\$m	54 791	32 165	86 956	38 749	125 705
2009-10	\$m	56 473	34 882	91 355	39 226	130 582
2010-11	\$m	59 745	37 186	96 931	42 895	139 826
2011-12	\$m	63 200	40 286	103 485	44 819	148 304
2012-13	\$m	61 770	40 350	102 120	47 880	150 000
2013-14	\$m	63 475	41 132	104 607	50 025	154 633
Shares (h)						
2004-05	%	43.3	25.5	68.8	31.2	100.0
2005-06	%	42.3	26.5	68.8	31.2	100.0
2006-07	%	41.7	27.0	68.7	31.3	100.0
2007-08	%	43.1	26.3	69.5	30.5	100.0
2008-09	%	43.6	25.6	69.2	30.8	100.0
2009-10	%	43.2	26.7	70.0	30.0	100.0
2010-11	%	42.7	26.6	69.3	30.7	100.0
2011-12	%	42.6	27.2	69.8	30.2	100.0
2012-13	%	41.2	26.9	68.1	31.9	100.0
2013-14	%	41.0	26.6	67.6	32.4	100.0

⁽a) Constant price health expenditure for 2004-05 to 2013-14 is expressed in terms of 2013-14 prices using a combination of deflators (see table EA.7).

Source: Australian Institute of Health and Welfare (AIHW) 2015, Health Expenditure Australia 2013-14, Health and Welfare Expenditure Series no. 54, Cat. no. HWE 63, Canberra.

⁽b) Data are derived, and include recurrent and capital expenditure.

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

⁽d) Data include expenditure on ambulance services (reported in chapter 9).

⁽e) 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.

⁽f) Non-government includes expenditure by individuals, health insurance funds, workers compensation and compulsory motor vehicle third party insurers.

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

⁽h) Derived share of total health expenditure.

Table EA.2 Government recurrent health expenditure, by area of expenditure (2013-14 dollars) (a), (b), (c), (d), (e)

		Hospit	als		Prii	mary health ca	are			Other a	areas	Total
	Unit	Public hospitals (f)	Private hospitals	Unreferred Medical services	Dental services	Other health practitioners	Community health and other (g)	Medications (h)	Public health	Referred medical services	Other (i)	government recurrent expenditure
Expenditur	е											
2004-05	\$m	28 448	3 259	6 218	1 146	843	4 736	6 209	1 820	8 233	6 458	67 370
2005-06	\$m	29 617	3 308	6 009	1 171	884	4 911	6 278	1 787	8 429	6 603	68 998
2006-07	\$m	31 431	3 346	6 181	1 160	1 033	5 404	6 655	2 036	8 773	6 843	72 861
2007-08	\$m	33 486	3 625	6 840	1 347	1 303	5 971	7 222	2 494	9 400	7 423	79 111
2008-09	\$m	35 088	3 717	6 918	1 757	1 422	6 060	7 948	2 405	9 961	8 877	84 152
2009-10	\$m	36 689	4 069	7 414	2 004	1 572	6 194	8 565	2 058	10 358	9 393	88 316
2010-11	\$m	38 696	4 265	8 008	2 239	1 623	6 511	8 888	2 062	10 582	9 654	92 530
2011-12	\$m	40 792	4 563	8 159	2 476	1 710	7 234	9 152	2 307	11 245	10 420	98 057
2012-13	\$m	40 574	4 210	8 396	2 235	1 770	7 297	8 946	2 091	11 642	9 745	96 906
2013-14	\$m	41 629	4 450	8 694	1 989	1 831	7 408	9 039	2 066	12 182	10 488	99 775
Shares (j)												
2004-05	%	42.2	4.8	9.2	1.7	1.3	7.0	9.2	2.7	12.2	9.6	100.0
2005-06	%	42.9	4.8	8.7	1.7	1.3	7.1	9.1	2.6	12.2	9.6	100.0
2006-07	%	43.1	4.6	8.5	1.6	1.4	7.4	9.1	2.8	12.0	9.4	100.0
2007-08	%	42.3	4.6	8.6	1.7	1.6	7.5	9.1	3.2	11.9	9.4	100.0
2008-09	%	41.7	4.4	8.2	2.1	1.7	7.2	9.4	2.9	11.8	10.5	100.0
2009-10	%	41.5	4.6	8.4	2.3	1.8	7.0	9.7	2.3	11.7	10.6	100.0
2010-11	%	41.8	4.6	8.7	2.4	1.8	7.0	9.6	2.2	11.4	10.4	100.0
2011-12	%	41.6	4.7	8.3	2.5	1.7	7.4	9.3	2.4	11.5	10.6	100.0
2012-13	%	41.9	4.3	8.7	2.3	1.8	7.5	9.2	2.2	12.0	10.1	100.0
2013-14	%	41.7	4.5	8.7	2.0	1.8	7.4	9.1	2.1	12.2	10.5	100.0

⁽a) Constant price health expenditure for 2004-05 to 2013-14 is expressed in terms of 2013-14 prices using a combination of deflators (see table EA.7).

Table EA.2 Government recurrent health expenditure, by area of expenditure (2013-14 dollars) (a), (b), (c), (d), (e)

Total	areas	Other a			are	mary health ca	Pri		als	Hospit	
government		Referred			Community			Unreferred			
recurrent		medical	Public	Medications	health and	Other health	Dental	Medical	Private	Public	
i) expenditure	Other (i)	services	health	(h)	other (g)	practitioners	services	services	hospitals	hospitals (f)	Unit

- (b) Includes 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) Excludes medical expenses tax rebate.
- (f) Public hospital services exclude 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) 'Other' denotes 'other recurrent health services n.e.c.'.
- (h) Includes benefit-paid pharmaceuticals and all other medications
- (i) Derived data comprising patient transport services, aids and appliances, administration, research and other institutional health services (nec).
- (j) Derived share of total government recurrent expenditure.

Source: AIHW online health expenditure data cubes (www.aihw.gov.au/expenditure-data/).

Table EA.3 Non-government recurrent health expenditure by area of expenditure (2013-14 dollars) (a), (b), (c), (d), (e)

		Hospit	als		Prii	mary health ca	are			Other a	areas	Total Total	
	Unit	Public hospitals (f)	Private hospitals	Unreferred Medical services	Dental services	Other health practitioners	Community health and other (g)	Medications (h)	Public health	Referred medical services	Other (i)	Total non- government recurrent expenditure	
Expenditur	e												
2004-05	\$m	2 096	5 096	1 559	5 253	2 900	408	5 217	197	2 285	3 585	28 595	
2005-06	\$m	2 199	5 142	1 499	5 317	2 990	413	5 453	174	2 386	3 708	29 283	
2006-07	\$m	2 398	5 348	1 564	5 419	3 059	354	6 027	159	2 652	3 933	30 914	
2007-08	\$m	2 593	5 502	1 702	5 371	2 918	384	6 529	169	2 850	4 088	32 106	
2008-09	\$m	3 037	6 785	1 699	5 486	2 693	203	7 365	147	3 061	4 488	34 964	
2009-10	\$m	3 104	6 985	1 727	5 578	2 809	281	7 814	147	3 239	4 601	36 285	
2010-11	\$m	3 544	7 417	1 783	5 884	3 310	331	8 972	50	3 428	4 897	39 615	
2011-12	\$m	3 698	7 587	1 839	6 120	3 396	281	9 698	70	3 577	4 969	41 235	
2012-13	\$m	4 072	8 212	1 942	6 583	3 651	362	10 476	112	3 771	5 186	44 366	
2013-14	\$m	4 094	8 598	1 903	6 925	3 589	409	10 724	153	3 958	5 390	45 743	
Shares (j)													
2004-05	%	7.3	17.8	5.5	18.4	10.1	1.4	18.2	0.7	8.0	12.5	100.0	
2005-06	%	7.5	17.6	5.1	18.2	10.2	1.4	18.6	0.6	8.1	12.7	100.0	
2006-07	%	7.8	17.3	5.1	17.5	9.9	1.1	19.5	0.5	8.6	12.7	100.0	
2007-08	%	8.1	17.1	5.3	16.7	9.1	1.2	20.3	0.5	8.9	12.7	100.0	
2008-09	%	8.7	19.4	4.9	15.7	7.7	0.6	21.1	0.4	8.8	12.8	100.0	
2009-10	%	8.6	19.3	4.8	15.4	7.7	0.8	21.5	0.4	8.9	12.7	100.0	
2010-11	%	8.9	18.7	4.5	14.9	8.4	0.8	22.6	0.1	8.7	12.4	100.0	
2011-12	%	9.0	18.4	4.5	14.8	8.2	0.7	23.5	0.2	8.7	12.1	100.0	
2012-13	%	9.2	18.5	4.4	14.8	8.2	0.8	23.6	0.3	8.5	11.7	100.0	
2013-14	%	8.9	18.8	4.2	15.1	7.8	0.9	23.4	0.3	8.7	11.8	100.0	

Table EA.3 Non-government recurrent health expenditure by area of expenditure (2013-14 dollars) (a), (b), (c), (d), (e)

	Hospit	als		Pri	mary health ca	are			Other a	areas	Total
											Total non-
			Unreferred			Community			Referred		government
	Public	Private	Medical	Dental	Other health	health and	Medications	Public	medical		recurrent
<u>Unit</u>	hospitals (f)	hospitals	services	services	practitioners	other (g)	(h)	health	services	Other (i)	expenditure

- (a) Constant price health expenditure for 2004-05 to 2013-14 is expressed in terms of 2013-14 prices using a combination of deflators (see table EA.7).
- (b) Includes funding funding by the major non-government sources of funding for health care.
- (c) Components may not add to totals due to rounding.
- (d) Data exclude expenditure on high level residential aged care.
- (e) Data are not adjusted for the medical expenses tax rebate funded by the Australian Government.
- (f) Public hospital services exclude 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) 'Other' denotes 'other recurrent health services n.e.c.'.
- (h) Includes benefit-paid pharmaceuticals and all other medications
- (i) Derived data comprising patient transport services, aids and appliances, administration, research and other institutional health services (nec).
- (j) Derived share of total non-government recurrent expenditure.

Source: AIHW online health expenditure data cubes (www.aihw.gov.au/expenditure-data/).

Table EA.4 Recurrent health expenditure, by source of funds and area of expenditure, 2013-14 (a), (b), (c), (d)

	_			Govern	ment				Non-gov	/ernment		
	_		Australian G	Sovernment								
				Health				Private				
				insurance		State,		health				
			Health and	premium		Territory	Total	insurance			Total non-	
Area of expenditure	Unit	DVA	other	rebates (e)	Total	and local	government	funds	Individuals	Other (f)	government	Total
Expenditure												
Hospitals	\$m	1 673	15 983	3 128	20 784	25 295	46 079	7 289	2 752	2 651	12 691	58 771
Public hospital services (g)	\$m	759	15 677	405	16 841	24 788	41 629	944	1 308	1 842	4 094	45 723
Private hospitals	\$m	914	306	2 723	3 943	507	4 450	6 344	1 444	809	8 598	13 048
Primary health care	\$m	1 628	20 708	997	23 334	7 692	31 026	2 323	19 358	2 023	23 704	54 730
Unreferred medical service	፥ \$m	857	7 837		8 694		8 694		686	1 217	1 903	10 597
Dental services	\$m	109	503	664	1 275	713	1 989	1 547	5 336	43	6 925	8 914
Other health practitioners	\$m	256	1 253	312	1 822	9	1 831	726	2 490	372	3 589	5 420
Community health and other (h)	\$m	1	1 252	_	1 253	6 155	7 408	1	224	185	409	7 817
Public health	\$m		1 251		1 251	815	2 066		26	128	153	2 220
Benefit-paid pharmaceuticals	\$m	406	8 047		8 452		8 452		1 598		1 598	10 050
All other medications	\$m		566	21	587		587	49	8 999	78	9 126	9 713
Other	\$m	212	17 695	1 401	19 308	3 362	22 670	3 265	5 622	461	9 348	32 018
Patient transport services	\$m	169	57	78	304	2 196	2 500	183	402	104	689	3 188
Referred medical services	\$m		11 593	589	12 182		12 182	1 374	2 584		3 958	16 140
Aids and appliances	\$m	2	458	247	707		707	575	2 627	77	3 280	3 987
Administration	\$m	38	1 349	487	1 873	348	2 221	1 134	4	1	1 138	3 360
Research	\$m	2	4 240		4 242	818	5 060		5	278	283	5 343
Total recurrent funding	\$m	3 513	54 386	5 526	63 426	36 349	99 775	12 877	27 732	5 135	45 743	145 519

Table EA.4 Recurrent health expenditure, by source of funds and area of expenditure, 2013-14 (a), (b), (c), (d)

				Governi	ment				Non-gov	vernment		
			Australian C	Government								
Area of expenditure	Unit	DVA	Health and other	Health insurance premium rebates (e)	Total	State, Territory and local	Total government	Private health insurance funds	Individuals	Other (f)	Total non- government	Total
Share of expenditure (i)												
Hospitals	%	2.8	27.2	5.3	35.4	43.0	78.4	12.4	4.7	4.5	21.6	100.0
Public hospital services (g)	%	1.7	34.3	0.9	36.8	54.2	91.0	2.1	2.9	4.0	9.0	100.0
Private hospitals	%	7.0	2.3	20.9	30.2	3.9	34.1	48.6	11.1	6.2	65.9	100.0
Primary health care	%	3.0	37.8	1.8	42.6	14.1	56.7	4.2	35.4	3.7	43.3	100.0
Unreferred medical services	%	8.1	74.0	••	82.0		82.0		6.5	11.5	18.0	100.0
Dental services	%	1.2	5.6	7.4	14.3	8.0	22.3	17.4	59.9	0.5	77.7	100.0
Other health practitioners	%	4.7	23.1	5.8	33.6	0.2	33.8	13.4	45.9	6.9	66.2	100.0
Community health and other (h)	%	-	16.0	_	16.0	78.7	94.8	_	2.9	2.4	5.2	100.0
Public health	%		56.4		56.4	36.7	93.1		1.2	5.8	6.9	100.0
Benefit-paid pharmaceuticals	%	4.0	80.1		84.1		84.1		15.9		15.9	100.0
All other medications	%		5.8	0.2	6.0		6.0	0.5	92.6	0.8	94.0	100.0
Other	%	0.7	55.3	4.4	60.3	10.5	70.8	10.2	17.6	1.4	29.2	100.0
Patient transport services	%	5.3	1.8	2.4	9.5	68.9	78.4	5.7	12.6	3.3	21.6	100.0
Referred medical services	%		71.8	3.6	75.5		75.5	8.5	16.0		24.5	100.0
Aids and appliances	%	0.1	11.5	6.2	17.7		17.7	14.4	65.9	1.9	82.3	100.0
Administration	%	1.1	40.1	14.5	55.7	10.4	66.1	33.8	0.1	_	33.9	100.0
Research	%	_	79.4		79.4	15.3	94.7		0.1	5.2	5.3	100.0
Total recurrent funding	%	2.4	37.4	3.8	43.6	25.0	68.6	8.8	19.1	3.5	31.4	100.0

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

Table EA.4 Recurrent health expenditure, by source of funds and area of expenditure, 2013-14 (a), (b), (c), (d)

			Governr	nent			No	on-government		
		Australian (Government							
			Health				Private			
			insurance		State,		health			
		Health and	premium		Territory	Total	insurance		Total non-	
Area of expenditure Un	it DVA	other	rebates (e)	Total	and local	government	funds Individ	duals Other (f)	government	Total

- (b) Data include 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.
- (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 2015, Health Expenditure Australia 2013-14, Health and Welfare Expenditure Series no. 54, Cat. no. HWE 63, Canberra.

Table EA.5 Total recurrent health expenditure per person (2013-14 dollars) (a), (b)

	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust
2004-05	4 884	4 698	4 484	4 945	5 001	4 347	5 758	5 925	4 788
2005-06	4 847	4 769	4 682	4 916	5 051	4 510	5 761	6 246	4 839
2006-07	5 011	4 923	4 974	5 148	5 165	4 712	6 024	6 433	5 031
2007-08	5 221	5 127	5 268	5 466	5 582	5 208	6 199	6 969	5 293
2008-09	5 469	5 390	5 552	5 649	5 856	5 438	6 404	7 354	5 547
2009-10	5 574	5 641	5 766	5 656	6 027	5 489	6 407	7 147	5 699
2010-11	5 816	5 928	5 935	5 970	6 313	5 902	6 798	7 933	5 961
2011-12	6 031	6 102	6 234	6 086	6 589	6 088	7 133	8 998	6 186
2012-13	6 088	6 032	6 240	6 067	6 458	6 008	6 872	8 402	6 164
2013-14	6 191	6 096	6 319	6 139	6 604	6 184	6 955	7 926	6 248

- (a) Constant price health expenditure for 2004-05 to 2013-14 is expressed in terms of 2013-14 prices using a combination of deflators (see table EA.7).
- (b) Data exclude expenditure on high level residential aged care.
- (c) ACT expenditure includes substantial expenditure for NSW residents which may inflate expenditure per person data.

Source: AIHW online health expenditure data cubes (www.aihw.gov.au/expenditure-data/).

Table EA.6 Recurrent health expenditure per person by source of funds (2013-14 dollars) (a), (b), (c)

Government recurrent health expenditure 2004-05		aonaro,	(4), (5), (
2004-05		NSW	Vic	Qld	WA	SA	Tas	ACT (d)	NT	Aust
2005-06	Government recu	rrent health	expenditur	е						
2006-07 3 528 3 245 3 580 3 614 3 858 3 413 4 452 5 339 3 533	2004-05	3 448	3 113	3 206	3 494	3 691	3 139	4 164	4 942	3 361
2007-08 3 698 3 492 3 839 3 815 4 182 3 836 4 689 5 830 3 765 2008-09 3 848 3 635 4 018 3 897 4 392 3 948 4 930 6 182 3 919 2009-10 3 954 3 798 4 191 3 870 4 545 4 114 4 984 6 000 4 040 2010-11 4 048 3 951 4 270 4 090 4 684 4 362 5 197 6 753 4 174 2011-12 4 223 4 042 4 500 4 312 4 930 4 304 5 540 7 753 4 355 2013-14 4 232 3 952 4 470 4 152 4 790 4 216 5 313 6 567 4 284 Non-government recurrent health expenditure 2004-05 1 436 1 585 1 277 1 451 1 310 1 207 1 594 982 1 427 2005-06 1 415 1 612 1 318 1 490 1 347 1 254 1 536	2005-06	3 432	3 157	3 364	3 426	3 703	3 256	4 224	5 152	3 397
2008-09 3 848 3 635 4 018 3 897 4 392 3 948 4 930 6 182 3 919 2009-10 3 954 3 798 4 191 3 870 4 545 4 114 4 984 6 000 4 040 2010-11 4 048 3 951 4 270 4 090 4 684 4 362 5 197 6 753 4 174 2011-12 4 223 4 042 4 500 4 312 4 930 4 304 5 540 7 753 4 355 2012-13 4 156 3 919 4 408 4 133 4 679 4 114 5 098 7 081 4 228 2013-14 4 232 3 952 4 470 4 152 4 790 4 216 5 313 6 567 4 284 Non-government recurrent health expenditure 2005-06 1 416 1 612 1 318 1 490 1 347 1 254 1 536 1 094 1 427 2005-06 1 415 1 678 1 394 1 534 1 307 1 300 1 572	2006-07	3 528	3 245	3 580	3 614	3 858	3 413	4 452	5 339	3 533
2009-10 3 954 3 798 4 191 3 870 4 545 4 114 4 984 6 000 4 040 2010-11 4 048 3 951 4 270 4 090 4 684 4 362 5 197 6 753 4 174 2011-12 4 223 4 042 4 500 4 312 4 930 4 304 5 540 7 753 4 355 2012-13 4 156 3 919 4 408 4 133 4 679 4 114 5 098 7 081 4 228 2013-14 4 232 3 952 4 470 4 152 4 790 4 216 5 313 6 567 4 284 Non-government recurrent health expenditure 2004-05 1 436 1 585 1 277 1 451 1 310 1 207 1 594 982 1 427 2005-06 1 415 1 612 1 318 1 490 1 347 1 254 1 536 1 094 1 442 2006-07 1 484 1 678 1 394 1 534 1 307 1 300 1 572	2007-08	3 698	3 492	3 839	3 815	4 182	3 836	4 689	5 830	3 765
2010-11 4 048 3 951 4 270 4 090 4 684 4 362 5 197 6 753 4 174 2011-12 4 223 4 042 4 500 4 312 4 930 4 304 5 540 7 753 4 355 2012-13 4 156 3 919 4 408 4 133 4 679 4 114 5 098 7 081 4 228 2013-14 4 232 3 952 4 470 4 152 4 790 4 216 5 313 6 567 4 284 Non-government recurrent health expenditure 2004-05 1 436 1 585 1 277 1 451 1 310 1 207 1 594 982 1 427 2005-06 1 415 1 612 1 318 1 490 1 347 1 254 1 536 1 094 1 442 2006-07 1 484 1 678 1 394 1 534 1 307 1 300 1 572 1 094 1 499 2007-08 1 523 1 634 1 429 1 651 1 399 1 372 1 510 1 140 <t< td=""><td>2008-09</td><td>3 848</td><td>3 635</td><td>4 018</td><td>3 897</td><td>4 392</td><td>3 948</td><td>4 930</td><td>6 182</td><td>3 919</td></t<>	2008-09	3 848	3 635	4 018	3 897	4 392	3 948	4 930	6 182	3 919
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2012-13 4 156 3 919 4 408 4 133 4 679 4 114 5 098 7 081 4 228 2013-14 4 232 3 952 4 470 4 152 4 790 4 216 5 313 6 567 4 284 Non-government recurrent health expenditure 2004-05 1 436 1 585 1 277 1 451 1 310 1 207 1 594 982 1 427 2005-06 1 415 1 612 1 318 1 490 1 347 1 254 1 536 1 094 1 442 2006-07 1 484 1 678 1 394 1 534 1 307 1 300 1 572 1 094 1 499 2007-08 1 523 1 634 1 429 1 651 1 399 1 372 1 510 1 140 1 528 2008-09 1 621 1 755 1 534 1 752 1 464 1 490 1 474 1 173 1 628 2009-10 1 621 1 843 1 575 1 787 1 482 1 375 1 423	2010-11	4 048	3 951	4 270	4 090	4 684	4 362	5 197	6 753	4 174
Non-government recurrent health expenditure 2004-05	2011-12	4 223	4 042	4 500	4 312	4 930	4 304	5 540	7 753	4 355
Non-government recurrent health expenditure	2012-13	4 156	3 919	4 408	4 133	4 679	4 114	5 098	7 081	4 228
2004-05 1 436 1 585 1 277 1 451 1 310 1 207 1 594 982 1 427 2005-06 1 415 1 612 1 318 1 490 1 347 1 254 1 536 1 094 1 442 2006-07 1 484 1 678 1 394 1 534 1 307 1 300 1 572 1 094 1 499 2007-08 1 523 1 634 1 429 1 651 1 399 1 372 1 510 1 140 1 528 2008-09 1 621 1 755 1 534 1 752 1 464 1 490 1 474 1 173 1 628 2009-10 1 621 1 843 1 575 1 787 1 482 1 375 1 423 1 147 1 660 2010-11 1 769 1 977 1 665 1 880 1 629 1 540 1 600 1 179 1 787 2011-12 1 808 2 060 1 733 1 774 1 659 1 783 1 593 1 245 1 831 2012-13	2013-14	4 232	3 952	4 470	4 152	4 790	4 216	5 313	6 567	4 284
2005-06 1 415 1 612 1 318 1 490 1 347 1 254 1 536 1 094 1 442 2006-07 1 484 1 678 1 394 1 534 1 307 1 300 1 572 1 094 1 499 2007-08 1 523 1 634 1 429 1 651 1 399 1 372 1 510 1 140 1 528 2008-09 1 621 1 755 1 534 1 752 1 464 1 490 1 474 1 173 1 628 2009-10 1 621 1 843 1 575 1 787 1 482 1 375 1 423 1 147 1 660 2010-11 1 769 1 977 1 665 1 880 1 629 1 540 1 600 1 179 1 787 2011-12 1 808 2 060 1 733 1 774 1 659 1 783 1 593 1 245 1 831 2012-13 1 932 2 113 1 832 1 933 1 779 1 894 1 773 1 321 1 936 2013-14 1 959 2 143 1 849 1 987 1 814 1 969 1 642 <	Non-government	recurrent he	alth expen	diture						
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2008-09 1 621 1 755 1 534 1 752 1 464 1 490 1 474 1 173 1 628 2009-10 1 621 1 843 1 575 1 787 1 482 1 375 1 423 1 147 1 660 2010-11 1 769 1 977 1 665 1 880 1 629 1 540 1 600 1 179 1 787 2011-12 1 808 2 060 1 733 1 774 1 659 1 783 1 593 1 245 1 831 2012-13 1 932 2 113 1 832 1 933 1 779 1 894 1 773 1 321 1 936 2013-14 1 959 2 143 1 849 1 987 1 814 1 969 1 642 1 359 1 964 Total recurrent health expenditure 2004-05 4 884 4 698 4 484 4 945 5 001 4 347 5 758 5 925 4 788 2005-06 4 847 4 769 4 682 4 916 5 051 4 510 5 761 6 246 4 839 2007-08 5 221 5 127 5 268	2006-07	1 484	1 678	1 394	1 534	1 307	1 300	1 572	1 094	1 499
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2013-14 1 959 2 143 1 849 1 987 1 814 1 969 1 642 1 359 1 964 Total recurrent health expenditure 2004-05 4 884 4 698 4 484 4 945 5 001 4 347 5 758 5 925 4 788 2005-06 4 847 4 769 4 682 4 916 5 051 4 510 5 761 6 246 4 839 2006-07 5 011 4 923 4 974 5 148 5 165 4 712 6 024 6 433 5 031 2007-08 5 221 5 127 5 268 5 466 5 582 5 208 6 199 6 969 5 293 2008-09 5 469 5 390 5 552 5 649 5 856 5 438 6 404 7 354 5 547 2009-10 5 574 5 641 5 766 5 656 6 027 5 489 6 407 7 147 5 699 2010-11 5 816 5 928 5 935 5 970 6 313 5 902 6 798 7 933 5 961 2011-12 6 031 6 102 6 234	2011-12	1 808	2 060	1 733	1 774	1 659	1 783	1 593	1 245	1 831
Total recurrent health expenditure 2004-05	2012-13	1 932	2 113	1 832	1 933	1 779	1 894	1 773	1 321	1 936
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2010-11 5 816 5 928 5 935 5 970 6 313 5 902 6 798 7 933 5 961 2011-12 6 031 6 102 6 234 6 086 6 589 6 088 7 133 8 998 6 186 2012-13 6 088 6 032 6 240 6 067 6 458 6 008 6 872 8 402 6 164	2008-09	5 469	5 390	5 552	5 649	5 856	5 438	6 404	7 354	5 547
2011-12 6 031 6 102 6 234 6 086 6 589 6 088 7 133 8 998 6 186 2012-13 6 088 6 032 6 240 6 067 6 458 6 008 6 872 8 402 6 164	2009-10	5 574	5 641	5 766	5 656	6 027	5 489	6 407	7 147	5 699
2012-13 6 088 6 032 6 240 6 067 6 458 6 008 6 872 8 402 6 164	2010-11	5 816	5 928	5 935	5 970	6 313	5 902	6 798	7 933	5 961
	2011-12	6 031	6 102	6 234	6 086	6 589	6 088	7 133	8 998	6 186
2013-14 6 191 6 096 6 319 6 139 6 604 6 184 6 955 7 926 6 248	2012-13	6 088	6 032	6 240	6 067	6 458	6 008	6 872	8 402	6 164
	2013-14	6 191	6 096	6 319	6 139	6 604	6 184	6 955	7 926	6 248

⁽a) Data include 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.

Source: AIHW online health expenditure data cubes (www.aihw.gov.au/expenditure-data/).

⁽b) Constant price health expenditure for 2004-05 to 2013-14 is expressed in terms of 2013-14 prices using a combination of deflators (see table EA.7).

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

⁽d) ACT expenditure includes substantial expenditure for NSW residents which may inflate expenditure per person data.

Table EA.7 Total health price index and industry-wide indexes (reference year 2013-14 = 100)

	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Total health price index (a)	80.2	83.7	86.5	88.5	91.0	93.2	94.1	95.7	98.0	100.0
Government final consumption expenditure on hospitals and nursing homes	75.8	79.3	82.6	85.1	87.7	91.1	92.3	94.5	97.2	100.0
Medicare medical services fees charged (b)	80.1	84.6	87.2	88.0	91.4	93.2	94.6	96.2	98.4	100.0
Dental services (a)	79.6	82.8	87.4	90.9	94.0	96.4	97.3	97.3	98.7	100.0
Other health practitioners (a)	74.8	78.4	80.0	79.9	83.3	85.4	88.2	93.0	96.1	100.0
Professional health workers wage rates	72.1	75.4	78.8	81.7	84.8	88.2	91.4	94.1	97.3	100.0
PBS pharmaceuticals (a)	99.9	99.8	99.8	99.9	100.2	100.2	100.3	100.3	100.2	100.0
HFCE on chemist goods	96.0	97.1	99.8	100.3	98.7	99.7	97.8	96.8	98.2	100.0
Aids and appliances (a)	110.0	113.0	115.3	118.6	116.6	111.0	104.7	102.8	102.7	100.0
Australian Government gross fixed capital formation	87.7	98.2	96.6	103.0	106.5	103.6	101.6	100.5	100.0	100.0
State, territory and local government gross fixed capital formation	77.1	86.2	87.2	95.1	99.0	96.5	97.2	98.1	99.2	100.0
Private gross fixed capital formation	89.0	90.5	93.0	94.6	96.6	96.4	97.4	97.0	97.8	100.0
Gross domestic product	74.7	78.5	82.4	86.1	90.4	91.3	97.0	98.8	98.5	100.0
Gross national expenditure	79.6	82	84.8	87.6	90.5	92.2	94.2	95.9	97.8	100.0

⁽a) Implicit Price Deflator, constructed by the AIHW.

Source: AIHW 2015, Health Expenditure Australia 2013-14, Health and Welfare Expenditure Series no. 54, Cat. no. HWE 63, Canberra.

⁽b) Chain price index, constructed by the AIHW.

Table EA.8 Proportion of live-born singleton babies of low birthweight, by Indigenous status of the baby, 2013 (a), (b), (c), (d), (e)

	Unit	NSW	Vic	Qld	WA	SA	Tas(f)	ACT(f)	NT	Aust
2013										
Proportion low birthweight	babies	by Indig	genous s	status						
Aboriginal and Torres Strait Islander babies	%	8.7	9.7	9.1	11.3	10.5	10.5	9.9	13.1	9.8
Non-Indigenous babies	%	4.4	4.7	4.4	4.4	4.9	5.3	4.4	4.4	4.5
Total (g)	%	4.6	4.8	4.8	4.9	5.1	5.5	4.6	7.4	4.8
Number of low birthweight b	abies l	by Indige	enous st	atus						
Aboriginal and Torres Strait Islander babies	no.	467	105	387	249	97	31	12	176	1 524
Non-Indigenous babies	no.	3 899	3 439	2 527	1 379	898	288	225	112	12 767
Total (g)	no.	4 370	3 571	2 914	1 628	998	322	242	288	14 333
Variability bands for rate										
Aboriginal and Torres Strait Islander babies	no.	8.0	1.8	0.9	1.3	2.0	3.5	5.3	1.8	0.5
Non-Indigenous babies	no.	0.1	0.2	0.2	0.2	0.3	0.6	0.6	0.8	0.1
Total (g)	no.	0.1	0.2	0.2	0.2	0.3	0.6	0.6	8.0	0.1

- (a) Low birthweight is defined as less than 2500 grams.
- (b) Data are for liveborn singletons only and are allocated to State/Territory based on place of usual residence of the mother. Data are not comparable with data reported in tables EA.11-EA.12 which are for all live births and are allocated to State/Territory based on birthplace of the baby.
- (c) Data exclude stillbirths; births both less than 20 weeks gestation and less than 400 grams birthweight; births less than 20 weeks gestation (where gestation is known) in WA; and multiple births.
- (d) Indigenous status of the baby is included in the Perinatal NMDS from July 2012. Date of implementation varies across jurisdictions. Caution should be used when interpreting these numbers.
- (e) Data quality information for some data in this table can be found at www.pc.gov.au/rogs/2016.
- (f) Birthweight data on Aboriginal and Torres Strait Islander babies born to mothers residing in the ACT and Tasmania should be viewed with caution as they are based on small numbers of births.
- (g) Includes 42 babies whose Aboriginal and Torres Strait Islander status was not stated.

Source: AIHW unpublished, National Perinatal Data Collection.

Table EA.9 Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status (a), (b), (c), (d), (e), (f)

materna	al Inc	digeno	us stat	tus (a),	(b), (c), (d),	(e), (f)			
	Unit	NSW	Vic (g)	Qld	WA	SA	Tas(h)	ACT(h)	NT	Aust
2008										
Proportion low birthweight I	babies	s born to								
Aboriginal and Torres Strait Islander 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 (i)	%	4.5	4.6	4.6	4.9	4.8	5.2	3.8	7.6	4.7
Number of low birthweight	babie	s born to)							
Aboriginal and Torres Strait Islander 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 (i)	no.	4 280	3 155	2 742	1 446	924	324	174	282	13 327
Variability bands for rate										
Aboriginal and Torres Strait Islander 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 (i)	no.	0.1	0.2	0.2	0.2	0.3	0.6	0.5	8.0	0.1
2009										
Proportion low birthweight I	babies	s born to								
Aboriginal and Torres Strait Islander 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 (i)	%	4.4	4.7	4.9	4.8	5.1	5.1	3.8	7.7	4.7
Number of low birthweight	babie	s born to)							
Aboriginal and Torres Strait Islander 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 (i)	no.	4 124	3 231	2 961	1 444	984	313	184	291	13 532
Variability bands for rate										
Aboriginal and Torres Strait Islander 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 (i)	no.	0.1	0.2	0.2	0.2	0.3	0.6	0.5	0.9	0.1
2010										
Proportion low birthweight I	babies	s born to								
Aboriginal and Torres Strait Islander 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 (i)	%	4.4	4.8	4.9	4.7	5.0	5.5	4.4	7.3	4.8
Number of low birthweight	babie	s born to)							
Aboriginal and Torres Strait Islander 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 (i)	no.	4 172	3 359	2 929	1 431	962	326	213	271	13 663

Table EA.9 Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status (a), (b), (c), (d), (e), (f)

materna	al Inc	digeno	us stat	tus (a),	(b), (c), (d), ((e), (f)			
	Unit	NSW	Vic (g)	Qld	WA	SA	Tas(h)	ACT(h)	NT	Aust
Variability bands for rate					•					
Aboriginal and Torres Strait Islander 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 (i)	no.	0.1	0.2	0.2	0.2	0.3	0.6	0.6	8.0	0.1
2011										
Proportion low birthweight I	babies	s born to								
Aboriginal and Torres Strait Islander 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 (i)	%	4.6	4.8	4.7	4.7	5.5	6.0	4.8	8.2	4.8
Number of low birthweight	babie	s born to)							
Aboriginal and Torres Strait Islander 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 (i)	no.	4 379	3 322	2 849	1 464	1 067	368	227	309	13 985
Variability bands for rate										
Aboriginal and Torres Strait Islander 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 (i)	no.	0.1	0.2	0.2	0.2	0.3	0.6	0.6	0.9	0.1
2012										
Proportion low birthweight I	babies	s born to								
Aboriginal and Torres Strait Islander mothers	%	9.4	9.3	9.6	13.2	11.9	9.2	6.7	12.9	10.5
Non-Indigenous mothers	%	4.4	4.5	4.6	4.3	5.2	5.6	4.4	4.2	4.5
Total (i)	%	4.5	4.6	4.9	4.8	5.4	5.7	4.5	7.2	4.8
Number of low birthweight	babie	s born to)							
Aboriginal and Torres Strait Islander mothers	no.	316	81	358	211	79	27	6	174	1 252
Non-Indigenous mothers	no.	4 121	3 267	2 685	1 347	998	297	221	108	13 044
Total (i)	no.	4 445	3 372	3 045	1 558	1 077	330	228	282	14 337
Variability bands for rate										
Aboriginal and Torres Strait Islander mothers	no.	1.0	2.0	1.0	1.8	2.6	3.5	5.3	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 (i)	no.	0.1	0.2	0.2	0.2	0.3	0.6	0.6	8.0	0.1
2013										
Proportion low birthweight I	babies	s born to								
Aboriginal and Torres Strait Islander mothers	%	9.9	9.7	9.7	13.2	11.8	10.8	12.2	13.8	10.9
Non-Indigenous mothers	%	4.4	4.8	4.4	4.4	4.9	5.3	4.4	4.4	4.6
Total (i)	%	4.6	4.8	4.8	4.9	5.1	5.5	4.6	7.4	4.8

Table EA.9 Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status (a), (b), (c), (d), (e), (f)

	Unit	NSW	Vic (g)	Qld	WA	SA	Tas(h)	ACT(h)	NT	Aust
Number of low birthweight l	babies	born to)							
Aboriginal and Torres Strait Islander mothers	no.	353	86	355	227	83	29	11	169	1 313
Non-Indigenous mothers	no.	4 016	3 458	2 556	1 401	915	290	229	119	12 984
Total (i)	no.	4 370	3 571	2 914	1 628	998	322	242	288	14 333
Variability bands for rate										
Aboriginal and Torres Strait Islander mothers	no.	1.0	1.9	1.0	1.6	2.4	3.7	6.8	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 (i)	no.	0.1	0.2	0.2	0.2	0.3	0.6	0.6	0.8	0.1

- (a) Low birthweight is defined as less than 2500 grams.
- (b) Data do not include babies born to non-Indigenous mothers and Aboriginal and Torres Strait Islander fathers. The number of babies born to Aboriginal and Torres Strait Islander mothers is not necessarily the total number of Aboriginal and Torres Strait Islander babies born. Data are presented by Indigenous status of the baby for 2013 in table EA.8.
- (c) Data are for liveborn singletons only and are allocated to State/Territory based on place of usual residence of the mother. Data are not comparable with data reported in tables EA.11-EA.12 which are for all live births and are allocated to State/Territory based on birthplace of the baby.
- (d) Data exclude stillbirths; births both less than 20 weeks gestation and less than 400 grams birthweight; births less than 20 weeks gestation (where gestation is known) in WA; and multiple births.
- (e) Data exclude Australian non-residents, residents of external territories and where State/Territory of residence was not stated.
- (f) Data quality information for some data in this table can be found at www.pc.gov.au/rogs/2016.
- (g) Data for Victoria for 2012 and previous years are provisional and subject to variation with data quality activities. Further minor changes to the data are not forseen to produce any detectable change to the indicator.
- (h) Birthweight data for babies born to Aboriginal and Torres Strait Islander mothers residing in the ACT and Tasmania should be viewed with caution as they are based on small numbers of births.
- (i) Includes births to mothers whose Aboriginal and Torres Strait Islander status was not stated.

Source: AIHW unpublished, National Perinatal Data Collection.

Table EA.10 Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, 2011–2013 (a), (b), (c), (d), (e), (f)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT(g)	NT	Aust
2011–2013										
Proportion low birthweight b	abies	born to								
Aboriginal and Torres Strait Islander mothers	%	10.0	10.0	9.8	12.8	11.7	10.2	10.6	13.7	10.8
Non-Indigenous mothers	%	4.4	4.6	4.5	4.4	5.1	5.6	4.5	4.5	4.5
Total (h)	%	4.6	4.7	4.8	4.8	5.3	5.8	4.6	7.6	4.8
Number of low birthweight b	oabies	born to								
Aboriginal and Torres Strait Islander mothers	no.	991	257	1 068	636	240	87	27	536	3 842
Non-Indigenous mothers	no.	12 172	9 942	7 734	4 014	2 902	916	666	342	38 688
Total (h)	no.	13 191	10 272	8 810	4 650	3 142	1 021	697	878	42 661
Variability bands for rate										
Aboriginal and Torres Strait Islander mothers	no.	0.6	1.2	0.6	0.9	1.4	2.0	3.8	1.1	0.3
Non-Indigenous mothers	no.	0.1	0.1	0.1	0.1	0.2	0.3	0.3	0.5	_
Total (h)	no.	0.1	0.1	0.1	0.1	0.2	0.3	0.3	0.5	

- (a) Low birthweight is defined as less than 2500 grams.
- (b) Data do not include babies born to non-Indigenous mothers and Aboriginal and Torres Strait Islander fathers. Therefore, the data do not represent the total number of Aboriginal and Torres Strait Islander babies born in the period 2011–2013. Robust data by Indigenous status of the baby are not available for this period as Indigenous status of the baby was introduced in the Perinatal NMDS in July 2012.
- (c) Data are for liveborn singletons only and are allocated to State/Territory based on place of usual residence of the mother. Data are not comparable with data reported in tables EA.11-EA.12 which are for all live births and are allocated to State/Territory based on birthplace of the baby.
- (d) Data exclude stillbirths; births both less than 20 weeks gestation and less than 400 grams birthweight; births less than 20 weeks gestation (where gestation is known) in WA; and multiple births.
- (e) Data exclude Australian non-residents, residents of external territories and where State/Territory of residence was not stated.
- (f) Data quality information for some data in this table can be found at www.pc.gov.au/rogs/2016.
- (g) Birthweight data on babies born to Indigenous mothers residing in the ACT should be viewed with caution as they are based on small numbers of births.
- (h) Includes 131 births to mothers whose Indigenous status was not stated.
 - Nil or rounded to zero.

Source: AIHW unpublished, National Perinatal Data Collection.

Table EA.11 Birthweights, live births to all mothers, 2013 (a), (b)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT(c)	NT	Aust
Mean birthweight										
	grams	3 358	3 356	3 370	3 342	3 327	3 371	3 337	3 270	3 355
Number of babies by	birthwei	ght								
Less than 1000g	no.	364	378	283	124	109	23	34	36	1 351
1000–1499g	no.	486	447	361	193	129	54	48	33	1 751
1500–1999g	no.	1 088	991	859	454	334	86	87	65	3 964
2000–2499g	no.	3 810	3 185	2 548	1 383	870	259	275	201	12 531
2500-2999g	no.	15 042	12 268	9 403	5 504	3 305	894	986	773	48 175
3000-3499g	no.	36 077	28 101	22 283	12 884	7 372	2 026	2 262	1 434	112 439
3500-3999g	no.	29 171	23 303	19 548	10 216	5 920	1 910	1 864	1 112	93 044
4000–4499g	no.	8 851	7 579	6 394	2 988	1 800	605	577	304	29 098
4500g and over	no.	1 456	1 270	1 064	448	286	121	90	55	4 790
Not stated	no.	41	88	3	_	_	1	_	1	134
All births	no.	96 386	77 610	62 746	34 194	20 125	5 979	6 223	4 014	307 277
Less than 1500g	no.	850	825	644	317	238	77	82	69	3 102
Less than 2500g	no.	5 748	5 001	4 051	2 154	1 442	422	444	335	19 597
Proportion of babies	by birthw	veight								
Less than 1000g	%	0.4	0.5	0.5	0.4	0.5	0.4	0.5	0.9	0.4
1000–1499g	%	0.5	0.6	0.6	0.6	0.6	0.9	0.8	8.0	0.6
1500–1999g	%	1.1	1.3	1.4	1.3	1.7	1.4	1.4	1.6	1.3
2000-2499g	%	4.0	4.1	4.1	4.0	4.3	4.3	4.4	5.0	4.1
2500-2999g	%	15.6	15.8	15.0	16.1	16.4	15.0	15.8	19.3	15.7
3000-3499g	%	37.4	36.2	35.5	37.7	36.6	33.9	36.3	35.7	36.6
3500-3999g	%	30.3	30.0	31.2	29.9	29.4	31.9	30.0	27.7	30.3
4000-4499g	%	9.2	9.8	10.2	8.7	8.9	10.1	9.3	7.6	9.5
4500g and over	%	1.5	1.6	1.7	1.3	1.4	2.0	1.4	1.4	1.6
Not stated	%	_	0.1	_	_	_	_	_	_	_
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	1.1	1.0	0.9	1.2	1.3	1.3	1.7	1.0
Less than 2500g (c)	%	6.0	6.4	6.5	6.3	7.2	7.1	7.1	8.3	6.4

⁽a) Data are for all live births (including multiple births) and are allocated to State/Territory by birthplace of the baby. Data are not comparable with data in tables EA.8—EA.10 which are for liveborn singletons only and are allocated to State/Territory by place of usual residence of the mother.

Source: AIHW analysis of National Perinatal Data Collection.

⁽b) Data are not comparable with birthweight data for all births in previous reports.

⁽c) In 2013, 14.2 per cent of women who gave birth in the ACT were non-ACT residents. Care must be taken when interpreting percentages. The proportion of live births of ACT residents who gave birth in the ACT where the birthweight was less than 1500 grams was 0.8 per cent, and where the birthweight was less than 2500 grams was 6.0 per cent.

⁻ Nil or rounded to zero.

Table EA.12 Birthweights, live births to Aboriginal and Torres Strait Islander mothers, 2013 (a), (b)

	Juliera	, 2013	(a), (b)							
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust
Mean birthweight										
	grams	3 249	3 240	3 225	3 146	3 126	3 195	3 068	3 089	3 200
Number of babies by	birthwei	ght								
Less than 1500g	no.	56	19	70	35	24	9	6	45	264
1500-2499g	no.	327	94	347	202	82	27	17	147	1 243
2500-2999g	no.	667	179	741	368	159	49	25	315	2 503
3000-3499g	no.	1 209	338	1 331	617	236	102	36	434	4 303
3500-3999g	no.	901	269	901	386	160	67	30	264	2 978
4000–4499g	no.	300	92	298	107	48	np	<5	60	929
4500g and over	no.	55	11	60	19	7	np	<5	18	179
Not stated	no.	1	1	_	_	_	_	_	_	2
All births	no.	3 516	1 003	3 748	1 734	716	281	120	1 283	12 401
Less than 2500g	no.	383	113	417	237	106	36	23	192	1 507
Proportion of babies b	y birthv	veight								
Less than 1500g	%	1.6	1.9	1.9	2.0	3.4	3.2	5.0	3.5	2.1
1500–2499g	%	9.3	9.4	9.3	11.6	11.5	9.6	14.2	11.5	10.0
2500–2999g	%	19.0	17.8	19.8	21.2	22.2	17.4	20.8	24.6	20.2
3000-3499g	%	34.4	33.7	35.5	35.6	33.0	36.3	30.0	33.8	34.7
3500-3999g	%	25.6	26.8	24.0	22.3	22.3	23.8	25.0	20.6	24.0
4000–4499g	%	8.5	9.2	8.0	6.2	6.7	np	np	4.7	7.5
4500g and over	%	1.6	1.1	1.6	1.1	1.0	np	np	1.4	1.4
Not stated	%	_	0.1	_	_	_	_	_	_	_
All births	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Less than 2500g (c)	%	10.9	11.3	11.1	13.7	14.8	12.8	19.2	15.0	12.2

⁽a) Data are for all live births (including multiple births) and are allocated to State/Territory by birthplace of the baby. Data are not comparable to data in tables EA.8—EA.10 which are for liveborn singletons only and are allocated to State/Territory by place of usual residence of the mother.

Source: AIHW analysis of National Perinatal Data Collection.

⁽b) Data are not comparable with birthweight for all births to Aboriginal and Torres Strait Islander women in previous reports.

⁽c) Of Aboriginal and Torres Strait Islander women who gave birth in the ACT in 2013, 21.7 per cent were non-ACT residents. Care must be taken when interpreting percentages for the ACT. For example, the proportion of liveborn babies born in the ACT in 2013 to Aboriginal and Torres Strait Islander women resident in the ACT where the birthweight was less than 2500 grams was 15.1 per cent.

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

Table EA.13 Proportion of live-born singleton babies of low birthweight, by remoteness and SEIFA quintiles, and SEIFA deciles, National,

2013 (a), (b), (c), (d)

2013 (a), ((b), (c), (d)		
	Aust	Variability band	Aust
	%	<u>+</u>	no.
Remoteness of residence (e)			
Major cities	4.7	0.1	9 862
Inner regional	5.0	0.2	2 469
Outer regional	5.2	0.3	1 348
Remote	5.6	0.7	247
Very remote	9.5	1.1	283
SEIFA of residence (f)			
Decile 1	6.7	0.3	2 321
Decile 2	5.5	0.3	1 527
Decile 3	5.3	0.3	1 519
Decile 4	4.7	0.2	1 400
Decile 5	4.7	0.2	1 353
Decile 6	4.5	0.2	1 347
Decile 7	4.5	0.2	1 359
Decile 8	4.3	0.2	1 266
Decile 9	3.9	0.2	1 139
Decile 10	3.8	0.2	976
Total (g)	4.8	0.1	14 333

- (a) Low birthweight is defined as less than 2500 grams.
- (b) Data relate to live births. Data exclude stillbirths; births both less than 20 weeks gestation and less than 400 grams birthweight; births less than 20 weeks gestation (where gestation is known) in WA; and multiple births.
- (c) Data excludes Australian non-residents, residents of external territories and where State/Territory of residence was not stated.
- (d) Data quality information for some data in this table can be found at www.pc.gov.au/rogs/2016.
- (e) Disaggregation by remoteness area is by place of usual residence of the mother.
- (f) SEIFA (Socio-Economic Indexes for Areas) deciles are based on the ABS (Australian Bureau of Stastics) IRSD (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.
- (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.14 Proportion of adults and children in BMI categories (a), (b), (c), (d), (e), (f)

(e), (f)									
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	<i>NT</i> (g), (h)	Aust
Adults										
2007-08										
Underweight	%	1.8	1.5	3.1	1.4	2.3	2.1	1.1	-	2.0
Conf. Inter.	<u>+</u>	0.7	0.6	1.4	0.6	0.9	1.2	0.7	-	0.4
Normal weight Conf. Inter.	%	37.6	37.5	35.7	35.6	36.9	35.2	39.8	36.8	36.9
	<u>+</u>	2.4	2.6	2.5	3.2	2.5	3.3	3.0	19.4	1.2
Overweight Conf. Inter.	%	37.1	36.5	36.1	37.4	37.1	36.2	34.2	30.4	36.7
	<u>+</u>	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.	<u>+</u>	2.2	2.4	2.4	3.2	2.2	3.2	2.5	17.9	1.1
2011-12 (h)										
Underweight Conf. Inter.	%	1.9	1.5	1.8	1.3	1.3	1.0	0.6	2.3	1.6
	<u>+</u>	0.5	0.6	0.5	0.5	0.5	0.6	0.4	1.1	0.2
Normal weight Conf. Inter.	%	36.9	37.5	33.6	33.1	33.1	35.7	36.4	34.9	35.7
	<u>+</u>	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.	<u>+</u>	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.	<u>+</u>	1.6	1.8	1.6	2.0	1.8	2.3	2.2	2.7	0.8
Children										
2007-08										
Underweight	%	7.8	6.3	10.2	6.9	6.2	4.1	3.3	np	7.5
Conf. Inter.	<u>+</u>	2.6	2.8	3.5	3.3	3.3	3.5	1.8	np	1.4
Normal weight Conf. Inter.	%	68.8	68.5	62.9	68.1	68.1	77.2	75.8	88.4	67.7
	<u>+</u>	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.	<u>+</u>	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.	<u>+</u>	3.3	2.5	4.0	2.8	4.5	3.9	np	np	1.7
2011-12 (h)										
Underweight	%	4.2	4.6	6.9	5.5	4.4	5.0	4.6	9.9	5.1
Conf. Inter.	<u>+</u>	1.3	1.3	1.9	1.8	1.7	2.1	2.0	4.0	0.6
Normal weight Conf. Inter.	%	70.6	71.8	67.2	66.8	72.0	69.7	70.0	64.9	69.8
	<u>+</u>	3.6	3.2	3.5	3.4	4.2	5.0	4.4	6.1	1.7
Overweight Conf. Inter.	%	18.5	17.8	17.4	21.1	16.6	16.9	19.5	17.4	18.2
	<u>+</u>	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.	<u>+</u>	1.6	1.6	2.0	2.0	2.2	3.1	1.9	3.5	0.9
Relative standard e	rror fo	r adults								
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

Table EA.14 Proportion of adults and children in BMI categories (a), (b), (c), (d), (e), (f)

	<i>,</i> , (-,									
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	<i>NT</i> (g), (h)	Aust
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
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
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
Relative standard e	rror fo	r children	1							
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
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

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 or over. Children are defined as persons aged 5–17 years.
- (b) 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).
- (c) 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.
- (d) 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.
- (e) Rates are age standardised by State and Territory, to the 2001 Australian standard population (5 year ranges from 18 years for adults, selected ranges from 5–17 years for children).
- (f) Data quality information for some data in this table is at www.pc.gov.au/rogs/2016.
- (g) Data for the NT should be interpreted with caution as the Australian Health Survey and National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (h) Data for the NT for 2011-12 are not comparable with data for previous years due to the increase in sample size.
 - Nil or rounded to zero. np Not published.

Source: Australian Bureau of Stastics (ABS) unpublished, *Australian Health Survey 2011–13* (2011-12 Core component), Cat. no. 4364.0; ABS unpublished, *National Health Survey 2007-08*, Cat. no. 4364.0.

Table EA.15 Rate of overweight and obesity for adults and children, by remoteness (a), (b), (c), (d), (e), (f)

r	emote Unit	ness (a NSW	vic (f)	Qld	e), (f) <i>WA</i>	SA	Tas (f)	ACT	NT (f),	Aust
Adults									(g), (h)	
2007-08										
Major cities	%	58.4	58.7	57.5	59.6	61.6		59.1		58.8
Conf. Inter.	<u>±</u>	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	np		66.2
Conf. Inter.	<u>+</u>	5.3	5.6	4.6	8.4	9.2	4.6	np		2.3
Outer regional	%	69.2	77.1	60.5	65.1	59.6	66.3		53.8	65.0
Conf. Inter.	<u>+</u>	10.0	14.5	8.1	13.4	22.8	6.2		17.6	4.5
Remote	%	53.0	np	64.2	73.3	61.7	81.3		52.9	64.0
Conf. Inter.	<u>+</u>	55.3	np	27.7	12.7	18.3	48.5		38.2	12.2
Very remote	%	na		na	na	na	na		na	na
Conf. Inter. 2011-12 (h)	<u>+</u>	na		na	na	na	na		na	na
Major cities	%	59.4	59.1	62.4	64.2	64.2		63.0		60.9
Conf. Inter.	<u>+</u>	2.1	2.3	2.0	2.2	2.1		2.8		1.2
Inner regional	<u>-</u> %	68.2	68.9	67.4	70.0	71.0	61.9			67.8
Conf. Inter.	<u>+</u>	4.1	4.1	3.7	6.1	7.5	2.6	_		1.8
Outer regional	<u>-</u> %	64.0	59.8	70.8	72.3	69.3	66.3		62.3	67.8
Conf. Inter.	<u>+</u>	6.5	14.2	5.1	6.3	8.2	4.0		3.7	3.0
Remote	<u>-</u> %	np	_	67.3	68.7	65.8	70.9		64.4	70.1
Conf. Inter.	<u>+</u>	np	_	35.4	13.2	15.9	24.3		6.9	6.1
Very remote	<u>-</u> %	na		na	na	na	na		na	na
Conf. Inter.	<u>+</u>	na		na	na	na	na		na	na
Children 2007-08										
	%	21.5	23.6	24.6	23.0	23.5		20.9		22.8
Major cities Conf. Inter.	% <u>+</u>	5.2	5.2	7.3	6.1	8.3		4.7		3.1
Inner regional	<u>-</u> %	27.3	28.5	30.6	24.7	38.3	 19.8	np		28.7
Conf. Inter.	/0 <u>+</u>	11.5	11.3	11.2	12.4	28.5	9.1	np		5.3
Outer regional	<u>-</u> %	28.4	np	22.8	24.3	np	16.8	-	np	25.5
Conf. Inter.	/0 <u>+</u>	26.1	np	14.8	19.2	np	9.0		np	10.7
Remote	<u>-</u> %	np	np	35.4	30.6	np	np		np	21.3
Conf. Inter.	/0 <u>+</u>	np	np	67.1	28.5	np	np		np	16.7
Very remote	<u>-</u> %	na	-	na	na	na	na		na	na
Conf. Inter.	/0 <u>+</u>	na		na	na	na	na		na	na
2011-12 (h)	_	na		na	Πα	Πα	na		i i d	na
Major cities	%	24.2	24.8	25.3	26.9	21.1		25.4		24.6
Conf. Inter.	<u>+</u>	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.	<u>+</u>	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

Table EA.15 Rate of overweight and obesity for adults and children, by remoteness (a), (b), (c), (d), (e), (f)

	emote	ness (a	ı), (b), (c	<i>s</i>), (u), (e), (i)					
	Unit	NSW	Vic (f)	Qld	WA	SA	Tas (f)	ACT	<i>NT</i> (f), (g), (h)	Aust
Conf. Inter.	<u>±</u>	16.1	7.5	10.2	11.0	12.6	10.9		5.9	4.7
Remote	%	_	_	27.0	31.0	21.1	np		33.6	27.6
Conf. Inter.	<u>+</u>	_	_	43.8	42.3	29.5	np		10.8	14.7
Very remote	%	na		na	na	na	na		na	na
Conf. Inter.	<u>+</u>	na		na	na	na	na	••	na	na
Relative standard	error fo	r adults								
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	np		1.8
Outer regional	%	7.4	9.6	6.9	10.5	19.5	4.8		16.7	3.6
Remote	%	53.3	np	22.0	8.9	15.1	30.5		36.9	9.7
Very remote	%	na		na	na	na	na		na	na
2011-12 (h)										
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	np		1.4
Outer regional	%	5.2	12.1	3.6	4.4	6.1	3.0		3.0	2.3
Remote	%	np	np	26.8	9.8	12.3	17.5		5.5	4.5
Very remote	%	na		na	na	na	na		na	na
Relative standard	error fo	r childre	n							
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	np		28.7
Outer regional	%	28.4	np	22.8	24.3	np	16.8		np	25.5
Remote	%	np	np	35.4	30.6	np	np		np	21.3
Very remote	%	na		na	na	na	na		na	na
2011-12 (h)										
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	np		16.5	27.2
Very remote	%	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 or 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.

Table EA.15 Rate of overweight and obesity for adults and children, by remoteness (a), (b), (c), (d), (e), (f)

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

- (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 selfreported height and weight.
- (d) Rates are age standardised by State and Territory, to the 2001 Australian standard population.
- (e) Data quality information for some data in this table is at www.pc.gov.au/rogs/2016.
- (f) There are no very remote areas in Victoria; no major cities in Tasmania; no outer regional or remote areas in the ACT; and no inner regional or major cities in the NT.
- (g) Data for the NT should be interpreted with caution as the Australian Health Survey and National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (h) Data for the NT for 2011-12 are not comparable to data for previous years due to the increase in sample size.

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

Source: ABS unpublished, *Australian Health Survey 2011–13* (2011-12 Core component), Cat. no. 4364.0; ABS unpublished, *National Health Survey 2007-08*, Cat. no. 4364.0.

Table EA.16 Rates of overweight and obesity for adults and children, by SEIFA IRSD quinitiles (a), (b), (c), (d), (e), (f)

IRSD quinitiles (a), (b), (c), (d), (e), (f)										
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	<i>NT</i> (g), (h)	Aust
Adults										
2007-08										
Quintile 1	%	66.0	67.4	63.5	72.7	67.3	69.1	55.3	55.9	65.9
Conf. Inter.	<u>+</u>	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.	<u>+</u>	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.	<u>+</u>	5.7	6.7	6.1	6.0	5.4	9.1	11.2	32.8	2.3
Quintile 4 Conf. Inter.	- % <u>+</u>	62.6 6.0	60.7 5.0	53.4 6.6	64.3 7.9	63.6 5.6	59.1 7.6	56.7 5.7	45.0 43.7	60.5 2.4
Quintile 5 Conf. Inter.	- % <u>+</u>	54.7 4.6	56.7 5.7	55.5 8.5	53.9 7.4	59.5 7.8	58.4 24.2	59.8 3.4	60.4 8.5	55.3 2.7
2011-12 (h)										
Quintile 1	%	63.4	65.6	68.0	71.7	69.3	65.3	61.7	67.2	65.8
Conf. Inter.	<u>+</u>	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.	<u>+</u>	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.	<u>+</u>	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.	<u>+</u>	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.	<u>+</u>	3.4	4.6	4.7	5.4	6.1	11.0	4.0	10.1	2.3
Children 2007-08										
Quintile 1 Conf. Inter.	%	31.9	41.7	44.1	44.6	35.9	26.3	np	np	36.2
	<u>+</u>	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.	<u>+</u>	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.	<u>+</u>	5.7	5.7	5.9	6.0	6.1	7.5	9.0	10.8	2.8
Quintile 4	%	24.1	19.9	22.4	16.9	19.3	28.0	16.7	np	21.0
Conf. Inter.	<u>+</u>	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.	<u>+</u>	4.8	5.6	5.2	5.5	8.5	21.1	5.8	17.1	2.4
2011-12 (h)										
Quintile 1	%	35.4	26.9	28.0	29.7	35.2	29.9	21.2	35.8	31.4
Conf. Inter.	<u>+</u>	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.	<u>+</u>	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.	<u>+</u>	7.4	6.8	7.2	7.8	9.8	13.2	10.0	12.1	2.8

Table EA.16 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	<i>NT</i> (g), (h)	Aust
Quintile 4	%	22.0	18.3	21.0	28.7	20.2	17.1	26.7	17.0	21.3
Conf. Inter.	<u>+</u>	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.	<u>+</u>	5.5	6.6	7.1	7.2	6.6	16.8	6.0	15.5	2.8
Relative standard	error fo	r adults								
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
2011-12 (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
Relative standard	error fo	r childre	n							
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
2011-12 (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

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 or 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 selfreported height and weight.

Table EA.16 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 Australian standard 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 quality information for some data in this table is at www.pc.gov.au/rogs/2016.
- (g) Data for the NT should be interpreted with caution as the Australian Health Survey and National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (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), Cat. no. 4364.0; ABS unpublished, National Health Survey 2007-08, Cat. no. 4364.0.

	(d), (e)			_		-			
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	<i>NT</i> (f), (g)	Aust
Overweight and o	bese a	dults								
Males										
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
2011-12 (g)										
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
Females										
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
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
2011-12 (g)										
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

	(d), (e	e)								
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	<i>NT</i> (f), (g)	Aust
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
All adults										
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
2011-12 (g)										
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
Relative standard	errors	;								
Males										
2007-08										
18–24	%	15.1	16.4	14.7	15.2	24.1	19.0	np	np	6.1
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
2011-12 (g)										
18–24	%	10.8	10.9	11.8	8.7	14.8	14.0	9.6	14.2	4.6

	(d), (e)		J		•		, ,		5 (// (,, ,,
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	<i>NT</i> (f), (g)	Aust
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
Total males	%	1.7	1.9	1.5	1.6	1.7	2.3	2.6	3.3	0.9
Females										
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
2011-12 (g)										
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
All adults										
2007-08										
18–24	%	10.1	12.1	11.8	11.6	17.1	13.9	np	np	4.3
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
2011-12 (g)										
18–24	%	7.4	11.3	7.5	7.6	9.1	8.8	8.9	10.8	3.4

Table EA.17 Rates of overweight and obesity for adults, by sex and age (a), (b), (c), (d), (e)

	(d), (e)									
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	<i>NT</i> (f), (g)	Aust
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
95 per cent confid	lence in	ntervals								
Males										
2007-08										
18–24	<u>+</u>	11.9	11.8	12.2	12.6	16.5	15.4	np	np	4.8
25–34	<u>+</u>	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	<u>+</u>	7.6	7.8	7.9	7.2	7.7	10.6	8.2	48.2	3.2
55–64	<u>+</u>	8.0	11.7	8.3	9.6	8.4	9.0	np	np	4.4
65–69	<u>+</u>	11.3	14.5	11.7	14.6	14.5	8.7	np	np	6.1
70–74	<u>+</u>	10.0	11.6	14.1	24.5	20.3	20.5	np	np	6.0
75 and over	<u>+</u>	9.4	11.3	13.0	12.3	14.9	10.8	np	np	5.2
Total males	<u>±</u>	3.3	3.4	4.0	3.8	3.6	4.8	3.7	34.0	1.7
2011-12 (g)										
18–24	<u>+</u>	8.7	8.1	9.1	8.0	11.8	10.8	9.7	14.0	3.7
25–34	<u>+</u>	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	<u>+</u>	5.0	5.2	5.9	5.3	5.8	6.9	6.9	8.3	2.4
55–64	<u>+</u>	6.3	6.3	4.7	5.3	5.9	5.6	8.5	10.1	2.7
65–69	<u>+</u>	9.0	7.4	6.3	9.0	7.9	8.1	16.0	15.9	3.9
70–74	<u>+</u>	7.9	9.7	5.8	8.0	10.0	11.7	14.0	16.1	3.8
75 and over	<u>+</u>	7.2	10.6	8.4	8.8	7.5	8.8	14.1	22.0	3.9
Total males	<u>±</u>	2.2	2.5	2.2	2.3	2.4	3.1	3.6	4.5	1.2
Females										
2007-08										
18–24	<u>+</u>	12.6	12.9	10.6	14.5	13.3	20.1	np	np	4.8
25–34	<u>+</u>	6.7	7.8	9.0	9.6	8.5	11.7	9.3	27.8	3.5
35–44	<u>+</u>	6.7	7.8	7.8	9.2	10.7	12.8	8.5	49.4	3.1
45–54	<u>+</u>	7.9	9.9	9.6	12.3	11.3	11.0	10.3	39.3	4.3
55–64	<u>+</u>	8.7	7.6	8.3	11.3	10.0	11.9	np	np	4.2
65–69	<u>+</u>	11.5	16.5	10.2	15.1	9.0	18.5	np	np	5.2
70–74	<u>+</u>	9.9	15.8	13.9	19.0	14.7	14.5	np	np	6.6
75 and over	<u>+</u>	12.0	13.2	12.2	15.1	11.2	11.5	np	np	5.6
Total females	<u> </u>	3.3	3.7	3.1	4.8	4.0	5.0	4.4	15.7	1.6
2011-12 (g)										

Table EA.17 Rates of overweight and obesity for adults, by sex and age (a), (b), (c), (d). (e)

	(u), (e)									
	Unit	NSW	Vic	Qld	WA	SA	Tas		<i>NT</i> (f), (g)	Aust
18–24	<u>+</u>	6.5	8.7	8.5	8.4	10.9	11.1	12.5	12.9	3.5
25–34	<u>+</u>	5.6	7.1	6.9	6.0	8.0	8.2	6.5	7.1	2.9
35–44	<u>+</u>	5.4	5.9	5.7	6.0	6.5	6.8	9.2	9.5	2.8
45–54	<u>+</u>	4.9	6.2	6.2	7.0	8.1	7.3	8.6	9.4	2.7
55–64	<u>+</u>	5.7	7.3	5.7	5.7	7.1	7.0	7.2	9.2	3.1
65–69	<u>+</u>	9.0	9.5	8.6	10.5	9.0	9.9	11.5	11.2	4.6
70–74	<u>+</u>	8.9	11.5	11.1	9.7	8.2	10.9	12.2	24.6	4.9
75 and over	<u>+</u>	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
All adults										
2007-08										
18–24	<u>+</u>	7.6	8.6	8.7	9.1	10.4	11.6	np	np	3.2
25–34	<u>+</u>	5.1	6.0	6.8	6.5	6.8	9.4	6.2	26.0	3.1
35–44	<u>+</u>	5.0	6.0	5.7	5.8	6.5	9.1	5.4	39.8	2.2
45–54	<u>+</u>	5.4	6.6	6.7	7.8	6.7	7.9	7.1	38.1	3.0
55–64	<u>+</u>	5.8	6.7	6.3	6.6	6.2	6.8	6.9	19.6	2.9
65–69	<u>+</u>	8.1	10.9	7.4	9.7	8.1	9.8	np	np	3.8
70–74	<u>+</u>	7.5	11.8	9.5	15.3	12.8	12.3	np	np	5.0
75 and over	<u>+</u>	7.9	9.3	8.2	10.1	10.0	7.8	np	np	3.7
Total adults	<u>+</u>	2.3	2.6	2.6	3.2	2.4	3.3	3.0	21.4	1.2
2011-12 (g)										
18–24	<u>+</u>	5.3	6.7	5.6	6.4	7.4	7.1	7.2	9.4	2.5
25–34	<u>+</u>	4.4	4.1	4.2	4.3	5.2	5.4	5.1	6.3	2.1
35–44	<u>+</u>	3.9	3.6	4.1	4.5	4.5	4.0	6.1	5.9	2.0
45–54	<u>+</u>	3.4	4.4	4.4	3.6	4.9	5.1	6.2	6.0	1.9
55–64	<u>+</u>	4.3	5.1	4.1	3.8	4.6	4.6	5.6	6.7	2.2
65–69	<u>+</u>	5.9	6.3	5.5	5.9	6.0	6.2	9.5	9.7	3.0
70–74	<u>+</u>	6.4	6.7	5.3	6.8	7.2	7.4	9.7	14.7	2.9
75 and over	<u>+</u>	5.0	5.7	5.7	5.4	6.0	6.1	9.3	17.6	2.7
Total adults	<u>+</u>	1.8	1.9	1.9	1.9	1.7	2.0	2.8	3.3	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) 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 Australian standard population (5 year ranges from 18 for adults).
- (e) Data quality information for some data in this table is at www.pc.gov.au/rogs/2016.

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

- (f) Data for the NT should be interpreted with caution as the Australian Health Survey and National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (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), Cat. no. 4364.0; ABS unpublished, National Health Survey 2007-08, Cat. no. 4364.0.

Table EA.18 Rates of overweight and obesity for adults, by Indigenous status, 2011–13 (a), (b), (c), (d), (e), (f)

		, 	- (//, (,, (-,,	(4.), (4.)	<u>,, ,, </u>				
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (g)	Aust
Rates										
Aboriginal and										
Torres Strait										
Islander people	%	76.4	71.0	72.4	73.7	71.9	69.2	72.8	61.5	72.4
Conf. Inter.	±	3.1	5.5	3.0	3.6	4.7	4.9	8.4	5.6	1.5
Other Australians	%	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 erre	ors									
Aboriginal and										
Torres Strait	%	2.1	4.0	2.1	2.5	3.3	3.6	5.9	4.6	1.0
Islander people										
Other Australians	%	1.5	1.6	1.4	1.5	1.4	1.6	2.4	2.4	0.8
Rate ratio (h)	no.	1.3	1.2	1.1	1.1	1.1	1.1	1.2	1.0	1.2

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) Adults are defined as persons aged 18 years or 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 by State and Territory to the 2001 Australian standard population (10 year ranges from 18).
- (e) Data have been revised and are based on the full sample of the Australian Aboriginal and Torres Strait Islander Health Survey. They differ from data published in the 2014 Report (based on a subset of the full sample).
- (f) Data quality information for some data in this table is at www.pc.gov.au/rogs/2016.
- (g) Data for non-indigenous people for the NT should be interpreted with caution as the Australian Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (h) Rate ratio is computed by dividing the age standardised rate for Aboriginal and Torres Strait Islander people by the age standardised rate for other Australians.

Source: ABS unpublished, Australian Health Survey 2011–13 (2011-12 Core component), Cat. no. 4364.0; ABS unpublished, Australian Aboriginal and Torres Strait Islander Health Survey, 2012-13 (Core component), Cat. no. 4727.0.

Table EA.19 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										
Aboriginal and										
Torres Strait										
Islander people	%	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
Other Australians	%	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 err	ors									
Aboriginal and										
Torres Strait	%	4.9	12.0	5.3	5.3	6.0	8.0	8.5	8.6	2.6
Islander people										
Other Australians	%	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 or 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 2011–13 that are calculated from measured height and weight.
- (d) Rates are age standardised by State and Territory, to the 2001 Australian standard population.
- (e) Data quality information for some data in this table is at www.pc.gov.au/rogs/2016.
- (f) Data for non-indigenous people for the NT should be interpreted with caution as the National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.

Source: ABS unpublished, *National Aboriginal and Torres Strait Islander Health Survey, 2004-05*, Cat. no. 4715.0; ABS unpublished, *National Health Survey, 2004-05*, Cat. No. 4364.0.

Table EA.20 Rate of overweight and obesity for children by Indigenous status, 2011–13 (a), (b), (c), (d), (e), (f)

	,	_	- (-), (- / , \ - / ,	(-// (-/	,, , ,				
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (g)	Aust
Rates										
Aboriginal and										
Torres Strait										
Islander people	%	36.7	34.5	30.4	31.6	37.6	32.1	41.9	24.2	32.8
Conf. Inter.	±	5.1	7.8	5.1	6.2	7.9	7.9	15.2	5.3	2.5
Other Australians	%	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 erro	ors									
Aboriginal and										
Torres Strait	%	7.2	11.6	8.6	10.0	10.7	12.5	18.5	11.1	4.0
Islander people										
Other Australians	%	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 Australian standard population (selected age ranges from 5-17 years).
- (e) Data have been revised and are based on the full sample of the Australian Aboriginal and Torres Strait Islander Health Survey. They differ from data published in the 2014 Report (based on a subset of the full sample).
- (f) Data quality information for some data in this table is at www.pc.gov.au/rogs/2016.
- (g) Data for non-indigenous people for the NT should be interpreted with caution as the Australian Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.

Source: ABS unpublished, Australian Health Survey 2011–13 (2011-12 Core component), Cat. no. 4364.0; ABS unpublished, Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 (Core component), Cat. no. 4727.0.

Table EA.21 Proportion of adults who are daily smokers, by remoteness (a), (b), (c), (d)

(0	:) , (d)									
	Unit	NSW	Vic (c)	Qld	WA	SA	Tas (c)	ACT (c)	<i>NT</i> (c), (e), (f)	Aust
Remoteness of res	idence	e (age st	tandardi	sed rate)					
2007-08										
Major cities Conf. Inter.	% <u>+</u>	17.9 2.1	17.0 1.7	18.5 2.6	16.7 2.3	18.1 2.1		15.8 2.0		17.6 1.0
Inner regional Conf. Inter.	% <u>+</u>	20.8 4.6	17.5 3.5	22.0 4.0	13.2 5.1	25.5 10.2	23.2 4.2	_ _		20.1 2.1
Outer regional Conf. Inter.	% <u>+</u>	23.7 6.1	21.3 14.5	28.4 5.3	23.9 5.6	28.5 7.0	27.4 5.2		21.7 12.1	25.7 3.1
Remote Conf. Inter.	% <u>+</u>	27.9 32.2	-	33.4 16.1	32.8 17.0	21.7 10.5	11.3 6.4		19.6 11.7	27.3 7.3
Very remote (d) Conf. Inter.		na na		na na	na na	na na	na na		na na	na na
Total	<u>-</u> %	19.0	17.3	21.6	17.3	20.2	24.3	15.7	21.1	19.1
Conf. Inter.	<u>±</u>	1.9	1.6	2.0	2.1	2.3	3.0	2.0	10.5	0.9
Daily smokers 2011-12 (f)	'000	975.4	682.5	665.2	268.6	232.9	85.1	41.9	28.8	2 980.3
Major cities Conf. Inter.	% <u>+</u>	13.5 1.4	14.8 1.6	15.9 1.6	16.4 1.6	15.6 1.6		12.5 1.9		14.7 0.7
Inner regional Conf. Inter.	% <u>+</u>	17.2 3.3	22.2 3.9	20.6 4.3	21.2 5.7	14.5 5.4	18.8 2.2	- -		19.5 1.8
Outer regional Conf. Inter.	% <u>+</u>	21.6 7.4	24.1 18.6	20.6 4.1	24.2 6.8	26.4 5.5	28.4 3.7		21.5 2.9	22.6 2.2
Remote Conf. Inter.	% <u>+</u>	31.1 43.6	np np	48.6 40.8	20.1 10.1	23.4 20.3	42.1 26.5		25.2 4.2	26.1 7.2
Very remote (d) Conf. Inter.	% <u>+</u>	na na	- -	na na	na 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.	±	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
Relative standard e	error									
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
Very remote (d)	%	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
2011-12 (f)										
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

Table EA.21 Proportion of adults who are daily smokers, by remoteness (a), (b), (c), (d)

Unit	t NS	W	Vic (c)	Qld	WA	SA	Tas (c)	ACT (c)	NT (c), (e), (f)	Aust
Very remote (d) %	6	na		na	na	na	na		na	na
Total %	6	4.0	4.1	3.8	4.6	4.2	4.5	7.6	5.8	2.0

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) Rates for total are age standardised by State and Territory, to the 2001 Australian standard population.
- (b) Data quality information for some data in this table is at www.pc.gov.au/rogs/2016.
- (c) There are no very remote areas in Victoria; no major cities in Tasmania; no outer regional or remote areas in the ACT; and no inner regional or major cities in the NT.
- (d) Data were not collected for very remote areas.
- (e) Data for the NT should be used with care as the Australian Health Survey and the National Health Survey excluded very remote areas and discrete Aboriginal and Torres Strait Islander communities. This has a small impact on estimates except for the NT, where more than 20 per cent of the population live in such areas (see DQI for more information).
- (f) Data for 2011-12 for the NT are not comparable to data for previous years due to the increased sample size.

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

Source: ABS unpublished, Australian Health Survey 2011–13 (2011-12 Core component), Cat. no. 4364.0; ABS unpublished, National Health Survey 2007-08, Cat. no. 4364.0.

Table EA.22 Proportion of adults who are daily smokers, by SEIFA IRSD quintiles (a) (b) (c)

	quintil	es (a),	(b), (c)							
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (d), (e)	Aust
SEIFA IRSD quin	tile (age	standar	dised)							_
2007-08										
Quintile 1	%	28.8	29.0	28.1	30.2	27.4	33.4	17.9	13.5	28.7
Conf. Inter.	±	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.	<u>+</u>	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.	<u>+</u>	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.	<u>+</u>	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.	<u>+</u>	3.0	2.7	3.4	2.7	4.8	13.3	np	np	1.6
Total (f)	%	19.0	17.3	21.6	17.3	20.2	24.3	15.7	21.1	19.1
Conf. Inter.	<u>+</u>	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
2011-12 (d), (e)	0.4	00.4	00.4	00.4	00.0	05.4	00.7	40.5	07.5	24.0
Quintile 1 Conf. Inter.	%	20.4 3.0	26.4 4.2	28.1 3.3	26.9 5.0	25.4 3.8	28.7 3.3	12.5 15.5	27.5 6.3	24.3 2.0
	<u>+</u>									
Quintile 2 Conf. Inter.	% <u>+</u>	16.4 2.4	22.7 3.1	21.5 3.6	21.5 3.1	17.6 2.7	22.7 4.0	14.5 9.6	29.3 8.0	19.9 1.5
Quintile 3	<u>-</u> %	15.4	15.6		22.4	16.8		19.8	25.6	17.0
Conf. Inter.	% <u>+</u>	2.3	2.9	17.9 2.4	3.2	4.0	17.9 5.1	19.6 5.7	25.6 5.0	17.0
Quintile 4	<u>-</u> %	11.1	12.1	14.5	15.2	13.5	15.4	15.3	18.7	12.9
Conf. Inter.	/0 <u>+</u>	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.	<u>+</u>	2.4	2.7	2.4	2.2	2.9	5.6	2.2	6.5	1.2
Total (f)	<u>-</u> %	14.4	16.5	17.9	17.6	16.8	21.9	12.5	22.5	16.3
Conf. Inter.	<u>±</u>	1.1	1.3	1.3	1.6	1.4	1.9	1.9	2.5	0.6
Daily smokers		792.1	702.9	601.6	308.4	203.3	78.7	35.0	29.4	2 751.4
Relative standard	d error									
2007-08	a ciroi									
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
Quintile 5	%	12.4	13.9	14.7	16.6	18.2	37.6	np	np	7.3
Total (f)	%	5.2	4.6	4.7	6.3	5.7	6.2	6.4	22.4	2.4
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

Table EA.22 Proportion of adults who are daily smokers, by SEIFA IRSD quintiles (a), (b), (c)

		<u> </u>	<u>, ,, , , , , , , , , , , , , , , , , ,</u>							
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (d), (e)	Aust
Quintile 5	%	12.8	18.5	12.9	12.8	15.9	18.1	12.8	27.3	7.0
Total (f)	%	4.0	4.1	3.8	4.6	4.2	4.5	7.6	5.8	2.0

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) Rates for total are age standardised by State and Territory, to the 2001 Australian standard 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 quality information for some data in this table is at www.pc.gov.au/rogs/2016.
- (d) Data for the NT should be interpreted with caution as the Australian Health Survey and the National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (e) Data for 2011-12 for the NT are not comparable to data for previous years due to the increased sample size.
- (f) Total includes those who could not be allocated to a SEIFA quintile.np Not published.

Source: ABS unpublished, Australian Health Survey 2011–13 (2011-12 Core component), Cat. no. 4364.0; ABS unpublished, National Health Survey 2007-08, Cat. no. 4364.0.

Table EA.23 Proportion of adults who are daily smokers, by Indigenous status (a), (b), (c), (d)

		, (C), (U)	17:-	01-1	14/4	0.4		4.O.T.	NT () (0	A
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	<i>NT</i> (e), (f)	Aust
2007-08										
Rate of adult daily s	mokers	(age star	dardise	ed)						
Aboriginal and Torres Strait		47.6	46.6	42.8	20.0	47.0	44.2	29.8	40.0	44.0
Islander people	%	47.0	46.6	42.0	39.6	47.0	44.2	29.6	46.6	44.8
Conf. Inter.	±	4.6	3.8	4.2	4.4	5.4	5.9	6.5	4.9	2.0
Other Australians	%	18.8	17.3	21.5	16.9	20.0	23.5	16.0	22.2	18.9
Conf. Inter.	±	1.9	1.6	2.0	2.0	2.3	3.1	2.0	12.3	0.9
Relative standard e	rrors						. .		0	0.0
Aboriginal and										
Torres Strait	%	5.0	4.1	5.0	5.7	5.9	6.8	11.2	5.4	2.3
Islander people										
Other Australians	%	5.1	4.8	4.6	6.2	5.8	6.7	6.4	28.2	2.4
Rate ratio (g)		2.5	2.7	2.0	2.3	2.4	1.9	1.9	2.1	2.4
2011–13 (f)										
Rate of adult daily s	mokers	(age star	dardise	ed)						
Aboriginal and										
Torres Strait		41.6	41.7	41.9	39.7	41.8	39.5	28.3	49.0	42.0
Islander people	%									
Conf. Inter.	±	3.6	5.3	3.2	3.4	4.8	5.0	7.5	4.7	1.8
Other Australians	%	14.0	16.5	17.1	17.4	16.3	21.2	12.6	22.1	16.0
Conf. Inter.	±	1.1	1.3	1.2	1.5	1.4	1.9	1.9	2.7	0.7
Total		14.5	16.5	18.0	17.8	16.8	22.0	12.6	23.3	16.4
Conf. Inter.		1.1	1.3	1.4	1.6	1.4	2.0	1.9	2.6	0.7
Relative standard e	rrors									
Aboriginal and										
Torres Strait	%	4.4	6.4	3.9	4.4	5.9	6.5	13.5	4.9	2.2
Islander people Other Australians	%	4.2	11	27	15	1 1	15	7.8	6.2	2.1
Other Australians Total	70		4.1	3.7	4.5	4.4	4.5		6.3	
		4.0	4.1	3.8	4.6	4.2	4.6	7.7	5.8	2.0
Rate ratio (g)		3.0	2.5	2.5	2.3	2.6	1.9	2.2	2.2	2.6

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) Rates are age standardised by State and Territory to the 2001 Australian standard population (5 year age ranges from 18 years).
- (c) Data for 2011–13 have been revised and are based on the full sample of the Australian Aboriginal and Torres Strait Islander Health Survey. They differ from data published in the 2014 Report (based on a subset of the full sample).
- (d) Data quality information for some data in this table is at www.pc.gov.au/rogs/2016.
- (e) Data for non-indigenous people for the NT should be interpreted with caution as the Australian Health Survey and the National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.

Table EA.23 Proportion of adults who are daily smokers, by Indigenous status (a), (b), (c), (d)

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

- (f) Data for 2011–13 for other Australians for the NT are not comparable to data for previous years due to the increased sample size.
- (g) Rate ratio is computed by dividing the age standardised rate for Aboriginal and Torres Strait Islander people by the age standardised rate for other Australians.

Source: ABS unpublished, Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 (Core component) Cat. no. 4727.0; ABS unpublished, National Aboriginal and Torres Strait Islander Social Survey, 2008, Cat. no. 4714.0; ABS unpublished, Australian Health Survey 2011–13 (2011-12 Core component), Cat. no. 4364.0; ABS unpublished, National Health Survey, 2007-08, Cat. no. 4364.0.

Table EA.24 Proportion of adults at risk of long term harm from alcohol (2009 NHMRC guidelines), by remoteness (a), (b), (c), (d), (e), (f)

NHMRC guidelines), by remoteness (a), (b), (c), (d), (e), (f)											
	Unit	NSW	Vic (e)	Qld	WA	SA	Tas (e)	ACT (e)	<i>NT</i> (g), (h)	Aust	
Remoteness of res	idence	(age star	ndardise	d rate)							
2007-08											
Major cities	%	18.9	17.7	20.3	22.9	18.6		21.3		19.2	
Conf. Inter.	<u>+</u>	1.8	1.9	2.2	2.7	2.1		2.1		8.0	
Inner regional	%	25.5	23.5	23.3	28.4	20.9	21.3	np		24.3	
Conf. Inter.	<u>+</u>	4.0	5.0	4.2	6.5	10.9	3.6	np		2.5	
Outer regional	%	np	21.7	25.6	40.8	12.2	np		23.8	24.2	
Conf. Inter.	<u>+</u>	np	14.3	4.0	11.2	5.5	np		16.8	2.9	
Remote	%	np	np	39.5	23.8	24.6	np		52.1	32.1	
Conf. Inter.	<u>+</u>	np	np	24.8	20.3	12.8	np		30.9	11.1	
Very remote (e)	%	na		na	na	na	na		na	na	
Conf. Inter.	<u>+</u>	na		na	na	na	na		na	na	
Total	%	20.4	18.8	22.3	25.3	18.5	21.5	21.3	33.4	20.9	
Conf. Inter.	±	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	
2011-12 (e)											
Major cities	%	17.5	16.7	20.5	22.9	17.6		21.0		18.5	
Conf. Inter.	<u>+</u>	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	np		20.6	
Conf. Inter.	<u>+</u>	5.2	3.9	4.3	7.0	6.7	2.7	np		2.4	
Outer regional	%	np	17.0	np	28.5	20.7	23.6		24.5	22.1	
Conf. Inter.	<u>+</u>	np	9.8	np	8.8	5.9	5.2		4.2	2.9	
Remote	%	np	np	np	36.7	27.3	37.6		22.9	31.4	
Conf. Inter.	<u>+</u>	np	np	np	12.7	32.6	50.6		8.1	7.4	
Very remote (e)	%	na		na	na	na	na		na	na	
Conf. Inter.	<u>+</u>	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.	<u>+</u>	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	
Relative standard e	error										
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	np		5.3	
Outer regional	%	np	33.5	8.0	14.0	22.8	np		35.9	6.0	
Remote	%	np	np	32.1	43.5	26.5	np		30.2	17.7	
Very remote (e)	%	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	
2011-12 (g)											
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	np		5.9	
Outer regional	%	np	29.3	np	15.7	14.5	11.3	· 	8.8	6.8	
Remote	%	np	np	np	17.6	60.8	68.7		18.1	12.1	
			· · · -	-1-							

Table EA.24 Proportion of adults at risk of long term harm from alcohol (2009 NHMRC guidelines), by remoteness (a), (b), (c), (d), (e), (f)

	Unit	NSW	Vic (e)	Qld	WA	SA	Tas (e)	ACT (e)	<i>NT</i> (g), (h)	Aust
Very remote (e)	%	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

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) 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 Australian standard population (5 year ranges from 18 years).
- (c) Data quality information for some data in this table is at www.pc.gov.au/rogs/2016.
- (d) Individuals are defined as at risk of long term harm if they consume more than 2 standard drinks a day (2009 NHMRC alcohol guidelines). Data based on consumption in week before the interview does not take into account whether consumption in that week was more, less than or the same as usual.
- (e) There are no very remote areas in Victoria; no major cities in Tasmania; no outer regional or remote areas in the ACT; and no inner regional or major cities in the NT.
- (f) Data were not collected for Very remote areas.
- (g) Data for the NT should be interpreted with caution as the Australian Health Survey and the National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (h) Data for 2011-12 for the NT are not comparable to data for previous years due to the increased sample size

na Not available. .. Not applicable. np Not published.

Source: ABS unpublished, *Australian Health Survey 2011–13* (2011-12 National Health Survey (NHS) component), Cat. no. 4364.0; ABS unpublished, *National Health Survey 2007-08*, Cat. no. 4364.0.

Table EA.25 Proportion of adults at risk of long term harm from alcohol (2009 NHMRC quidelines), by SEIFA IRSD quintiles (a), (b), (c), (d), (e)

	NHMRC guidelines), by SEIFA IRSD quintiles (a), (b), (c), (d), (e)									
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (f), (g)	Aust
SEIFA IRSD quint	ile (age	standardis	sed)							
2007-08										
Quintile 1	%	11.7	16.2	26.1	19.8	14.3	23.3	23.9	22.7	17.3
Conf. Inter.	<u>+</u>	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.	<u>+</u>	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.	<u>+</u>	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.	<u>+</u>	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.	<u>+</u>	3.5	4.0	5.4	5.5	5.9	8.5	2.5	17.0	1.9
Total (h)	%	20.4	18.8	22.3	25.3	18.5	21.5	21.3	33.4	20.9
Conf. Inter.	<u>+</u>	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
2011-12 (f)										
Quintile 1 Conf. Inter.	%	14.1 3.6	16.7 3.5	20.2 5.0	22.7 6.7	14.4 3.9	21.0 4.3	10.4 10.2	22.1 8.1	16.7 1.9
	<u>+</u>									
Quintile 2 Conf. Inter.	%	18.3 3.8	15.5 4.0	18.5 4.0	25.5 5.8	16.7 3.3	22.6 6.4	20.3 10.9	23.8 6.9	18.3 1.8
	<u>+</u>									
Quintile 3 Conf. Inter.	% <u>+</u>	19.1 3.8	15.1 3.8	21.5 3.7	24.9 4.6	18.1 5.9	20.7 6.1	21.1 6.8	21.5 6.6	19.2 2.0
Quintile 4 Conf. Inter.	% <u>+</u>	19.6 3.2	20.0 4.6	21.3 4.1	21.1 5.0	20.1 5.7	26.5 7.3	17.0 4.6	26.7 7.2	20.2 2.1
Quintile 5	<u>-</u> %	20.6	21.2	18.3	29.8	21.2	23.7	23.6	31.9	21.7
Conf. Inter.	70 <u>+</u>	4.7	3.4	4.2	29.6 4.6	4.5	23. <i>1</i> 8.3	23.0 4.1	13.7	21.7
Total (h)	<u>-</u> %	18.5	17.5	19.9	25.3	18.2	22.8	21.0	24.2	19.4
Conf. Inter.	<u>+</u>	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		3 318.2
Relative standard										
2007-08	GIIOI									
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
Quintile 5	%	7.3	9.7	13.7	10.7	13.2	20.1	6.0	30.9	4.2
Total (h)	%	4.2	5.0	4.5	5.0	5.1	7.0	5.0	22.3	2.1
2011-12 (f)	70		0.0		0.0	0.		0.0		
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

Table EA.25 Proportion of adults at risk of long term harm from alcohol (2009 NHMRC quidelines), by SEIFA IRSD quintiles (a), (b), (c), (d), (e)

		7, 3											
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (f), (g)	Aust			
Quintile 5	%	11.5	8.2	11.8	7.8	10.7	17.8	8.9	22.0	4.8			
Total (h)	%	4.2	5.0	4.5	5.0	5.1	7.0	5.0	22.3	2.1			

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) 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 Australian standard population.
- (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 quality information for some data in this table is at www.pc.gov.au/rogs/2016.
- (e) Individuals are defined as at risk of long term harm if they consume more than 2 standard drinks a day (2009 NHMRC alcohol guidelines). Data based on consumption in week before the interview does not take into account whether consumption in that week was more, less than or the same as usual.
- (f) Data for the NT should be interpreted with caution as the Australian Health Survey and the National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (g) Data for 2011-12 for the NT are not comparable to data for previous years due to the increased sample size.
- (h) Total includes those who could not be allocated to a SEIFA quintile.

Source: ABS unpublished, Australian Health Survey 2011–13 (2011-12 NHS component), Cat. no. 4364.0; ABS unpublished, National Health Survey 2007-08, Cat. no. 4364.0.

Table EA.26 Proportion of adults at risk of long term harm from alcohol (2009

NHMRC guidelines), by Indigenous status (a), (b), (c), (d)

	NHMRC guidelines), by Indigenous status (a), (b), (c), (d)									
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (e), (f)	Aust
2004-05 (g)										
Number of adults at	risk									
Aboriginal and										
Torres Strait	'000	16.6	3.8	17.4	8.6	3.4	1.9	0.5	3.8	56.0
Islander people										
Other Australians	'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 risl	k of Ion	g term ha	rm from	alcoho	I (age s	tandardi	sed)			
Aboriginal and										
Torres Strait		21.4	22.1	23.0	20.4	21.2	19.1	21.0	10.3	20.3
Islander people	%									
Conf. Inter.	±	3.9	7.7	4.4	3.9	7.1	4.3	7.2	3.1	1.9
Other Australians	%	21.9	20.4	22.4	24.6	23.0	19.2	21.6	29.6	21.9
Conf. Inter.	±	1.3	1.6	1.5	2.3	1.6	2.0	2.5	11.7	0.7
Relative standard er	rors									
Aboriginal and										
Torres Strait	%	9.3	17.8	9.7	9.8	17.0	11.4	17.4	15.5	4.9
Islander people										
Other Australians	%	3.1	3.9	3.4	4.8	3.6	5.2	5.8	20.1	1.6
Rate ratio (h)		1.0	1.1	1.0	0.8	0.9	1.0	1.0	0.3	0.9
2011-13 (f)										
Number of adults at	risk									
Aboriginal and										
Torres Strait	'000	22.1	5.6	19.5	11.3	4.7	2.6	0.6	5.8	72.3
Islander people										
Other Australians	'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 risl	k of Ion	g term ha	rm from	alcoho	l (age s	tandardi	sed)			
Aboriginal and										
Torres Strait		19.7	19.9	18.2	23.0	22.1	18.1	15.5	14.2	19.2
Islander people	%									
Conf. Inter.	±	3.3	4.1	3.7	3.8	5.1	4.2	6.2	4.0	1.6
Other Australians	%	18.4	17.7	20.1	25.4	18.5	23.0	20.9	24.9	19.5
Conf. Inter.	±	1.5	1.7	1.9	2.1	1.8	2.4	2.3	3.9	0.9
Relative standard er	rors									
Aboriginal and										
Torres Strait	%	8.4	10.5	10.4	8.3	11.7	11.9	20.3	14.5	4.3
Islander people										
Other Australians	%	4.3	4.8	4.8	4.3	4.9	5.4	5.7	7.9	2.3
Rate ratio (h)		1.1	1.1	0.9	0.9	1.2	0.8	0.7	0.6	1.0

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) Individuals are defined as at risk of long term harm if they consume more than 2 standard drinks a day (2009 NHMRC alcohol guidelines). Data based on consumption in week before the interview — does not take into account whether consumption in that week was more, less than or the same as usual.

⁽b) Adults are defined as people aged 18 years or over.

Table EA.26 Proportion of adults at risk of long term harm from alcohol (2009 NHMRC guidelines), by Indigenous status (a), (b), (c), (d)

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

- (c) Rates are age standardised by State and Territory to the 2001 Australian standard population.
- (d) Data quality information for some data in this table is at www.pc.gov.au/rogs/2016.
- (e) Data for non-indigenous people for the NT should be interpreted with caution as the Australian Health Survey and the National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (f) Data for 2011–13 for other Australians for the NT are not comparable to data for previous years due to the increased sample size.
- (g) 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.
- (h) Rate ratio is computed by dividing the age standardised rate for Aboriginal and Torres Strait Islander people by the age standardised rate for other Australians.

Source: ABS unpublished, Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 (National Aboriginal and Torres Strait Islander Health Survey component), Cat. no. 4727.0; ABS unpublished, Australian Health Survey 2011–13 (2011-12 Core component), Cat. no. 4364.0; ABS unpublished, National Aboriginal and Torres Strait Islander Health Survey, 2004-05, Cat. no. 4715.0; ABS unpublished, National Health Survey, 2004-05, Cat. no. 4364.0.

Table EA.27 Proportion of adult abstainers from alcohol, by Indigenous status (a), (b), (c), (d)

	(a), (b),	(c), (a)								
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	<i>NT</i> (e), (f)	Aust
2004-05 (g)										
Abstainers (age star	ndardise	d)								
Aboriginal and										
Torres Strait		22.8	19.3	28.0	33.6	30.0	14.3	11.4	50.6	29.0
Islander people	%									
Conf. Inter.	±	4.2	6.5	4.5	4.5	7.1	5.3	4.9	6.3	2.0
Other Australians	%	17.1	16.3	13.2	12.8	13.8	10.5	11.3	15.7	15.2
Conf. Inter.	±	1.5	1.3	1.2	1.8	1.3	1.6	1.7	11.1	0.7
Relative standard er	rrors									
Aboriginal and										
Torres Strait	%	9.5	17.3	8.3	6.8	12.0	18.8	21.7	6.4	3.5
Islander people										
Other Australians	%	4.4	4.1	4.6	7.3	4.9	7.9	7.5	36.1	2.2
Rate ratio (g)		1.3	1.2	2.1	2.6	2.2	1.4	1.0	3.2	1.9
2011–13 (f)										
Abstainers (age star	ndardise	d)								
Aboriginal and										
Torres Strait		20.8	19.9	25.2	26.8	27.8	18.1	13.0	50.5	26.1
Islander people	%									
Conf. Inter.	±	3.9	4.0	3.7	4.6	5.5	4.2	6.7	6.3	1.9
Other Australians	%	18.0	16.3	15.5	13.9	16.2	12.5	11.4	15.4	16.3
Conf. Inter.	±	1.5	1.8	1.4	1.8	1.6	2.0	1.6	3.0	0.7
Relative standard er	rrors									
Aboriginal and										
Torres Strait	%	9.6	10.3	7.5	8.8	10.2	11.8	26.4	6.4	3.8
Islander people										
Other Australians	%	4.3	5.7	4.8	6.5	4.9	8.1	7.0	9.9	2.2
Rate ratio (g)		1.2	1.2	1.6	1.9	1.7	1.4	1.1	3.3	1.6

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) Abstainers have consumed no alcohol in the previous 12 months (includes those who have never consumed alcohol).
- (b) Adults are defined as people aged 18 years or over.
- (c) Rates are age standardised by State and Territory to the 2001 Australian standard population.
- (d) Data quality information for some data in this table is at www.pc.gov.au/rogs/2016.
- (e) Data for non-indigenous people for the NT should be interpreted with caution as the Australian Health Survey and the National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (f) Data for 2011–13 for other Australians for the NT are not comparable to data for previous years due to the increased sample size.
- (g) Rate ratio is computed by dividing the age standardised rate for Aboriginal and Torres Strait Islander people by the age standardised rate for other Australians.

Table EA.27 Proportion of adult abstainers from alcohol, by Indigenous status (a), (b), (c), (d)

Unit NSW Vic Qld WA SA Tas ACT NT (e), (f) Aust Source: ABS unpublished, Australian Aboriginal and Torres Strait Islander Health Survey 2012-13

(National Aboriginal and Torres Strait Islander Health Survey component), Cat. no. 4727.0; ABS unpublished, *Australian Health Survey 2011–13* (2011-12 Core component), Cat. no. 4364.0; ABS unpublished, *National Aboriginal and Torres Strait Islander Health Survey, 2004-05*, Cat. no. 4715.0; ABS unpublished, *National Health Survey, 2004-05*, Cat. no. 4364.0.

Table EA.28 Incidence of selected cancers (a), (b), (c)

	Unit	<i>NSW</i> (d), (e), (f)	Vic	Qld	WA	SA	Tas	ACT (d), (e), (f)	NT	Aust (f)
Incidence of selected ca	ncers			Age	standardised ra	ate per 100 000) population			
2007										
Bowel cancer (g)	rate	63.8	64.3	66.6	57.3	65.7	81.8	60.6	69.7	64.5
Lung cancer (g)	rate	43.6	45.6	46.5	42.9	41.1	49.8	38.0	56.0	44.6
Melanoma (g)	rate	48.3	39.6	64.7	46.2	34.6	42.0	32.7	25.4	47.5
Female breast cancer	(h) rate	111.0	112.3	113.2	102.5	117.4	97.4	115.1	82.8	110.9
Cervical cancer (h)	rate	7.7	6.0	6.9	7.8	5.0	7.9	4.4	10.4	6.9
2008										
Bowel cancer (g)	rate	60.6	62.1	66.4	58.1	66.1	77.4	63.2	49.3	62.7
Lung cancer (g)	rate	43.4	42.6	47.9	44.3	44.0	47.9	35.4	79.2	44.4
Melanoma (g)	rate	48.1	39.7	68.9	49.5	39.9	49.1	44.6	35.3	49.3
Female breast cancer	(h) rate	114.0	116.7	123.1	118.8	119.0	103.1	117.6	97.4	116.9
Cervical cancer (h)	rate	6.7	6.6	7.1	8.7	8.1	6.9	3.8	14.1	7.1
2009										
Bowel cancer (g)	rate	59.5	60.8	63.6	58.4	60.6	71.6	62.9	54.7	60.9
Lung cancer (g)	rate	43.6	41.5	47.2	45.9	43.6	39.5	31.3	57.7	43.8
Melanoma (g)	rate	48.2	41.4	69.3	46.0	36.3	47.7	34.9	37.0	49.1
Female breast cancer	(h) rate	116.7	109.4	120.8	113.5	112.7	117.0	149.0	83.0	115.2
Cervical cancer (h)	rate	6.8	5.7	7.6	8.4	5.1	6.0	6.5	14.1	6.7
2010 (d)										
Bowel cancer (g)	rate	62.3	62.2	63.8	60.2	58.2	80.2	59.1	52.6	62.4
Lung cancer (g)	rate	44.1	40.1	47.5	45.4	41.9	48.1	33.4	53.1	43.7
Melanoma (g)	rate	49.4	38.6	68.7	44.7	36.5	49.2	37.8	39.8	48.7
Female breast cancer	(h) rate	116.0	114.3	123.3	121.7	118.4	107.5	143.6	93.3	117.8
Cervical cancer (h)	rate	7.0	6.3	8.2	7.6	7.8	7.3	3.9	7.8	7.1

Table EA.28 Incidence of selected cancers (a), (b), (c)

	Unit	<i>NSW</i> (d), (e), (f)	Vic	Qld	WA	SA	Tas	ACT (d), (e), (f)	NT	Aust (f)
2011 (e)										
Bowel cancer (g)	rate	61.9	60.7	62.6	58.0	60.3	73.3	63.0	45.3	61.5
Lung cancer (g)	rate	43.6	41.0	44.3	42.7	37.1	48.0	33.2	62.6	42.5
Melanoma (g)	rate	49.8	34.1	70.1	46.6	35.1	45.7	41.3	32.0	48.0
Female breast cancer (h) rate	114.0	119.5	118.6	114.0	109.6	119.4	130.0	105.3	116.0
Cervical cancer (h) 2012 (f)	rate	7.0	6.3	7.6	6.0	7.0	9.2	6.1	13.8	6.9
Bowel cancer (g)	rate	na	57.3	59.9	52.1	56.1	66.3	na	49.2	57.5
Lung cancer (g)	rate	na	43.1	44.2	42.9	38.8	48.7	na	48.7	43.2
Melanoma (g)	rate	na	36.8	71.7	46.1	34.2	41.7	na	41.0	48.4
Female breast cancer (h) rate	na	116.8	125.2	125.4	119.7	122.9	na	132.9	121.1
Cervical cancer (h)	rate	na	7.2	8.9	8.0	5.2	8.3	na	6.2	7.7
Number of new cases					ı	Number				
2007										
Bowel cancer	no.	4 785	3 584	2 774	1 200	1 240	481	178	80	14 322
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
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

Table EA.28 Incidence of selected cancers (a), (b), (c)

	Unit	<i>NSW</i> (d), (e), (f)	Vic	Qld	WA	SA	Tas	<i>ACT</i> (d), (e), (f)	NT	Aust (f)
2009										
Bowel cancer	no.	4 668	3 565	2 780	1 294	1 202	440	195	70	14 214
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
2010 (d)										
Bowel cancer	no.	5 024	3 756	2 888	1 384	1 171	504	190	81	14 998
Lung cancer	no.	3 557	2 430	2 166	1 027	846	303	105	71	10 505
Melanoma	no.	3 876	2 267	3 112	1 036	694	291	128	64	11 468
Female breast cancer	no.	4 684	3 485	2 891	1 466	1 159	332	260	89	14 366
Cervical cancer	no.	263	181	183	90	68	19	7	9	820
2011 (e)										
Bowel cancer	no.	5 135	3 746	2 905	1 382	1 235	468	211	69	15 151
Lung cancer	no.	3 613	2 543	2 088	1 010	760	310	109	78	10 511
Melanoma	no.	3 975	2 059	3 263	1 117	685	274	145	52	11 570
Female breast cancer	no.	4 677	3 718	2 857	1 413	1 097	379	241	83	14 465
Cervical cancer	no.	269	184	172	70	58	22	11	15	801
2012 (f)										
Bowel cancer	no.	na	3 635	2 894	1 289	1 164	443	na	79	9 504
Lung cancer	no.	na	2 735	2 138	1 058	820	322	na	75	7 148
Melanoma	no.	na	2 272	3 419	1 146	676	259	na	72	7 844
Female breast cancer	no.	na	3 697	3 089	1 612	1 209	392	na	106	10 105
Cervical cancer	no.	na	213	206	97	45	23	na	7	591

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

Table EA.28 Incidence of selected cancers (a), (b), (c)

Unit NSW (d), (e), (f)	Vic	Qld	WA	SA	Tas	ACT (d), (e), (f)	NT	Aust (f)
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- (b) Due to the low incidence of cancers in some jurisdictions, rates may fluctuate widely from year to year. Comparisons across time and between jurisdictions should be made with caution.
- (c) Data quality information (DQI) for some data in this table is at www.pc.gov.au/rogs/2016.
- (d) Data for NSW and the ACT for 2010 may differ from data estimates published in previous reports. See DQI for more information.
- (e) Data for NSW and the ACT for 2011 are estimated as incidence data are not available. See DQI for more information.
- (f) Data for NSW and the ACT for 2012 are not available and are not included in data for Australia. This constitutes a break in time series for data for Australia between 2011 and 2012. See DQI for more information.
- (g) Age-standardised to the 2001 Australian standard population, using five-year age groups to 84 years, and expressed per 100 000 persons.
- (h) Age-standardised to the 2001 Australian standard population, using five-year age groups to 84 years, and expressed per 100 000 females.

Source: AIHW unpublished, Australian Cancer Database, various years; ABS various years, Australian Demographic Statistics, Cat. no. 3101.0.

Table EA.29 Incidence of selected cancers, by remoteness area, 2012 (a), (b), (c), (d)

									Total	Total
									excluding	excluding
	NSW (e)	Vic	Qld	WA	SA		ACT (e), (f)	NT (f)	NSW/ACT (e)	NSW/ACT (e)
			Age s	standardised ra	te per 100 00	0 populatio	<u>n</u>			no.
Bowel cancer (g)										
Major cities	na	54.6	57.4	51.9	53.0		na		54.6	5 939
Inner regional	na	62.5	62.5	46.4	55.2	65.7	na		61.1	2 105
Outer regional	na	69.0	65.0	61.4	68.9	66.3		57.0	66.0	1 217
Remote	na	93.1	58.4	59.2	66.9	92.2		49.9	63.5	165
Very remote	na		69.7	25.7	85.6	np		17.4	50.9	67
Lung cancer (g)										
Major cities	na	41.4	42.4	41.8	38.7		na		41.4	4 484
Inner regional	na	47.2	43.8	43.6	31.6	48.2	na		44.8	1 572
Outer regional	na	46.2	46.0	44.9	41.8	50.7		53.7	46.1	855
Remote	na	57.0	56.0	51.2	43.5	np		30.9	48.9	130
Very remote	na		83.0	55.7	84.5	np		50.9	71.5	88
Melanoma (g)										
Major cities	na	33.6	73.1	45.0	33.0		na		46.2	4 963
Inner regional	na	45.7	71.6	64.4	36.0	42.6	na		54.6	1 754
Outer regional	na	47.4	69.1	41.1	34.4	40.6		42.3	52.3	932
Remote	na	60.2	53.6	43.1	62.0	np		56.4	50.1	142
Very remote	na		51.5	28.4	9.9	np		np	34.1	48
Female breast cance	er (h)									
Major cities	na	115.3	125.2	126.9	122.2		na		121.0	6 731
Inner regional	na	118.9	115.4	114.3	110.1	124.4	na		117.5	1 967
Outer regional	na	129.1	142.5	125.8	112.4	116.4		140.1	129.2	1 166
Remote	na	78.6	109.9	131.0	134.7	166.9		152.9	124.9	165
Very remote	na	**	79.2	116.4	87.9	np	**	71.2	87.9	61

Table EA.29 Incidence of selected cancers, by remoteness area, 2012 (a), (b), (c), (d)

									Total	Total
								ex	cluding	excluding
	NSW (e)	Vic	Qld	WA	SA	Tas (f) AC	CT (e), (f)	NT (f) NSV	V/ACT (e)	NSW/ACT (e)
			Age s	tandardised rate	e per 100 00	0 population				no.
Cervical cancer (h)										
Major cities	na	7.3	8.3	7.7	4.8	••	na		7.4	391
Inner regional	na	6.8	8.6	4.8	3.8	8.7	na		7.3	105
Outer regional	na	6.2	11.7	12.6	9.8	7.4		7.3	9.8	78
Remote	na	_	8.6	12.4	3.0	np		np	9.5	13
Very remote	na		3.5	9.2	_	_		np	4.3	4

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Remoteness areas are classified according to the Australian Statistical Geographical Standard (ASGS) Remoteness Area. Disaggregation by remoteness area is based on Statistical Area Level 2 (SA2) of usual residence at time of diagnosis. Not all remoteness areas are represented in all states and territories. The accuracy of these 2011-based classifications decreases over time due to changes in infrastructure within SA2 boundaries since 2011.
- (c) Some remoteness areas in some jurisdictions have small populations. The incidence rates in such areas may fluctuate considerably from year to year due to the behaviour of rare events in small populations.
- (d) Data quality information for some data in this table is at www.pc.gov.au/rogs/2016.
- (e) Data are not available for NSW or the ACT. Totals do not include NSW or the ACT. See DQI for more information.
- (f) Incidence rates based on counts of 1 to 4 new cases are not published for Tasmania, the ACT or the NT because of statistical unreliability and/or patient confidentiality, consistent with Health Department policies in those jurisdictions.
- (g) Age-standardised to the 2001 Australian standard population, using five-year age groups to 84 years, and expressed per 100 000 persons.
- (h) Age-standardised to the 2001 Australian standard population, using five-year age groups to 84 years, and expressed per 100 000 females. **na** Not available. .. Not applicable. **–** Nil or rounded to zero. **np** Not published.

Source: AIHW unpublished, Australian Cancer Database 2012; ABS unpublished, correspondences from Statistical Area Level 2 to Remoteness Area; ABS unpublished, Estimated Resident Population, 30 June 2012.

Table EA.30 Incidence of selected cancers, by SEIFA IRSD quintiles, 2012 (a), (b), (c), (d)

	NSW (e) Vic								Total xcluding	Total excluding
	NSW (e)	Vic	Qld	WA	SA	Tas (f) ACT	T (e), (f)	NT (f) NS	<i>W/ACT</i> (e)	NSW/ACT (e)
			Age	standardised ra	ate per 100 000) population				no.
Bowel cancer (g)										
Quintile 1	na	57.8	62.5	61.1	58.2	71.7	na	41.9	61.0	1977
Quintile 2	na	60.4	64.4	54.7	62.9	59.9	na	66.2	61.0	2110
Quintile 3	na	59.6	59.3	55.0	54.3	63.1	na	25.7	58.4	2112
Quintile 4	na	56.1	55.5	49.5	53.4	63.2	na	53.5	55.0	1867
Quintile 5	na	51.9	54.3	46.6	40.8	57.9	na	68.2	50.6	1419
Lung cancer (g)										
Quintile 1	na	53.5	55.2	65.0	52.5	61.1	na	43.4	55.5	1800
Quintile 2	na	46.8	46.7	48.0	39.4	50.3	na	61.8	45.9	1602
Quintile 3	na	43.9	44.0	42.9	30.8	37.8	na	41.9	42.4	1542
Quintile 4	na	40.1	34.5	41.3	35.0	31.0	na	35.6	37.8	1285
Quintile 5	na	32.2	33.2	32.2	24.3	np	na	78.5	32.1	895
Melanoma (g)										
Quintile 1	na	27.5	66.3	35.3	29.1	37.8	na	23.8	41.6	1277
Quintile 2	na	37.8	70.9	49.2	33.2	41.6	na	52.0	48.4	1597
Quintile 3	na	39.9	72.7	41.9	38.9	44.7	na	46.1	51.3	1827
Quintile 4	na	37.9	72.7	44.1	35.6	41.6	na	48.4	48.4	1673
Quintile 5	na	38.4	75.6	52.1	39.3	87.0	na	41.1	51.0	1455
Female breast canc	er (h)									
Quintile 1	na	102.6	116.6	122.2	106.0	111.8	na	84.2	109.7	1698
Quintile 2	na	110.8	123.1	125.7	123.6	119.4	na	175.9	119.4	2008
Quintile 3	na	112.2	122.3	118.0	109.1	125.9	na	187.5	116.7	2131
Quintile 4	na	122.1	124.1	119.2	124.3	140.8	na	80.6	122.5	2209
Quintile 5	na	130.8	141.5	136.1	145.4	164.1	na	204.4	136.3	2035

Table EA.30 Incidence of selected cancers, by SEIFA IRSD quintiles, 2012 (a), (b), (c), (d)

									Total	Total
								ex	cluding	excluding
	NSW (e)	Vic	Qld	WA	SA	Tas (f) AC7	「(e), (f)	NT (f) NSV	<i>V/ACT</i> (e)	NSW/ACT (e)
			Age s	standardised rat	e per 100 000) population				no.
Cervical cancer (h)										
Quintile 1	na	7.8	11.1	9.3	7.9	9.4	na	np	9.2	124
Quintile 2	na	8.4	11.0	7.1	4.9	11.3	na	np	8.6	128
Quintile 3	na	7.4	7.7	7.5	5.0	np	na	np	7.4	124
Quintile 4	na	6.6	6.7	10.1	3.5	np	na	_	6.6	118
Quintile 5	na	6.3	8.4	7.2	2.9	_	na	_	6.8	95

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS 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 Area Level 2 (SA2) of usual residence at time of diagnosis. Not all quintiles are represented in every jurisdiction. SEIFA quintiles are based on 2011 classifications. The accuracy of these classifications decreases over time due to changes in demographics within SA2 boundaries since 2011.
- (c) Some SEIFA quintiles in some jurisdictions have small populations. The incidence rates in such areas may fluctuate considerably from year to year due to the behaviour of rare events in small populations.
- (d) Data quality information for some data in this table is at www.pc.gov.au/rogs/2016.
- (e) Data are not available for NSW or the ACT. Totals do not include NSW or the ACT. See DQI for more information.
- (f) Incidence rates based on counts of 1 to 4 new cases are not published for Tasmania, the ACT or the NT because of statistical unreliability and/or patient confidentiality, consistent with Health Department policies in those jurisdictions.
- (g) Age-standardised to the 2001 Australian standard population, using five-year age groups to 84 years, and expressed per 100 000 persons.
- (h) Age-standardised to the 2001 Australian standard population, using five-year age groups to 84 years, and expressed per 100 000 females. **na** Not available. **–** Nil or rounded to zero. **np** Not published.

Source: AIHW unpublished, Australian Cancer Database 2012; ABS unpublished, correspondences from Statistical Area Level 2 to ABS Index of Relative Socio-economic Disadvantage (IRSD); ABS unpublished, Estimated Resident Population, 30 June 2012.

Table EA.31 Incidence of selected cancers, by Indigenous status (per 100 000 population) (a), (b), (c), (d), (e)

			=							
	NSW (f), (g), (h)	Vic	Qld	WA	SA	Tas (i)	ACT (f), (i)	NT (i)	Total (f),(j)	Total (no.) (f),(j)
2007										
Bowel cancer (k)										
Aboriginal and Torres Strait Islander people	43.3	np	46.8	33.7	np	np	np	38.1	42.4	78
Other Australians (I) Lung cancer (k)	64.3	np	66.8	57.4	np	np	np	75.5	64.1	8 763
Aboriginal and Torres Strait Islander people	83.1	np	87.0	92.4	np	np	np	44.7	80.8	146
Other Australians (I) Melanoma of the skin (k)	43.4	np	45.8	42.1	np	np	np	60.8	44.0	6 021
Aboriginal and Torres Strait Islander people	14.1	np	9.1	np	np	np	np	np	10.9	19
Other Australians (I) Female breast cancer (m)	49.0	np	65.9	47.0	np	np	np	32.6	53.8	7 255
Aboriginal and Torres Strait Islander people	77.0	np	66.2	115.2	np	np	np	54.7	77.0	90
Other Australians (I) Cervical cancer (m)	111.5	np	114.2	103.1	np	np	np	87.8	110.7	7 753
Aboriginal and Torres Strait Islander people	15.1	np	11.3	23.3	np	np	np	np	15.7	25
Other Australians (I)	7.5	np	6.8	7.5	np	np	np	8.9	7.3	490
2008										
Bowel cancer (k)										
Aboriginal and Torres Strait Islander people	53.5	np	34.8	27.7	np	np	np	np	39.2	77
Other Australians (I)	61.0	np	66.7	58.5	np	np	np	58.4	62.2	8 742

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Table EA.31 Incidence of selected cancers, by Indigenous status (per 100 000 population) (a), (b), (c), (d), (e)

	<i>NSW</i> (f), (g), (h)	Vic	Qld	WA	SA	Tas (i)	<i>ACT</i> (f), (i)	NT (i)	Total (f),(j)	Total (no.) (f),(j)
Lung cancer (k)										
Aboriginal and Torres Strait Islander people	62.8	np	46.0	62.8	np	np	np	130.6	66.0	131
Other Australians (I) Melanoma of the skin (k)	43.1	np	47.7	43.8	np	np	np	57.9	44.7	6 288
Aboriginal and Torres Strait Islander people	6.8	np	np	24.6	np	np	np	-	7.9	15
Other Australians (I) Female breast cancer (m)	48.9	np	70.2	50.2	np	np	np	40.7	55.6	7 687
Aboriginal and Torres Strait Islander people	84.3	np	79.5	93.8	np	np	np	66.2	81.6	104
Other Australians (I) Cervical cancer (m)	114.1	np	124.4	119.9	np	np	np	113.3	118.0	8 451
Aboriginal and Torres Strait Islander people	8.1	np	17.1	26.5	np	np	np	np	14.6	26
Other Australians (I)	6.7	np	7.0	8.3	np	np	np	13.7	7.1	480
2009 (h) Bowel cancer (k)										
Aboriginal and Torres Strait Islander people	35.8	np	59.4	56.8	np	np	np	40.4	46.5	100
Other Australians (I) Lung cancer (k)	59.8	np	63.0	58.1	np	np	np	55.7	60.5	8 714
Aboriginal and Torres Strait Islander people	71.4	np	78.2	98.3	np	np	np	68.7	76.9	142
Other Australians (I) Melanoma of the skin (k)	43.3	np	46.6	44.9	np	np	np	47.5	44.5	6 456

HEALTH SECTOR OVERVIEW PAGE **2** of TABLE EA.31

Table EA.31 Incidence of selected cancers, by Indigenous status (per 100 000 population) (a), (b), (c), (d), (e)

	<i>NSW</i> (f), (g), (h)	Vic	Qld	WA	SA	Tas (i)	<i>ACT</i> (f), (i)	NT (i)	Total (f),(j)	Total (no.) (f),(j)
Aboriginal and Torres Strait Islander people	4.4	np	9.2	15.9	np	np	np	np	8.2	22
Other Australians (I) Female breast cancer (m)	48.9	np	70.2	46.5	np	np	np	41.9	55.0	7 809
Aboriginal and Torres Strait Islander people	80.5	np	63.2	116.6	np	np	np	107.9	83.4	109
Other Australians (I) Cervical cancer (m)	116.9	np	122.2	114.3	np	np	np	74.8	117.9	8 664
Aboriginal and Torres Strait Islander people	9.9	np	18.2	np	np	np	np	np	13.6	21
Other Australians (I)	6.8	np	7.3	8.1	np	np	np	11.2	7.2	496
2010										
Bowel cancer (k)										
Aboriginal and Torres Strait Islander people	55.9	104.6	47.4	43.2	np	np	np	13.9	51.5	121
Other Australians (I) Lung cancer (k)	62.5	62.5	63.3	60.1	np	np	np	61.8	62.4	13 012
Aboriginal and Torres Strait Islander people	82.6	59.6	89.4	45.2	np	np	np	99.4	79.3	168
Other Australians (I) Melanoma of the skin (k)	43.5	40.2	46.4	44.8	np	np	np	43.7	43.3	9 083
Aboriginal and Torres Strait Islander people	12.9	39.6	12.9	7.9	np	np	np	np	13.8	32
Other Australians (I) Female breast cancer (m)	49.9	38.7	69.6	45.3	np	np	np	43.3	50.5	10 323

Table EA.31 Incidence of selected cancers, by Indigenous status (per 100 000 population) (a), (b), (c), (d), (e)

	NSW (f), (g), (h)	Vic	Qld	WA	SA	Tas (i)	ACT (f), (i)	NT (i)	Total (f),(j)	Total (no.) (f),(j)
Aboriginal and Torres Strait Islander people	89.1	94.3	81.4	101.2	np	np	np	92.8	89.4	143
Other Australians (I) Cervical cancer (m)	116.3	114.7	124.2	122.1	np	np	np	97.5	118.1	12 472
Aboriginal and Torres Strait Islander people	15.5	22.7	25.3	19.9	np	np	np	np	18.6	34
Other Australians (I)	6.8	6.2	7.9	7.3	np	np	np	8.0	7.0	692
2011 (f) Bowel cancer (k)										
Aboriginal and Torres Strait Islander people	na	np	33.1	35.1	np	np	na	np	29.9	40
Other Australians (I)	na	np	61.9	57.9	np	np	na	52.0	60.5	4 316
Lung cancer (k)										
Aboriginal and Torres Strait Islander people	na	np	69.9	85.3	np	np	na	76.6	75.1	98
Other Australians (I) Melanoma of the skin (k)	na	np	43.4	41.6	np	np	na	51.2	42.9	3 078
Aboriginal and Torres Strait Islander people	na	np	np	np	np	np	na	np	4.3	8
Other Australians (I) Female breast cancer (m)	na	np	71.3	47.2	np	np	na	38.3	62.5	4 424
Aboriginal and Torres Strait Islander people	na	np	94.2	146.7	np	np	na	99.8	108.2	94
Other Australians (I) Cervical cancer (m)	na	np	119.0	113.9	np	np	na	97.5	116.9	4 259

Table EA.31 Incidence of selected cancers, by Indigenous status (per 100 000 population) (a), (b), (c), (d), (e)

	<i>NSW</i> (f), (g), (h)	Vic	Qld	WA	SA	Tas (i)	ACT (f), (i)	NT (i)	Total (f),(j)	Total (no.) (f),(j)
Aboriginal and Torres Strait Islander people	na	np	14.9	np	np	np	na	25.3	15.4	17
Other Australians (I)	na	np	7.4	5.9	np	np	na	11.7	7.0	240
2012 (f) Bowel cancer (k)										
Aboriginal and Torres Strait Islander people	na	65.5	43.6	45.1	np	np	na	23.8	43.4	71
Other Australians (I) Lung cancer (k)	na	57.2	59.3	51.9	np	np	na	51.8	57.0	7 826
Aboriginal and Torres Strait Islander people	na	58.0	82.5	45.8	np	np	na	80.5	71.0	112
Other Australians (I) Melanoma of the skin (k)	na	42.6	42.6	42.3	np	np	na	40.6	42.6	5 894
Aboriginal and Torres Strait Islander people	na	13.4	10.2	10.1	np	np	na	np	9.3	14
Other Australians (I) Female breast cancer (m)	na)	37.0	72.6	46.6	np	np	na	48.7	51.3	6 895
Aboriginal and Torres Strait Islander people	na	77.2	89.2	96.9	np	np	na	104.4	91.8	99
Other Australians (I) Cervical cancer (m)	na	116.9	126.2	126.8	np	np	na	131.1	121.9	8 405
Aboriginal and Torres Strait Islander people	na	10.9	6.2	12.2	np	np	na	np	8.3	13
Other Australians (I)	na	7.2	9.1	7.9	np	np	na	5.7	7.9	510

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

Table EA.31

Incidence of selected cancers, by Indigenous status (per 100 000 population) (a), (b), (c), (d), (e)

NSW (f), (g), (h) Vic Qld WA SA Tas (i) ACT (f), (i) NT (i) Total (f),(j) Total (no.) (f),(j)

- (b) The completeness of identification of Aboriginal and Torres Strait Islander people in cancer registry data varies between jurisdictions. Those with sufficiently complete identification to enable reliable reporting of cancer incidence rates are NSW, Victoria (for 2010 and 2012), Queensland, WA and the NT. Data are not published by Indigenous status for the other jurisdictions and are not included in the totals.
- (c) Due to the low incidence of cancers in some jurisdictions, rates may fluctuate widely from year to year. Comparisons across time and between jurisdictions should be made with caution.
- (d) Incidence rates for Aboriginal and Torres Strait Islander people may fluctuate widely from year to year due to the behaviour of rare events in small populations.
- (e) Data quality information (DQI) for some data in this table is at www.pc.gov.au/rogs/2016.
- (f) Data are not available for 2011 or 2012 for NSW and the ACT and are not included in the totals. See DQI for more information.
- (g) Cancer Institute NSW (CINSW) uses an imputation method to impute missing Indigenous status for reporting purposes. Therefore the NSW Indigenous rates reported here may be less than those shown in CINSW reports. See DQI for more information.
- (h) Information on the death certificate is used to supplement the cancer registry's information about Indigenous status. Death certificate data for 2009 were not available for NSW by the time 2009 cancer data were being processed and this may impact on NSW data reported here for 2009.
- (i) Incidence rates based on counts of 1 to 4 new cases are not published for Tasmania, the ACT or the NT because of statistical unreliability and/or patient confidentiality, consistent with Health Department policies in those jurisdictions.
- (j) Totals include only those jurisdictions with sufficiently complete identification of Aboriginal and Torres Strait Islander people with cancer to enable reliable reporting of incidence rates NSW, Victoria (for 2010 and 2012), Queensland, WA and the NT. For 2011 and 2012, totals exclude NSW (see footnote (g)). This constitutes a break in time series totals for 2011 and 2012 are not comparable with totals for previous years.
- (k) Age-standardised to the 2001 Australian standard population, using five-year age groups to 84 years, and expressed per 100 000 persons.
- (I) Other Australians includes non-Indigenous people and those for whom Indigenous status was not stated.
- (m) Age-standardised to the 2001 Australian standard population, using five-year age groups to 84 years, and expressed per 100 000 females. **na** Not available. **–** Nil or rounded to zero. **np** Not published.

Source: AIHW unpublished, Australian Cancer Database various years; ABS various years, Australian Demographic Statistics, Cat. no. 3101.0; ABS 2014, Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026, Series B, Cat. no. 3238.0, Canberra.

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Table EA.32 Incidence of heart attacks (acute coronary events), by age and sex, people aged 25 years and over (per 100 000 people) (a), (b), (c), (d)

	P	p. c g	, ,		. (P		p / (,, (,, (-)	, ()
	Unit	25-34	35-44	45-54	55-64	65-74	75-84	85+	Aust (e)
2007									
Males	rate	22.3	149.3	492.7	979.0	1 650.8	2 710.5	4 586.1	729.0
Females	rate	6.4	44.1	148.1	350.7	785.8	1 683.5	3 475.5	358.2
Total	rate	14.4	96.3	319.0	664.7	1 209.3	2 135.1	3 840.9	534.2
2008									
Males	rate	18.8	142.0	457.1	907.6	1 556.2	2 519.7	4 408.5	682.7
Females	rate	5.3	40.9	144.0	314.1	721.0	1 599.7	3 402.9	337.4
Total	rate	12.1	91.1	299.2	610.4	1 130.7	2 006.3	3 737.6	501.7
2009									
Males	rate	18.4	140.4	438.5	882.3	1 399.8	2 334.5	4 104.6	639.9
Females	rate	5.1	46.3	139.6	296.9	641.1	1 442.7	3 102.1	310.2
Total	rate	11.8	93.0	287.8	588.7	1 014.1	1 838.7	3 439.7	467.2
2010									
Males	rate	17.3	131.3	437.3	823.5	1 325.2	2 225.4	3 979.2	611.3
Females	rate	5.2	43.3	139.9	283.6	620.5	1 395.3	2 943.8	299.2
Total	rate	11.3	87.0	287.3	552.3	967.9	1 765.5	3 296.2	447.8
2011									
Males	rate	15.8	125.7	416.8	784.5	1 265.0	2 127.5	3 835.5	584.0
Females	rate	6.4	40.6	134.3	274.1	578.4	1 287.7	2 901.3	283.9
Total	rate	11.1	82.8	274.2	527.8	917.9	1 663.9	3 223.2	427.1
2012									
Males	rate	15.2	132.9	399.8	752.3	1 194.9	2 019.1	3 612.0	558.4
Females	rate	5.3	40.9	135.6	256.5	521.0	1 221.0	2 677.2	266.4
Total	rate	10.3	86.6	266.5	502.3	854.1	1 581.3	3 005.9	405.9
2013									
Males	rate	16.5	117.3	385.5	717.4	1 127.3	1 861.2	3 315.3	523.4
Females	rate	4.3	39.3	125.2	246.0	488.9	1 098.9	2 436.4	245.7
Total	rate	10.5	78.0	254.1	479.1	804.3	1 445.7	2 749.3	378.5

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) The estimated number of heart attacks (acute coronary events) in a given year is derived from hospitalisations with 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.
- (c) Deaths registered in 2011 and earlier are based on the final version of cause of death data; deaths registered in 2012 and 2013 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.
- (d) Data quality information for some data in this table is at www.pc.gov.au/rogs/2016.
- (e) Data for Australia are directly age-standardised to the 2001 Australian standard population.

Table EA.33

Incidence of heart attacks (acute coronary events), people 25 years or over, by Indigenous status (per 100 000 people) (a), (b), (c), (d), (f), (g)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT N	T (h)	Aust (f), (h)
2007										_
Aboriginal and Torres Strait Islander people	rate	na	na	na	na	na	na	na	na	1 048.0
Other Australians (h) 2008	rate	na	na	na	na	na	na	na	na	527.6
Aboriginal and Torres Strait Islander people	rate	na	na	na	na	na	na	na	na	1 034.8
Other Australians (h) 2009	rate	na	na	na	na	na	na	na	na	491.5
Aboriginal and Torres Strait Islander people	rate	na	na	na	na	na	na	na	na	1 024.8
Other Australians (h) 2010	rate	na	na	na	na	na	na	na	na	456.1
Aboriginal and Torres Strait Islander people	rate	na	na	na	na	na	na	na	na	954.7
Other Australians (h) 2011	rate	na	na	na	na	na	na	na	na	440.0
Aboriginal and Torres Strait Islander people	rate	na	na	na	na	na	na	na	na	936.6
Other Australians (h) 2012	rate	na	na	na	na	na	na	na	na	425.1
Aboriginal and Torres Strait Islander people	rate	na	na	na	na	na	na	na	na	994.7
Other Australians (h) 2013	rate	na	na	na	na	na	na	na	na	407.6
Aboriginal and Torres Strait Islander people	rate	na	na	na	na	na	na	na	na	954.8
Other Australians (h)	rate	na	na	na	na	na	na	na	na	381.8

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) The estimated number of heart attacks (acute coronary events) in a given year is derived from hospitalisations with 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.
- (c) Data are directly age standardised to the 2001 Australian standard population.
- (d) Deaths registered in 2011 and earlier are based on the final version of cause of death data; deaths registered in 2012 and 2013 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.
- (f) NMD data from 5 jurisdictions (NSW, Qld, WA, SA and NT) have been assessed by the AIHW as having adequate Indigenous identification from 1998 onwards. The estimates shown in this table for Indigenous and Other Australians are derived using only data from these five jurisdictions because the quality of identification is considered reasonable in both the NHMD and the NMD.
- (g) Data quality information for some data in this table is at www.pc.gov.au/rogs/2016.

Table EA.33

Incidence of heart attacks (acute coronary events), people 25 years or over, by Indigenous status (per 100 000 people) (a), (b), (c), (d), (f), (g)

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

Source: AIHW unpublished, National Hospital Morbidity Database; AIHW unpublished, National Mortality Database; ABS various years, Australian Demographic Statistics, Cat. no. 3101.0; ABS 2014, Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026, Cat. no. 3238.0.

⁽h) Other Australians includes non-Indigenous people and cases where Indigenous status was not stated or inadequately described. For the NT, all non-fatal events treated in the private hospital are included in the incidence counts for other Australians.

Table EA.34 Incidence of heart attacks (acute coronary events), people 25 years or over, NSW (per 100 000 people) (a), (b), (c), (d)

	NSW	Aust
2007	496.6	534.2
2008	466.1	501.7
2009	428.2	467.2
2010	409.8	447.8
2011	379.2	427.1
2012	365.7	405.9
2013	352.6	378.5

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Directly age standardised to the 2001 Australian standard population.
- (c) Comparisons between jurisdictions should not be made as differences in treatment and referral patterns across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability. These data are estimated from national hospital and deaths data. 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 at www.pc.gov.au/rogs/2016 for further detail.
- (d) Deaths registered in 2011 and earlier are based on the final version of cause of death data; deaths registered in 2012 and 2013 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.

Table EA.35 Incidence of heart attacks (acute coronary events), people 25 years or over, Victoria (per 100 000 people) (a), (b), (c), (d)

	Vic	Aust
2007	525.8	534.2
2008	503.8	501.7
2009	469.5	467.2
2010	444.6	447.8
2011	416.7	427.1
2012	380.3	405.9
2013	347.5	378.5

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Directly age standardised to the 2001 Australian standard population.
- (c) Comparisons between jurisdictions should not be made as differences in treatment and referral patterns across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability. These data are estimated from national hospital and deaths data. 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 at www.pc.gov.au/rogs/2016 for further detail.
- (d) Deaths registered in 2011 and earlier are based on the final version of cause of death data; deaths registered in 2012 and 2013 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.

Table EA.36 Incidence of heart attacks (acute coronary events), people 25 years or over, Queensland (per 100 000 people) (a), (b), (c), (d)

	Qld	Aust
2007	631.6	534.2
2008	599.4	501.7
2009	535.8	467.2
2010	513.3	447.8
2011	515.7	427.1
2012	495.7	405.9
2013	457.2	378.5

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Directly age standardised to the 2001 Australian standard population.
- (b) Comparisons between jurisdictions should not be made as differences in treatment and referral patterns across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability. These data are estimated from national hospital and deaths data. 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 at www.pc.gov.au/rogs/2016 for further detail.
- (d) Deaths registered in 2011 and earlier are based on the final version of cause of death data; deaths registered in 2012 and 2013 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.

Table EA.37 Incidence of heart attacks (acute coronary events), people 25 years or over, WA (per 100 000 people) (a), (b), (c), (d)

	WA	Aust
2007	500.9	534.2
2008	439.7	501.7
2009	443.4	467.2
2010	446.3	447.8
2011	441.5	427.1
2012	427.9	405.9
2013	385.4	378.5

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Directly age standardised to the 2001 Australian standard population.
- (b) Comparisons between jurisdictions should not be made as differences in treatment and referral patterns across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability. These data are estimated from national hospital and deaths data. 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 at www.pc.gov.au/rogs/2016 for further detail.
- (d) Deaths registered in 2011 and earlier are based on the final version of cause of death data; deaths registered in 2012 and 2013 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.

Table EA.38 Incidence of heart attacks (acute coronary events), people 25 years or over, SA (per 100 000 people) (a), (b), (c), (d)

	SA	Aust
2007	497.3	534.2
2008	448.2	501.7
2009	438.9	467.2
2010	412.1	447.8
2011	400.9	427.1
2012	375.4	405.9
2013	346.7	378.5

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Directly age standardised to the 2001 Australian standard population.
- (b) Comparisons between jurisdictions should not be made as differences in treatment and referral patterns across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability. These data are estimated from national hospital and deaths data. 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 at www.pc.gov.au/rogs/2016 for further detail.
- (d) Deaths registered in 2011 and earlier are based on the final version of cause of death data; deaths registered in 2012 and 2013 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.

Table EA.39 Incidence of heart attacks (acute coronary events), people 25 years or over, Tasmania (per 100 000 people) (a), (b), (c), (d)

	Tas	Aust
2007	565.9	534.2
2008	528.3	501.7
2009	478.4	467.2
2010	457.8	447.8
2011	390.3	427.1
2012	395.9	405.9
2013	373.3	378.5

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Directly age standardised to the 2001 Australian standard population.
- (b) Comparisons between jurisdictions should not be made as differences in treatment and referral patterns across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability. These data are estimated from national hospital and deaths data. 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 at www.pc.gov.au/rogs/2016 for further detail.
- (d) Deaths registered in 2011 and earlier are based on the final version of cause of death data; deaths registered in 2012 and 2013 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.

Table EA.40 Incidence of heart attacks (acute coronary events), people 25 years or over, ACT (per 100 000 people) (a), (b), (c), (d)

	ACT	Aust
2007	379.8	534.2
2008	380.3	501.7
2009	423.6	467.2
2010	407.7	447.8
2011	366.5	427.1
2012	370.3	405.9
2013	358.1	378.5

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Directly age standardised to the 2001 Australian standard population.
- (b) Comparisons between jurisdictions should not be made as differences in treatment and referral patterns across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability. These data are estimated from national hospital and deaths data. 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 at www.pc.gov.au/rogs/2016 for further detail.
- (d) Deaths registered in 2011 and earlier are based on the final version of cause of death data; deaths registered in 2012 and 2013 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.

Table EA.41 Incidence of heart attacks (acute coronary events), people 25 years or over, NT (per 100 000 people) (a), (b), (c), (d)

	NT	Aust
2007	696.4	534.2
2008	707.3	501.7
2009	767.6	467.2
2010	716.8	447.8
2011	729.2	427.1
2012	647.1	405.9
2013	633.5	378.5

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Directly age standardised to the 2001 Australian standard population.
- (b) Comparisons between jurisdictions should not be made as differences in treatment and referral patterns across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability. These data are estimated from national hospital and deaths data. 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 at www.pc.gov.au/rogs/2016 for further detail.
- (d) Deaths registered in 2011 and earlier are based on the final version of cause of death data; deaths registered in 2012 and 2013 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.

Table EA.42 Proportion of people with type 2 diabetes (based on fasting blood glucose test), by sex, 2011-12 (per cent)
(a), (b), (c), (d), (e)

	(a), (b),	(c), (a), (e)								
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (f)	Aust
People aged 18 years o	r 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 (g)	%	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 (g)	%	13.0	18.4	12.8	13.6	12.3	13.0	19.3	21.8	6.4
People aged 25 years o	r 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 (g)	%	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

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Table EA.42 Proportion of people with type 2 diabetes (based on fasting blood glucose test), by sex, 2011-12 (per cent) (a), (b), (c), (d), (e)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (f)	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 (g)	%	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 data quality information (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 per cent of people aged 18 years or over and people aged 25 years or over who participated in the National Health Measures Survey (NHMS) had fasted.
- (d) Rates are age standardised to the 2001 Australian standard population using 5 year ranges from 18 years.
- (e) DQI for some data in this table is at www.pc.gov.au/rogs/2016.
- (f) Data for the NT should be interpreted with caution as the Australian Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (g) Denominator includes a small number of persons for whom test results were not reported.

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

Table EA.43 Proportion of people aged 18 years or over with type 2 diabetes (based on fasting blood glucose test), by Indigenous status, by sex, 2011–13 (per cent) (a), (b), (c), (d), (e)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (f)	Aust
Aboriginal and Torres S	Strait Isla	nder people								
Proportion										
Males	%	13.1	na	7.5	23.7	9.1	na	na	22.7	13.6
95 per cent confidence interval	±	5.4	na	4.3	10.4	10.0	na	na	12.4	3.3
Females	%	12.9	na	10.9	16.9	15.0	na	na	17.1	12.5
95 per cent confidence interval	±	5.6	na	6.8	8.7	11.6	na	na	7.6	3.0
Total (g)	%	12.6	na	9.1	20.3	12.8	na	na	20.0	12.9
95 per cent confidence interval	±	3.7	na	3.7	6.6	7.9	na	na	7.3	2.2
Relative standard error										
Males	%	21.2	na	29.2	22.3	55.9	na	na	27.9	12.4
Females	%	22.0	na	31.8	26.2	39.3	na	na	22.8	12.2
Total (g)	%	15.1	na	21.1	16.6	31.4	na	na	18.6	8.8
ther Australians										
Proportion										
Males	%	5.4	5.0	5.9	5.3	5.9	4.8	4.4	7.6	5.5
95 per cent confidence interval	±	1.8	2.3	1.9	1.7	2.0	1.6	2.3	4.4	0.9
Females	%	3.0	2.2	3.1	3.9	4.2	3.2	4.2	5.0	3.1
95 per cent confidence interval	±	1.1	1.5	1.3	1.6	1.6	1.3	2.0	4.3	0.6
Total (g)	%	4.2	3.5	4.5	4.6	5.1	4.0	4.3	6.4	4.2
95 per cent confidence interval	±	1.0	1.2	1.2	1.2	1.2	1.0	1.6	2.9	0.5

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Table EA.43 Proportion of people aged 18 years or over with type 2 diabetes (based on fasting blood glucose test), by Indigenous status, by sex, 2011–13 (per cent) (a), (b), (c), (d), (e)

	- J	,	- , , -	- (1	-7 (· 7) (· 7) ((-)) (-)) (-)				
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (f)	Aust
Relative standard	error									
Males	%	17.2	23.6	16.7	16.1	16.8	17.2	27.5	29.8	8.3
Females	%	18.5	35.9	20.3	21.6	19.2	20.1	24.6	43.7	10.5
Total (g)	%	12.8	17.9	13.2	13.1	12.1	13.1	19.4	23.5	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 data quality information (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 per cent of people aged 18 years or over who participated in the NHMS had fasted. Approximately 78 per cent of people aged 18 years or over who participated in the National Aboriginal and Torres Strait Islander Health Measures Survey had fasted.
- (d) Rates are age standardised to the 2001 Australian standard population (10 year age ranges from 18–24 years to 55 years or over).
- (e) DQI for some data in this table is at www.pc.gov.au/rogs/2016.
- (f) Data for non-indigenous Australians for the NT should be interpreted with caution as the Australian Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (g) Denominator includes a small number of persons for whom test results were not reported.

na Not available.

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

Table EA.44 Proportion of people aged 25 years or over with type 2 diabetes (based on fasting blood glucose test), by Indigenous status, by sex, 2011–13 (per cent) (a), (b), (c), (d), (e)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (f)	Aust
Aboriginal and Torres S	Strait Isla	nder people								
Proportion										
Males	%	15.0	na	8.6	27.2	10.3	na	na	25.7	15.5
95 per cent confidence interval	±	6.2	na	4.9	11.9	11.4	na	na	14.2	3.8
Females	%	14.8	na	12.4	19.4	17.2	na	na	19.2	14.3
95 per cent confidence interval	±	6.4	na	7.7	9.9	13.2	na	na	8.7	3.4
Total (g)	%	14.4	na	10.4	23.2	14.6	na	na	22.6	14.8
95 per cent confidence interval	±	4.3	na	4.3	7.6	9.0	na	na	8.3	2.6
Relative standard error										
Males	%	21.2	na	29.2	22.3	56.6	na	na	28.2	12.4
Females	%	22.0	na	31.8	26.2	39.3	na	na	23.2	12.3
Total (g)	%	15.1	na	21.1	16.6	31.5	na	na	18.6	8.8
Other Australians										
Proportion										
Males	%	6.2	5.8	6.8	6.1	6.8	5.5	5.0	8.7	6.3
95 per cent confidence interval	±	2.1	2.7	2.2	1.9	2.2	1.9	2.7	5.1	1.0
Females	%	3.4	2.5	3.6	4.4	4.8	3.7	4.8	2.6	3.5
95 per cent confidence interval	±	1.3	1.8	1.4	1.9	1.8	1.4	2.3	2.1	0.7
Total (g)	%	4.8	4.1	5.2	5.2	5.8	4.6	4.9	5.8	4.8
95 per cent confidence interval	±	1.2	1.4	1.3	1.3	1.4	1.2	1.9	2.5	0.6

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Table EA.44 Proportion of people aged 25 years or over with type 2 diabetes (based on fasting blood glucose test), by Indigenous status, by sex, 2011–13 (per cent) (a), (b), (c), (d), (e)

		•	<u>, </u>	<u> </u>	<i>,</i> , , , , , , ,	· / · · · · · ·				
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (f)	Aust
Relative standard	error									
Males	%	17.2	23.6	16.7	16.1	16.8	17.2	27.5	29.8	8.3
Females	%	18.5	35.9	20.3	21.6	19.2	20.1	24.6	41.0	10.5
Total (g)	%	12.8	17.9	13.2	13.1	12.1	13.1	19.4	22.5	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 data quality information (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 per cent of people aged 18 years or over who participated in the NHMS had fasted. Approximately 78 per cent of people aged 18 years or over who participated in the National Aboriginal and Torres Strait Islander Health Measures Survey had fasted.
- (d) Rates are age standardised to the 2001 Australian standard population (10-year age ranges from 25 years to 55 years or over).
- (e) DQI for some data in this table is at www.pc.gov.au/rogs/2016.
- (f) Data for non-indigenous Australians for the NT should be interpreted with caution as the Australian Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (g) Denominator includes a small number of persons for whom test results were not reported.

na Not available.

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

Table EA.45 Age-standardised mortality rates of potentially avoidable deaths,

under 75 years (a), (b), (c), (d), (e), (f)

under 75	NSW	Vic	Q <i>ld</i> (g)	, (c) , (i) WA	SA	Tas	ACT	NT	<i>Aust</i> (g) (h)
2007									
Number of deaths	8 313	5 604	5 229	2 533	2 101	756	312	477	25 327
Rate per 100 000 people	123.8	111.9	133.6	126.8	131.8	147.0	103.1	298.0	125.4
variability band (±)	2.7	2.9	3.6	5.0	5.7	10.6	11.6	29.9	1.6
2008									
Number of deaths	8 381	5 853	5 465	2 629	1 987	774	339	464	25 892
Rate per 100 000 people	122.2	114.0	135.1	127.4	121.4	147.1	110.2	267.9	124.9
variability band (±)	2.6	2.9	3.6	4.9	5.4	10.5	11.9	26.5	1.5
2009									
Number of deaths	8 259	6 127	5 412	2 530	2 121	834	306	424	26 016
Rate per 100 000 people	117.4	116.2	129.1	118.4	127.6	154.7	95.1	240.8	122.0
variability band (±)	2.5	2.9	3.5	4.6	5.5	10.7	10.8	24.8	1.5
2010									
Number of deaths	8 051	5 769	5 520	2 603	2 072	746	333	449	25 547
Rate per 100 000 people	111.4	106.6	128.0	118.3	122.1	133.9	101.5	236.5	116.7
variability band (±)	2.4	2.8	3.4	4.6	5.3	9.8	11.1	23.5	1.4
2011									
Number of deaths	8 426	5 830	5 524	2 555	1 988	722	278	414	25 740
Rate per 100 000 people	113.6	105.0	124.1	112.5	114.7	126.6	82.0	217.7	114.4
variability band (±)	2.4	2.7	3.3	4.4	5.1	9.4	9.8	22.3	1.4
2012									
Number of deaths	8 014	5 357	5 590	2 562	1 969	768	294	479	25 033
Rate per 100 000 people	105.9	93.8	121.7	108.2	111.9	131.8	84.2	241.0	108.4
variability band (±)	2.3	2.5	3.2	4.2	5.0	9.6	9.7	22.6	1.4
2013									
Number of deaths	8 180	5 444	5 556	2 674	1 980	759	348	465	25 407
Rate per 100 000 people	105.4	92.3	117.6	108.6	109.4	129.5	98.6	234.7	106.9
variability band (±)	2.3	2.5	3.1	4.1	4.9	9.5	10.5	22.3	1.3

⁽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, agestandardised by 5 year age groups to less than 75 years.

⁽b) Data based on reference year. See data quality information (DQI) at www.pc.gov.au/rogs/2016 for further detail.

⁽c) Potentially avoidable deaths refer to deaths from certain conditions that are considered avoidable given timely and effective health care. Avoidable mortality measures premature deaths (for those aged 0–years) for specific conditions defined and agreed to nationally by NHISSC and endorsed by NHIPPC (August 2014). These include external events in which the health system has no role — for example, while the response of the health system may prevent death following an accidental fall, it is not a factor when an accidental fall causes immediate death.

Table EA.45 Age-standardised mortality rates of potentially avoidable deaths, under 75 years (a), (b), (c), (d), (e), (f)

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

- (d) Causes of death data are subject to a two-year revisions process. Data for 2007 to 2011 are final; data for 2012 are revised and subject to further revision; data for 2013 are preliminary and subject to revision. See Causes of Death, Australia, 2013 (Cat. no. 3303.0) Technical Note: Causes of Death Revisions 2011 and 2012 for further information.
- (e) Historical data may differ from previous reports as a nationally agreed revisions to the definition of potentially avoidable deaths in 2014 have been applied. See DQI for more information.
- (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 for 2010 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 further information.
- (h) All states and territories including other territories.

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

Table EA.46

Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT (a), (b), (c), (d), (e), (f), (g), (h), (i), (j)

	Queensiand, WA, OA, IVI (a), (b), (c), (d), (e), (i), (g), (ii), (j)										
	Unit	NSW	Qld (k)	WA (I)	SA	NT	Total (m)				
2003–2007											
Aboriginal and Torres Strait Islander people											
Number of deaths	no.	1 219	1 488	1 012	389	1 248	5 356				
Rate (a)	per 100 000	256.0	380.4	504.6	405.8	701.9	391.1				
Other Australians (i) Number of deaths	no.	41 400	24 263	10 812	10 215	962	87 652				
Rate (a)	per 100 000	130.1	135.1	118.1	133.4	181.6	130.5				
2004–2008											
Aboriginal and Torres Strait Islander people											
Number of deaths	no.	1 220	1 447	1 109	378	1 269	5 423				
Rate (a)	per 100 000	246.9	350.7	524.1	386.5	696.5	379.9				
Other Australians (i) Number of deaths	no.	40 660	24 329	10 885	9 870	991	86 735				
Rate (a)	per 100 000	126.3	131.7	115.8	127.2	175.1	126.8				
2005–2009											
Aboriginal and Torres Strait Islander people											
Number of deaths	no.	1 244	1 477	1 155	390	1 253	5 519				
Rate (a)	per 100 000	241.3	342.9	527.2	378.2	672.2	371.8				
Other Australians (i)											
Number of deaths	no.	39 909	24 216	11 027	9 879	991	86 022				
Rate (a)	per 100 000	121.1	126.6	113.3	124.8	168.4	122.3				
2006–2010											
Aboriginal and Torres Strait Islander people											
Number of deaths	no.	1 310	1 506	1 199	372	1 261	5 648				
Rate (a)	per 100 000	246.6	338.3	529.8	357.6	661.4	370.1				
Other Australians (i) Number of deaths	no.	39 534	24 344	11 254	9 782	981	85 895				
Rate (a)	per 100 000	117.1	123.2	111.8	121.2	158.2	118.8				
2007–2011	•										
Aboriginal and Torres Strait Islander people											
Number of deaths	no.	1 372	1 502	1 213	387	1 241	5 715				
Rate (a)	per 100 000	245.3	317.0	525.6	357.0	637.0	359.1				
Other Australians (i)											
Number of deaths	no.	39 678	24 732	11 327	9 770	976	86 483				
Rate (a)	per 100 000	114.4	120.9	108.4	118.5	149.7	116.1				
2008–2012											

Table EA.46

Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT (a), (b), (c), (d), (e), (f), (g), (i), (j)

	Unit	NSW	Qld (k)	WA (I)	SA	NT	Total (m)
Aboriginal and Torres Strait Islander people							
Number of deaths	no.	1 378	1 542	1 232	379	1 275	5 806
Rate (a)	per 100 000	236.3	313.3	515.7	343.5	630.0	351.5
Other Australians (i)							
Number of deaths	no.	39 368	25 006	11 314	9 663	945	86 296
Rate (a)	per 100 000	110.7	118.4	105.0	114.7	138.9	112.8
2009–2013							
Aboriginal and Torres Strait Islander people							
Number of deaths	no.	1 445	1 645	1 214	385	1 273	5 962
Rate (a)	per 100 000	239.5	320.5	494.6	338.7	623.9	350.5
Other Australians (i)							
Number of deaths	no.	39 146	25 010	11 355	9 670	949	86 130
Rate (a)	per 100 000	107.6	115.1	101.9	112.8	134.4	109.7

- (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, agestandardised by 5 year age groups to less than 75 years.
- (b) Potentially avoidable deaths refer to deaths from certain conditions that are considered avoidable given timely and effective health care. Avoidable mortality measures premature deaths (for those aged 0-74 years) for specific conditions defined and agreed to nationally by NHISSC and endorsed by NHIPPC (August 2014). These include external events in which the health system has no role — for example, while the response of the health system may prevent death following an accidental fall, it is not a factor when an accidental fall causes immediate death.
- (c) Historical data may differ from previous reports as a nationally agreed revisions to the definition of potentially avoidable deaths in 2014 have been applied. data quality information (DQI) at www.pc.gov.au/rogs/2016 for further detail.
- (d) Non-Indigenous estimates are available for census years only. In the intervening years, Aboriginal and Torres Strait Islander 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. Non-Indigenous population estimates have been derived for these data by subtracting the 2011 Census-based Indigenous population projections from the 2011 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.
- (e) Based on year of registration of death (also called 'reference year'). See DQI for further information.
- (f) Some totals and figures may not compute due to the effects of rounding.
- (g) Data are presented in five-year groupings due to the volatility of small numbers each year.
- (h) 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.46

Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT (a), (b), (c), (d), (e), (f), (g), (h), (i), (j)

Unit NSW Qld (k) WA (l) SA NT Total (m)

- (i) Causes of death data are subject to a two-year revisions process. Data for 2007 to 2011 are final; data for 2012 are revised and subject to further revision; data for 2013 are preliminary and subject to revision. See Causes of Death, Australia, 2012 (Cat. no. 3303.0) Technical Note: Causes of Death Revisions 2010 and 2011 for further information.
- (j) Deaths where the Indigenous status of the deceased was not stated are excluded from analysis.
- (k) Care should be taken when interpreting deaths data for Queensland for 2010 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 further information.
- (I) 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.
- (m) 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.

Source: ABS unpublished, Causes of Death, Australia, Cat. no. 3303.0; ABS unpublished, Australian Demographic Statistics, Cat. no. 3101.0; ABS 2014, Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026, Series B, Cat. no. 3238.0.

Table EA.47 Five-year relative survival proportions for people diagnosed with cancer, by sex, remoteness and SEIFA quintiles, 2007–2011 (a), (b)

	per cent	95 per cent confidence interval
Sex		
Males	66.1	65.9–66.3
Females	67.5	67.3–67.7
Remoteness of residence (c)		
Major cities	na	na
Inner regional	na	na
Outer regional	na	na
Remote and Very remote	na	na
SEIFA of residence (c)		
Quintile 1	na	na
Quintile 2	na	na
Quintile 3	na	na
Quintile 4	na	na
Quintile 5	na	na

⁽a) Excludes basal cell and squamous cell carcinomas of the skin because these are not mandated for collection.

na Not available.

Sources: AIHW (unpublished) 2011 Australian Cancer Database; AIHW (unpublished) National Death Index.

⁽b) Survival was calculated with the period method using the period 2007–2011. Note that this period does not contain incidence data for 2010–2011 for NSW or the ACT as these data were not available.

Table EA.48 Five-year relative survival proportions for people diagnosed with cancer (relative rate), by sex, remoteness and SEIFA quintiles, 2006–2010 (a)

	nor cont	variability band (per cent)
	per cent	variability barid (per certi)
Sex		
Males	65.0	64.7–65.2
Females	67.2	66.9–67.5
Remoteness of residence		
Major cities	66.3	66.1–66.5
Inner regional	65.7	65.3–66.1
Outer regional	64.6	64.0–65.2
Remote and Very remote	62.3	60.7–63.8
SEIFA of residence (b)		
Quintile 1	62.8	62.4–63.2
Quintile 2	64.2	63.8–64.6
Quintile 3	65.4	65.0–65.9
Quintile 4	67.1	66.7–67.5
Quintile 5	70.5	70.1–70.9

- (a) Excluding basal cell and squamous cell carcinoma of the skin which are not mandated for collection. Cancer cases diagnosed up to and including 2007 were followed for deaths (from any cause) to 31 December 2010.
- (b) SEIFA quintiles are based on the SEIFA 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. SEIFA quintiles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006. Not all quintiles are represented in every jurisdiction.

Source: ABS (unpublished) concordances from Postal Area to Remoteness Area; ABS (unpublished) concordances from Postal Area to Statistical Local Area; ABS (unpublished) concordances between Statistical Local Areas; ABS (unpublished) Estimated Residential Population, 30 June 2006 and 30 June 2007; ABS (2008) Socio-economic Indexes for Areas (SEIFA), Data only, 2006, 26 March 2008; AIHW (unpublished) Australian Cancer Database; AIHW (unpublished) National Mortality Database.

Table EA.49 Five-year relative survival proportions for people diagnosed with cancer (relative rate), 1998–2004 (a)

Calicel (lelative late	j, 1990–2004 (a)	
	per cent	95 per cent confidence interval
Sex (b)		
Males	58.4	58.2–58.6
Females	64.1	63.9–64.3
Remoteness of residence (c)		
Major cities	61.2	61.0–61.3
Inner regional	60.3	60.0–60.6
Outer regional	58.5	58.0–58.9
Remote and Very remote	57.8	56.7–58.8
SEIFA of residence (d)		
Quintile 1	57.3	56.9–57.7
Quintile 2	60.1	59.8–60.5
Quintile 3	61.4	61.0–61.8
Quintile 4	63.4	63.0–63.8
Quintile 5	66.3	65.9–66.7

⁽a) Excluding non-melanocytic skin cancer which is not mandated for collection. Cancer cases diagnosed up to 2004 were observed for evidence of survival to 31 December 2006.

Source: AIHW, Cancer Australia and Australasian Association of Cancer Registries (2008) Cancer survival and prevalence in Australia: cancers diagnosed from 1982 to 2004, Cancer Series no. 42, Cat. no. CAN 38.

⁽b) Cancers diagnosed in 1998 to 2004.

⁽c) Cancers diagnosed in 1997 to 2004.

⁽d) Cancers diagnosed in 2000 to 2004. SEIFA quintiles are based on the SEIFA IRSD, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged.

Table EA.50 All Australians average life expectancy at birth (years) (a), (b)

				-			, , ,		
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT /	Aust (c)
Males									
2003–2005	78.5	79.0	78.3	78.8	78.1	77.2	79.9	72.5	78.5
2004–2006	78.6	79.3	78.5	79.1	78.6	77.4	80.0	72.1	78.7
2005–2007	79.1	79.5	78.9	79.2	78.8	77.7	80.3	72.4	79.0
2006–2008	79.2	79.6	78.9	79.3	79.2	77.7	80.1	72.6	79.2
2007–2009	79.5	79.7	79.1	79.5	79.3	77.9	80.5	73.3	79.3
2008–2010	79.6	80.0	79.4	79.7	79.4	78.0	80.5	74.0	79.5
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
2011–2013	80.0	80.7	79.6	80.3	80.0	78.8	81.7	74.9	80.1
2012–2014	80.2	81.1	79.9	80.5	80.1	78.8	81.4	75.4	80.3
Females									
2003–2005	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
2011–2013	84.3	84.7	84.1	84.8	84.3	82.6	85.0	79.2	84.3
2012–2014	84.4	84.7	84.2	84.9	84.3	82.5	85.2	78.9	84.4
All Australians									
2010–2012	82.0	82.5	81.7	82.4	81.9	80.6	83.1	77.3	82.0
2011–2013	82.1	82.7	81.8	82.5	82.1	80.6	83.3	77.0	82.1
2012–2014	82.3	82.8	82.0	82.6	82.1	80.6	83.2	77.1	82.3
Difference between	n male and fe	emale life	expectan	cies at bir	th (d)				
2003-2005	4.8	4.6	4.9	5.0	5.3	4.9	4.1	5.7	4.8
2004–2006	4.8	4.4	4.9	4.7	5.0	4.9	3.9	6.0	4.8
2005–2007	4.7	4.3	4.7	4.8	5.1	4.7	3.7	6.0	4.7
2006-2008	4.7	4.3	4.8	4.7	4.6	4.6	3.9	5.8	4.5
2007-2009	4.8	4.4	4.7	4.6	4.6	4.3	3.8	5.7	4.6
2008–2010	4.5	4.3	4.5	4.6	4.4	4.3	4.2	5.2	4.5
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
2011–2013	4.3	4.0	4.5	4.5	4.3	3.8	3.3	4.3	4.2
2012-2014	4.3	3.6	4.3	4.4	4.1	3.6	3.8	3.6	4.1

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

Source: ABS 2015, Life Tables, Australia, States and Territories, various years (Cat. no. 3302.0.55.001).

⁽b) Data quality information for some data in this table is at www.pc.gov.au/rogs/2016.

⁽c) Data for Australia include Other territories.

⁽d) Differences are based on unrounded estimates.

Table EA.51 Estimated life expectancies at birth, by Indigenous status and sex (years) (a), (b), (c), (d)

Females 72.3-75.7 71.4-74.0 68.5-71.5 68.1-70.7 70.5-72.9 Persons na na na na na na Non-Indigenous Australians Life expectancy at birth Males 78.8 78.8 79.2 75.5 78.9 Females 82.6 82.7 82.9 81.0 82.7 Persons (c) 80.7 81.0 78.1 80.7 Difference between Aboriginal and Torres Strait Islander and non-Indigenous Australians (h) Males 10.5 11.8 14.7 14.0 13.2 Females 8.6 10.0 12.9 11.6 11.0 Persons (c) 9.6 10.9 13.8 12.8 12.1 Aboriginal and Torres Strait Islander people Life expectancy at birth Males 70.5 68.7 65.0 63.4 67.4 Females 74.6 74.4 70.2 68.7 72.3 Per	stralia —
## Aboriginal and Torres Strait Islander people	
Aboriginal and Torres Strait Islander people	(e), (g)
Strait Islander people Life expectancy at birth	
Males	
Males 68.3 67.1 64.5 61.5 65.7 Females 74.0 72.7 70.0 69.4 71.7 Persons (c) 71.1 69.8 67.2 65.3 68.6 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 Females 72.3–75.7 71.4–74.0 68.5–71.5 68.1–70.7 70.5–72.9 Persons na na na na na na Non-Indigenous Australians Life expectancy at birth Males 78.8 78.8 79.2 75.5 78.9 Females 82.6 82.7 82.9 81.0 82.7 Persons (c) 80.7 80.7 81.0 78.1 80.7 Difference between Aboriginal and Torres Strait Islander and Incidence and Inci	
Females 74.0 72.7 70.0 69.4 71.7 Persons (c) 71.1 69.8 67.2 65.3 68.6 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 Females 72.3–75.7 71.4–74.0 68.5–71.5 68.1–70.7 70.5–72.9 Persons na na na na na na Non-Indigenous Australians Life expectancy at birth Males 78.8 78.8 79.2 75.5 78.9 Females 82.6 82.7 82.9 81.0 82.7 Persons (c) 80.7 80.7 81.0 78.1 80.7 Difference between Aboriginal and Torres Strait Islander and Torres Strait Islander and Torres Strait Islander people 11.8 14.7 14.0 13.2 Persons (c) 9.6 10.9 13.8 12.8 12.1 Difference between Aboriginal and Torres Strait Islander (c) <td< td=""><td></td></td<>	
Persons (c) 71.1 69.8 67.2 65.3 68.6 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 Females 72.3–75.7 71.4–74.0 68.5–71.5 68.1–70.7 70.5–72.9 Persons na na na na na na Non-Indigenous Australians Life expectancy at birth Males 78.8 78.8 79.2 75.5 78.9 Females 82.6 82.7 82.9 81.0 82.7 Persons (c) 80.7 80.7 81.0 78.1 80.7 Difference between Aboriginal and Torres Strait Islander and Torres 8.6 10.0 12.9 11.6 11.0 Persons (c) 9.6 10.9 13.8 12.8 12.1 2010–2012 Aboriginal and Torres Strait Islander people Life expectancy at birth	67.5
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 Females 72.3–75.7 71.4–74.0 68.5–71.5 68.1–70.7 70.5–72.9 Persons na na na na na Non-Indigenous Australians Life expectancy at birth Males 78.8 78.8 79.2 75.5 78.9 Females 82.6 82.7 82.9 81.0 82.7 Persons (c) 80.7 80.7 81.0 78.1 80.7 Difference between Aboriginal and Torres Strait Islander and non-Indigenous Australians (h) Males 10.5 11.8 14.7 14.0 13.2 Females 8.6 10.0 12.9 11.6 11.0 Persons (c) 9.6 10.9 13.8 12.8 12.1 2010–2012 Aboriginal and Torres Strait Islander people Life expectancy at birth 68.7 65.0 63.4 67.4	73.1
Males 66.3-70.3 65.6-68.6 62.9-66.1 60.1-62.9 64.3-67.1 Females 72.3-75.7 71.4-74.0 68.5-71.5 68.1-70.7 70.5-72.9 Persons na na na na na Non-Indigenous Australians Life expectancy at birth Males 78.8 78.8 79.2 75.5 78.9 Females 82.6 82.7 82.9 81.0 82.7 Persons (c) 80.7 80.7 81.0 78.1 80.7 Difference between Aboriginal and Torres Strait Islander and non-Indigenous Australians (h) Males 10.5 11.8 14.7 14.0 13.2 Females 8.6 10.0 12.9 11.6 11.0 Persons (c) 9.6 10.9 13.8 12.8 12.1 2010-2012 Aboriginal and Torres Strait Islander people Life expectancy at birth 68.7 65.0 63.4 67.4 Females 74.6 74.4 70.2 <td>70.2</td>	70.2
Females 72.3-75.7 71.4-74.0 68.5-71.5 68.1-70.7 70.5-72.9 Persons na na na na na na Non-Indigenous Australians Life expectancy at birth 80.7 80.8 79.2 75.5 78.9 Males 78.8 82.7 82.9 81.0 82.7 Persons (c) 80.7 80.7 81.0 78.1 80.7 Difference between Aboriginal and Torres Strait Islander and Torres Strait Islander strait strai	
Persons na Non-Indigenous Australians Non-Indigenous Au	6.1–68.9
Non-Indigenous Australians	71.9–74.3
Males 78.8 78.8 79.2 75.5 78.9 Females 82.6 82.7 82.9 81.0 82.7 Persons (c) 80.7 80.7 81.0 78.1 80.7 Difference between Aboriginal and Torres Strait Islander and non-Indigenous Australians (h) Males 10.5 11.8 14.7 14.0 13.2 Females 8.6 10.0 12.9 11.6 11.0 Persons (c) 9.6 10.9 13.8 12.8 12.1 2010–2012 Aboriginal and Torres Strait Islander people Life expectancy at birth Males 70.5 68.7 65.0 63.4 67.4 Females 74.6 74.4 70.2 68.7 72.3 Persons (c) 72.5 71.5 67.5 66.0 69.8 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 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na na na Non-Indigenous Australians Life expectancy at birth	na
Males 78.8 78.8 79.2 75.5 78.9 Females 82.6 82.7 82.9 81.0 82.7 Persons (c) 80.7 80.7 81.0 78.1 80.7 Difference between Aboriginal and Torres Strait Islander and non-Indigenous Australians (h) Males 10.5 11.8 14.7 14.0 13.2 Females 8.6 10.0 12.9 11.6 11.0 Persons (c) 9.6 10.9 13.8 12.8 12.1 2010–2012 Aboriginal and Torres Strait Islander people Life expectancy at birth Males 70.5 68.7 65.0 63.4 67.4 Females 74.6 74.4 70.2 68.7 72.3 Persons (c) 72.5 71.5 67.5 66.0 69.8 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 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6	
Females 82.6 82.7 82.9 81.0 82.7 80.7 Difference between Aboriginal and Torres Strait Islander and non-Indigenous Australians (h) Males 10.5 11.8 14.7 14.0 13.2 Females 8.6 10.0 12.9 11.6 11.0 Persons (c) 9.6 10.9 13.8 12.8 12.1 2010–2012 Aboriginal and Torres Strait Islander people Life expectancy at birth Males 70.5 68.7 65.0 63.4 67.4 Females 74.6 74.4 70.2 68.7 72.3 Persons (c) 72.5 71.5 67.5 66.0 69.8 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 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na na na Non-Indigenous	
Persons (c) 80.7 80.7 81.0 78.1 80.7 Difference between Aboriginal and Torres Strait Islander and non-Indigenous Australians (h) Males 10.5 11.8 14.7 14.0 13.2 Females 8.6 10.0 12.9 11.6 11.0 Persons (c) 9.6 10.9 13.8 12.8 12.1 2010–2012 Aboriginal and Torres Strait Islander people Life expectancy at birth Males 70.5 68.7 65.0 63.4 67.4 Females 74.6 74.4 70.2 68.7 72.3 Persons (c) 72.5 71.5 67.5 66.0 69.8 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 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na n	78.9
Difference between Aboriginal and Torres Strait Islander and non-Indigenous Australians (h) Males 10.5 11.8 14.7 14.0 13.2 Females 8.6 10.0 12.9 11.6 11.0 Persons (c) 9.6 10.9 13.8 12.8 12.1 2010–2012 Aboriginal and Torres Strait Islander people Life expectancy at birth Males 70.5 68.7 65.0 63.4 67.4 Females 74.6 74.4 70.2 68.7 72.3 Persons (c) 72.5 71.5 67.5 66.0 69.8 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 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na na na Non-Indigenous Australians	82.6
Males 10.5 11.8 14.7 14.0 13.2 Females 8.6 10.0 12.9 11.6 11.0 Persons (c) 9.6 10.9 13.8 12.8 12.1 2010–2012 Aboriginal and Torres Strait Islander people Life expectancy at birth Males 70.5 68.7 65.0 63.4 67.4 Females 74.6 74.4 70.2 68.7 72.3 Persons (c) 72.5 71.5 67.5 66.0 69.8 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 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na na na na Non-Indigenous Australians Life expectancy at birth	80.7
Females 8.6 10.0 12.9 11.6 11.0 Persons (c) 9.6 10.9 13.8 12.8 12.1 2010–2012 Aboriginal and Torres Strait Islander people Life expectancy at birth Males 70.5 68.7 65.0 63.4 67.4 Females 74.6 74.4 70.2 68.7 72.3 Persons (c) 72.5 71.5 67.5 66.0 69.8 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 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na na na na Non-Indigenous Australians Life expectancy at birth	
Persons (c) 9.6 10.9 13.8 12.8 12.1 2010–2012 Aboriginal and Torres Strait Islander people Life expectancy at birth Males 70.5 68.7 65.0 63.4 67.4 Females 74.6 74.4 70.2 68.7 72.3 Persons (c) 72.5 71.5 67.5 66.0 69.8 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 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na na na na na Non-Indigenous Australians Life expectancy at birth	11.4
Aboriginal and Torres Strait Islander people Life expectancy at birth Males 70.5 68.7 65.0 63.4 67.4 Females 74.6 74.4 70.2 68.7 72.3 Persons (c) 72.5 71.5 67.5 66.0 69.8 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 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na na na na Non-Indigenous Australians Life expectancy at birth	9.6
Aboriginal and Torres Strait Islander people Life expectancy at birth Males 70.5 68.7 65.0 63.4 67.4 Females 74.6 74.4 70.2 68.7 72.3 Persons (c) 72.5 71.5 67.5 66.0 69.8 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 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na na na Non-Indigenous Australians Life expectancy at birth	10.5
Strait Islander people Life expectancy at birth Males 70.5 68.7 65.0 63.4 67.4 Females 74.6 74.4 70.2 68.7 72.3 Persons (c) 72.5 71.5 67.5 66.0 69.8 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 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na na na Non-Indigenous Australians Life expectancy at birth	
Strait Islander people Life expectancy at birth Males 70.5 68.7 65.0 63.4 67.4 Females 74.6 74.4 70.2 68.7 72.3 Persons (c) 72.5 71.5 67.5 66.0 69.8 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 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na na na Non-Indigenous Australians Life expectancy at birth	
Males 70.5 68.7 65.0 63.4 67.4 Females 74.6 74.4 70.2 68.7 72.3 Persons (c) 72.5 71.5 67.5 66.0 69.8 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 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na na na Non-Indigenous Australians Life expectancy at birth	
Females 74.6 74.4 70.2 68.7 72.3 Persons (c) 72.5 71.5 67.5 66.0 69.8 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 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na na na Non-Indigenous Australians Life expectancy at birth	
Persons (c) 72.5 71.5 67.5 66.0 69.8 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 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na na na Non-Indigenous Australians Life expectancy at birth	69.1
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 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na na na Non-Indigenous Australians Life expectancy at birth	73.7
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 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na na na Non-Indigenous Australians Life expectancy at birth	71.3
Males 69.0–72.0 67.3–70.1 63.4–66.6 61.3–65.5 66.1–68.7 Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na na Non-Indigenous Australians Life expectancy at birth	
Females 73.3–75.9 73.2–75.6 68.8–71.6 66.8–70.6 71.2–73.4 Persons na na na na na Non-Indigenous Australians Life expectancy at birth	67.8–70.4
Persons na na na na na Non-Indigenous Australians Life expectancy at birth	2.5–74.9
Non-Indigenous Australians Life expectancy at birth	na
Life expectancy at birth	
wan 130 139 OUT 110 130	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 Aboriginal and Torres Strait Islander and non-Indigenous Australians (h)	-
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

⁽a) Estimates of life expectancy for Aboriginal and Torres Strait Islander people are not available for Victoria, SA, Tasmania or the ACT as the number of Aboriginal and Torres Strait Islander deaths in these jurisdictions is too small to support valid estimation.

Estimated life expectancies at birth, by Indigenous status and sex (years) (a), (b), (c), (d)

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

- (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.
- (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) Data quality information for some data in this table is at www.pc.gov.au/rogs/2016.
- (e) Australian totals include all states and territories (including 'other territories').
- (f) 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.
- (g) 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.
- (h) 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, Australian Demographic Statistics, Cat. no. 3101.0.

Table EA.52 Median age at death (years) (a), (b)

			13	, , , , ,	•				
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (c)
All Australians									
Males									
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	59.1	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	76.9	77.0	79.5	78.0	77.4	61.3	78.2
2011	78.8	79.3	77.0	76.8	79.4	78.0	77.9	60.1	78.3
2012	79.1	79.7	77.3	77.0	80.2	78.0	78.3	59.5	78.7
2013	78.6	79.4	76.9	77.1	79.8	78.0	76.7	64.0	78.4
2014	78.9	79.9	77.4	77.1	80.1	78.4	78.6	63.5	78.7
Females									
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	83.1	83.2	84.4	83.4	83.1	64.3	83.9
2010	84.2	84.7	83.6	83.7	84.8	83.5	84.4	64.1	84.2
2011	84.6	84.8	83.9	84.1	85.3	83.8	84.3	62.0	84.5
2012	84.7	85.2	83.9	84.0	85.5	83.7	84.6	63.6	84.6
2013	84.9	85.2	83.6	83.8	85.4	84.0	84.1	62.9	84.6
2014	85.2	85.4	84.2	84.1	85.6	83.2	84.8	65.1	84.9

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

Source: ABS 2014, Deaths Australia, 2013, Cat. no. 3302.0, Canberra.

⁽b) Based on year of occurrence of death. Historical data may differ from previous reports because of revisions to include deaths that occurred in one year but were registered in a later year.

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

Table EA.53 Median age at death, by Indigenous status (years) (a), (b), (c), (d)

	(c), (d)								
	NSW	Vic (e)	Qld	WA	SA	Tas (e)	ACT (e)	NT	<i>Total</i> (e), (f)
Aboriginal and Torres Strait	7,1011	110 (0)	۹,4	7771	0, 1	740 (0)	7.07 (0)		(0), (1)
Islander people (c), (d)									
Males									
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	58.5	np	57.3	52.2	50.3	np	np	51.8	55.4
2012	60.6	np	56.1	54.8	53.0	np	np	49.9	55.0
2013	58.5	np	53.6	53.9	48.8	np	np	52.5	54.6
2014	57.7	np	57.4	49.9	56.5	np	np	53.4	55.4
Females									
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	66.2	np	59.0	54.2	50.3	np	np	55.0	58.5
2012	63.9	np	63.9	61.1	61.3	np	np	52.8	61.3
2013	66.2	np	62.9	57.8	55.3	np	np	58.0	61.6
2014	64.1	np	62.8	60.0	60.5	np	np	57.5	61.5
Other Australians (c), (d)									
Males									
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	79.1	np	77.5	77.4	79.7	np	np	66.6	78.5
2012	79.3	np	77.6	77.9	80.2	np	np	67.1	78.7
2013	78.9	np	77.4	77.8	80.0	np	np	69.9	78.5
2014	79.0	np	77.7	77.9	80.3	np	np	68.3	78.6
Females									
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

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Table EA.53 Median age at death, by Indigenous status (years) (a), (b), (c), (d)

									Total
	NSW	Vic (e)	Qld	WA	SA	Tas (e)	ACT (e)	NT	(e), (f)
2010	84.3	np	83.9	84.2	84.9	np	np	75.2	84.3
2011	84.7	np	84.2	84.4	85.3	np	np	73.5	84.6
2012	84.9	np	84.2	84.4	85.6	np	np	74.0	84.7
2013	85.0	np	83.9	84.2	85.5	np	np	71.4	84.7
2014	85.3	np	84.4	84.5	85.8	np	np	71.3	85.0

- (a) Median age at death does not adjust for the age structure of the populations involved.
- (b) Based on year of registration of death (also called 'reference year').
- (c) Excludes deaths not identified as Aboriginal and Torres Strait Islander people or other Australians. As a result, deaths may be underestimated for both populations.
- (d) Care should be exercised when comparing median age at death between Aboriginal and Torres Strait Islander and other Australians. For example, a lower median age at death can result from better identification of Aboriginal and Torres Strait Islander people for infant deaths than for older age groups.
- (e) Data are not available for Victoria, Tasmania and the ACT due to the small number of Aboriginal and Torres Strait Islander deaths in these jurisdictions.
- (f) Figures for Australia include 'Other Territories'.

np Not published.

Source: ABS 2014, Deaths Australia, 2013, Cat. no. 3302.0, Canberra.

Table EA.54 Age standardised mortality rate (all causes), by State and Territory (a), (b), (c), (d)

Table L/1.04	Age standardised inc	rituity i at	c (an oaa	ocoj, by c	tate and	, , , , , ,	u), (b), (b)	, (α)		
	Unit	NSW	Vic	Qld (d)	WA	SA	Tas	ACT	NT	Aust (e) (f)
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
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
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
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
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
2012										
Rate	per 100 000 persons	544.5	524.7	580.7	538.9	572.4	658.3	494.9	769.2	552.3
	variability band ±	4.9	5.5	6.8	9.2	10.0	19.6	23.8	56.7	2.9
2013										
Rate	per 100 000 persons	543.6	512.1	554.9	522.6	547.8	649.0	474.8	831.9	540.0
	variability band ±	4.8	5.4	6.6	8.9	9.7	19.4	22.8	58.1	2.8
2014 (f)										
Rate	per 100 000 persons	547.4	529.2	551.9	518.9	553.2	639.0	487.5	808.2	545.0
	variability band ±	4.8	5.4	6.4	8.7	9.7	19.1	22.7	54.4	2.8

⁽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 85 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 Report editions as population estimates are revised based on the 2011 Census.

Table EA.54 Age standardised mortality rate (all causes), by State and Territory (a), (b), (c), (d)

	Unit	NSW	Vic	<i>Qld</i> (d)	WA	SA	Tas	ACT	NT	Aust (e) (f)

- (c) Data based on year of registration of death (also called 'reference year'). See data quality information (DQI) for more detail.
- (d) Age at death unknown has been prorated across all age groups.
- (d) Care should be taken when interpreting deaths data for Queensland for 2010 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 further information.
- (e) Includes Other Territories.
- (f) From 2014, cells with small values have been randomly adjusted to protect confidentiality. Some totals will not equal the sum of their components. See DQI for more information.

Source: ABS unpublished, Deaths, Australia, Cat. no. 3302.0; ABS 2013, 2014, Australian Demographic Statistics, Cat. no. 3101.0.

Table EA.55 Age standardised all-cause mortality rate and rate ratios, by Indigenous status, NSW, Qld, WA, SA, NT, five year aggregate, 2010–2014 (per 100 000 people) (a), (b), (c), (d), (e), (f), (g), (h), (i)

				. , , , , , , , , ,		· /· · /	
	Unit	NSW	Qld (j)	WA	SA	NT	Total (k), (l)
Aboriginal and Torres							_
Strait Islander people							
Rate per 100 000 persons	rate	807.9	944.1	1 226.0	830.4	1 502.0	985.9
Variability bands (m)	<u>+</u>	70.3	88.6	140.9	150.7	164.1	47.1
Other Australians							
Rate per 100 000 persons	rate	584.2	582.9	542.4	606.6	593.1	581.2
Variability bands (m)	<u>+</u>	5.2	7.0	9.5	10.6	56.7	3.6
Rate ratio (n)	no.	1.4	1.6	2.3	1.4	2.5	1.7

- (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.
- (b) Although most deaths are registered, it is likely that some are not accurately identified as of Aboriginal and Torres Strait Islander people. Therefore, data are likely to underestimate the mortality rate for Aboriginal and Torres Strait Islander people.
- (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 for Aboriginal and Torres Strait Islander people and sufficient numbers of deaths to support mortality analysis.
- (d) Data based on year of registration of death (also called 'reference year').
- (e) Data are presented in five-year groupings due to volatility of the small numbers involved.
- (f) Rates are derived using population estimates and projections based on the 2011 Census. Non-Indigenous population estimates are available for Census years only. In the intervening years, non-Indigenous rates are derived using Aboriginal and Torres Strait Islander population estimates and projections derived from assumptions about past and future levels of fertility, mortality and migration subtracted from the total ERP to provide non-Indigenous population estimates. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base Census year of the projection series increases. ERPs used from 2012 onwards are first release preliminary estimates. See DQI for further information.
- (g) Age at death unknown has been prorated across all age groups.
- (h) Excludes deaths where Indigenous status is recorded as 'not stated'.
- (i) From 2014, cells with small values have been randomly adjusted to protect confidentiality. Some totals will not equal the sum of their components. Cells with 0 values have not been affected by confidentialisation. See DQI for more information.

Age standardised all-cause mortality rate and rate ratios, by Indigenous status, NSW, Qld, WA, SA, NT, five year aggregate, 2010–2014 (per 100 000 people) (a), (b), (c), (d), (e), (f), (g), (h), (i)

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

- (j) Care should be taken when interpreting deaths data for Queensland for 2010 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 further information.
- (k) Some totals and figures may not compute due to the effects of using different denominators and of rounding.
- (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.
- (m) Variability bands can be 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 further information.
- (n) Rate ratio is the age standardised rate for Aboriginal and Torres Strait Islander people divided by the non-Indigenous rate.

Source: ABS unpublished, Deaths, Australia, Cat. no. 3302.0; ABS unpublished, Australian Demographic Statistics, Cat. no. 3101.0; ABS 2014, Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001–2026, B Series, Cat. no. 3238.0.

Table EA.56 Age standardised all-cause mortality rate and rate ratios, by Indigenous status, NSW, QId, WA, SA, NT (per 100 000 people) (a), (b), (c), (d), (e), (f), (g)

	Unit	NSW	Qld	WA	SA	NT	Total (h), (i)
2013							
Aboriginal and Torres Strait Islander people	rate	832.0	1 003.1	1 121.3	827.7	1 490.1	995.7
Variability bands (j)	<u>+</u>	69.9	89.2	130.1	142.1	161.2	46.2
Other Australians	rate	574.4	565.6	532.4	587.6	632.4	568.5
Variability bands (j)	<u>+</u>	5.1	6.8	9.3	10.3	56.6	3.5
Rate ratio (k)	no.	1.4	1.8	2.1	1.4	2.4	1.8
2014 (I)							
Aboriginal and Torres Strait Islander people	rate	804.5	872.0	1 216.5	901.8	1 629.2	982.4
Variability bands (j)	<u>+</u>	65.9	81.6	134.0	155.7	166.8	44.9
Other Australians	rate	582.2	565.0	526.9	598.2	563.3	572.2
Variability bands (j)	<u>+</u>	5.1	6.7	9.0	10.3	51.2	3.5
Rate ratio (k)	no.	1.4	1.5	2.3	1.5	2.9	1.7

⁽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.

⁽b) Although most deaths of Aboriginal and Torres Strait Islander people are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Aboriginal and Torres Strait Islander 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 based on year of registration of death (also called 'reference year').

Age standardised all-cause mortality rate and rate ratios, by Indigenous status, NSW, Qld, WA, SA, NT (per 100 000 people) (a), (b), (c), (d), (e), (f), (g)

Unit NSW Qld WA SA NT Total (h), (i)

(a) Rates are derived using population estimates and projections based on the 2011 Census Non-Indigenous population estimates are available for Census

- (e) Rates are derived using population estimates and projections based on the 2011 Census. Non-Indigenous population estimates are available for Census years only. In the intervening years, non-Indigenous rates are derived using Aboriginal and Torres Strait Islander population estimates and projections derived from assumptions about past and future levels of fertility, mortality and migration subtracted from the total ERP to provide non-Indigenous population estimates. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base Census year of the projection series increases. ERPs used from 2012 onwards are first release preliminary estimates. See DQI for more information.
- (f) Age at death unknown has been prorated across all age groups.
- (g) Excludes deaths where Indigenous status is recorded as 'not stated'.
- (h) Some totals and figures may not compute due to the effects of rounding.
- (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 rate for Aboriginal and Torres Strait Islander people divided by the non-Indigenous rate.
- (I) From 2014, cells with small values have been randomly adjusted to protect confidentiality. Some totals will not equal the sum of their components. Cells with 0 values have not been affected by confidentialisation. See DQI for more information.

Source: ABS unpublished, Deaths, Australia, 2013, Cat. no. 3302.0; ABS unpublished, Australian Demographic Statistics, Cat. no. 3101.0; ABS 2014, Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001–2026, B Series, Cat. no. 3238.0.

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Table EA.57 Infant mortality (a), (b), (c), (d)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT A	Aust (e)
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
2013									
Number of deaths	372	216	289	84	65	22	16	30	1 094
Rate per 1000 live births	3.7	2.9	4.6	2.4	3.2	3.6	2.9	7.4	3.6
2014									
Number of deaths	318	209	278	90	52	31	13	21	1 012
Rate per 1000 live births	3.5	2.8	4.4	2.5	2.6	5.2	2.3	5.2	3.4

⁽a) Includes all deaths within the first year of life.

Source: ABS 2015, Deaths, Australia, 2014, Cat. no. 3302.0, Canberra.

⁽b) Data are based on year of registration for the number of deaths and for the number of live births from which rates are derived. 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) Includes 'other territories'.

Table EA.58 Infant mortality rate by Indigenous status, three year average (per 1000 live births) (a), (b), (c), (d), (e)

	NSW (f)	Vic (e)	Qld (g)	WA	SA	Tas (e) A	CT (e)	NT	Aust
Aboriginal and Torres Strait Islander infants	. ,	, ,	(0)			(/			
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
2011–2013	3.9	na	6.5	5.1	7.9	na	na	13.6	na
2012–2014	4.4	na	6.1	5.1	7.6	na	na	12.5	na
Other infants									
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
2011–2013	3.5	na	4.2	2.3	2.7	na	na	4.1	na
2012–2014	3.4	na	4.1	2.1	2.7	na	na	3.6	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 based on year of registration of death (also called 'reference year').
- (d) Data are presented in three-year groupings to reduce volatility stemming from the small numbers of registered Aboriginal and Torres Strait Islander infant deaths.
- (e) Data are not available for Victoria, Tasmania or the ACT due to small numbers of registered Aboriginal and Torres Strait Islander infant deaths.
- (f) NSW data have been revised to include previously unprocessed NSW Birth Registrations for the period 2005–2010.
- (g) Care should be taken when interpreting deaths data for Queensland for 2010 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.

 na Not available.

Source: ABS 2015, Deaths, Australia, 2014, Cat. no. 3302.0, Canberra.

Table EA.59 All causes infant and child mortality, by age group (a), (b), (c), (d), (e)

	Unit	NSW (f)	Vic	Qld (g)	WA	SA	Tas	ACT	NT	Aust (h)
Infants (<1 year) (i)										
2007–2009										
Number of deaths	no.	1 186	812	972	278	220	78	59	84	3 690
Rate per 1000 live bi	rths	4.3	3.8	5.1	3.0	3.7	3.9	4.1	7.2	4.2
2008–2010										
Number of deaths	no.	1 189	772	1 011	320	208	76	60	79	3 716
Rate per 1000 live bi	rths	4.0	3.6	5.1	3.5	3.5	3.8	4.1	6.9	4.1
2009–2011										
Number of deaths	no.	1 149	759	997	308	201	80	51	85	3 630
Rate per 1000 live bi	rths	3.8	3.6	5.2	3.3	3.3	4.2	3.3	7.3	4.0
2010–2012										
Number of deaths	no.	1 074	700	903	292	193	78	50	91	3 381
Rate per 1000 live bi	rths	3.6	3.3	4.8	3.0	3.2	3.9	3.3	7.7	3.7
2011–2013										
Number of deaths	no.	1 056	686	864	263	182	74	47	93	3 265
Rate per 1000 live bi	rths	3.6	3.0	4.5	2.6	3.0	4.0	2.9	7.6	3.5
2012–2014 (f), (j)										
Number of deaths	no.	1 002	644	848	257	182	75	45	84	3 137
Rate per 1000 live bi	rths	3.3	2.9	4.5	2.5	3.0	4.1	2.7	6.9	3.4
Child (0-4 years) (k)										
2007–2009										
Number of deaths	no.	204	955	1 146	346	271	94	71	104	4 378
Rate per 100 000 po			95.0	132.1	80.9	96.3	97.7		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 po	pulation	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 po	pulation	97.7	85.4	120.8	82.9	84.3	95.6	80.6	184.0	97.9
2010–2012										
Number of deaths	no.	1 254	834	1 046	370	238	91	60	110	4 003
Rate per 100 000 po	pulation	88.3	79.0	114.6	78.9	81.4	95.3	82.9	198.3	91.5
2011–2013										
Number of deaths	no.	1 234	809	1 013	341	234	83	57	115	3 886
Rate per 100 000 po	pulation	86.0	74.9	108.9	70.0	78.9	87.5	75.8	204.5	87.2
2012–2014 (j)										
Number of deaths	no.	1 170	760	991	334	228	88	57	108	3 735
Rate per 100 000 po	pulation	80.8	68.9	105.1	66.5	76.0	93.6	73.1	189.2	82.5

⁽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 year of registration of death (also called 'reference year').

Table EA.59 All causes infant and child mortality, by age group (a), (b), (c), (d), (e)

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

- (d) Some totals and figures may not compute due to the effects of using different denominators and of rounding.
- (e) Data quality information (DQI) for some data in this table is at www.pc.gov.au/rogs/2016.
- (f) Temporary processing delays have contributed to the low number of births registered in NSW for 2014. See DQI for more information.
- (g) Care should be taken when interpreting deaths data for Queensland for 2010 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 DQI for more information.
- (h) All states and territories including other territories.
- (i) 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.
- (j) From 2014, cells with small values have been randomly adjusted to protect confidentiality. Some totals will not equal the sum of their components. Cells with zero values have not been affected by confidentialisation. See DQI for more information.
- (k) For child deaths (0–4 years), rates represent the number of deaths per 100 000 ERP (0–4 years). Child death rates for each period are the average of death registrations, divided by the average population. Rates for data to 2010–2012 are derived using ERPs based on the 2006 Census. Rates for data from 2011–2013 are derived using ERPs based on the 2011 Census. Rates derived using estimates based on different Censuses are not comparable.

Source: ABS unpublished, *Deaths, Australia*; ABS unpublished, *Births, Australia*; ABS unpublished, *Australia*; ABS unpublished, *Australia*; ABS unpublished, *Australia*; ABS unpublished, *Births, Australia*; ABS unpublished, *Australia*; ABS unpubl

All causes infant and child mortality, by Indigenous status, NSW, Queensland, WA, SA, NT (a), (b), (c), (d), (e), (f), (g)

	NSW, Queensland,	WA, SA	<u>., NT (a),</u>	(b), (c)	, (d), (e)	, (f), (g	<u> </u>
		VSW (h)	Qld (i)	WA	SA		Total (b)
2007–2011							
Infants (<1 year) (j)							
Number of deaths							
Aboriginal and							
Torres Strait Islander	no.	128	182	89	28	99	526
infants							
Other infants	no.	1 795	1 355	386	311	43	3 890
Rate							
Aboriginal and	4000 11 11 11	0.0	7.0		0.0	40.0	- 4
Torres Strait Islander infants		6.2	7.0	7.4	6.3	13.0	7.4
Other infants	per 1000 live births	4.1	4.5	2.8	3.4	3.8	3.9
Rate ratio (k)		1.5	1.6	2.6	1.9	3.4	1.9
Child (0-4 years) (I)							
Number of deaths							
Aboriginal and							
Torres Strait Islander	no.	158	218	108	34	120	638
children							
Other children	no.	2 097	1 568	482	384	53	4 584
Rate							
Aboriginal and							
Torres Strait Islander children	per 100 000 population	156	216	250	197	312	212
Other children	per 100 000 population	96.9	110.6	68.5	82.8	98.5	95.4
Rate ratio (k)		1.6	2.0	3.6	2.4	3.2	2.2
2008–2012							
Infants (<1 year) (j)							
Number of deaths							
Aboriginal and							
Torres Strait Islander	no.	103	182	85	26	97	493
infants							
Other infants	no.	1 745	1 320	396	290	45	3 796
Rate							
Aboriginal and							
Torres Strait Islander infants	per 1000 live births	3.6	6.9	7.3	5.5	12.5	6.2
Other infants	per 1000 live births	3.7	4.5	2.8	3.1	3.8	3.7
Rate ratio (k)		1.0	1.5	2.6	1.8	3.2	1.7
Child (0-4 years) (I)							
Number of deaths							
Aboriginal and							
Torres Strait Islander	no.	130	217	110	31	122	627
children							
Other children	no.	2 019	1 537	491	364	55	4 475

Table EA.60 All causes infant and child mortality, by Indigenous status, NSW. Queensland, WA. SA. NT (a), (b), (c), (d), (e), (f), (g)

	NSW, Queensland,	WA, SA	, NT (a)	, (b), (c)	, (d), (e), (f), (g	g)
	Unit ∧	<i>ISW</i> (h)	Qld (i)	WA	SA	NT	Total (b)
Rate							
Aboriginal and							
Torres Strait Islander children	per 100 000 population	124	211	250	175	311	203
Other children	per 100 000 population	92.1	106.1	109.5	48.4	101.7	91.4
Rate ratio (k)		1.4	2.0	2.3	3.6	3.1	2.2
2009–2013							
Infants (<1 year) (j)							
Number of deaths							
Aboriginal and							
Torres Strait Islander infants	no.	109	189	72	32	100	502
Other infants	no.	1 697	1 300	378	291	48	3 714
Rate							
Aboriginal and Torres Strait Islander infants	per 1000 live births	3.9	7.2	5.7	6.8	13.0	6.3
Other infants	per 1000 live births	3.6	4.5	2.6	3.1	4.0	3.7
Rate ratio (k)	•	1.1	1.6	2.2	2.2	3.2	1.7
Child (0-4 years) (I)							
Number of deaths							
Aboriginal and Torres Strait Islander children	no.	134	227	98	38	124	621
Other children	no.	1 976	1 506	479	365	58	4 384
Rate							
Aboriginal and							
•	per 100 000 population	102.9	182.5	186.5	169.8	330.2	169.1
Other children	per 100 000 population	88.0	106.9	65.0	78.1	103.5	89.2
Rate ratio (k)		1.2	1.7	2.9	2.2	3.2	1.9
2010-2014 (h), (m)							
Infants (<1 year) (j)							
Number of deaths							
Aboriginal and Torres Strait Islander	no.	121	174	81	31	98	505
infants							
Other infants	no.	1 625	1 243	357	271	44	3 540
Rate (m)							
Aboriginal and							
Torres Strait Islander infants	per 1000 live births	4.4	6.2	6.1	7.0	12.4	6.2
Other infants	per 1000 live births	3.5	4.3	2.4	2.8	3.5	3.5
Rate ratio (k)		1.3	1.4	2.6	2.5	3.5	1.8

REPORT ON GOVERNMENT SERVICES 2016 HEALTH SECTOR OVERVIEW PAGE **2** of TABLE EA.60

All causes infant and child mortality, by Indigenous status, NSW, Queensland, WA, SA, NT (a), (b), (c), (d), (e), (f), (g)

						<u> </u>	
	Unit	NSW (h)	Qld (i)	WA	SA	NT	Total (b)
Child (0-4 years) (I)							
Number of deaths							
Aboriginal and							
Torres Strait Islander	no.	147	202	103	37	121	611
children							
Other children	no.	1 895	1 442	459	338	54	4 188
Rate							
Aboriginal and							
Torres Strait Islander	per 100 000 population	112.7	160.7	197.7	164.4	329.2	166.0
children							
Other children	per 100 000 population	83.7	101.2	60.4	71.6	94.3	84.1
Rate ratio (k)		1.3	1.6	3.3	2.3	3.5	2.0

- (a) Data exclude deaths where Indigenous status was not stated. As a result, death rates by Indigenous status may be underestimated.
- (b) Data are reported by jurisdiction of residence only for jurisdictions with a sufficient number and sufficient level of identification of Aboriginal and Torres Strait Islander deaths to support mortality analysis NSW, Queensland, WA, SA and the NT. Total includes data only for those jurisdictions.
- (c) Data are presented in five-year groupings due to volatility of the small numbers involved.
- (d) A derived ERP is used in the calculation of population rates. Non-Indigenous ERP is derived by subtracting population projections for Aboriginal and Torres Strait Islander people from the total population ERP. The ERP used for data to 2008–2012 is based on the 2006 Census. The ERP used for data from 2009–2013 is based on the 2011 census. Rates derived using estimates based on different Censuses are not comparable. See DQI for more detail.
- (e) Non-Indigenous estimates are available for census years only. In the intervening years, Aboriginal and Torres Strait Islander 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 Aboriginal and Torres Strait Islander 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
- (f) Data based on year of registration of death (also called 'reference year'). See DQI for more information.
- (g) Some totals and figures may not compute due to the effects of using different denominators and of rounding.
- (h) Temporary processing delays have contributed to the low number of births registered in NSW for 2014. See data quality statements for more information.
- (i) Care should be taken when interpreting deaths data for Queensland for 2010 as they are affected by recent changes in the timeliness of birth and deaths registrations. 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.
- (j) 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.
- (k) Rate ratio is the mortality rate for Aboriginal and Torres Strait Islander children/infants mortality rate divided by that for non-Indigenous children/infants.
- (I) For child deaths (0–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (0–4 years). Child death rates for this period are the average of death registrations, divided by the average projected Indigenous population and the average non-Indigenous population as derived using the total Estimated Resident Population (ERP).

All causes infant and child mortality, by Indigenous status, NSW, Queensland, WA, SA, NT (a), (b), (c), (d), (e), (f), (g)

Unit NSW (h) Qld (i) WA SA NT Total (b

Source: ABS unpublished, *Deaths, Australia*; ABS unpublished, *Births, Australia*; ABS unpublished, *Australian Demographic Statistics*, Cat. no. 3101.0; ABS 2009, 2014, *Estimates and Projections, Aboriginal and Torres Strait Islander Australians*, Cat. no. 3238.0

⁽m) From 2014, cells with small values have been randomly adjusted to protect confidentiality. Some totals will not equal the sum of their components. Cells with 0 values have not been affected by confidentialisation. See DQI for more information.

Table EA.61 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d)

	NSW	Vic	Qld (e)	WA	SA	Tas	ACT	NT	Aust (f)
2007									
Cause of death				Rate (per	100 000 pe	rsons)			
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 (cancer) (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
Nervous system diseases (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
Circulatory diseases (I00-I99)	205.4	188.7	213.0	188.0	207.5	230.4	177.7	255.4	202.0
Respiratory Diseases (J00-J99)	49.6	47.4	60.1	46.2	45.9	58.8	38.0	69.6	50.6
Digestive diseases (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
Kidney diseases (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
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

Table EA.61 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d)

-	•		•		•			-	. , , .	. , ,
		NSW	Vic	Qld (e)	WA	SA	Tas	ACT	NT	Aust (f)
All causes		600.4	583.4	621.2	594.7	611.5	693.2	560.1	902.2	604.4
Cause of Death					variabilit	y band ± (g	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 (cancer) (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 certa disorders involving the immune mechanism (D50-D89)	in _±	0.3	0.4	0.5	0.6	0.6	np	np	np	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	<u>#</u>	1.0	1.3	1.4	2.2	2.2	4.9	5.9	17.9	0.6
Mental and behavioural disorders (F00-F99)	<u>#</u>	1.1	1.3	1.3	2.0	2.1	4.1	6.6	17.6	0.6
Nervous system diseases (G00-G99)	<u>#</u>	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
Circulatory diseases (I00-I99)	<u>#</u>	3.2	3.5	4.4	5.9	6.2	12.1	15.8	38.4	1.8
Respiratory Diseases (J00-J99)	<u></u>	1.6	1.8	2.4	3.0	3.0	6.2	7.4	19.7	0.9
Digestive diseases (K00-K93)	<u>#</u>	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)	<u>#</u>	0.3	0.3	np	np	0.6	np	np	np	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	<u>±</u>	0.5	0.6	0.6	1.0	1.0	2.2	np	np	0.3
Kidney diseases (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
Conditions originating in the perinatal period (P00-P96)	<u>±</u>	0.4	0.5	0.6	0.5	np	np	np	np	0.2
Congenital malformations, deformations and chromosoma abnormalities (Q00-Q99)	l 	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

Table EA.61 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d)

	NSW	Vic	Qld (e)	WA	SA	Tas	ACT	NT	Aust (f)
All causes ±	5.5	6.2	7.6	10.6	10.9	21.3	27.8	68.5	3.2
2008									
Cause of death				Rate (per	100 000 pe	ersons)			
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 (cancer) (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
Nervous system diseases (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
Circulatory diseases (I00-I99)	209.3	188.3	218.1	187.2	194.2	222.5	186.3	222.5	202.5
Respiratory Diseases (J00-J99)	48.8	45.8	49.0	43.8	46.1	57.5	35.5	93.1	47.7
Digestive diseases (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
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
Kidney diseases (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
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

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Table EA.61 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d)

ACT	NT	Aust (f)
36.4	101.6	40.1
578.0	950.3	612.4
3.4	12.1	0.4
15.0	34.9	1.8
np	np	0.2
5.5	22.0	0.6
6.2	17.3	0.6
6.9	11.2	0.6
_	_	np
_	_	np
15.9	35.8	1.8
7.0	22.8	0.9
5.1	15.1	0.6
np	np	0.2
3.6	np	0.3
4.4	14.9	0.5
_	_	np
np	np	0.2
np	np	0.2
np	np	0.3
	7.0 5.1 np 3.6 4.4 - np	7.0 22.8 5.1 15.1 np np 3.6 np 4.4 14.9 - np np np

Table EA.61 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d)

							3 (-1) (-1) (-1)			
	NSW	Vic	Qld (e)	WA	SA	Tas	ACT	NT	Aust (f)	
<u>±</u>	1.4	1.6	2.0	2.9	3.0	6.2	6.6	18.2	0.8	
±	5.4	6.2	7.6	10.4	10.8	21.0	27.8	70.5	3.2	
				Rate (per	100 000 pe	rsons)				
	8.2	7.2	6.6	8.0	8.0	6.9	6.6	np	7.6	
	173.7	176.3	184.0	177.2	176.3	197.6	155.9	218.9	177.4	
1										
	1.7	1.6	1.4	2.4	2.4	np	np	np	1.8	
	21.4	26.4	25.0	24.6	23.4	33.2	25.7	67.3	24.4	
	24.9	26.0	23.6	26.7	25.9	34.8	29.5	49.3	25.6	
	21.6	25.0	24.3	26.8	29.2	28.1	25.7	39.2	24.3	
	np	np	_	np	_	_	np	_	np	
	np	_	gn	an	np	_	_	_	np	
	187.1	180.0	192.1	173.3	190.2	212.7	185.9	200.6	186.2	
	46.3	44.1	47.6	40.0	44.0	54.4	30.2	73.9	45.3	
	21.0	21.0	19.6	19.7	21.0	20.9	19.8	41.6	20.7	
	2.0	1.1	1.5	1.8	np	np	np	np	1.5	
							np	np	4.4	
	13.5	15.5	11.4	12.3	14.6	11.6	12.9	20.2	13.7	
	np	np	np	np	_	_	_	_	np	
	3.1	2.8	3.8	2.0	2.4	np	np	np	3.0	
	2.4	3.1	3.6	2.2	3.2	np	np	np	2.9	
•		# 1.4 # 5.4 8.2 173.7 1.7 21.4 24.9 21.6 np 187.1 46.3 21.0 2.0 4.2 13.5 np	# 1.4 1.6 # 5.4 6.2 8.2	# 1.4 1.6 2.0 # 5.4 6.2 7.6 # 5.4 6.2 7.6 # 5.4 6.2 7.6 # 6.2 7.6	# 1.4 1.6 2.0 2.9 # 5.4 6.2 7.6 10.4 Rate (per	# 1.4 1.6 2.0 2.9 3.0 # 5.4 6.2 7.6 10.4 10.8 Rate (per 100 000 per 100 000 per 100 100 000 per 100 100 per 100 per 100 100 per 100 per 100 per 100 100 per 100	## 1.4	## 1.4	# 1.4 1.6 2.0 2.9 3.0 6.2 6.6 18.2 # 5.4 6.2 7.6 10.4 10.8 21.0 27.8 70.5 **Rate (per 100 000 persons)** **Rate (per 10 0 000 persons)** **Rate (per 100 persons)** **	

Table EA.61 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d)

		NSW	Vic	Qld (e)	WA	SA	Tas	ACT	NT	Aust (f)
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
All causes		569.7	577.4	595.9	568.9	587.9	671.0	540.2	824.6	582.0
Cause of death					variabilit	y band ± (g	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 (cancer) (C00-D48)	<u>±</u>	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)	n <u>+</u>	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
Nervous system diseases (G00-G99)	<u>#</u>	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)	<u>±</u>	np	np	_	np	_	_	np	_	np
Diseases of the ear and mastoid process (H60-H95)	±	np	_	np	np	np	_	_	_	np
Circulatory diseases (100-199)	±	2.9	3.3	4.1	5.5	5.8	11.3	15.6	33.4	1.7
Respiratory Diseases (J00-J99)	±	1.5	1.7	2.1	2.7	2.8	5.8	6.4	20.3	0.9
Digestive diseases (K00-K93)	<u>#</u>	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)	<u>+</u>	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
Kidney diseases (N00-N99)	<u>#</u>	0.8	1.0	1.0	1.5	1.6	2.6	4.1	10.1	0.5
Pregnancy, childbirth and the puerperium (O00-O99)	<u>+</u>	np	np	np	np	_	_	_	_	np
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

Table EA.61 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d)

		NSW	Vic	Qld (e)	WA	SA	Tas	ACT	NT	Aust (f)
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)	<u>±</u>	1.3	1.7	2.0	2.7	3.0	6.3	6.5	15.0	0.8
All causes	<u>±</u>	5.2	6.0	7.2	10.0	10.5	20.5	26.4	64.3	3.1
2010 (e)										
Cause of death					Rate (per	100 000 pe	rsons)			
Certain infectious and parasitic diseases (A00-B99)		10.0	7.4	7.1	8.8	10.1	7.7	7.5	np	8.7
Neoplasms (cancer) (C00-D48)		175.6	175.5	186.7	172.1	178.3	194.9	157.6	217.1	177.9
Diseases of the blood and blood-forming organs and certain	n									
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)		19.3	23.8	23.8	24.1	25.0	35.2	20.0	53.7	22.9
Mental and behavioural disorders (F00-F99)		25.8	26.8	24.8	26.0	29.8	37.6	26.9	48.4	26.6
Nervous system diseases (G00-G99)		22.5	26.3	23.0	28.3	28.7	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
Circulatory diseases (100-199)		176.4	166.8	189.1	161.7	186.1	213.0	168.7	198.5	177.0
Respiratory Diseases (J00-J99)		48.6	45.2	48.7	41.6	49.1	53.9	41.4	76.5	47.4
Digestive diseases (K00-K93)		19.8	21.0	21.4	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	5.1	4.1	3.6	7.9	np	np	4.6
Kidney diseases (N00-N99)		12.4	14.0	12.4	12.5	14.5	13.3	12.9	26.8	13.1
Pregnancy, childbirth and the puerperium (O00-O99)		np	np	np	np	np	-	12.5	np	np
Conditions originating in the perinatal period		ΠP	ıιρ	ıη	ΠP	ΠP			ΠP	ıηρ
(P00-P96)		2.9	2.2	3.5	2.1	2.6	np	np	np	2.8

Table EA.61 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d)

		NSW	Vic	Qld (e)	WA	SA	Tas	ACT	NT	Aust (f)
Congenital malformations, deformations and chromosomal										
abnormalities (Q00-Q99)		2.7	2.7	3.0	2.2	2.2	np	np	np	2.7
Symptoms, signs and abnormal clinical and laboratory										
findings, not elsewhere classified (R00-R99)		4.2	1.7	4.2	2.7	3.0	np	np	np	3.3
External causes of morbidity and mortality (V01-Y98)		34.6	36.3	42.6	46.7	38.8	41.0	39.9	78.9	38.8
All causes		562.6	557.8	598.4	556.0	593.9	664.6	528.8	818.4	574.2
Cause of death					variabilit	y band ± (g	ı) (h)			
Certain infectious and parasitic diseases (A00-B99)	<u>+</u>	0.7	0.7	0.8	1.2	1.4	2.2	3.0	np	0.4
Neoplasms (cancer) (C00-D48)	<u>#</u>	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 certai	n _									
disorders involving the immune mechanism (D50-D89)	<u>-</u>	0.3	0.3	0.4	0.5	0.5	np	np	np	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	<u>+</u>	0.9	1.2	1.4	2.0	2.1	4.6	5.0	15.5	0.6
Mental and behavioural disorders (F00-F99)	<u>+</u>	1.1	1.2	1.4	2.1	2.2	4.6	5.7	17.7	0.6
Nervous system diseases (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)	<u>#</u>	np	_	_	np	_	_	_	_	np
Diseases of the ear and mastoid process (H60-H95)	±	_	np	np	_	_	np	_	_	np
Circulatory diseases (100-199)	<u>±</u>	2.8	3.1	4.0	5.2	5.7	11.2	14.5	32.9	1.6
Respiratory Diseases (J00-J99)	<u>±</u>	1.5	1.6	2.0	2.7	3.0	5.7	7.3	20.6	0.9
Digestive diseases (K00-K93)	<u>±</u>	1.0	1.1	1.3	1.8	1.9	3.8	4.4	14.2	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	<u>+</u>	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
Kidney diseases (N00-N99)	<u>±</u>	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)	<u>+</u>	np	np	np	np	np	_	_	np	np
Conditions originating in the perinatal period		•	•	•	•	•			•	·
(P00-P96)		0.4	0.4	0.5	0.6	0.8	np	np	np	0.2

Table EA.61 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d)

		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)	±	0.4	0.3	0.6	0.7	0.8	np	np	np	0.2		
External causes of morbidity and mortality (V01-Y98)	<u>±</u>	1.3	1.6	1.9	2.8	3.0	5.5	6.7	14.1	0.8		
All causes	±	5.1	5.8	7.1	9.7	10.4	20.2	25.6	63.2	3.0		
2011												
Cause of death		Rate (per 100 000 persons)										
Certain infectious and parasitic diseases (A00-B99)		11.6	8.5	8.5	6.2	9.0	6.8	8.5	np	9.4		
Neoplasms (cancer) (C00-D48)		177.8	173.3	175.1	166.5	170.6	189.5	147.0	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	23.5	24.9	34.1	20.3	61.0	23.6		
Mental and behavioural disorders (F00-F99)		27.9	27.4	27.4	23.7	30.5	40.8	26.7	51.6	27.9		
Nervous system diseases (G00-G99)		23.8	27.8	23.3	30.5	28.5	29.6	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)		•	·	•	·	nn				·		
Circulatory diseases (I00-I99)		np 177.6	np 161.8	np 180.7	np 152.9	np 171.1	190.3	_ 150.2	201.4	np 171.6		
Respiratory Diseases (J00-J99)		49.5	46.2	49.9	42.1	45.8	53.3	42.8	83.5	47.9		
Digestive diseases (K00-K93)		20.2	20.0	20.2	19.9	45.8 19.5	21.9	42.6 19.7	37.0	20.2		
Diseases of the skin and subcutaneous tissue (L00-L99)		20.2	1.4	1.4	1.3	1.6				1.7		
Diseases of the musculoskeletal system and connective		۷.۱	1.4	1.4	1.3	1.0	np	np	np	1.7		
tissue (M00-M99)		4.7	4.4	4.8	3.7	3.3	5.4	np	np	4.5		
Kidney diseases (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	_	_	np	np		

Table EA.61 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d)

		NSW	Vic	Qld (e)	WA	SA	Tas	ACT	NT	Aust (f)
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)		2.6	2.4	2.7	1.9	2.4	np	np	np	2.4
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)		5.2	3.1	2.8	3.8	4.2	np	6.4	np	4.0
External causes of morbidity and mortality (V01-Y98)		34.6	36.2	43.2	44.8	37.7	45.3	32.4	60.6	38.5
All causes		576.4	555.8	581.0	535.6	566.6	642.4	513.1	795.0	570.0
Cause of death					variabilit	y band ± (g	g) (h)			
Certain infectious and parasitic diseases (A00-B99)	<u></u>	0.7	0.7	0.8	1.0	1.3	2.0	3.2	np	0.4
Neoplasms (cancer) (C00-D48)	<u>±</u>	2.9	3.3	3.8	5.2	5.7	10.7	13.3	31.4	1.7
Diseases of the blood and blood-forming organs and certaidisorders involving the immune mechanism (D50-D89)	n <u>+</u>	0.3	0.3	0.4	0.5	0.6	np	np	_	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	<u>±</u>	1.0	1.2	1.4	2.0	2.1	4.5	4.9	17.9	0.6
Mental and behavioural disorders (F00-F99)	<u>±</u>	1.1	1.2	1.5	2.0	2.2	4.8	5.6	19.4	0.6
Nervous system diseases (G00-G99)	<u>±</u>	1.0	1.3	1.4	2.2	2.2	4.3	6.2	13.7	0.6
Diseases of the eye and adnexa (H00-H59)	<u>±</u>	np	np	np	np	_	_	_	_	np
Diseases of the ear and mastoid process (H60-H95)	<u>±</u>	np	np	np	np	np	_	_	_	np
Circulatory diseases (I00-I99)	<u>±</u>	2.8	3.1	3.8	5.0	5.4	10.4	13.3	32.1	1.6
Respiratory Diseases (J00-J99)	<u>±</u>	1.5	1.6	2.0	2.6	2.8	5.6	7.2	21.4	3.0
Digestive diseases (K00-K93)	<u>±</u>	1.0	1.1	1.3	1.8	1.9	3.6	4.8	13.1	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	<u>±</u>	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
Kidney diseases (N00-N99)	<u>±</u>	0.7	0.9	1.0	1.4	1.5	2.8	4.2	np	0.4
Pregnancy, childbirth and the puerperium (O00-O99)	<u>±</u>	np	np	np	np	np	_	_	np	np
		•	•	•	•	•			•	

Table EA.61 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d)

	,			,,,,						(-), (-), (-)		
		NSW	Vic	Qld (e)	WA	SA	Tas	ACT	NT	Aust (f)		
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	0.4	0.5	0.8	0.9	np	2.7	np	0.2		
External causes of morbidity and mortality (V01-Y98)	±	1.3	1.5	1.9	2.7	2.9	5.7	6.0	12.0	0.8		
All causes	<u></u>	5.1	5.8	6.9	9.4	10.1	19.6	24.7	62.1	2.9		
2012												
Cause of death					Rate (per	100 000 pe	rsons)					
Certain infectious and parasitic diseases (A00-B99)		10.7	8.4	6.9	7.8	10.8	8.2	6.6	np	9.1		
Neoplasms (cancer) (C00-D48)		166.8	162.4	179.2	167.0	166.8	185.7	146.8	211.7	168.4		
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	1	1.8	1.6	1.7	1.5	1.6	np	np	np	1.7		
Endocrine, nutritional and metabolic diseases (E00-E90)		20.2	23.0	23.3	23.6	22.7	33.7	24.6	65.2	22.7		
Mental and behavioural disorders (F00-F99)		27.6	27.2	26.7	27.5	34.5	48.3	24.8	30.9	28.5		
Nervous system diseases (G00-G99)		23.3	26.8	25.3	30.3	28.9	25.7	24.0	23.7	25.7		
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		
Circulatory diseases (100-199)		160.2	148.1	175.3	144.6	165.5	195.3	141.6	185.7	159.9		
Respiratory Diseases (J00-J99)		50.7	45.0	50.4	45.9	49.5	62.1	42.2	73.5	49.0		
Digestive diseases (K00-K93)		18.8	19.8	20.8	17.6	21.4	22.2	20.5	26.6	19.7		
Diseases of the skin and subcutaneous tissue (L00-L99)		1.7	1.4	1.4	1.1	1.2	np	np	np	1.4		
Diseases of the musculoskeletal system and connective		4.0	4.2	5.1	3.3	2.7	8.0	6.3	nn	4.3		
tissue (M00-M99) Kidney diseases (N00-N99)		13.4	4.2 15.5	11.8	3.3 13.6	14.1	13.0	13.1	np 23.5	13.8		

Table EA.61 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d)

9	,		•		•	, ,		, , , , , , , , , , , , , , , , , , ,		(-), ()
		NSW	Vic	Qld (e)	WA	SA	Tas	ACT	NT	Aust (f)
Pregnancy, childbirth and the puerperium (O00-O99)		np	np	np	_	np	_	_	_	np
Conditions originating in the perinatal period (P00-P96)		2.2	2.0	2.8	1.3	2.6	np	np	np	2.3
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	l	2.4	2.2	2.7	2.0	2.6	np	np	np	2.4
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)		7.0	3.5	3.3	5.5	7.8	3.2	np	13.0	5.3
External causes of morbidity and mortality (V01-Y98)		33.9	33.3	43.9	46.2	39.7	44.1	32.1	79.5	38.1
All causes		544.5	524.7	580.7	538.9	572.4	658.3	494.9	769.2	552.3
Cause of death					variabilit	y band ± (g	g) (h)			
Certain infectious and parasitic diseases (A00-B99)	<u>±</u>	0.7	0.7	0.7	1.1	1.4	2.3	2.7	np	0.4
Neoplasms (cancer) (C00-D48)	<u>±</u>	2.7	3.1	3.8	5.2	5.5	10.5	13.1	29.8	1.6
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	n <u>+</u>	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	1.9	2.0	4.4	5.3	16.4	0.6
Mental and behavioural disorders (F00-F99)	<u>±</u>	1.0	1.2	1.4	2.1	2.3	5.1	5.2	12.9	0.6
Nervous system diseases (G00-G99)	<u>±</u>	1.0	1.2	1.4	2.2	2.2	3.8	5.2	11.2	0.6
Diseases of the eye and adnexa (H00-H59)	<u>±</u>	np	np	np	np	_	_	_	_	np
Diseases of the ear and mastoid process (H60-H95)	±	np	np	np	_	_	_	_	np	np
Circulatory diseases (I00-I99)	±	2.6	2.9	3.7	4.7	5.2	10.5	12.7	28.8	1.5
Respiratory Diseases (J00-J99)	<u>±</u>	1.5	1.6	2.0	2.7	2.9	6.0	6.9	19.1	0.8
Digestive diseases (K00-K93)	<u>±</u>	0.9	1.1	1.3	1.7	2.0	3.6	4.9	9.8	0.5
Diseases of the skin and subcutaneous tissue (L00-L99)	±	0.3	0.3	0.3	0.4	0.4	np	np	np	0.1
Diseases of the musculoskeletal system and connective tissue (M00-M99) Kidney diseases (N00-N99)	± ±	0.4 0.7	0.5 0.9	0.6 1.0	0.7 1.5	0.7 1.5	2.1 2.6	2.7 3.9	np 10.1	0.2 0.4
Titality diocases (1100 1105)	_	0.7	0.9	1.0	1.5	1.5	2.0	5.9	10.1	0.4

Table EA.61 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d)

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		NSW	Vic	Qld (e)	WA	SA	Tas	ACT	NT	Aust (f)
Pregnancy, childbirth and the puerperium (O00-O99)	±	np	np	np	_	np	_	_	_	np
Conditions originating in the perinatal period (P00-P96)	±	0.3	0.4	0.5	0.5	0.8	np	np	np	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	±	0.3	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)	±	0.6	0.5	0.5	0.9	1.3	1.5	np	6.1	0.3
External causes of morbidity and mortality (V01-Y98)	<u></u>	1.3	1.4	1.9	2.7	2.9	5.6	5.9	14.3	0.8
All causes	<u>±</u>	4.9	5.5	6.8	9.2	10.0	19.6	23.8	56.7	2.9
2013										
Cause of death					Rate (per	100 000 pe	rsons)			
Certain infectious and parasitic diseases (A00-B99)		12.0	8.4	8.5	8.2	10.3	7.4	9.0	12.0	9.8
Neoplasms (cancer) (C00-D48)		169.4	161.9	175.6	162.0	165.6	195.3	153.8	219.4	168.2
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	1	2.0	1.9	1.5	1.6	1.8	np	np	np	1.8
Endocrine, nutritional and metabolic diseases (E00-E90)		19.9	23.1	22.4	22.9	22.8	31.9	22.4	69.0	22.4
Mental and behavioural disorders (F00-F99)		28.0	25.4	29.0	24.3	32.7	37.5	26.6	53.6	27.9
Nervous system diseases (G00-G99)		25.8	28.3	25.3	30.4	31.5	29.6	25.1	29.9	27.4
Diseases of the eye and adnexa (H00-H59)		np	_	np	np	_	_	_	_	np
Diseases of the ear and mastoid process (H60-H95)		np	np	np	np	_	np	_	np	np
Circulatory diseases (100-199)		159.2	143.0	160.0	143.4	151.9	186.5	123.3	185.7	153.8
Respiratory Diseases (J00-J99)		44.9	44.8	44.6	41.4	46.1	51.9	42.2	94.9	45.1
Digestive diseases (K00-K93)		19.7	18.6	20.6	18.8	22.0	25.1	14.9	37.8	19.9
Diseases of the skin and subcutaneous tissue (L00-L99)		2.0	1.3	1.1	1.2	1.5	np	np	np	1.5
Diseases of the musculoskeletal system and connective tissue (M00-M99)		4.0	4.1	4.2	4.3	3.7	7.0	np	np	4.2

Table EA.61 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d)

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		NSW	Vic	Qld (e)	WA	SA	Tas	ACT	NT	Aust (f)
Kidney diseases (N00-N99)		10.9	11.1	10.3	10.7	10.8	14.4	6.3	21.2	10.9
Pregnancy, childbirth and the puerperium (O00-O99)		np	np	_	np	np	np	_	_	np
Conditions originating in the perinatal period (P00-P96)		2.6	2.0	3.4	1.2	2.2	np	np	np	2.4
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)		2.5	2.8	2.7	1.7	2.9	3.6	np	np	2.6
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)		6.9	4.3	3.7	7.2	5.6	5.1	np	np	5.5
External causes of morbidity and mortality (V01-Y98)		33.6	31.2	42.0	43.3	36.4	48.9	34.0	73.3	36.6
All causes		543.6	512.1	554.9	522.6	547.8	649.0	474.8	831.9	540.0
Cause of death					variabilit	y band ± (g	g) (h)			
Certain infectious and parasitic diseases (A00-B99)	<u>±</u>	0.7	0.7	0.8	1.1	1.3	2.0	3.1	6.2	0.4
Neoplasms (cancer) (C00-D48)	<u>±</u>	2.7	3.1	3.7	5.0	5.5	10.7	13.1	29.0	1.6
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	າ <u>+</u>	0.3	0.3	0.3	0.5	0.5	np	np	np	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	±	0.9	1.1	1.3	1.9	2.0	4.3	5.1	16.7	0.6
Mental and behavioural disorders (F00-F99)	<u>±</u>	1.0	1.1	1.5	1.9	2.2	4.5	5.4	17.9	0.6
Nervous system diseases (G00-G99)	<u>±</u>	1.0	1.3	1.4	2.2	2.3	4.2	5.3	12.5	0.6
Diseases of the eye and adnexa (H00-H59)	±	np	_	np	np	_	_	_	_	np
Diseases of the ear and mastoid process (H60-H95)	±	np	np	np	np	_	np	_	np	np
Circulatory diseases (I00-I99)	<u>±</u>	2.5	2.8	3.5	4.6	5.0	10.1	11.6	27.9	1.5
Respiratory Diseases (J00-J99)	<u>±</u>	1.4	1.6	1.9	2.5	2.8	5.4	6.9	20.1	0.8
Digestive diseases (K00-K93)	<u>±</u>	0.9	1.0	1.3	1.7	2.0	3.8	4.0	11.9	0.5
Diseases of the skin and subcutaneous tissue (L00-L99)	±	0.3	0.3	0.3	0.4	0.5	np	np	np	0.1
Diseases of the musculoskeletal system and connective tissue (M00-M99)	±	0.4	0.5	0.6	0.8	0.8	2.0	np	np	0.2

Table EA.61 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d)

		NSW	Vic	Qld (e)	WA	SA	Tas	ACT	NT	Aust (f)
Kidney diseases (N00-N99)	<u>±</u>	0.7	0.8	0.9	1.3	1.3	2.8	2.5	10.0	0.4
Pregnancy, childbirth and the puerperium (O00-O99)	±	np	np	_	np	np	np	_	_	np
Conditions originating in the perinatal period (P00-P96)	±	0.4	0.4	0.5	0.4	0.8	np	np	np	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	±	0.4	0.4	0.5	0.5	0.8	1.6	np	np	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	<u>±</u>	0.5	0.5	0.5	1.0	1.1	1.8	np	np	0.3
External causes of morbidity and mortality (V01-Y98)	<u>±</u>	1.3	1.4	1.9	2.6	2.8	5.9	5.9	13.7	8.0
All causes	±	4.8	5.4	6.6	8.9	9.7	19.4	22.8	58.1	2.8

- (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: 2007–2011 (final), 2012 (revised) and 2013 (preliminary). See Causes of Death, Australia, 2013 (Cat. no. 3303.0) Technical Note: Causes of Death Revisions 2011 and 2012 for further information.
- (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 (see data quality information (DQI) at www.pc.gov.au/rogs/2016 for further detail). 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 85 years or over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.
- (c) Based on year of registration of death (also called 'reference year'). See DQI for further detail.
- (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 for 2010 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.
 - Nil or rounded to zero. **np** not published.

Source: ABS unpublished, Causes of Death, Australia, 2007 to 2013, Cat. no. 3303.0.

Table EA.62 Age standardised mortality rates by major cause of death, by Indigenous status, 2009–2013 (a), (b), (c), (d), (e), (f), (g), (h), (i)

- Indigenous status, 200						T
	NSW	Qld (j)	WA	SA	NT	Total (d)
Cause of death — Rate (per 100 000 population	on)					
Aboriginal and Torres Strait Islander people						
Circulatory diseases (I00-I99)	254.9	280.0	360.2	209.2	333.5	282.4
Neoplasms (cancer) (C00-D48)	198.0	227.9	242.2	166.3	324.0	224.4
External causes of morbidity and mortality (V01-Y98)	53.9	64.6	109.9	75.5	118.1	74.6
Endocrine, metabolic and nutritional disorders (E00-E90)	57.6	100.2	161.7	67.3	202.7	101.0
Respiratory diseases (J00-J99)	88.1	89.1	109.2	90.2	152.4	98.5
Digestive diseases (K00-K93)	32.8	50.7	54.8	53.8	87.0	48.7
Kidney Diseases (N00-N29)	20.5	23.9	36.8	np	56.9	28.4
Conditions originating in the perinatal period (P00-P96)	2.9	5.1	3.8	np	10.2	4.6
Infectious and parasitic diseases (A00-B99)	12.9	19.6	21.9	25.0	29.2	18.7
Nervous system diseases (G00-G99)	17.9	20.1	36.7	35.5	28.2	23.6
Other causes (k)	64.3	83.2	94.9	62.1	119.2	80.0
All causes	804.0	964.4	1 232.4	818.0	1 461.3	985.0
Other Australians						
Circulatory diseases (I00-I99)	184.8	186.7	160.9	190.7	147.6	182.8
Neoplasms (cancer) (C00-D48)	174.7	179.2	170.3	175.8	192.8	175.4
External causes of morbidity and mortality (V01-Y98)	34.4	41.6	41.3	38.1	54.8	37.9
Endocrine, metabolic and nutritional disorders (E00-E90)	21.0	22.6	23.0	25.2	30.0	22.2
Respiratory diseases (J00-J99)	50.5	49.2	43.5	50.6	60.6	49.3
Digestive diseases (K00-K93)	20.6	20.3	19.2	21.4	22.4	20.4
Kidney Diseases (N00-N29)	10.8	9.0	9.6	12.3	7.2	10.3
Conditions originating in the perinatal period (P00-P96)	2.7	3.0	1.5	2.2	2.9	2.6
Infectious and parasitic diseases (A00-B99)	11.0	7.4	7.9	10.1	10.1	9.5
Nervous system diseases (G00-G99)	24.8	25.1	30.7	31.6	28.2	26.4
Other causes (m)	49.6	45.5	44.4	52.9	55.1	48.3
All causes	584.9	589.6	552.1	611.0	611.6	585.2
Cause of death — Rate difference						
Circulatory diseases (100-199)	70.0	93.4	199.3	18.5	185.9	99.6
Neoplasms (cancer) (C00-D48)	23.4	48.6	71.9	- 9.4	131.3	49.1
External causes of morbidity and mortality (V01-Y98)	19.5	23.0	68.6	37.4	63.3	36.7
Endocrine, metabolic and nutritional disorders (E00-E90)	36.6	77.5	138.8	42.0	172.6	78.8
Respiratory diseases (J00-J99)	37.7	39.9	65.8	39.6	91.8	49.2
Digestive diseases (K00-K93)	12.2	30.4	35.7	32.4	64.5	28.2

Table EA.62 Age standardised mortality rates by major cause of death, by Indigenous status, 2009–2013 (a), (b), (c), (d), (e), (f), (g), (h), (i)

	NSW	Qld (j)	WA	SA	NT	Total (d)
Kidney Diseases (N00-N29)	9.6	14.9	27.2	np	49.7	18.0
Conditions originating in the perinatal period (P00-P96)	0.2	2.1	2.4	np	7.3	2.1
Infectious and parasitic diseases (A00-B99)	1.9	12.2	14.0	14.9	19.1	9.2
Nervous system diseases (G00-G99)	- 6.8	- 5.0	6.0	3.8	0.1	- 2.8
Other causes (k)	14.8	37.8	50.5	9.2	64.1	31.7
All causes	219.1	374.8	680.3	207.0	849.7	399.8
Cause of death — Rate ratio						
Circulatory diseases (I00-I99)	1.4	1.5	2.2	1.1	2.3	1.5
Neoplasms (cancer) (C00-D48)	1.1	1.3	1.4	0.9	1.7	1.3
External causes of morbidity and mortality (V01-Y98)	1.6	1.6	2.7	2.0	2.2	2.0
Endocrine, metabolic and nutritional disorders (E00-E90)	2.7	4.4	7.0	2.7	6.8	4.5
Respiratory diseases (J00-J99)	1.7	1.8	2.5	1.8	2.5	2.0
Digestive diseases (K00-K93)	1.6	2.5	2.9	2.5	3.9	2.4
Kidney Diseases (N00-N29)	1.9	2.7	3.8	np	7.9	2.7
Conditions originating in the perinatal period (P00-P96)	1.1	1.7	2.6	np	3.5	1.8
Infectious and parasitic diseases (A00-B99)	1.2	2.7	2.8	2.5	2.9	2.0
Nervous system diseases (G00-G99)	0.7	0.8	1.2	1.1	1.0	0.9
Other causes (k)	1.3	1.8	2.1	1.2	2.2	1.7
All causes	1.4	1.6	2.2	1.3	2.4	1.7

- (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: 2008-2010 (final), 2011 (revised) and 2012 (preliminary). See Causes of Death, Australia, 2012 (Cat. no. 3303.0) Technical Note: Causes of Death Revisions 2010 and 2011 for further information.
- (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, Aboriginal and Torres Strait Islander 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 only for jurisdictions with a sufficient number and sufficient level of identification of Aboriginal and Torres Strait Islander deaths to support mortality analysis NSW, Queensland, WA, SA and the NT. Total includes data only for those jurisdictions.
- (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.

Table EA.62 Age standardised mortality rates by major cause of death, by Indigenous status, 2009–2013 (a), (b), (c), (d), (e), (f), (g), (h), (i)

NSW Qld (j) WA SA NT Total (d)

- (g) Data based on reference year. See data quality information (DQI) for a more detailed explanation.
- (h) A derived 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.
- (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 for 2010 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) Other causes consist of all conditions excluding the selected causes displayed in the table.np Not published.

Source: ABS unpublished, Causes of Death, Australia, 2013, Cat. no. 3303.0.

Table EA.63 Employed medical practitioners (a), (b), (c), (d), (e), (f)

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	NSW(g)	Vic (h)	Qld(i)	WA (j)	SA	Tas(k)	ACT(I)	<i>NT</i> (m)	Aust (n)
Practitioner rate (p	er 100 000 people)								
2005	324.7	317.3	238.7	242.7	320.9	295.8	411.3	349.2	298.6
2006	314.1	325.8	243.9	308.0	329.1	275.9	399.8	414.2	305.2
2007	307.6	330.2	296.9	366.2	342.0	312.2	420.8	420.1	322.7
2008	310.7	329.2	315.2	315.7	348.4	300.9	447.5	378.4	322.2
2009	311.8	337.3	342.1	337.3	357.3	365.6	470.7	443.3	335.3
2010	np	np	np	np	np	np	np	np	np
2011	352.8	351.0	349.7	326.0	386.5	354.7	425.3	421.1	353.4
2012 (f)	350.7	348.9	348.6	325.3	380.5	347.1	418.8	429.2	351.1
2013	362.5	352.1	347.7	328.3	384.7	360.0	433.3	421.3	356.7
2014	365.3	361.8	359.2	336.7	392.9	368.5	429.0	439.0	364.0
FTE practitioner ra	ite (per 100 000 peopl	e) based on 40-ł	nour week						
2005	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	np	np	np	np	np	np	np	np	np
2011	385.5	375.3	378.4	349.0	409.0	374.9	468.1	462.8	381.4
2012 (f)	378.0	366.5	373.2	343.6	401.1	359.2	454.1	466.1	373.9
2013	390.4	373.0	373.5	349.0	413.0	374.9	478.6	454.1	381.7
2014	392.0	380.0	383.8	358.5	414.7	380.7	468.6	480.1	387.4
FTE employed me	dical practitioner rate	(per 100 000 ped	ople), by age gro	oup, 2014					
< 25 years	1.0	1.3	0.7	0.6	0.6	1.7	_	np	0.9
25–34	93.4	100.2	94.7	92.1	106.7	86.4	117.8	155.1	97.1

REPORT ON GOVERNMENT SERVICES 2016 HEALTH SECTOR OVERVIEW PAGE 1 of TABLE EA.63

Table EA.63 Employed medical practitioners (a), (b), (c), (d), (e), (f)

	NSW(g)	Vic (h)	Qld(i)	WA (j)	SA	Tas(k)	ACT(I)	<i>NT</i> (m)	Aust (n)
35–44	101.5	99.5	108.2	100.4	108.2	94.7	120.0	140.3	103.3
45–54	89.2	84.9	93.8	84.0	93.7	94.7	116.6	85.6	89.4
55–64	70.7	65.4	61.5	57.1	72.7	77.6	87.0	68.3	66.6
65 years or over	36.3	28.7	24.9	24.3	32.7	25.6	27.2	np	30.1

FTE = Full time equivalent. Historical data have been revised for updated populations and may differ from previous reports.

- (a) FTE rate (FTE per 100 000 people) is based on a standard full-time working week of 40 hours.
- (b) Data from 2011 include medical practitioners who are employed in medicine and exclude practitioners on extended leave and/or looking for work. Data for 2009 and previous years include practitioners who are employed, on extended leave and/or looking for work.
- (c) Due to rounding of average hours worked: the sum of state and territory FTE rates may not add up to total FTE rate for Australia; and, the sum of age group FTE rates may not add up to the total FTE rate for each state.
- (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 also unavailable, state and territory of residence is used. If main job details are also unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'Not stated' but are included in data for Australia.
- (e) Introduction of a national data collection tool in 2010 resulted in a slight change in patterns of responses to employment-related questions. Prior to 2010, survey questions were not consistent across jurisdictions. Caution should be used in comparing data over time and, particularly for years prior to 2010, between jurisdictions. See data quality information (DQI) at www.pc.gov.au/rogs/2016 for further detail.
- (f) For 2012 and subsequent years, data exclude provisional registrants.
- (g) 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.
- (h) 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.
- (i) 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.
- (j) 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 figures.

Table EA.63 Employed medical practitioners (a), (b), (c), (d), (e), (f)

defence force and other government agencies, compared to other jurisdictions (AIHW 2014d).

	NSI	V(g) Vic ((h) <i>Qld</i> (i)	WA (j)	SA	Tas (k)	ACT(I)	<i>NT</i> (m)	Aust (n)
(k)	Prior to 2010, Tasmania	data are based o	n responses to the A	IHW Medical Labou	ır Force Survey	weighted to	general registrants,	conditionally	registered

- specialists and non-practising registrants only. Caution should be used in comparing data for the ACT with other jurisdictions. Rates for the ACT are inflated as many services are provided to southern NSW residents not captured in the denominator. In addition, a relatively high proportion of pracitioners work in non-clinical roles such as educational facilities, the
- Comparisons with NT data should be made with caution due to changes in doctors' registration requirements in particular, nationally registered doctors providing fly in fly out services are no longer required to register in the NT.
- Data for Australia include employed practitioners where state or territory is unidentified and employed practitioners who are overseas.

Nil or rounded to zero. np Not published.

AIHW unpublished, National Health Workforce Data Set; AIHW unpublished, Medical Labour Force Survey; ABS 2013, 2014, Australian demographic Source: statistics, Cat. no. 3101.

Table EA.64 Employed nurses and midwives (a), (b), (c), (d), (e), (f)

	<u> </u>			7. (7. (7. (,, <u>, , , , , , , , , , , , , , , , , ,</u>				
	NSW	Vic (g)	Qld (h)	WA (i)	SA	Tas (j)	ACT	NT (k)	Aust (I)
Practitioner rate (pe	er 100 000 people)							
2005	1 083.0	1 367.4	1 035.6	1 135.5	1 523.4	1 366.4	1 244.2	3 468.1	1 198.1
2006 (c)	na	na	na	na	na	na	na	na	na
2007	1 115.6	1 437.8	1 171.0	1 134.4	1 508.0	1 427.6	1 229.1	1 385.4	1 249.6
2008	1 116.8	1 391.4	1 140.1	1 215.1	1 625.3	1 471.5	1 284.5	1 826.5	1 255.5
2009	1 110.2	1 385.7	1 169.5	1 185.9	1 712.0	1 464.8	1 275.3	1 814.4	1 260.7
2010 (c)	na	na	na	na	na	na	na	na	na
2011	1 109.8	1 428.2	1 247.3	1 217.7	1 668.3	1 450.1	1 275.1	1 514.5	1 283.4
2012	1 113.5	1 412.9	1 241.4	1 222.6	1 665.5	1 392.9	1 263.6	1 596.4	1 279.1
2013	1 137.5	1 395.5	1 227.9	1 215.3	1 669.2	1 429.2	1 266.6	1 583.3	1 279.8
2014	1 141.7	1 397.8	1 235.5	1 196.3	1 662.5	1 434.3	1 297.7	1 587.7	1 281.3
FTE nurses and mi	idwives, rate per 1	00 000 people	based on a 38-l	nour week					
2005	974.7	1 144.3	913.0	950.3	1 278.8	1 190.2	1 126.3	3 468.1	1 040.5
2006 (c)	na	na	na	na	na	na	na	na	na
2007	1 006.7	1 224.4	1 032.3	972.3	1 286.5	1 254.4	1 106.1	1 431.0	1 095.1
2008	1 014.0	1 182.7	1 014.1	1 042.4	1 402.9	1 301.1	1 169.6	1 826.5	1 103.5
2009	1 005.0	1 166.9	1 043.4	1 008.0	1 468.8	1 279.7	1 167.9	1 800.1	1 104.8
2010 (c)	na	na	na	na	na	na	na	na	na
2011	992.9	1 182.1	1 091.2	1 036.5	1 387.9	1 239.4	1 163.6	1 503.8	1 106.8
2012	1 013.3	1 188.3	1 106.6	1 061.6	1 416.3	1 179.0	1 182.1	1 609.8	1 122.6
2013	1 062.1	1 211.1	1 122.5	1 094.2	1 443.4	1 256.9	1 213.1	1 633.5	1 155.1
2014	1 044.4	1 189.1	1 111.4	1 064.5	1 401.4	1 239.5	1 208.2	1 611.5	1 134.6
FTE employed nurs	ses and midwives,	rate per 100 0	00 people base	d on a 38-hour	week, by age, 2	2014 (I)			
< 25 years	50.7	72.0	60.0	58.2	63.8	63.7	62.1	61.2	60.2
25–34	222.7	270.0	212.7	223.9	253.7	191.8	284.7	433.1	237.3

Table EA.64 Employed nurses and midwives (a), (b), (c), (d), (e), (f)

	NSW	Vic (g)	Qld (h)	WA (i)	SA	Tas (j)	ACT	NT (k)	Aust (I)
35–44	225.4	256.1	254.4	234.0	296.2	225.2	274.0	375.9	247.3
45–54	271.1	315.4	333.6	298.1	428.0	423.2	314.6	374.0	314.0
55–64	241.1	242.8	219.7	218.3	327.3	304.5	248.7	323.9	243.3
65 years or over	33.3	32.7	31.0	32.0	32.4	31.2	24.3	43.3	32.4

FTE = Full time equivalent. Historical data have been revised for updated populations and may differ from previous reports.

- (a) Data from 2010 include registered and enrolled nurses and midwives who are employed in nursing and exclude nurses and midwives on extended leave. Data for 2009 and previous years include practitioners who are employed, on extended leave and/or looking for work.
- (b) FTE rate (FTE per 100 000 people) is based on standard full-time working week of 38 hours.
- (c) Data not collected in 2006 and 2010.
- (d) Due to rounding of average hours worked: the sum of state and territory FTE rates may not add up to total FTE rate for Australia; and, the sum of age group FTE rates may not add up to the total FTE rate for each state.
- (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' but are included in data for Australia.
- (f) Introduction of a national data collection tool in 2010 resulted in a slight change in patterns of responses to employment-related questions. Prior to 2010, survey questions were not consistent across jurisdictions. Caution should be used in comparing data over time and, particularly for years prior to 2010, between jurisdictions. See data quality information (DQI) at www.pc.gov.au/rogs/2016 for further detail.
- (g) 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).
- (h) Queensland estimates for 2007, 2008 and 2009 should be treated with caution due to low response rates (33.9, 32.9 and 28.2 per cent, 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.
- (i) Estimates for WA for 2005, 2007, 2008 and 2009 should be treated with caution due to low response rates (26.9, 36.7, 34.4 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.

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Table EA.64 Employed nurses and midwives (a), (b), (c), (d), (e), (f)

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been removed from the renewal process and hence the survey.

			74077		<i>vic</i> (g)	खाय ।	(11)	V	V/7 (1)		0/1		us (j)		701	111	K)	743t (I)
(j) Estim	ates fo	r Tasmar	nia for	2009	should be	treated w	vith	caution	due	to low	response	rate (33.2 pe	r cent). I	Differences	betwee	n 2008	and 2009
for Ta	smania	n data in _l	particu	lar may	y be caused	by the lar	ge c	decline ir	n the re	espons	e rate for the	hat juris	sdiction	(from 5	6.9 to 33.2	oer cent	:).	

W/Δ (i)

- (k) Estimates for the NT for 2004, 2007, 2008 and 2009 should be treated with caution due to low response rates (35.1, 28.7, 34.9 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
- (I) Data for Australia include employed practitioners where state or territory is unidentified and employed practitioners who are overseas.

 na Not available.

Old (h)

Source: AIHW unpublished, National Health Workforce Data Set; 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.65 Employed allied health practitioners (a), (b), (c), (d), (e), (f)

	NSW	Vic	Qld (g)	WA (g)	SA (g)	Tas (g)	ACT (h)	NT	Aust
FTE employed allied h	ealth practitioners	s rate (per 100				, G,	, ,		
2012 (g)	406.2	439.9	302.4	321.0	356.0	311.6	482.9	401.1	379.9
2013	419.4	452.0	406.9	427.9	423.6	360.1	507.0	414.3	426.3
2014	427.1	462.5	418.2	433.0	434.4	378.0	534.9	418.7	435.9
FTE employed allied h	ealth practitioners	s, rate per 100	000 people bas	sed on 38-hour	weeks, by age	, 2014 (I)			
< 25 years	25.0	32.0	35.0	39.7	38.7	20.6	22.6	21.7	31.2
25–34	146.0	177.5	145.7	162.5	155.5	116.0	197.0	157.7	156.6
35–44	101.8	107.0	99.9	96.1	100.7	88.7	122.1	86.6	101.9
45–54	80.2	77.4	79.3	72.5	73.6	81.7	98.7	87.4	78.4
55–64	58.8	54.2	47.4	50.9	53.1	60.7	77.4	57.4	54.4
65 years or over	15.2	14.4	10.9	11.3	12.9	10.4	17.1	7.9	13.4

FTE = Full time equivalent.

- (a) FTE rate (FTE per 100 000 people) is based on standard full-time working week of 38 hours.
- (b) 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.
- (c) State and territory is derived, with the exception of medical radiation practitioners and occupational therapists, 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'. For medical radiation practitioners and occupational therapists, state and territory is derived from principal practice details.
- (d) Data exclude provisional registrants.
- (e) Allied health workforce data include practitioners in those allied health professions that are required by law to be registered with their relevant national board to practise in Australia: Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, chiropractors, medical radiation practitioners, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists. Data are not comparable to allied health workforce data for 2011 as Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, medical radiation practitioners and occupational therapists did not join the National Registration and Accreditation Scheme until 2012.

Table EA.65 Employed allied health practitioners (a), (b), (c), (d), (e), (f)

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

- (f) Not all Aboriginal and Torres Strait Islander health workers are registered as Aboriginal and Torres Strait Islander health practitioners.
- (g) For 2012, due to transitional arrangements, many practitioners in some allied health professions were not required to renew their registration in all jurisdictions and so did not complete a workforce survey. Data for those professions are excluded from the affected jurisdictions, as follows:
 - data for Queensland and WA exclude medical radiation practitioners and occupational therapists
 - data for SA exclude occupational therapists
 - data for Tasmania exclude medical radiation practitioners.
- (h) Caution should be used in comparing data for the ACT with other jurisdictions. Rates for the ACT are inflated as many services are provided to southern NSW residents not captured in the denominator.

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.66 Net growth in health workforce, selected professions (a), (b), (c), (d), (e)

					•	. , , , .				
	Unit	NSW (f)	Vic (g)	Qld(f), (g)	<i>WA</i> (f), (g)	SA	Tas (f), (g)	ACT	<i>NT</i> (g), (h)	Aust (i)
FTE Medical pract	itioners	in the workford	ce (b), (i)							
2009 (e), (f), (g)	no.	23 017	19 076	15 391	7 901	5 850	1 829	1 804	1 069	75 831
2010	no.	np	np	np	np	np	np	np	np	np
2011	no.	27 816	20 777	16 952	8 214	6 705	1 922	1 728	1 075	85 227
2012	no.	27 619	20 631	17 038	8 365	6 640	1 840	1 711	1 097	84 955
2013	no.	28 930	21 407	17 386	8 797	6 900	1 924	1 826	1 095	88 305
2014	no.	29 464	22 189	18 122	9 196	6 988	1 959	1 806	1 174	90 942
Growth in medic	al work	force from 2009	to 2014							
Net growth	%	28.0	16.3	17.7	16.4	19.5	7.1	0.1	9.9	19.9
Annual average	%	5.1	3.1	3.3	3.1	3.6	1.4	-	1.9	3.7
FTE Nurses and m	nidwives	s in the workfor	ce (b), (i)							
2009 (e), (g)	no.	70 893	62 687	45 164	22 582	23 631	6 454	4 144	4 069	239 648
2010 (j)	no.	na	na	na	na	na	na	na	na	na
2011	no.	71 675	65 460	48 849	24 393	22 756	6 340	4 282	3 478	247 269
2012	no.	74 045	66 933	50 552	25 882	23 454	6 038	4 435	3 797	255 150
2013	no.	78 697	69 457	52 216	27 562	24 113	6 449	4 626	3 962	267 119
2014	no.	78 523	69 464	52 486	27 393	23 624	6 381	4 663	3 949	266 528
Growth in the nu	rsing a	nd midwifery we	orkforce from	2009 to 2014						
Net growth	%	10.8	10.8	16.2	21.3	_	- 1.1	12.5	- 2.9	11.2
Annual average	%	2.1	2.1	3.1	3.9	_	- 0.2	2.4	- 0.6	2.1

FTE = Full time equivalent. Data for 2011 to 2014 have been revised and may differ from previous reports.

⁽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) FTE is based on a 40 hour standard full-time working week for medical practitioners and a 38 hour standard full-time working week for nurses and midwives.

Table EA.66 Net growth in health workforce, selected professions (a), (b), (c), (d), (e)

 $\textit{Unit} \qquad \textit{NSW} \ (f) \qquad \textit{Vic} \ (g) \qquad \textit{QId} \ (f), \ (g) \qquad \textit{WA} \ (f), \ (g) \qquad \qquad \textit{SA} \qquad \textit{Tas} \ (f), \ (g) \qquad \qquad \textit{ACT} \qquad \textit{NT} \ (g), \ (h) \qquad \qquad \textit{Aust} \ (i)$

- (c) A national data collection tool was introduced in 2010, resulting in a slight change in patterns of responses to employment-related questions. Prior to 2010, survey questions were not consistent across jurisdictions. Caution should be used in comparing data over time and, particularly for years prior to 2010, between jurisdictions. See data quality information (DQI) at www.pc.gov.au/rogs/2016 for further detail.
- (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 also unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'Not stated' but are included in data for Australia.
- (e) Data to 2009 are for the workforce, including practitioners who are employed, on extended leave and/or looking for work. From 2010, data are only for those employed in the workforce. Therefore, comparisons should be made with caution.
- (f) Data for 2009 for NSW, Queensland and Tasmania are underestimates, as the benchmark figures did not include all registered medical practitioners. For 2009 WA data, the benchmark data were inflated by a significant number of registered medical practitioners that are no longer active in the workforce.
- (g) 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.
- (h) 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).
- (i) Due to rounding of average hours worked, the total FTE for Australia may not add up to the sum of states and territories.
- (j) For nurses and midwives, data were not collected in 2010.
 - na Not available. Nil or rounded to zero. np Not published.

Source: AlHW unpublished, National Health Workforce Data Set; AlHW unpublished, Medical Labour Force Survey; AlHW unpublished, Nursing and Midwifery Labour Force Survey; ABS unpublished, Estimated Resident Population (based on the 2011 ABS Census of Population and Housing).

Table EA.67 Employed health practitioners, by Indigenous status and state or territory of principal practice (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (b)
Medical practitioners empl	loyed in m	edicine (c)						
2010									
Number									
Aboriginal and Torres Strait Islander	np	np	nn	nn	nn	nn	nn	nn	nn
practitioners (c)	ПР	пр	np	np	np	np	np	np	np
Non-Indigenous	np	np	np	np	np	np	np	np	np
Not stated	np	np	np	np	np	np	np	np	np
Total	np	np	np	np	np	np	np	np	np
Proportion who are	•	•	•	·	·	·	·	•	•
Aboriginal and Torres	np	np	np	np	np	np	np	np	np
Strait Islander people (d)									
2011									
Number									
Aboriginal and Torres									
Strait Islander	93	22	59	32	17	4	7	16	249
practitioners (c)	25 222	19 308	1E E00	7.600	6 202	1 705	1 5 1 5	050	78 282
Non-Indigenous Not stated	25 232 89	19 306	15 509 61	7 609 27	6 292 19	1 795 14	1 545 4	950	302
							-	5	
Total	25 413	19 413	15 628	7 667	6 328	1 813	1 557	972	78 833
Proportion who are Aboriginal and Torres	0.4	0.1	0.4	0.4	0.3	0.2	0.5	1.7	0.3
Strait Islander people (d)	0.4	0.1	0.4	0.4	0.0	0.2	0.5	1.7	0.5
2012									
Number									
Aboriginal and Torres									
Strait Islander	79	34	49	27	11	3	5	14	221
practitioners (c)									
Non-Indigenous	25 393	19 516	15 792	7 863	6 264	1 767	1 554	994	79 156
Not stated	95	71	56	17	21	6	9	_	276
Total	25 566	19 621	15 897	7 906	6 296	1 777	1 569	1 008	79 653
Proportion who are									
Aboriginal and Torres Strait Islander people (d)	0.3	0.2	0.3	0.3	0.2	0.2	0.3	1.4	0.3
2013									
Number Aboriginal and Torres									
Strait Islander	107	51	73	29	20	8	10	10	308
practitioners (c)		0.	. 0		20	Ū	.0	.0	000
Non-Indigenous	24 522	18 437	14 726	7 222	5 731	1 670	1 458	902	74 689
Not stated	2 225	1 712	1 397	1 012	677	169	193	97	7 501
Total	26 854	20 200	16 196	8 263	6 428	1 847	1 661	1 009	82 498
Proportion who are									
Aboriginal and Torres	0.4	0.3	0.5	0.4	0.3	0.5	0.7	1.1	0.4
Strait Islander people (d)									

Table EA.67 Employed health practitioners, by Indigenous status and state or territory of principal practice (a)

	о. ро.	pa. p. a.c	/ (u.)						
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (b)
2014									
Number									
Aboriginal and Torres	404								
Strait Islander	124	58	90	47	23	9	9	15	375
practitioners (c) Non-Indigenous	25 501	19 530	15 716	7 876	6 079	1 743	1 493	986	78 924
Not stated	1 838	1 546	1 157	742	522	145	154	75	6 179
		21 134			6 624				
Total	27 463	21 134	16 963	8 665	0 024	1 897	1 656	1 076	85 478
Proportion who are Aboriginal and Torres Strait Islander people (d)	0.5	0.3	0.6	0.6	0.4	0.5	0.6	1.5	0.5
Nursing and midwifery pra	actitioners	employe	d (e)						
2010 (g)			. (-)						
Number									
Aboriginal and Torres									
Strait Islander	na	na	na	na	na	na	na	na	na
practitioners									
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
Proportion who are Aboriginal and Torres	no	no	no	no	no	no	no	no	no
Strait Islander people (d)	na	na	na	na	na	na	na	na	na
2011									
Number									
Aboriginal and Torres									
Strait Islander	850	310	545	164	167	103	25	47	2 212
practitioners									
Non-Indigenous	78 160	77 555	54 368	28 127	26 653	7 228	4 652	3 404	280 199
practitioners	70 100				20 000				200 100
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
Proportion who are		2.4	4.0	0.0			0.5		0.0
Aboriginal and Torres Strait Islander people (d)	1.1	0.4	1.0	0.6	0.6	1.4	0.5	1.4	0.8
2012									
Number Aboriginal and Torres									
Strait Islander	865	313	587	159	182	101	38	56	2 301
practitioners	000	0.0	00.	.00	.02		00	00	200.
Non-Indigenous	00 0E7	70 057	5E 070	20 472	27 207	7.04.4	1 677	2 602	207.046
practitioners	80 057	78 957	55 870	29 472	21 291	7 014	4 677	J 003	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

Table EA.67 Employed health practitioners, by Indigenous status and state or territory of principal practice (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (b)
Proportion who are Aboriginal and Torres Strait Islander people (d)	1.1	0.4	1.0	0.5	0.7	1.4	0.8	1.5	0.8
2013									
Number Aboriginal and Torres Strait Islander practitioners	994	358	650	179	200	126	30	64	2 601
Non-Indigenous practitioners	81 126	77 358	55 367	28 540	26 737	7 033	4 669	3 592	284 456
Not stated	2 143	2 354	1 184	1 871	953	173	157	136	8 972
Total	84 263	80 070	57 201	30 590	27 890	7 332	4 856	3 792	296 029
Proportion who are Aboriginal and Torres Strait Islander people (d)	1.2	0.4	1.1	0.6	0.7	1.7	0.6	1.7	0.9
2014									
Number Aboriginal and Torres Strait Islander practitioners	1 184	423	764	200	202	143	36	84	3 036
Non-Indigenous practitioners	83 513	79 769	56 614	30 056	27 180	7 132	4 898	3 734	292 938
Not stated	1 143	1 464	969	529	643	108	75	73	5 005
Total	85 840	81 656	58 347	30 785	28 025	7 383	5 009	3 891	300 979
Proportion who are Aboriginal and Torres Strait Islander people (d)	1.4	0.5	1.3	0.7	0.7	2.0	0.7	2.2	1.0

⁽a) 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'.

- (d) Excludes the response category 'Indigenous status—Not stated'.
- (e) Includes people registered as midwives only.
- (f) For nurses and midwives, data were not collected for 2010.
 - na Not available. np Not published.

Source: AIHW (2015) Medical Workforce 2014 Supplementary tables; AIHW (2015) Nursing and Midwifery Workforce 2014 Supplementary tables.

⁽b) Includes employed practitioners who did not state or adequately describe their state or territory and employed practitioners who live overseas. 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 Aboriginal and Torres Strait Islander medical practitioners should be treated with caution.

Table EA.68 Aboriginal and Torres Strait Islander health workforce, by State/Territory, 2011 (a), (b), (c), (d)

35-44 years no. 862 214 782 279 200 60 21 286 45-54 years no. 778 180 654 248 186 71 23 245 55-64 years no. 336 76 305 141 69 30 7 117 65 years & over no. 25 12 39 26 12 4 — 17 Total no. 2931 730 2567 987 671 234 72 1027 50 55-64 years no. 338 156 70 30 20 5 57 57 57 671 671 234 72 1027 50 55-64 years no. 9 610 9 301 6 952 3 677 2 623 647 514 393 3 25-34 years no. 38 545 35 679 26 165 13 372 10 722 2 482 2 146 1 931 13 35-44 years no. 47 276 37 069 30 493 15 002 13 974 4 181 2 331 1 540 15 55-64 years & over no. 6 555 4 655 3 313 1 801 1 35 58 8895 6 535 57 6 59 65 years & over no. 175 913 146 966 114 485 57 527 49 153 13 586 8 895 6 535 57 6 15-24 years no. 175 913 146 966 114 485 57 527 49 153 13 586 8 895 6 535 57 6 15-24 years no. 175 913 146 966 114 485 57 527 49 153 13 586 8 895 6 535 57 6 15-24 years no. 175 913 146 966 114 485 57 527 49 153 13 586 8 895 6 535 57 6 15-24 years no. 175 913 146 966 114 485 57 527 49 153 13 586 8 895 6 535 57 6 15-24 years no. 175 913 146 966 114 485 15 75 75 75 75 75 75 75 75 75 75 75 75 75			NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
15-24 years no. 260 76 214 94 61 18 8 105 25-34 years no. 670 172 573 199 143 51 13 257 35-44 years no. 862 214 782 279 200 60 21 286 45-54 years no. 778 180 654 248 186 71 23 245 55-64 years no. 336 76 305 141 69 30 7 117 65 years & over no. 25 12 39 26 12 4 — 17 Total no. 2931 730 2567 987 671 234 72 1027 Census population 1000 173 38 156 70 30 20 5 57 All people Employed in health related occupation 15-24 years no. 38 545 35 679 26 165 13 372 10 722 2 482 2 146 1 931 13 35-44 years no. 47 276 37 069 30 493 15 002 13 974 4 181 2 331 1 540 15 55-64 years & over no. 6 555 4 655 3 313 1 801 1 353 410 251 146 1 Total no. 175 913 146 966 114 485 57 527 49 153 13 586 8 895 6 535 57 Census population 1000 6 918 5 354 4 333 2 239 1 597 495 357 212 2 Aboriginal and Torres Strait Islander 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 25-34 years % 1.7 0.5 2.2 1.5 1.3 2.1 0.6 13.3 35-44 years % 2.0 0.6 2.6 1.9 1.7 1.9 1.0 18.0 45-54 years % 1.6 0.5 2.1 1.7 1.3 1.7 1.0 15.9 55-64 years % 1.6 0.5 2.1 1.7 1.3 1.7 1.0 15.9 55-64 years % 1.1 0.3 1.7 1.5 0.8 1.1 0.5 12.4	Aboriginal and Tor	res S	Strait Islar	nder peop	le						
25-34 years no. 670 172 573 199 143 51 13 257 35-44 years no. 862 214 782 279 200 60 21 286 45-54 years no. 778 180 654 248 186 71 23 245 55-64 years no. 336 76 305 141 69 30 7 1117 65 years & over no. 25 12 39 26 12 4 — 17 Total no. 2931 730 2567 987 671 234 72 1027 55-64 years no. 338 156 70 30 20 5 57 7 117 Total people Employed in health related occupation 15-24 years no. 9 610 9 301 6 952 3 677 2 623 647 514 393 3 25-34 years no. 47 276 37 069 30 493 15 002 13 974 4 181 2 331 1 540 15 55-64 years & over no. 6 555 4 655 3 313 1 801 1 353 410 251 146 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Employed in health	n rela	ted occup	ation							
35-44 years no. 862 214 782 279 200 60 21 286 45-54 years no. 778 180 654 248 186 71 23 245 55-64 years no. 336 76 305 141 69 30 7 117 65 years & over no. 25 12 39 26 12 4 — 17 Total no. 2931 730 2567 987 671 234 72 1027 50 55-64 years no. 338 156 70 30 20 5 57 57 57 671 671 234 72 1027 50 57 671 671 671 671 671 671 671 671 671 67	15-24 years	no.	260	76	214	94	61	18	8	105	836
45-54 years no. 778 180 654 248 186 71 23 245 55-64 years no. 336 76 305 141 69 30 7 117 65 years & over no. 25 12 39 26 12 4 — 17 Total no. 2931 730 2567 987 671 234 72 1027 75	25-34 years	no.	670	172	573	199	143	51	13	257	2 078
55-64 years no. 336 76 305 141 69 30 7 117 65 years & over no. 25 12 39 26 12 4 — 17 Total no. 2931 730 2567 987 671 234 72 1027 70 Census population 1000 173 38 156 70 30 20 5 57 All people Employed in health related occupation 15-24 years no. 9 610 9 301 6 952 3 677 2 623 647 514 393 3 25-34 years no. 38 545 35 679 26 165 13 372 10 722 2 482 2 146 1 931 13 35-44 years no. 47 276 37 069 30 493 15 002 13 974 4 181 2 331 1 540 15 55-64 years no. 30 772 23 604 17 786 9 361 <td>35-44 years</td> <td>no.</td> <td>862</td> <td>214</td> <td>782</td> <td>279</td> <td>200</td> <td>60</td> <td>21</td> <td>286</td> <td>2 704</td>	35-44 years	no.	862	214	782	279	200	60	21	286	2 704
65 years & over no. 25 12 39 26 12 4 — 17 Total no. 2931 730 2567 987 671 234 72 1027 Census population 000 173 38 156 70 30 20 5 57 All people Employed in health related occupation 15-24 years no. 9 610 9 301 6 952 3 677 2 623 647 514 393 3 25-34 years no. 38 545 35 679 26 165 13 372 10 722 2 482 2 146 1 931 13 35-44 years no. 43 155 36 658 29 776 14 314 11 959 3 208 2 173 1 585 14 45-54 years no. 30 772 23 604 17 786 9 361 8 522 2 658 1 480 940 9 65 years & over no. 6 555 4 655 3 313 1 801 1 353 410 251 146 1 Total no. 175 913 146 966 114 485 57 527 49 153 13 586 8 895 6 535 57 Census population 000 6 918 5 354 4 333 2 239 1 597 495 357 212 2 Aboriginal and Torres Strait Islametr 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 25-34 years % 1.7 0.5 2.2 1.5 1.3 2.1 0.6 13.3 35-44 years % 1.7 0.5 2.2 1.5 1.3 2.1 0.6 13.3 35-44 years % 1.6 0.5 2.1 1.7 1.3 1.7 1.9 1.0 15.9 55-64 years % 1.6 0.5 2.1 1.7 1.3 1.7 1.0 15.9	45-54 years	no.	778	180	654	248	186	71	23	245	2 385
Total no. 2 931 730 2 567 987 671 234 72 1 027 Census population 000 173 38 156 70 30 20 5 57 All people Employed in health related occupation 15-24 years no. 9 610 9 301 6 952 3 677 2 623 647 514 393 3 3 25-34 years no. 43 155 36 658 29 776 14 314 11 959 3 208 2 173 1 585 14 45-54 years no. 47 276 37 069 30 493 15 002 13 974 4 181 2 331 1 540 15 55-64 years no. 6 555 4 655 3 313 1 801 1 353 410 251 146 15	55-64 years	no.	336	76	305	141	69	30	7	117	1 084
Census population 000 173 38 156 70 30 20 5 57 All people Employed in health related occupation 15-24 years no. 9 610 9 301 6 952 3 677 2 623 647 514 393 3 25-34 years no. 38 545 35 679 26 165 13 372 10 722 2 482 2 146 1 931 13 35-44 years no. 43 155 36 658 29 776 14 314 11 959 3 208 2 173 1 585 14 45-54 years no. 47 276 37 069 30 493 15 002 13 974 4 181 2 331 1 540 15 55-64 years no. 30 772 23 604 17 786 9 361 8 522 2 658 1 480 940 9 65 years & over no. 6 555 4 655 3 313 1 801 1 353 410 251 146 1 Total no. 175 913 146 966 114 485 57 527 49 153 13 586 8 895 6 535 57: Census population 000 6 918 5 354 4 333 2 239 1 597 495 357 212 2 Aboriginal and Torres Strait Islander 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 25-34 years % 1.7 0.5 2.2 1.5 1.3 2.1 0.6 13.3 35-44 years % 2.0 0.6 2.6 1.9 1.7 1.9 1.0 18.0 45-54 years % 1.6 0.5 2.1 1.7 1.3 1.7 1.0 15.9 55-64 years % 1.1 0.3 1.7 1.5 0.8 1.1 0.5 12.4	65 years & over	r no.	25	12	39	26	12	4	_	17	135
All people Employed in health related occupation 15-24 years no. 9 610 9 301 6 952 3 677 2 623 647 514 393 3 25-34 years no. 43 155 36 658 29 776 14 314 11 959 3 208 2 173 1 585 14 45-54 years no. 47 276 37 069 30 493 15 002 13 974 4 181 2 331 1 540 15 55-64 years no. 30 772 23 604 17 786 9 361 8 522 2 658 1 480 940 9 65 years & over no. 6 555 4 655 3 313 1 801 1 353 410 251 146 1 Total no. 175 913 146 966 114 485 57 527 49 153 13 586 8 895 6 535 57 Census population 000 6 918 5 354 4 333 2 239 1 597 495 357 212 2 Aboriginal and Torres Strait Islander 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 25-34 years % 2.0 0.6 2.6 1.9 1.7 1.9 1.0 18.0 45-54 years % 1.6 0.5 2.1 1.7 1.3 1.7 1.0 15.9 55-64 years % 1.6 0.5 2.1 1.7 1.3 1.7 1.0 15.9 55-64 years % 1.1 0.3 1.7 1.5 0.8 1.1 0.5 12.4				730	2 567						9 222
Employed in health related occupation 15-24 years no. 9 610 9 301 6 952 3 677 2 623 647 514 393 3 25-34 years no. 38 545 35 679 26 165 13 372 10 722 2 482 2 146 1 931 13 35-44 years no. 43 155 36 658 29 776 14 314 11 959 3 208 2 173 1 585 14 45-54 years no. 47 276 37 069 30 493 15 002 13 974 4 181 2 331 1 540 15 55-64 years no. 30 772 23 604 17 786 9 361 8 522 2 658 1 480 940 9 65 years & over no. 6 555 4 655 3 313 1 801 1 353 410 251 146 1 Total no. 175 913 146 966 114 485 57 527 49 153 13 586 8 895 6 535 57 Census population 00 6 918 5 354 4 333 2 239 1 597 495 357 212 2 Aboriginal and Torres Strait Islander 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 25-34 years % 1.7 0.5 2.2 1.5 1.3 2.1 0.6 13.3 35-44 years % 2.0 0.6 2.6 1.9 1.7 1.9 1.0 18.0 45-54 years % 1.6 0.5 2.1 1.7 1.3 1.7 1.0 15.9 55-64 years % 1.1 0.3 1.7 1.5 0.8 1.1 0.5 12.4	Census population	'000	173	38	156	70	30	20	5	57	548
15-24 years no. 9 610 9 301 6 952 3 677 2 623 647 514 393 3 25-34 years no. 38 545 35 679 26 165 13 372 10 722 2 482 2 146 1 931 13 35-44 years no. 43 155 36 658 29 776 14 314 11 959 3 208 2 173 1 585 14 45-54 years no. 47 276 37 069 30 493 15 002 13 974 4 181 2 331 1 540 15 55-64 years no. 30 772 23 604 17 786 9 361 8 522 2 658 1 480 940 9 65 years & over no. 6 555 4 655 3 313 1 801 1 353 410 251 146 1 7041 no. 175 913 146 966 114 485 57 527 49 153 13 586 8 895 6 535 576 Census population 000 6 918 5 354 4 333 2 239 1 597 495 357 212 2 2 Aboriginal and Torres Strait Islander 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 25-34 years % 1.7 0.5 2.2 1.5 1.3 2.1 0.6 13.3 35-44 years % 2.0 0.6 2.6 1.9 1.7 1.9 1.0 18.0 45-54 years % 1.6 0.5 2.1 1.7 1.3 1.7 1.0 15.9 55-64 years % 1.1 0.3 1.7 1.5 0.8 1.1 0.5 12.4	All people										
25-34 years no. 38 545 35 679 26 165 13 372 10 722 2 482 2 146 1 931 13 35-44 years no. 43 155 36 658 29 776 14 314 11 959 3 208 2 173 1 585 14 45-54 years no. 47 276 37 069 30 493 15 002 13 974 4 181 2 331 1 540 15 55-64 years no. 30 772 23 604 17 786 9 361 8 522 2 658 1 480 940 9 65 years & over no. 6 555 4 655 3 313 1 801 1 353 410 251 146 1 1	Employed in health	n rela	ted occup	ation							
35-44 years no. 43 155 36 658 29 776 14 314 11 959 3 208 2 173 1 585 14 45-54 years no. 47 276 37 069 30 493 15 002 13 974 4 181 2 331 1 540 15 55-64 years no. 30 772 23 604 17 786 9 361 8 522 2 658 1 480 940 940 65 years & over no. 6 555 4 655 3 313 1 801 1 353 410 251 146 1 70 146 1 14	15-24 years	no.	9 610	9 301	6 952	3 677	2 623	647	514	393	33 717
45-54 years no. 47 276 37 069 30 493 15 002 13 974 4 181 2 331 1 540 15 55-64 years no. 30 772 23 604 17 786 9 361 8 522 2 658 1 480 940 940 65 years & over no. 6 555 4 655 3 313 1 801 1 353 410 251 146 1 70 146 1 14	25-34 years	no.	38 545	35 679	26 165	13 372	10 722	2 482	2 146	1 931	131 045
55-64 years no. 30 772 23 604 17 786 9 361 8 522 2 658 1 480 940 9 65 years & over no. 6 555 4 655 3 313 1 801 1 353 410 251 146 16 16 17 146 18 1 353 410 251 146 16 16 17 18 1 852 2 658 1 480 940	35-44 years	no.	43 155	36 658	29 776	14 314	11 959	3 208	2 173	1 585	142 838
65 years & over no. 6 555	45-54 years	no.	47 276	37 069	30 493	15 002	13 974	4 181	2 331	1 540	151 877
Total no. 175 913 146 966 114 485 57 527 49 153 13 586 8 895 6 535 57 527 Census population 000 6 918 5 354 4 333 2 239 1 597 495 357 212 2 Aboriginal and Torres Strait Islander 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 25-34 years % 1.7 0.5 2.2 1.5 1.3 2.1 0.6 13.3 35-44 years % 2.0 0.6 2.6 1.9 1.7 1.9 1.0 18.0 45-54 years % 1.6 0.5 2.1 1.7 1.3 1.7 1.0 15.9 55-64 years % 1.1 0.3 1.7 1.5 0.8 1.1 0.5 12.4	55-64 years	no.	30 772	23 604	17 786	9 361	8 522	2 658	1 480	940	95 140
Census population '000 6 918 5 354 4 333 2 239 1 597 495 357 212 2 Aboriginal and Torres Strait Islander 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 25-34 years % 1.7 0.5 2.2 1.5 1.3 2.1 0.6 13.3 35-44 years % 2.0 0.6 2.6 1.9 1.7 1.9 1.0 18.0 45-54 years % 1.6 0.5 2.1 1.7 1.3 1.7 1.0 15.9 55-64 years % 1.1 0.3 1.7 1.5 0.8 1.1 0.5 12.4	65 years & over	r no.	6 555	4 655	3 313	1 801	1 353	410	251	146	18 484
Aboriginal and Torres Strait Islander 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 25-34 years % 1.7 0.5 2.2 1.5 1.3 2.1 0.6 13.3 35-44 years % 2.0 0.6 2.6 1.9 1.7 1.9 1.0 18.0 45-54 years % 1.6 0.5 2.1 1.7 1.3 1.7 1.0 15.9 55-64 years % 1.1 0.3 1.7 1.5 0.8 1.1 0.5 12.4			175 913	146 966	114 485	57 527	49 153	13 586	8 895	6 535	573 101
15-24 years % 2.7 0.8 3.1 2.6 2.3 2.8 1.6 26.7 25-34 years % 1.7 0.5 2.2 1.5 1.3 2.1 0.6 13.3 35-44 years % 2.0 0.6 2.6 1.9 1.7 1.9 1.0 18.0 45-54 years % 1.6 0.5 2.1 1.7 1.3 1.7 1.0 15.9 55-64 years % 1.1 0.3 1.7 1.5 0.8 1.1 0.5 12.4	Census population	'000	6 918	5 354	4 333	2 239	1 597	495	357	212	21 508
25-34 years % 1.7 0.5 2.2 1.5 1.3 2.1 0.6 13.3 35-44 years % 2.0 0.6 2.6 1.9 1.7 1.9 1.0 18.0 45-54 years % 1.6 0.5 2.1 1.7 1.3 1.7 1.0 15.9 55-64 years % 1.1 0.3 1.7 1.5 0.8 1.1 0.5 12.4	Aboriginal and Tor	res S	Strait Islar	nder healt	h workfor	ce as a p	proportio	n of tota	l health v	workford	е
35-44 years % 2.0 0.6 2.6 1.9 1.7 1.9 1.0 18.0 45-54 years % 1.6 0.5 2.1 1.7 1.3 1.7 1.0 15.9 55-64 years % 1.1 0.3 1.7 1.5 0.8 1.1 0.5 12.4	15-24 years	%	2.7	8.0	3.1	2.6	2.3	2.8	1.6	26.7	2.5
45-54 years % 1.6 0.5 2.1 1.7 1.3 1.7 1.0 15.9 55-64 years % 1.1 0.3 1.7 1.5 0.8 1.1 0.5 12.4	25-34 years	%	1.7	0.5	2.2	1.5	1.3	2.1	0.6	13.3	1.6
55-64 years % 1.1 0.3 1.7 1.5 0.8 1.1 0.5 12.4	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	8.0	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	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 1.7 0.8 15.7											1.6
Aboriginal and Torres Strait Islander people as a proportion of total census population		res S	Strait Islar	nder peop	le as a pr	oportion	of total	census p	opulatio	n	
Total % 2.5 0.7 3.6 3.1 1.9 4.0 1.5 26.8	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.

Source: ABS 2012, 2011 Census of Population and Housing, Canberra.

⁽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.

⁻ Nil or rounded to zero.

Table EA.69 Aboriginal and Torres Strait Islander health workforce, by sex, 2011

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Aboriginal and T	Forres S	Strait Islar	nder peop	le						
Employed in he	alth rela	ited occup	ation							
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 he	alth rela	ited occup	ation							
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
Aboriginal and T	Forres S	Strait Islar	nder healt	h workfo	rce as a ¡	proportio	on of tota	l health v	workford	e
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.

Source: ABS 2012, 2011 Census of Population and Housing, Canberra.

⁽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.

Table EA.70 Aboriginal and Torres Strait Islander people employed in selected health-related occupations, 2011 (a), (b), (c), (d)

	11 (a), (b), (d Aboriginal	All people	Per cent of
	and Torres		Aboriginal and
	Strait		Torres Strait
	Islander people		Islander people employed in a health-
	people		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

Table EA.70 Aboriginal and Torres Strait Islander people employed in selected health-related occupations, 2011 (a), (b), (c), (d)

nealth-related occupations,	2011 (a), (b), (c	,), (u)	
	Aboriginal	All people	Per cent of
	and Torres		Aboriginal and
	Strait		Torres Strait
	Islander		Islander people
	people		nployed in a health-
		1	related occupation
Total Health professionals	3 240	433 726	0.7
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.

Source: ABS 2012, 2011 Census of Population and Housing, Canberra.

⁽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.

Table EA.71 Proportion of people who accessed health services by health status, 2011-12 (a), (b), (c)

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. Casualty/outpatients/day clinic % 17.7 2.1 2.5 2.8 2.9 1.5 2.1 2.7 2. 2.5 2.8 2.9 1.5 2.1 2.7 2. 2.5 2.8 2.9 1.5 2.1 2.7 2. 2.5 2.8 2.9 2.1 2.1 2.1 2.5 2.8 2.9 1.5 2.1 2.7 2. 2.7 2. 2.5 2.8 2.9 2.1	2011-12 (a),	, (D),	(6)								
Admitted to hospital		Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (d)	Aust
Casualty/outpatients/day clinic % 1.7 2.1 2.5 2.8 2.9 1.5 2.1 2.7 2.0					Health s	tatus (ex	cellent/\	ery goo	d/good)		
Doctor consultation (GP and/or specialist) Society	Admitted to hospital	%	10.9	11.2	11.0	12.2	12.0	10.8	12.4	12.9	11.3
Specialist % 22.5 21.6 24.4 21.2 21.2 21.9 21.0 22.9 22.5 21.0 22.9 22.5 23.0 24.0 24.0 23.0 15.7 17.7 15.0 17.	Casualty/outpatients/day clinic	%	1.7	2.1	2.5	2.8	2.9	1.5	2.1	2.7	2.2
Consultation with other health professional % 6.6 8.2 6.6 5.7 8.5 5.1 8.5 5.3 7.	•	%	22.5	21.6	24.4	21.2	21.2	21.9	21.0	22.9	22.3
professional	Dental consultation	%	16.7	18.9	17.5	18.4	20.3	15.7	17.7	15.0	17.8
Admitted to hospital % 21.7 21.9 26.1 24.5 26.3 22.9 21.5 25.0 23. Casualty/outpatients/day clinic % 2.3 7.3 8.6 5.9 9.1 6.3 8.0 10.1 6. Doctor consultation (GP and/or specialist) % 40.5 52.8 43.3 36.7 40.7 40.1 37.7 36.0 43. Dental consultation with other health professional % 11.9 14.7 11.9 15.9 12.0 11.3 23.1 8.8 13. Total accessing health care (e) % 43.8 55.8 50.2 44.8 48.3 44.4 47.7 42.4 48. Sasualty/outpatients/day clinic ±% 1.8 1.7 1.9 2.0 2.2 2.6 2.4 2.9 0. Doctor consultation (GP and/or specialist)		%	6.6	8.2	6.6	5.7	8.5	5.1	8.5	5.3	7.0
Admitted to hospital % 21.7 21.9 26.1 24.5 26.3 22.9 21.5 25.0 23. Casualty/outpatients/day clinic % 2.3 7.3 8.6 5.9 9.1 6.3 8.0 10.1 6. Doctor consultation (GP and/or specialist) % 40.5 52.8 43.3 36.7 40.7 40.1 37.7 36.0 43. Dental consultation with other health professional % 11.9 14.7 11.9 15.9 12.0 11.3 23.1 8.8 13. Total accessing health care (e) % 43.8 55.8 50.2 44.8 48.3 44.4 47.7 42.4 48. Solvential consultation (GP and/or specialist) % 1.4 1.2 1.6 1.6 1.7 1.9 2.2 3.1 0. Casualty/outpatients/day clinic ±% 1.8 1.7 1.9 2.0 2.2 2.6 2.4 2.9 0. Doctor consultation with other health professional ±% 1.9 1.8 1.7 1.9 2.0 2.2 2.6 2.4 2.9 0. Consultation with other health professional ±% 1.1 1.1 1.0 1.0 1.0 1.9 1.4 2.0 1.9 1.4 2.0 1.9 0. Casualty/outpatients/day clinic ±% 1.9 1.8 1.8 1.8 2.1 2.4 2.3 2.1 2.8 0. Casualty/outpatients/day clinic ±% 1.9 1.8 1.8 1.8 2.1 2.4 2.3 2.1 2.8 0. Casualty/outpatients/day clinic ±% 1.9 1.8 1.8 1.8 2.1 2.4 2.3 2.1 2.8 0. Casualty/outpatients/day clinic ±% 1.9 1.8 1.8 1.8 2.1 2.4 2.3 2.1 2.8 0. Casualty/outpatients/day clinic ±% 1.9 1.8 1.8 1.8 2.1 2.4 2.3 2.1 2.8 0. Casualty/outpatients/day clinic ±% 1.9 1.8 1.8 1.8 2.1 2.4 2.3 2.1 2.8 0. Casualty/outpatients/day clinic ±% 1.9 1.8 1.8 1.8 2.1 2.4 2.3 2.1 2.8 0. Casualty/outpatients/day clinic ±% 1.3 3.3 3.2 2.7 4.8 2.9 6.2 4.5 1. Casualty/outpatients/day clinic ±% 1.3 3.3 3.2 2.7 4.8 2.9 6.2 4.5 1. Casualty/outpatients/day clinic ±% 1.3 3.3 3.2 2.7 4.8 2.9 6.2 4.5 1. Doctor consultation (GP and/or specialist) ±% 6.9 8.3 6.2 7.5 6.4 6.8 9.4 9.6 3. Casualty/outpatients/day clinic ±% 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2.2 Consultation with other health ±% 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2.2 Consultation with other health ±% 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2.2 Casualty/outpatients/day clinic ±% 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2.2 Casualty/outpatients/day clinic ±% 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2.2 Casualty/outpatients/day clinic ±% 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2.2 5.7 5.5 5.7 5.7 5.7 5.7 5.7 5.7 5.7 5.7	Total accessing health care (e)	%	26.9	27.0	28.6	25.4	26.9	25.1	26.9	26.5	27.1
Casualty/outpatients/day clinic War 2.3 7.3 8.6 5.9 9.1 6.3 8.0 10.1 6.0						Health s	tatus (fa	ir/poor)			
Doctor consultation (GP and/or specialist) Way W	Admitted to hospital	%	21.7	21.9	26.1	24.5	26.3	22.9	21.5	25.0	23.3
specialist) % 40.5 52.8 43.3 36.7 40.7 40.1 37.7 36.0 43. Dental consultation % 19.5 15.6 16.2 14.8 18.3 13.8 13.4 22.1 17. Consultation with other health professional % 11.9 14.7 11.9 15.9 12.0 11.3 23.1 8.8 13. Total accessing health care (e) % 43.8 55.8 50.2 44.8 48.3 44.4 47.7 42.4 48. Admitted to hospital ± % 1.4 1.2 1.6 1.6 1.7 1.9 2.2 3.1 0. Casualty/outpatients/day clinic ± % 0.5 0.7 0.7 0.8 0.9 0.8 0.9 1.2 0. Dental consultation (GP and/or specialist) ± % 1.8 1.7 1.9 2.0 2.2 2.6 2.4 2.9 0. Consultation with other health professional ± %	Casualty/outpatients/day clinic	%	2.3	7.3	8.6	5.9	9.1	6.3	8.0	10.1	6.1
Consultation with other health professional	•	%	40.5	52.8	43.3	36.7	40.7	40.1	37.7	36.0	43.4
Professional % 11.9 14.7 11.9 15.9 12.0 11.3 23.1 8.8 13. Total accessing health care (e) % 43.8 55.8 50.2 44.8 48.3 44.4 47.7 42.4 48. 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. Casualty/outpatients/day clinic ±% 0.5 0.7 0.7 0.8 0.9 0.8 0.9 1.2 0. Doctor consultation (GP and/or specialist) Dental consultation ±% 1.9 1.8 1.7 1.9 2.0 2.2 2.6 2.4 2.9 0. Consultation with other health professional Total accessing health care (e) ±% 2.1 2.0 2.0 2.2 2.3 2.6 3.0 3.3 0. ### 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3	Dental consultation	%	19.5	15.6	16.2	14.8	18.3	13.8	13.4	22.1	17.4
Admitted to hospital ±% 1.4 1.2 1.6 1.6 1.7 1.9 2.2 3.1 0. Casualty/outpatients/day clinic ±% 0.5 0.7 0.7 0.8 0.9 0.8 0.9 1.2 0. Doctor consultation (GP and/or specialist) ±% 1.9 1.8 1.8 2.1 2.4 2.3 2.1 2.8 0. Consultation with other health professional ±% 1.1 1.1 1.0 1.0 1.0 1.9 1.4 2.0 1.9 0. Total accessing health care (e) ±% 2.1 2.0 2.0 2.2 2.3 2.6 3.0 3.3 0. Casualty/outpatients/day clinic ±% 1.3 3.3 3.2 2.7 4.8 2.9 6.2 4.5 1. Doctor consultation (GP and/or specialist) ±% 6.9 8.3 6.2 7.5 6.4 6.8 9.4 9.6 3. Consultation with other health professional ±% 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2. Consultation (GP and/or specialist) ±% 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2. Consultation with other health professional ±% 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2. Consultation with other health professional ±% 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2. Consultation with other health professional		%	11.9	14.7	11.9	15.9	12.0	11.3	23.1	8.8	13.2
Admitted to hospital $\pm \%$ 1.4 1.2 1.6 1.6 1.7 1.9 2.2 3.1 0. Casualty/outpatients/day clinic $\pm \%$ 0.5 0.7 0.7 0.8 0.9 0.8 0.9 1.2 0. Doctor consultation (GP and/or specialist) $\pm \%$ 1.8 1.7 1.9 2.0 2.2 2.6 2.4 2.9 0. Dental consultation $\pm \%$ 1.9 1.8 1.8 2.1 2.4 2.3 2.1 2.8 0. Consultation with other health professional $\pm \%$ 1.1 1.1 1.0 1.0 1.0 1.9 1.4 2.0 1.9 0. Total accessing health care (e) $\pm \%$ 2.1 2.0 2.0 2.2 2.3 2.6 3.0 3.3 0. Total accessing health care (e) $\pm \%$ 4.8 5.6 6.1 5.4 6.8 5.8 7.4 7.2 2. Casualty/outpatients/day clinic $\pm \%$ 1.3 3.3 3.2 2.7 4.8 2.9 6.2 4.5 1. Doctor consultation (GP and/or specialist) $\pm \%$ 6.9 8.3 6.2 7.5 6.4 6.8 9.4 9.6 3. Consultation with other health professional $\pm \%$ 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2. Consultation with other health professional $\pm \%$ 3.1 5.1 3.7 5.3 3.8 4.1 7.5 5.7 1.	Total accessing health care (e)	%	43.8	55.8	50.2	44.8	48.3	44.4	47.7	42.4	48.5
Admitted to hospital $\pm \%$ 1.4 1.2 1.6 1.6 1.7 1.9 2.2 3.1 0. Casualty/outpatients/day clinic $\pm \%$ 0.5 0.7 0.7 0.8 0.9 0.8 0.9 1.2 0. Doctor consultation (GP and/or specialist) $\pm \%$ 1.8 1.7 1.9 2.0 2.2 2.6 2.4 2.9 0. Dental consultation $\pm \%$ 1.9 1.8 1.8 2.1 2.4 2.3 2.1 2.8 0. Consultation with other health professional $\pm \%$ 1.1 1.1 1.0 1.0 1.0 1.9 1.4 2.0 1.9 0. Total accessing health care (e) $\pm \%$ 2.1 2.0 2.0 2.2 2.3 2.6 3.0 3.3 0. Total accessing health care (e) $\pm \%$ 4.8 5.6 6.1 5.4 6.8 5.8 7.4 7.2 2. Casualty/outpatients/day clinic $\pm \%$ 1.3 3.3 3.2 2.7 4.8 2.9 6.2 4.5 1. Doctor consultation (GP and/or specialist) $\pm \%$ 6.9 8.3 6.2 7.5 6.4 6.8 9.4 9.6 3. Consultation with other health professional $\pm \%$ 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2. Consultation with other health professional $\pm \%$ 3.1 5.1 3.7 5.3 3.8 4.1 7.5 5.7 1.		95 p	er cent	confiden	ce inter	/al for H	ealth sta	itus (exc	cellent/ve	erv aooc	l/aood)
Doctor consultation (GP and/or specialist) Dental consultation ± % 1.8 1.7 1.9 2.0 2.2 2.6 2.4 2.9 0. Dental consultation ± % 1.9 1.8 1.8 2.1 2.4 2.3 2.1 2.8 0. Consultation with other health professional ± % 1.1 1.1 1.0 1.0 1.0 1.9 1.4 2.0 1.9 0. Total accessing health care (e) ± % 2.1 2.0 2.0 2.2 2.3 2.6 3.0 3.3 0. **Sper 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. Casualty/outpatients/day clinic ± % 1.3 3.3 3.2 2.7 4.8 2.9 6.2 4.5 1. Doctor consultation (GP and/or specialist) Dental consultation	Admitted to hospital							•			0.6
specialist) ±% 1.8 1.7 1.9 2.0 2.2 2.6 2.4 2.9 0. Dental consultation ±% 1.9 1.8 1.8 2.1 2.4 2.3 2.1 2.8 0. Consultation with other health professional ±% 1.1 1.1 1.0 1.0 1.9 1.4 2.0 1.9 0. Total accessing health care (e) ±% 2.1 2.0 2.0 2.2 2.3 2.6 3.0 3.3 0. Observed the construction of the co	Casualty/outpatients/day clinic	± %	0.5	0.7	0.7	0.8	0.9	0.8	0.9	1.2	0.3
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	· ·	± %	1.8	1.7	1.9	2.0	2.2	2.6	2.4	2.9	0.8
professional \pm % 1.1 1.1 1.0 1.0 1.0 1.9 1.4 2.0 1.9 0. Total accessing health care (e) \pm % 2.1 2.0 2.0 2.2 2.3 2.6 3.0 3.3 0. 95 per cent confidence interval for Health status (fair/poor) Admitted to hospital \pm % 4.8 5.6 6.1 5.4 6.8 5.8 7.4 7.2 2. Casualty/outpatients/day clinic \pm % 1.3 3.3 3.2 2.7 4.8 2.9 6.2 4.5 1. Doctor consultation (GP and/or specialist) \pm % 6.9 8.3 6.2 7.5 6.4 6.8 9.4 9.6 3. Dental consultation \pm % 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2. Consultation with other health professional \pm % 3.1 5.1 3.7 5.3 3.8 4.1 7.5 5.7 1.	Dental consultation	± %	1.9	1.8	1.8	2.1	2.4	2.3	2.1	2.8	0.8
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. Casualty/outpatients/day clinic ± % 1.3 3.3 3.2 2.7 4.8 2.9 6.2 4.5 1. Doctor consultation (GP and/or specialist) ± % 6.9 8.3 6.2 7.5 6.4 6.8 9.4 9.6 3. Dental consultation ± % 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2. Consultation with other health professional ± % 3.1 5.1 3.7 5.3 3.8 4.1 7.5 5.7 1.		± %	1.1	1.1	1.0	1.0	1.9	1.4	2.0	1.9	0.5
Admitted to hospital $\pm \%$ 4.8 5.6 6.1 5.4 6.8 5.8 7.4 7.2 2. Casualty/outpatients/day clinic $\pm \%$ 1.3 3.3 3.2 2.7 4.8 2.9 6.2 4.5 1. Doctor consultation (GP and/or specialist) $\pm \%$ 6.9 8.3 6.2 7.5 6.4 6.8 9.4 9.6 3. Dental consultation $\pm \%$ 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2. Consultation with other health professional $\pm \%$ 3.1 5.1 3.7 5.3 3.8 4.1 7.5 5.7 1.	Total accessing health care (e)	± %	2.1	2.0	2.0	2.2	2.3	2.6	3.0	3.3	0.9
Admitted to hospital $\pm \%$ 4.8 5.6 6.1 5.4 6.8 5.8 7.4 7.2 2. Casualty/outpatients/day clinic $\pm \%$ 1.3 3.3 3.2 2.7 4.8 2.9 6.2 4.5 1. Doctor consultation (GP and/or specialist) $\pm \%$ 6.9 8.3 6.2 7.5 6.4 6.8 9.4 9.6 3. Dental consultation $\pm \%$ 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2. Consultation with other health professional $\pm \%$ 3.1 5.1 3.7 5.3 3.8 4.1 7.5 5.7 1.			9	5 per ce	nt confic	lence int	terval fo	r Health	status (fair/poor)
Doctor consultation (GP and/or specialist) \pm % 6.9 8.3 6.2 7.5 6.4 6.8 9.4 9.6 3. Dental consultation \pm % 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2. Consultation with other health professional \pm % 3.1 5.1 3.7 5.3 3.8 4.1 7.5 5.7 1.	Admitted to hospital	± %		•					`	•	2.5
specialist) $\pm \%$ 6.9 8.3 6.2 7.5 6.4 6.8 9.4 9.6 3. Dental consultation $\pm \%$ 5.0 4.6 5.2 4.4 5.3 4.9 7.0 8.4 2. Consultation with other health professional $\pm \%$ 3.1 5.1 3.7 5.3 3.8 4.1 7.5 5.7 1.	Casualty/outpatients/day clinic	± %	1.3	3.3	3.2	2.7	4.8	2.9	6.2	4.5	1.2
Consultation with other health professional \pm % 3.1 5.1 3.7 5.3 3.8 4.1 7.5 5.7 1.	•	± %	6.9	8.3	6.2	7.5	6.4	6.8	9.4	9.6	3.6
professional ± % 3.1 5.1 3.7 5.3 3.8 4.1 7.5 5.7 1.	Dental consultation	± %	5.0	4.6	5.2	4.4	5.3	4.9	7.0	8.4	2.5
		± %	3.1	5.1	3.7	5.3	3.8	4.1	7.5	5.7	1.8
Total accessing health care (e) $\pm \%$ 6.9 8.0 6.0 8.0 5.9 6.3 10.1 8.3 3.	•	± %	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 or over who: were admitted to hospital in the last 12 months; consulted a dentist in the last 3 months; visited casualty, an outpatient clinic or a day clinic in the last 2 weeks; or, consulted a GP, specialist or other health professional in the last 2 weeks.

Table EA.71 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 are not comparable to data for 2004-05 (table EA.72) or to 2012-13 data for Aboriginal and Torres

- (c) Data are not comparable to data for 2004-05 (table EA.72) or to 2012-13 data for Aboriginal and Torres Strait Islander people (table EA.73) due to differences in survey methodology.
- (d) Data for the NT should be interpreted with caution as the Australian Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (e) Total accessing casualty/outpatients/day clinic, or consulting a doctor or other health professional, in the last 2 weeks. Data are not comparable to data for 2004-05 or to 2012-13 data for Aboriginal and Torres Strait Islander people due to differences in survey methodology. np Not published.

Source: ABS unpublished Australian Health Survey, 2011–13 (2011-12 NHS component), Cat. no. 4640.0.

Table EA.72 Proportion of people who accessed health services by health status, 2004-05 (a), (b), (c)

2004-05 (a),	(b),	(C)								
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (d)	Aust
			ŀ	Health s	tatus (ex	cellent/\	ery goo	d/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	%	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 (e)	%	41.8	41.7	41.1	43.4	42.9	40.5	37.7	38.8	41.8
Admitted to beenite!	0/	07.0	04.6			tatus (fa		22.0	27.0	20.5
Admitted to hospital Casualty/outpatients/day clinic	% %	27.6 7.9	24.6 10.0	25.8 10.3	28.1 12.5	26.5 11.4	27.0 11.9	23.8 5.5	37.2 13.0	26.5 9.7
Doctor consultation (GP and/or	/0	7.9	10.0	10.3	12.5	11.4	11.9	5.5	13.0	9.1
specialist)	%	41.8	44.1	42.3	39.7	41.1	44.1	30.4	38.7	42.0
Dental consultation	%	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 (e)	%	60.6	65.2	63.3	63.0	64.2	58.6	58.5	66.5	62.6
						1.1				
Admitted to hospital	95 p ± %	er cent 1.2	confiden 1.5	ice interv 1.3	val for H 1.4	ealth sta 1.1	itus (exc 1.9	cellent/v 2.1	ery good 10.7	/good) 0.6
Casualty/outpatients/day clinic	± %	0.7	1.0	0.7	1.4	0.8	1.0	np	np	0.4
Doctor consultation (GP and/or	± %	1.3	1.6	1.6	2.1	1.8	2.2	3.0	15.0	0.4
specialist) Dental consultation	± %	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 (e)	± %	1.9	2.3	2.0	2.2	2.2	2.7	16.7	3.3	1.1
		•	.				. 1 1 101	-1-1	((- ' -	
Admitted to hospital	± %	9 4.7	5 per ce 4.0	nt confic	tence int 5.9	tervai toi 4.4	Health 6.0	7.3	fair/poor) 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	± 70	2.0			4.1		7.7	2.0	10.5	1.0
specialist)	± %	5.4	5.1	5.4	6.1	5.9	7.5	7.1	26.6	2.7
Dental consultation	± %	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 (e)	± %	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) People aged 15 years or over 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.

Table EA.72 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

- (c) Data are not comparable to data for 2011-12 (table EA.71) due to methodological differences between the surveys.
- (d) Data for the NT should be interpreted with caution as the National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (e) Total persons accessing any of the selected health services noted 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 due to methodological differences between the surveys. np Not published.

Source: ABS (unpublished) National Health Survey, 2004-05.

Table EA.73 Proportion of Aboriginal and Torres Strait Islander people who accessed health services by health status, 2012-13 (a), (b), (c)

accessed h	ealth	n servi	ces by	healt	h statı	ıs, 201	2-13 (a), (b),	(c)	
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
			F	lealth st	tatus (ex	cellent/	very god	od/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
				ļ	Health s	tatus (fa	ir/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 pe	er cent c	onfidenc	e interv	al for He	ealth sta	tus (exc	ellent/ve	ery 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	5 per cer	nt confic	lence int	terval fo	r Health	status (fair/pooi	r)
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	_ /0	7.0	0.1	0.7	0.7	0.0		17.2	0.0	0. 1
clinic (e)	± %	4.1	7.3	6.2	6.1	4.5	5.8	9.7	4.3	2.5
Doctor consultation (GP	_ ,5		0	J	J. 1		3.0	J.,		
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.73 Proportion of Aboriginal and Torres Strait Islander people 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 data for 2004-05 (table EA.74) or to 2011-12 data for all Australians (table EA.71) 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.74) for which the reference period was 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.

np Not published.

Source: ABS unpublished, *National Aboriginal and Torres Strait Islander Health Survey, 2012-13*, Cat. no. 4727.0.55.001.

Table EA.74 Proportion of people who accessed health services by health status, by Indigenous status, 2004-05 (a), (b), (c)

								-03 (a)		<u> </u>
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	. ,	Aust
Al additional Topic Control	1.	1	I	Health s	tatus (e	xcellent/	very go	od/good))	
Aboriginal and Torres Strait Islan		•	17 4	10.0	10.4	40.0	40.7	0.0	22.0	470
Admitted to hospital Casualty/outpatients/day clinic	%	14.7	17.1	16.0	19.1	19.2	10.7	9.9	23.3	17.0
Doctor consultation (GP	%	3.0	1.7	5.0	5.0	6.7	3.3	np	4.4	4.0
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
Other Australians										
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)									
Aboriginal and Torres Strait Islan	der pe	eople			rioditire	statao (it	лп/роог <i>)</i>			
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
Other Australians										
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
Aboriginal and Torres Strait Islan			confiden	ce inter	val for H	lealth sta	atus (ex	cellent/v	ery good	d/good)
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

Table EA.74 Proportion of people who accessed health services by health status, by Indigenous status, 2004-05 (a), (b), (c)

Doctor consultation (GP and/or specialist)				. •	_			-	` '		•
Amount		Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (d)	Aust
Consultation with other health professional Total accessing health care (e) ±% 6.9 11.2 6.6 8.5 8.5 6.7 12.4 7.7 3.3 Other Australians Admitted to hospital ±% 1.2 1.5 1.3 1.4 1.1 1.8 2.0 9.4 0.7 0.5 0.7 0.7 0.8 0.8 0.8 - 0.3 0.7 0.7 0.5 0.7 0.7 0.8 0.8 0.8 - 0.3 0.7 0.7 0.7 0.8 0.8 0.8 - 0.3 0.7 0.7 0.7 0.8 0.8 0.8 0.8 0.8 0.8 0.8 0.8 0.8 0.8	,	± %	5.2	9.2	5.9	7.3	7.4	5.9	8.2	8.5	2.8
Figure F	Dental consultation	± %	2.1	4.6	2.1	2.5	3.4	3.3	2.8	1.7	0.9
Other Australians 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 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 Total accessing health care (e) ±% 1.8 2.3 2.0 2.3 2.2 2.6 3.2 13.1 1.1 Admitted to hospital ±% 7.9 12.9 7.7 7.5 10.1 10.2 11.9 9.1 3.5 Casualty/outpatients/d		± %	5.8	6.5	6.1	8.5	7.4	5.3	6.3	7.5	2.9
Admitted to hospital	Total accessing health care (e)	± %	6.9	11.2	6.6	8.5	8.5	6.7	12.4	7.7	3.3
Casualty/outpatients/day clinic	Other Australians										
Doctor consultation (GP and/or specialist)	Admitted to hospital	± %	1.2	1.5	1.3	1.4	1.1	1.8	2.0	9.4	0.7
Aboriginal and Torres Strait Islander people Admitted to hospital ±% 8.1 14.0 8.2 8.0 11.0 11.7 15.2 11.0 12.0 14.0 15.0	Casualty/outpatients/day clinic	± %	0.4	0.7	0.5	0.7	0.7	8.0	0.8	_	0.3
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 Aboriginal and Torres Strait Islander people 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 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	•	± %	1.3	1.6	1.7	2.1	1.8	2.1	2.9	7.4	0.8
Total accessing health care (e) ± % 1.8 2.3 2.0 2.3 2.2 2.6 3.2 13.1 1.1 Separate considers the constitution of the constitut	Dental consultation	± %	8.0	1.0	8.0	1.2	1.0	1.2	1.4	7.2	0.5
Aboriginal and Torres Strait Islander people 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) 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 **Total accessing health care (e) ±% 10.1 9.8 7.6 8.2 11.7 10.6 18.8 8.7 4.1 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) Dental consultation ± 5 4.9 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) Dental consultation ± 5 5.1 5.1 5.2 6.3 6.3 6.1 7.6 7.3 30.0 2.5 Dental consultation ± 6 3.4 4.5 6.0 4.4 5.2 7.9 14.9 2.1 1.2 Consultation with other health professional		± %	1.3	1.6	1.5	1.6	1.3	1.7	1.7	13.8	0.7
Aboriginal and Torres Strait Islander people 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 Other Australians 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)	± %	1.8	2.3	2.0	2.3	2.2	2.6	3.2	13.1	1.1
Aboriginal and Torres Strait Islander people 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 Other Australians 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			Q	5 ner cei	nt confid	anca in	terval fo	r Haalth	statue ((fair/noo	۲)
Admitted to hospital $\pm \%$ 7.9 12.9 7.7 7.5 10.1 10.2 11.9 9.1 3.5 Casualty/outpatients/day clinic $\pm \%$ 2.5 8.2 6.9 7.8 9.8 4.6 2.5 6.3 2.5 Doctor consultation (GP and/or specialist) $\pm \%$ 8.1 14.0 8.2 8.0 11.0 11.7 15.2 9.6 3.8 Dental consultation $\pm \%$ 2.6 3.0 6.8 1.1 6.3 6.8 9.9 4.1 2.2 Consultation with other health professional $\pm \%$ 7.6 13.7 7.7 6.0 8.0 8.9 15.3 10.6 3.4 Total accessing health care (e) $\pm \%$ 10.1 9.8 7.6 8.2 11.7 10.6 18.8 8.7 4.1 Other Australians Admitted to hospital $\pm \%$ 4.9 4.0 3.7 6.2 4.2 5.6 7.0 39.7 2.1 Casualty/outpatients/day clinic $\pm \%$ 2.1 1.9 2.3 2.9 4.1 2.9 np np 1.0 Doctor consultation (GP and/or specialist) $\pm \%$ 5.1 5.1 5.2 6.3 6.1 7.6 7.3 30.0 2.5 Dental consultation $\pm \%$ 2.6 3.1 2.3 2.9 4.4 2.5 3.7 — 1.2 Consultation with other health professional $\pm \%$ 3.8 4.5 4.5 6.0 4.4 5.2 7.9 14.9 2.1	Aboriginal and Torres Strait Islan	der pe		o per cer	it oorma	CHOC III	corvar ro	ricai	i otatao ((Iaii/pool	,
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 Other Australians 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 ± % 5.1 5.1 5.2 6.3 6.1 7.6 7.3 30.0 2.5 Den	•		•	12.9	7.7	7.5	10.1	10.2	11.9	9.1	3.5
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 Other Australians 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 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 with other health professional ± % 2.6 3.1 2.3 2.9<	·	± %	2.5	8.2	6.9	7.8	9.8	4.6	2.5	6.3	2.5
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 Other Australians 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 np 1.0 Doctor consultation (GP and/or specialist) Dental consultation ±% 5.1 5.1 5.2 6.3 6.1 7.6 7.3 30.0 2.5 Dental consultation with other health professional ±% 3.8 4.5 4.5 6.0 4.4 5.2 7.9 14.9 2.1	•	± %	8.1	14.0	8.2	8.0	11.0	11.7	15.2	9.6	3.8
professional \pm % 7.6 13.7 7.7 6.0 8.0 8.9 15.3 10.6 3.4 Total accessing health care (e) \pm % 10.1 9.8 7.6 8.2 11.7 10.6 18.8 8.7 4.1 Other Australians Admitted to hospital \pm % 4.9 4.0 3.7 6.2 4.2 5.6 7.0 39.7 2.1 Casualty/outpatients/day clinic \pm % 2.1 1.9 2.3 2.9 4.1 2.9 np np 1.0 Doctor consultation (GP and/or specialist) \pm % 5.1 5.1 5.2 6.3 6.1 7.6 7.3 30.0 2.5 Dental consultation \pm % 2.6 3.1 2.3 2.9 4.4 2.5 3.7 - 1.2 Consultation with other health professional \pm % 3.8 4.5 4.5 6.0 4.4 5.2 7.9 14.9 2.1	Dental consultation	± %	2.6	3.0	6.8	1.1	6.3	6.8	9.9	4.1	2.2
Other Australians Admitted to hospital $\pm \%$ 4.9 4.0 3.7 6.2 4.2 5.6 7.0 39.7 2.1 Casualty/outpatients/day clinic $\pm \%$ 2.1 1.9 2.3 2.9 4.1 2.9 np		± %	7.6	13.7	7.7	6.0	8.0	8.9	15.3	10.6	3.4
Admitted to hospital $\pm \%$ 4.9 4.0 3.7 6.2 4.2 5.6 7.0 39.7 2.1 Casualty/outpatients/day clinic $\pm \%$ 2.1 1.9 2.3 2.9 4.1 2.9 np np 1.0 Doctor consultation (GP and/or specialist) $\pm \%$ 5.1 5.1 5.2 6.3 6.1 7.6 7.3 30.0 2.5 Dental consultation $\pm \%$ 2.6 3.1 2.3 2.9 4.4 2.5 3.7 - 1.2 Consultation with other health professional $\pm \%$ 3.8 4.5 4.5 6.0 4.4 5.2 7.9 14.9 2.1	Total accessing health care (e)	± %	10.1	9.8	7.6	8.2	11.7	10.6	18.8	8.7	4.1
Casualty/outpatients/day clinic $\pm \%$ 2.1 1.9 2.3 2.9 4.1 2.9 np np 1.0 Doctor consultation (GP and/or specialist) $\pm \%$ 5.1 5.1 5.2 6.3 6.1 7.6 7.3 30.0 2.5 Dental consultation $\pm \%$ 2.6 3.1 2.3 2.9 4.4 2.5 3.7 - 1.2 Consultation with other health professional $\pm \%$ 3.8 4.5 4.5 6.0 4.4 5.2 7.9 14.9 2.1	Other Australians										
Doctor consultation (GP and/or specialist) $\pm \%$ 5.1 5.1 5.2 6.3 6.1 7.6 7.3 30.0 2.5 Dental consultation $\pm \%$ 2.6 3.1 2.3 2.9 4.4 2.5 3.7 - 1.2 Consultation with other health professional $\pm \%$ 3.8 4.5 4.5 6.0 4.4 5.2 7.9 14.9 2.1	Admitted to hospital	± %	4.9	4.0	3.7	6.2	4.2	5.6	7.0	39.7	2.1
and/or specialist) \pm % 5.1 5.1 5.2 6.3 6.1 7.6 7.3 30.0 2.5 Dental consultation \pm % 2.6 3.1 2.3 2.9 4.4 2.5 3.7 - 1.2 Consultation with other health professional \pm % 3.8 4.5 4.5 6.0 4.4 5.2 7.9 14.9 2.1	Casualty/outpatients/day clinic	± %	2.1	1.9	2.3	2.9	4.1	2.9	np	np	1.0
Consultation with other health professional \pm % 3.8 4.5 4.5 6.0 4.4 5.2 7.9 14.9 2.1	•	± %	5.1	5.1	5.2	6.3	6.1	7.6	7.3	30.0	2.5
professional ± % 3.8 4.5 4.5 6.0 4.4 5.2 7.9 14.9 2.1	Dental consultation	± %	2.6	3.1	2.3	2.9	4.4	2.5	3.7	_	1.2
		± %	3.8	4.5	4.5	6.0	4.4	5.2	7.9	14.9	2.1
Total accessing health care (e) \pm % 5.7 6.1 5.5 6.9 5.2 7.9 8.2 41.1 2.9	Total accessing health care (e)	± %	5.7	6.1	5.5	6.9	5.2	7.9	8.2	41.1	2.9

⁽a) Rates are age standardised by State/Territory to the 2001 estimated resident population (5 year ranges from 15 years).

⁽b) People aged 15 years or over 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) Data are not comparable to 2011-12 data for all Australians (table EA.71) or to 2012-13 data for Aboriginal and Torres Strait Islander people (table EA.73) due to differences in survey methodology.

⁽d) Data for non-Indigenous people for the NT should be interpreted with caution as the National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.

Table EA.74

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

Source: ABS unpublished, *National Health Survey*, 2004-05, Cat. no. 4364.0; ABS unpublished, *National Aboriginal and Torres Strait Islander Health Survey*, 2004-05, Cat. no 4715.0.

⁽e) Total people accessing at least one of the health services noted in the table. Components may not add to total because persons may have accessed more than one type of health service. Data are not comparable to 2011-12 data for all Australians or to 2012-13 data for Aboriginal and Torres Strait Islander people, due to differences in survey methodology.

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

Table EA.75 Proportion of people who accessed health services by health status, by remoteness of residence, 2011-12 (a), (b), (c), (d)

by remoten	ess		dence,	2011-	12 (a),), (d)				
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT I	VT (e)	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	%	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	%	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	%	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	%	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				·		(1/				
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.75 Proportion of people who accessed health services by health status, by remoteness of residence, 2011-12 (a), (b), (c), (d)

by remoten	ess (), (a)			
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT I	NT (e)	Aust
Doctor consultation (GP and/or specialist)	%	41.2	53.3	43.9	38.9	44.0		37.7		44.3
Dental consultation	%	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	%	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	%	_	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	%	_		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 pe	er cent co	onfidenc	e interva	al for He	alth stat	us (exc	ellent/ve	ry good	/good)
Major cities										
Admitted to hospital	± %	1.7	1.4	1.8	1.9	1.8		2.2		8.0
Casualty/outpatients/day clinic	± %	0.7	8.0	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

Table EA.75 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 (e)	Aust
Total accessing health care (f)	± %	2.4	2.3	2.4	2.6	2.4		3.0		1.1
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	± %	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	± %	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	± %	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
Main aide		95	per cen	t confide	ence inte	erval for	Health	status (f	air/poor)
Major cities	. 0/	5 0	77	0.4	5 0	0.0		7.4		2.0
Admitted to hospital Casualty/outpatients/day clinic	± %	5.3	7.7	9.1	5.0	8.6		7.4	••	3.0
Doctor consultation (GP and/or	± % ± %	1.5 7.5	4.2 8.5	3.7 8.9	2.3 8.7	4.0 7.7		6.2 9.4		1.4 4.1
specialist)										
Dental consultation	± %	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

Table EA.75 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 I	NT (e)	Aust
Doctor consultation (GP and/or specialist)	± %	13.7	15.8	14.2	16.6	15.7	np			6.5
Dental consultation	± %	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	± %	_	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	± %	_		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 are not comparable to data for 2004-05 (table EA.76) or to 2012-13 data for Aboriginal and Torres Strait Islander people (table EA.73) due to differences in survey methodology.
- (d) Remoteness areas are based on the Australian Statistical Geography Standard 2011 (ASGS) classification and are not comparable with data for previous years, which are based on a different classification.
- (e) Data for the NT should be interpreted with caution as the Australian Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (f) Total accessing casualty/outpatients/day clinic, or consulting a doctor or other health professional, in the last 2 weeks. Data are not comparable to data for 2004-05 or to 2012-13 data for Aboriginal and Torres Strait Islander people due to differences in survey methodology.
 - .. Not applicable. Nil or rounded to zero. **np** Not published.

Source: ABS unpublished, Australian Health Survey, 2011-13 (2011-12 NHS component), Cat. no. 4364.0.

Table EA.76 Proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c), (d)

by remoten	ess	of resid	dence,	2004-	05 (a),	(b), (c), (d)				
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT I	VT (e)	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	%	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 (f)	%	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	%	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 (f)	%	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	%	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 (f)	%	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	%	_		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 (f)	%	47.3		37.4	40.2	45.8	28.8		32.0	39.4	
	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	

Table EA.76 Proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c), (d)

by remoten									N.T. ()	
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (e)	Aust
Doctor consultation (GP and/or specialist)	%	42.2	43.8	42.6	40.9	45.9		30.4		42.6
Dental consultation	%	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 (f)	%	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	%	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 (f)	%	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	%	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 (f)	%	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	%	_		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 (f)	%	43.7		71.8	61.1	65.0	49.5		82.3	66.4
	95 pe	er cent co	onfidenc	e interv	al for He	alth stat	tus (exc	ellent/ve	erv aood	/aood)
Major cities	•						`		, 0	,
Admitted to hospital	± %	1.4	1.8	1.8	1.8	1.3		2.1		0.8
Casualty/outpatients/day clinic	± %	8.0	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	± %	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

Table EA.76 Proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c), (d)

by remoten	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (e)	Aust
Total accessing health care (f)	± %	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			8.0
Doctor consultation (GP and/or specialist)	± %	3.1	3.4	3.0	5.7	5.2	2.4			1.4
Dental consultation	± %	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 (f)	± %	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	± %	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 (f)	± %	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	± %	_		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 (f)	± %	39.6		11.9	13.6	11.3	23.6		34.2	7.4
		95	per cen	t confide	ence inte	erval for	Health	status (1	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	±	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 (f)	±	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

Table EA.76 Proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c), (d)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (e)	Aust
Doctor consultation (GP and/or specialist)	±	10.7	13.0	9.3	16.0	11.8	9.7			4.7
Dental consultation	±	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 (f)	±	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	±	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 (f)	±	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	±	_		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 (f)	±	118.5		30.2	55.6	45.8	22.4		25.2	16.8

- (a) Rates are age standardised by State/Territory to the 2001 estimated resident population (5 year ranges from 15 years).
- (b) People aged 15 years or over 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) Data are not comparable to data for 2011-12 (table EA.75) due to differences in survey methodology.
- (d) Remoteness areas are based on the Australian Standard Geographical Classification 2001 (ASGC) and are not comparable with data for later years, which are based on a different classification.
- (e) Data for the NT should be interpreted with caution as the National Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (f) Total persons accessing any of the selected health services noted above. Components may not add to total because persons may have accessed more than one type of health service. Data are not comparable with data for 2011-12 due to methodological differences between the surveys.
 - .. Not applicable. Nil or rounded to zero. np Not published.

Source: ABS unpublished, National Health Survey, 2004-05, Cat. no. 4364.0.

Table EA.77 Proportion of people who accessed health services by health status, by SEIFA, 2011-12 (a), (b), (c), (d)

by SEIFA, 20										
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (e)	Aust
			He	ealth sta	tus (ex	cellent/\	ery god	od/good	d)	
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 (f)	%	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 (f)	%	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 (f)	%	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 (f)	%	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.77 Proportion of people who accessed health services by health status, by SEIFA. 2011-12 (a). (b). (c). (d)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (e)	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 (f)	%	23.5	25.0	30.2	25.3	33.1	19.3	26.9	21.3	25.6
				Н	ealth st	atus (fa	ir/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 (f)	%	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 (f)	%	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 (f)	%	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 (f)	%	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

Table EA.77 Proportion of people who accessed health services by health status, by SEIFA, 2011-12 (a), (b), (c), (d)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (e)	Aust
Casualty/outpatients/day clinic	%	np	np	np	_	np	np	np	np	6.1
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 (f)	%	44.8	48.0	32.5	37.6	56.9	np	43.4	57.8	46.0
95 per c	ent co	nfidence	interval	for Hea	ılth statı	us (exce	ellent/ve	ery good	d/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 (f)	± %	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 (f)	± %	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 (f)	± %	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

Table EA.77 Proportion of people who accessed health services by health status, by SEIFA. 2011-12 (a). (b). (c). (d)

by SEIFA, 20		2 (a), (I NSW	o), (c), Vic	(d) Qld	WA	SA	 Tas	ACT	NT (e)	Aust
	Offic	11311	VIC	QIU	VVA	SA	Tas	ACT	1V1 (e)	Aust
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 (f)	± %	3.9	4.7	4.7	5.3	5.5	9.8	5.6	7.9	1.9
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 (f)	± %	3.9	3.7	5.4	5.0	7.4	11.3	3.4	10.5	2.0
		95	per cent	confide	ence inte	erval fo	r Health	status	(fair/poo	r)
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 (f)	± %	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 (f)	± %	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 (f)	± %	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

Table EA.77 Proportion of people who accessed health services by health status, by SEIFA, 2011-12 (a), (b), (c), (d)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (e)	Aust
Casualty/outpatients/day clinic	± %	_	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
Consultation with other health professional	± %	15.4	np	np	13.1	np	np	20.0	np	5.1
Total accessing health care (f)	± %	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 (f)	± %	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) People aged 15 years or over who: were admitted to hospital in the last 12 months; consulted a dentist in the last 3 months; visited casualty, an outpatient clinic or a day clinic, or consulted a GP, specialist or other health professional, in the last 2 weeks.
- (c) Data are not comparable to data for 2004-05 (table EA.78) or to 2012-13 data for Aboriginal and Torres Strait Islander people (table EA.73) due to differences in survey methodology.
- (d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). 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. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on Statistical Local Area (SLA). Not all quintiles are represented in every jurisdiction.
- (e) Data for the NT should be interpreted with caution as the Australian Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (f) Total accessing casualty/outpatients/day clinic, or consulting a doctor or other health professional, in the last 2 weeks. Data are not comparable to data for 2004-05 or to 2012-13 data for Aboriginal and Torres Strait Islander people due to differences in survey methodology.
 - Nil or rounded to zero. **np** Not published.

Source: ABS unpublished Australian Health Survey, 2011-13 (2011-12 NHS component), Cat. no. 4364.0.

Proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c), (d) Table EA.78

by SEIFA, 20					14/4	C 4	T	40T 1	\IT (-\	A
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT I	` ,	Aust
Ouintile 1			He	ealth sta	tus (ex	cellent/\	ery god	od/good)		
Quintile 1	0/	445	40.5	445	45.7	40.7	40.7			440
Admitted to hospital Casualty/outpatients/day clinic	%	14.5	12.5	14.5	15.7	13.7	13.7	np	np	14.0
	%	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 (f)	%	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 (f)	%	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 (f)	%	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 (f)	%	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.78 Proportion of people who accessed health services by health status, by SEIFA. 2004-05 (a). (b). (c). (d)

by SEIFA, 20	04-0	5 (a), (k	o), (c),	(d)						
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (e)	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 (f)	%	41.7	46.2	46.2	49.2	39.1	45.6	39.8	64.3	44.1
				ш	aalth at	otus (fo	ir/noor)			
Quintile 1				П	ealth st	alus (la	п/роог)			
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 (f)	%	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 (f)	%	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 (f)	%	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 (f)	%	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

Table EA.78 Proportion of people who accessed health services by health status,

by SEIFA, 2004-05 (a), (b), (c), (d)

by SEIFA, 20	U4-U									
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (e)	Aust
Casualty/outpatients/day clinic	%	6.5	5.7	10.2	9.2	14.0	15.2	np	np	7.8
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 (f)	%	60.6	64.9	57.3	60.8	67.5	60.1	59.1	100.0	62.4
95	per c	ent confi	dence ir	nterval f	or Heal	th statu	s (exce	llent/ve	ry good/g	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 (f)	± %	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 (f)	± %	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 (f)	± %	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

Proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c), (d) Table EA.78

by SEIFA, 20	04-0			(d)						
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (e)	Aust
Total accessing health care (f)	± %	5.8	3.4	3.6	7.2	3.8	7.8	6.1	18.3	2.4
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 (f)	± %	3.5	3.6	5.7	5.4	4.6	6.9	4.0	30.6	2.0
		95	per cent	confide	ence inte	erval fo	r Health	status	(fair/poo	r)
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 (f)	± %	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 (f)	± %	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 (f)	± %	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

Table EA.78 Proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c), (d)

by SEIFA, 2004-05 (a), (b), (c), (d)											
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (e)	Aust	
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	
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 (f)	± %	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) People aged 15 years or over 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) Data are not comparable to data for 2011-12 (table EA.77) due to differences in survey methodology.
- (d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). 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. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on SLA (Statistical Local Area). Not all quintiles are represented in every jurisdiction.
- (e) Data for the NT should be interpreted with caution as the Narional Health Survey excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.
- (f) Total accessing any of the selected health services noted above. Components may not add to total because persons may have accessed more than one type of health service. Data are not comparable with data for 2011-12 due to methodological differences between the surveys.
 - Nil or rounded to zero. **np** Not published.

Source: ABS unpublished, National Health Survey, 2004-05, Cat. no. 4364.0.

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 performance indicators in the Health sector overview. DQI for additional indicators will be progressively introduced in future reports.

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 indicators and measures:

Babies born of low birthweight	2
Prevalence of risk factors to the health of Australians	6
Prevalence of overweight and obesity	6
Rates of current daily smokers	10
Levels of risky alcohol consumption	12
Selected potentially preventable diseases	16
Incidence of selected cancers	16
Incidence of heart attacks	19
Prevalence of type 2 diabetes	23
Potentially avoidable deaths	27
Mortality and life expectancy	31
Life expectancy	31
Mortality rates — Infant and child	33
Mortality rates by major cause of death	39
Employed health practitioners	43

Babies born of low birthweight

Data quality information for this indicator has been sourced from the Australian Institute of Health and Welfare (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/s (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:

 calculated using the standard method for estimating 95 per cent confidence intervals as follows:

$$CI(CR)_{95\%} = CR \pm 100 \times 1.96 \times \sqrt{\frac{\frac{CR}{100} \left(1 - \frac{CR}{100}\right)}{n}}$$

- 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).

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 stillbirths are included 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 2013, very few (0.06 per cent) records for live-born singleton babies were missing the data for birthweight.

Data for Indigenous status of the baby was available from all jurisdictions in 2013. Before 2012 reporting of Indigenous status of the baby is based on maternal Indigenous status. Between 2008 and 2011, this represented a relatively stable range of 73-74 per cent of all Indigenous births based on data from ABS birth registrations (ABS 2014: Births, Australia 2013).

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 since 2005 and baby since 2012.

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 2002–2013 has been consistent, at 3.5–4.1 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 2013 data supplied to the NPDC include a code for SA2 for all jurisdictions except the ACT who supplied a code for SLA. Reporting by remoteness is in accordance with the Australian Statistical Geography Standard (ASGS).

Timeliness

The reference period for the data is 2007 to 2013. 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 AIHW and in previous years NPESU have undertaken validation on receipt of data by the States and Territories. 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. 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 with 0.06 per cent of records for 2013 missing these data 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 2013 had missing Indigenous status information and 3.5 per cent of babies had missing information about their Indigenous status. Jurisdictional differences in the level of 2013 data missing for maternal Indigenous status ranges from 0.0 per cent to 1.6 per cent and there may also be differences in the rates of Indigenous under-identification. Therefore, jurisdictional comparisons of Indigenous data should not be made.

Disaggregated data by Indigenous status of the mother is reported by single year for time series and by three-year combined data for the current reporting period. Disaggregated data by Indigenous status of the baby is reported by single year for time series. 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 is referred to here as RA 2011, and the previous remoteness areas as RA 2006. The new SEIFA is referred to here as SEIFA 2011, and the previous SEIFA as SEIFA 2006.

Data for 2007 through to 2011 reported by remoteness are reported for RA 2006. Data for 2012 and subsequent years 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 2011 and previous years are not comparable to remoteness data for 2012 and subsequent years.

Data for 2007 through to 2011 reported for SEIFA quintiles and deciles are reported using SEIFA 2006 at the Statistical Local Area (SLA) level. Data for 2012 and subsequent years are reported using SEIFA 2011 at the SA2 (NSW VIC, QLD, WA, SA TAS and NT) or SLA level (ACT). 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
- Perinatal data portal (SAS VA) enables users to access and manipulate data from the National Perinatal Data Collection
- 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 and baby. Since 2005, all jurisdictions have collected information on Indigenous status of the mother in accordance with the Perinatal NMDS. Indigenous status of the baby was added to the Perinatal NMDS from July 2012.
- 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 2011 and previous years are not directly comparable to remoteness data for 2012 and subsequent years.
- SEIFA data for 2012 and subsequent years 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 Australian Bureau of Statistics (ABS) 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/s (computation)

Numerator:

 Number of people aged 18 years or 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 or over and number of children aged 5–17 years, for whom height and weight measurements were taken.

Calculation: 100 × (Numerator ÷ Denominator)

Data source/s

For the 2014 and subsequent Reports, 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 replaces data based on the National Health Survey (NHS) subset (20 500 people) of the full sample provided for the 2013 Report.

The larger sample size 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 2015 and 2016 Reports, the denominator and numerator for the Aboriginal and Torres Strait Islander population use data from the full sample or Core component of the ABS 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) of approximately 13 000 people, which is weighted to benchmarks for the Australian Aboriginal and Torres Strait Islander ERP at 30 June 2011, based on the 2011 Census of Population and Housing.

This information replaces data supplied for the 2014 Report, which was based on the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) subset (9300 people) of the full sample (13 000 people). The larger sample size used for the 2015 Report provides more accurate estimates and allows for analysis at a finer level of disaggregation. For more information on the structure of the AATSIHS, see Structure of the Australian Aboriginal and Torres Strait Islander Health Survey.

For information on scope and coverage, see the *Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide* (cat. no. 4727.0.55.002) on the ABS website, www.abs.gov.au.

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 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 2011-12 AHS and 2012-13 AATSIHS 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 Core component of the 2012-13 AATSIHS were released in June 2014. 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 response rate for the Core component of the 2012-13 AATSIHS 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 within acceptable limits, except for remote Queensland for which data should be used with caution.
- RSEs for child overweight and obesity rates by State/Territory and Remoteness
 Areas are within acceptable limits, except for inner regional WA and SA, outer
 regional New South Wales and Victoria, and total remote Australia, for which
 data should be used with caution, and for remote areas in Queensland, Western
 Australia and South Australia 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.
- Data by State/Territory and SEIFA quintiles for children in general have sampling error within acceptable limits, except for some quintiles in Tasmania, the Australian Capital Territory and Northern Territory which should be used with caution. Rates for quintile 5 in Tasmania and quintile 1 in the Australian Capital Territory are considered too unreliable for general use.
- Sampling errors for BMI categories for adults by State/Territory are within

acceptable limits, though rates of underweight for Tasmania and the ACT should be used with caution.

 Sampling errors for BMI data for children by State/Territory are generally within acceptable limits, though rates of underweight for most States/Territories should be used with caution.

The following comments apply to data for the Aboriginal and Torres Strait Islander population:

- 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 AATSIHS 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. 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). See Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results (Cat. no. 4727.0.55.006) for results from the Core component of the AATSIHS. Other information from the AATSIHS is also available from the ABS website, www.abs.gov.au.

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.

Information for the 2015 Report for the Aboriginal and Torres Strait Islander population replaces data supplied for the 2014 Report which was based on the National Aboriginal and Torres Strait Islander Health Survey subset (9300 people) of the full sample (13 000 people). The larger sample size used for the 2015 Report provides more accurate estimates and allows for analysis at a finer level of disaggregation.

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).

Data Gaps/Issues Analysis

Key data gaps /issues

The Steering Committee notes the following issues:

- The data provide relevant information on the proportion of people who are overweight and obese.
- Data for the total and non-Indigenous populations in the AHS do not include people living in very remote areas, which affects the comparability of the NT results.
- Data by Indigenous status are not directly comparable over time as data for 2004-05 were based on self-reported height and weight and data for 2011–13 are based on measured height and weight
- Data are of acceptable accuracy. Some relative standard errors for disaggregations are greater than 25 per cent and these data should be used with caution.
- AATSIHS data are only available every six years. An assessment of the relative speed of change in results for this indicator is required to determine whether more regular data collection is necessary. Subject to cost-benefit analysis, it is recommended that relevant questions be included in both the AATSIHS and the NATSISS, to provide data on a rotating three yearly cycle across the two collections.
- The size of the standard errors mean that the survey data may not be adequate for measuring change over time. Small year to year movements may be difficult to detect if the size of the standard errors is large compared to the size of the difference between estimates.

Rates of current daily smokers

Data quality information for this indicator has been sourced from the Australian Bureau of Statistics (ABS) 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/s (computation)

Numerator:

• Number of persons aged 18 years or over who smoke tobacco every day.

Denominator:

• Number of people aged 18 years or over.

Calculation: 100 × (Numerator ÷ Denominator)

Data source/s

For the 2014 and subsequent Reports, 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 Report, 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 Report 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 2015 and 2016 Report, the denominator and numerator for the Aboriginal and Torres Strait Islander population use data from the full sample or Core component of the ABS 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) of approximately 13 000 people, which is weighted to benchmarks for the Australian Aboriginal and Torres Strait Islander ERP at 30 June 2011, based on the 2011 Census of Population and Housing.

This information replaces data supplied for the 2014 Report, which was based on the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) subset (9300 people) of the full sample (13 000 people). The larger sample size used for the 2015 Report provides more accurate estimates and allows for analysis at a finer level of disaggregation. For more information on the structure of the AATSIHS, see Structure of the Australian Aboriginal and Torres Strait Islander Health Survey.

For information on scope and coverage, see the Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide (cat. no. 4727.0.55.002) on the ABS website, www.abs.gov.au.

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 2011-12 AHS and 2012-13 AATSIHS 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 2011-12 AHS and 2012-13 AATSIHS 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 smoking of non-tobacco products. The 2012-13 AATSIHS included Chewing tobacco was included in the 2012-13 AATSIHS but not the 2011-12 AHS. 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 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 Core component of the 2012-13 AATSIHS were released in June 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 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 response rate for the Core component of the 2012-13 AATSIHS was 80 per cent. Results are weighted to account for non-response. 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:

- Data for the NT in 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.
- This indicator generally has acceptable levels of sampling error for State/Territory by sex and age, for persons under the age of 65 years. For persons aged 65 years or over, data should be used with caution. Rates for 18-24 year old males in the ACT and for 18-24 year old females in SA, the NT and the ACT should be used with caution.
- RSEs for adult smoking rates by State/Territory for remote areas other than in the NT, and for outer regional Victoria, are greater than 25% 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, the ACT and the NT should either be used with caution or are considered too unreliable for general use.

The following comments apply to data for the Aboriginal and Torres Strait Islander population:

- Smoking questions were changed in the 2012-13 AATSIHS to include chewing tobacco in order to account for potential high levels of use among Aboriginal and Torres Strait Islander people. Data for 2012-13 are considered comparable with data for the Aboriginal and Torres Strait Islander population for 2007-08, and with data for the non-Indigenous population for all years.
- This indicator has acceptable levels of sampling error, with RSEs of less than 25 per cent for all states and territories.

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 2011-12 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). See Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results (Cat. no. 4727.0.55.006) for results from the Core component of the AATSIHS. Other information from the AATSIHS is also available from the ABS website, www.abs.gov.au.

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.

Information for the 2015 Report for the Aboriginal and Torres Strait Islander population replaces data supplied for the 2014 Report which was based on the National Aboriginal and Torres Strait Islander Health Survey subset (9300 people) of the full sample (13 000 people). The larger sample size used for the 2015 Report provides more accurate estimates and allows for analysis at a finer level of disaggregation

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).

Data Gaps/Issues Analysis

Key data gaps /issues

The Steering Committee notes the following issues:

- The data provide relevant information on the proportion of adults who reported that they are daily smokers.
- Data for the total and non-Indigenous populations in the AHS do not include people living in very remote areas, which affects the comparability of the NT results.
- Data are of acceptable accuracy. Some relative standard errors for age, Indigenous, SES and remoteness disaggregations are greater than 25 per cent and these data should be used with caution.
- The size of the RSEs mean that the survey data may not be adequate for measuring change over time. Small year to year movements may be difficult to detect if the size of the standard errors is large compared to the size of the difference between estimates.

Levels of risky alcohol consumption

Data quality information for this indicator has been sourced from the Australian Bureau of Statistics (ABS) 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/s (computation)

Numerator:

 Number of persons aged 18 years or over who reported an average of more than 2 standard drinks per day in the last week.

Denominator:

• Number of people aged 18 years or over.

Calculation: 100 × (Numerator ÷ Denominator)

Data source/s

For the 2014 and 2015 Reports, 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. 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 and 2015 Reports, 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 on the ABS website, www.abs.gov.au.

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.

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 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 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 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.

Data Gaps/Issues Analysis

Key data gaps /issues

The Steering Committee notes the following issues:

- The data provide relevant information on the proportion of adults who are at risk of long-term harm from alcohol.
- Data for the total and non-Indigenous populations in the AHS do not include people living in very remote areas, which affects the comparability of results for the NT.
- Data are of acceptable accuracy. Some relative standard errors for Indigenous status, SES and remoteness disaggregations are greater than 25 per cent and should be used with caution.
- The size of the standard errors means that the survey data may not be adequate
 for measuring change over time. Small year to year movements may be difficult
 to detect if the size of the standard errors is large compared to the size of the
 difference between estimates.
- AATSIHS data are only available every six years. An assessment of the relative speed of change in results for this indicator is required to determine whether more regular data collection is necessary. Subject to cost-benefit analysis, it is recommended that relevant questions be included in both the AATSIHS and the NATSISS, to provide data on a rotating three yearly cycle across the two collections.

Selected potentially preventable diseases

Incidence of selected cancers

Data quality information for this indicator has been sourced from the Australian Institute of Health and Welfare (AIHW) with additional Steering Committee comments.

Indicator definition and description

Indicator

Selected potentially preventable diseases — Incidence of selected cancers

Measure/s (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

Numerators: 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 Aboriginal and Torres Strait Islander 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 2011 Index
 of Relative Socio-economic Disadvantage (IRSD) and ERPs by Statistical Area
 Level 2 (SA2). Each SA2 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 ERPs based on Census data for denominators provides the most comprehensive data coverage possible. The data are appropriate for this indicator.

Timeliness

The most recent data available for inclusion in this indicator are 2012 for all jurisdictions except NSW and the ACT, for which the most recent data available are for 2010. Estimates are provided for NSW and the ACT for 2011.

Accuracy

The 2011 incidence data for NSW and the 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. Until the actual 2011 cancer data are available from these jurisdictions caution should be exercised when comparing data for 2011 for NSW, the ACT and national totals with data from previous years. The estimates of 2011 incidence in NSW and ACT cannot be disaggregated by Indigenous status, remoteness area or socioeconomic status. The national totals for 2011 for these tables do not include NSW and ACT and are not comparable with data for previous years.

The 2009 data for NSW and the ACT provided to the AIHW excluded provisional death-certificate-only (DCO) cases, as did the 2010 data for the ACT. The AIHW has estimated the number of provisional DCO cases in 2009 for each cancer, sex and age group 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. The completeness of Indigenous identification in cancer registry data varies between jurisdictions. Those with sufficiently complete identification to enable reliable reporting of cancer incidence rates are NSW, Vic, Qld, WA and NT. Indigenous data for the other jurisdictions are not published. As national totals data for 2011 and 2012 exclude NSW and the ACT they cannot be compared to data for earlier reference years.

Socioeconomic status rankings (by IRSD score) are calculated by SA2 using a population-based method at the Australia-wide level. That is, the quintiles are national quintiles, not state and territory quintiles.

An SA2-to-remoteness-area concordance and SA2-to-socioeconomic-status concordance were used to allocate remoteness area and socioeconomic status to each record on the ACD based on the person's SA2 of residence at time of diagnosis.

Caution is required when examining differences across remoteness area and socioeconomic status categories. The SA2 of a person is determined 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 2011 census, SA2 boundaries may have changed over time and these can create 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.

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.

This indicator is calculated based 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.

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 state and territory cancer registries use the same ICD-10 code groupings to classify certain cancers, e.g. the AIHW defines bowel cancer as ICD-10 codes C18–C20 whereas some cancer registries also include C21. This may mean that data presented here are different to those reported by jurisdictional cancer registries, for certain cancers. The definitions used in this Indicator are as follows.

Coherence

• Bowel cancer: ICD-10 codes C18-C20

Lung cancer: ICD-10 codes C33–C34

• Melanoma of the skin: ICD-10 code C43

• Breast cancer in females: ICD-10 code C50 and sex female

Cervical cancer: ICD-10 code C53.

The Cancer Institute NSW (CINSW) uses an imputation method to impute missing Indigenous status for reporting purposes. This may lead to differences between the Indigenous rates presented for NSW in this Indicator and the Indigenous rates presented in CINSW 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

Cancer publications and annually-updated data are freely available on the AIHW website http://www.aihw.gov.au/. More specialised data can be requested via the website by lodging a customised data request. These are charged for on a cost-recovery basis.

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, 2014.* Information about interpreting cancer data and the ACD is available on the AIHW website.

Data Gaps/Issues Analysis

Key data gaps /issues

The Steering Committee notes the following issues:

- 2011 and 2012 incidence data for NSW and ACT were not available for inclusion in the ACD. The development of the new NSW Cancer Registries system has resulted in a delay in processing incidence data for 2011 onwards and therefore the most recent NSW data available for inclusion in the ACD are for 2010. As the coding of ACT cancer notifications is contracted to the NSW Cancer Registry, the most recent data available for the ACT are also for 2010. The 2011 incidence data for NSW and the 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 2011 cancer data are available from these jurisdictions caution should be exercised when comparing the 2011 NSW, ACT and Australian data with data from previous years. Estimates of 2011 incidence in NSW and ACT cannot be disaggregated by Indigenous status, remoteness area or socioeconomic status. National totals for 2011 for these tables do not include NSW and the ACT and are not comparable with totals form previous years.
- For jurisdictions that record relatively small numbers of cancers, rates may fluctuate widely from year to year; these changes over time should be interpreted with caution.
- The completeness of Indigenous identification in cancer registry data varies between jurisdictions. Those with sufficiently complete identification to enable reliable reporting of cancer incidence rates are NSW, Vic, Qld, WA and NT. Indigenous data for the other jurisdictions are not published.
- The Cancer Institute NSW (CINSW) uses an imputation method to impute missing Indigenous status for reporting purposes. This may lead to differences between the Indigenous rates presented for NSW in this Indicator and the Indigenous rates presented in CINSW incidence reports.
- The incidence rate for 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 Area Level 2 (SA2) of residential address at the time of diagnosis.

Incidence of heart attacks (acute coronary events)

Data quality information for this indicator has been sourced from the Australian Institute of Health and Welfare (AIHW) with additional Steering Committee comments.

Indicator definition and description

Indicator

Selected potentially preventable diseases — Incidence of heart attacks (acute coronary events).

Measure/s (computation)

Number of deaths recorded with an underlying cause of acute coronary heart disease (ICD-10 codes I20–I24) (a) plus the number of non-fatal hospitalisations with a principal diagnosis of acute myocardial infarction (ICD-10-AM I21) or unstable angina (ICD-10-AM I20.0) that do not end in a transfer to another acute hospital (b). The number of acute coronary events is estimated by (a) + (b). For ages 25 years and over.

Denominator: Total population aged 25 years and over for year in question.

Rates: 100,000 x (numerator ÷ denominator).

Age specific rates are presented for each 10 year age group 25 years or over. Jurisdiction specific rates are provided for each state/territory.

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.

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: 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 (final rebased for years to 2011; preliminary for 2012 and 2013).
- For data by Indigenous status: ABS Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026 (Series B).

Data Quality Framework Dimensions

Institutional environment

The AIHW has calculated this indicator using data extracted from the AIHW NHMD, the NMD and 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 corporate Commonwealth entity 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 authoritative 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 and in each jurisdiction, based on administrative data currently available. Non-fatal events are estimated from the NHMD and fatal events from the NHMD.

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. Further, an individual may have one acute coronary event which resulted in multiple hospitalisations, due to transfers for treatment and on-going care. In the NHMD these are recorded as multiple unlinked hospital episodes. The method of estimation attempts to take account of duplicate events in the databases by excluding hospitalisations ending in a transfer to another acute hospital (so that each acute coronary syndrome (ACS) event is counted only once, regardless of the number of hospitalisation episodes per event) and by excluding hospitalisations for ACS ending in death in hospital (as these should be picked up in the NMD data).

The method of estimation has been developed based on an analysis of hospital and deaths data validated using linked data from WA and NSW (AIHW 2014, *Acute coronary syndrome: validation of the method used to monitor incidence in Australia*, Cat. no. CVD 68. Canberra) www.aihw.gov.au/WorkArea/DownloadAsset.aspx? id=60129547560.

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 usual residence of the person at the time of hospitalisation or death.

Variability across jurisdictions (particularly in hospital transfer rates) indicates that the method of estimation may lead to an underestimation of incidence in some jurisdictions. This variation may be due to differences in treatment and referral patterns but could also be due to differences in data recording practices. Rates 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. NMD data from 5 jurisdictions (NSW, Qld, WA, SA and NT) have been assessed by the AlHW as having adequate Indigenous identification from 1998 onwards and only these 5 jurisdictions are included in the estimates reported by Indigenous status. Rates for Other Australians are calculated by subtracting Indigenous estimates from total estimates for the five jurisdictions 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

Accuracy

This indicator reports the latest information available (for years 2007 to 2013).

Assessment of validity based on linked and unlinked data from WA and NSW has shown that the method underestimates the incidence of acute coronary events in at least those states. Nonetheless, these estimates provide a reasonable measure of the incidence of acute coronary events and may be useful for recording and monitoring each jurisdiction's progress over time.

Comparison between jurisdictions should not be made as the assessment of validity suggested variations in the under-count of acute coronary event rates, as observed in WA and NSW (6% in WA and 11% in NSW in 2007). Factors such as differing treatment and referral patterns and data recording practices across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability.

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. NMD data from 5 jurisdictions (NSW, Qld, WA, SA and NT) have been assessed by the AlHW as having adequate Indigenous identification from 1998 onwards and only these 5 jurisdictions are included in the estimates reported by Indigenous status. 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.

Data for 2010 have been adjusted for the additional deaths arising from outstanding registrations of deaths in Queensland in 2010. 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. For more details please refer to Technical note 3 in *Causes of death, Australia, 2010* (ABS cat. no. 3303.0).

NMD data for 2011 and 2012 have been revised since the 2015 Report. For the 2016 Report, deaths registered in 2011 and earlier are based on the final version of cause of death data; deaths registered in 2012 and 2013 are based on revised and preliminary versions respectively and are subject to further revision by the ABS.

Coherence

This is the fourth year in which this indicator has been reported. This is the second year in which this indicator is reported for each jurisdiction.

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:

- 'http://www.aihw.gov.au/hospitals/
- 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 NHMD can be found in http://meteor.aihw.gov.au/content/index.phtml/itemld/611030 with summary data quality information in Appendix A of Admitted patient care 2013–14: Australian hospital statistics or at http://www.aihw.gov.au/publication-detail/?id=60129550483

NMD

Cause of Death Unit Record File data are provided to the AIHW by the Registries of Births, Deaths and Marriages and the National Coronial Information System (managed by the Victorian Department of Justice) and include cause of death coded by the Australian Bureau of Statistics (ABS). The data are maintained by the AIHW in the National Mortality Database.

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 (Cat. no. 3303.0) www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0/ and
- ABS Quality declaration summary for Deaths, Australia (Cat. no. 3302.0) www.abs.gov.au/ausstats/abs@.nsf/mf/3302.0/.

For more information on the AIHW National Mortality Database see Deaths data at AIHW www.aihw.gov.au/deaths/aihw-deaths-data/.

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).
- The methodology for estimating the incidence of acute coronary events is based on AIHW analysis of hospital and mortality data, and has been validated using linked data from WA and NSW.
- 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.
- Comparisons between jurisdictions should not be made as variations in key variables (particularly in transfer rates between hospitals) are likely to impact on jurisdictional comparability. The assessment of validity showed an underestimation of the incidence of acute coronary events in WA and NSW. The extent of this cannot be measured precisely for other jurisdictions without linked data sets for all states and territories.
- National estimates by age and sex are derived using data from all jurisdictions.
- Estimates for each jurisdiction are derived using state/territory of usual residence.
- 'NMD data from 5 jurisdictions (NSW, Qld, WA, SA and NT) have been assessed by the AIHW as having adequate Indigenous identification from 1998 onwards. Estimates for Indigenous and other Australians are derived using only data from these five jurisdictions because the quality of identification is considered reasonable in both the NHMD and the NMD.

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Prevalence of type 2 diabetes

Data quality information for this indicator has been sourced from the Australian Bureau of Statistics (ABS) with additional Steering Committee comments.

Indicator definition and description

Indicator

Selected potentially preventable diseases — Prevalence of type 2 diabetes

Measure/s (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.
- 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 (supplementary measure).

Denominator:

- · Number of persons aged 18 years and over
- Number of persons aged 18 years and over(supplementary measure).

Data source/s

The numerator and denominator for this indicator for the general and non-Indigenous populations use 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 as at 31 October 2011 derived from the Estimated Resident Population (ERP).

For information on the structure of the AHS, see *Structure of the Australian Health Survey* on the ABS website, www.abs.gov.au. 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.

The numerator and denominator for this indicator for the Aboriginal and Torres Strait Islander population use data from the 2012-13 National Aboriginal and Torres Strait Islander Health Measures Survey (NATSIHMS) component of the ABS 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) of approximately 3300 people, which is weighted to benchmarks for the Australian Aboriginal and Torres Strait Islander estimated resident population at 30 June 2011, based on the 2011 Census of Population and Housing.

For information on the structure of the AATSIHS, see *Structure of the Australian Aboriginal and Torres Strait Islander Health Survey* on the ABS website, www.abs.gov.au.

For information on scope and coverage, see the *Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide* (Cat. no. 4727.0.55.002) on the ABS website, www.abs.gov.au.

Data Quality Framework Dimensions

Institutional environment

The AHS and AATSIHS were collected, processed and published by the 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 and AATSIHS were conducted under the *Census and Statistics Act 1905*. The biomedical components (NHMS and NATSIHMS) were collected under the *Privacy Act 1988* and were subject to ethics approval which at the national level was sought and gained from the (then) Australian Government Department of Health and Ageing's Departmental Ethics Committee.

Ethics approval for the NATSIHMS component was also required at the jurisdictional level for NSW, WA, the NT and for Queensland Health Service Districts. Ethics approval was sought and gained from the following Ethics Committees:

Aboriginal Health and Medical Research Council Ethics Committee in NSW

- · Aboriginal Health Research Ethics Committee in SA
- Western Australian Aboriginal Health Ethics Committee in WA
- Western Australia Country Health Service (WACHS) Research Ethics Committee in WA
- Central Australian Human Research Ethics Committee in the NT
- Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research in the NT
- several Human Research Ethics Committees of Queensland Government Hospital and Health Services districts.

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 The 2011-12 NHMS and 2012-13 NATSIHMS use 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 in 2011-12 with results released in August 2013.

The NATSIHMS was conducted in 2012-13 with results released in September 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, 37 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.

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 response rate for the Core component of the 2012-13 AATSIHS was 80%.

All selected persons aged 18 years and over in the AATSIHS were invited to participate in the voluntary NATSIHMS. Of these, 40% went on to complete the biomedical component.

Analysis of the sample showed that the characteristics of persons who participated in the NATSIHMS were similar to those for the AATSIHS overall. For more information, see the Explanatory Notes in *Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results* (Cat. no. 4727.0.55.003).

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 77.6% of adults who participated in the NATSIHMS). 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.

For the general and non-Indigenous populations, this indicator and the supplementary indicator generally have acceptable levels of sampling error for State/Territory by sex. However, rates for females in Victoria, males in the ACT, and males and females in the NT should be used with caution.

For the Aboriginal and Torres Strait Islander population, rates for males and females in Queensland, females in WA and WA, and males in the NT should be used with caution. Additionally, the rate for total all persons in SA should be used with caution. The rate for males in SA is considered too unreliable for general use.

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 and the Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide (Cat. no. 4727.0.55.002) 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.

Data Gaps/Issues Analysis

Key data gaps /issues

- The data provide relevant information on the prevalence of Type 2 diabetes.
- The 2011-12 NHMS was conducted for the first time as part of the 2011–13 AHS, with participation voluntary in the NHMS. Of those who took part in the AHS, 38 per cent took part in the NHMS. The NHMS sample was found to be similar to the AHS population.
- The 2012-13 NATSIHMS was conducted for the first time as part of the 2012-13 AATSIHS, with participation voluntary in the NATSIHMS. Of those who took part in the AATSIHS, 40 per cent took part in the NATSIHMS. The NHMS sample was found to be similar to the overall of the AATSIHS population.
- The NHMS does not include people living in very remote areas, which affects the comparability of the NT results.
- Data are of acceptable accuracy. Some RSEs for disaggregations are greater than 25 per cent and these data should be used with caution.

Potentially avoidable deaths

Data quality information for this indicator has been sourced from the Australian Bureau of Statistics (ABS) with additional Steering Committee comments.

Indicator definition and description

Indicator

Potentially avoidable deaths

Measure/s (computation)

Numerator: Number of death registrations of persons aged less than 75 provided by state and territory Registrars of Births, Deaths and Marriages which have an ICD-10 code which has been further classified as potentially avoidable according to the NHA: PI 16 – Potentially avoidable deaths, 2015 revised specifications, for:

- 5 year aggregates 2003–2007, 2004–2008, 2005–2009, 2006–2010, 2007–2011, 2008–2012 (updated for revision to ABS cause of death data), 2009–2013
- single years 2007, 2008, 2009, 2010, 2011, 2012 (updated for revision to ABS cause of death data) and 2013.

Denominator: Population aged less than 75 years.

Data source/s

Numerator: ABS Causes of Death collection (Cat. no. 3303.0)

Denominator: ABS ERP (3101.0); ABS 2014 Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001–2026 (Cat. no. 3238.0), Series B.

For the non-Indigenous population, the projected Indigenous population (Cat. no. 3238.0, Series B) is subtracted from the 2011 Census-based ERP.

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 ERP, 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.

All coroner certified deaths registered after 1 January 2006 are now subject to a revisions process. For the 2016 Report, 2007, 2008, 2009, 2010 and 2011 data are final, 2012 data are revised and 2013 data are preliminary. Data for 2012 and 2013 are subject to 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 2010 and 2011 in Causes of Death, Australia, 2012 (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

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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 were included in the 2013 and subsequent RoGS. In addition, 3 deaths in WA for 2009 which were wrongly coded as deaths of Indigenous people were corrected as deaths of non-indigenous people in a previous RoGS.

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. Non-Indigenous population estimates have been derived by subtracting the 2011 Census-based Indigenous population estimates/projections from the 2011 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. Total population estimates for 2012 and 2013 are preliminary estimates.

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 2013 (Cat. no. 3101.0)). Age-standardised results provide a measure of relative difference only between populations.

Data Gaps/Issues Analysis

Key data gaps /issues

- The data provide relevant information on potentially avoidable deaths.
- A large number of unregistered deaths in Queensland dating back to 1992 were identified and registered in 2010. Care should be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010.
- Data by Indigenous status are reported for NSW, Queensland, WA, SA and the NT. Only these jurisdictions have evidence of a sufficient level of Indigenous identification, have sufficient numbers of Indigenous deaths and do not have significant data quality issues.

• Data are of acceptable accuracy. Although most deaths of Indigenous Australians are registered, it is likely that some are not identified as Indigenous. Therefore data are likely to underestimate the Indigenous mortality rate. Rates should be used with caution.

Mortality and life expectancy

Life expectancy

Data quality information for this indicator has been sourced from the Australian Bureau of Statistics (ABS) with additional Steering Committee comments.

Indicator definition and description

Element Outcome

Indicator Mortality and life expectancy — Life expectancy

Measure/s (computation)

Life tables for the Australian population, from which life expectancy at birth is obtained. Age/sex-specific death rates used in the construction of the life tables are

calculated as follows.

Numerator: death registrations for 2012-2014 provided by State and Territory

Registrars of Births, Deaths and Marriages.

Denominator: Estimated resident population (ERP) for the period 2012–2014.

Data source/s Life Tables, States, Territories and Australia, 2012-2014 (Cat. no. 3302.0.55.001)

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.

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 2011–2013. 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.

Timeliness

ABS estimates of all Australian life expectancy at birth are calculated for a 3 year period and published on an annual basis.

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 post-censal births, deaths and migrations to the Census ERP.

Coherence

The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

Accessibility

ABS life expectancy estimates are published on the ABS website www.abs.gov.au (see *Life Tables, States, Territories and Australia, 2011–2013* (Cat. no. 3302.0.55.001).

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

- 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.
- 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 Australian Bureau of Statistics (ABS) with additional Steering Committee comments.

Indicator definition and description

Indicator

Mortality rates — Infant and child

Measure/s (computation)

Numerators: number of death registrations for the period 2007-2012 (single years) provided by state and territory Registrars of Births, Deaths and Marriages, for:

- Infants children aged under 1 year
 Child 0–4 children aged 0 to 4 years
- Office 4 Children a

Denominators:

- Infants Number of live births in the period
- Child 0-4 Population aged 0 to 4 years

Data source/s

Numerators

• ABS Deaths Collection (3302.0)

Denominators

- Infants ABS Births Collection (3301.0)
- Child 0-4: ABS Population Projections (2011 Census based), (3222.0)
- Indigenous: ABS Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians (2011 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 any death which occurs in, or en route to Australia, including deaths of persons whose usual place of residence is overseas, and is registered with a state or territory Registry of Births, Deaths and Marriages. The ABS Deaths collection excludes still births/fetal deaths (these are accounted for in perinatal death statistics published in Causes of Death, Australia, cat. no. 3303.0) and deaths of Australian residents which occur outside Australia.

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.

Live births are products of conceptions, irrespective of duration of pregnancy, who, after being born, breathe or show any evidence of life such as a heartbeat.

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.

Quarterly estimates of deaths on a preliminary basis are published five to six months after the reference period in *Australian Demographic Statistics* (cat. no. 3101.0), and revised 21 months after the end of each financial year. Annual estimates on a year of registration basis are published within eleven months of the end of the reference year in *Deaths, Australia* (cat. no. 3302.0).

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. Quarterly estimates of births on a preliminary basis are published five to six months after the reference period in *Australian Demographic Statistics* (cat. no. 3101.0), and revised 21 months after the end of each financial year. Annual estimates on a year of registration basis are published within ten months of the end of the reference year in *Births, Australia* (cat. no. 3301.0).

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 once more accurate births, deaths and NOM data becomes available. In the case of births and deaths, the revised data is compiled on a date of occurrence basis and is released 6-12months after the reference period. In the case of NOM, final data is based on actual traveller behaviour and is released 16 - 18 months after the reference period. Final estimates are made available every 5 years after a Census and revisions are made to the previous intercensal 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. Sources of non-sampling error include completeness of an individual record at a given point in time, completeness of the dataset (e.g. 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. 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.

In June 2014, the New South Wales Registrar of Births, Deaths and Marriages (NSW Registry) transitioned to a new data processing system which resulted in temporary processing delays. These delays caused a number of birth records received by the NSW Registry in 2014 to be processed in 2015. As a result, the total number of births registered in New South Wales in 2014 (91 074) was 9388 (9.3 per cent) less than the number registered in 2013 (100 462).

The ABS, after discussions with the NSW Registry, is confident that the delayed registrations will be accounted for in 2015. For a more complete understanding of the births occurring in NSW for 2014 users should consult Table 13 in *Australian Demographic Statistics* (3301.0) which provides more up to date information about births in 2014 and 2015.

Analysis by the ABS showed that the distribution of important characteristics such as sex of child, age of mother, usual residence of mother and Indigenous status in 2014 data is similar to that in 2011-2013 data.

Concerns have previously 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, undertook an investigation which 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 were 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. For further details see Technical Note: Registration of outstanding deaths, Queensland 2010, from *Deaths, Australia, 2010* (cat. no, 3302.0).

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*, 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. In addition, 3 deaths in WA for 2009 which were wrongly coded as deaths of Indigenous people have been corrected as deaths of non-indigenous people 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). After each Census the ABS uses the Census population count to update the original series of published quarterly population estimates since the previous Census. For example, 2011 Census results were used to update quarterly population estimates between the 2006 and 2011 Census. The PES is conducted soon after the Census to estimate the number of residents not included in the Census. Factoring the PES results into determining the

ERP is a critical step in arriving at the most accurate determination of ERP possible. For more information on rebasing see the feature article in the December quarter 2012 issue of *Australian Demographic Statistics* (cat. no. 3101.0).

Indigenous and non-Indigenous population 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, non-Indigenous population estimates have been derived by subtracting the 2011 Census-based Indigenous population estimates/projections from the 2011 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. Total population estimates for 2012, used in the calculation of non-Indigenous comparison rates, are preliminary estimates.

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.

The international standards and recommendations for the definition and scope of birth and deaths statistics 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 birth as the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered liveborn.
- 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 births and 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 births and deaths occurring within Australia in 2012 as defined by the Australian Statistical Geography Standard (ASGS).

Registration of births and 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.

Birth registrations data are not the only statistical series on births in Australia. The National Perinatal Data Collection (NPDC) is a national collection on pregnancy and childbirth, based on births reported to the Perinatal Data Collection in each state and territory in Australia. Midwives and other health professionals who attend births complete notification forms for each birth, using information obtained from mothers and hospital or other records. This information is compiled and published annually by the National Perinatal Statistics Unit (NPSU) of the Australian Institute of Health and

Welfare (AIHW) in Australia's Mothers and Babies. As information from these two collections are from different sources, the statistics obtained vary. The number of births in the Perinatal Data Collection are generally greater, which may reflect the likelihood of parent(s) to delay or fail to register the birth of a child.

Accessibility

Births data are available in a variety of formats on the ABS website under the 3301.0 product family. Deaths data are available in a variety of formats on the ABS website under the 3302.0 product family. ERP data is available in a variety of formats on the ABS website under the 3101.0 product family. Further information on births, 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

Births statistics are generally straightforward and easy to interpret. It should be noted, however, that changes in numbers of births over time can be due to two factors: changes in fertility, and changes in the number of women in child-bearing ages. For this reason, births data need to be considered in relation to the size of the relevant population(s) through the use of fertility rates. Another aspect that may be overlooked is plurality, or the fact that each birth of a multiple birth is counted individually in births data.

Deaths statistics are generally straightforward and easy to interpret. It should be noted, however, that changes in numbers of deaths over time can be due a number of factors including changes in mortality and changes in the size and age/sex structure of the population. For this reason, deaths data needs to be considered in relation to the size of the relevant population(s) through the use of mortality rates.

Information of mortality rates, as well as data sources, terminology, classifications and other technical aspects associated with death statistics can be found in *Deaths Australia* (cat.no 3302.0) in the Explanatory Notes, Appendices and Glossary on the ABS website.

ERP is generally easy to interpret as the official measure of Australia's population (by state and territory) on a place of usual residence basis. However, there are still some common misconceptions. For example, a population estimate uses the term 'estimate' in a way which differs from the words' common use. Generally the term estimate is used to describe a guess, or approximation. Demographers mean that they apply the demographic balancing equation by adding births, subtracting deaths and adding the net of overseas and interstate migration to a base population. Each of the components of ERP is subject to error, but ERP itself is not in any way a guess. It is what the population would be if the components are measured well.

Population estimation is also very different to sample survey-based estimation. This is because population estimation is largely based on a full enumeration of components. In the case of the population base, only the PES used sampled data to adjust for census net undercount. In the case of the components of population growth used to carry population estimates forward, Australia has a theoretically complete measure of each component.

Another example of a common misconception relates to the fact that the population projections are not predictions or forecasts. They are an assessment of what would happen to Australia's population if the assumed levels of different components of population change - births, deaths and migration - were to hold into the future.

Data Gaps/Issues Analysis

Key data gaps /issues

- The data provide relevant information on infant (<1 year) and child (0–4 years) mortality rates.
- Data are of acceptable accuracy. Although most deaths of Indigenous Australians are registered, it is likely that some are not identified as Indigenous. Therefore data are likely to underestimate the Indigenous mortality rate.
- A large number of unregistered deaths in Queensland dating back to 1992 were identified and registered in 2010. Care should be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010.
- Data by Indigenous status are reported for NSW, Queensland, WA, SA and the NT only. Only these jurisdictions have evidence of a sufficient level of Indigenous identification, have sufficient numbers of Indigenous deaths and do not have

significant data quality issues.

- Variability bands provided with rates describe the range of potential results for mortality rates. Variability bands are calculated for single-year and aggregate years data by State and Territory (for within jurisdiction comparisons only — they cannot be used to make comparisons across jurisdictions).
- Further work is required to improve the completeness of Indigenous identification for registered deaths.

Mortality rates by major cause of death

Data quality information for this indicator has been sourced from the Australian Bureau of Statistics (ABS) with additional Steering Committee comments.

Indicator definition and description

Indicator

Age standardised mortality by major cause of death

Measure/s (computation)

Numerator

• Death registrations by major cause of death.

Denominators

- Estimated Resident Population (ERP)
- Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians

Data source/s

Numerator: ABS Causes of Death collection (Cat. no. 3303.0)

Denominators:

- ABS ERP (Cat. no. 3101.0)
- ABS Estimates and Projections, Aboriginal and Torres Strait Islander Australians (Cat. no. 3238.0), Series B.
- For the non-Indigenous population, the projected Indigenous population (3238.0, Series B) is subtracted from the ABS 2011 Census-based ERP.

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

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.

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. Final estimates are made available every 5 years after a Census and revisions are made to the previous intercensal 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 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.

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, 2008, 2009 and 2010 data are final, 2011 data are revised and 2012 data are preliminary. Data for 2011 and 2012 are 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 2010 and 2011 in Causes of *Death, Australia, 2012* (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 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 Deaths, Australia, 2010 (Cat. no. 3302.0) and Explanatory Note 103 in the Causes of Death, Australia, 2010 (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. In addition to that, 3 deaths in WA for 2009 which were wrongly coded as deaths of Indigenous people have been corrected as deaths of non-indigenous people 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. In the present tables, non-Indigenous population estimates have been derived by subtracting the 2011 Census-based Indigenous population estimates/projections from the 2011 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. Total population estimates for 2012, used in the calculation of non-Indigenous comparison rates, are preliminary estimates.

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.

Mortality rates for neoplasms may differ compared to individual State and Territory Cancer Registry mortality rates due to different sources of death data being used to calculate these rates. ABS mortality data is the cause of death data used 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. 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 all deaths in this indicator have been age-standardised, using the direct method, to 85 years +. Data for Indigenous deaths in this indicator have been age-standardised, using the direct method, to 75 years + to account for differences between the age structures of the Indigenous and non-Indigenous populations. 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 2013 (Cat. no. 3101.0)). Age-standardised results provide a measure of relative difference only between populations.

Data Gaps/Issues Analysis

Key data gaps /issues

- The data provide relevant information on major causes of death. Data are available for all states and territories, and by Indigenous status for selected jurisdictions. Data are not available by socioeconomic status (SES).
- A large number of unregistered deaths in Queensland dating back to 1992 were identified and registered in 2010. Care should be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010.
- Data by Indigenous status are reported for NSW, Queensland, WA, SA and the NT. Only these jurisdictions have evidence of a sufficient level of Indigenous identification, have sufficient numbers of Indigenous deaths and do not have significant data quality issues.
- Data are of acceptable accuracy. Although most deaths of Indigenous Australians are registered, it is likely that some are not identified as Indigenous. Therefore data are likely to underestimate the Indigenous mortality rate. Rates should be used with caution.
- Variability bands provided with rates describe the range of potential results for mortality rates. Variability bands are calculated for single-year and aggregate years data by State and Territory (for within jurisdiction comparisons only — they cannot be used to make comparisons across jurisdictions).
- Further work is required to improve the completeness of Indigenous identification for registered deaths.

Employed health practitioners

Data quality information for this indicator has been sourced from the Australian Institute of Health and Welfare (AIHW) with additional Steering Committee comments.

Indicator definition and description

Indicator Employed health practitioners

Measure/s (computation)

Full time equivalent employed health practitioners per 100 000 population (by age

group).

Age profiles are reported for employed nursing and midwifery, medical, and allied health practitioners. Data show 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 2014.

National Health Workforce Data Set: nurses and midwives 2014.

National Health Workforce Data Set: allied health practitioners 2014.

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 was responsible for the development of the health workforce surveys until its closure by the Australian Government on 6 August 2014. The Australian Government Department of Health now performs this function.

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 the 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 corporate Commonwealth entity 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, nurses/midwives and nominated allied health practitioners are required by law to be registered with their relevant national board to practise in Australia. All medical 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'). Practitioners in some allied health professions are not required to be registered and are not included in the NHWDS.

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, 2012, 2013 and 2014

• The NHWDS: medical practitioners 2010, 2011, 2012, 2013 and 2014 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 obtained from the Medical Workforce Survey (with the exception for 2010 of those whose principal state of practice was Queensland or Western Australia, as not all registrations in these states expired prior to the national registration deadline for that year).

National Health Workforce Data Set: nurses and midwives 2011, 2012, 2013 and 2014

• The NHWDS: nurses and midwives 2011, 2012 and 2013 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. The NHWDS also contains workforce data of respondents obtained from the Nursing and Midwifery Workforce Survey.

National Health Workforce Data Set: allied health practitioners 2012, 2013 and 2014.

- The NHWDS: allied health practitioners 2012, 2013 and 2014 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.
- Dental practitioner workforce data for 2014 are part of the NHWDS: allied health practitioners 2014 (for previous years, a stand-alone NHWDS). However, for the purposes of this indicator, allied health practitioners data exclude dental practitioners.
- Allied health professions not in the National Registration and Accreditation S
 cheme are not included in the data set (e.g. sonographers and optical
 technicians).
- Indicator data for allied health practitioners are comparable between 2013 and 2014. The same professions were included in both years.
- Indicator data for allied health practitioners are not comparable between 2012 and 2013
 - 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, WA 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, WA and Tasmania for this profession are excluded from the indicator data for allied health practitioners.
 - for the same reason, occupational therapists in Queensland, WA and SA are excluded from the indicator data for allied health practitioners in 2012.
- Dental practitioner workforce data for 2014 are part of the NHWDS: allied health practitioners 2014. Dental practitioner workforce data were a stand-alone NHWDS for previous years (see below). For the purposes of this indicator, dental practitioner workforce data are for dentists only the other 4 practitioner types in the NHWDS are excluded (dental hygienists, dental prosthetists, dental therapists and oral health therapists; dental practitioners may register in more than 1 practitioner type, resulting in double counting of practitioners).
 - The NHWDS: dental practitioners 2011, 2012 and 2013 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, 2012 and 2013, the NHWDS also contains workforce data obtained from the Dental Workforce Survey.

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, 2012, 2013 and 2014
 - 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. Queensland and WA were excluded from data for 2010 as not all registrations in these states expired prior to the national registration deadline for that year, despite extension of the renewal process.
- Nurses and midwives 2011, 2012, 2013 and 2014
 - 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 renewal process for 2011 was extended for Queensland (to the end of June 2011) and WA (end of December 2011) registrants.
- Allied health practitioners 2012, 2013 and 2014
 - The NHWDS: allied health practitioners is produced annually from information collected by the national registration renewal process, conducted between 1 September and 30 November each year, including the collection of the profession-specific workforce surveys. 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.

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 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.
- Imputation methods are used to account for item non-response and survey non-response. In 2013, the methodology for survey non-response was changed from a weighting-based methodology to a randomised sequential hot deck-based imputation.
 - 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, 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

- From 2013, the online survey questionnaire includes electronic sequencing of questions to automatically guide the respondent to the next appropriate question based on previous responses to questions.
- For the online survey questionnaire prior to 2013, and the paper version of the questionnaire, respondents may have made inconsistent responses by not correctly following the sequencing instructions.

• 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, 2012, 2013 and 2014
 - 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.
 - The overall response rate for 2013 was 88.6 per cent
 - The overall response rate for 2014 was 91.8 per cent.
- National Health Workforce Data Set: nurses and midwives 2011, 2012, 2013 and 2014
 - The overall response rate for 2011 was 85.1 per cent.
 - The overall response rate for 2012 was 93.3 per cent.
 - The overall response rate for 2013 was 87.6 per cent
 - The overall response rate for 2014 was 93.4 per cent.
- National Health Workforce Data Set: allied health practitioners 2013 and 2014
 - The overall response rate for 2013 was 87.9 per cent
 - The overall response rate for 2014 was 92.9 per cent (excluding dental pracitioners).

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.

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 profession. For the allied health professions, information about their workforce surveys is available in the National Health Workforce Data Set: allied health practitioners 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 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 AIHW Labour Force Survey be made with caution and noted in any analyses.
- 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 2012, 2013 and 2014 medical and allied health practitioner indicator data exclude provisional registrants (there is no provisional registrant type for nurses and midwives).