E Health sector summary

CONTENTS

Attachment tables

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

E.1 Introduction

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

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

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

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

Policy context

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

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

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

- public hospital services
- public health programs (such as health promotion programs and disease prevention)
- community health services

- public dental services
- mental health programs
- patient transport
- the regulation, inspection, licensing and monitoring of premises, institutions and personnel
- health policy research and policy development
- specialist palliative care.

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

Sector scope

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

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

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

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

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

Profile of health sector

Detailed profiles for the services within the health sector are reported in chapters 10, 11 and 12, and cover:

- size and scope of the individual service types
- funding and expenditure.

Descriptive statistics

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

Funding

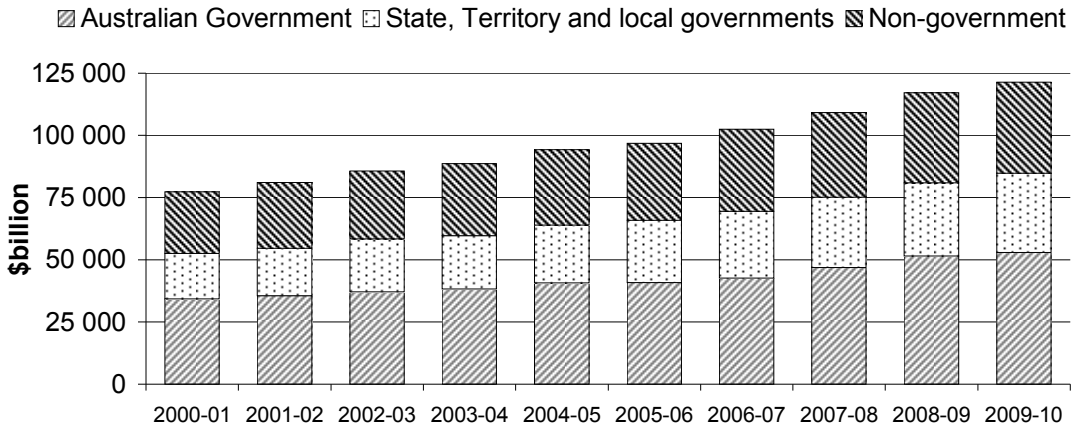
Total expenditure (recurrent and capital) on health care services in Australia was estimated to be $121.4 billion in 2009-10 (table EA.1). This total was estimated to account for 9.4 per cent of gross domestic product in 2009-10 an increase of 1.2 percentage points from the 8.2 per cent of GDP in 2000-01 (AIHW 2011c). This indicates that health expenditure grew faster than the economy as a whole over the decade to 2009-10.

In 2009-10, the Australian, State and Territory, and local governments spent $84.8 billion on total health services, which represented 69.9 per cent of total health expenditure. The Australian Government accounted for the largest proportion of health care expenditure — $52.9 billion or 43.6 per cent of the total in 2009-10. State and Territory, and local governments contributed $31.9 billion or 26.3 per cent of total health expenditure in that year (AIHW 2011c). These shares have remained relatively constant over the past 10 years. The remainder was paid by individuals, health insurance funds, workers compensation and compulsory motor vehicle third party insurance providers (figure E.1 and tables EA.1 and EA.7).

The growth of total health expenditure over the past decade was largely the result of increased expenditure by Australian, State and Territory, and local governments, which grew proportionally faster than expenditure by non-government sources. Between 2000-01 and 2009-10, the average annual rate of growth in real expenditure was 4.9 per cent for the Australian Government, 6.4 per cent for State, Territory and local governments, and 4.4 per cent for non-government sources (table EA.1).[1]

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

Figure E.1 **Total health expenditure, by source of funds (2009-10 dollars)[a, b, c, d]**



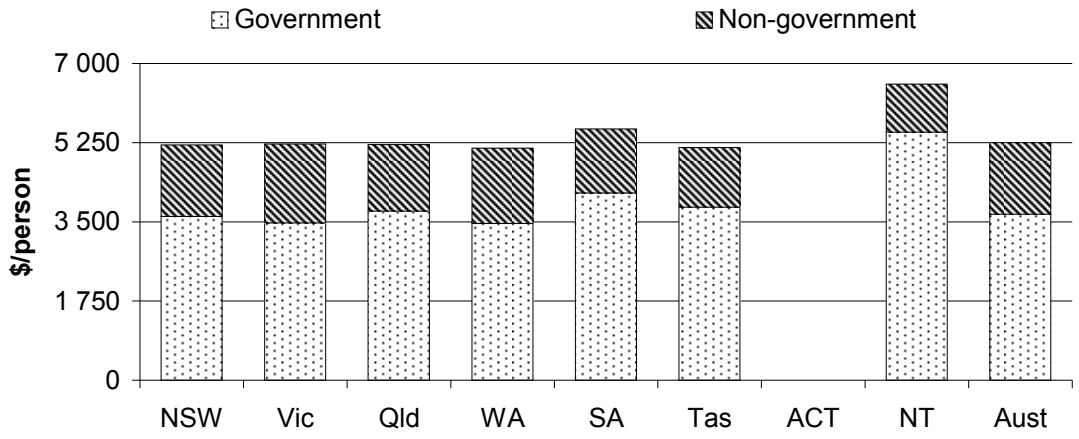
[a] Includes recurrent and capital expenditure. [b] Includes expenditure on ambulance services (reported in chapter 9). [c] Expenditure by Australian Government and non-government sources has been adjusted for tax expenditure in relation to private health incentives claimed through the taxation system.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

Source: Table EA.1.

The government services reported on in this sector summary account for $67.8 billion of the $81.3 billion total recurrent health expenditure of the Australian, State and Territory, and local governments spent on total health services (accounting for 83.4 per cent of government recurrent health expenditure in 2009-10) (table EA.4). The health services covered include public hospitals, medical services (including payments to general practitioners [GPs] and other specialist practitioners), community and public health, medications and public dental services. Government recurrent expenditure on specialist mental health services was estimated to be around $6.1 billion in 2009-10 (tables 12A.1 and 12A.7). Some of this expenditure was on psychiatric care provided by public (non-psychiatric) hospitals (chapters 10 and 12).

Health expenditure per person in each jurisdiction is affected by different policy initiatives and socioeconomic and demographic characteristics. Nationally, total health expenditure per person in Australia increased from $4011 in 2000-01 to $5479 in 2009-10 (expressed in 2009-10 dollars) (table EA.5). Government real recurrent health expenditure per person in Australia increased from $2631 in 2000-01 to $3670 in 2009-10 (expressed in 2009-10 dollars). Non-government recurrent expenditure per person in Australia rose from $1175 in 2000-01 to $1580 in 2009-10 (expressed in 2009-10 dollars) (figure E.2 and table EA.6).

Figure E.2 **Recurrent health expenditure per person, by source of funds, excluding high level residential aged care, 2009-10**[a, b, c]



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

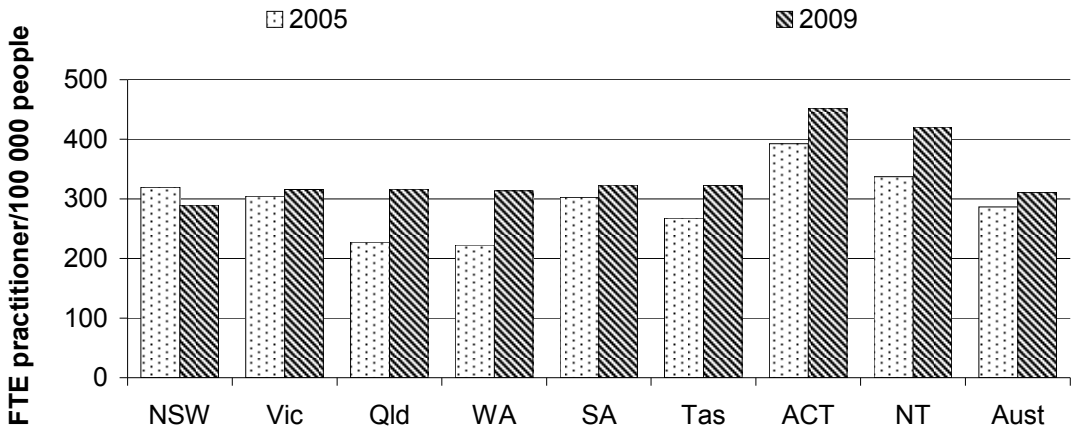
Source: Table EA.6.

Health workforce

In 2009, there were 72 739 registered medical practitioners in Australia working in medicine. A further 1520 were in the medical labour force but on extended leave or looking for work. The majority of employed practitioners working in medicine were clinicians (93.0 per cent), of whom 38.0 per cent were primary care practitioners (mainly general practitioners), 35.9 per cent were specialists, 13.5 per cent were specialists-in-training, 11.4 per cent were hospital non-specialists and 1.2 per cent were other clinicians (AIHW 2011a). The number of full time equivalent (FTE) practitioners per 100 000 people by jurisdiction is illustrated in figure E.3.

In 2009, there were an estimated 320 982 nurses identified by the Nursing and Midwifery Labour Force Survey (AIHW 2011b). The majority of nurses were employed as clinicians (90.6 per cent), of whom 32.6 per cent were working in medical and surgical areas, followed by critical care (17.3 per cent) and aged care (10.6 per cent). The number of FTE nurses per 100 000 people by jurisdiction is illustrated in figure E.4. The national increase in the FTE nurse rate in Australia between 2005 and 2009 arose from both an increase in the number of nurses employed and an increase in average hours worked (AIHW 2011b).

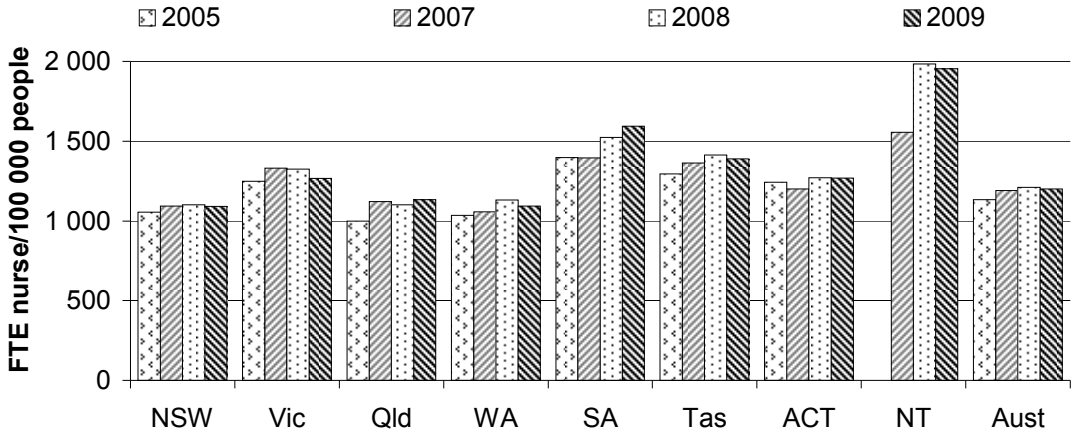
Figure E.3 **Employed medical practitioners**[a, b, c]



a FTE rate (FTE per 100 000 people) is based on standard full-time working week of 45 hours. **b** Number of 'employed medical practitioners' does not include medical practitioners on extended leave. **c** Care must be taken when interpreting ACT's data as the ACT's medical practioners provide a large number of services to NSW residents. This rate used the ACT resident population as the denominator, hence a high rate for the ACT. The rate will reduce if the NSW population within the catchment area of Southern NSW is included in the denominator.

Source: AIHW (2011) *Medical Labour Force 2009*, AIHW Bulletin no. 89, AIHW Cat. no. AUS 138; AIHW (2008) *Medical Labour Force 2005*, AIHW Cat. no. HWL 39, National Health Labour Force Series no. 38; table EA.8.

Figure E.4 **Employed nurses**[a, b, c]

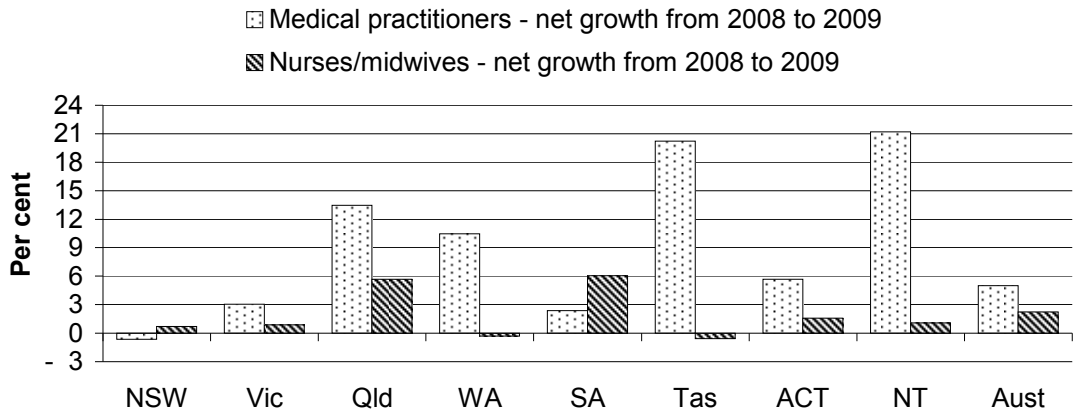


a FTE nurse rate (per 100 000 people) based on a 35-hour week. **b** Number of 'employed nurses' does not include nurses on extended leave. **c** Data for NT for 2005 are not published.

Source: AIHW (2011) *Nursing and midwifery labour force 2009*, AIHW bulletin no. 90. Cat. no. AUS 139, Canberra; AIHW (2008) *Nursing and midwifery labour force 2005*, AIHW Cat. no. HWL 40, Canberra; table EA.9.

The net growth of the health workforce can give an indication of the sustainability of the health system and its ability to respond and adapt to future needs. At the national level, the medical practitioners and nurse/midwife FTE health workforces grew from 2008 to 2009, although growth varied across states and territories. At the national level, the medical practitioner workforce grew at a faster rate than the nursing workforce (figure E.5). Health workforce growth from 2008 to 2009 by selected professions by clinical/non-clinical status are reported in table EA.11.

Figure E.5 **Net growth in health workforce, selected professions, 2008 to 2009[a, b]**



[a] Net growth measures the change in the FTE number in the workforce in the reference year compared to the year prior to the reference year. [b] FTEs calculated based on a 40-hour standard working week for medical practitioners and a 38-hour week for nurses/midwives.

Source: AIHW (unpublished) *Health Labour Force Surveys* (Medical (2007 and 2008)), AIHW (unpublished) *Nursing and Midwifery Labour Force Survey* (2008 and 2009); State and Territory registration board data; table EA.10.

Social and economic factors affecting demand for services

There is a complex relationship between social and economic factors and demand for health services.

It has been well documented that people who experience social and economic disadvantage are at risk of negative health outcomes. Compared with those who have social and economic advantages, disadvantaged Australians are more likely to have shorter lives (AIHW 2010). Those who are disadvantaged tend to have greater health risks such as smoking more and higher rates of obesity (SCRGSP 2009). Burden-of-disease studies indicate greater burden among people who are relatively disadvantaged in society (Begg et al. 2007). Those who are disadvantaged are more

likely to report their health as fair or poor than those that do not suffer the same disadvantage as measured by the Socio Economic Indexes for Areas (table EA.23).

While social and economic disadvantage can be linked to negative health outcomes, the effect on demand is less clear. Poor health could increase demand for health services, however, poor health could be the result of not accessing health services when required because of financial, educational or geographic barriers:

- Higher income and wealth are associated with better health. People with higher income are better able to access health services in a timely manner, and are also able to access goods and services that have health benefits such as better housing, food and other healthy pursuits (AIHW 2010).
- People with higher education levels are likely to have better health. Those with higher education levels have better prospects of employment and higher incomes, allowing greater access to health care. Higher education levels are also likely to help people gain the knowledge and confidence to look after their health and obtain the best care (AIHW 2010).
- Geographic distance to health services, particularly in remote and very remote areas, can contribute to poor health. People living in rural and remote areas tend to have higher levels of disease risk factors and illness than those in major cities (AIHW 2010).Those in remote areas are more likely to report their health as fair or poor and less likely to report their health as excellent, very good or good than those in major cities (table EA.21).

Indigenous people are generally less healthy than other Australians, die at much younger ages, and have more disability and a lower quality of life (AIHW 2010 and tables EA.40, EA.49 and EA.50). Many Indigenous Australians live in conditions of social and economic disadvantage. Indigenous people have low employment and income levels when compared to non-Indigenous people (see statistical appendix tables AA.2, AA.10, AA.11, and AA.26 to AA.27, and SCRGSP 2011). Indigenous people have relatively high rates for many health risk factors and are more likely to smoke and to consume alcohol at risky levels (ABS 2006a and SCRGSP 2011). Indigenous people are more likely to live in inadequate and overcrowded housing (SCRGSP 2011) and in remote areas with more limited access to health services. In 2006, 51 992 Indigenous people were living in discrete Indigenous 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 the overall objectives of the health system as summarised for this Report, which are consistent with the objectives outlined in the National Healthcare Agreement (MCFFR 2011). Governments provide a variety of services in different settings to fulfil these objectives.

Box E.1 Overall objectives of the health system

Government involvement in the health system is aimed at efficiently and effectively protecting and restoring the health of the community by ensuring Australians:

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

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

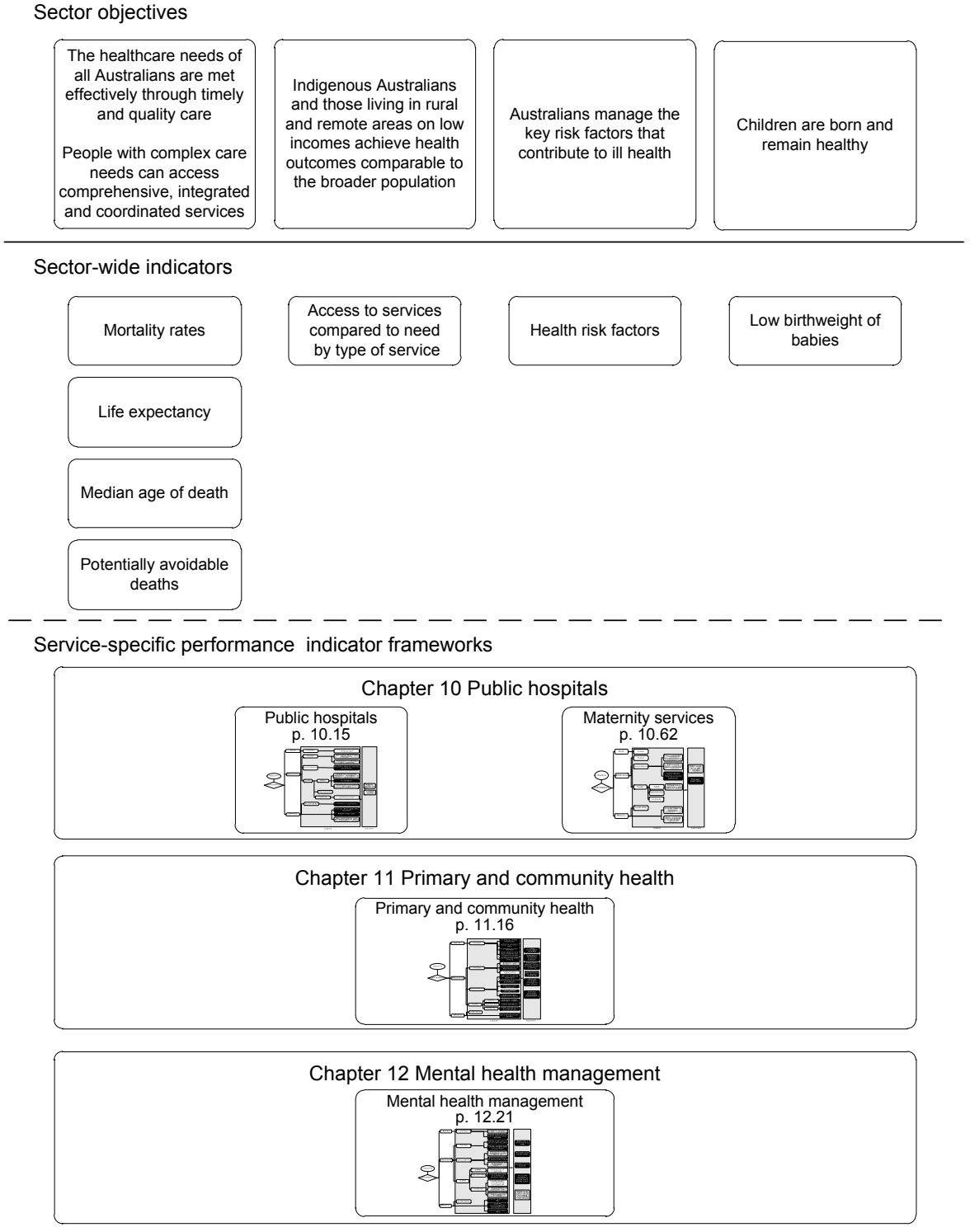
E.2 Sector performance indicator framework

This sector summary is based on a sector performance indicator framework (figure E.6). This framework is made up of the following elements:

- Sector objectives — four sector objectives are a précis of the key objectives of the health system and reflect the outcomes in the NHA (box E.1).
- Sector-wide indicators — seven sector-wide indicators relate to the overarching service sector objectives identified in the NHA.

- Information from the service-specific performance indicator frameworks that relate to health services. Discussed in more detail in chapters 10, 11 and 12, the service-specific frameworks provide comprehensive information on the equity, effectiveness and efficiency of these services.

Figure E.6 **Health services sector performance indicator framework**



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

Sector-wide performance indicators

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

Mortality rates

'Mortality rates' is an indicator of governments' objective that the healthcare needs of all Australians are met effectively through timely and quality care and people with complex care needs can access comprehensive, integrated and coordinated services (box E.2).

Box E.2 **Mortality rates**

'Mortality rates' is defined by the following four measures:

- 'mortality rate' defined as age standardised mortality per 1000 people
- 'infant mortality rate' defined as the number of deaths of children under 1 year of age in a calendar year per 1000 live births in the same year
- 'child mortality rate' defined as the number of deaths of children between one and four years of age in a calendar year per 100 000 children between one and four years of age
- 'mortality rates by major cause of death' age standardised per 100 000 people.

Where possible, data are presented for Indigenous people as well as the Australian population as a whole.

A low or decreasing mortality rate is desirable.

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

Data reported for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

There were 143 500 deaths in Australia in 2010 (ABS 2011a), which translated into an age standardised mortality rate of 5.7 deaths per 1000 people (figure E.7). Death rates over the last 20 years have declined for all states and territories (ABS 2011a).

Figure E.7 **Mortality rates, age standardised**[a, b, c, d]

[a] Deaths are based on year of registration of death. [b] Deaths per 1000 standard population. Standardised death rates use total people in the 2001 Australian population as the standard population. [c] Death rates data for 2007 have been revised. [d] Australian totals includes all states and territories.

Source: ABS (2011) *Deaths 2010*, Australia, Cat. no. 3302.0, AusInfo, Canberra; table EA.40.

Mortality rates for Indigenous people

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

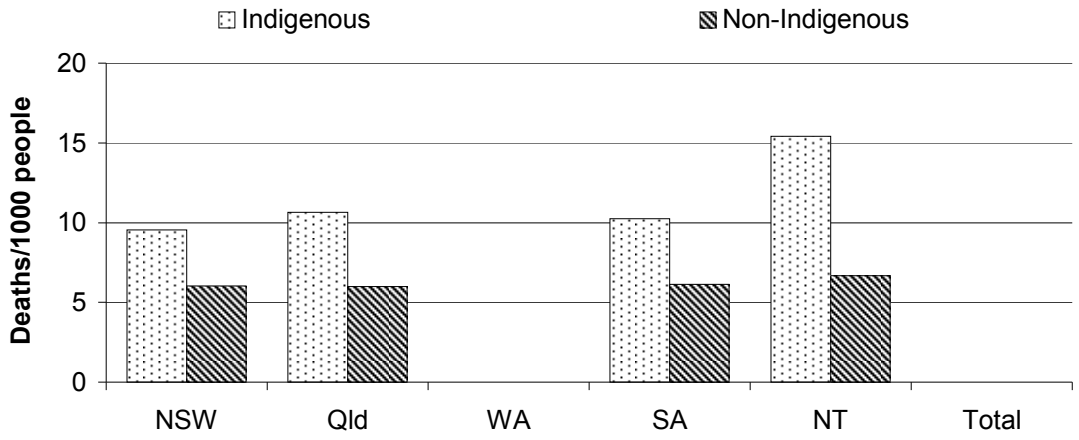
Due to the relatively small number of Indigenous deaths and the consequent volatility in annual mortality rates, data are presented for the five year period 2005–2009. To improve the comparability of age-related mortality rates, age standardisation methods have been used for both the Indigenous and total population rates.

NSW, Queensland, WA, and the NT are currently generally considered to have the best coverage of death registrations for Indigenous people (ABS 2009a).[2] For these four jurisdictions and SA combined, the overall rates of mortality for Indigenous

[2] The term 'coverage' refers to the number of Indigenous deaths registered as a percentage of the number of expected deaths based on experimental Indigenous population estimates and projections from the 2006 Census.

people were nearly twice as high as mortality rates for non-Indigenous people based on data for 2005–2009 (figure E.8 and table EA.40). Due to identification completeness issues, mortality rates presented here are likely to be under-estimates of the true mortality of Indigenous Australians (ABS and AIHW 2008).

Figure E.8 **Mortality rates, age standardised, by Indigenous status, five year average, 2005–2009**[a, b, c, d e]



[a] Deaths are based on year of registration of death. [b] Deaths per 1000 population. Standardised death rates use total people in the 2001 Australian population as the standard population. [c] Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information. [d] Calculations of rates for the Indigenous population are based on *ABS Experimental Projections, Aboriginal and Torres Strait Islander Australians 1991 to 2009* (ABS Cat. no. 3238.0, low series, 2001 base). There are no comparable population data for the non-Indigenous population. Calculations of rates for comparison with the Indigenous population are derived by subtracting Indigenous population projections from total Estimated Resident Population and should be used with care, as these data include deaths and population units for which Indigenous status were not stated. ERP used in calculations are final ERP based on 2006 Census. [e] Total: Includes NSW, Qld, SA, WA, and NT combined, based on state or territory of usual residence. Vic, Tas and the ACT are excluded due to small numbers of registered Indigenous deaths.

Source: ABS (2010) *Deaths Australia, 2009*; table EA.40.

Infant and child mortality rates

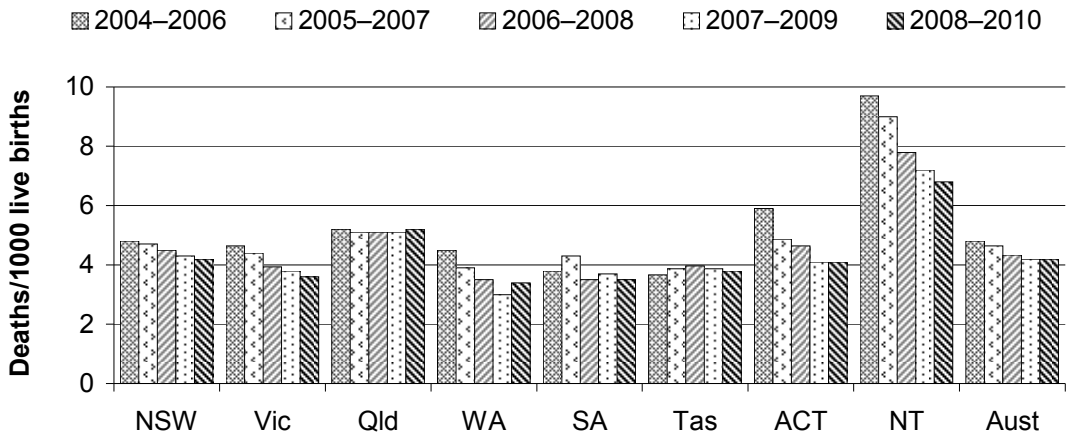
Infant and child mortality rates are presented as an average over three years to reduce the volatility inherent in the annual rates due to small numbers of deaths and annual fluctuations.

The infant mortality rate in Australia declined from an average of 5.4 deaths per 1000 live births over the period 1999–2001 to 4.2 deaths per 1000 live births over the period 2008–2010 (figure E.9 and table EA.42).

The Australian child mortality rate was 20.1 deaths per 100 000 of the child population in 2008–2010. The mortality rate for infants and children combined

(those aged 0 to 4 years) was 102.6 deaths per 100 000 of the population in 2008–2010 (table EA.42).

Figure E.9 **Infant mortality rate, three year average[a, b]**



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

Source: ABS (2011) *Deaths Australia, 2010, Australia,* Cat. no. 3302.0, Canberra; table EA.41.

Indigenous infant and child mortality rates

For WA, SA and the NT, longer-term trends suggest that the mortality rate for Indigenous infants decreased by 48 per cent between 1991 and 2009 (SCRGSP 2011). Despite this significant improvement, infant mortality rates for Indigenous children are still markedly higher than for non-Indigenous children in Australia.

For the period 2006–2010, the average infant mortality rate for Indigenous infants was higher than for non-Indigenous infants in the jurisdictions (NSW, Queensland, SA and NT) for which there were data available (table EA.43). For the same period, the average child mortality rate for Indigenous children was also higher for these jurisdictions (table EA.44). The combined infant and child average mortality rate for Indigenous infants and children was 157.4, 224.3, 184.1 and 322.2 deaths per 100 000 of the infant and child population in NSW, Queensland, SA and NT respectively. This compared with 100.9, 116.7, 87.4 and 95.9 deaths per 100 000 of the infant and child population for non-Indigenous infants and children (table EA.45).

Major causes of death

The most common causes of death among Australians in 2009 were diseases of the circulatory system (including heart disease, heart attack and stroke), cancers and diseases of the respiratory system (including influenza, pneumonia and chronic lower respiratory diseases) (tables E.1 and EA.46).

Table E.1 **Age standardised mortality rates by major cause of death (deaths per 100 000 people), 2009[a, b]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Certain infectious and parasitic diseases	8.1	7.2	6.5	7.9	7.9	7.0	6.7	13.5	7.5
Neoplasms	172.5	174.4	180.0	176.3	174.6	198.7	156.0	211.6	175.6
Diseases of the blood[c]	1.7	1.6	1.4	2.4	2.4	2.2	1.2	5.9	1.8
Endocrine, nutritional and metabolic diseases	21.0	26.1	24.4	24.4	23.1	33.6	26.0	64.7	24.0
Mental and behavioural disorders	24.7	25.6	22.9	26.2	25.4	35.1	30.1	45.7	25.2
Diseases of the:									
• nervous system	21.3	24.7	23.8	26.4	28.8	27.9	25.9	37.2	24.0
• eye and adnexa	–	–	–	–	–	–	0.3	–	–
• ear and mastoid process	–	–	–	–	–	–	–	–	–
• circulatory system	184.9	177.9	186.2	170.6	187.4	214.4	189.2	191.2	183.4
• respiratory system	46.0	43.6	46.2	39.5	43.4	54.8	30.6	70.3	44.8
• digestive system	20.8	20.7	19.1	19.5	20.7	21.0	20.3	40.5	20.5
• skin and subcutaneous tissue	1.9	1.1	1.5	1.7	1.1	1.2	0.3	1.0	1.5
• musculoskeletal system and connective tissue	4.2	4.1	4.8	4.8	3.4	6.7	4.4	5.1	4.3
• genitourinary system	13.3	15.4	11.1	12.1	14.4	11.7	13.4	19.5	13.5
Pregnancy, childbirth and the puerperium	–	–	0.1	–	–	–	–	–	–
Certain conditions originating in the perinatal period	3.2	2.8	3.8	2.0	2.3	3.0	1.1	6.1	3.0
Congenital conditions[d]	2.4	3.1	3.4	2.2	3.3	2.7	2.5	3.4	2.9
Abnormal findings nec[e]	6.4	2.4	5.2	3.7	2.8	2.0	1.5	3.5	4.4
External causes of morbidity and mortality	33.1	39.8	40.7	43.1	39.5	53.2	36.9	72.9	38.6
Total	**565.7**	**570.7**	**581.0**	**562.9**	**580.6**	**675.2**	**546.5**	**792.1**	**575.1**

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

Source: ABS (2011) *Causes of Death Australia, 2009*, Cat. no. 3303.0; table EA.46.

Causes of death for Indigenous people

In the jurisdictions for which age standardised death rates are available by Indigenous status (NSW, Queensland, WA, SA and the NT), death rates were significantly higher for Indigenous Australians than for non-Indigenous Australians in 2005–09. For these jurisdictions the leading age-standardised cause of death for Indigenous people was circulatory diseases followed by neoplasms (cancer) (table EA.47).

Table E.2 **Age standardised mortality rates by major cause of death (deaths per 100 000 people), by Indigenous status, 2005–2009**[a, b, c, d, e, f, g]

	NSW		*Qld*		*WA*		*SA*		*NT*	
Indigenous rate compared to non-Indigenous rate	Rate differ-ence	Rate ratio	Rate differ-ence	Rate ratio	Rate differ-ence	Rate ratio	Rate differ-ence	Rate ratio	Rate differ-ence	Rate ratio
Circulatory diseases	142.6	1.7	122.3	1.6	np	np	104.0	1.5	205.7	2.2
Cancer	39.9	1.2	57.0	1.3	np	np	14.5	1.1	72.2	1.4
External causes	18.4	1.5	30.7	1.8	np	np	70.2	2.9	74.9	2.2
Endocrine, metabolic and nutritional disorders	34.2	2.7	113.1	6.0	np	np	52.6	3.2	170.7	6.7
Respiratory diseases	48.9	2.0	43.2	1.9	np	np	53.1	2.1	92.8	2.5
Digestive diseases	25.8	2.3	36.2	2.8	np	np	29.0	2.4	68.3	3.7
Conditions originating in perinatal period	11.5	2.0	22.7	3.2	np	np	np	np	65.9	5.7
Nervous system diseases	1.4	1.4	3.4	2.1	np	np	np	np	6.9	3.6
Kidney diseases	8.4	1.8	15.4	3.3	np	np	np	np	33.3	3.6
Infectious and parasitic diseases	0.1	1.0	-4.2	0.8	np	np	16.9	1.7	9.5	1.5
Other causes[h]	20.7	1.5	26.0	1.6	np	np	40.7	2.0	74.5	2.4
All causes	**352.0**	**1.6**	**465.9**	**1.8**	**np**	**np**	**411.2**	**1.7**	**874.8**	**2.3**

[a] Age standardised to the Australian population as at 30 June 2001. [b] Rate ratio is the age-standardised Indigenous rate divided by the age-standardised non-Indigenous rate. [c] Although most deaths of Indigenous people are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Indigenous 'all causes' mortality rate. [d] Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis. [e] Data are presented in five-year groupings due to the volatility of small numbers each year. [f] Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the 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. [g] Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information. [h] 'Other causes' consist of all conditions excluding the selected causes displayed in the table. **np** not published

Source: ABS (unpublished) *Causes of Death Australia, 2009*, Cat. No. 3301.0; table EA.47.

Compared to non-Indigenous people, Indigenous people died at higher rates from endocrine diseases, metabolic and nutritional disorders, kidney diseases, digestive diseases, and infectious and parasitic diseases (tables E.2 and EA.47).

Life expectancy

'Life expectancy' is an indicator of governments' objective that the key healthcare needs of all Australians are met effectively through timely and quality care and people with complex care needs can access comprehensive, integrated and coordinated services (box E.3).

Box E.3 **Life expectancy**

'Life expectancy' is defined as the average number of additional years a person of a given age and sex might expect to live if the age-specific death rates of the given period continued throughout his/her lifetime.

A high or increasing life expectancy is desirable.

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

Data reported for this indicator are comparable.

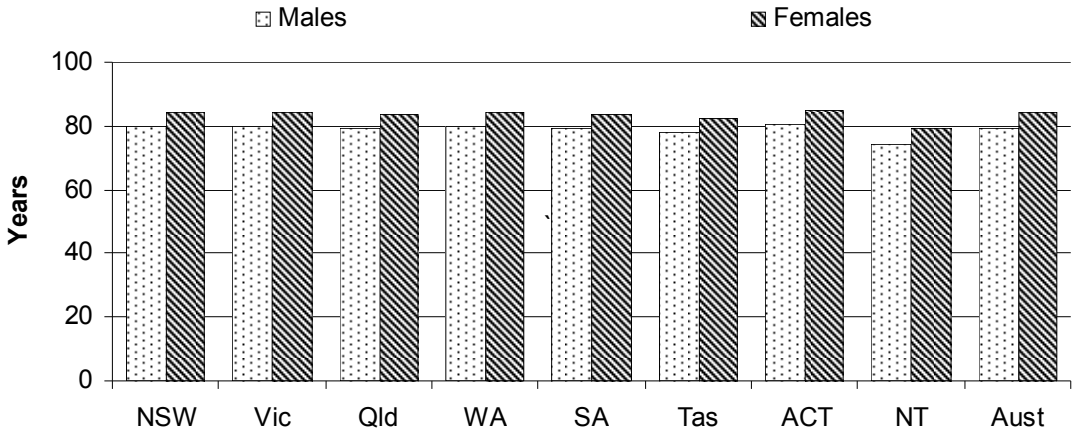
Data quality information for this indicator is under development.

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 2011a). It has risen steadily in each decade since, reaching 79.5 years for males and 84.0 years for females in 2008–2010 (figure E.10).

Indigenous life expectancy

The life expectancies of Indigenous Australians are considerably lower than those of non-Indigenous Australians. ABS experimental estimates indicate a life expectancy at birth of 67.2 years for Indigenous males and 72.9 years for Indigenous females born from 2005 to 2007. In the same time period, life expectancy at birth for non-Indigenous males was 78.7 years and for non-Indigenous females was 82.6 years (figure E.11 and table EA.49).

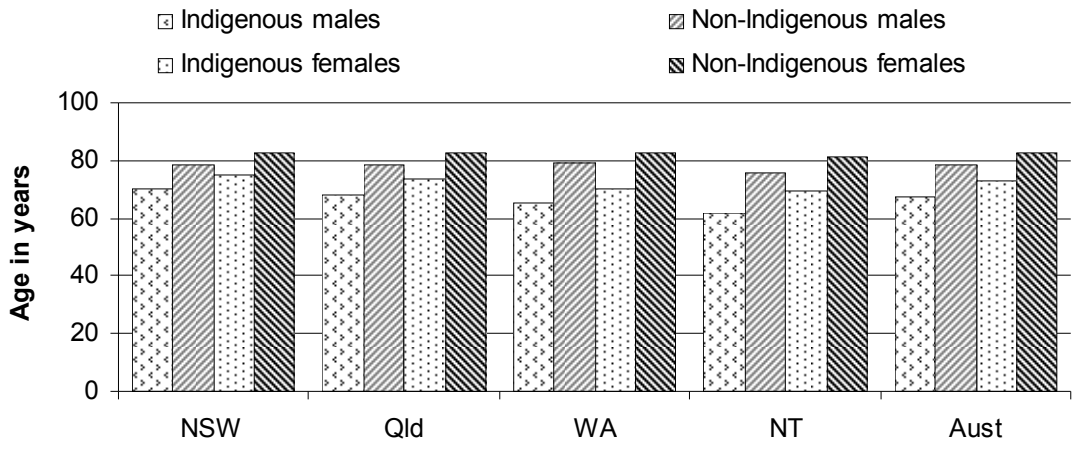
Figure E.10 **All Australians average life expectancy at birth, 2008–2010[a]**



a Figures for Australia include 'other territories'.

Source: ABS (unpublished) *Deaths, Australia,* 2009, Cat. no. 3302.0, Canberra; table EA.48.

Figure E.11 **Estimated life expectancies at birth, by Indigenous status and sex, 2005–2007 (years)[a, b, c]**



a Indigenous estimates of life expectancy are not available for Victoria, SA, Tasmania or the ACT due to the small number of Indigenous deaths in these jurisdictions. **b** Life tables are constructed separately for Males and Females. **c** Australian total includes all states and territories.

Source: ABS (2009) *Experimental Life Tables for Aboriginal and Torres Strait Islander Australians 2005–2007*, Australia, Cat. no. 3302, Canberra; table EA.49.

Median age at death

'Median age at death' is an indicator of governments' objective that the key healthcare needs of all Australians are met effectively through timely and quality

care and people with complex care needs can access comprehensive, integrated and coordinated services (box E.4).

Box E.4 **Median age at death**

'Median age at death' is defined as the age at which exactly half the deaths registered (or occurring) in a given time period were deaths of people above that age and half were deaths below that age.

A high or increasing median age at death is desirable.

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

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

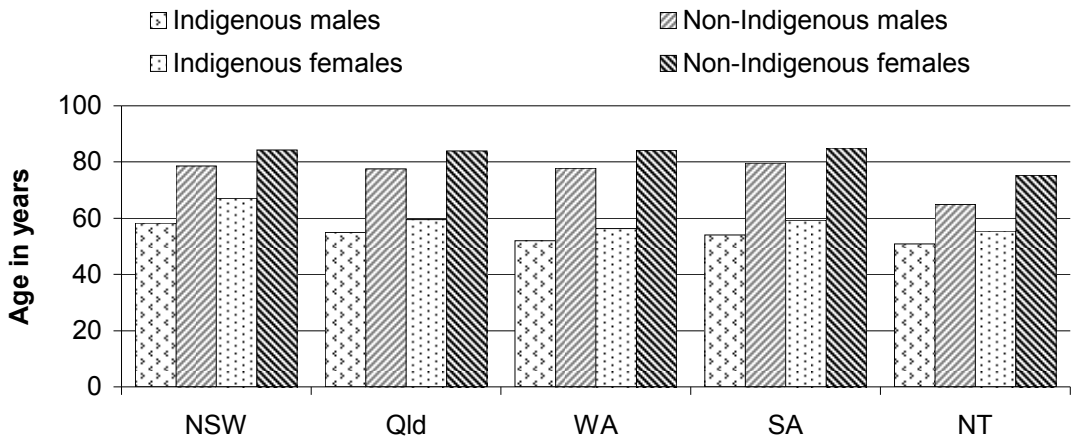
Comparisons of the median age at death for Indigenous and non-Indigenous people are affected by different age structures in the populations and by differences in the extent of identification of Indigenous deaths across jurisdictions and across age groups. Identification of Indigenous status for infant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

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

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

The median age at death in 2010 was 78.3 years of age for Australian males and 84.3 years of age for Australian females (table EA.50). In the jurisdictions for which data were available for Indigenous people, the median age at death for male Indigenous Australians was between 50.8 and 58.3 years of age. The median age at death for female Indigenous Australians was between 55.4 and 67.1 years of age (figure E.12 and table EA.50).

Figure E.12 **Median age at death, by sex and Indigenous status, 2010**[a, b]



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

Source: ABS (2011a) *Deaths Australia, 2010*, Cat. no. 3302.0, Canberra; table EA.50.

Potentially avoidable deaths

'Potentially avoidable deaths' is an indicator of governments' objective that the healthcare needs of all Australians are met effectively through timely and quality care and people with complex care needs can access comprehensive, integrated and coordinated services (box E.5). Avoidable deaths reflect the effectiveness of current and past preventative health activities.

Box E.5 **Potentially avoidable deaths**

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

A low or decreasing potentially avoidable death rate is desirable.

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

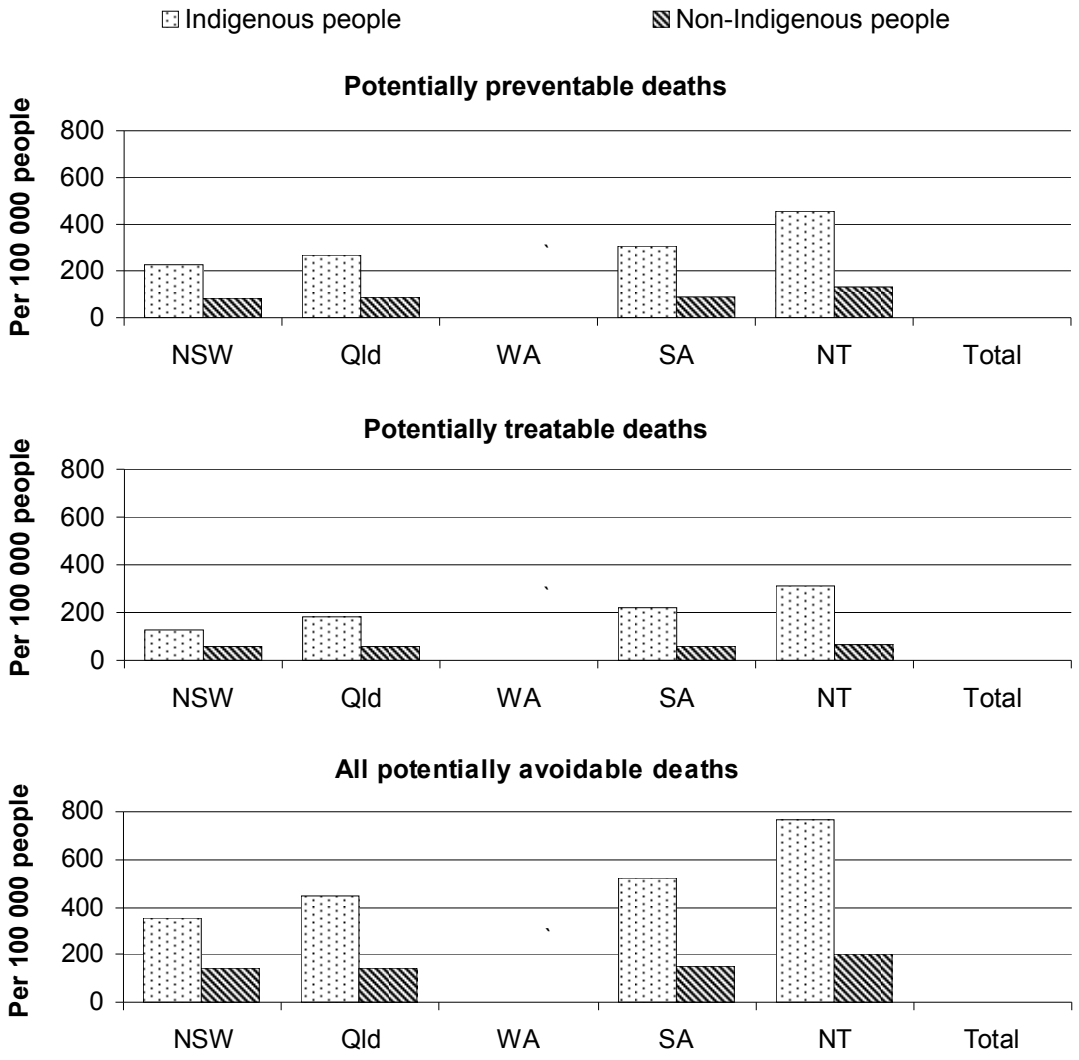
Data reported for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Indigenous people had significantly higher death rates from potentially avoidable deaths (preventable and treatable) over the period 2005–2009, comprising higher

potentially preventable deaths per 100 000 people and higher treatable deaths per 100 000 people (figure E.13 and table EA.52). Single year data are presented in table EA.51.

Figure E.13 **Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2005–09**[a, b, c, d, e, f, g]



[a] Age standardised to the Australian population as at 30 June 2001. [b] 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. [c] Data are presented in five-year groupings due to the volatility of small numbers each year. [d] Total includes only those five states and territories of residence that are considered to have acceptable levels of Indigenous identification in mortality data (NSW, Queensland, WA, SA and the NT). [e] Preventable deaths are those which are amenable to screening and primary prevention such as immunisation, and reflect the effectiveness of the current preventative health activities of the health sector. [f] Deaths from potentially treatable conditions are those which are amenable to therapeutic interventions, and reflect the safety and quality of the current treatment system. [g] Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.

Source: ABS (unpublished) *Causes of Deaths, Australia, 2009*, Cat. no. 3303.0; table EA.52.

Access to services compared to need by type of service

'Access to services compared to need by type of service' is an indicator of governments' objective that Indigenous Australians and those living in rural and remote areas or on low incomes achieve health outcomes comparable to the broader population (box E.6).

Box E.6 Access to services compared to need by type of service

'Access to services compared to need by type of service' is defined as the number of people aged 15 years or over who accessed a particular health service in the past 12 months (for hospital admissions) or 2 weeks (for other health services) divided by the population aged 15 years or over, expressed as a percentage. Rates are age standardised and calculated separately for each type of service and by categories of self-assessed health status.

Service types are: admitted hospitalisations, casualty/outpatients, GP and/or specialist doctor consultations, consultations with other health professional and dental consultation.

Self assessed health status is categorised as excellent/very good/good and fair/poor and are reported by Indigenous status, remoteness and Socio Economic Indexes for Areas.

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

Data reported for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Results from the 2007-08 National Health Survey indicate that the majority of Australians (85 per cent) aged 15 years or over reported their health as either good, very good or excellent (ABS 2009c). In the 2008 National Aboriginal and Torres Strait Islander Social Survey, 78 per cent of Indigenous people reported their health as either good, very good or excellent (ABS 2009b).

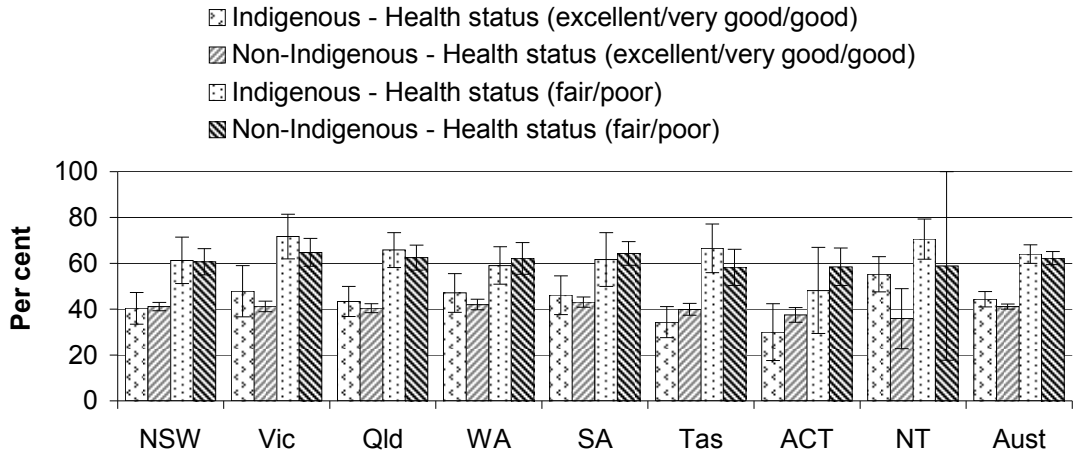
The latest available data comparing the health outcomes of Indigenous and non-Indigenous people are from the National Aboriginal and Torres Strait Islander Health Survey 2004-05 (ABS 2006a) and National Health Survey 2004-05 (ABS 2006b).

The surveys show that Indigenous people were less likely than non-Indigenous people to report very good or excellent health and the difference between the two populations was greatest in the older age groups. Taking into account differences in age structure between the Indigenous and non-Indigenous populations, Indigenous

people overall were almost twice as likely to report their health as fair or poor than non-Indigenous Australians in 2004-05.

Data from the surveys show that 41.8 per cent of Australians who reported their health status as being excellent/very good/good accessed health services in 2004-05, while health services were accessed by 62.6 per cent of people who reported their health status as being fair/poor (tables EA.17 and EA.18). There was little difference between the percentages of Indigenous and non-Indigenous people reporting excellent/very good/good health status who accessed health services or between Indigenous and non-Indigenous people reporting fair/poor health status who accessed health services in 2004-05 (figure E.14).

Figure E.14 **Proportion of people who accessed health services by health status and Indigenous status, 2004-05**[a, b, c, d, e]



[a] Rates are age standardised by State/Territory to the 2001 estimated resident population (5 year ranges from 15+). [b] People who accessed at least one of the health services noted in tables EA.19 and EA.20 in the last two weeks or were admitted to hospital in the last 12 months. [c] Limited to people aged 15 years or over. [d] Total people accessing any of the selected health services. Components may not add to total because people may have accessed more than one type of health service. [e] 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.

Source: ABS (unpublished) *National Health Survey*, 2004-05; ABS (unpublished) *National Aboriginal and Torres Strait Islander Health Survey*, 2004-05; tables EA.19 and EA.20.

Data on the proportion of people who accessed health services by remoteness and Socio Economic Indexes for Areas and data on the types of health services people accessed are reported in tables EA.17–EA.24.

Health risk factors

'Health risk factors' is an indicator of governments' objective that Australians manage the key risk factors that contribute to ill health (box E.7).

A number of behaviours create risks to health outcomes; for example, dietary habits and exercise, smoking, alcohol consumption, and sun exposure.

Health services are concerned with promoting, restoring and maintaining a healthy society. An important part of this activity is reducing health risk factors through activities that raise awareness of health issues to reduce the risk and onset of illness and injury. The incidence of cancers for 2008 are reported in tables EA.37–39.

Box E.7 **Health risk factors**

'Health risk factors' is defined by the following three measures:

- number of people aged 18 years or over who smoke tobacco every day as a percentage of the population aged 18 years or over.
- people aged 18 years or over assessed as having an alcohol consumption pattern that puts them at risk of long-term alcohol related harm, as a percentage of the population aged 18 years or over. 'At risk of long-term alcohol related harm' is defined according to the 2001 National Health and Medical Research Council guidelines: for males, 29 drinks or more per week; for females, 15 drinks or more per week.
- number of people aged 18 years or over with a Body Mass Index (BMI) in the categories of either underweight, normal range, overweight or obese, as a percentage of the population aged 18 years or over. BMI is calculated as weight (kg) divided by the square of height (m). BMI values are grouped according to World Health Organization and National Health and Medical Research Council guidelines. Among adults, a BMI of less than 18.5 is considered underweight, a BMI of 18.5 to less than 25 is considered normal weight, a BMI of 25 to less than 30 is considered overweight and a BMI of 30 and over is considered to be obese (WHO 2000; NHMRC 2003). 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 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.

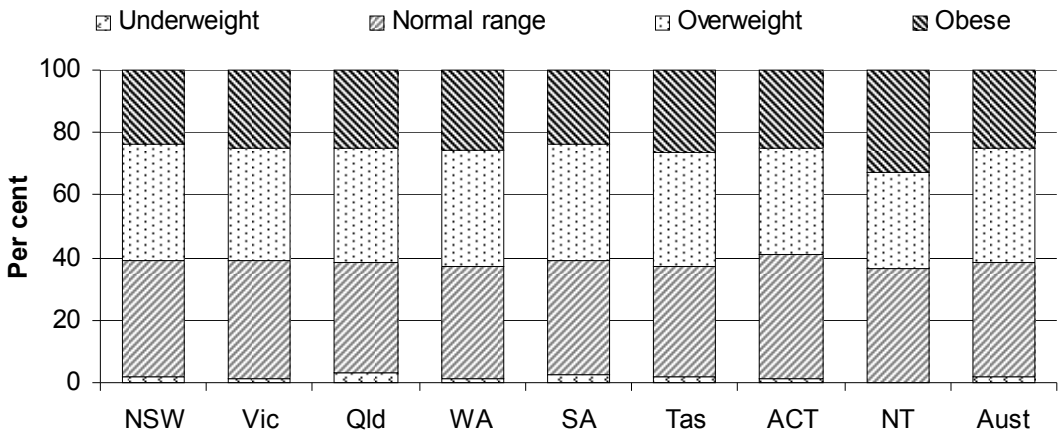
Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2012.

Body mass

Being overweight or obese increases the risk of an individual developing, among other things, heart disease, stroke and Type 2 diabetes. Bowel cancer, which has been linked to diet, occurred at a rate of 61.8 new cases per 100 000 people in 2008 (tables EA.37).

In 2007-08, over a third of Australians' measured BMI was in the overweight range and almost a quarter were obese (figure E.15). The percentage of people who were obese tended to be higher in remote (35.0 per cent) and outer regional areas (31.3 per cent), than in major cities (22.5 per cent) and inner regional areas (27.6 per cent) (table EA.25). RSEs and 95 per cent confidence intervals for rates of obesity for adults and children, by remoteness, in 2007-08 are presented in table EA.26.

Figure E.15 **Proportion of adults in BMI categories, 2007-08**[a, b, c, d]



[a] Adults are defined as people aged 18 years and over. Children are defined as people aged 5–17 years. [b] Obesity for adults is defined as BMI equal to or greater than 30. [c] Measured people only. [d] Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population.

Source: ABS (unpublished), *National Health Survey 2007-08*; table EA.30.

The percentage of people who were obese tended to be higher in older age groups, peaking at age 55–64 for males (35.0 per cent) and at age 55–64 for females (33.4 per cent). There was a slightly higher percentage of obese males (25.6 per cent) than females (24.0 per cent) (table EA.27). RSEs and 95 per cent confidence intervals for rates of obesity for adults and children, by sex and age, in 2007-08 are presented in table EA.28.

Nationally, there were almost twice as many obese Indigenous adults (33.6 per cent) as non-Indigenous adults (17.7 per cent) (table EA.29). RSEs and 95 per cent confidence intervals for the proportion of adults and children in BMI categories, in 2007-08 are presented in table EA.31.

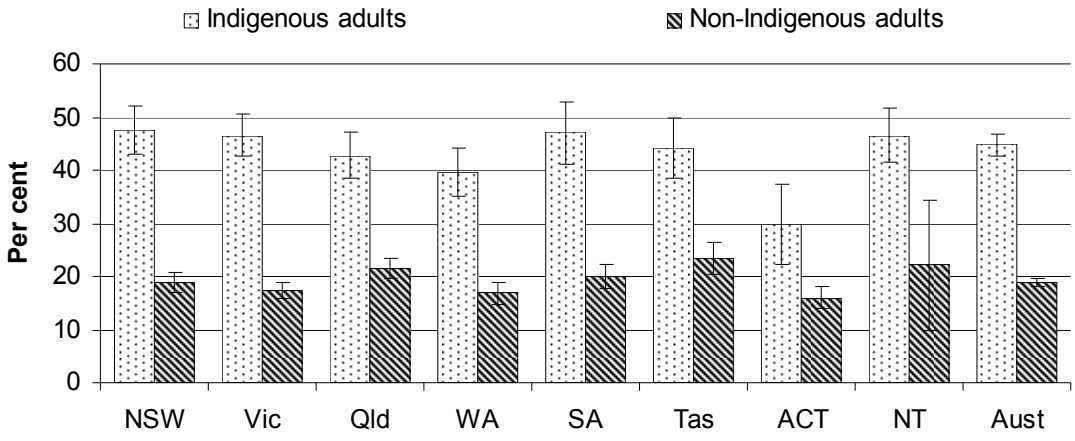
Smoking

Smoking is an important risk factor for heart disease, stroke and lung cancer. These were the three leading causes of death in Australia in 2009 (ABS 2011). Smoking is

responsible for around 80 per cent of all lung cancer deaths and 20 per cent of all cancer deaths (HealthInsite 2011). Nationally, the age standardised incidence of lung cancer was 43.3 new cases per 100 000 people in 2008.

Current daily smokers aged 18 years and over accounted for 19.1 per cent of the population in 2007-08. There were some variations in the age standardised rates of smoking across jurisdictions (figure E.16 and table EA.33). Nationally, Indigenous people had higher age standardised rates of daily smoking (44.8 per cent) than non-Indigenous people (18.9 per cent). Daily smokers accounted for 27.3 per cent of the population in remote geographical areas, gradually decreasing as remoteness of residence decreases, accounting for 25.7 per cent of the population in outer regional areas, 20.1 per cent in inner regional areas and 17.6 per cent in major cities (table EA.32).

Figure E.16 **Proportion of adults who are daily smokers, by Indigenous status, 2007-08**[a, b, c, d]



[a] Rates are for people aged 18 years and over who are current daily smokers, age standardised, by State and Territory, to the 2001 Estimated Resident Population (10 year ranges from 18–55 years and over).[b] Data for Indigenous people are based on the ABS *National Aboriginal and Torres Strait Islander Social Survey*, 2008. [c] Data for non-Indigenous people are based on the ABS *National Health Survey*, 2007-08. [d] Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are considered too unreliable for general use.

Source: ABS (unpublished), *National Health Survey 2007-08*; table EA.33.

Alcohol consumption

Excessive long term alcohol consumption increases the risk of heart disease, stroke, liver cirrhosis and some types of cancers. Further, 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.

Nationally, 13.1 per cent of Australian adults were at risk of long term harm from alcohol in 2007-08. The age standardised rates varied among jurisdictions (table EA.34). Nationally, the age standardised proportion of adults at risk of long term harm from alcohol was slightly higher for Indigenous people (15.4 per cent) than for non-Indigenous people (13.5 per cent) in 2004-05. There were some variations in the proportion of Indigenous adults at risk of long term harm from alcohol across jurisdictions (table EA.36).

Nationally, adults who are at risk of long term harm from alcohol gradually decreased as remoteness of residence decreased in 2007-08 — although statistically significant results are not available for most jurisdictions (table EA.35).

Low birthweight of babies

'Low birthweight of babies' is an indicator of governments' objective that children are born and remain healthy (box E.8). The birthweight of a baby is an important indicator of its health status and future wellbeing. Low birthweight babies have a greater risk of poor health and dying, require a longer period of hospitalisation after birth, and are more likely to develop significant disabilities (Goldenberg & Culhane 2007).

Box E.8 **Low birthweight of babies**

Babies' birthweight 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. 2011).

A low or decreasing number of low birthweight babies is desirable.

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

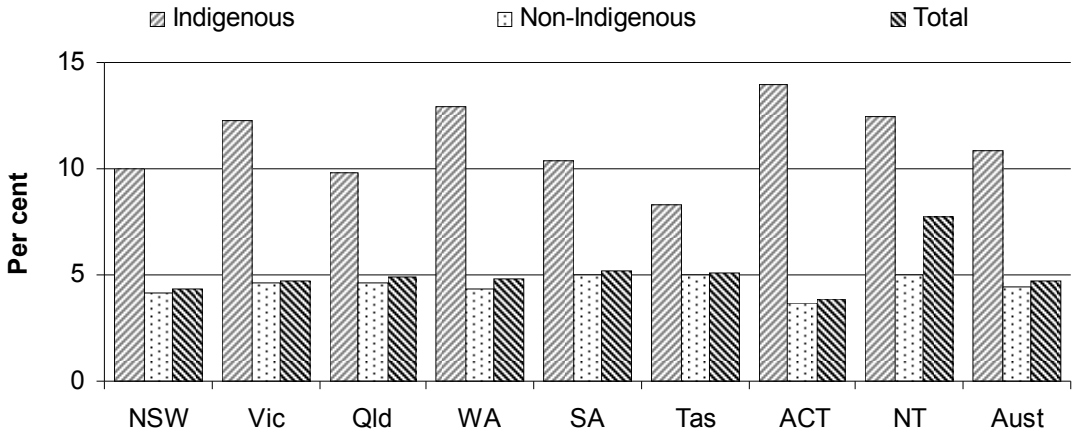
Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

In 2009, 92.0 per cent of liveborn babies in Australia weighed between 2500 and 4499 grams (Li et al. 2011). The average birthweight for all live births was 3374 grams in 2009 (table EA.53). The average birthweight for liveborn babies of Indigenous mothers was 3183 grams in 2009 (table EA.54). In 2009, 1.0 per cent of all liveborn babies in Australia weighed less than 2500 grams. This included 1.0 per cent of babies with a very low birthweight (who weighed less than 1500 grams) (table EA.53).

Among live babies born to Indigenous mothers in 2009, the proportion with low birthweight was over twice that of those born to non-Indigenous mothers (figure E.17). The number and proportion of live-born singleton babies of low birthweight for the period 2007–2009 are presented in table EA.56.

Figure E.17 **Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, 2009**[a, b, c, d e]



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

Source: AIHW (unpublished) National Perinatal Data Collection; table EA.55.

Service-specific performance indicator frameworks

The health service specific frameworks in chapters 10, 11 and 12 reflect both the general Report framework and the National Health Performance Framework.[3] They differ from the general Report framework (see chapter 1) in two respects. First, they include three subdimensions of quality — safety, responsiveness and continuity — and, second, they include an extra dimension of efficiency — sustainability. These additions are intended to address the following key performance dimensions of the

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

health system in the National Health Performance Framework that were not explicitly covered in the general Report framework:

- *safety*: the avoidance, or reduction to acceptable levels, of actual or potential harm from health care services, management or environments, and the prevention or minimisation of adverse events associated with health care delivery
- *responsiveness*: the provision of services that are client oriented and respectful of clients' dignity, autonomy, confidentiality, amenity, choices, and social and cultural needs
- *continuity*: the provision of uninterrupted, timely, coordinated healthcare interventions and actions across programs, practitioners and organisations
- *sustainability*: the capacity to provide infrastructure (such as workforce, facilities and equipment), be innovative and respond to emerging needs (NHPC 2001).

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

This section summarises information from the following specific indicator frameworks:

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

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

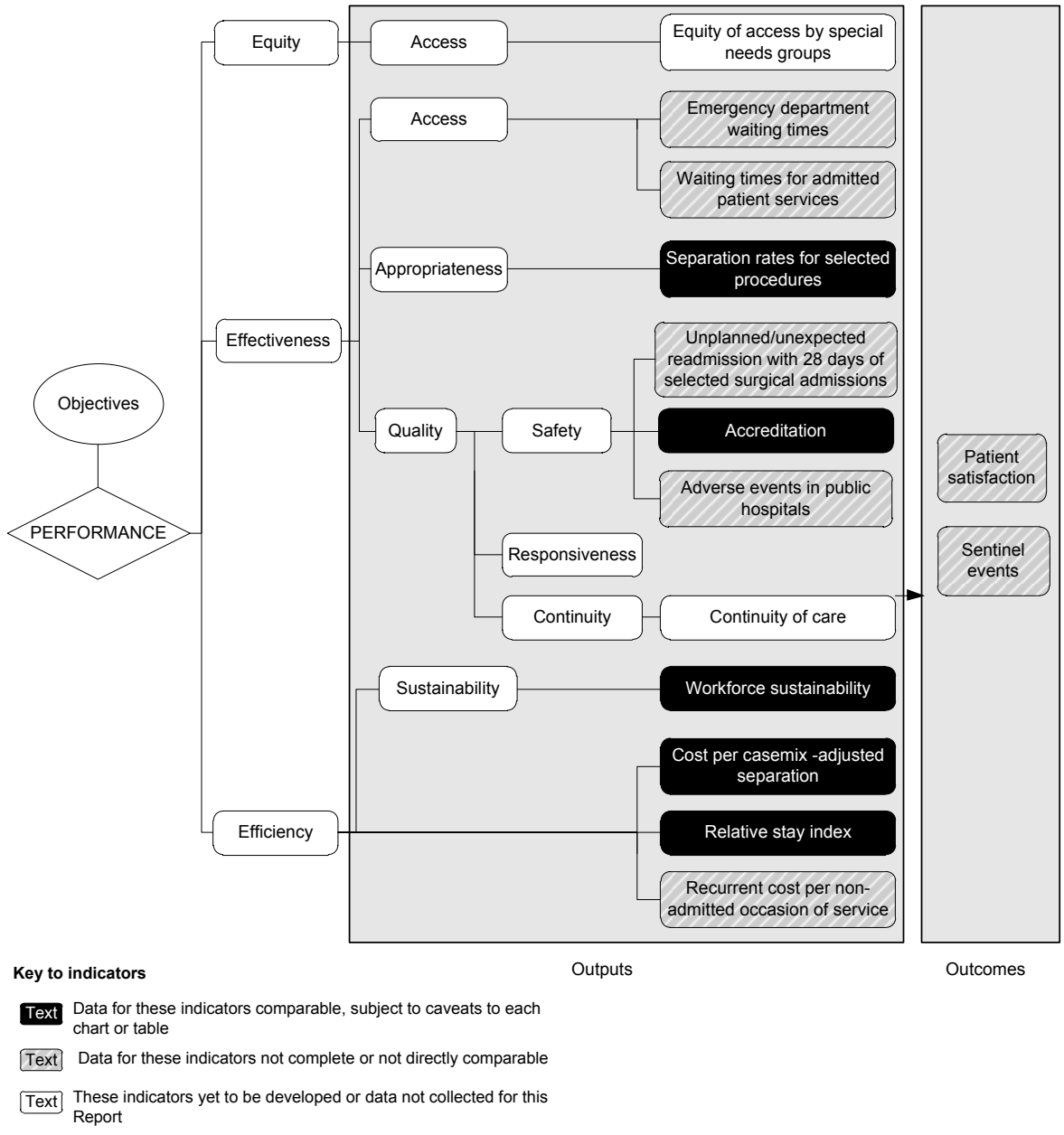
- indicator interpretation boxes, which define the measures used and indicate any significant conceptual or methodological issues with the reported information (chapters 10, 11 and 12)
- caveats and footnotes to the reported data (chapters 10, 11 and 12 and Attachments 10A, 11A and 12A)
- additional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

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

Public hospitals

The performance indicator framework for public hospitals is presented in figure E.18. This framework provides comprehensive information on the equity, effectiveness, efficiency and the outcomes of public hospitals.

Figure E.18 **Public hospitals performance indicator framework**



An overview of the public hospital performance indicator results are presented in table E.3. Information to assist the interpretation of these data can be found in the indicator interpretation boxes in chapter 10 and the footnotes in attachment 10A.

Table E.3 **Performance indicators for public hospitals**[a]

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Effectiveness — Access indicators									
Emergency department waiting times, 2010-11									
Data for this indicator not complete or not directly comparable (chapter 10)									
Proportion of patients seen on time (per cent)									
Resuscitation	100	100	100	99	100	100	100	100	100
Emergency	83	81	78	71	78	72	82	65	79
Urgent	71	70	60	50	66	55	54	53	65
Semi-urgent	73	65	67	65	70	63	49	54	68
Non-urgent	88	86	90	92	88	83	76	90	88
Total	76	71	67	63	71	62	58	58	70
Waiting times for elective surgery, 2010-11									
Data for this indicator not complete or not directly comparable (chapter 10)									
Number of days waited									
50th percentile	47	36	29	29	38	38	76	33	36
90th percentile	333	182	148	159	208	359	378	223	252
Proportion who waited more than 365 days									
%	3.6	2.5	1.3	1.6	2.0	9.6	10.8	3.9	2.9

Source: tables 10A.17 and 10A.21.

Effectiveness — Appropriateness indicators									
Separation rates for selected procedures, public hospitals, per 1000 people (age-standardised), 2009-10									
Data for this indicator comparable, subject to caveats (chapter 10)									
Cataract extraction	2.5	3.1	1.7	4.2	2.8	np	np	np	2.7
Cholecystectomy	1.3	1.4	1.2	1.1	1.4	np	np	np	1.3
Coronary angioplasty	0.9	0.8	0.7	0.8	1.0	np	np	np	0.9
Coronary artery bypass graft	0.3	0.3	0.3	0.2	0.3	np	np	np	0.3
Cystoscopy	1.5	2.7	1.8	2.9	2.4	np	np	np	2.1
Haemorrhoidectomy	0.8	0.7	0.3	0.5	0.4	np	np	np	0.6
Hip replacement	0.6	0.7	0.5	0.7	0.6	np	np	np	0.6
Hysterectomy	1.5	1.7	1.4	1.4	1.9	np	np	np	1.5
Inguinal herniorrhaphy	1.0	1.1	0.9	1.0	1.1	np	np	np	1.0
Knee replacement	0.7	0.5	0.5	0.6	0.6	np	np	np	0.6
Myringotomy	0.4	0.8	0.6	0.7	1.3	np	np	np	0.7
Prostatectomy	0.9	1.2	0.8	0.7	1.2	np	np	np	0.9
Septoplasty	0.2	0.5	0.2	0.3	0.5	np	np	np	0.3
Tonsillectomy	0.8	1.3	0.9	1.0	1.4	np	np	np	1.0
Varicose veins, stripping and ligation	0.2	0.4	0.1	0.1	0.3	np	np	np	0.2

Source: table 10A.42.

(Continued next page)

Table E.3 **(continued)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Effectiveness — Quality — Safety indicators									
Unplanned/unexpected readmissions within 28 days of selected surgical admissions, 2009-10									
Data for this indicator not complete or not directly comparable (chapter 10)									
Surgical, procedure prior to separation, rate per 1000 separations									
Knee replacement	24.5	26.0	37.1	15.0	16.1	27.6	np	np	26.2
Hip replacement	16.0	18.0	21.9	14.6	np	26.1	np	np	16.4
Tonsillectomy and adenoidectomy	20.1	26.0	30.4	30.7	33.3	52.5	np	np	26.5
Hysterectomy	30.8	31.5	36.4	30.8	23.2	65.7	np	np	31.3
Prostatectomy	33.1	23.5	33.6	44.3	34.4	np	np	np	30.9
Cataract surgery	4.0	3.3	4.1	4.1	4.4	7.8	np	10.9	3.8
Appendicectomy	21.6	25.8	24.9	29.5	36.4	20.0	25.9	50.6	25.1
Healthcare associated Staphylococcus aureus bacteraemia in acute care hospitals, 2010-11									
Data for this indicator not complete or not directly comparable (chapter 10)									
Infections per 10 000 patient days									
	1.2	0.9	1.2	1.0	0.9	1.3	0.9	1.4	1.1
Accreditation, proportion of accredited beds, public hospitals 2009-10									
Data for this indicator comparable, subject to caveats (chapter 10)									
%	82	100	97	100	98	83	100	100	93
Falls resulting in patient harm in hospitals, rate per 1000 separations, 2009-10									
Data for this indicator comparable, subject to caveats (chapter 10)									
	4.1	2.8	2.7	2.8	3.0	np	np	np	3.2
Intentional self harm in public hospitals, rate per 1000 separations, 2009-10									
Data for this indicator comparable, subject to caveats (chapter 10)									
	0.1	0.1	0.2	0.5	0.2	np	np	np	0.2
Source: tables 10A.43–10A.48.									
Efficiency sustainability indicators									
Workforce sustainability, 2009									
Data for this indicator comparable, subject to caveats (chapter 10)									
Nursing workforce by age group (per cent)									
<30	14.1	13.9	13.4	12.1	12.4	10.3	12.6	16.7	na
30-39	21.4	23.3	23.0	21.2	21.7	16.0	21.2	26.7	na
40-49	26.8	28.0	31.4	30.1	30.4	31.2	28.7	27.4	na
50-59	29.2	26.3	24.7	27.8	28.4	31.8	29.7	22.8	na
60+	8.4	8.5	7.5	8.7	7.1	10.8	7.8	6.4	na
Medical practitioner workforce by age group									
<30	10.2	12.0	8.0	16.0	8.0	3.6	10.8	14.8	na
30-39	24.4	27.2	28.8	27.8	28.4	17.9	31.4	29.4	na
40-49	25.1	25.2	28.8	24.9	25.9	30.7	24.4	27.7	na
50-59	22.3	20.2	20.2	18.9	21.2	27.9	21.5	17.2	na
60+	17.9	15.3	14.3	12.4	16.5	20.0	11.9	10.9	na
Source: tables 10A.49–10A.52.									

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Table E.3 **(continued)**

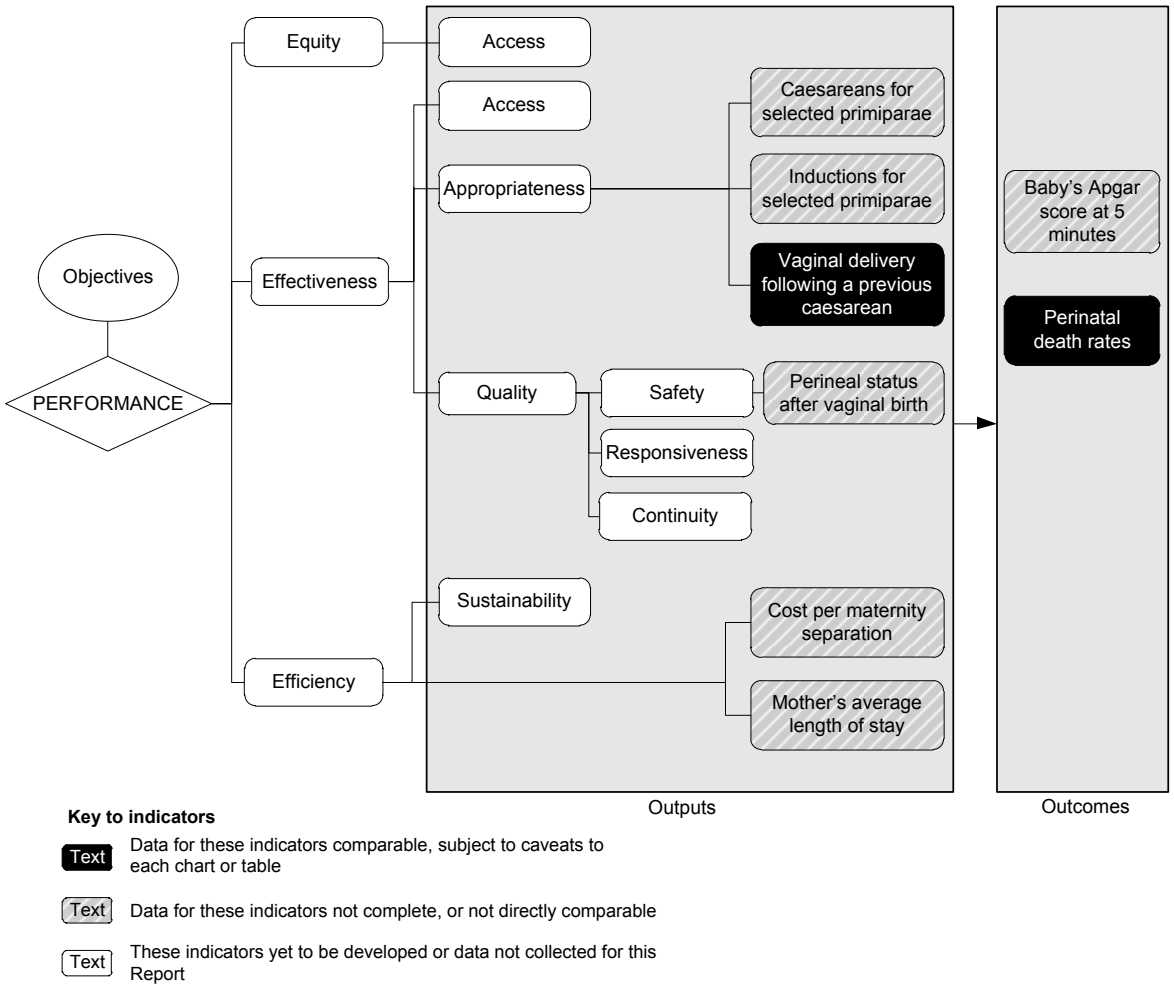
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Efficiency indicators									
Recurrent cost per casemix adjusted separation, dollars, 2009-10									
Data for this indicator comparable, subject to caveats (chapter 10)									
Total recurrent	4 550	4 525	5 093	4 722	4 372	5 363	4 989	5 517	4 684
Capital	455	576	506	534	417	334	468	663	442
Relative stay index, 2009-10									
Data for this indicator comparable, subject to caveats (chapter 10)									
Total	1.04	0.92	0.94	1.00	1.01	1.05	0.93	1.16	0.99
Recurrent cost per non-admitted occasion of service, 2009-10									
Data for this indicator not complete or not directly comparable (chapter 10). Data are available in tables 10A.58–10A.66.									
Source: tables 10A.53–10A.66.									
Outcome indicators									
Patient satisfaction, 2010-11									
Data for this indicator not complete or not directly comparable (chapter 10).									
Proportion (%) of persons who went to an *emergency department* in the last 12 months reporting:									
ED doctors, specialists or nurses always or often listened carefully to them									
Doctors/specialists	83.4	82.3	86.4	86.2	79.3	82.2	89.6	82.7	83.7
Nurses	85.3	84.2	90.1	88.3	86.8	87.5	89.7	90.6	86.5
ED doctors, specialists or nurses always or often showed respect to them									
Doctors/specialists	86.1	82.9	89.3	88.4	81.5	85.2	90.4	82.9	85.8
Nurses	87.1	86.5	90.7	89.2	88.8	89.7	88.7	89.7	88.1
ED doctors, specialists or nurses always or often spent enough time with them									
Doctors/specialists	79.5	74.4	82.5	82.2	76.3	77.9	83.6	80.8	78.9
Nurses	82.6	79.7	87.2	85.3	83.3	85.9	87.4	86.3	83.4
Proportion (%) of persons who were admitted to hospital in the last 12 months reporting:									
hospital doctors, specialists or nurses always or often listened carefully to them									
Doctors/specialists	90.9	89.0	90.2	89.4	89.4	86.5	95.1	88.6	90.0
Nurses	89.0	89.1	92.2	91.2	90.8	88.8	89.0	88.8	90.1
hospital doctors, specialists or nurses always or often showed respect to them									
Doctors/specialists	91.4	89.4	91.3	88.9	91.1	87.0	94.2	89.5	90.5
Nurses	90.6	90.0	93.7	90.9	93.2	91.1	90.4	92.9	91.4
hospital doctors, specialists or nurses always or often spent enough time with them									
Doctors/specialists	87.1	84.0	86.2	84.9	87.2	85.7	88.6	86.5	85.8
Nurses	87.2	87.3	88.9	88.8	85.8	85.6	92.8	89.3	87.6
Source: tables 10A.67–10A.82.									
Sentinel events, 2009-10									
Data for this indicator not complete or not directly comparable (chapter 10).									
Data are available in tables 10A.83–10A.91.									

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

Maternity services

The performance indicator framework for maternity services is presented in figure E.19. This framework provides comprehensive information on the equity, effectiveness, efficiency and the outcomes of maternity services.

Figure E.19 **Maternity services performance indicator framework**



An overview of the maternity services performance indicator results are presented in table E.4. Information to assist the interpretation of these data can be found in the indicator interpretation boxes in chapter 10 and the footnotes in attachment 10A.

Table E.4 **Performance indicators for maternity services**[a]

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Effectiveness — Appropriateness indicators									
Caesareans for selected primiparae — Proportion (%) of births that were caesareans, 2010									
Data for this indicator not complete or not directly comparable (chapter 10)									
Public hospitals	23.0	22.8	22.8	24.6	27.4	na	21.9	24.8	23.4
Private hospitals	31.0	30.2	36.7	34.5	28.5	na	30.2	29.6	32.6
Inductions for selected primiparae — Proportion (%) of births that were induced, rate, 2010									
Data for this indicator not complete or not directly comparable (chapter 10)									
Public hospitals	34.8	29.0	27.2	33.4	38.2	na	25.0	32.2	31.8
Private hospitals	36.7	34.2	32.3	38.7	39.4	na	30.8	32.1	35.5
Vaginal birth following a previous caesarean, 2008									
Data for this indicator comparable, subject to caveats (chapter 10)									
Vaginal delivery	17.3	16.4	15.3	12.9	17.8	17.3	21.7	28.1	16.4
Caesarean	82.6	83.4	84.7	87.1	82.1	82.6	78.3	71.8	83.5

Source: tables 10A.95–10A.104.

Effectiveness — Quality — Safety indicators

Perineal status after vaginal birth — Mothers with third or fourth degree lacerations after vaginal births, 2009									
Data for this indicator not complete or not directly comparable (chapter 10)									
%	1.6	1.5	1.6	2.0	2.0	1.1	3.0	1.9	1.7

Source: table 10A.105.

Efficiency indicators

Cost per maternity separation, without complications, dollars, 2008-09,									
Data for this indicator not complete or not directly comparable (chapter 10)									
Vaginal delivery	4 874	3 716	4 213	5 932	3 894	5 804	3 297	3 743	4 457
Caesarean	7 676	7 534	7 741	10 685	8 088	9 876	8 143	8 382	8 022
Mother's average length of stay, days, 2008-09									
Data for this indicator not complete or not directly comparable (chapter 10)									
Vaginal delivery	2.81	2.61	2.39	2.82	2.78	2.77	2.34	3.29	2.67
Caesarean	4.12	4.09	3.63	4.06	4.34	3.91	3.88	5.24	4.03

Source: table 10A.106.

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Table E.4 **(continued)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Outcome indicators									
Apgar score at 5 minutes, 2010									
Data for this indicator not complete or not directly comparable (chapter 10)									
Percentage of live births with an Apgar score of 3 or lower by birthweight									
<1500g	16.9	16.6	19.0	7.3	11.2	na	14.1	18.5	na
1500g–1999g	1.5	1.6	1.7	1.3	1.2	na	–	1.8	na
2000g–2499g	0.6	0.5	0.6	0.3	0.2	na	–	1.2	na
2500g+	0.2	0.2	0.2	0.1	0.1	na	0.4	0.2	na
Perinatal death rates — deaths per '000 total births, 2009									
Data for this indicator comparable, subject to caveats (chapter 10)									
Fetal deaths	5.3	6.1	6.7	7.0	3.8	8.6	5.1	10.2	6.0
Neonatal deaths	3.1	2.9	3.8	1.9	2.4	2.1	1.9	4.7	3.0
Perinatal deaths	8.4	8.9	10.4	8.8	6.2	10.6	7.0	14.8	9.0

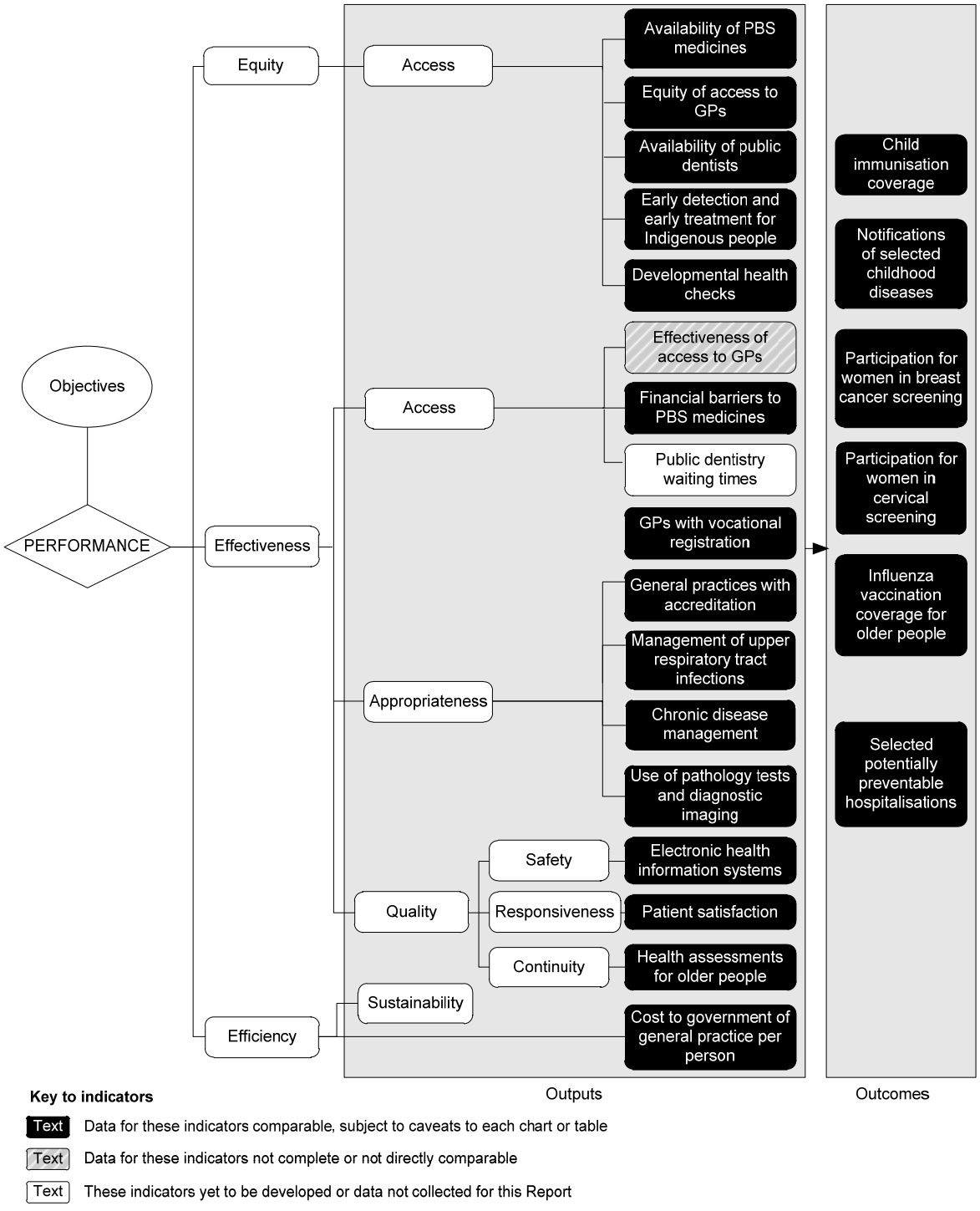
Source: tables 10A.107–10A.112.

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

Primary and community health

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

Figure E.20 **Primary and community health performance indicator framework**



An overview of the primary and community health performance indicator results are presented in table E.5. Information to assist the interpretation of these data can be found in the indicator interpretation boxes in chapter 11 and the footnotes in attachment 11A.

Table E.5 Performance indicators for Primary and community health[a, b]

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Equity — Access indicators									
Availability of PBS medicines — PBS prescriptions filled at concessional rate (per cent), 2010-11									
Data for this indicator comparable, subject to caveats (chapter 11)									
Proportion of total	86.4	86.7	85.6	82.4	88.2	89.3	72.9	75.6	86.0
Equity of access to GPs, 2010-11									
Data for this indicator comparable, subject to caveats (chapter 11)									
Full time workload equivalent GPs by region per 100 000 people									
Urban areas, rate	99.9	91.7	90.1	71.0	95.0	89.0	65.6	66.4	91.5
Rural areas, rate	85.7	84.3	89.1	67.3	93.4	80.4	na	51.1	84.1
Availability of female GPs per 100 000 females									
Rate	60.1	54.2	56.6	43.3	51.2	56.8	52.3	50.6	55.2
Availability of public dentists — per 100 000 people, 2009									
Data for this indicator comparable, subject to caveats (chapter 11)									
Proportion of total	6.8	6.9	9.9	7.2	9.5	5.5	9.6	12.0	7.7
Early detection and early treatment for Indigenous people — Older Indigenous people who received a health assessment per 1000 older Indigenous people, 2010-11									
Data for this indicator comparable, subject to caveats (chapter 11)									
Rate	20.2	11.6	23.4	23.0	17.1	8.7	15.3	26.4	20.7
Developmental health check — Children receiving a fourth year developmental health check, 2010-11									
Data for this indicator comparable, subject to caveats (chapter 11)									
Proportion	26.3	7.3	35.2	17.5	12.7	21.5	12.8	44.6	21.7

Source: tables 11A.6–11A.23.

Effectiveness — Access indicators									
Effectiveness of access to GPs									
Data comparability and completeness vary for this indicator.									
Bulk billing rates for non-referred patients, 2010-11									
Proportion (%)	85.5	79.7	80.8	73.4	79.6	76.1	48.1	71.1	80.9
GP waiting times for urgent appointment, 2010 — less than 4 hours									
Proportion (%)	64.2	57.7	60.7	57.5	59.1	55.5	56.1	44.9	60.2
People deferring treatment due to cost, 2010 — deferring visits to GPs									
Proportion (%)	7.6	7.9	9.9	10.0	8.3	11.0	14.9	14.8	8.7
Selected potentially avoidable GP-type presentations to emergency departments, 2010-11									
'000	712.6	554.9	375.0	213.9	117.4	47.6	48.5	42.3	2 112.2
Financial barriers to PBS medicines									
People deferring treatment due to cost, 2010 — deferring purchase of medicines									
Data for this indicator comparable, subject to caveats (chapter 11)									
Proportion (%)	9.3	9.1	11.4	9.1	11.1	11.5	9.4	9.1	9.8

Source: tables 11A.23–11A.32.

(Continued next page)

Table E.5 **(continued)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Effectiveness — Appropriateness indicators									
GPs with vocational registration, 2010-11									
Data for this indicator comparable, subject to caveats (chapter 11)									
Proportion (%)	91.8	89.4	86.6	91.1	90.3	90.9	94.8	71.8	89.9
General practices with accreditation, at 30 June 2011									
Data for this indicator comparable, subject to caveats (chapter 11)									
Proportion (%)	62.4	71.4	78.6	74.9	69.3	78.5	72.6	47.6	69.2
Management of upper respiratory tract infections, 2010-11									
Data for this indicator comparable, subject to caveats (chapter 11)									
Prescriptions for oral antibiotics used to treat upper respiratory tract infections, per 1000 concession card holders									
Rate	1 271.7	1 314.0	1 267.9	940.2	1 119.8	1 022.4	1 232.6	422.9	1 223.9
Management of chronic disease									
Data for this indicator comparable, subject to caveats (chapter 11)									
People with diabetes mellitus who have received an annual cycle of care within general practice, 2010-11									
Proportion (%)	18.3	18.8	17.9	16.7	22.4	24.8	14.0	10.9	18.6
People with asthma who have a written asthma action plan, 2007-08									
Proportion (%)	20.4	22.9	19.7	17.4	21.9	17.1	21.8	40.9	20.8
Pathology tests and diagnostic imaging — Medicare benefits for pathology tests, 2010-11									
Data for this indicator comparable, subject to caveats (chapter 11)									
$ per person	64.7	59.1	64.9	55.2	61.3	58.1	58.8	52.0	61.7
Source: tables 11A.33–11A.44.									
Effectiveness — Quality — Safety indicators									
Electronic health information systems — general practices using electronic systems, May 2011									
Data for this indicator comparable, subject to caveats (chapter 11)									
Proportion (%)	84.9	89.1	89.4	89.0	88.5	88.6	93.9	80.4	87.6
Source: tables 11A.45–11A.46.									
Effectiveness — Quality — Responsiveness indicators									
Patient satisfaction, 2010									
Data for this indicator comparable, subject to caveats (chapter 11)									
Proportion (%) of people who saw a practitioner in the previous 12 months where the practitioner always or often: listened carefully to them									
GP	89.8	89.4	88.0	89.3	88.0	88.6	87.6	83.3	89.1
Dental practitioner	93.6	94.5	94.7	93.8	94.9	93.3	94.8	93.1	94.2
Source: tables 11A.47–11A.50.									
Effectiveness — Quality — Continuity indicators									
Health assessments for older people — proportion of older people assessed, 2010-11									
Data for this indicator comparable, subject to caveats (chapter 11)									
Proportion (%)	26.57	24.69	29.42	25.15	24.54	29.69	19.36	20.62	26.15
Source: table 11A.51.									

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Table E.5 **(continued)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Efficiency indicators									
Cost to government of general practice per person, 2010-11									
Data for this indicator comparable, subject to caveats (chapter 11)									
$ per person	305.2	289.5	288.3	229.4	304.8	281.3	211.6	181.5	286.7
Source: table 11A.2.									
Outcome indicators									
Child immunisation coverage — Children aged 60 to 63 months fully immunised, 30 June 2011									
Data for this indicator comparable, subject to caveats (chapter 11)									
Proportion (%)	89.7	91.1	90.3	86.0	87.0	90.3	90.6	88.1	89.6
Notifications of selected childhood diseases —notifications per 100 000 children, 2010-11									
Data for this indicator comparable, subject to caveats (chapter 11)									
Measles	0.6	0.1	0.2	0.2	–	–	np	np	0.3
Participation rates for women in breast cancer screening — Ages 50–69, 2009–10									
Data for this indicator comparable, subject to caveats (chapter 11)									
Rate	52.8	53.9	57.3	57.9	56.4	58.4	52.7	41.1	54.8
Participation rates for women in cervical screening — Ages 20–69, 2009–10									
Data for this indicator comparable, subject to caveats (chapter 11)									
Rate	55.6	60.8	55.3	57.5	59.5	57.4	58.8	54.5	57.4
Influenza vaccination coverage for older people — 65 years or over, 2009									
Data for this indicator comparable, subject to caveats (chapter 11)									
Rate	72.7	75.0	74.6	72.9	81.3	77.5	78.0	69.3	74.6
Separations for selected potentially preventable hospitalisations, 2009-10, per 1000 people									
Data for this indicator comparable, subject to caveats (chapter 11)									
Vaccine-preventable	0.7	0.7	0.9	0.8	0.9	0.7	0.5	2.4	0.8
Acute conditions	12.9	14.4	14.7	13.7	14.6	10.7	9.8	21.1	13.8
Chronic conditions	13.6	15.1	18.6	23.1	14.4	12.1	10.4	26.1	16.0
Source: tables 11A.55–11A80.									

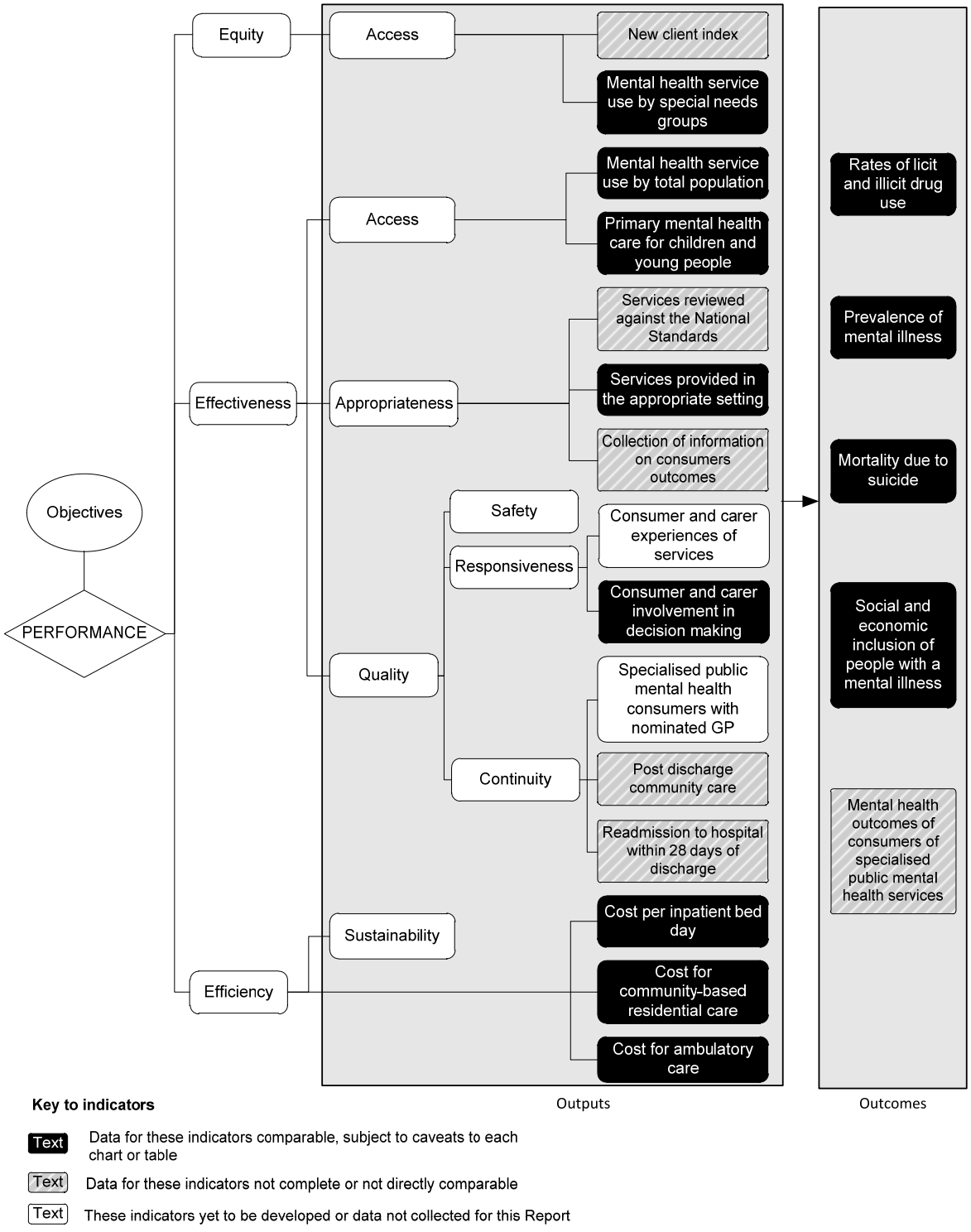
a Caveats for these data are available in Chapter 11 and Attachment 11A. Refer to the indicator interpretation boxes in chapter 11 for information to assist with the interpretation of data presented in this table. **b** Some data are derived from detailed data in Chapter 11 and Attachment 11A. – Nil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

Source: Chapter 11 and Attachment 11A.

Mental health management

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

Figure E.21 **Mental health management performance indicator framework**



An overview of the mental health management performance indicator results are presented in table E.6. Information to assist the interpretation of these data can be

found in the indicator interpretation boxes in chapter 12 and the footnotes in attachment 12A.

Table E.6 **Performance indicators for Mental health management**[a]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Equity — Access indicators									
New client index — Proportion of clients under the care of State or Territory specialised public mental health services who were new clients, 2009-10									
Data for this indicator comparable, subject to caveats (chapter 12)									
Proportion (%)	43.3	24.3	45.5	41.7	42.3	46.0	52.7	47.9	40.4
Mental health service use by special needs groups									
Data for this indicator comparable, subject to caveats (chapter 12)									
Proportion (%) of the Indigenous population using State and Territory mental health services, compared with the proportion for non-Indigenous population, 2009-10									
Indigenous	4.9	3.2	4.0	4.2	5.7	np	5.8	3.7	4.3
Non-Indigenous	1.2	1.0	1.6	1.7	1.6	1.3	1.8	2.0	1.3
Proportion (%) of the Indigenous population using MBS and DVA funded mental health services, compared with the proportion for non-Indigenous population, 2009-10									
Indigenous	8.1	10.2	4.7	3.0	6.1	7.2	8.6	1.3	5.6
Non-Indigenous	6.3	7.0	5.9	5.3	6.3	5.6	5.1	3.2	6.2
Source: tables 12A.18–19.									
Effectiveness — Access indicators									
Mental health service use by total population, 2009-10									
Data for this indicator comparable, subject to caveats (chapter 12)									
Proportion (%) of the population in a State and Territory using a specialised public mental health service or a MBS-subsidised service									
Specialised public mental health	1.6	1.1	1.7	1.9	2.0	1.5	2.1	2.5	1.6
MBS and DVA subsidised service	6.5	7.1	6.0	5.3	6.4	5.7	5.2	2.7	6.3
Primary mental health care for children and young people, 2010-11									
Data for this indicator comparable, subject to caveats (chapter 12)									
Proportion of young people aged under 25 years who had contact with primary mental health care services subsidised through the MBS									
Proportion (%)	4.2	4.7	3.8	3.3	4.5	4.1	3.7	1.4	4.1
Source: tables 12A.28 and 12A.33.									
Effectiveness — Appropriateness indicators									
Services reviewed against national standards, June 2010									
Data for this indicator not complete or not directly comparable (chapter 12)									
Proportion of specialised public mental health services that had completed an external review against national standards and were assessed as meeting 'all Standards' (level 1)									
Proportion (%)	82.1	95.6	91.0	42.7	89.1	12.0	100.0	100.0	84.1

(Continued next page)

Table E.6 **(Continued)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Services provided in the appropriate setting, 2009-10									
Data for this indicator comparable, subject to caveats (chapter 12)									
Recurrent expenditure on community-based services as a proportion of total expenditure on mental health services									
Proportion (%)	44.6	62.9	54.1	54.4	52.4	54.8	74.7	65.4	53.4
Collection of information on consumers outcomes, 2009-10									
Data for this indicator comparable, subject to caveats (chapter 12)									
Proportion of episodes with completed consumer outcomes measures collected for people in specialised public mental health services — ongoing community care									
Proportion (%)	20.0	37.0	42.0	49.0	43.0	47.0	15.0	50.0	na

Source: tables 12A.34-35 and 12A.37.

Effectiveness — Quality — Responsiveness indicators

Consumer and carer involvement in decision making, 2009-10									
Data for this indicator comparable, subject to caveats (chapter 12)									
Paid consumer consultants (FTE) per 1000 paid direct care, consumer and carer staff (FTE)									
no.	2.9	3.1	3.3	1.9	2.8	0.7	–	–	2.8

Source: tables 12A.36.

Effectiveness — Quality — Continuity indicators

Community follow up for people within the first 7 days of discharge from hospital, 2009-10									
Data for this indicator not complete or not directly comparable (chapter 12)									
Proportion of overnight separations from psychiatric inpatient services with a community mental health service contact recorded in the 7 days following separation									
Proportion (%)	55.6	62.7	45.0	59.5	38.6	22.7	75.7	13.0	52.7
Readmissions to hospital within 28 days of discharge, 2009-10									
Data for this indicator not complete or not directly comparable (chapter 12)									
Proportion of overnight separations from psychiatric inpatient services that were followed by a readmission to a psychiatric inpatient service within 28 days of discharge									
Proportion (%)	16.0	13.2	15.9	12.8	8.1	15.1	4.6	8.3	14.3

Source: tables 12A.38–39.

Efficiency indicators

Cost per inpatient bed day, 2009-10									
Data for this indicator comparable, subject to caveats (chapter 12)									
General mental health services									
$ per bed day	767	746	738	950	899	1 002	806	1 189	794
Public acute hospitals									
$ per bed day	839	752	756	929	886	1 130	762	1 189	821

(Continued next page)

Table E.6 **(Continued)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Average recurrent cost per patient day for community residential services, 2009-10									
Data for this indicator comparable, subject to caveats (chapter 12)									
General adult units — 24-hour staffed units									
$ per patient day	251	489	..	291	377	411	620	331	422
Average cost of ambulatory care — Average cost per episode of ambulatory care 2009-10									
Data for this indicator comparable, subject to caveats (chapter 12)									
$ per episode	1 832	2 242	2 304	1 995	1 603	1 953	2 036	1 984	2 013

Source: tables 12A.40–43.

Outcome indicators

Rates of licit and illicit drug use, 2010									
Data for this indicator comparable, subject to caveats (chapter 12)									
Proportion of people aged 14 years or over who used any illicit drug in the preceding 12 months									
Proportion (%)	11.4	11.0	12.3	15.4	12.7	9.6	11.4	18.8	12.0
Prevalence of mental illness, 2007									
Data for this indicator comparable, subject to caveats (chapter 12)									
Proportion of people with a lifetime mental disorders among adults aged 16–85 years									
Proportion (%)	20.1 ± 2.2	20.7 ± 2.3	19.2 ± 2.6	21.4 ± 4.1	19.1 ± 3.4	14.1 ± 5.4	np	np	20.0 ± 1.1
Mortality due to suicide — Suicide rate per 100 000 people 2005–2009									
Data for this indicator comparable, subject to caveats (chapter 12)									
Rate	7.9	9.3	11.2	11.8	12.1	15.1	9.7	20.1	9.9
Social and economic inclusion of people with a mental illness, 2007-08									
Data for this indicator comparable, subject to caveats (chapter 12)									
Proportion of people aged 16–64 years with a mental illness who are employed									
Proportion (%)	58.4 ± 6.5	68.4 ± 6.2	63.6 ± 6.9	70.5 ± 8.0	48.2 ± 6.6	53.9 ± 9.0	75.1 ± 6.3	85.0 ± 32.7	62.9 ± 3.3
Mental health outcomes of consumers of specialised public mental health services, 2009-10									
Data for this indicator comparable, subject to caveats (chapter 12)									
Proportion of people discharged from a State or Territory public hospital psychiatric inpatient unit who had a significant improvement in their clinical mental health outcomes									
Proportion (%)	57	73	70	72	70	73	np	np	67

Source: tables 12A.45, 12A.48, 12A.53, 12A.57 and 12A.62.

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

E.3 Cross cutting and interface issues

Many determinants affect Australian's health (AIHW 2010). They include the delivery of an efficient, effective and equitable health service, but also factors such as individuals' and communities' social and economic conditions and background.

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

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

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

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

  A person's health can also be a critical factor in a persons interaction with the justice system. Research shows that prisoners have significantly worse health, with generally higher levels of diseases, mental illness and illicit drug use than Australians overall (AIHW 2010).

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

- *Community services* and health services interact at many levels. People with disability are more likely than others to have poor physical and mental health, and higher rates of risk factors such as smoking and obesity (AIHW 2010). Aged care services can keep people living independently and healthily, without undue call on the health sector. Child protection services act to protect children and ensure their good health (while medical professionals are the source of many child protection notifications).

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

E.4 Future directions in performance reporting

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

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

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

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

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

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

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

E.5 Jurisdictions' comments

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

New South Wales Government comments

“ The New South Wales Government is actively pursuing the National Health Reform initiatives and is working collaboratively with the Commonwealth in this regard. In New South Wales our focus is on implementing strategies that will improve public hospital services, build on existing strengths of our current system and deliver best-practice healthcare for public patients.

We are transforming our health system into one where patient care is seamless and integrated. Where the patient is respected, listened to and informed – where the patient is the centre of their treatment and care.

To deliver these necessary reforms we are focussing on the following key areas:

- Increasing our emphasis on health prevention to avoid unnecessary hospitalisations.
- Implementing a devolved governance structure where decisions are made as close to the patient as possible.
- Adopting the CORE values of Collaboration, Openness, Respect and Empowerment.
- Enhancing the role of our clinicians.
- Strong evidence-based policy to guide us and
- Greater transparency and public accountability.

The central plank that will deliver many of these key areas is the devolution from a highly centralised model of administration with many layers to one of local decision making. The Government’s reform agenda is about getting the right structures that will deliver better health care.

The new administrative structure that we are putting in place is designed to empower local decision making and build a more responsive health system. Structurally the NSW Department of Health has become the Ministry of Health with its primary focus on the development of policy and not the delivery of services.

Local Health Districts in New South Wales will have greater authority and responsibility. They will be responsible to their local communities and they will determine the service configuration they need to meet performance targets and health outcomes.

This model of greater local control, greater local decision-making joined with a strong accountability framework will build the more flexible and resilient health system we need to deliver health services into the future. ”

Victorian Government comments

“Ensuring that Victorians have optimal health and health care outcomes is essential to Victoria’s economic and social future. While Victorians have one of the best health systems in the world, as measured by life expectancy and survival rates for cancer and heart disease, our health system faces considerable challenge in the near future. This comes from increasing demand and from changing health care needs as the population grows and becomes older, and as disease patterns change. The Victorian Government has developed the *Victorian Health Priorities Framework 2012–2022: Metropolitan Health Plan*, with seven priority areas for the development and operation of the Victorian health system and to guide service planning and investment over the next decade. These priority areas are:

- developing a system that is responsive to people’s needs
- improving every Victorian’s health status and experiences
- expanding service, workforce and system capacity
- increasing the system’s financial sustainability and productivity
- implementing continuous improvements and innovation
- increasing accountability and transparency
- utilising e-health and communications technology.

Important commitments have already been made, such as increasing capacity by an additional 800 new hospital beds over 4 years, and increasing the ambulance services capacity. There is also the establishment of a health infrastructure fund, training and employing more health professionals, supporting implementation of E-health and enhanced psychiatric disability rehabilitation and support services.

The Victorian Government is also committed to a range of workforce initiatives to support and sustain rural maternity services. This includes assisting rural health services to provide clinical placement, support and supervision for midwifery students, postgraduate training for specialist rural GPs and building capacity of rural midwives in clinical practice through professional support and mentorship.

The Victorian Government invests over $1 billion in specialist mental health services and its plan for mental health reform (October 2010) improves access to hospital, community-based clinical treatment and eating disorder services, as well as focusing on improving housing, education and employment outcomes to support recovery. Strategies are also being developed to strengthen suicide prevention, reduce workplace stress, better recognise and involve carers and build a more sustainable mental health workforce.

The Victorian Government is committed to more and better information for patients, leading to informed consumers making better choices for their health care and that of their family.”

Queensland Government comments

“Queensland Health is continuing to deliver more services sooner and closer to home for patients throughout the state.

The $7 billion hospital building program is continuing, with the Gold Coast University Hospital opening its doors in 2012 and work is well underway on the new $2 billion Sunshine Coast University Hospital. Major hospital expansion and redevelopment projects are also ongoing in Cairns, Townsville, Ipswich, Mackay, Rockhampton and Bundaberg.

- We’re also investing in innovation to deliver services in regional areas through our telehealth network. There are 960 systems across the state, allowing patients in rural and regional areas to link with specialists in major metropolitan hospitals. The increased investment in these services has resulted in a 76% increase in usage for non-admitted patients in 2010-11 compared to the previous year.

Investment in preventative health programs is also showing positive results with a decrease in adult smoking rates from 17.9% in 2007 to 14.8% in 2011; an increase in adults undertaking more physical activity from 47.6% in 2006 to 57.4% in 2011; and 92.7% of all children and 92.9% of all Aboriginal and Torres Strait Islander children aged two years being fully immunised in 2010-11.

The severe destruction to Queensland caused by the 2010-2011 summer floods and the two tropical cyclones that struck north Queensland, plunged 75% of Queensland into a state of emergency and affected 1.3 million Queenslanders.

These natural disasters triggered a comprehensive statewide public health, mental health and state emergency response, which included the provision of 17,225 tetanus/diphtheria vaccines; prompted 24,874 calls from flood affected areas to 13 HEALTH; resulted in 10,000 psychological first aid contacts; and required the rebuilding of key infrastructure to re-establish health services and facilities across the state. In addition, a public health mosquito control campaign was conducted to minimise the number of mosquito-borne infections.

Despite these challenges, and the impacts of these natural disasters on our hospitals, Queensland continues to have the shortest waiting times for elective surgery in the country, with a median wait of 27 days in 2009-10, compared to 35 days nationally. Queensland also continues to strive to reduce emergency department waiting times, with an improved median wait time of 24 minutes in 2009-10 compared with 25 minutes in 2008-09, despite a 4% increase in the number of patients presenting to emergency departments over the same period.

Queensland is also undertaking a major shake up of how health services are delivered as part of national health reform. On 14 October 2011, the Queensland Parliament passed the *National Health and Hospital Network Act 2011* which will break up Queensland Health and establish 17 Local Health and Hospital Networks from 1 July 2012. These reforms will change the face of public health and see health services delivered by the community, for the community in the community. National reform will deliver more beds, more surgery and faster emergency care to Queenslanders.”

Western Australian Government comments

“ WA Health has continued to deliver high quality health services across Western Australia. Ambitious, long-term reforms to address key health priorities, drive service and productivity improvement, will meet Western Australians' future health needs. Efforts are aligned to, and given focus by, the four pillars of the *WA Health Strategic Intent 2010–2015*:

- *Caring for individuals and the community*

  WA Health is working to ensure Western Australians have timely access to quality health care when they need it. Elective surgery waitlist admissions have grown (by 5.7%) since 2009-10 with a fall in the median wait time. Focus on safety and quality has seen the continued implementation of *WA Strategic Plan for Safety and Quality Care 2008-2013* including the roll out of the WA Health Surgical Safety Checklist and the paediatric National Inpatient Medication Chart.

- *Caring for those who need it most*

  Improving the health of Aboriginal people remains a high priority and WA Health has rolled out new programs, and is expanding services, under the National Partnership Agreements on *Closing the Gap* and *Indigenous Early Childhood Development*.

  In addition, the Four Hour Rule Program has dramatically reduced access block despite an increase in number of presentations. Services for the elderly and children in WA have also seen some significant expansion that resulted in reduced hospitalisations and wait time for child development services.

- *Making best use of funds and resources* — Activity Based Funding and Management (ABF/M) continues to extend across public health system activity with the implementation of a new Performance Management Framework. WA Health is continuing to move ahead with a massive hospital building and redevelopment program.

- *Supporting our team* — WA Health is committed to further strengthening its workforce. More medical and nursing graduates are joining the department. The department has also achieved the goal of recruiting of additional Aboriginal health workers.

The Mental Health Commission, a stand-alone public sector agency, has focused on three key strategic directions:

- Developing recovery oriented, person centred support and service for people with mental health problems and/or mental illness.
- More connected approaches across government agencies, and with community, private, primary care services and the university sector.
- Planning for a full range of services in a comprehensive and contemporary mental health system. ”

South Australian Government comments

“In 2010-11, there has been a continuation of the substantial reform of the South Australian health care system, guided by South Australia's Health Care Plan 2007–16. The GP Plus Service (GPS) continues to work to alleviate the growing pressure on the acute hospital system. The GP Plus Services Fund allocates funding to programs within the community, primary prevention and subacute domains. In 2010-11 SA Health invested almost $70 million into GPS funded programs. The investment of GPS and other wider system work has seen a continued reduction in the levels of growth in hospital inpatient separations across metropolitan Adelaide for the last three years with last year's growth for metropolitan separations below 2%.

Services have commenced at the Elizabeth GP Plus Health Care Centre. The co-located Marion GP Plus Health Care Centre and the State's first Community Mental Health Centre commenced services in May 2011. With a combined total project budget of $38 million, both Centres were formally opened on 25 June 2011. Services commenced at the Modbury and Noarlunga GP Plus Super Clinics, in November 2010, and will be fully operational by early 2012.

2010-11 marked the first year of the Elective Surgery Strategy Four Year Plan (2010-14). As a result of State and Commonwealth Government funding, 46 433 procedures were undertaken in metropolitan hospitals, an increase of 13.9% compared with the start of the previous Elective Surgery Strategy Four Year Plan.

In 2010-11 SA Health made progress towards a number of significant capital projects. The development of the new Royal Adelaide Hospital continued, with the hospital set to open in 2016. At the Flinders Medical Centre, the Acute Medical Unit, expansion of the Intensive Care Unit, Stages 1 and 2 of the Emergency Department upgrade, Stage 1 of the Operating Theatre redevelopment, and upgrades to critical infrastructure services were completed. In the country, the Ceduna Health Service Redevelopment reached a significant milestone with the rebuilt acute hospital completed and occupied in March 2011 on time and below budget with the savings re-invested into the second stage of the project, which is the establishment of a GP Plus Health Care Centre.

Through the Primary Prevention Plan 2011-16, SA Health has continued to recognise the importance of promoting and protecting good health, preventing illness and assisting people to make healthy lifestyle choices. During 2010-11, the department invested over $13 million (excluding the Obesity Prevention and Lifestyle (OPAL) program) into initiatives which promote healthy eating and physical activity. In 2011, the OPAL program (which aims to produce community-wide solutions to promote healthy eating and physical activity) expanded from 10 to 15 communities, each of which operates for five years.

In 2010-11, the Public Health Act 2011 was passed by State Parliament. This Act establishes a new framework for addressing contemporary public health challenges and is a significant achievement for South Australia.”

Tasmanian Government comments

“ 2009-2010 saw the majority of projects under *Tasmania's Health Plan* either completed or incorporated into the day-to-day business of relevant areas of the Agency. There was also significant progress with a number of new projects inspired by the principles of *Tasmania's Health Plan*, such as *Leading the Way* (Tasmania's Health Professionals Shaping Future Care); *Connecting Care* (Chronic Disease Action Framework for Tasmania 2009–2013) and *Your Care, Your Say* (Consumer and Community Engagement Strategic Framework and Action Plan).

While we have come a long way under *Tasmania's Health Plan*, there are still many challenges associated with Tasmania's decentralised and ageing population, workforce availability and other pressures. Reform of our health and human services should be an ongoing process of continuous improvement. There will always be a need to evaluate and adapt systems to suit changing environments and community needs.

Tasmania's Health Plan and the recent creation of the three area health services helped pave the way for a new national reform process agreed by the Australian, state and territory governments (except Western Australia) in April 2010.

This agreement takes health reform in Tasmania to a new level by tackling the critical issue of shared Australian and State Government responsibility for health funding and health policy. Our hospitals and other key health services will largely be funded by the Australian Government, but Tasmania will still purchase and coordinate services – according to our specific needs in each region.

The reforms will also:

- see the establishment of 'Local Hospital Networks' and 'Medicare Locals' as new structures to deliver health care
- aim to reduce hospital waiting times for patients (emergency department and elective surgery) and
- deliver changes in the areas of primary care, aged care, disability services, sub-acute care, mental health services and the health workforce.

Planning for Tasmanian implementation of these national reforms – including a process of extensive stakeholder consultation – began towards the end of 2009-2010 and continued to be a major focus of the Agency throughout 2010-2011.

Other major developments during 2009-2010 included the appointment of Tasmania's first nurse practitioners, the appointment of specialist nurses to help hospital patients quit smoking, the release of guidelines for the use of solariums, major capital works, a reduction in elective surgery waiting times, and release of a promotion, prevention and early intervention strategy to address the prevalence and severity of mental illness in the community. ”

Australian Capital Territory Government comments

“ The ACT Government provides health services to local residents through two major hospitals: The Canberra Hospital and Calvary Public Hospital. These public hospitals provide the full range of acute care, including inpatient, outpatient and emergency department services. Both hospitals are teaching hospitals in cooperation with the Australian National University's Medical School and University of Canberra. The Canberra Hospital is the major trauma referral hospital for the ACT and surrounding area of NSW with a quarter of public hospital separations being residents of New South Wales.

The ACT Health Directorate continues to improve the access, efficiency, timeliness, safety and quality in relation to service delivery.

Hospital capacity continued to grow in 2009-10, with bed numbers increasing from 875 in 2008-09 to 907 in 2009-10.

One of the ACT Government-funded initiatives to address emergency department waiting times is to establish Australia's first public, nurse-led Walk-in-Centre. Since its establishment in May 2010, the Centre has managed over 17 114 presentations to the end of June 2011. The Centre provides the community with access to free treatment and care for minor illnesses.

A PET/CT scanner service began operating in November 2010. Prior to its installation, ACT residents needed to travel interstate for this service. A purpose-built neurosurgery operating theatre opened at the Canberra Hospital in September 2010 and is currently the only one of its kind in Australia. It contains an MRI machine and enables complex procedures to be undertaken while patients are anaesthetised. This improves patient outcomes and reduces rate of readmission for additional surgical procedures.

In 2008-09 the ACT Government embarked on The Capital Asset Development Program (CADP) to revitalise and ready the ACT health system for an expected increase in health care demand over the next 10 to 15 years. The CADP involves the overhaul and expansion of all aspects of the ACT health system. To date the ACT Government has committed over $600 million to the CADP which is ultimately expected to cost over $1 billion over 10 years.

Several projects have already been completed and construction on further projects is well underway including a new Women's and Children's Hospital; a new Adult Acute Mental Health Inpatient Unit; and a new Integrated Cancer Care Centre, all at the Canberra Hospital. Work at the Canberra Hospital has been completed on two new operating theatres; a new Mental Health Assessment Unit; the new nurse-led Walk-in Centre; a new multistorey car park, a new Neurosurgical Intra-operative Magnetic Resonance Imaging suite and a new Surgical Assessment and Planning Unit. At Calvary Hospital a new intensive care facility and an operating theatre have also been completed. ”

The ACT Health Directorate continues to work with the Commonwealth Government to achieve the national health reform agenda.

Northern Territory Government comments

“The unique characteristics of the Northern Territory present both challenges and opportunities. Our challenges include a geographically dispersed population where 44 per cent of Territorians live in areas classified as remote or very remote. To add to this, 30 per cent of the Northern Territory's population are Aboriginal and/or Torres Strait Islander who present with a higher burden of disease than the non-Aboriginal population. In 2010-11, 70 per cent of hospital admissions and 72 per cent of service occasions at health centres involved Aboriginal people. With these challenges the Northern Territory Government continues to create unique ways of ensuring that the health and well being of all is of the highest standard available. Some key achievements this year include:

- In 2010-11 the NT implemented a Territory-wide 24 hour Mental Health Triage and Response Service based in Darwin. The service will facilitate improved services to consumers and carers and a stronger level of support to General Practitioners and remote clinics;
- the new Alan Walker Cancer Care Centre has completed its first full year, providing both radiation oncology and chemotherapy services. This facility is further enhanced by the provision of new self-caring patient accommodation at Barbara James House, allowing greater access and support for patients travelling from outside the greater Darwin area, particularly those travelling from Central Australia;
- elective surgery educational material for health professionals and clients has been developed and translated into 11 of the most commonly spoken Aboriginal languages. This material is intended to assist professionals to explain key points of the elective surgery process to clients and to educate hospital based health professionals; and
- the Department made good progress in its efforts to reduce smoking in the Territory including changes to the Tobacco Control Act.

These activities will make a substantial contribution to the Northern Territory Government's 2030 Plan targets and National Partnership Agreement actions around prevention of chronic disease across the life cycle for Aboriginal and non-Aboriginal Territorians and for closing the gap in life expectancy.

Significant progress in Aboriginal primary health care reform has occurred and continues to be guided by the Pathways to Community Control Framework, a tripartite framework which supports a gradual roll out of regional Aboriginal Community Controlled Health Organisations across the NT.

The NT Government has supported the National Health Reform initiatives and is working on ways to implement strategies that will take the Territory forward. Approving additional capital resources for infrastructure upgrade and development include a Palmerston hospital that will support the growth of the satellite city and rural areas south of Darwin.”

Australian Government comments

“ In August 2011, the Australian Government and states/territories signed a National Health Reform Agreement (NHRA). All states/territories have also signed a revised National Partnership Agreement on Improving Public Hospital Services, under which the Australian Government has already provided $1 billion for improved emergency departments, more elective surgery and new sub-acute beds. Under the NHRA, governance of primary health care and hospital systems will devolve to new local institutions — Local Hospital Networks (LHNs) and Medicare Locals (MLs). Nineteen MLs have already been established around Australia, and a second and third tranche of MLs will commence operations in 2012. LHNs have been established in New South Wales, Victoria, South Australia and the Australian Capital Territory. Other states are on track to implement LHNs by 1 July 2012.

A new national aged care telephone number linking new users to Commonwealth Respite and Carelink Centres commenced on 1 July 2011. From 1 July 2011 the Australian Government assumed funding and policy responsibility for basic community care services for people aged 65 years and over (50 years and over for Indigenous Australians) under the Home and Community Care Program (except in Victoria and Western Australia).

The Australian Government also assumed funding responsibility from 1 July 2011 for specialist disability services delivered by the states in accordance with their responsibilities under the National Disability Agreement for people aged 65 years and over (50 years and over for Indigenous Australians).

The Independent Hospital Pricing Authority to determine the national efficient price of hospital services was established as a statutory agency on 15 December 2011. The National Health Performance Authority to develop public reports on the performance of hospitals and MLs was established on 21 October 2011.

The Australian Commission on Safety and Quality in Health Care has also been established as a permanent, independent authority that will develop, monitor and implement national standards for improving clinical safety and quality in hospitals and health care settings.

After an extensive period of engagement with the mental health sector the Australian Government announced the 2011-12 Delivering National Mental Health Reform Budget package which lays down the foundations for a new systematic approach to support people with mental illness. The Government will commit $1.5 billion in investments over the next five years to build a better mental health system and develop, together with states and territories, a ten year roadmap for mental health reform. ”

E.6 List of attachment tables

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

E.7 References

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EA Health sector summary — attachment

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

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

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

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

Attachment contents

Attachment contents

Table EA.1 **Total health expenditure, by broad source of funds (2009-10 dollars) (a), (b)**

	Unit	*Australian Government* (c)	*State, Territory and local governments*	*Total government*	*Non -government* (c)	***Total***
Expenditure						
2000-01	$m	34 333	18 210	52 544	24 757	**77 301**
2001-02	$m	35 553	19 101	54 654	26 345	**81 000**
2002-03	$m	37 157	21 250	58 407	27 240	**85 647**
2003-04	$m	38 230	21 401	59 630	28 967	**88 597**
2004-05	$m	40 728	23 244	63 972	30 236	**94 208**
2005-06	$m	40 864	25 028	65 892	30 869	**96 761**
2006-07	$m	42 605	26 905	69 510	32 881	**102 391**
2007-08	$m	46 939	28 145	75 083	34 065	**109 148**
2008-09	$m	51 542	29 420	80 962	36 124	**117 086**
2009-10	$m	52 919	31 870	84 789	36 566	**121 355**
Shares (d)						
2000-01	%	44.4	23.6	68.0	32.0	**100.0**
2001-02	%	43.9	23.6	67.5	32.5	**100.0**
2002-03	%	43.4	24.8	68.2	31.8	**100.0**
2003-04	%	43.2	24.2	67.3	32.7	**100.0**
2004-05	%	43.2	24.7	67.9	32.1	**100.0**
2005-06	%	42.2	25.9	68.1	31.9	**100.0**
2006-07	%	41.6	26.3	67.9	32.1	**100.0**
2007-08	%	43.0	25.8	68.8	31.2	**100.0**
2008-09	%	44.0	25.1	69.1	30.9	**100.0**
2009-10	%	43.6	26.3	69.9	30.1	**100.0**

(a) Constant price health expenditure for 2000-2001 to 2009-10 is expressed in terms of 2009-10 prices.

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

(c) Funding of expenditure has been adjusted for non-specific tax expenditures.

(d) Data are derived.

Source: AIHW 2010, *Health Expenditure Australia 2009-10*, Health and Welfare Expenditure Series no. 46. Cat. no. HWE 55, Canberra.

Table EA.2 Government recurrent health expenditure, by area of expenditure (2009-10 dollars) (a), (b), (c), (d)

	Unit	*Public hospitals* (e)	*Private hospitals*	*Medical services*	*Dental services* (e)	*Other health practi-tioners* (f)	*Medica-tions*	*Other health* (e), (g)	***Total government recurrent expenditure***
Expenditure									
2000-01	$m	20 522	2 245	11 941	1 030	760	4 493	9 714	**50 706**
2001-02	$m	21 494	2 340	12 153	1 084	745	4 828	9 975	**52 619**
2002-03	$m	23 286	2 830	12 086	1 086	784	5 331	10 878	**56 280**
2003-04	$m	24 506	2 832	12 175	1 098	830	5 851	10 746	**58 039**
2004-05	$m	25 939	2 958	13 118	1 136	763	6 164	11 686	**61 764**
2005-06	$m	27 072	3 004	13 107	1 163	800	6 210	11 958	**63 315**
2006-07	$m	28 628	3 037	13 615	1 151	935	6 558	12 841	**66 766**
2007-08	$m	30 565	3 291	14 741	1 337	1 179	7 106	14 299	**72 519**
2008-09	$m	31 954	3 374	15 845	1 683	1 287	7 830	15 749	**77 722**
2009-10	$m	33 400	3 671	16 610	1 885	1 340	8 437	15 958	**81 301**
Shares (h)									
2000-01	%	40.5	4.4	23.5	2.0	1.5	8.9	19.2	**100.0**
2001-02	%	40.8	4.4	23.1	2.1	1.4	9.2	19.0	**100.0**
2002-03	%	41.4	5.0	21.5	1.9	1.4	9.5	19.3	**100.0**
2003-04	%	42.2	4.9	21.0	1.9	1.4	10.1	18.5	**100.0**
2004-05	%	42.0	4.8	21.2	1.8	1.2	10.0	18.9	**100.0**
2005-06	%	42.8	4.7	20.7	1.8	1.3	9.8	18.9	**100.0**
2006-07	%	42.9	4.5	20.4	1.7	1.4	9.8	19.2	**100.0**
2007-08	%	42.1	4.5	20.3	1.8	1.6	9.8	19.7	**100.0**
2008-09	%	41.1	4.3	20.4	2.2	1.7	10.1	20.3	**100.0**
2009-10	%	41.1	4.5	20.4	2.3	1.6	10.4	19.6	**100.0**

(a) Funding of expenditure has been adjusted for non-specific tax expenditure.

(b) Constant price health expenditure for 1999-2000 to 2009-10 is expressed in terms of 2009-10 prices using Implicit Price Deflators, constructed by AIHW, presented in table EA.7.

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

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

(e) Public hospitals (1999-2000 to 2002-03) include any dental services, community health services, patient transport services, public health and health research undertaken by the hospital. Includes services provided off-site, such as hospital in the home, dialysis or other services. Public hospital services (2003-04 to 2009-10) excludes any dental services, community health services, patient transport services, public health and health research undertaken by the hospital. Can include services provided off the hospital site such as hospital in the home, dialysis or other services.

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

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

(h) Data are derived.

Source: AIHW (unpublished) Health expenditure database.

Table EA.3 Non-government recurrent health expenditure by area of expenditure (2009-10 dollars) (a), (b), (c), (d)

	Unit	*Public hospitals* (e)	*Private hospitals*	*Medical services*	*Dental services* (e)	*Other health practi-tioners* (f)	*Medica-tions*	*Other health* (e), (g)	***Total non-government recurrent expenditure***
Expenditure									
2000-01	$m	1 674	3 861	2 720	4 227	2 008	4 041	4 112	**22 643**
2001-02	$m	1 836	4 252	3 036	4 735	2 154	4 592	3 598	**24 203**
2002-03	$m	1 742	4 193	3 367	4 888	2 351	4 405	3 907	**24 852**
2003-04	$m	1 596	4 514	3 598	5 094	2 472	4 818	4 316	**26 409**
2004-05	$m	1 918	4 639	3 478	5 215	2 626	5 323	4 444	**27 643**
2005-06	$m	2 012	4 682	3 518	5 281	2 706	5 499	4 567	**28 265**
2006-07	$m	2 192	4 867	3 813	5 380	2 769	6 065	4 746	**29 832**
2007-08	$m	2 369	5 008	4 105	5 331	2 642	6 561	4 906	**30 921**
2008-09	$m	2 773	5 949	4 451	5 473	2 439	7 433	5 148	**33 667**
2009-10	$m	2 838	6 379	4 632	5 805	2 403	7 866	5 082	**35 005**
Shares (h)									
2000-01	%	7.4	17.1	12.0	18.7	8.9	17.8	18.2	**100.0**
2001-02	%	7.6	17.6	12.5	19.6	8.9	19.0	14.9	**100.0**
2002-03	%	7.0	16.9	13.5	19.7	9.5	17.7	15.7	**100.0**
2003-04	%	6.0	17.1	13.6	19.3	9.4	18.2	16.3	**100.0**
2004-05	%	6.9	16.8	12.6	18.9	9.5	19.3	16.1	**100.0**
2005-06	%	7.1	16.6	12.4	18.7	9.6	19.5	16.2	**100.0**
2006-07	%	7.3	16.3	12.8	18.0	9.3	20.3	15.9	**100.0**
2007-08	%	7.7	16.2	13.3	17.2	8.5	21.2	15.9	**100.0**
2008-09	%	8.2	17.7	13.2	16.3	7.2	22.1	15.3	**100.0**
2009-10	%	8.1	18.2	13.2	16.6	6.9	22.5	14.5	**100.0**

(a) Total health funding has not been adjusted to include non-specific tax expenditure as funding by the Australian Government.

(b) Constant price health expenditure for 1999-2000 to 2009-10 is expressed in terms of 2009-10 prices using Implicit Price Deflators, constructed by AIHW, presented in table EA.7.

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

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

(e) Public hospitals (1998-99 to 2002-03) include any dental services, community health services, patient transport services, public health and health research undertaken by the hospital. Includes services provided off-site, such as hospital in the home, dialysis or other services. Public hospital services (2003-04 to 2008-09) excludes any dental services, community health services, patient transport services, public health and health research undertaken by the hospital. Can include services provided off the hospital site such as hospital in the home, dialysis or other services.

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

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

(h) Data are derived.

Table EA.3 **Non-government recurrent health expenditure by area of expenditure (2009-10 dollars) (a), (b), (c), (d)**

Unit	*Public hospitals* (e)	*Private hospitals*	*Medical services*	*Dental services* (e)	*Other health practi-tioners* (f)	*Medica-tions*	*Other health* (e), (g)	***Total non-government recurrent expenditure***

Source: AIHW (unpublished) Health expenditure database.

Table EA.4 Recurrent health expenditure, by source of funds and area of expenditure, 2009-10 (a), (b), (c)

		Government					*Non-government*				*Total*
		Australian Government									
Area of expenditure	*Unit*	*Direct expenditure* (d)	*Health insurance premium rebates* (e)	*Total*	*State, Territory and local*	*Total government*	*Private health insurance funds*	*Individuals*	*Other* (f)	*Total non-government*	
Expenditure											
Hospitals	$m	14 763	2 404	17 167	19 904	37 071	5 177	2 161	1 880	9 218	46 288
Public hospital services (g)	$m	13 578	300	13 878	19 522	33 400	649	933	1 256	2 838	36 238
Private hospitals	$m	1 185	2 104	3 289	382	3 671	4 528	1 228	623	6 379	10 050
Patient transport services	$m	207	69	276	1 681	1 957	162	357	114	632	2 589
Medical services	$m	16 163	447	16 610	–	16 610	960	2 641	1 031	4 632	21 242
Dental services	$m	761	495	1 257	628	1 885	1 076	4 698	32	5 805	7 690
State/territory provider	$m	..	..	..	628	628	..	29	..	29	657
Private provider	$m	761	495	1 257	..	1 257	1 076	4 669	32	5 776	7 033
Other health practitioners	$m	1 113	227	1 340	–	1 340	491	1 593	318	2 403	3 742
Community health and other (h)	$m	857	1	858	4 738	5 595	1	121	134	256	5 851
Public health	$m	937	–	937	935	1 872	–	19	114	133	2 005
Medications	$m	8 413	24	8 437	–	8 437	51	7 743	72	7 866	16 303
Benefit-paid medications	$m	8 049	–	8 050	–	8 050	–	1 537	–	1 537	9 586
All other medications	$m	364	24	388	–	388	51	6 206	72	6 329	6 717
Aids and appliances	$m	414	183	597	–	597	397	2 456	50	2 903	3 501
Administration	$m	1 116	412	1 528	431	1 959	888	–	18	906	2 865
Research	$m	3 237	–	3 238	740	3 977	–	–	252	252	4 229
Total recurrent	**$m**	**47 983**	**4 262**	**52 245**	**29 056**	**81 301**	**9 203**	**21 788**	**4 015**	**35 005**	**116 306**

Table EA.4 Recurrent health expenditure, by source of funds and area of expenditure, 2009-10 (a), (b), (c)

		Government					*Non-government*				*Total*
		Australian Government									
Area of expenditure	*Unit*	*Direct expenditure* (d)	*Health insurance premium rebates* (e)	*Total*	*State, Territory and local*	*Total government*	*Private health insurance funds*	*Individuals*	*Other* (f)	*Total non-government*	
Shares (i)											
Hospitals	%	31.9	5.2	37.1	43.0	80.1	11.2	4.7	4.1	19.9	100.0
Public hospital services	%	37.5	0.8	38.3	53.9	92.2	1.8	2.6	3.5	7.8	100.0
Private hospitals	%	11.8	20.9	32.7	3.8	36.5	45.1	12.2	6.2	63.5	100.0
Patient transport services	%	8.0	2.7	10.7	64.9	75.6	6.3	13.8	4.4	24.4	100.0
Medical services	%	76.1	2.1	78.2	–	78.2	4.5	12.4	4.9	21.8	100.0
Dental services	%	9.9	6.4	16.3	8.2	24.5	14.0	61.1	0.4	75.5	100.0
State/territory provider	%	..	..	..	95.6	95.6	..	4.4	..	4.4	100.0
Private provider	%	10.8	7.0	17.9	..	17.9	15.3	66.4	0.5	82.1	100.0
Other health practitioners	%	29.7	6.1	35.8	–	35.8	13.1	42.6	8.5	64.2	100.0
Community health and other	%	14.6	–	14.7	81.0	95.6	–	2.1	2.3	4.4	100.0
Public health	%	46.7	–	46.7	46.6	93.4	–	0.9	5.7	6.6	100.0
Medications	%	51.6	0.1	51.8	–	51.8	0.3	47.5	0.4	48.2	100.0
Benefit-paid medications	%	84.0	–	84.0	–	84.0	–	16.0	–	16.0	100.0
All other medications	%	5.4	0.4	5.8	–	5.8	0.8	92.4	1.1	94.2	100.0
Aids and appliances	%	11.8	5.2	17.1	–	17.1	11.3	70.2	1.4	82.9	100.0
Administration	%	39.0	14.4	53.3	15.0	68.4	31.0	–	0.6	31.6	100.0
Research	%	76.5	–	76.6	17.5	94.0	–	–	6.0	6.0	100.0
Total recurrent	**%**	**41.3**	**3.7**	**44.9**	**25.0**	**69.9**	**7.9**	**18.7**	**3.5**	**30.1**	**100.0**

(a) Total health funding has not been adjusted to include non-specific tax expenditure as funding by the Australian Government.

Table EA.4 **Recurrent health expenditure, by source of funds and area of expenditure, 2009-10 (a), (b), (c)**

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

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

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

(d) Direct expenditure comprises Australian Government expenditure on capital consumption and health research not funded by the Department of Health and Aging (DoHA).

(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 2010, *Health Expenditure Australia 2009-10*, Health and Welfare Expenditure Series no. 46. Cat. no. HWE 55, Canberra.

Table EA.5 Total health expenditure per person (2009-10 dollars) (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (c)	*NT*	*Aust*
2000-01	3 927	4 024	4 282	3 799	3 834	3 893	np	4 575	4 011
2001-02	4 021	4 278	4 164	4 035	4 084	4 443	np	4 680	4 147
2002-03	4 186	4 596	4 162	4 335	4 334	4 173	np	5 055	4 332
2003-04	4 390	4 409	4 328	4 523	4 537	4 151	np	5 409	4 427
2004-05	4 636	4 615	4 405	4 877	4 922	4 379	np	5 628	4 652
2005-06	4 623	4 714	4 552	4 904	4 841	4 691	np	6 020	4 710
2006-07	4 791	4 867	4 912	5 085	4 994	4 689	np	6 082	4 905
2007-08	5 025	4 929	5 224	5 328	5 537	5 040	np	6 537	5 139
2008-09	5 326	5 208	5 474	5 526	5 804	5 237	np	6 969	5 410
2009-10	5 400	5 353	5 583	5 416	5 762	5 276	np	6 805	5 479

(a) Constant price health expenditure for 2000-01 to 2009-10 is expressed in terms of 2009-10 prices using Implicit Price Deflators, constructed by AIHW, presented in table EA.7.

(b) Data are derived.

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

np Not published.

Source: AIHW (unpublished) Health expenditure database.

Table EA.6 Recurrent health expenditure per person by source of funds, excluding high level residential aged care (2009-10 dollars) (a), (b), (c)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (d)	*NT*	*Aust*
Government recurrent health expenditure									
2000-01	2 587	2 518	2 739	2 578	2 759	2 687	np	3 606	2 631
2001-02	2 655	2 637	2 717	2 553	2 775	3 135	np	3 629	2 694
2002-03	2 764	2 851	2 795	2 862	3 014	2 792	np	3 982	2 847
2003-04	2 907	2 768	2 800	2 998	3 114	2 783	np	4 327	2 900
2004-05	3 111	2 866	2 887	3 133	3 372	2 914	np	4 478	3 050
2005-06	3 096	2 906	3 025	3 075	3 385	3 018	np	4 645	3 082
2006-07	3 177	2 979	3 212	3 240	3 518	3 166	np	4 824	3 199
2007-08	3 340	3 213	3 448	3 428	3 806	3 559	np	5 318	3 415
2008-09	3 555	3 357	3 622	3 513	4 030	3 680	np	5 707	3 591
2009-10	3 619	3 477	3 742	3 468	4 140	3 826	np	5 486	3 670
Non-government recurrent health expenditure									
2000-01	1 153	1 357	1 065	1 157	1 009	1 148	np	906	1 175
2001-02	1 217	1 418	1 079	1 293	1 112	1 212	np	966	1 239
2002-03	1 244	1 416	1 116	1 289	1 157	1 194	np	918	1 257
2003-04	1 314	1 477	1 162	1 351	1 251	1 189	np	923	1 320
2004-05	1 357	1 528	1 220	1 407	1 261	1 183	np	949	1 365
2005-06	1 334	1 550	1 252	1 441	1 292	1 226	np	1 045	1 376
2006-07	1 397	1 611	1 323	1 487	1 258	1 272	np	1 051	1 429
2007-08	1 435	1 569	1 355	1 596	1 340	1 341	np	1 107	1 456
2008-09	1 542	1 685	1 447	1 696	1 403	1 451	np	1 147	1 555
2009-10	1 581	1 748	1 462	1 660	1 412	1 321	np	1 063	1 580
Total recurrent health expenditure									
2000-01	3 740	3 875	3 804	3 735	3 769	3 835	np	4 513	3 806
2001-02	3 872	4 055	3 797	3 846	3 887	4 347	np	4 594	3 933
2002-03	4 008	4 268	3 911	4 152	4 171	3 986	np	4 897	4 104
2003-04	4 220	4 246	3 962	4 349	4 364	3 973	np	5 249	4 220
2004-05	4 468	4 394	4 107	4 539	4 633	4 096	np	5 427	4 415
2005-06	4 431	4 456	4 277	4 516	4 677	4 244	np	5 691	4 458
2006-07	4 574	4 590	4 535	4 727	4 776	4 439	np	5 874	4 628
2007-08	4 775	4 783	4 804	5 025	5 147	4 901	np	6 426	4 870
2008-09	5 098	5 042	5 069	5 209	5 433	5 131	np	6 856	5 146
2009-10	5 200	5 225	5 204	5 128	5 552	5 146	np	6 548	5 250

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

(b) Constant price health expenditure for 2000-01 to 2009-10 is expressed in terms of 2009-10 prices using Implicit Price Deflators, constructed by AIHW, presented in table EA.7.

Table EA.6 **Recurrent health expenditure per person by source of funds, excluding high level residential aged care (2009-10 dollars) (a), (b), (c)**

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

(c) Data are derived.

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

np Not published.

Source : AIHW (unpublished) Health expenditure database.

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

	2000–01	*2001–02*	*2002–03*	*2003–04*	*2004–05*	*2005–06*	*2006–07*	*2007–08*	*2008–09*	*2009–10*
Total health price index	75.4	77.9	80.3	83.0	86.0	89.6	92.7	94.9	96.9	100.0
Government final consumption expenditure on hospitals and nursing homes	72.1	74.1	76.2	78.3	81.1	83.3	87.1	90.7	93.4	100.0
Medicare medical services fees charged	65.1	67.9	71.9	75.7	79.8	86.0	90.8	93.6	96.2	100.0
Dental services	62.3	65.8	69.1	72.2	75.3	80.1	83.4	88.0	91.6	100.0
Other health practitioners	63.4	67.6	74.1	78.5	80.3	82.7	86.6	88.4	88.3	100.0
Professional health workers wage rates	68.6	70.5	72.9	75.4	78.9	81.7	85.5	89.3	92.7	100.0
PBS pharmaceuticals	98.4	98.5	98.6	98.7	98.8	98.9	99.1	99.3	99.8	100.0
HFCE on chemist goods	88.3	91.3	91.5	93.0	93.4	95.4	98.0	101.0	101.4	100.0
Aids and appliances	76.3	78.8	79.0	80.9	86.5	88.8	91.2	93.1	95.7	100.0
Australian Government gross fixed capital formation	98.3	99.3	98.2	96.5	94.9	96.8	97.3	98.8	98.6	100.0
State, territory and local government gross fixed capital formation	85.4	86.4	85.9	86.7	87.4	89.8	92.5	95.5	98.2	100.0
Private gross fixed capital formation	80.4	81.3	85.2	86.4	87.3	88.9	91.6	93.7	96.4	100.0
Gross domestic product	73.0	75.3	77.2	79.8	82.9	87.0	91.5	95.8	99.9	100.0

Source: AIHW 2011, *Health Expenditure Australia 2009-10*, Health and Welfare Expenditure Series no. 46. Cat. no. HWE 55, Canberra.

Table EA.8 **Employed medical practitioners (a), (b)**

	NSW (c)	*Vic* (d)	*Qld* (e)	WA (f)	*SA*	*Tas* (g)	*ACT* (h)	*NT*	*Aust*
Practitioner rate (per 100 000 people)									
2005	322	314	234	242	318	296	413	348	295
2009	309	333	335	337	354	366	474	443	331
FTE practitioner rate (per 100 000 people) based on total weekly hours									
2005	319	304	227	223	302	268	393	337	287
2009	290	316	316	314	323	322	452	420	311

FTE = Full time equivalent.

(a) FTE rate (FTE per 100 000 people) is based on standard full-time working week of 45 hours. This differs from tables EA.10 and EA.11 which are based on 40 hours.

(b) Includes medical practitioners who are employed in medicine. Number of 'employed medical practitioners' does not include medical practitioners on extended leave.

(c) NSW data are based on responses to the Medical Labour Force Survey weighted to financial registrants holding general, conditional specialist, limited prescribing and referring or non-practising registration.

(d) 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.

(e) 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.

(f) 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.

(g) Tasmania data are based on responses to the annual Medical Labour Force Survey weighted to general registrants, conditionally registered specialists and non-practising practitioners only.

(h) Care must be taken when interpreting ACT's data as the ACT supplies a large number of services to the Greater Southern Area NSW. Inclusion of population from this catchment area would significantly reduce the ratio of practitioners per 100 000 population.

Source : AIHW 2011, *Medical labour force 2009* , AIHW bulletin no. 89, Cat. no. AUS 138, Canberra; AIHW 2008, *Medical labour force 2005* , Cat. no. HWL 41, Canberra.

Table EA.9 **Employed nurses (a), (b), (c)**

	NSW	*Vic* (d)	*Qld* (e)	*WA* (f)	*SA*	*Tas (g)*	*ACT*	*NT* (h)	*Aust*
FTE nurses rate (per 100 000 people) based on a 35-hour week									
2005	1 055	1 249	999	1 035	1 398	1 295	1 242	np	1 133
2006	na	na	na	na	na	na	na	na	na
2007	1 093	1 331	1 121	1 057	1 396	1 362	1 201	1 556	1 189
2008	1 101	1 325	1 101	1 132	1 523	1 413	1 270	1 983	1 211
2009	1 091	1 267	1 133	1 094	1 595	1 389	1 268	1 954	1 199

FTE = Full time equivalent.

(a) Includes registered and enrolled nurses who are employed in nursing.

(b) FTE rate (FTE per 100 000 people) is based on standard full-time working week of 35 hours. This differs from tables EA.10 and EA.11 which are based on 38 hours.

(c) Data for 2006 are not available.

(d) 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).

(e) Queensland estimates for 2007, 2008 and 2009 should be treated with caution due to low response rates (33.9 per cent, 32.9 per cent and 28.2 respectively). Benchmark data for Queensland in 2009 was estimated by using the total from a summary table provided to AIHW by Queensland Health prorated to the age distribution of 2008.

(f) Estimates for WA for 2005, 2007, 2008 and 2009 should be treated with caution due to low response rates (26.9 per cent, 36.7 per cent, 34.4 per cent and 35.4 per cent respectively). Benchmark data for Western Australia in 2009 was estimated by using the total from the Nursing board annual report prorated to the age distribution of 2008.

(g) Estimates for Tasmania for 2009 should be treated with caution due to low response rate (33.2 per cent). Differences between 2008 and 2009 for Tasmanian data in particular may be caused by the large decline in the response rate for that jurisdiction (from 56.9% to 33.2%).

(h) Estimates for the NT for 2004, 2007, 2008 and 2009 should be treated with caution due to low response rates (35.1 per cent, 28.7 per cent, 34.9 per cent and 32.8 per cent respectively). Data for NT for 2005 are not published. Benchmark data for the Northern Territory in 2009 was estimated by using the total from the Nursing board quarterly bulletin report prorated to the age distribution of 2008. Data for the NT is affected by the transient nature of the nursing labour force in that jurisdiction. According to the Nursing Board Annual Report, approximately one-third of all nurses do not re-register each year, primarily because they no longer practise in the jurisdiction. There has been some variation across years in the degree to which nurses who are interstate have been removed from the renewal process and hence the survey.

np Not published.

Source: AIHW 2011, *Nursing and midwifery labour force 2009*, AIHW bulletin no. 90. Cat. no. AUS 139, Canberra; AIHW 2010, *Nursing and Midwifery Labour Force 2008*, Cat. no. AUS 130, Canberra; AIHW 2009, *Nursing and Midwifery Labour Force 2007*, Cat. no. HWL 44, Canberra; AIHW 2008, *Nursing and midwifery labour force 2005*, Cat. no. HWL 40, Canberra.

Table EA.10 Net growth in health workforce, selected professions, 2008 to 2009 (a), (b)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)
Medical practitioners (d), (e)										
FTE in workforce in 2008	no.	23 404	18 773	13 865	7 165	5 770	1 518	1 695	882	73 076
FTE in workforce in 2009	no.	23 257	19 341	15 733	7 916	5 907	1 826	1 792	1 069	76 740
Net growth from 2008 to 2009	**%**	**- 0.6**	**3.0**	**13.5**	**10.5**	**2.4**	**20.2**	**5.7**	**21.2**	**5.0**
Nurses/midwives (f)										
FTE in workforce in 2008	no.	71 129	63 001	43 691	22 694	22 502	6 479	4 050	4 028	237 236
FTE in workforce in 2009	no.	71 631	63 559	46 166	22 624	23 860	6 441	4 114	4 072	242 521
Net growth from 2008 to 2009	**%**	**0.7**	**0.9**	**5.7**	**- 0.3**	**6.0**	**- 0.6**	**1.6**	**1.1**	**2.2**

(a) Net growth measures the change in the full time equivalent (FTE) number in the workforce in the reference year compared to the year prior to the reference year.

(b) FTEs calculated based on a 40 hour standard working week for medical practitioners and a 38 hour week for nurses and midwives.

(c) Due to rounding of average hours worked, the total FTE for Australia may not add up to the sum of states and territories.

(d) 2008 and 2009 data for New South Wales, Queensland and Tasmania are underestimates, as the benchmark figures did not include all registered medical practitioners. For Western Australia the 2008 benchmark used was the total number of registered practitioners in 2008 using 2007 age by sex proportions. For Western Australia 2008 and 2009, the benchmark data were inflated by a significant number of registered medical practitioners that are no longer active in the workforce.

(e) For the Northern Territory, benchmarks for 2007 and 2009 were based on the medical board newsletter relating to medical practioners who had been registered during any part of the year, while the 2008 benchmarks were based on data analysis by Northern Territory health department which was restricted to practitioners registered at a point in time (but included the only source for data by age group). The difference between these two sources for 2008 was concentrated in conditionally registered medical practitioners (i.e. short term registrations). The small decline in the survey data for 2008 and subsequent apparent large increase in the 2009 data is attributable to this difference in the benchmark data source. In contrast AIHW calculations show that the increase in FTE between 2007 and 2009 was a more reasonable 10.3% over two years.

(f) For 2009, state and territory estimates should be treated with caution due to low response rates in some jurisdictions, particularly Victoria, Queensland, Western Australia, Tasmania and the Northern Territory. In 2008 Victorian data was affected by large numbers of online survey records not being able to be used for technical reasons.

Source: AIHW unpublished, *Medical Health Labour Force Surveys*, 2008 and 2009; AIHW unpublished, *Nursing and Midwifery Labour Force Surveys*, 2008 and 2009; State and Territory registration board data.

Table EA.11 Net growth in health workforce, by clinical/non-clinical status, 2008 to 2009 (per cent) (a), (b), (c)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Medical practitioners (d), (e)				
Net growth from 2008 to 2009									
Clinician status									
Clinician	- 0.6	0.7	13.2	11.0	1.7	20.0	5.5	21.6	4.6
Non-clinician	- 2.5	31.6	20.6	- 1.2	15.5	22.7	7.5	20.4	13.4
					Nurses/midwives (f)				
Net growth from 2008 to 2009									
Clinician status									
Clinician	0.8	0.4	4.7	- 0.5	5.5	- 1.7	1.4	0.4	1.6
Non-clinician	- 1.2	7.0	15.5	0.1	8.9	9.8	3.1	7.5	5.4

(a) Net growth measures the change in the full time equivalent number in the workforce in the reference year compared to the year prior to the reference year.

(b) FTEs calculated based on a 40 hour standard working week for medical practitioners and a 38 hour week for nurses, midwives.

(c) Clinicians are those mainly working in clinical work (i.e. direct patient care). Non-clinicians are those mainly working in the profession as a researcher, lecturer, teacher, educator, other non-clinical work in the relevant professional field. The number of non-clinicians is very small in comparison to the number of clinicians and small changes in numbers may result in large percentage changes.

(d) 2008 and 2009 data for New South Wales, Queensland and Tasmania are underestimates, as the benchmark figures did not include all registered medical practitioners. For Western Australia the 2008 benchmark used was the total number of registered practitioners in 2008 using 2007 age by sex proportions. For Western Australia 2008 and 2009, the benchmark data were inflated by a significant number of registered medical practitioners that are no longer active in the workforce.

(e) For the Northern Territory, benchmarks for 2007 and 2009 were based on the medical board newsletter relating to medical practioners who had been registered during any part of the year, while the 2008 benchmarks were based on data analysis by Northern Territory health department which was restricted to practitioners registered at a point in time (but included the only source for data by age group). The difference between these two sources for 2008 was concentrated in conditionally registered medical practitioners (i.e. short term registrations). The small decline in the survey data for 2008 and subsequent apparent large increase in the 2009 data is attributable to this difference in the benchmark data source. In contrast AIHW calculations show that the increase in FTE between 2007 and 2009 was a more reasonable 10.3% over two years.

(f) For 2009, state and territory estimates should be treated with caution due to low response rates in some jurisdictions, particularly Victoria, Queensland, Western Australia, Tasmania and the Northern Territory. In 2008 Victorian data was affected by large numbers of online survey records not being able to be used for technical reasons.

Source: AIHW unpublished, *Medical Health Labour Force Surveys*, 2008 and 2009; AIHW unpublished, *Nursing and Midwifery Labour Force Surveys*, 2008 and 2009; State and Territory registration board data.

Table EA.12 **Indigenous health workforce, by State/Territory, 2006 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (d)
Number of Indigenous health workers									
	1 743	**381**	**1 343**	**486**	**302**	**196**	**47**	**390**	**4 891**
Number of total health workforce									
	159 158	125 749	93 404	47 749	42 386	11 820	7 613	4 428	492 342
Indigenous health workforce as a proportion of total health workforce									
	1.1	**0.3**	**1.4**	**1.0**	**0.7**	**1.7**	**0.6**	**8.8**	**1.0**
Indigenous population									
	85 320	19 017	77 958	37 017	16 268	10 687	2 471	35 014	283 911
Total population ('000)									
	5 250	3 982	3 098	1 563	1 234	382	262	145	15 918
Indigenous health workers as a proportion of the Indigenous population (per cent)									
	2.0	**2.0**	**1.7**	**1.3**	**1.9**	**1.8**	**1.9**	**1.1**	**1.7**
Proportion of State/Territory population that is Indigenous									
	1.6	**0.5**	**2.5**	**2.4**	**1.3**	**2.8**	**0.9**	**24.1**	**1.8**

(a) Aged 15 years and over.

(b) Cells in this table have been randomly adjusted to avoid the release of confidential data.

(c) See table EA.15 for information about the scope of the Indigenous Health Workforce.

(d) Includes Other Territories.

Source : ABS (unpublished); ABS 2007, *2006 Census of Population and Housing* , Canberra.

Table EA.13 Indigenous people in health workforce as a proportion of total health workforce, by age group and sex, 2006 (a)

Age group	*15-24*	*25-34*	*35-44*	*45-54*	*55-64*	*Total* (b)
Indigenous persons in health workforce, by age by sex						
Males	108	301	388	314	104	1 223
Females	406	803	1 100	984	347	3 666
Total	**518**	**1 098**	**1 486**	**1 290**	**453**	**4 891**
All persons in health workforce, by age by sex						
Males	5 604	24 496	31 374	32 748	19 048	119 386
Females	30 549	78 498	97 751	110 928	49 611	372 961
Total	**36 150**	**102 996**	**129 125**	**143 676**	**68 658**	**492 342**
Proportion of total health workforce (per cent)						
Males	0.3	0.3	0.3	0.2	0.2	0.2
Females	1.1	0.8	0.9	0.7	0.5	0.7
Total	**1.4**	**1.1**	**1.2**	**0.9**	**0.7**	**1.0**

(a) Cells in this table have been randomly adjusted to avoid the release of confidential data.

(b) Includes persons aged 65 years and over.

Source : ABS (unpublished); ABS 2007, *2006 Census of Population and Housing* , Canberra.

Table EA.14 Proportion of the health workforce that is Indigenous, by occupation groupings, 2006 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)	
	%	%	%	%	%	%	%	%	%	no.
Occupation groupings (c)										
Medical practitioners	0.2	0.1	0.2	0.1	0.2	0.5	0.3	0.6	0.2	103
Medical imaging workers	0.2	0.1	0.3	–	0.4	–	–	–	0.2	19
Dental workers	0.8	0.2	1.2	0.4	0.4	0.9	0.8	1.9	0.7	203
Nursing workers	0.9	0.3	0.9	0.5	0.4	1.3	0.4	1.9	0.7	1 446
Pharmacists	–	0.1	0.2	0.2	–	–	–	–	0.1	13
Allied health workers	0.8	0.2	0.9	0.7	0.8	1.1	0.6	4.2	0.7	454
Complementary therapists	0.5	0.3	0.8	0.8	0.3	3.1	–	–	0.5	87
Other health workers	2.3	0.7	3.4	2.8	2.0	3.7	1.3	27.2	2.4	3 145
Total Indigenous health workforce as proportion of total health workforce	**1.1**	**0.3**	**1.4**	**1.1**	**0.8**	**1.7**	**0.6**	**8.8**	**1.0**	**..**
	no.	no.	no.	no.	no.	no.	no.	no.	no.	no.
Total Indigenous health workforce	**1 933**	**456**	**1 472**	**563**	**354**	**216**	**51**	**422**	**5 470**	**5 470**

(a) Proportions exclude persons who did not state their Indigenous status.

(b) Includes Other Territories (Christmas Island, Cocos (Keeling) Islands, and Jervis Bay Territory).

(c) Occupation groupings are based on those used in AIHW *Health and Community Services Labour Force, 2006* .

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

Source : ABS (unpublished); ABS (2007) *2006 Census of Population and Housing* , Canberra.

Table EA.15 Indigenous persons employed in selected health-related occupations, 2006 (a)

	Indigenous people	*All persons*	*Percent of Indigenous people in selected health-related occupations*
Health and welfare services managers (b)	141	10 807	1.3
Psychologists (c)	39	13 437	0.3
Health diagnostic and promotion professionals			
Medical Imaging Professionals (d)	18	10 147	0.2
Environmental Health Officer	98	3 907	2.5
Occupational Health and Safety Adviser	50	6 840	0.7
Health Promotion Officer	437	3 898	11.2
Other health diagnostic and promotion professionals (e)	45	23 287	0.2
Total	**648**	**48 079**	**1.3**
Health therapy professionals			
Dental Practitioners (f)	16	9 065	0.2
Dental Hygienists, Technicians and Therapists (g)	22	5 169	0.4
Dental Assistant	171	15 378	1.1
Physiotherapist	54	12 286	0.4
Other health therapy professionals (h)	58	22 699	0.3
Total	**321**	**64 597**	**0.5**
Medical practitioners			
General Medical Practitioner	60	29 920	0.2
Other medical practitioners, Internal Medicine (i) specialists, Psychiatrists & Surgeons	40	25 155	0.2
Total	**100**	**55 075**	**0.2**
Midwifery and nursing professionals			
Midwives (j)	53	13 164	0.4
Nurse Educators and Researchers (k)	17	3 762	0.5
Nurse Manager	46	10 899	0.4
Registered Nurse (Aged Care)	239	25 070	1.0
Registered Nurse (Community Health)	51	8 771	0.6
Registered Nurse (Critical Care and Emergency)	44	9 917	0.4
Registered Nurse (Mental Health)	48	7 712	0.6
Registered Nurse (Perioperative)	46	10 009	0.5
Other Registered Nurses (l)	679	111 096	0.6

Table EA.15 Indigenous persons employed in selected health-related occupations, 2006 (a)

	Indigenous people	*All persons*	*Percent of Indigenous people in selected health-related occupations*
Total	**1 223**	**200 400**	**0.6**
Health and welfare support workers			
Ambulance Officers and Paramedics	153	9 098	1.7
Diversional Therapist	41	4 078	1.0
Enrolled and Mothercraft Nurses	215	19 397	1.1
Aboriginal and Torres Strait Islander Health Worker	965	1 010	95.5
Massage Therapist	54	8 200	0.7
Hospital Orderly	165	9 939	1.7
Nursing Support Worker	442	22 380	2.0
Personal Care Assistant	339	21 956	1.5
Other Nursing Support and Personal Care Workers (m)	39	3 899	1.0
Total	**2 413**	**99 957**	**2.4**
Total aged 15 years and over (n)	**4 891**	**492 342**	**1.0**

(a) Aged 15 years and over.

(b) Comprises Health and Welfare Services Managers, nfd, Medical Administrator, Nursing Clinical Director, Primary Health Organisation Manager, Health and Welfare Services Managers, nec.

(c) Comprises Psychologists, nfd, Clinical Psychologist, Educational Psychologist, Organisational Psychologist, Psychotherapist, Psychologists, nec.

(d) Comprises Medical Imaging Professionals, nfd, Medical Diagnostic Radiographer, Medical Radiation Therapist, Nuclear Medicine Technologist, Sonographer.

(e) Comprises Health Professionals, nfd, Health Diagnostic and Promotion Professionals, nfd, Dietician, Occupational and Environmental Health Professionals, nfd, Optometrists and Orthoptists, nfd, Optometrist, Orthoptist, Pharmacists, nfd, Hospital Pharmacist, Industrial Pharmacist, Retail Pharmacist, Other Health Diagnostic and Promotion Professionals, nfd, Orthotist or Prosthetist, Health Diagnostic and Promotion Professionals, nec.

(f) Comprises Dental Practitioners, nfd, Dental Specialist, Dentist.

(g) Comprises Dental Hygienists, Technicians and Therapists, nfd, Dental Hygienist, Dental Prosthetist, Dental Technician, Dental Therapist.

(h) Comprises Health Therapy Professionals, nfd, Chiropractors and Osteopaths, nfd, Chiropractor, Osteopath, Complementary Health Therapists, nfd, Acupuncturist, Homeopath, Naturopath, Traditional Chinese Medicine Practitioner, Complementary Health Therapists, nec., Occupational Therapist, Podiatrist, Speech Professionals and Audiologists, nfd, Audiologist, Speech Pathologist.

Table EA.15 **Indigenous persons employed in selected health-related occupations, 2006 (a)**

	Indigenous people	*All persons*	*Percent of Indigenous people in selected health-related occupations*

(i) Comprises Medical Practitioners, nfd, Generalist Medical Practitioners, nfd, Resident Medical Officer, Anaesthetist, Internal Medicine Specialists, nfd, Specialist Physician (General Medicine), Cardiologist, Clinical Haematologist, Clinical Oncologist, Endocrinologist, Gastroenterologist, Intensive Care Specialist, Neurologist, Paediatrician, Renal Medicine Specialist, Rheumatologist, Thoracic Medicine Specialist, Internal Medicine Specialists, nec, Psychiatrist, Surgeons, nfd, Surgeon (General), Cardiothoracic Surgeon, Neurosurgeon, Orthopaedic Surgeon, Otorhinolaryngologist, Paediatric Surgeon, Plastic and Reconstructive Surgeon, Urologist, Vascular Surgeon, Other Medical Practitioners, nfd, Dermatologist, Emergency Medicine Specialist, Obstetrician and Gynaecologist, Ophthalmologist, Pathologist, Radiologist, Medical Practitioners, nec.

(j) Comprises Midwifery and Nursing Professionals, nfd, Midwife.

(k) Comprises Nurse Educators and Researchers, nfd, Nurse Educator, Nurse Researcher.

(l) Comprises Registered Nurses, nfd, Nurse Practitioner, Registered Nurse (Child and Family Health), Registered Nurse (Developmental Disability), Registered Nurse (Disability and Rehabilitation), Registered Nurse (Medical), Registered Nurse (Medical Practice), Registered Nurse (Surgical), Registered Nurses, nec.

(m) Comprises Nursing Support and Personal Care Workers, nfd, Therapy Aide.

(n) Components may not add to total due to perturbation of component data.

Source : ABS 2007, *2006 Census of Population and Housing* , Canberra.

Table EA.16 Proportion of the health workforce that is Indigenous, by selected professions, 2009 (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Unit	%	%	%	%	%	%	%	%	%	no.
Selected professions										
Medical practitioners (c)	0.2	0.3	0.3	0.1	0.1	np	np	1.3	0.2	174
Nurses/midwives (d)	0.8	0.2	0.8	0.3	0.5	1.1	0.4	0.9	0.6	1 606
Total	**0.7**	**0.3**	**0.7**	**0.3**	**0.4**	**0.9**	**0.3**	**0.9**	**0.5**	**1 780**

(a) Due to the small population size, the overall response rate and unexplained variation between years, data for Indigenous medical practitioners should be treated with caution.

(b) Excludes the response category 'Indigenous status—Not stated'.

(c) The total number of medical practitioners in New South Wales, Queensland and Tasmania are underestimates, as the benchmark figures did not include all registered medical practitioners. For Western Australia the 2008 benchmark used was the total number of registered practitioners in 2008 using 2007 age by sex proportions. For Western Australia 2008 and 2009, the benchmark data were inflated by a significant number of registered medical practitioners that are no longer active in the workforce.

(d) State and Territory estimates from the 2009 Nursing and Midwifery Labour Force Survey should be treated with caution due to low response rates in some jurisdictions, particularly Victoria, Queensland, Western Australia, Tasmania and the Northern Territory.

np Not published.

Source: AIHW unpublished, *Medical Health Labour Force Survey, 2009*; AIHW unpublished, *Nursing and Midwifery Labour Force Survey, 2009*; State and Territory registration board data.

Table EA.17 **Proportion of people who accessed health services by health status, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Health status (excellent/very good/good)					
Admitted to hospital	%	14.2	13.5	13.5	15.8	13.5	13.5	13.4	13.7	14.0
Casualty/outpatients/day clinic	%	3.4	5.5	3.7	4.8	4.5	4.7	np	np	4.2
Doctor consultation (GP and/or specialist)	%	21.1	21.5	20.5	22.4	21.8	21.6	19.9	21.5	21.3
Dental consultation	%	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 (d)	%	**41.8**	**41.7**	**41.1**	**43.4**	**42.9**	**40.5**	**37.7**	**38.8**	**41.8**
					Health status (fair/poor)					
Admitted to hospital	%	27.6	24.6	25.8	28.1	26.5	27.0	23.8	37.2	26.5
Casualty/outpatients/day clinic	%	7.9	10.0	10.3	12.5	11.4	11.9	5.5	13.0	9.7
Doctor consultation (GP and/or specialist)	%	41.8	44.1	42.3	39.7	41.1	44.1	30.4	38.7	42.0
Dental consultation	%	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 (d)	**%**	**60.6**	**65.2**	**63.3**	**63.0**	**64.2**	**58.6**	**58.5**	**66.5**	**62.6**

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

(b) Persons who accessed at least one of the health services noted in the table in the last two weeks or were admitted to hospital in the last 12 months.

(c) Limited to people aged 15 years or over.

(d) Total persons accessing any of the selected health services above. Components may not add to total because persons may have accessed more than one type of health service.

np Not published.

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

Table EA.18 **RSEs and confidence intervals for the proportion of people who accessed health services by health status, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					RSE for Health status (excellent/very good/good)					
Admitted to hospital	%	4.3	5.7	5.0	4.5	4.3	7.0	8.1	39.8	2.4
Casualty/outpatients/day clinic	%	9.7	9.4	10.4	12.4	9.1	10.9	np	np	5.1
Doctor consultation (GP and/or specialist)	%	3.2	3.9	4.1	4.7	4.3	5.1	7.7	35.6	1.9
Dental consultation	%	7.3	9.1	7.2	9.8	7.6	10.0	12.7	47.9	4.0
Consultation with other health professional	%	5.7	5.7	5.3	6.1	4.8	7.2	7.1	55.3	2.7
Total accessing health care (d)	**%**	**2.3**	**2.8**	**2.5**	**2.6**	**2.6**	**3.4**	**22.6**	**4.3**	**1.3**
					RSE for Health status (fair/poor)					
Admitted to hospital	%	8.7	8.3	7.3	10.7	8.5	11.4	15.7	46.8	4.2
Casualty/outpatients/day clinic	%	17.9	14.3	17.0	16.8	16.3	18.9	23.9	66.1	6.9
Doctor consultation (GP and/or specialist)	%	6.6	5.9	6.5	7.9	7.3	8.6	11.9	35.1	3.3
Dental consultation	%	25.0	23.8	19.9	27.4	22.0	35.9	np	np	10.8
Consultation with other health professional	%	9.9	10.6	8.9	12.9	9.1	14.3	14.7	33.8	4.9
Total accessing health care (d)	**%**	**4.8**	**4.3**	**4.4**	**5.6**	**4.0**	**6.6**	**7.2**	**24.6**	**2.5**
					95 per cent confidence interval for Health status (excellent/very good/good)					
Admitted to hospital	± %	1.2	1.5	1.3	1.4	1.1	1.9	2.1	10.7	0.6
Casualty/outpatients/day clinic	± %	0.7	1.0	0.7	1.2	0.8	1.0	np	np	0.4
Doctor consultation (GP and/or specialist)	± %	1.3	1.6	1.6	2.1	1.8	2.2	3.0	15.0	0.8
Dental consultation	± %	0.8	1.0	0.7	1.2	1.0	1.1	1.4	4.1	0.5

Table EA.18 **RSEs and confidence intervals for the proportion of people who accessed health services by health status, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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 (d)	**± %**	**1.9**	**2.3**	**2.0**	**2.2**	**2.2**	**2.7**	**16.7**	**3.3**	**1.1**
				95 per cent confidence interval for Health status (fair/poor)						
Admitted to hospital	± %	4.7	4.0	3.7	5.9	4.4	6.0	7.3	34.1	2.2
Casualty/outpatients/day clinic	± %	2.8	2.8	3.5	4.1	3.6	4.4	2.6	16.9	1.3
Doctor consultation (GP and/or specialist)	± %	5.4	5.1	5.4	6.1	5.9	7.5	7.1	26.6	2.7
Dental consultation	± %	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 (d)	**± %**	**5.7**	**5.5**	**5.5**	**6.9**	**5.0**	**7.6**	**8.2**	**32.1**	**3.0**

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

(b) Persons who accessed at least one of the health services noted in the table in the last two weeks or were admitted to hospital in the last 12 months.

(c) Limited to people aged 15 years or over.

(d) Total persons accessing any of the selected health services above. Components may not add to total because persons may have accessed more than one type of health service.

np Not published.

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

Table EA.19 **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*	*Aust*
					Health status (excellent/very good/good)					
Indigenous										
Admitted to hospital	%	14.7	17.1	16.0	19.1	19.2	10.7	9.9	23.3	17.0
Casualty/outpatients/day clinic	%	3.0	1.7	5.0	5.0	6.7	3.3	np	4.4	4.0
Doctor consultation (GP and/or specialist)	%	20.9	24.0	21.2	23.1	25.4	18.4	12.9	23.8	21.9
Dental consultation	%	3.3	np	3.4	np	np	np	np	2.6	3.3
Consultation with other health professional	%	14.5	15.6	18.7	20.7	20.5	9.0	14.1	37.2	19.7
Total accessing health care (d)	**%**	**40.4**	**47.9**	**43.4**	**47.1**	**46.1**	**34.3**	**30.0**	**55.3**	**44.3**
Non-Indigenous										
Admitted to hospital	%	14.2	13.4	13.2	15.6	13.4	13.3	13.1	10.8	13.8
Casualty/outpatients/day clinic	%	1.6	2.5	1.5	2.0	2.8	2.1	1.8	–	1.9
Doctor consultation (GP and/or specialist)	%	21.0	21.3	20.3	21.9	21.5	21.0	19.4	12.4	21.0
Dental consultation	%	5.5	5.9	5.2	6.4	6.6	5.8	5.6	8.2	5.7
Consultation with other health professional	%	11.6	14.4	14.0	13.3	14.2	12.1	12.1	12.5	13.2
Total accessing health care (d)	**%**	**41.1**	**41.2**	**40.4**	**42.0**	**43.1**	**39.9**	**37.5**	**35.9**	**41.1**
					Health status (fair/poor)					
Indigenous										
Admitted to hospital	%	29.9	34.8	26.1	28.3	27.7	31.9	20.5	39.2	29.7
Casualty/outpatients/day clinic	%	5.0	10.9	14.6	16.3	10.7	7.2	np	10.9	10.8
Doctor consultation (GP and/or specialist)	%	40.6	45.4	34.6	41.1	39.4	52.2	27.4	43.0	39.8

Table EA.19 **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*	*Aust*
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 (d)	**%**	**61.3**	**71.7**	**65.8**	**59.1**	**61.7**	**66.6**	**48.2**	**70.6**	**64.1**
Non-Indigenous										
Admitted to hospital	%	28.6	25.1	26.3	28.6	26.1	26.5	23.1	49.4	27.1
Casualty/outpatients/day clinic	%	4.9	4.9	5.4	6.4	9.3	6.8	np	np	5.5
Doctor consultation (GP and/or specialist)	%	41.7	44.2	42.7	40.5	41.2	44.0	30.9	20.8	42.1
Dental consultation	%	5.7	6.9	5.7	5.5	8.8	3.6	6.9	–	6.1
Consultation with other health professional	%	19.2	22.2	24.2	23.7	23.7	18.9	27.8	18.0	21.7
Total accessing health care (d)	**%**	**60.7**	**64.8**	**62.5**	**62.2**	**64.3**	**58.3**	**58.5**	**58.9**	**62.3**

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

(b) Persons who accessed at least one of the health services noted in the table in the last two weeks or were admitted to hospital in the last 12 months.

(c) Limited to people aged 15 years or over.

(d) Total persons accessing any of the selected health services above. Components may not add to total because persons may have accessed more than one type of health service.

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

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

Table EA.20 **RSEs and confidence intervals for the 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*	*Aust*
					RSE for Health status (excellent/very good/good)					
Indigenous										
Admitted to hospital	%	13.6	18.9	15.0	13.5	18.7	16.4	29.5	11.9	6.0
Casualty/outpatients/day clinic	%	25.4	38.5	24.1	24.4	46.6	32.6	np	29.6	11.8
Doctor consultation (GP and/or specialist)	%	10.2	15.8	12.0	9.9	14.2	11.4	28.3	11.4	4.9
Dental consultation	%	45.3	np	49.4	np	np	np	np	45.2	26.5
Consultation with other health professional	%	15.8	20.8	14.0	14.3	17.0	18.2	25.5	11.3	6.3
Total accessing health care (d)	**%**	**8.4**	**6.9**	**5.9**	**7.1**	**9.7**	**8.1**	**19.9**	**6.3**	**3.2**
Non-Indigenous										
Admitted to hospital	%	4.3	5.8	5.0	4.7	4.2	6.9	7.8	44.1	2.4
Casualty/outpatients/day clinic	%	11.7	13.7	15.7	18.4	12.8	18.7	23.3	–	7.2
Doctor consultation (GP and/or specialist)	%	3.2	3.9	4.2	5.0	4.3	5.0	7.7	30.3	1.9
Dental consultation	%	7.8	9.0	7.3	10.0	7.6	10.1	12.8	45.2	4.1
Consultation with other health professional	%	5.8	5.7	5.5	6.2	4.8	7.2	7.2	56.0	2.7
Total accessing health care (d)	**%**	**2.3**	**2.8**	**2.5**	**2.8**	**2.6**	**3.3**	**4.4**	**18.7**	**1.3**
					RSE for Health status (fair/poor)					
Indigenous										
Admitted to hospital	%	13.6	18.8	14.9	13.3	18.1	16.6	29.8	11.5	6.0
Casualty/outpatients/day clinic	%	25.6	38.3	23.9	24.0	45.1	33.1	np	28.6	11.8
Doctor consultation (GP and/or specialist)	%	10.2	15.7	11.9	9.8	13.7	11.6	28.6	11.0	4.8

Table EA.20 **RSEs and confidence intervals for the 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*	*Aust*
Dental consultation	%	45.6	np	49.0	np	np	np	np	43.7	26.4
Consultation with other health professional	%	15.9	20.7	13.9	14.1	16.5	18.4	25.7	11.0	6.2
Total accessing health care (d)	**%**	**8.4**	**6.9**	**5.9**	**7.0**	**9.4**	**8.3**	**20.1**	**6.1**	**3.2**
Non-Indigenous										
Admitted to hospital	%	8.8	8.0	7.2	11.0	8.2	10.8	15.4	41.0	3.9
Casualty/outpatients/day clinic	%	22.0	19.7	21.7	23.6	22.4	21.8	np	np	9.5
Doctor consultation (GP and/or specialist)	%	6.3	5.9	6.2	7.9	7.6	8.8	12.0	73.5	3.1
Dental consultation	%	23.2	22.8	20.8	26.5	25.4	35.8	27.6	–	10.4
Consultation with other health professional	%	10.0	10.4	9.5	12.8	9.5	14.1	14.5	42.4	5.0
Total accessing health care (d)	**%**	**4.8**	**4.8**	**4.5**	**5.7**	**4.1**	**6.9**	**7.1**	**35.6**	**2.4**
			95 per cent confidence interval for Health status (excellent/very good/good)							
Indigenous										
Admitted to hospital	± %	4.6	6.2	4.4	4.6	6.2	5.7	6.8	6.8	2.2
Casualty/outpatients/day clinic	± %	1.5	1.9	2.9	3.5	4.4	2.5	3.4	2.9	1.1
Doctor consultation (GP and/or specialist)	± %	5.2	9.2	5.9	7.3	7.4	5.9	8.2	8.5	2.8
Dental consultation	± %	2.1	4.6	2.1	2.5	3.4	3.3	2.8	1.7	0.9
Consultation with other health professional	± %	5.8	6.5	6.1	8.5	7.4	5.3	6.3	7.5	2.9
Total accessing health care (d)	**± %**	**6.9**	**11.2**	**6.6**	**8.5**	**8.5**	**6.7**	**12.4**	**7.7**	**3.3**

Table EA.20 **RSEs and confidence intervals for the 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*	*Aust*
Non-Indigenous										
Admitted to hospital	± %	1.2	1.5	1.3	1.4	1.1	1.8	2.0	9.4	0.7
Casualty/outpatients/day clinic	± %	0.4	0.7	0.5	0.7	0.7	0.8	0.8	–	0.3
Doctor consultation (GP and/or specialist)	± %	1.3	1.6	1.7	2.1	1.8	2.1	2.9	7.4	0.8
Dental consultation	± %	0.8	1.0	0.8	1.2	1.0	1.2	1.4	7.2	0.5
Consultation with other health professional	± %	1.3	1.6	1.5	1.6	1.3	1.7	1.7	13.8	0.7
Total accessing health care (d)	**± %**	**1.8**	**2.3**	**2.0**	**2.3**	**2.2**	**2.6**	**3.2**	**13.1**	**1.1**
				95 per cent confidence interval for Health status (fair/poor)						
Indigenous										
Admitted to hospital	± %	7.9	12.9	7.7	7.5	10.1	10.2	11.9	9.1	3.5
Casualty/outpatients/day clinic	± %	2.5	8.2	6.9	7.8	9.8	4.6	2.5	6.3	2.5
Doctor consultation (GP and/or specialist)	± %	8.1	14.0	8.2	8.0	11.0	11.7	15.2	9.6	3.8
Dental consultation	± %	2.6	3.0	6.8	1.1	6.3	6.8	9.9	4.1	2.2
Consultation with other health professional	± %	7.6	13.7	7.7	6.0	8.0	8.9	15.3	10.6	3.4
Total accessing health care (d)	**± %**	**10.1**	**9.8**	**7.6**	**8.2**	**11.7**	**10.6**	**18.8**	**8.7**	**4.1**
Non-Indigenous										
Admitted to hospital	± %	4.9	4.0	3.7	6.2	4.2	5.6	7.0	39.7	2.1
Casualty/outpatients/day clinic	± %	2.1	1.9	2.3	2.9	4.1	2.9	np	np	1.0
Doctor consultation (GP and/or specialist)	± %	5.1	5.1	5.2	6.3	6.1	7.6	7.3	30.0	2.5
Dental consultation	± %	2.6	3.1	2.3	2.9	4.4	2.5	3.7	–	1.2

Table EA.20 **RSEs and confidence intervals for the 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*	*Aust*
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 (d)	**± %**	**5.7**	**6.1**	**5.5**	**6.9**	**5.2**	**7.9**	**8.2**	**41.1**	**2.9**

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

(b) Persons who accessed at least one of the health services noted in the table in the last two weeks or were admitted to hospital in the last 12 months.

(c) Limited to people aged 15 years or over.

(d) Total persons accessing any of the selected health services above. Components may not add to total because persons may have accessed more than one type of health service.

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

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

Table EA.21 **Proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Health status (excellent/very good/good)					
Major cities										
Admitted to hospital	%	13.7	13.2	14.3	14.3	12.8	..	13.4	..	13.6
Casualty/outpatients/day clinic	%	3.4	5.5	3.7	4.9	4.3	..	3.8	..	4.3
Doctor consultation (GP and/or specialist)	%	22.3	22.9	21.0	24.1	22.1	..	19.9	..	22.4
Dental consultation	%	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 (d)	**%**	**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 (d)	**%**	**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

Table EA.21 **Proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c)**

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

Table EA.21 **Proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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 (d)	**%**	**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 (d)	**%**	**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 (d)	**%**	**43.7**	**..**	**71.8**	**61.1**	**65.0**	**49.5**	**..**	**82.3**	**66.4**

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

Table EA.21 **Proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c)**

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

(b) Persons who accessed at least one of the health services noted in the table in the last two weeks or were admitted to hospital in the last 12 months.

(c) Limited to people aged 15 years or over.

(d) Total persons accessing any of the selected health services above. Components may not add to total because persons may have accessed more than one type of health service.

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

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

Table EA.22 **RSEs and 95 per cent confidence intervals for the proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					RSE for Health status (excellent/very good/good)					
Major cities										
Admitted to hospital	%	5.1	6.8	6.6	6.5	5.2	..	8.1	..	3.0
Casualty/outpatients/day clinic	%	11.3	10.2	15.1	13.2	11.7	..	16.9	..	5.8
Doctor consultation (GP and/or specialist)	%	4.0	4.0	6.8	5.5	5.0	..	7.7	..	2.3
Dental consultation	%	8.4	10.5	10.3	10.7	8.7	..	12.7	..	4.6
Consultation with other health professional	%	5.8	5.7	8.3	7.6	5.6	..	7.1	..	3.1
Total accessing health care (d)	**%**	**2.5**	**2.7**	**3.6**	**3.3**	**3.1**	**..**	**4.3**	**..**	**1.5**
Inner regional										
Admitted to hospital	%	10.1	10.6	11.9	15.5	11.7	7.9	..	..	4.8
Casualty/outpatients/day clinic	%	28.3	17.7	22.2	28.3	35.7	12.1	..	..	10.5
Doctor consultation (GP and/or specialist)	%	8.7	10.7	7.3	15.9	14.4	5.7	..	..	3.9
Dental consultation	%	18.1	19.0	18.1	30.5	20.7	11.2	..	..	8.8
Consultation with other health professional	%	12.0	11.8	9.4	14.7	16.5	8.5	..	..	5.7
Total accessing health care (d)	**%**	**5.9**	**7.3**	**5.0**	**9.8**	**7.9**	**3.9**	**..**	**..**	**2.9**
Outer regional										
Admitted to hospital	%	16.9	23.1	12.1	16.5	15.6	14.3	..	44.1	7.1
Casualty/outpatients/day clinic	%	32.4	30.2	20.8	27.7	21.6	np	..	np	12.6
Doctor consultation (GP and/or specialist)	%	17.8	17.1	8.8	18.7	12.6	9.0	..	35.7	6.3
Dental consultation	%	28.7	34.9	21.3	33.9	27.4	20.6	..	82.8	13.2

Table EA.22 **RSEs and 95 per cent confidence intervals for the proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Consultation with other health professional	%	18.1	21.9	13.2	14.9	16.7	14.9	..	66.8	8.9
Total accessing health care (d)	**%**	**9.3**	**11.6**	**5.4**	**8.9**	**9.0**	**6.9**	**..**	**25.4**	**4.4**
Remote										
Admitted to hospital	%	np	..	40.6	22.1	25.5	75.1	..	np	13.8
Casualty/outpatients/day clinic	%	np	..	56.3	56.1	54.8	np	..	np	32.1
Doctor consultation (GP and/or specialist)	%	77.2	..	26.4	32.4	17.3	np	..	np	16.5
Dental consultation	%	–	..	np	67.5	47.3	np	..	36.6	29.0
Consultation with other health professional	%	–	..	39.5	36.6	14.3	52.3	..	60.2	16.5
Total accessing health care (d)	**%**	**42.7**	**..**	**16.2**	**17.2**	**12.6**	**41.9**	**..**	**54.6**	**9.5**
					RSE for Health status (fair/poor)					
Major cities										
Admitted to hospital	%	11.6	9.8	11.9	13.2	10.4	..	15.7	..	5.5
Casualty/outpatients/day clinic	%	22.0	17.3	25.4	19.1	16.0	..	23.9	..	8.7
Doctor consultation (GP and/or specialist)	%	7.6	7.2	10.2	9.1	8.3	..	11.9	..	3.6
Dental consultation	%	28.6	25.9	24.2	33.9	28.6	..	27.4	..	13.7
Consultation with other health professional	%	11.6	13.9	15.3	15.0	11.1	..	14.7	..	5.7
Total accessing health care (d)	**%**	**6.0**	**5.6**	**6.8**	**7.0**	**4.8**	**..**	**7.2**	**..**	**2.9**
Inner regional										
Admitted to hospital	%	14.7	21.1	14.4	31.9	27.7	10.6	..	..	7.8
Casualty/outpatients/day clinic	%	32.6	34.4	27.9	46.5	49.6	20.8	..	..	13.3

Table EA.22 **RSEs and 95 per cent confidence intervals for the proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Doctor consultation (GP and/or specialist)	%	12.9	14.8	10.9	22.8	23.3	9.4	..	..	5.6
Dental consultation	%	68.0	59.5	41.5	np	np	40.3	..	..	23.7
Consultation with other health professional	%	22.7	25.7	16.1	44.5	40.6	15.6	..	..	12.1
Total accessing health care (d)	**%**	**8.8**	**7.1**	**7.3**	**13.1**	**12.1**	**6.1**	**..**	**..**	**3.8**
Outer regional										
Admitted to hospital	%	20.8	23.2	15.7	29.7	25.6	23.8	..	56.0	10.5
Casualty/outpatients/day clinic	%	44.7	23.9	43.0	np	36.0	43.9	..	np	18.9
Doctor consultation (GP and/or specialist)	%	16.7	17.4	14.8	32.6	23.6	19.4	..	66.7	8.1
Dental consultation	%	42.5	np	64.5	65.3	55.4	52.0	..	np	24.7
Consultation with other health professional	%	28.1	29.5	18.6	np	27.7	30.5	..	np	14.9
Total accessing health care (d)	**%**	**11.5**	**14.5**	**9.4**	**19.3**	**15.7**	**17.0**	**..**	**56.0**	**5.9**
Remote										
Admitted to hospital	%	np	..	57.8	np	np	57.6	..	np	38.2
Casualty/outpatients/day clinic	%	np	..	np	np	np	np	..	np	47.1
Doctor consultation (GP and/or specialist)	%	np	..	65.5	28.9	52.0	35.9	..	57.2	25.3
Dental consultation	%	–	..	np	np	np	–	..	np	62.3
Consultation with other health professional	%	np	..	np	–	55.4	71.0	..	26.0	31.4
Total accessing health care (d)	**%**	**138.3**	**..**	**21.5**	**46.4**	**36.0**	**23.1**	**..**	**15.6**	**12.9**

Table EA.22 **RSEs and 95 per cent confidence intervals for the proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					95 per cent confidence interval for Health status (excellent/very good/good)					
Major cities										
Admitted to hospital	± %	1.4	1.8	1.8	1.8	1.3	..	2.1	..	0.8
Casualty/outpatients/day clinic	± %	0.8	1.1	1.1	1.3	1.0	..	1.3	..	0.5
Doctor consultation (GP and/or specialist)	± %	1.7	1.8	2.8	2.6	2.2	..	3.0	..	1.0
Dental consultation	± %	0.9	1.2	1.1	1.4	1.1	..	1.4	..	0.5
Consultation with other health professional	± %	1.4	1.5	2.3	2.0	1.6	..	1.7	..	0.8
Total accessing health care (d)	± %	**2.1**	**2.3**	**3.0**	**2.8**	**2.7**	**..**	**3.3**	**..**	**1.2**
Inner regional										
Admitted to hospital	± %	3.3	3.1	2.7	5.8	3.4	2.2	..	..	1.4
Casualty/outpatients/day clinic	± %	1.7	1.7	1.4	1.9	2.3	1.1	..	..	0.8
Doctor consultation (GP and/or specialist)	± %	3.1	3.4	3.0	5.7	5.2	2.4	..	..	1.4
Dental consultation	± %	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 (d)	± %	**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

Table EA.22 **RSEs and 95 per cent confidence intervals for the proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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 (d)	± %	**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 (d)	± %	**39.6**	**..**	**11.9**	**13.6**	**11.3**	**23.6**	**..**	**34.2**	**7.4**
				95 per cent confidence interval for Health status (fair/poor)						
Major cities										
Admitted to hospital	± %	6.2	4.3	6.0	7.9	5.8	..	7.3	..	2.8
Casualty/outpatients/day clinic	± %	3.4	3.3	5.4	5.2	3.4	..	2.6	..	1.6
Doctor consultation (GP and/or specialist)	± %	6.3	6.1	8.6	7.3	7.5	..	7.1	..	3.0
Dental consultation	± %	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 (d)	± %	**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.22 **RSEs and 95 per cent confidence intervals for the proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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 (d)	± %	**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 (d)	± %	**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 (d)	± %	**118.5**	**..**	**30.2**	**55.6**	**45.8**	**22.4**	**..**	**25.2**	**16.8**

Table EA.22 **RSEs and 95 per cent confidence intervals for the proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c)**

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

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

(b) Persons who accessed at least one of the health services noted in the table in the last two weeks or were admitted to hospital in the last 12 months.

(c) Limited to people aged 15 years or over.

(d) Total persons accessing any of the selected health services above. Components may not add to total because persons may have accessed more than one type of health service.

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

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

Table EA.23 **Proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Health status (excellent/very good/good)					
Quintile 1										
Admitted to hospital	%	14.5	12.5	14.5	15.7	13.7	13.7	np	np	14.0
Casualty/outpatients/day clinic	%	3.6	5.6	3.2	4.1	4.6	4.3	–	–	4.1
Doctor consultation (GP and/or specialist)	%	25.2	25.2	21.6	15.6	23.7	21.8	np	np	23.5
Dental consultation	%	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 (d)	**%**	**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	%	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 (d)	**%**	**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	%	6.4	6.0	5.6	6.4	7.0	3.2	np	np	6.1

Table EA.23 **Proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Consultation with other health professional	%	12.3	14.2	15.6	13.7	14.1	12.9	9.6	32.6	13.9
Total accessing health care (d)	**%**	**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	%	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 (d)	**%**	**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	%	6.8	7.8	7.3	8.2	7.0	8.4	np	np	7.3
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 (d)	**%**	**41.7**	**46.2**	**46.2**	**49.2**	**39.1**	**45.6**	**39.8**	**64.3**	**44.1**
					Health status (fair/poor)					
Quintile 1										
Admitted to hospital	%	25.7	25.0	26.0	30.5	20.5	26.0	–	–	25.4
Casualty/outpatients/day clinic	%	11.2	9.6	12.1	6.4	13.7	10.6	np	np	11.0

Table EA.23 **Proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Doctor consultation (GP and/or specialist)	%	45.9	49.2	51.1	28.9	38.1	45.0	np	np	46.0
Dental consultation	%	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 (d)	**%**	**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	%	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 (d)	**%**	**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	%	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 (d)	**%**	**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

Table EA.23 **Proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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	%	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 (d)	**%**	**52.5**	**61.8**	**52.0**	**70.2**	**63.1**	**59.3**	**61.0**	**80.6**	**57.9**
Quintile 5										
Admitted to hospital	%	32.1	18.8	22.1	26.6	26.4	26.2	np	np	25.7
Casualty/outpatients/day clinic	%	6.5	5.7	10.2	9.2	14.0	15.2	np	np	7.8
Doctor consultation (GP and/or specialist)	%	43.4	34.0	43.0	32.2	37.6	48.3	np	np	38.3
Dental consultation	%	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 (d)	**%**	**60.6**	**64.9**	**57.3**	**60.8**	**67.5**	**60.1**	**59.1**	**100.0**	**62.4**

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

(b) Persons who accessed at least one of the health services noted in the table in the last two weeks or were admitted to hospital in the last 12 months.

(c) Limited to people aged 15 years or over.

(d) Total persons accessing any of the selected health services above. Components may not add to total because persons may have accessed more than one type of health service.

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

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

Table EA.24 **RSEs and confidence intervals for the proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					RSE for Health status (excellent/very good/good)					
Quintile 1										
Admitted to hospital	%	9.4	13.8	11.3	20.3	12.1	10.0	np	np	6.1
Casualty/outpatients/day clinic	%	20.8	23.6	24.4	32.0	20.2	16.8	–	–	11.3
Doctor consultation (GP and/or specialist)	%	8.1	9.6	7.4	19.3	9.9	7.8	np	np	4.7
Dental consultation	%	20.7	30.1	23.5	23.3	23.6	17.4	–	–	10.9
Consultation with other health professional	%	14.7	18.2	17.2	22.7	14.4	11.8	–	–	7.5
Total accessing health care (d)	**%**	**5.2**	**6.3**	**5.1**	**9.9**	**5.6**	**5.2**	**np**	**np**	**3.0**
Quintile 2										
Admitted to hospital	%	11.5	15.1	10.4	10.0	13.1	36.9	np	np	5.9
Casualty/outpatients/day clinic	%	21.3	25.3	19.3	19.4	15.7	np	42.9	np	10.2
Doctor consultation (GP and/or specialist)	%	7.6	16.4	6.9	7.9	9.1	19.7	np	np	4.1
Dental consultation	%	17.3	26.4	18.6	19.8	15.8	33.7	np	np	8.4
Consultation with other health professional	%	9.1	15.7	11.3	11.8	11.4	21.7	95.1	–	5.7
Total accessing health care (d)	**%**	**5.7**	**9.2**	**4.3**	**5.3**	**5.4**	**11.8**	**np**	**np**	**2.9**
Quintile 3										
Admitted to hospital	%	9.3	10.3	15.8	11.5	10.5	15.8	np	np	5.1
Casualty/outpatients/day clinic	%	21.8	20.4	29.2	27.8	25.7	np	np	np	9.7
Doctor consultation (GP and/or specialist)	%	9.7	8.9	10.4	12.8	9.3	15.8	139.8	41.4	4.6
Dental consultation	%	14.9	17.7	18.7	18.4	17.3	40.3	np	np	8.2

Table EA.24 **RSEs and confidence intervals for the proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Consultation with other health professional	%	11.0	10.3	10.8	15.5	13.0	21.5	69.0	72.2	5.1
Total accessing health care (d)	**%**	**5.7**	**5.6**	**6.5**	**6.9**	**6.4**	**9.4**	**81.5**	**24.7**	**2.7**
Quintile 4										
Admitted to hospital	%	14.8	11.1	9.8	17.6	10.6	21.2	14.7	37.4	5.8
Casualty/outpatients/day clinic	%	31.0	14.4	21.9	26.7	18.6	38.1	36.0	–	9.6
Doctor consultation (GP and/or specialist)	%	10.8	6.2	7.2	12.8	6.0	10.4	np	np	3.8
Dental consultation	%	15.3	17.0	16.1	26.6	13.5	25.4	29.8	82.7	7.7
Consultation with other health professional	%	13.7	9.9	10.8	18.2	8.3	24.3	np	np	5.9
Total accessing health care (d)	**%**	**7.0**	**4.3**	**4.5**	**9.3**	**4.4**	**8.9**	**8.3**	**47.0**	**2.9**
Quintile 5										
Admitted to hospital	%	9.1	11.2	14.0	13.7	12.5	20.9	9.9	79.6	5.1
Casualty/outpatients/day clinic	%	22.7	17.3	24.8	22.8	30.9	31.6	np	np	10.9
Doctor consultation (GP and/or specialist)	%	6.0	6.2	9.1	8.7	8.9	15.3	9.8	61.5	3.3
Dental consultation	%	13.4	15.6	15.2	18.7	18.6	23.5	np	np	8.0
Consultation with other health professional	%	9.7	10.3	12.8	13.0	10.0	17.1	np	np	5.9
Total accessing health care (d)	**%**	**4.3**	**4.0**	**6.3**	**5.7**	**6.0**	**7.8**	**5.1**	**24.3**	**2.3**
					RSE for Health status (fair/poor)					
Quintile 1										
Admitted to hospital	%	18.1	19.5	14.7	28.0	28.7	18.1	–	–	9.7
Casualty/outpatients/day clinic	%	36.0	26.4	30.4	67.2	34.5	28.1	np	np	15.1

Table EA.24 **RSEs and confidence intervals for the proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Doctor consultation (GP and/or specialist)	%	9.1	12.5	12.1	24.3	16.5	11.5	np	np	5.6
Dental consultation	%	46.9	52.1	np	np	51.1	60.7	–	–	25.6
Consultation with other health professional	%	22.5	26.7	17.7	52.2	29.8	19.5	–	–	11.6
Total accessing health care (d)	**%**	**7.0**	**8.7**	**6.2**	**15.8**	**9.9**	**10.7**	**np**	**np**	**3.5**
Quintile 2										
Admitted to hospital	%	15.7	21.1	13.3	21.9	15.6	46.8	np	np	9.5
Casualty/outpatients/day clinic	%	32.6	29.3	31.3	33.7	31.7	78.0	np	np	14.8
Doctor consultation (GP and/or specialist)	%	12.8	14.3	11.7	9.9	15.3	17.6	66.0	–	5.5
Dental consultation	%	61.3	65.4	34.1	np	51.8	np	–	–	32.5
Consultation with other health professional	%	20.8	24.4	14.0	17.4	19.5	51.9	np	np	10.0
Total accessing health care (d)	**%**	**9.3**	**12.0**	**5.3**	**8.8**	**9.3**	**16.4**	**np**	**np**	**4.5**
Quintile 3										
Admitted to hospital	%	21.3	20.3	16.0	22.7	20.1	24.4	–	115.8	10.1
Casualty/outpatients/day clinic	%	27.2	28.6	36.1	41.6	34.6	49.9	np	np	15.6
Doctor consultation (GP and/or specialist)	%	12.2	16.3	19.2	18.4	16.3	19.9	np	np	7.7
Dental consultation	%	42.4	63.1	33.8	54.9	49.6	np	–	np	21.3
Consultation with other health professional	%	22.4	22.6	21.8	34.4	23.3	26.6	np	np	12.2
Total accessing health care (d)	**%**	**11.0**	**10.5**	**12.1**	**13.5**	**13.0**	**13.9**	**np**	**np**	**5.5**
Quintile 4										

Table EA.24 **RSEs and confidence intervals for the proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Admitted to hospital	%	20.2	18.6	19.8	25.9	14.1	28.3	30.2	51.4	9.0
Casualty/outpatients/day clinic	%	54.0	31.5	30.8	30.4	26.8	53.8	55.7	–	16.2
Doctor consultation (GP and/or specialist)	%	17.3	12.0	17.8	22.6	10.5	39.8	24.5	43.9	7.3
Dental consultation	%	37.8	44.1	np	np	49.2	np	62.0	np	22.8
Consultation with other health professional	%	26.4	25.5	19.7	27.7	13.1	45.4	np	np	9.8
Total accessing health care (d)	**%**	**13.4**	**9.5**	**10.0**	**11.0**	**7.3**	**21.9**	**14.1**	**26.0**	**5.3**
Quintile 5										
Admitted to hospital	%	19.2	27.1	38.4	33.5	20.6	25.6	np	np	10.3
Casualty/outpatients/day clinic	%	37.2	41.2	68.0	36.8	45.3	56.3	np	np	19.4
Doctor consultation (GP and/or specialist)	%	13.9	20.4	22.6	24.2	21.8	19.8	np	np	8.0
Dental consultation	%	51.6	36.1	39.4	70.4	45.7	46.3	31.3	–	21.2
Consultation with other health professional	%	24.5	23.1	35.9	35.4	29.3	45.4	np	np	11.1
Total accessing health care (d)	**%**	**9.9**	**11.1**	**21.0**	**20.8**	**10.0**	**17.0**	**8.4**	**–**	**5.6**
			95 per cent confidence interval for Health status (excellent/very good/good)							
Quintile 1										
Admitted to hospital	± %	2.7	3.4	3.2	6.2	3.2	2.7	np	np	1.7
Casualty/outpatients/day clinic	± %	1.5	2.6	1.5	2.5	1.8	1.4	–	–	0.9
Doctor consultation (GP and/or specialist)	± %	4.0	4.7	3.1	5.9	4.6	3.3	np	np	2.2
Dental consultation	± %	1.8	1.5	1.7	3.6	1.6	1.5	–	–	0.9

Table EA.24 **RSEs and confidence intervals for the proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Consultation with other health professional	± %	2.8	3.0	3.6	5.4	3.2	2.1	–	–	1.4
Total accessing health care (d)	± %	**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	± %	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 (d)	± %	**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	± %	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 (d)	± %	**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

Table EA.24 **RSEs and confidence intervals for the proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Doctor consultation (GP and/or specialist)	± %	4.6	2.7	2.6	5.5	2.3	4.8	np	np	1.6
Dental consultation	± %	1.7	2.1	1.9	3.0	2.0	4.6	3.3	8.9	0.9
Consultation with other health professional	± %	2.9	2.8	2.7	4.5	2.6	6.3	np	np	1.5
Total accessing health care (d)	± %	**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	± %	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 (d)	± %	**3.5**	**3.6**	**5.7**	**5.4**	**4.6**	**6.9**	**4.0**	**30.6**	**2.0**
				95 per cent confidence interval for Health status (fair/poor)						
Quintile 1										
Admitted to hospital	± %	9.1	9.5	7.5	16.7	11.5	9.2	–	–	4.8
Casualty/outpatients/day clinic	± %	7.9	5.0	7.2	8.4	9.3	5.9	np	np	3.3
Doctor consultation (GP and/or specialist)	± %	8.2	12.1	12.1	13.7	12.4	10.1	np	np	5.1
Dental consultation	± %	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 (d)	± %	**8.9**	**11.4**	**9.0**	**18.7**	**12.0**	**12.3**	**np**	**np**	**4.6**

Table EA.24 **RSEs and confidence intervals for the proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Quintile 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	± %	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 (d)	± %	**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	± %	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 (d)	± %	**12.7**	**13.4**	**13.0**	**13.9**	**17.3**	**16.5**	**np**	**np**	**6.4**
Quintile 4										
Admitted to hospital	± %	8.7	9.4	7.6	14.8	9.4	16.5	15.5	34.4	4.3
Casualty/outpatients/day clinic	± %	8.7	5.4	4.9	15.0	7.0	20.2	4.2	–	3.2
Doctor consultation (GP and/or specialist)	± %	12.6	9.4	10.8	17.0	9.4	28.8	13.2	30.6	5.3
Dental consultation	± %	8.4	3.8	np	np	9.6	np	4.6	np	3.3

Table EA.24 **RSEs and confidence intervals for the proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Consultation with other health professional	± %	9.3	11.0	7.0	18.4	7.6	19.9	np	np	4.2
Total accessing health care (d)	± %	**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	± %	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 (d)	± %	**11.8**	**14.1**	**23.6**	**24.8**	**13.3**	**20.0**	**9.8**	**–**	**6.9**

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

(b) Persons who accessed at least one of the health services noted in the table in the last two weeks or were admitted to hospital in the last 12 months.

(c) Limited to people aged 15 years or over.

(d) Total persons accessing any of the selected health services above. Components may not add to total because persons may have accessed more than one type of health service.

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

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

Table EA.25 **Rates of obesity for adults and children, by remoteness, 2007-08 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
						Adults				
Remoteness of residence										
Major cities	%	21.5	23.0	22.4	23.5	23.4	..	25.0	..	22.5
Inner regional	%	28.2	27.8	27.3	29.0	24.3	25.4	–	..	27.6
Outer regional	%	32.7	40.2	29.0	32.3	26.7	28.9	..	26.8	31.3
Remote	%	35.7	–	27.1	38.0	31.5	19.8	..	45.6	35.0
Very remote (e)	%	..	..	..	..	..	..	..	..	..
Total (f)	**%**	**23.8**	**24.8**	**25.2**	**25.7**	**23.8**	**26.5**	**24.9**	**32.8**	**24.7**
Total number of obese adults	('000)	919.7	690.4	558.0	304.8	181.2	66.4	44.9	25.2	2 790.6
						Children				
Remoteness of residence										
Major cities	%	8.6	6.7	8.3	5.8	np	..	6.0	..	np
Inner regional	%	8.0	6.4	8.8	np	np	7.8	–	..	7.8
Outer regional	%	14.9	–	np	np	–	5.5	..	np	10.1
Remote	%	–	–	np	–	–	–	..	–	np
Very remote (e)	%	..	..	..	..	..	..	..	..	..
Total (f)	**%**	**8.9**	**6.5**	**9.3**	**np**	**7.4**	**6.8**	**6.0**	**np**	**7.9**
Total number of obese children	('000)	74.1	34.3	48.1	13.8	10.4	3.8	2.5	np	187.9

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

(b) 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) Measured persons only.

Table EA.25 **Rates of obesity for adults and children, by remoteness, 2007-08 (a), (b), (c), (d)**

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

(d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 yr ranges from 18 for adults, selected ranges from 0–17 for children).

(e) Very remote data was not collected in the 2007-08 National Health Survey (NHS).

(f) Includes persons for whom index of disadvantage was not able to be determined.

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

Source: ABS (unpublished) *National Health Survey, 2007-08*.

Table EA.26 **RSEs and 95 per cent confidence intervals for rates of obesity for adults and children, by remoteness, 2008-09 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					RSE for Adults					
Remoteness of residence										
Major cities	%	7.1	6.3	7.8	8.4	5.8	..	5.2	..	3.1
Inner regional	%	9.1	9.8	7.4	12.8	16.4	8.5	–	..	4.5
Outer regional	%	10.7	15.8	10.4	15.1	18.9	10.2	..	24.2	5.1
Remote	%	40.2	–	45.3	35.8	33.4	114.9	..	35.1	17.7
Very remote (e)	%	..	..	..	..	..	..	..	..	..
Total (f)	**%**	**4.7**	**4.9**	**5.0**	**6.3**	**5.0**	**6.1**	**5.2**	**20.8**	**2.3**
Total obese adults	%	5.2	5.5	5.5	6.4	5.7	6.8	5.4	23.4	2.6
					RSE for Children					
Remoteness of residence										
Major cities	%	19.0	26.1	31.2	27.3	np	..	21.4	..	np
Inner regional	%	47.6	39.1	38.1	np	np	34.2	–	..	19.9
Outer regional	%	91.3	–	np	np	–	50.8	..	np	43.6
Remote	%	–	–	np	–	–	–	..	–	np
Very remote (e)	%	..	..	..	..	..	..	..	..	..
Total (f)	**%**	**19.2**	**20.9**	**21.9**	**np**	**30.1**	**29.1**	**21.4**	**np**	**11.1**
Total obese children	%	19.0	22.5	21.8	25.2	31.2	30.0	21.7	np	11.3
					95 per cent confidence interval for Adults					
Remoteness of residence										
Major cities	± %	3.0	2.8	3.4	3.9	2.7	..	2.6	..	1.4
Inner regional	± %	5.0	5.4	4.0	7.2	7.8	4.2	–	..	2.4

Table EA.26 **RSEs and 95 per cent confidence intervals for rates of obesity for adults and children, by remoteness, 2008-09 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Outer regional	± %	6.9	12.4	5.9	9.6	9.9	5.8	..	12.7	3.1
Remote	± %	28.2	–	24.0	26.7	20.6	44.5	..	31.4	12.2
Very remote (e)	± %	..	..	..	..	..	..	..	..	..
Total (f)	± %	**2.2**	**2.4**	**2.5**	**3.2**	**2.3**	**3.2**	**2.5**	**13.4**	**1.1**
Total obese adults	**('000)**	**93.4**	**73.9**	**60.1**	**38.2**	**20.3**	**8.8**	**4.7**	**11.6**	**139.7**
					95 per cent confidence interval for Children					
Remoteness of residence										
Major cities	± %	3.2	3.4	5.1	3.1	np	..	2.5	..	np
Inner regional	± %	7.4	4.9	6.6	np	np	5.2	–	–	3.0
Outer regional	± %	26.7	–	np	np	–	5.5	–	np	8.6
Remote	± %	–	–	np	–	–	–	–	–	np
Very remote (e)	± %	–	–	–	–	–	–	–	–	–
Total (f)	± %	**3.4**	**2.6**	**4.0**	**np**	**4.4**	**3.9**	**2.5**	**np**	**1.7**
Total number of obese children	**('000)**	**27.7**	**15.1**	**20.6**	**6.8**	**6.4**	**2.2**	**1.1**	**np**	**41.5**

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

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

(b) 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) Measured persons only.

(d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults, selected ranges from 0–17 for children).

Table EA.26 **RSEs and 95 per cent confidence intervals for rates of obesity for adults and children, by remoteness, 2008-09 (a), (b), (c), (d)**

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

(e) Very remote data was not collected in the 2007-08 NHS.

(f) Includes persons for whom index of disadvantage was not able to be determined.

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

Source: ABS unpublished, *National Health Survey, 2007-08*.

Table EA.27 **Rates of obesity for adults and children, by sex and age, 2007-08 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
						Adults				
Male adults										
18–24	%	17.1	11.6	9.0	13.5	3.0	10.9	np	np	12.8
25–34	%	20.3	18.9	19.2	20.5	19.1	17.7	np	np	19.6
35–44	%	24.4	24.3	32.1	28.8	23.9	28.4	np	np	26.5
45–54	%	32.2	28.0	27.3	31.6	32.8	25.2	np	np	29.9
55–64	%	35.4	39.5	31.4	28.9	33.9	32.2	33.6	51.1	35.0
65–69	%	37.2	35.4	29.0	30.0	30.4	23.6	np	np	33.6
70–74	%	31.6	35.4	46.9	22.4	31.4	25.9	np	np	34.2
75 and over	%	26.1	10.1	22.5	27.9	16.7	22.2	np	np	21.5
Total male adults	**%**	**26.9**	**24.4**	**25.2**	**25.3**	**23.8**	**23.6**	**24.9**	**39.0**	**25.6**
Total male adults number	**'000**	**522.4**	**344.1**	**269.3**	**152.4**	**90.6**	**28.6**	**23.8**	**18.2**	**1 449.5**
Female adults										
18–24	%	14.2	15.7	16.8	12.1	13.1	17.1	13.6	–	14.9
25–34	%	16.2	17.2	23.7	17.1	19.0	21.1	np	np	18.4
35–44	%	18.6	27.6	22.7	23.1	24.2	39.5	np	np	22.9
45–54	%	25.3	27.0	24.4	33.0	23.1	39.2	np	np	26.5
55–64	%	30.0	40.1	32.6	35.6	33.5	24.6	22.3	–	33.4
65–69	%	17.6	33.3	39.8	34.4	43.2	30.6	29.8	–	29.6
70–74	%	28.9	23.3	29.1	35.1	35.9	43.3	38.6	–	29.2
75 and over	%	24.1	22.2	26.2	33.4	24.0	25.2	40.2	–	25.1
Total female adults	**%**	**21.4**	**25.4**	**25.0**	**25.9**	**25.1**	**29.7**	**23.2**	**15.4**	**24.0**
Total female adults number	**'000**	**397.3**	**346.3**	**288.7**	**152.4**	**90.5**	**37.8**	**21.2**	**7.0**	**1 341.2**

Table EA.27 **Rates of obesity for adults and children, by sex and age, 2007-08 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
All adults										
18–24	%	15.7	13.7	13.1	12.8	7.7	13.9	np	np	13.9
25–34	%	18.4	18.1	21.4	18.9	19.0	19.4	16.7	19.1	19.0
35–44	%	21.4	25.9	27.2	25.9	24.1	34.4	np	np	24.7
45–54	%	28.8	27.5	25.8	32.3	28.2	32.3	29.2	16.3	28.2
55–64	%	32.8	39.8	32.0	32.1	33.7	28.3	28.3	42.7	34.2
65–69	%	27.4	34.4	34.4	32.3	37.7	26.9	np	np	31.6
70–74	%	30.3	29.1	37.3	29.4	33.6	33.8	np	np	31.7
75 and over	%	25.0	16.5	24.7	30.9	20.6	23.9	np	np	23.5
Total adults	**%**	**24.2**	**24.9**	**25.1**	**25.6**	**24.4**	**26.7**	**24.1**	**27.4**	**24.8**
Total adults number	**'000**	**919.7**	**690.4**	**558.0**	**304.8**	**181.2**	**66.4**	**44.9**	**25.2**	**2 790.6**
						Children				
Male children										
5–14	%	9.9	3.8	11.3	3.1	np	np	4.9	–	8.1
15–17	%	23.4	9.7	12.2	4.0	np	np	15.7	–	15.2
Total male children	**%**	**13.1**	**5.0**	**11.5**	**3.3**	**13.4**	**9.5**	**7.4**	**–**	**9.7**
Total male children number	**'000**	**56.2**	**13.5**	**31.5**	**4.3**	**9.2**	**2.6**	**1.5**	**–**	**118.9**
Female children										
5–14	%	4.2	5.4	6.4	8.3	np	np	3.6	np	5.2
15–17	%	5.5	14.9	8.6	5.9	np	np	8.7	np	8.0
Total female children	**%**	**4.5**	**7.2**	**6.8**	**7.7**	**np**	**4.1**	**4.9**	**np**	**5.8**
Total female children number	**'000**	**17.9**	**20.8**	**16.6**	**9.4**	**np**	**1.1**	**1.0**	**np**	**69.0**
All children										
5–14	%	7.1	4.6	8.9	5.6	np	7.1	4.2	np	6.7
15–17	%	14.8	12.3	10.8	5.0	np	5.7	12.0	np	11.8

Table EA.27 **Rates of obesity for adults and children, by sex and age, 2007-08 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total children	***%***	**9.0**	**6.2**	**9.3**	**5.4**	**np**	**6.8**	**6.1**	**np**	**7.8**
Total children number	**'000**	**74.1**	**34.3**	**48.1**	**13.8**	**np**	**3.8**	**2.5**	**np**	**187.9**

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

(b) 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) Includes measured persons only.

(d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults, and 5 year ranges from 0 for children).

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

Source: ABS unpublished, *National Health Survey, 2007-08*.

Table EA.28 **RSEs and 95 per cent confidence intervals for rates of obesity for adults and children, by sex and age, 2007-08 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
						RSE for Adults				
Male adults										
18–24	%	30.3	36.6	32.8	29.5	59.4	51.2	np	np	18.2
25–34	%	14.7	20.7	20.8	17.3	20.0	28.1	np	np	9.3
35–44	%	14.3	12.5	10.7	14.7	17.6	20.4	np	np	5.9
45–54	%	13.1	12.6	15.5	18.2	13.3	18.1	np	np	6.3
55–64	%	11.7	13.3	13.2	17.3	15.1	17.9	14.8	53.4	5.7
65–69	%	17.2	20.5	29.3	25.4	27.0	38.5	np	np	9.9
70–74	%	22.2	26.3	21.0	41.2	27.6	35.3	np	np	11.5
75 and over	%	22.9	41.6	33.9	25.1	32.3	26.8	np	np	13.4
Total male adults	**%**	**6.2**	**6.9**	**6.6**	**7.9**	**5.7**	**10.7**	**6.1**	**29.1**	**3.1**
Total male adults number	**%**	**6.5**	**6.6**	**7.3**	**8.2**	**6.5**	**10.9**	**7.0**	**30.2**	**3.2**
Female adults										
18–24	%	32.3	34.8	23.3	35.1	44.7	37.6	33.9	np	12.2
25–34	%	14.7	19.5	15.8	21.0	18.9	25.5	np	np	8.0
35–44	%	12.4	12.4	16.3	15.2	18.6	17.2	np	np	6.4
45–54	%	11.9	16.6	15.9	15.8	21.0	15.2	np	np	6.8
55–64	%	13.0	13.1	11.9	15.5	15.7	18.8	19.8	np	6.6
65–69	%	26.5	21.6	17.5	21.8	17.4	31.3	25.9	np	8.3
70–74	%	24.7	30.0	26.4	23.2	19.5	20.6	34.4	np	12.5
75 and over	%	21.4	18.3	20.8	24.2	24.2	24.3	28.6	np	10.0
Total female adults	**%**	**6.6**	**7.1**	**6.1**	**7.9**	**7.5**	**7.5**	**8.9**	**39.4**	**3.4**
Total female adults number	**%**	**7.1**	**8.1**	**6.8**	**8.1**	**8.2**	**9.3**	**9.7**	**39.8**	**3.8**

Table EA.28 **RSEs and 95 per cent confidence intervals for rates of obesity for adults and children, by sex and age, 2007-08 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
All adults										
18–24	%	20.5	25.2	18.7	20.1	39.2	31.3	np	np	9.8
25–34	%	10.2	14.0	14.0	13.4	13.9	18.3	12.8	54.8	5.8
35–44	%	9.4	9.2	9.7	11.6	10.8	13.8	np	np	4.3
45–54	%	8.5	11.1	11.8	13.9	10.5	10.6	10.6	46.8	4.8
55–64	%	9.0	8.4	10.1	11.2	10.3	13.0	12.1	56.5	4.2
65–69	%	15.3	13.4	17.6	15.8	14.8	27.9	np	np	6.6
70–74	%	16.9	21.2	16.7	21.7	16.2	22.2	np	np	8.5
75 and over	%	16.6	17.7	17.4	18.9	18.7	13.4	np	np	8.1
Total adults	**%**	**4.7**	**4.9**	**5.0**	**6.3**	**4.9**	**5.7**	**5.0**	**20.9**	**2.3**
Total adults number	**%**	**5.2**	**5.5**	**5.5**	**6.4**	**5.7**	**6.8**	**5.4**	**23.4**	**2.6**
					RSE for Children					
Male children										
5–14	%	30.7	50.3	29.5	44.4	np	np	41.1	–	16.9
15–17	%	38.0	49.4	40.0	63.3	np	np	41.6	–	24.7
Total male children	**%**	**23.9**	**35.3**	**24.1**	**40.6**	**32.7**	**38.7**	**27.5**	**–**	**14.1**
Total male children number	**%**	**24.2**	**36.8**	**23.8**	**39.6**	**34.6**	**37.5**	**28.0**	**–**	**14.4**
Female children										
5–14	%	37.7	38.0	45.6	36.2	np	np	53.0	np	21.0
15–17	%	64.7	39.5	51.9	60.3	np	np	54.1	np	22.8
Total female children	**%**	**31.5**	**25.8**	**36.7**	**30.8**	**np**	**40.1**	**44.0**	**np**	**15.6**
Total female children number	**%**	**31.7**	**26.6**	**37.0**	**32.5**	**np**	**40.9**	**45.1**	**np**	**15.8**

Table EA.28 **RSEs and 95 per cent confidence intervals for rates of obesity for adults and children, by sex and age, 2007-08 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
All children										
5–14	%	23.0	29.4	26.7	29.5	np	35.8	29.1	np	13.7
15–17	%	31.9	28.7	35.0	44.6	np	49.2	31.9	np	17.6
Total children	**%**	**19.1**	**20.9**	**22.1**	**25.3**	**np**	**29.7**	**21.5**	**np**	**11.1**
Total children number	**%**	**19.0**	**22.5**	**21.8**	**25.2**	**np**	**30.0**	**21.7**	**np**	**11.3**
					95 per cent confidence interval for Adults					
Male adults										
18–24	± %	10.2	8.3	5.8	7.8	3.5	10.9	np	np	4.6
25–34	± %	5.9	7.7	7.9	7.0	7.5	9.7	np	np	3.6
35–44	± %	6.9	6.0	6.7	8.3	8.3	11.4	np	np	3.1
45–54	± %	8.3	6.9	8.3	11.3	8.6	8.9	np	np	3.7
55–64	± %	8.2	10.3	8.2	9.8	10.1	11.3	9.8	53.5	3.9
65–69	± %	12.6	14.3	16.7	14.9	16.1	17.8	np	np	6.6
70–74	± %	13.7	18.2	19.3	18.1	17.0	17.9	np	np	7.7
75 and over	± %	11.7	8.2	15.0	13.7	10.6	11.7	np	np	5.6
Total male adults	± %	**3.3**	**3.3**	**3.3**	**3.9**	**2.7**	**5.0**	**3.0**	**22.3**	**1.6**
Total male adults number	**('000)**	**66.9**	**44.4**	**38.3**	**24.6**	**11.5**	**6.1**	**3.3**	**10.8**	**90.2**
Female adults										
18–24	± %	9.0	10.7	7.7	8.3	11.5	12.6	9.0	np	3.6
25–34	± %	4.7	6.6	7.3	7.1	7.0	10.6	np	np	2.9
35–44	± %	4.5	6.7	7.3	6.9	8.8	13.3	np	np	2.9
45–54	± %	5.9	8.8	7.6	10.2	9.5	11.7	np	np	3.6
55–64	± %	7.7	10.3	7.6	10.8	10.3	9.1	8.7	np	4.3
65–69	± %	9.1	14.1	13.6	14.7	14.7	18.7	15.1	np	4.8

Table EA.28 **RSEs and 95 per cent confidence intervals for rates of obesity for adults and children, by sex and age, 2007-08 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
70–74	± %	14.0	13.7	15.1	15.9	13.7	17.5	26.0	np	7.2
75 and over	± %	10.2	8.0	10.7	15.9	11.4	12.0	22.6	np	4.9
Total female adults	± %	**2.8**	**3.5**	**3.0**	**4.0**	**3.7**	**4.3**	**4.1**	**11.9**	**1.6**
Total female adults number	**('000)**	**55.1**	**55.0**	**38.7**	**24.1**	**14.6**	**6.9**	**4.0**	**5.5**	**98.7**
All adults										
18–24	± %	6.3	6.8	4.8	5.0	5.9	8.5	np	np	2.7
25–34	± %	3.7	5.0	5.9	5.0	5.2	7.0	4.2	20.5	2.2
35–44	± %	4.0	4.7	5.2	5.9	5.1	9.3	np	np	2.1
45–54	± %	4.8	6.0	6.0	8.8	5.8	6.7	6.1	14.9	2.7
55–64	± %	5.8	6.6	6.3	7.0	6.8	7.2	6.7	47.2	2.8
65–69	± %	8.2	9.0	11.8	10.0	10.9	14.7	np	np	4.1
70–74	± %	10.0	12.1	12.2	12.5	10.6	14.7	np	np	5.3
75 and over	± %	8.1	5.7	8.4	11.4	7.6	6.3	np	np	3.7
Total adults	± %	**2.2**	**2.4**	**2.5**	**3.2**	**2.3**	**3.0**	**2.4**	**11.2**	**1.1**
Total adults number	**('000)**	**93.4**	**73.9**	**60.1**	**38.2**	**20.3**	**8.8**	**4.7**	**11.6**	**139.7**
				95 per cent confidence interval for Children						
Male children										
5–14	± %	5.9	3.8	6.5	2.7	np	np	3.9	–	2.7
15–17	± %	17.5	9.4	9.6	5.0	np	np	12.8	–	7.4
Total male children	± %	**6.1**	**3.5**	**5.4**	**2.6**	**8.6**	**7.2**	**4.0**	**–**	**2.7**
Total male children number	**('000)**	**26.6**	**9.8**	**14.7**	**3.4**	**6.3**	**1.9**	**0.8**	**–**	**33.5**
Female children										
5–14	± %	3.1	4.0	5.7	5.9	np	np	3.7	np	2.2
15–17	± %	6.9	11.5	8.7	7.0	np	np	9.2	np	3.6

Table EA.28 RSEs and 95 per cent confidence intervals for rates of obesity for adults and children, by sex and age, 2007-08 (a), (b), (c), (d)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total female children	± %	**2.8**	**3.7**	**4.9**	**4.6**	**np**	**3.2**	**4.2**	**np**	**1.8**
Total female children number	**('000)**	**11.1**	**10.9**	**12.0**	**6.0**	**np**	**0.9**	**0.9**	**np**	**21.3**
All children										
5–14	± %	3.2	2.7	4.6	3.2	np	5.0	2.4	np	1.8
15–17	± %	9.3	6.9	7.4	4.4	np	5.5	7.5	np	4.1
Total children	± %	**3.4**	**2.5**	**4.0**	**2.7**	**np**	**4.0**	**2.6**	**np**	**1.7**
Total children number	**('000)**	**27.7**	**15.1**	**20.6**	**6.8**	**np**	**2.2**	**1.1**	**np**	**41.5**

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

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

(b) 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) Includes measured persons only.

(d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 yr ranges from 18 for adults, and 5 yr ranges from 0 for children).

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

Source: ABS unpublished, *National Health Survey, 2007-08*.

Table EA.29 **Rates of obesity for adults and children, by Indigenous status, 2004-05 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Indigenous adults					
Age standardised rate	**%**	36.9	28.9	34.8	35.4	35.3	26.2	36.4	25.0	33.6
95 per cent confidence intervals	± %	5.9	8.2	5.1	7.8	7.5	6.8	10.5	7.6	2.8
RSE	%	8.1	14.5	7.5	11.2	10.8	13.3	14.7	15.5	4.2
Number of obese population	('000)	20.1	3.1	20.8	8.7	3.9	2.0	0.7	7.5	67.7
					Non-Indigenous adults					
Age standardised rate	**%**	17.7	17.0	18.3	17.2	19.3	19.3	14.8	18.5	17.7
95 per cent confidence intervals	± %	1.2	1.5	1.7	2.0	1.6	2.3	8.5	2.0	0.7
RSE	%	3.5	4.6	4.7	5.8	4.3	6.1	29.2	5.5	2.0
Number of obese population	('000)	811.7	587.2	480.0	225.0	199.4	59.1	40.3	13.2	2 415.9
					Indigenous children (15–17 yrs)					
Rate	**%**	na	na	na	na	na	na	na	na	na
95 per cent confidence intervals	± %	na	na	na	na	na	na	na	na	na
RSE	%	na	na	na	na	na	na	na	na	na
Number of obese population	('000)	na	na	na	na	na	na	na	na	na
					Non-Indigenous children (15–17 yrs)					
Rate	**%**	na	na	na	na	na	na	na	na	na
95 per cent confidence intervals	± %	na	na	na	na	na	na	na	na	na
RSE	%	na	na	na	na	na	na	na	na	na
Number of obese population	('000)	na	na	na	na	na	na	na	na	na

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

(a) Adults are defined as persons aged 18 years and over. Children are defined as persons aged 15–17 years (different to 2007-08 data which was for persons aged 5–17 years).

Table EA.29 **Rates of obesity for adults and children, by Indigenous status, 2004-05 (a), (b), (c), (d)**

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

(b) 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. Data is self-reported data only.

(c) BMI calculated from self-reported height and weight. This differs from data reported in other tables which were for measured BMI. Data excludes persons for whom height or weight was not reported.

(d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (10 year ranges from 18). Rates for children 15–17 are not age standardised.

na Not available.

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

Table EA.30 **Proportion of adults and children in BMI categories, 2007-08 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
						Adults				
Body Mass Index (measured)										
Underweight	%	1.9	1.5	3.1	1.6	2.3	2.1	1.3	–	2.0
Normal	%	37.3	37.4	35.6	35.4	36.9	35.2	39.7	36.8	36.7
Overweight	%	37.0	36.4	36.1	37.4	37.0	36.2	34.1	30.4	36.6
Obese	%	23.8	24.8	25.2	25.7	23.8	26.5	24.9	32.8	24.7
Total	**('000)**	**3 799.4**	**2 772.0**	**2 225.1**	**1 191.2**	**741.2**	**248.7**	**186.7**	**92.1**	**11 256.3**
						Children				
Body Mass Index (measured)										
Underweight	%	7.7	6.3	10.4	6.9	6.2	4.1	3.6	–	7.6
Normal	%	68.4	68.3	62.6	68.1	68.0	77.1	74.8	88.4	67.5
Overweight	%	14.9	18.9	17.7	19.6	18.4	12.1	np	np	17.0
Obese	%	8.9	6.5	9.3	5.4	7.4	6.8	np	np	7.9
Total	**('000)**	**828.5**	**557.1**	**519.0**	**252.9**	**138.3**	**55.2**	**40.3**	**16.3**	**2 407.6**

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

(b) 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) Measured persons only.

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

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

Source: ABS unpublished, *National Health Survey, 2007-08*.

Table EA.31 **RSEs and 95 per cent confidence intervals for the proportion of adults and children in BMI categories, 2007-08 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
						RSE for Adults				
Body Mass Index (measured)										
Underweight	%	19.2	21.1	22.4	21.0	20.3	29.2	28.0	–	10.8
Normal	%	3.3	3.6	3.7	4.7	3.8	4.8	3.8	17.2	1.7
Overweight	%	3.3	3.2	3.6	4.1	3.9	4.3	4.1	22.2	1.7
Obese	%	4.7	4.9	5.0	6.3	5.0	6.1	5.2	20.8	2.3
Total number	**%**	**1.6**	**2.2**	**1.9**	**1.7**	**3.0**	**3.2**	**2.9**	**12.0**	**0.9**
						RSE for Children				
Body Mass Index (measured)										
Underweight	%	17.0	22.6	17.3	24.1	26.9	42.6	25.1	–	9.5
Normal	%	3.6	3.9	5.2	4.6	6.1	4.7	3.5	12.3	2.2
Overweight	%	12.6	12.1	14.9	14.0	17.7	22.6	np	np	6.3
Obese	%	19.2	20.9	21.9	25.9	30.1	29.1	np	np	11.1
Total number	**%**	**3.5**	**4.5**	**4.2**	**4.2**	**5.4**	**4.9**	**4.6**	**25.9**	**1.9**
						95 per cent confidence interval for Adults				
Body Mass Index (measured)										
Underweight	± %	0.7	0.6	1.4	0.6	0.9	1.2	0.7	–	0.4
Normal	± %	2.4	2.6	2.6	3.3	2.7	3.3	3.0	12.4	1.2
Overweight	± %	2.4	2.3	2.6	3.0	2.8	3.1	2.7	13.2	1.2
Obese	± %	2.2	2.4	2.5	3.2	2.3	3.2	2.5	13.4	1.1
Total number	**('000)**	**119.3**	**119.4**	**84.0**	**38.6**	**42.2**	**15.5**	**10.6**	**16.2**	**194.9**

Table EA.31 RSEs and 95 per cent confidence intervals for the proportion of adults and children in BMI categories, 2007-08 (a), (b), (c), (d)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					95 per cent confidence interval for Children					
Body Mass Index (measured)										
Underweight	± %	2.6	2.8	3.5	3.2	3.3	3.4	1.7	–	1.4
Normal	± %	4.8	5.2	6.4	6.1	8.1	7.0	5.1	21.3	2.9
Overweight	± %	3.7	4.5	5.2	5.4	6.4	5.4	np	np	2.1
Obese	± %	3.4	2.6	4.0	2.8	4.4	3.9	np	np	1.7
Total number	**('000)**	**56.9**	**49.1**	**43.1**	**21.0**	**14.7**	**5.3**	**3.7**	**8.3**	**90.2**

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

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

(b) 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) Measured persons only.

(d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 yr ranges from 18 for adults, selected ranges from 0–17 for children).

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

Source: ABS unpublished, *National Health Survey, 2007-08*.

Table EA.32 **Proportion of adults who are daily smokers, 2007-08**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
						Age standardised rate (a)				
Remoteness of residence										
Major cities	%	17.9	17.0	18.5	16.7	18.1	..	15.8	..	17.6
Inner regional	%	20.8	17.5	22.0	13.2	25.5	23.2	–	..	20.1
Outer regional	%	23.7	21.3	28.4	23.9	28.5	27.4	..	21.7	25.7
Remote	%	27.9	–	33.4	32.8	21.7	11.3	..	19.6	27.3
Very remote (b)	%	..	..	..	..	..	..	..	..	..
Index of disadvantage of residence										
Quintile 1	%	28.8	29.0	28.1	30.2	27.4	33.4	17.9	13.5	28.7
Quintile 2	%	19.3	17.8	28.0	23.1	24.2	24.4	26.7	18.7	21.6
Quintile 3	%	19.3	16.7	23.8	19.1	18.3	17.1	18.5	26.5	19.6
Quintile 4	%	15.6	17.4	16.2	16.2	14.1	18.9	16.6	13.7	16.2
Quintile 5	%	12.3	10.0	11.7	8.2	13.5	18.1	np	np	11.2
Total (c)	**%**	**19.0**	**17.3**	**21.6**	**17.3**	**20.2**	**24.3**	**15.7**	**21.1**	**19.1**
Total number of adult daily smokers	'000	975.4	682.5	665.2	268.6	232.9	85.1	41.9	28.8	2 980.3
						RSE (per cent)				
Remoteness of residence										
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 (b)	%	..	..	..	..	..	..	..	..	..
Index of disadvantage of residence										
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

Table EA.32 **Proportion of adults who are daily smokers, 2007-08**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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 (c)	**%**	**5.2**	**4.6**	**4.7**	**6.3**	**5.7**	**6.2**	**6.4**	**22.4**	**2.4**
					95 per cent confidence interval					
Remoteness of residence										
Major cities	± %	2.1	1.7	2.6	2.3	2.1	..	2.0	..	1.0
Inner regional	± %	4.6	3.5	4.0	5.1	10.2	4.2	–	..	2.1
Outer regional	± %	6.1	14.5	5.3	5.6	7.0	5.2	..	12.1	3.1
Remote	± %	32.2	–	16.1	17.0	10.5	6.4	..	11.7	7.3
Very remote (b)	± %	..	..	..	..	..	..	..	..	..
Index of disadvantage of residence										
Quintile 1	± %	4.2	5.4	5.5	6.5	4.4	6.0	14.7	18.5	2.4
Quintile 2	± %	4.6	4.0	5.2	4.8	4.4	6.5	17.0	12.9	2.1
Quintile 3	± %	4.4	3.2	4.2	4.0	4.8	4.6	5.4	20.8	1.8
Quintile 4	± %	3.2	4.0	3.5	5.1	3.5	8.2	4.4	36.6	1.7
Quintile 5	± %	3.0	2.7	3.4	2.7	4.8	13.3	np	np	1.6
Total (c)	± %	**1.9**	**1.6**	**2.0**	**2.1**	**2.3**	**3.0**	**2.0**	**9.3**	**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) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(b) Very remote data was not collected in the 2007-08 NHS.

(c) Includes persons for whom an Index of disadvantage of residence score was not known.

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

Source: ABS unpublished, *National Health Survey, 2007-08*.

Table EA.33 **Proportion of adults who are daily smokers, by Indigenous status, 2007-08 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Indigenous adults (b)					
Age standardised rate	%	47.6	46.6	42.8	39.6	47.0	44.2	29.8	46.6	44.8
95 per cent confidence intervals	± %	4.6	4.1	4.3	4.5	5.7	5.7	7.6	5.1	2.0
RSE	%	4.9	4.5	5.1	5.8	6.2	6.6	13.1	5.6	2.3
Number of daily smokers	'000	42.5	9.3	36.6	17.2	7.9	5.1	0.9	19.2	138.7
					Non-Indigenous adults (c)					
Age standardised rate	%	18.8	17.3	21.5	16.9	20.0	23.5	16.0	22.2	18.9
95 per cent confidence intervals	± %	1.9	1.6	2.0	2.0	2.3	3.1	2.0	12.3	0.9
RSE	%	5.1	4.8	4.6	6.2	5.8	6.7	6.4	28.2	2.4
Number of daily smokers	'000	947.0	673.0	642.3	256.9	229.5	78.6	24.7	41.5	2 893.4

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

(a) Rates are for people aged 18 years and over who are current daily smokers, age standardised, by State and Territory, to the 2001 Estimated Resident Population (10 year ranges from 18–55 years and over).

(b) Data for the Indigenous people are based on the ABS *National Aboriginal and Torres Strait Islander Social Survey* , 2008.

(c) Data for the non-Indigenous people are based on the ABS *National Health Survey* , 2007-08.

Source : ABS unpublished, *National Aboriginal and Torres Strait Islander Social Survey, 2008* ; ABS unpublished, *National Health Survey, 2007-08.*

Table EA.34 **Proportion of adults at risk of long term harm from alcohol, 2007-08 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Age standardised rate (b)	**%**	**13.1**	**10.7**	**14.8**	**16.5**	**11.3**	**13.7**	**12.1**	**21.6**	**13.1**
95 per cent confidence intervals	± %	1.4	1.4	1.7	2.0	1.5	2.6	1.8	11.8	0.7
RSE	%	5.6	6.7	5.7	6.0	6.6	9.7	7.4	27.8	2.8
Number of adults at risk	('000)	685.9	423.8	464.0	260.9	135.1	49.0	31.2	25.4	2 075.3

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) Risky/high risk alcohol consumption in the long term.

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

Source: ABS unpublished, *National Health Survey, 2007-08.*

Table EA.35 **Proportion of adults at risk of long term harm from alcohol, by remoteness, 2007-08 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Age standardised rate (b)					
Remoteness of residence										
Major cities	%	11.7	10.2	13.3	14.8	11.1	..	12.2	..	11.8
Inner regional	%	17.3	12.8	15.2	17.5	10.6	12.7	–	..	14.9
Outer regional	%	np	7.6	16.8	28.0	9.7	np	..	14.0	15.8
Remote	%	np	–	29.7	18.9	20.6	np	..	43.3	26.0
Very remote (c)	%	..	..	..	..	..	..	..	..	..
Total (d)	**%**	**13.1**	**10.7**	**14.8**	**16.5**	**11.3**	**13.7**	**12.1**	**21.6**	**13.1**
Total number of adults at risk	**('000)**	**685.9**	**423.8**	**464.0**	**260.9**	**135.1**	**49.0**	**31.2**	**25.4**	**2 075.3**
					RSE (per cent)					
Remoteness of residence										
Major cities	%	5.9	8.5	7.3	7.3	7.5	..	7.4	..	3.0
Inner regional	%	8.9	14.9	11.7	17.8	32.0	14.0	–	..	6.2
Outer regional	%	np	41.6	10.9	13.5	21.9	np	..	34.2	8.8
Remote	%	np	–	48.2	48.1	27.0	np	..	42.0	19.0
Very remote (c)	%	..	..	..	..	..	..	..	..	..
Total (d)	**%**	**5.6**	**6.7**	**5.7**	**6.0**	**6.6**	**9.7**	**7.4**	**27.8**	**2.8**
					95 per cent confidence interval					
Remoteness of residence										
Major cities	± %	1.3	1.7	1.9	2.1	1.6	..	1.8	..	0.7
Inner regional	± %	3.0	3.7	3.5	6.1	6.7	3.5	–	..	1.8
Outer regional	± %	np	6.2	3.6	7.4	4.2	np	..	9.4	2.7
Remote	± %	np	–	28.0	17.8	10.9	np	..	35.6	9.7
Very remote (c)	± %	..	..	..	..	..	..	..	..	..
Total (d)	± %	**1.4**	**1.4**	**1.7**	**2.0**	**1.5**	**2.6**	**1.8**	**11.8**	**0.7**

Table EA.35 **Proportion of adults at risk of long term harm from alcohol, by remoteness, 2007-08 (a)**

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

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) Risky/high risk alcohol consumption in the long term.

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

(c) Very remote data was not collected in the 2007-08 NHS.

(d) Includes persons for whom index of disadvantage was not able to be determined.

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

Source: ABS unpublished, *National Health Survey, 2007-08.*

Table EA.36 **Proportion of adults at risk of long term harm from alcohol, by Indigenous status, 2004-05 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (c)	*NT*	*Aust*
						Indigenous adults				
Age standardised rate	%	16.6	16.6	17.5	16.0	16.0	12.6	9.3	7.2	15.4
95 per cent confidence intervals	± %	3.6	8.3	4.0	3.7	7.2	3.5	5.1	3.0	1.8
RSE	%	11.0	25.5	11.6	11.7	23.0	14.0	28.1	21.2	6.1
Number of adults at risk	('000)	13.0	2.7	13.4	6.9	2.5	1.2	0.3	2.6	42.5
						Non-Indigenous adults				
Age standardised rate	%	13.0	12.2	14.3	16.3	14.7	11.6	14.2	17.5	13.5
95 per cent confidence intervals	± %	1.2	1.3	1.3	2.1	1.5	1.8	2.2	10.8	0.6
RSE	%	4.7	5.5	4.7	6.4	5.1	7.8	8.0	31.4	2.3
Number of adults at risk	('000)	645.7	458.6	399.9	231.1	165.0	39.3	34.3	16.1	1 990.0

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 for persons aged 18 years and over, age standardised by State and Territory, to the 2001 Estimated Resident Population (10 year ranges from 0).

(b) Risky/high risk alcohol consumption in the long term.

(c) The Indigenous estimate should be treated with caution.

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

Table EA.37 **Incidence of selected cancers**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2008					*Age standardised rate per 100 000 population*					
Bowel cancer (a)	rate	60.3	60.6	64.7	57.7	65.4	77.8	63.7	47.3	61.8
Lung cancer (a)	rate	42.8	41.1	46.4	44.1	43.5	44.7	35.5	73.0	43.3
Melanoma (a)	rate	47.9	39.0	67.5	49.2	39.5	49.4	44.7	34.6	48.8
Female breast cancer (b)	rate	113.1	114.9	120.4	118.5	117.3	102.4	118.3	97.2	115.4
Cervical cancer (b)	rate	6.6	6.5	6.9	8.9	8.1	6.8	3.8	13.8	7.0
					Number of new cases					
Bowel cancer (a)	no	4 666	3 495	2 825	1 249	1 271	468	192	59	14 225
Lung cancer (a)	no	3 293	2 375	2 026	947	852	269	107	85	9 954
Melanoma (a)	no	3 624	2 201	2 951	1 077	733	277	144	50	11 057
Female breast cancer (b)	no	4 398	3 395	2 730	1 340	1 117	304	208	75	13 567
Cervical cancer (b)	no	247	181	149	98	67	17	7	12	778
					variability band (± rate per 100 000 population) (c) (d)					
Bowel cancer (a)	±	58.6–62.1	58.6–62.7	62.3–67.1	54.5–61.0	61.8–69.2	70.8–85.2	54.8–73.5	34.3–63.0	60.8–62.8
Lung cancer (a)	±	41.3–44.3	39.4–42.8	44.3–48.4	41.3–47.0	40.6–46.6	39.5–50.4	29.0–43.0	55.7–93.2	42.5–44.2
Melanoma (a)	±	46.3–49.5	37.4–40.6	65.1–70.0	46.3–52.2	36.6–42.5	43.7–55.7	37.6–52.8	24.0–47.7	47.9–49.7
Female breast cancer (b)	±	109.7–116.5	111.1–118.9	115.9–125.0	112.2–125.1	110.4–124.5	91.1–114.8	102.6–135.6	74.1–124.7	113.5–117.4
Cervical cancer (b)	±	5.8–7.5	5.6–7.5	5.9–8.1	7.2–10.9	6.2–10.3	3.9–11.1	1.5–7.9	6.1–25.7	6.5–7.5
2007					*Age standardised rate per 100 000 population*					
Bowel cancer (a)	rate	63.3	63.0	64.7	56.4	65.1	79.6	60.8	68.8	63.4
Lung cancer (a)	rate	42.9	43.9	44.4	41.9	40.4	49.3	37.4	54.0	43.3
Melanoma (a)	rate	47.7	39.1	63.1	45.3	34.1	41.6	33.2	24.8	46.7
Female breast cancer (b)	rate	109.6	110.2	110.4	101.5	116.3	97.4	115.1	81.8	109.2
Cervical cancer (b)	rate	7.7	5.8	6.6	7.5	5.1	7.9	4.4	10.3	6.8

Table EA.37 **Incidence of selected cancers**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Number of new cases					
Bowel cancer (a)	no	4 784	3 553	2 746	1 187	1 239	467	178	80	14 234
Lung cancer (a)	no	3 245	2 479	1 878	870	770	284	108	69	9 703
Melanoma (a)	no	3 530	2 161	2 685	962	616	234	105	49	10 342
Female breast cancer (b)	no	4 189	3 171	2 437	1 117	1 107	286	199	61	12 567
Cervical cancer (b)	no	278	160	141	79	42	21	8	10	739
					variability band (± rate per 100 000 population) (c) (d)					
Bowel cancer (a)	±	61.5–65.1	61.0–65.1	62.3–67.2	53.3–59.8	61.5–68.8	72.5–87.2	52.1–70.6	52.4–88.1	62.4–64.5
Lung cancer (a)	±	41.4–44.4	42.2–45.7	42.4–46.5	39.2–44.9	37.5–43.3	43.7–55.5	30.6–45.3	40.3–70.5	42.4–44.2
Melanoma (a)	±	46.2–49.3	37.4–40.8	60.7–65.5	42.5–48.3	31.4–36.9	36.4–47.3	27.1–40.3	18.0–33.3	45.8–47.7
Female breast cancer (b)	±	106.3–113.0	106.4–114.1	106.1–114.9	95.6–107.7	109.4–123.4	86.3–109.5	99.5–132.4	59.5–108.8	107.3–111.1
Cervical cancer (b)	±	6.8–8.6	4.9–6.8	5.5–7.8	6.0–9.4	3.6–6.9	4.8–12.1	1.9–8.7	4.7–19.2	6.3–7.3

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

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

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

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

Source: AIHW unpublished, Australian Cancer Database; ABS unpublished, Estimated Resident Population, 30 June 2008.

Table EA.38 **Incidence of selected cancers by Indigenous status**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*Aust*
2008	*Age standardised rate per 100 000 population*									*no.*
Bowel cancer (a)										
Indigenous	68.2	109.5	34.2	30.2	np	–	np	np	47.7	94
Other Australians (b)	60.5	60.7	64.8	58.1	66.4	79.0	62.6	56.2	62.1	14 131
Lung cancer (a)										no.
Indigenous	77.5	np	54.6	96.0	57.6	np	np	124.3	73.6	149
Other Australians (b)	42.4	41.1	45.8	43.2	43.7	44.7	34.7	52.6	42.9	9 805
Melanoma of the skin (a)										no.
Indigenous	np	28.5	np	np	–	–	np	–	6.2	14
Other Australians (b)	48.5	39.1	68.6	49.9	40.4	50.8	44.6	40.1	49.5	11 043
Female breast cancer (c)										no.
Indigenous	100.5	157.8	94.0	99.9	np	np	np	64.3	92.0	123
Other Australians (b)	112.9	115.3	121.0	119.4	117.0	104.0	119.4	111.4	115.8	13 444
Cervical cancer (c)										no.
Indigenous	np	np	20.4	22.2	–	np	–	np	14.2	26
Other Australians (b)	6.6	6.5	6.7	8.6	8.3	6.6	3.9	np	6.9	752
	variability band (± rate per 100 000 population) (d) (e)									
Bowel cancer (a)										
Indigenous	47.6–94.2	58.0–186.6	20.5–53.0	11.3–62.6	np	–	np	np	37.8–59.3	..
Other Australians (b)	58.8–62.3	58.7–62.7	62.4–67.2	54.9–61.4	62.7–70.1	72.0–86.6	53.9–72.3	41.5–74.1	61.1–63.1	..
Lung cancer (a)										
Indigenous	55.6–104.6	np	35.4–79.7	60.2–144.2	17.7–136.3	np	np	80.7–181.5	61.4–87.5	..
Other Australians (b)	40.9–43.9	39.5–42.8	43.8–47.9	40.4–46.1	40.8–46.8	39.5–50.4	28.3–42.2	38.5–70.0	42.1–43.8	..
Melanoma of the skin (a)										
Indigenous	np	8.2–68.5	np	np	–	–	np	–	3.0–10.9	..

Table EA.38 **Incidence of selected cancers by Indigenous status**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*Aust*
Other Australians (b)	47.0–50.1	37.5–40.8	66.2–71.2	47.0–53.0	37.5–43.5	44.9–57.3	37.5–52.6	28.8–54.1	48.5–50.4	..
Female breast cancer (c)										
Indigenous	71.2–137.1	85.2–264.9	62.7–134.2	50.3–175.1	np	np	np	28.5–120.6	75.1–111.2	..
Other Australians (b)	109.5–116.3	111.4–119.2	116.5–125.7	113.1–126.1	110.1–124.2	92.5–116.6	103.6–137.0	83.1–145.5	113.8–117.7	..
Cervical cancer (c)										
Indigenous	np	np	8.3–40.4	7.8–48.9	–	np	–	np	8.8–21.4	..
Other Australians (b)	5.8–7.5	5.5–7.5	5.6–7.9	7.0–10.6	6.4–10.5	3.7–10.9	1.6–8.0	np	6.4–7.4	..
2007				*Age standardised rate per 100 000 population*						*no.*
Bowel cancer (a)										
Indigenous	37.7	49.4	51.0	40.0	12.9	17.4	np	38.1	40.2	82
Other Australians (b)	63.8	63.3	64.7	56.6	65.7	80.5	np	74.5	63.8	14 152
Lung cancer (a)										
Indigenous	55.4	77.4	95.6	65.2	60.5	55.5	–	44.1	67.2	136
Other Australians (b)	42.8	43.9	43.5	41.4	40.3	48.5	np	58.5	43.0	9 567
Melanoma of the skin (a)										
Indigenous	np	14.0	7.3	7.0	–	–	–	np	np	np
Other Australians (b)	46.2	39.3	64.1	45.9	34.7	42.7	np	31.7	46.6	10 179
Female breast cancer (c)										
Indigenous	71.5	41.6	75.4	94.8	28.2	74.2	–	np	68.1	86
Other Australians (b)	110.0	110.3	110.9	102.4	117.4	98.6	np	87.8	109.8	12 481
Cervical cancer (c)										
Indigenous	15.7	8.5	5.6	22.7	22.0	–	np	np	14.0	23
Other Australians (b)	7.5	5.8	6.6	7.2	5.0	7.9	np	np	6.7	716
				variability band (± rate per 100 000 population) (d) (e)						

Table EA.38 **Incidence of selected cancers by Indigenous status**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*Aust*
Bowel cancer (a)										
Indigenous	23.1–57.5	18.2–104.8	31.4–77.4	17.3–75.7	1.5–46.7	2.1–62.8	np	14.9–75.5	31.1–50.9	..
Other Australians (b)	62.0–65.6	61.3–65.5	62.3–67.2	53.4–59.9	62.1–69.5	73.3–88.2	np	56.7–95.7	62.7–64.8	..
Lung cancer (a)										
Indigenous	37.6–78.1	36.1–142.5	67.8–130.2	35.1–109.1	24.8–121.6	14.4–136.5	–	20.8–79.5	55.4–80.5	..
Other Australians (b)	41.4–44.4	42.2–45.7	41.6–45.6	38.7–44.3	37.5–43.3	42.9–54.5	np	43.0–77.4	42.2–43.9	..
Melanoma of the skin (a)										
Indigenous	np	0.8–53.4	1.7–18.4	0.0–28.6	–	–	–	np	np	..
Other Australians (b)	44.7–47.8	37.6–41.0	61.7–66.6	43.0–48.9	32.0–37.6	37.3–48.5	np	22.8–42.7	45.7–47.6	..
Female breast cancer (c)										
Indigenous	44.7–107.5	11.2–106.6	47.5–112.5	48.1–164.8	3.4–101.9	9.7–230.5	–	np	53.3–85.5	..
Other Australians (b)	106.7–113.5	106.5–114.3	106.5–115.4	96.4–108.6	110.5–124.6	87.3–110.9	np	63.0–118.3	107.9–111.8	..
Cervical cancer (c)										
Indigenous	7.0–29.9	0.2–47.2	1.1–16.7	4.8–58.1	0.6–122.4	–	np	np	8.3–21.7	..
Other Australians (b)	6.6–8.5	4.9–6.8	5.5–7.8	5.7–9.1	3.6–6.9	4.9–12.2	np	np	6.2–7.2	..

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

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

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

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

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

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

Source : AIHW unpublished, Australian Cancer Database; ABS unpublished, Estimated Resident Population, 30 June 2008; ABS 2009, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2007, Series B, Cat. no. 3238.0, Canberra.

Table EA.39 **Incidence of selected cancers by remoteness area**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
2008					*Age standardised rate per 100 000 population*						*no.*
Bowel cancer (b)											
Major cities	rate	58.9	57.3	61.6	55.6	63.7	..	63.8	..	59.1	8 964
Inner regional	rate	63.5	68.2	67.5	65.1	66.6	73.7	–	..	66.6	3 440
Outer regional	rate	61.2	69.3	65.4	63.6	73.2	84.9	–	49.7	66.8	1 541
Remote	rate	66.9	77.1	78.9	59.4	62.1	79.6	..	55.9	66.4	190
Very remote	rate	np	..	69.2	46.7	86.7	np	..	np	58.0	65
Lung cancer (b)											
Major cities	rate	42.0	39.8	45.6	43.1	43.3	..	35.5	..	42.2	6 359
Inner regional	rate	43.5	44.9	44.4	48.6	36.5	44.8	–	..	44.0	2 289
Outer regional	rate	45.9	40.2	44.7	41.1	54.1	45.8	–	63.8	45.7	1 054
Remote	rate	58.9	np	53.0	51.6	35.8	np	..	86.2	50.6	144
Very remote	rate	np	..	70.2	44.2	np	np	..	83.5	61.4	72
Melanoma (b)											
Major cities	rate	43.6	36.8	68.6	47.0	39.3	..	44.8	..	46.0	6 968
Inner regional	rate	60.7	46.0	68.0	53.8	33.5	47.6	–	..	56.0	2 720
Outer regional	rate	50.9	40.5	61.7	56.6	42.3	53.4	–	41.7	51.9	1 148
Remote	rate	27.8	np	71.9	57.0	58.8	np	..	35.9	53.2	163
Very remote	rate	–	..	43.1	33.6	51.4	np	..	np	32.4	45
Female breast cancer (c)											
Major cities	rate	113.8	115.6	123.0	120.0	117.4	..	118.4	..	116.9	9 223
Inner regional	rate	113.8	114.3	112.0	116.8	123.8	104.7	–	..	113.4	2 871
Outer regional	rate	102.7	107.1	118.7	109.2	106.9	98.7	–	92.2	108.1	1 215
Remote	rate	119.3	np	117.5	129.0	139.6	93.7	..	111.8	121.5	178
Very remote	rate	np	..	96.0	95.5	73.3	114.5	..	91.1	93.9	62

Table EA.39 **Incidence of selected cancers by remoteness area**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Cervical cancer (c)											
Major cities	rate	6.8	6.6	6.6	9.3	8.5	..	3.8	..	7.0	541
Inner regional	rate	6.2	6.7	6.7	9.7	np	6.6	–	..	6.7	148
Outer regional	rate	5.7	np	8.3	5.1	11.9	7.8	–	np	7.3	72
Remote	rate	np	–	np	9.7	–	–	..	np	6.6	10
Very remote	rate	–	..	np	–	–	–	..	np	8.8	5
					variability band (± rate per 100 000 population) (d) (e)						
Bowel cancer (b)											
Major cities		56.8–61.0	55.0–59.7	58.5–64.7	51.9–59.5	59.6–68.1	..	54.8–73.5	..	57.9–60.3	..
Inner regional		59.9–67.3	63.7–72.9	62.7–72.6	56.3–74.6	56.7–77.7	65.3–82.8	–	..	64.3–68.8	..
Outer regional		55.0–67.8	60.7–78.5	59.1–72.2	53.0–75.3	62.5–85.1	72.5–98.5	–	33.7–69.7	63.5–70.3	..
Remote		43.5–98.1	24.9–162.4	59.5–101.1	41.2–81.3	42.1–86.0	31.2–156.8	..	26.6–98.7	56.9–76.5	..
Very remote		np	..	45.9–99.8	23.4–81.4	41.2–152.7	np	..	np	43.9–74.5	..
Lung cancer (b)											
Major cities		40.3–43.9	37.9–41.8	43.0–48.3	39.8–46.5	39.9–46.9	..	28.9–42.9	..	41.1–43.2	..
Inner regional		40.5–46.6	41.3–48.7	40.6–48.6	41.1–56.9	29.1–44.7	38.1–52.0	–	..	42.2–45.9	..
Outer regional		40.6–51.7	33.8–47.3	39.4–50.3	32.7–50.6	45.1–64.4	36.9–55.8	–	43.2–88.8	42.9–48.5	..
Remote		37.2–88.5	np	37.7–71.7	34.6–72.1	21.4–55.2	np	..	47.0–138.1	42.4–59.6	..
Very remote		np	..	45.9–99.9	21.2–79.0	np	np	..	44.4–137.3	47.1–77.8	..
Melanoma (b)											
Major cities		41.8–45.4	35.0–38.7	65.4–71.9	43.7–50.6	36.0–42.9	..	37.6–52.7	..	44.9–47.1	..
Inner regional		57.0–64.5	42.2–50.1	63.0–73.3	45.8–62.6	26.2–41.9	40.6–55.3	–	..	53.9–58.2	..
Outer regional		44.9–57.4	33.5–48.2	55.7–68.2	46.7–67.7	33.7–51.9	43.0–65.2	–	26.9–60.6	48.9–55.0	..
Remote		13.1–50.9	np	54.5–92.4	40.5–76.8	39.4–83.3	np	..	14.6–66.3	45.2–62.1	..
Very remote		–	..	26.0–66.5	14.7–59.5	19.2–105.7	np	..	np	23.1–43.9	..

Table EA.39 Incidence of selected cancers by remoteness area

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	
Female breast cancer (c)											
Major cities		109.8–118.0	111.0–120.3	117.1–129.1	112.5–127.8	109.3–125.9	..	102.6–135.7	..	114.5–119.3	..
Inner regional		106.7–121.3	106.0–123.0	103.2–121.4	100.5–134.9	104.2–145.7	90.3–120.5	–	..	109.3–117.7	..
Outer regional		90.7–115.4	91.5–124.5	106.8–131.2	89.9–131.1	87.8–128.5	79.6–120.0	–	63.2–128.0	102.1–114.4	..
Remote		72.7–180.8	np	85.7–156.4	92.6–171.3	95.8–192.5	22.9–242.6	..	62.0–176.3	104.0–140.7	..
Very remote		np	..	58.0–143.8	49.7–156.2	22.6–163.5	13.9–413.8	..	41.2–158.0	71.1–121.2	..
Cervical cancer (c)											
Major cities		5.9–7.9	5.5–7.8	5.3–8.2	7.2–11.6	6.3–11.1	..	1.5–7.9	..	6.4–7.7	..
Inner regional		4.4–8.3	4.7–9.1	4.5–9.5	5.2–16.1	np	3.2–11.8	–	..	5.6–7.8	..
Outer regional		3.0–9.6	np	5.3–12.1	1.6–11.9	5.5–21.9	2.3–16.4	–	np	5.7–9.2	..
Remote		np	–	np	2.9–23.4	–	–	..	np	3.1–11.9	..
Very remote		–	..	np	–	–	–	..	np	2.1–20.8	..
2007					*Age standardised rate per 100 000 population*						*no.*
Bowel cancer (b)											
Major cities	rate	62.7	61.3	67.4	55.7	62.9	..	60.8	..	62.4	9 254
Inner regional	rate	63.7	65.3	60.2	61.3	71.0	78.8	–	..	64.6	3 238
Outer regional	rate	66.2	73.3	61.2	55.9	69.5	82.5	..	76.9	67.0	1 493
Remote	rate	77.2	56.2	56.7	58.4	69.3	54.0	..	72.4	63.9	174
Very remote	rate	133.0	..	52.0	30.0	81.5	73.9	..	np	54.1	57
Lung cancer (b)											
Major cities	rate	42.2	43.1	41.5	42.3	40.0	..	37.4	..	42.0	6 216
Inner regional	rate	42.6	45.3	44.0	38.3	32.6	49.6	–	..	43.3	2 184
Outer regional	rate	46.6	47.7	47.5	44.4	48.7	49.5	..	54.5	47.6	1 064
Remote	rate	66.8	43.1	63.2	40.7	43.8	39.9	..	60.9	52.2	148
Very remote	rate	115.4	..	81.9	45.9	35.6	22.0	..	np	59.9	63

Table EA.39 Incidence of selected cancers by remoteness area

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	
Melanoma (b)											
Major cities	rate	44.0	36.1	63.0	42.2	32.8	..	33.2	..	43.7	6 465
Inner regional	rate	58.4	47.9	67.2	60.6	34.8	42.2	–	..	55.5	2 610
Outer regional	rate	55.8	46.1	60.1	42.8	43.9	40.3	..	27.7	50.7	1 088
Remote	rate	35.7	22.9	58.6	52.5	28.6	38.6	..	30.9	45.9	136
Very remote	rate	25.9	..	32.3	33.7	22.6	117.8	..	np	29.1	36
Female breast cancer (c)											
Major cities	rate	109.3	111.5	116.6	103.7	120.1	..	115.1	..	111.7	8 649
Inner regional	rate	110.8	108.8	102.8	102.5	99.5	102.9	–	..	106.8	2 624
Outer regional	rate	110.5	95.8	96.7	87.9	119.5	88.7	..	102.6	100.6	1 109
Remote	rate	90.6	109.4	96.1	92.4	70.3	60.7	..	70.2	84.1	120
Very remote	rate	136.7	..	107.2	107.4	96.1	95.4	..	np	88.1	52
Cervical cancer (c)											
Major cities	rate	7.9	6.1	6.7	7.4	4.9	..	4.4	..	6.8	513
Inner regional	rate	7.0	4.8	6.3	4.2	9.6	5.8	–	..	6.1	134
Outer regional	rate	6.2	5.8	6.0	6.8	1.2	12.5	..	np	6.2	64
Remote	rate	18.4	–	5.6	15.0	6.9	1.4	..	np	10.7	15
Very remote	rate	–	..	22.6	16.6	15.9	–	..	np	17.1	11
				variability band (± rate per 100 000 population) (d) (e)							
Bowel cancer (b)											
Major cities		60.6–64.9	58.9–63.8	64.2–70.7	52.0–59.6	58.7–67.3	..	52.1–70.6	..	61.1–63.7	..
Inner regional		60.0–67.5	60.9–70.0	55.5–65.1	52.6–70.8	60.6–82.3	70.0–88.3	–	..	62.4–66.9	..
Outer regional		59.6–73.1	64.5–83.0	54.9–67.8	45.7–67.2	59.1–81.1	70.2–96.3	..	54.3–103.9	63.7–70.5	..
Remote		50.6–111.0	13.5–128.8	40.2–77.2	40.0–81.4	48.7–95.3	15.0–121.3	..	39.3–118.0	54.4–74.2	..
Very remote		45.9–290.5	..	30.8–81.1	13.1–56.7	36.7–151.0	8.9–266.8	..	np	40.0–71.2	..

Table EA.39 **Incidence of selected cancers by remoteness area**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Lung cancer (b)											
Major cities		40.5–44.1	41.1–45.2	39.0–44.1	39.0–45.7	36.7–43.5	..	30.6–45.3	..	41.0–43.1	..
Inner regional		39.6–45.8	41.7–49.2	40.0–48.2	31.6–46.0	25.5–40.5	42.4–57.3	–	..	41.5–45.2	..
Outer regional		41.1–52.4	40.6–55.5	42.0–53.4	35.5–54.7	39.9–58.5	39.9–60.3	..	36.3–75.9	44.7–50.5	..
Remote		42.6–98.6	7.7–113.2	45.8–83.9	25.6–60.2	27.8–65.6	8.0–103.6	..	32.2–98.9	43.9–61.5	..
Very remote		33.6–256.8	..	54.7–115.2	18.8–84.3	10.7–81.7	0.6–122.4	..	np	44.9–77.0	..
Melanoma (b)											
Major cities		42.2–45.8	34.3–38.0	59.9–66.2	38.9–45.6	29.8–36.1	..	27.1–40.3	..	42.6–44.7	..
Inner regional		54.7–62.3	44.0–52.1	62.1–72.5	51.9–70.3	27.3–43.4	35.6–49.4	–	..	53.3–57.7	..
Outer regional		49.4–62.7	38.5–54.7	54.0–66.5	34.0–52.8	35.0–54.1	31.4–50.4	..	18.0–39.9	47.7–53.8	..
Remote		18.6–60.8	0.8–91.1	41.9–78.6	37.0–70.9	15.1–47.2	5.8–99.7	..	17.4–50.3	38.3–54.3	..
Very remote		0.0–106.4	..	15.6–54.9	14.5–63.3	3.9–66.6	29.4–307.1	..	np	19.6–41.0	..
Female breast cancer (c)											
Major cities		105.4–113.4	107.0–116.2	110.8–122.7	96.7–111.1	111.9–128.7	..	99.5–132.4	..	109.3–114.1	..
Inner regional		103.7–118.3	100.6–117.4	94.2–112.0	86.7–119.9	82.1–119.1	88.5–118.4	–	..	102.7–111.0	..
Outer regional		98.1–123.9	80.5–112.5	85.9–108.2	70.3–108.2	99.5–141.8	70.8–109.6	..	68.8–143.2	94.7–106.7	..
Remote		50.1–149.2	24.6–299.5	66.6–133.6	62.2–129.3	39.1–111.8	12.0–178.0	..	31.6–128.6	69.3–100.4	..
Very remote		18.2–401.7	..	64.7–160.0	50.3–187.1	32.5–196.5	10.8–346.8	..	np	64.3–116.8	..
Cervical cancer (c)											
Major cities		6.9–9.1	5.1–7.3	5.3–8.2	5.6–9.6	3.2–7.0	..	1.9–8.7	..	6.2–7.4	..
Inner regional		5.2–9.2	3.1–7.0	4.1–8.9	1.2–9.1	4.1–17.4	2.6–10.3	–	..	5.1–7.3	..
Outer regional		3.2–10.5	2.4–10.9	3.5–9.5	2.6–14.2	0.0–6.1	5.8–21.7	..	np	4.7–7.9	..
Remote		2.7–53.1	–	0.6–20.1	4.4–32.2	0.1–34.4	0.0–83.5	..	np	5.8–17.4	..
Very remote		–	..	6.4–53.6	2.9–47.0	0.0–84.3	–	..	np	8.1–30.1	..

Table EA.39 **Incidence of selected cancers by remoteness area**

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

(a) Remoteness areas are classified according to the Australian Standard Geographical classification (ASGC) Remoteness Area. Disaggregation by remoteness area is based on postcode of usual residence. Not all remoteness areas are represented in each State or Territory.

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

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

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

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

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

Source: AIHW unpublished, Australian Cancer Database; ABS (unpublished) concordances from Postal Area to Remoteness Area; ABS unpublished, Estimated Resident Population, 30 June 2008.

Table EA.40 Mortality rates, age standardised for all causes (per 1000 people) (a), (b)

	NSW	*Vic*	*Qld*	*WA* (c)	*SA*	*Tas*	*ACT*	*NT*	*Aust* (d)	*Aust* (e)
All Australians, annual										
2005	6.1	5.9	6.0	5.9	6.2	6.9	5.7	9.3	6.0	na
2006	6.0	5.9	6.0	5.8	6.0	6.8	5.5	8.7	6.0	na
2007	5.9	5.8	6.1	5.9	6.1	6.9	5.6	8.9	6.0	na
2008	6.0	5.9	6.2	5.9	6.0	6.9	5.8	9.2	6.1	na
2009	5.7	5.7	5.8	5.6	5.8	6.7	5.4	7.9	5.8	na
2010	5.6	5.5	5.8	5.5	5.9	6.7	5.3	7.7	5.7	na
Indigenous (f), (g)										
2001–2005	na	na	11.7	13.3	11.2	na	na	16.7	na	13.1
2002–2006	na	na	11.9	14.0	11.0	na	na	16.8	na	13.3
2003–2007	9.8	na	11.0	np	10.5	na	na	16.3	na	np
2004–2008	9.8	na	10.7	np	10.3	na	na	15.8	na	np
2005–2009	9.5	na	10.6	np	10.2	na	na	15.4	na	np
Non-Indigenous (h), (i)										
2001–2005	na	na	6.4	6.1	6.5	na	na	7.0	na	6.4
2002–2006	na	na	6.3	6.0	6.4	na	na	6.9	na	6.2
2003–2007	6.2	na	6.1	np	6.2	na	na	7.3	na	np
2004–2008	6.1	na	6.1	np	6.1	na	na	7.3	na	np
2005–2009	6.0	na	6.0	np	6.1	na	na	6.7	na	np

(a) Deaths are based on year of registration of death.

(b) Deaths per 1000 standard population. Standardised death rates use total persons in the 2001 Australian population as the standard population.

(c) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.

(d) Includes all states and territories.

(e) Includes NSW, Qld, SA, WA, and NT combined, based on state or territory of usual residence. Victoria, Tasmania and the Australian Capital Territory are excluded due to small numbers of registered Indigenous deaths.

(f) Calculations of rates for the Indigenous population are based on *ABS Experimental Projections, Aboriginal and Torres Strait Islander Australians 1991 to 2009* (ABS cat. no. 3238.0, low series, 2001 base). There are no comparable population data for the non-Indigenous population. Calculations of rates for comparison with the Indigenous population are derived by subtracting Indigenous population projections from total Estimated Resident Population and should be used with care, as these data include deaths and population units for which Indigenous status were not stated. ERP used in calculations are final ERP based on 2006 Census.

(g) Historical rates in this table/figure may differ from those in previous Reports, as new Indigenous population estimates and projections have been released following the *2006 Census of Population and Housing* .

(h) Includes deaths of non-Indigenous persons and those for whom Indigenous status was not stated.

Table EA.40 **Mortality rates, age standardised for all causes (per 1000 people) (a), (b)**

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

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

na Not available. **np** Not published.

Source : ABS 2011 (and previous years), *Deaths Australia, 2010* , Cat. no. 3302.0, Canberra.

Table EA.41 Infant mortality rate, three year average (per 1000 live births) (a)

	NSW	*Vic*	*Qld*	*WA* (c)	*SA*	*Tas*	ACT	*NT*	*Aust* (b)	*Total* (d)
All Australians										
1999–2001	5.4	5.0	5.9	4.7	4.5	6.5	4.3	11.4	5.4	5.4
2000–2002	5.0	4.8	6.0	4.6	4.8	6.1	3.5	11.2	5.2	5.5
2001–2003	4.8	5.0	5.5	4.5	4.5	6.5	4.1	10.1	5.0	5.3
2002–2004	4.6	4.9	5.3	4.1	4.0	5.6	5.4	10.1	4.8	5.0
2003–2005	4.7	4.9	5.0	4.2	4.0	4.7	6.1	9.5	4.8	4.8
2004–2006	4.8	4.6	5.2	4.5	3.8	3.7	5.9	9.7	4.8	4.8
2005–2007	4.7	4.4	5.1	3.9	4.3	3.9	4.9	9.0	4.6	4.9
2006–2008	4.5	3.9	5.1	3.5	3.5	4.0	4.6	7.8	4.3	4.8
2007–2009	4.3	3.8	5.1	3.0	3.7	3.9	4.1	7.2	4.2	4.5
2008–2010	4.2	3.6	5.2	3.4	3.5	3.8	4.1	6.8	4.2	4.3
Indigenous (e)										
2004–2006	7.5	na	11.1	11.9	6.7	na	na	16.7	na	10.6
2005–2007	8.9	na	9.1	np	8.9	na	na	15.7	na	np
2006–2008	7.7	na	7.9	np	6.4	na	na	13.6	na	np
2007–2009	6.8	na	7.6	np	6.7	na	na	12.2	na	np
2008–2010	5.2	na	8.8	np	4.6	na	na	11.4	na	np
Non-Indigenous (e)										
2004–2006	4.6	na	4.7	3.9	3.6	na	na	4.7	na	4.4
2005–2007	4.5	na	4.8	np	4.0	na	na	4.2	na	np
2006–2008	4.3	na	4.7	np	3.4	na	na	3.8	na	np
2007–2009	4.1	na	4.7	np	3.5	na	na	3.9	na	np
2008–2010	4.1	na	4.7	np	3.4	na	na	3.7	na	np

(a) Infant deaths per 1000 live births.

(b) Includes all states and territories.

(c) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.

(d) Total data are for NSW, Qld, SA, WA, and NT combined, based on state or territory of usual residence. Victoria, Tasmania and the Australian Capital Territory are excluded due to small numbers of registered Indigenous deaths.

(e) Deaths where Indigenous status was not stated are excluded. As a result, infant mortality rates may be underestimated.

na Not available. **np** Not published.

Source : ABS 2011 (and previous years), *Deaths Australia, 2010* , Cat. no. 3302.0, Canberra.

Table EA.42 **All causes infant and child mortality, by age group, by State and Territory (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld (e)*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust (f)*
2008–2010										
Infants (<1 year) (g)										
Number of deaths	no.	1 189	772	992	320	208	76	60	79	3 697
Rate	per 1000 live births (h)	4.3	3.6	5.0	3.5	3.5	3.8	4.1	6.9	4.2
Child (1–4 years)										
Number of deaths	no.	197	147	158	78	50	18	11	21	680
Rate	per 100 000 population (i)	18.2	17.9	22.1	22.0	21.8	22.7	20.2	48.0	20.1
Child (0–4 years)										
Number of deaths	**no.**	**1 386**	**919**	**1 150**	**398**	**258**	**94**	**71**	**100**	**4 377**
Rate	**per 100 000 population (j)**	**101.9**	**88.7**	**126.2**	**88.9**	**89.4**	**94.4**	**102.8**	**180.5**	**102.6**
2007–2009										
Infants (<1 year) (g)										
Number of deaths	no.	1 186	812	972	278	220	78	59	84	3 690
Rate	per 1000 live births (h)	4.3	3.8	5.1	3.0	3.7	3.9	4.1	7.2	4.2
Child (1–4 years)										
Number of deaths	no.	204	143	174	68	51	16	12	20	688
Rate	per 100 000 population (i)	19.2	18.0	25.5	20.2	23.0	21.0	22.5	47.0	21.0
Child (0–4 years)										
Number of deaths	**no.**	**1 390**	**955**	**1 146**	**346**	**271**	**94**	**71**	**104**	**4 378**
Rate	**per 100 000 population (j)**	**104.1**	**95.0**	**132.1**	**80.9**	**96.3**	**97.7**	**105.9**	**191.9**	**105.9**

(a) State or Territory of usual residence.

(b) Data are presented in three-year groupings due to volatility of the small numbers involved.

(c) Data based on reference year. See data quality statements for a more detailed explanation.

Table EA.42 **All causes infant and child mortality, by age group, by State and Territory (a), (b), (c), (d)**

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

(d) 2008 Estimated Resident Population used for calculating rates is revised and will be subject to a further revision process.

(e) Care should be taken when interpreting infant and child mortality rates for Queensland due to 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 a more detailed explanation.

(f) All states and territories including other territories.

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

(h) For infant deaths (less than one year), the rates represent the number of deaths per 1000 live births.

(i) For child deaths (1–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (1-4 years) at 30 June of the mid point year of the reference period.

For child deaths (0–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (0–4 years) at 30 June of the mid point year of the reference period.

Source : ABS unpublished, *Deaths, Australia,* Cat. no. 3302.0; ABS unpublished, *Births, Australia,* Cat. no. 3301.0; ABS unpublished, *Causes of Death, Australia* , Cat. no. 3303.0.

Table EA.43 **All causes infant (<1 year) mortality, by Indigenous status, NSW, Queensland, WA, SA and NT (a), (b), (c), (d), (e), (f)**

	Unit	*NSW*	*Qld* (g)	*WA* (h)	*SA*	*NT Total* (h), (i)	
2006–2010							
Number of deaths							
Indigenous	no.	129	182	np	26	102	np
Non-Indigenous	no.	1 835	1 340	np	321	43	np
Percentage							
Indigenous	%	6.6	12.0	np	7.5	70.3	np
Non-Indigenous	%	93.4	88.0	np	92.5	29.7	np
Rate (j)							
Indigenous	per 1000 live births	6.4	8.3	np	5.3	13.1	np
Non-Indigenous	per 1000 live births	4.1	4.6	np	3.4	3.6	np
Rate ratio (k)		1.6	1.8	np	1.6	3.6	np
Rate difference (l)		2.4	3.7	np	1.9	9.5	np
2005–2009							
Number of deaths							
Indigenous	no.	131	188	np	28	106	np
Non-Indigenous	no.	1 873	1 280	np	330	46	np
Percentage							
Indigenous	%	6.5	12.8	np	7.8	69.7	np
Non-Indigenous	%	93.5	87.2	np	92.2	30.3	np
Rate (j)							
Indigenous	per 1000 live births	7.1	8.9	np	6.8	13.7	np
Non-Indigenous	per 1000 live births	4.3	4.7	np	3.7	4.1	np
Rate ratio (k)		1.6	1.9	np	1.8	3.4	np
Rate difference (l)		2.7	4.1	np	3.1	9.6	np
2004–2008							
Number of deaths							
Indigenous	no.	140	178	np	27	115	np
Non-Indigenous	no.	1 876	1 201	np	311	48	np
Percentage							
Indigenous	%	6.9	12.9	np	8.0	70.6	np
Non-Indigenous	%	93.1	87.1	np	92.0	29.4	np
Rate (j)							
Indigenous	per 1000 live births	7.8	9.2	np	6.9	14.9	np
Non-Indigenous	per 1000 live births	4.4	4.7	np	3.6	4.4	np
Rate ratio (k)		1.8	2.0	np	2.0	3.4	np
Rate difference (l)		3.4	4.5	np	3.4	10.6	np
2003–2007							
Number of deaths							
Indigenous	no.	147	176	np	28	121	np
Non-Indigenous	no.	1 831	1 136	np	314	49	np

Table EA.43 All causes infant (<1 year) mortality, by Indigenous status, NSW, Queensland, WA, SA and NT (a), (b), (c), (d), (e), (f)

	Unit	*NSW*	*Qld* (g)	*WA* (h)	*SA*	*NT*	*Total* (h), (i)
Percentage							
Indigenous	%	7.4	13.4	np	8.2	71.2	np
Non-Indigenous	%	92.6	86.6	np	91.8	28.8	np
Rate (j)							
Indigenous	per 1000 live births	8.6	9.5	np	8.0	15.5	np
Non-Indigenous	per 1000 live births	4.4	4.7	np	3.7	4.5	np
Rate ratio (k)		2.0	2.0	np	2.2	3.4	np
Rate difference (l)		4.2	4.9	np	4.3	11.0	np

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

(b) Data are reported individually by jurisdiction of residence for NSW, Queensland, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(c) Data are presented in five-year groupings due to volatility of the small numbers involved.

(d) Some totals and figures may not compute due to the effects of using different denominators and of rounding.

(e) Although most deaths of Indigenous people are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Indigenous all causes mortality rate.

(f) Data are based on year of registration. See data quality statements for a more detailed explanation.

(g) Care should be taken when interpreting infant mortality rates for Queensland due to 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 a more detailed explanation.

(h) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.

(i) 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.

(j) Infant deaths per 1000 live births. The volatility in infant mortality rates is partially due to the relatively small number of infant deaths registered.

(k) Rate ratio is the Indigenous mortality rate divided by the non-Indigenous mortality rate.

(l) Rate difference is the Indigenous mortality rate less the non-Indigenous mortality rate.

np Not published.

Source: ABS unpublished, *Deaths, Australia,* Cat. no. 3302.0; ABS unpublished, *Births, Australia,* Cat. no. 3301.0.

Table EA.44 All causes child (1–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT, 2006–2010 (a), (b), (c), (d), (e), (f)

	Unit	*NSW*	*Qld* (g)	*WA* (h)	*SA*	*NT*	*Total* (h), (i)
2006–2010							
Number of deaths							
Indigenous	no.	27	38	np	5	21	np
Non-Indigenous	no.	310	233	np	74	7	np
Percentage							
Indigenous	%	8.0	14.0	np	6.3	75.0	np
Non-Indigenous	%	92.0	86.0	np	93.7	25.0	np
Rate (j)							
Indigenous	per 100 000 population	34.6	49.0	np	37.5	69.4	np
Non-Indigenous	per 100 000 population	18.4	22.0	np	20.7	17.2	np
Rate ratio (k)	no.	1.9	2.2	np	1.8	4.0	np
Rate difference (l)	no.	16.2	27.0	np	16.8	52.3	np
2005–2009							
Number of deaths							
Indigenous	no.	26	41	np	7	26	np
Non-Indigenous	no.	318	233	np	79	9	np
Percentage							
Indigenous	%	7.6	15.0	np	8.1	74.3	np
Non-Indigenous	%	92.4	85.0	np	91.9	25.7	np
Rate (j)							
Indigenous	per 100 000 population	34.1	53.8	np	52.7	85.0	np
Non-Indigenous	per 100 000 population	19.0	22.8	np	22.6	22.4	np
Rate ratio (k)	no.	1.8	2.4	np	2.3	3.8	np
Rate difference (l)	no.	15.1	31.0	np	30.0	62.6	np
2004–2008							
Number of deaths							
Indigenous	no.	27	39	np	7	22	np
Non-Indigenous	no.	350	250	np	75	9	np
Percentage							
Indigenous	%	7.2	13.5	np	8.5	71.0	np
Non-Indigenous	%	92.8	86.5	np	91.5	29.0	np
Rate (j)							
Indigenous	per 100 000 population	35.8	51.5	np	52.4	70.5	np
Non-Indigenous	per 100 000 population	21.2	25.2	np	21.7	23.1	np
Rate ratio (k)	no.	1.7	2.0	np	2.4	3.1	np
Rate difference (l)	no.	14.6	26.3	np	30.7	47.4	np
2003–2007							
Number of deaths							
Indigenous	no.	22	43	np	5	21	np

Table EA.44 All causes child (1–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT, 2006–2010 (a), (b), (c), (d), (e), (f)

	Unit	*NSW*	*Qld* (g)	*WA* (h)	*SA*	*NT*	*Total* (h), (i)
Non-Indigenous	no.	377	247	np	73	10	np
Percentage							
Indigenous	%	5.5	14.8	np	6.4	67.7	np
Non-Indigenous	%	94.5	85.2	np	93.6	32.3	np
Rate (j)							
Indigenous	per 100 000 population	29.1	57.1	np	np	64.9	np
Non-Indigenous	per 100 000 population	23.0	25.5	np	21.2	25.7	np
Rate ratio (k)	no.	1.3	2.2	np	np	2.5	np
Rate difference (l)	no.	6.0	31.6	np	np	39.1	np

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

(b) Includes deaths of all children aged 1–4 years.

(c) Data are reported individually by jurisdiction of residence for NSW, Queensland, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(d) Data are presented in five-year groupings due to volatility of the small numbers involved.

(e) Although most deaths of Indigenous people are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Indigenous all causes mortality rate.

(f) Data are based on year of registration. See data quality statements for a more detailed explanation.

(g) Care should be taken when interpreting infant mortality rates for Queensland due to 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 a more detailed explanation.

(h) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.

(i) 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.

(j) For child deaths (1–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (1–4 years) for the mid point year.

(k) Rate ratio is the Indigenous mortality rate divided by the non-Indigenous mortality rate.

(l) Rate difference is the Indigenous mortality rate less the non-Indigenous mortality rate.

np Not published.

Source: ABS unpublished, *Deaths, Australia,* Cat. no. 3302.0.

Table EA.45 All causes child (0–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT, 2006–2010 (a), (b), (c), (d), (e), (f)

	Unit	*NSW*	*Qld* (g)	*WA* (h)	*SA*	*NT*	*Total* (h), (i)
2006–2010							
Number of deaths							
Indigenous	no.	156	220	np	31	123	np
Non-Indigenous	no.	2 145	1 573	np	395	50	np
Percentage							
Indigenous	%	6.8	12.3	np	7.3	71.1	np
Non-Indigenous	%	93.2	87.7	np	92.7	28.9	np
Rate (j)							
Indigenous	per 100 000 population	157.4	224.3	np	184.1	322.2	np
Non-Indigenous	per 100 000 population	100.9	116.7	np	87.4	95.9	np
Rate ratio (k)	no.	1.6	1.9	np	2.1	3.4	np
Rate difference (l)	no.	56.5	107.6	np	96.7	226.2	np
2005–2009							
Number of deaths							
Indigenous	no.	157	229	np	35	132	np
Non-Indigenous	no.	2 191	1 513	np	409	55	np
Percentage							
Indigenous	%	6.7	13.1	np	7.9	70.6	np
Non-Indigenous	%	93.3	86.9	np	92.1	29.4	np
Rate (j)							
Indigenous	per 100 000 population	162.3	238.1	np	209.2	343.4	np
Non-Indigenous	per 100 000 population	104.5	117.6	np	92.9	108.1	np
Rate ratio (k)	no.	1.6	2.0	np	2.3	3.2	np
Rate difference (l)	no.	57.8	120.4	np	116.3	235.3	np
2004–2008							
Number of deaths							
Indigenous	no.	167	217	np	34	137	np
Non-Indigenous	no.	2 226	1 451	np	386	57	np
Percentage							
Indigenous	%	7.0	13.0	np	8.1	70.6	np
Non-Indigenous	%	93.0	87.0	np	91.9	29.4	np
Rate (j)							
Indigenous	per 100 000 population	174.8	228.7	np	204.3	352.5	np
Non-Indigenous	per 100 000 population	106.7	116.3	np	89.2	115.0	np
Rate ratio (k)	no.	1.6	2.0	np	2.3	3.1	np
Rate difference (l)	no.	68.1	112.3	np	115.1	237.5	np
2003–2007							
Number of deaths							
Indigenous	no.	169	219	np	33	142	np

Table EA.45 All causes child (0–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT, 2006–2010 (a), (b), (c), (d), (e), (f)

	Unit	*NSW*	*Qld* (g)	*WA* (h)	*SA*	*NT*	*Total* (h), (i)
Non-Indigenous	no.	2 208	1 383	np	387	59	np
Percentage							
Indigenous	%	7.1	13.7	np	7.9	70.6	np
Non-Indigenous	%	92.9	86.3	np	92.1	29.4	np
Rate (j)							
Indigenous	per 100 000 population	178.3	230.4	np	197.1	357.5	np
Non-Indigenous	per 100 000 population	107.9	113.9	np	90.2	120.6	np
Rate ratio (k)	no.	1.7	2.0	np	2.2	3.0	np
Rate difference (l)	no.	70.5	116.5	np	107.0	236.9	np

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

(b) Includes deaths of all children aged 1–4 years.

(c) Data are reported individually by jurisdiction of residence for NSW, Queensland, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(d) Data are presented in five-year groupings due to volatility of the small numbers involved.

(e) Although most deaths of Indigenous people are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Indigenous all causes mortality rate.

(f) Data are based on year of registration. See data quality statements for a more detailed explanation.

(g) Care should be taken when interpreting infant mortality rates for Queensland due to 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 a more detailed explanation.

(h) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.

(i) 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.

(j) For child deaths (1–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (1–4 years) for the mid point year.

(k) Rate ratio is the Indigenous mortality rate divided by the non-Indigenous mortality rate.

(l) Rate difference is the Indigenous mortality rate less the non-Indigenous mortality rate.

np Not published.

Source: ABS unpublished, *Deaths, Australia,* Cat. no. 3302.0.

Table EA.46 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
2009									
Cause of death				*Rate (per 100 000 persons)*					
Certain infectious and parasitic diseases (A00-B99)	8.1	7.2	6.5	7.9	7.9	7.0	6.7	13.5	7.5
Neoplasms (C00-D48)	172.5	174.4	180.0	176.3	174.6	198.7	156.0	211.6	175.6
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	1.7	1.6	1.4	2.4	2.4	2.2	1.2	5.9	1.8
Endocrine, nutritional and metabolic diseases (E00-E90)	21.0	26.1	24.4	24.4	23.1	33.6	26.0	64.7	24.0
Mental and behavioural disorders (F00-F99)	24.7	25.6	22.9	26.2	25.4	35.1	30.1	45.7	25.2
Diseases of the nervous system (G00-G99)	21.3	24.7	23.8	26.4	28.8	27.9	25.9	37.2	24.0
Diseases of the eye and adnexa (H00-H59)	–	–	–	–	–	–	0.3	–	–
Diseases of the ear and mastoid process (H60-H95)	–	–	–	–	–	–	–	–	–
Diseases of the circulatory system (I00-I99)	184.9	177.9	186.2	170.6	187.4	214.4	189.2	191.2	183.4
Diseases of the respiratory system (J00-J99)	46.0	43.6	46.2	39.5	43.4	54.8	30.6	70.3	44.8
Diseases of the digestive system (K00-K93)	20.8	20.7	19.1	19.5	20.7	21.0	20.3	40.5	20.5
Diseases of the skin and subcutaneous tissue (L00-L99)	1.9	1.1	1.5	1.7	1.1	1.2	0.3	1.0	1.5
Diseases of the musculoskeletal system and connective tissue (M00-M99)	4.2	4.1	4.8	4.8	3.4	6.7	4.4	5.1	4.3
Diseases of the genitourinary system (N00-N99)	13.3	15.4	11.1	12.1	14.4	11.7	13.4	19.5	13.5
Pregnancy, childbirth and the puerperium (O00-O99)	–	–	0.1	–	–	–	–	–	–
Certain conditions originating in the perinatal period (P00-P96)	3.2	2.8	3.8	2.0	2.3	3.0	1.1	6.1	3.0
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	2.4	3.1	3.4	2.2	3.3	2.7	2.5	3.4	2.9

Table EA.46 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)		6.4	2.4	5.2	3.7	2.8	2.0	1.5	3.5	4.4
External causes of morbidity and mortality (V01-Y98)		33.1	39.8	40.7	43.1	39.5	53.2	36.9	72.9	38.6
Total		**565.7**	**570.7**	**581.0**	**562.9**	**580.6**	**675.2**	**546.5**	**792.1**	**575.1**
Cause of Death						*variability band* ± (g) (h)				
Certain infectious and parasitic diseases (A00-B99)	±	0.6	0.7	0.8	1.2	1.2	2.1	3.0	7.6	0.3
Neoplasms (C00-D48)	±	2.9	3.4	4.0	5.6	5.8	11.3	14.2	30.9	1.7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	±	0.3	0.3	0.3	0.6	0.7	1.2	1.2	5.3	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	±	1.0	1.3	1.5	2.1	2.1	4.6	5.8	17.0	0.6
Mental and behavioural disorders (F00-F99)	±	1.0	1.2	1.4	2.1	2.0	4.5	6.3	17.1	0.6
Diseases of the nervous system (G00-G99)	±	1.0	1.2	1.4	2.2	2.3	4.2	5.9	15.2	0.6
Diseases of the eye and adnexa (H00-H59)	±	–	–	–	0.1	–	–	0.7	–	–
Diseases of the ear and mastoid process (H60-H95)	±	–	–	–	–	0.1	–	–	–	–
Diseases of the circulatory system (I00-I99)	±	2.9	3.3	4.0	5.4	5.7	11.4	15.9	31.2	1.7
Diseases of the respiratory system (J00-J99)	±	1.5	1.6	2.0	2.6	2.8	5.8	6.5	19.0	0.8
Diseases of the digestive system (K00-K93)	±	1.0	1.1	1.3	1.8	2.0	3.6	5.1	12.5	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	±	0.3	0.3	0.4	0.5	0.4	0.9	0.6	1.3	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	±	0.4	0.5	0.6	0.9	0.8	2.0	2.4	4.7	0.3
Diseases of the genitourinary system (N00-N99)	±	0.8	1.0	1.0	1.5	1.6	2.7	4.2	9.6	0.5
Pregnancy, childbirth and the puerperium (O00-O99)	±	–	0.1	0.1	0.1	–	–	–	–	–
Certain conditions originating in the perinatal period (P00-P96)	±	0.4	0.5	0.6	0.6	0.8	1.5	1.1	2.9	0.2

Table EA.46 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	±	0.4	0.5	0.5	0.6	0.9	1.5	1.6	2.2	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	±	0.6	0.4	0.7	0.8	0.8	1.2	1.3	2.3	0.3
External causes of morbidity and mortality (V01-Y98)	±	1.3	1.6	1.9	2.7	3.0	6.3	6.5	14.3	0.8
Total	±	**5.2**	**6.0**	**7.1**	**9.9**	**10.4**	**20.7**	**26.7**	**60.7**	**3.0**
2008										
Cause of death					*Rate (per 100 000 persons)*					
Certain infectious and parasitic diseases (A00-B99)		10.5	6.5	7.1	6.6	8.8	6.4	8.2	28.4	8.3
Neoplasms (C00-D48)		178.2	182.2	188.6	176.0	184.5	205.6	169.0	228.9	182.3
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)		1.9	2.2	1.7	2.8	2.7	2.1	1.4	1.0	2.1
Endocrine, nutritional and metabolic diseases (E00-E90)		21.4	25.9	26.6	26.5	24.4	32.3	22.5	83.9	24.8
Mental and behavioural disorders (F00-F99)		25.6	26.8	22.7	25.1	26.2	33.3	29.3	43.0	25.7
Diseases of the nervous system (G00-G99)		22.3	25.3	24.4	30.0	27.9	27.0	34.9	23.8	24.9
Diseases of the eye and adnexa (H00-H59)		–	–	–	0.1	0.1	–	–	–	–
Diseases of the ear and mastoid process (H60-H95)		–	–	–	–	0.1	–	–	–	–
Diseases of the circulatory system (I00-I99)		206.8	185.7	208.5	184.5	191.4	222.5	187.7	214.6	198.7
Diseases of the respiratory system (J00-J99)		48.3	45.2	47.8	43.3	45.5	57.6	35.8	90.2	47.0
Diseases of the digestive system (K00-K93)		20.6	20.6	20.2	21.4	20.0	24.7	19.7	41.8	20.8
Diseases of the skin and subcutaneous tissue (L00-L99)		2.1	1.4	1.3	1.6	1.3	1.3	1.1	2.8	1.6
Diseases of the musculoskeletal system and connective tissue (M00-M99)		4.8	4.4	4.8	5.0	4.2	8.0	9.8	9.9	4.8

Table EA.46 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Diseases of the genitourinary system (N00-N99)		13.9	12.7	13.4	11.9	15.2	12.4	14.5	38.3	13.6
Pregnancy, childbirth and the puerperium (O00-O99)		–	–	0.1	–	–	–	–	–	–
Certain conditions originating in the perinatal period (P00-P96)		3.2	2.5	3.2	1.8	2.1	2.1	5.3	4.8	2.9
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)		2.8	2.8	3.6	2.2	2.6	2.0	1.1	2.7	2.8
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)		4.8	3.2	8.8	5.0	2.9	2.7	4.3	9.0	5.0
External causes of morbidity and mortality (V01-Y98)		35.0	37.7	40.6	46.8	39.5	49.8	37.8	99.9	39.2
Total		**602.5**	**585.2**	**623.4**	**590.6**	**599.4**	**689.8**	**582.5**	**923.6**	**604.8**
Cause of Death					*variability band* ± (g) (h)					
Certain infectious and parasitic diseases (A00-B99)	±	0.7	0.6	0.8	1.1	1.3	2.0	3.3	11.6	0.4
Neoplasms (C00-D48)	±	3.0	3.5	4.1	5.6	6.0	11.5	15.1	33.7	1.7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	±	0.3	0.4	0.4	0.7	0.7	1.1	1.4	1.3	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	±	1.0	1.3	1.5	2.2	2.1	4.5	5.6	21.1	0.6
Mental and behavioural disorders (F00-F99)	±	1.1	1.3	1.4	2.1	2.1	4.5	6.3	16.6	0.6
Diseases of the nervous system (G00-G99)	±	1.0	1.3	1.5	2.3	2.3	4.1	6.9	10.7	0.6
Diseases of the eye and adnexa (H00-H59)	±	–	0.1	–	0.1	0.1	–	–	–	–
Diseases of the ear and mastoid process (H60-H95)	±	–	–	–	–	0.1	–	–	–	–
Diseases of the circulatory system (I00-I99)	±	3.1	3.4	4.3	5.7	5.8	11.7	16.1	34.2	1.8
Diseases of the respiratory system (J00-J99)	±	1.5	1.7	2.1	2.8	2.9	6.0	7.1	21.9	0.9
Diseases of the digestive system (K00-K93)	±	1.0	1.2	1.3	2.0	2.0	4.0	5.1	14.4	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	±	0.3	0.3	0.3	0.5	0.5	0.9	1.3	4.4	0.2

Table EA.46 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Diseases of the musculoskeletal system and connective tissue (M00-M99)	±	0.5	0.5	0.6	0.9	0.9	2.2	3.6	6.9	0.3
Diseases of the genitourinary system (N00-N99)	±	0.8	0.9	1.1	1.5	1.6	2.7	4.5	14.3	0.5
Pregnancy, childbirth and the puerperium (O00-O99)	±	–	0.1	0.1	–	–	–	–	–	–
Certain conditions originating in the perinatal period (P00-P96)	±	0.4	0.4	0.5	0.6	0.8	1.3	2.5	2.6	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	±	0.4	0.5	0.6	0.6	0.8	1.3	1.1	2.0	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	±	0.5	0.5	0.9	0.9	0.8	1.4	2.3	5.8	0.3
External causes of morbidity and mortality (V01-Y98)	±	1.4	1.6	1.9	2.9	3.0	6.2	6.8	17.7	0.8
Total	±	**5.4**	**6.1**	**7.4**	**10.3**	**10.6**	**21.0**	**28.0**	**67.8**	**3.1**
2007										
Cause of death					*Rate (per 100 000 persons)*					
Certain infectious and parasitic diseases (A00-B99)		10.1	6.8	7.5	6.1	7.8	3.7	5.0	24.6	8.1
Neoplasms (C00-D48)		178.2	178.8	169.8	180.5	180.2	202.8	173.0	225.8	178.0
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)		2.2	2.0	2.2	1.8	2.1	1.6	2.0	2.5	2.1
Endocrine, nutritional and metabolic diseases (E00-E90)		20.1	25.5	21.4	25.9	24.3	36.4	24.8	62.8	23.3
Mental and behavioural disorders (F00-F99)		25.0	24.4	18.8	20.8	25.0	27.2	31.4	40.0	23.6
Diseases of the nervous system (G00-G99)		21.7	24.6	21.8	29.5	25.6	25.7	29.9	16.8	23.7
Diseases of the eye and adnexa (H00-H59)		–	–	–	–	–	–	–	–	–
Diseases of the ear and mastoid process (H60-H95)		–	–	–	–	–	0.2	–	0.4	–

Table EA.46 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Diseases of the circulatory system (I00-I99)		203.1	185.7	208.3	185.2	204.7	229.8	179.2	251.2	199.0
Diseases of the respiratory system (J00-J99)		49.1	46.7	58.9	45.7	45.4	58.7	38.3	68.2	49.9
Diseases of the digestive system (K00-K93)		19.9	19.8	22.1	22.7	20.3	22.3	18.1	38.7	20.8
Diseases of the skin and subcutaneous tissue (L00-L99)		1.8	1.2	1.5	1.0	1.9	1.7	2.6	4.8	1.5
Diseases of the musculoskeletal system and connective tissue (M00-M99)		4.4	5.1	3.7	5.4	4.8	7.8	5.0	11.8	4.7
Diseases of the genitourinary system (N00-N99)		13.8	13.6	14.5	13.5	14.4	17.2	9.7	34.7	14.0
Pregnancy, childbirth and the puerperium (O00-O99)		–	–	–	0.1	0.1	–	–	–	–
Certain conditions originating in the perinatal period (P00-P96)		3.0	2.8	3.4	1.3	2.9	3.0	3.7	5.2	2.9
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)		2.6	2.8	3.4	2.2	2.8	3.6	2.8	5.6	2.8
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)		4.6	3.1	8.6	2.4	2.8	2.7	1.4	4.7	4.5
External causes of morbidity and mortality (V01-Y98)		34.5	32.1	42.3	44.7	39.4	48.2	37.1	92.2	37.7
Total		**594.3**	**575.1**	**608.0**	**588.6**	**604.4**	**692.7**	**564.0**	**889.2**	**596.7**
Cause of Death					*variability band* ± (g) (h)					
Certain infectious and parasitic diseases (A00-B99)	±	0.7	0.7	0.8	1.1	1.2	1.5	2.7	11.2	0.4
Neoplasms (C00-D48)	±	3.0	3.5	3.9	5.8	6.0	11.5	15.3	33.6	1.7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	±	0.3	0.4	0.4	0.6	0.6	1.0	1.6	3.1	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	±	1.0	1.3	1.4	2.2	2.1	4.9	6.0	17.5	0.6
Mental and behavioural disorders (F00-F99)	±	1.1	1.2	1.3	1.9	2.1	4.1	6.7	17.0	0.6
Diseases of the nervous system (G00-G99)	±	1.0	1.3	1.4	2.3	2.2	4.1	6.5	8.7	0.6
Diseases of the eye and adnexa (H00-H59)	±	–	–	–	–	–	–	–	–	–

Table EA.46 Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Diseases of the ear and mastoid process (H60-H95)	±	–	–	–	–	–	0.4	–	0.7	–
Diseases of the circulatory system (I00-I99)	±	3.1	3.4	4.3	5.9	6.1	12.0	15.9	37.7	1.8
Diseases of the respiratory system (J00-J99)	±	1.5	1.7	2.3	2.9	2.9	6.2	7.4	19.2	0.9
Diseases of the digestive system (K00-K93)	±	1.0	1.1	1.4	2.0	2.0	3.8	4.9	13.1	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	±	0.3	0.3	0.4	0.4	0.6	1.0	1.9	5.8	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	±	0.5	0.6	0.6	1.0	0.9	2.2	2.7	9.0	0.3
Diseases of the genitourinary system (N00-N99)	±	0.8	0.9	1.2	1.6	1.6	3.3	3.7	14.4	0.5
Pregnancy, childbirth and the puerperium (O00-O99)	±	0.1	–	–	0.1	0.1	–	–	–	–
Certain conditions originating in the perinatal period (P00-P96)	±	0.4	0.5	0.6	0.5	0.9	1.6	2.1	2.7	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	±	0.4	0.5	0.6	0.6	0.9	1.7	1.9	4.0	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	1.4	1.4	5.0	0.3
External causes of morbidity and mortality (V01-Y98)	±	1.4	1.5	2.0	2.9	3.0	6.1	6.9	16.1	0.8
Total	±	**5.4**	**6.2**	**7.5**	**10.5**	**10.8**	**21.3**	**28.0**	**67.3**	**3.2**

(a) Causes of death data for 2009 are preliminary and subject to a revisions process. Causes of death data for 2008 are revised and are subject to further revisions. Causes of death data for 2007 have undergone two years of revisions. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions 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 95 years and over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

Table EA.46 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

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

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

(d) Data based on reference year. See data quality statements for a more detailed explanation.

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

(f) Includes 'Other territories'.

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

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

– Nil or rounded to zero.

Source : ABS unpublished, *Causes of Death, Australia, 2009* , Cat. no. 3303.0.

Table EA.47 Age standardised mortality rates by major cause of death, by Indigenous status, 2005–2009 (a), (b), c), (d), (e), (f), (g), (h), (i)

	NSW	*Qld*	*WA* (j)	*SA*	*NT*	*Total* (j), (k)
Indigenous persons						
Cause of death			*Rate (per 100 000 population)*			
Circulatory diseases (I00-I99)	351.9	329.6	np	311.3	380.4	np
Neoplasms (cancer) (C00-D48)	218.8	234.1	np	196.6	277.9	np
External causes of morbidity and mortality (V01-Y98)	52.3	69.1	np	108.0	139.8	np
Endocrine, metabolic and nutritional disorders (E00-E90)	54.2	135.5	np	76.8	200.8	np
Respiratory diseases (J00-J99)	98.5	93.3	np	102.6	155.6	np
Digestive diseases (K00-K93)	46.2	56.0	np	49.9	93.6	np
Kidney Diseases (N00-N29)	23.1	33.0	np	np	79.8	np
Conditions originating in the perinatal period (P00-P96)	4.6	6.6	np	np	9.6	np
Infectious and parasitic diseases (A00-B99)	18.4	22.1	np	np	45.9	np
Nervous system diseases (G00-G99)	21.9	17.8	np	42.7	30.1	np
Other causes (m)	64.1	67.2	np	83.2	128.6	np
All causes	**954.1**	**1 064.4**	**np**	**1 024.8**	**1 542.1**	**np**
Non-Indigenous persons (per 100 000 persons)						
Cause of death			*Rate (per 100 000 population)* (m)			
Circulatory diseases (I00-I99)	209.3	207.3	np	207.3	174.7	np
Neoplasms (cancer) (C00-D48)	178.9	177.1	np	182.1	205.7	np
External causes of morbidity and mortality (V01-Y98)	33.9	38.4	np	37.8	64.9	np
Endocrine, metabolic and nutritional disorders (E00-E90)	20.0	22.4	np	24.2	30.1	np
Respiratory diseases (J00-J99)	49.6	50.1	np	49.5	62.8	np
Digestive diseases (K00-K93)	20.4	19.8	np	20.9	25.3	np
Kidney Diseases (N00-N29)	11.6	10.3	np	13.1	13.9	np
Conditions originating in the perinatal period (P00-P96)	3.2	3.2	np	2.2	2.7	np
Infectious and parasitic diseases (A00-B99)	10.0	6.7	np	8.2	12.6	np
Nervous system diseases (G00-G99)	21.8	22.0	np	25.8	20.6	np
Other causes (m)	43.4	41.2	np	42.5	54.1	np
All causes	**602.1**	**598.5**	**np**	**613.6**	**667.3**	**np**
Cause of death			*Rate difference* (n)			
Circulatory diseases (I00-I99)	142.6	122.3	np	104.0	205.7	np
Neoplasms (cancer) (C00-D48)	39.9	57.0	np	14.5	72.2	np
External causes of morbidity and mortality (V01-Y98)	18.4	30.7	np	70.2	74.9	np

Table EA.47 **Age standardised mortality rates by major cause of death, by Indigenous status, 2005–2009 (a), (b), c), (d), (e), (f), (g), (h), (i)**

	NSW	*Qld*	*WA* (j)	*SA*	*NT*	*Total* (j), (k)
Endocrine, metabolic and nutritional disorders (E00-E90)	34.2	113.1	np	52.6	170.7	np
Respiratory diseases (J00-J99)	48.9	43.2	np	53.1	92.8	np
Digestive diseases (K00-K93)	25.8	36.2	np	29.0	68.3	np
Kidney Diseases (N00-N29)	11.5	22.7	np	np	65.9	np
Conditions originating in the perinatal period (P00-P96)	1.4	3.4	np	np	6.9	np
Infectious and parasitic diseases (A00-B99)	8.4	15.4	np	np	33.3	np
Nervous system diseases (G00-G99)	0.1	- 4.2	np	16.9	9.5	np
Other causes (l)	20.7	26.0	np	40.7	74.5	np
All causes	**352.0**	**465.9**	**np**	**411.2**	**874.8**	**np**
Cause of death			*Rate ratio* (m)			
Circulatory diseases (I00-I99)	1.7	1.6	np	1.5	2.2	np
Neoplasms (cancer) (C00-D48)	1.2	1.3	np	1.1	1.4	np
External causes of morbidity and mortality (V01-Y98)	1.5	1.8	np	2.9	2.2	np
Endocrine, metabolic and nutritional disorders (E00-E90)	2.7	6.0	np	3.2	6.7	np
Respiratory diseases (J00-J99)	2.0	1.9	np	2.1	2.5	np
Digestive diseases (K00-K93)	2.3	2.8	np	2.4	3.7	np
Kidney Diseases (N00-N29)	2.0	3.2	np	np	5.7	np
Conditions originating in the perinatal period (P00-P96)	1.4	2.1	np	np	3.6	np
Infectious and parasitic diseases (A00-B99)	1.8	3.3	np	np	3.6	np
Nervous system diseases (G00-G99)	1.0	0.8	np	1.7	1.5	np
Other causes (l)	1.5	1.6	np	2.0	2.4	np
All causes	**1.6**	**1.8**	**np**	**1.7**	**2.3**	**np**

(a) Causes of death data for 2009 are preliminary and subject to a revisions process. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.

(b) Causes of death data for 2008 are revised and subject to a further revisions process. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.

(c) Causes of death data for 2007 have undergone two years of revisions. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.

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

Table EA.47 **Age standardised mortality rates by major cause of death, by Indigenous status, 2005–2009 (a), (b), c), (d), (e), (f), (g), (h), (i)**

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

(e) Although most deaths of Indigenous people are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Indigenous mortality rate.

(f) Data are reported individually by jurisdiction of usual residence 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.

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

(h) Data based on reference year. See data quality statements for a more detailed explanation.

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

(j) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.

(k) 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.

(l) 'Other causes' consist of all conditions excluding the selected causes displayed in the table.

(m) Rate ratio is the age standardised Indigenous rate divided by the non-Indigenous rate.

(n) Rate difference is the age standardised Indigenous rate less the non-Indigenous rate.

np Not published.

Source : ABS unpublished, *Causes of Death, Australia, 2009* , Cat. no. 3303.0.

Table EA.48 **All Australians average life expectancy at birth (years) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)
Males									
2002–2004	78.0	78.5	77.8	78.6	78.0	76.7	79.7	72.3	78.1
2003–2005	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
Females									
2002–2004	83.3	83.3	82.9	83.3	83.1	81.8	83.9	78.0	83.0
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
Difference between male and female life expectancies at birth (c)									
2002–2004	5.3	4.8	5.1	4.7	5.1	5.1	4.2	5.7	4.9
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	4.7	4.5	4.3	4.2	5.2	4.5

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

(b) Figures for Australia include 'Other territories'.

(c) Differences are based on unrounded estimates.

Source: ABS 2011, *Life Tables, Australia, States and Territories 2008-2010*, Cat. no. 3302.0.55.001 to 3302.8.55.001, Canberra.

Table EA.49 Estimated life expectancies at birth, by Indigenous status and sex, 2005–2007 (years) (a), (b)

	NSW	*Qld*	*WA*	*NT*	*Aust* (b)
Indigenous					
Life expectancy at birth					
Males	69.9	68.3	65.0	61.5	67.2
Females	75.0	73.6	70.4	69.2	72.9
Persons (c)	72.4	70.9	67.6	65.3	70.0
Upper and lower 95 per cent confidence intervals					
Males	68.6–71.2	67.3–69.3	63.8–66.2	60.5–62.5	66.3–68.1
Females	73.9–76.1	72.8–74.4	69.4–71.4	68.4–70.0	72.1–73.7
Persons	na	na	na	na	na
Non-Indigenous					
Life expectancy at birth					
Males	78.7	78.6	79.0	75.7	78.7
Females	82.5	82.5	82.9	81.2	82.6
Difference between Indigenous and non-Indigenous life expectancies at birth					
Males (d)	8.8	10.4	14.0	14.2	11.5
Females (d)	7.5	8.9	12.5	11.9	9.7
Persons (e), (c)	8.2	9.6	13.3	13.1	10.6
Total					
Life expectancy at birth					
Males	**78.5**	**78.4**	**78.7**	**72.0**	**78.5**
Females	**82.4**	**82.3**	**82.5**	**77.6**	**82.4**

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

(b) Australian total includes all states and territories.

(c) Life tables are constructed separately for Males and Females. Life tables were not constructed for Persons, therefore life expectancy estimates for Persons are a weighted combination of Male and Female life expectancies.

(d) Based on unrounded estimates.

(e) Based on rounded estimates.

na Not available.

Source: ABS 2009, *Experimental Life Tables for Aboriginal and Torres Strait Islander Australians, Australia, 2005–2007*, Cat. no. 3302.0, Canberra.

Table EA.50 **Median age at death (years) (a), (b)**

	NSW	*Vic*	*Qld*	*WA* (c)	*SA*	*Tas*	*ACT*	*NT*	*Aust* (d)
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	59.2	77.5
2008	78.3	78.5	77.0	76.4	78.9	78.2	78.3	61.5	77.9
2009	78.2	78.6	76.7	76.5	79.1	77.3	76.7	59.3	77.8
2010 (e)	78.5	79.3	77.1	77.2	79.6	77.8	77.4	61.4	78.3
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	61.6	83.9
2009	84.0	84.5	83.2	83.2	84.4	83.4	83.1	65.0	83.9
2010 (e)	84.2	84.9	83.6	83.8	84.9	83.6	84.3	66.1	84.3
Indigenous (f), (g), (h)									
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	np	50.5	np	np	45.9	np
2008	59.9	np	53.2	np	49.0	np	np	52.1	np
2009	57.2	np	53.2	np	48.0	np	np	48.3	np
2010	58.3	np	55.0	52.0	54.0	np	np	50.8	54.3
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	np	58.3	np	np	55.7	np
2008	63.8	np	62.3	np	53.5	np	np	56.0	np
2009	65.9	np	62.6	np	53.0	np	np	55.4	np
2010	67.1	np	59.5	56.3	59.3	np	np	55.4	60.7
Non-Indigenous (f), (g), (h)									
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	np	78.7	np	np	64.6	np
2008	78.5	np	77.3	np	79.2	np	np	66.3	np
2009	78.4	np	77.2	np	79.3	np	np	66.6	np
2010	78.6	np	77.5	77.8	79.6	np	np	64.9	78.3

Table EA.50 **Median age at death (years) (a), (b)**

	NSW	*Vic*	*Qld*	*WA* (c)	*SA*	*Tas*	*ACT*	*NT*	*Aust* (d)
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	np	84.3	np	np	69.3	np
2008	84.2	np	83.7	np	84.6	np	np	75.7	np
2009	84.1	np	83.4	np	84.6	np	np	71.8	np
2010	84.3	np	83.9	84.2	84.9	np	np	75.2	84.3

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

(b) Based on deaths registered to 31 December 2009.

(c) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.

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

(e) Data for 2010 are incomplete due to the delay between the occurrence and registration of a death.

(f) Deaths for whom the Indigenous status was not specified have not been prorated over Indigenous and non-Indigenous deaths. As a result, Indigenous and non-Indigenous deaths may be underestimated.

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

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

np Not published.

Source: ABS 2011, *Deaths Australia, 2010*, Cat. no. 3302.0, Canberra.

Table EA.51 Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status (a)

	unit	*2007*	*2008*	*2009*
Potentially preventable deaths (i)				
Indigenous				
Number of deaths	*no.*	np	np	np
Rate (a)	*per 100 000 persons*	np	np	np
	variability band ± (b) (c)	np	np	np
Non-Indigenous				
Number of deaths	*no.*	np	np	np
Rate (a)	*per 100 000 persons*	np	np	np
	variability band ± (b) (c)	np	np	np
Deaths from potentially treatable conditions (j)				
Indigenous				
Number of deaths	*no.*	np	np	np
Rate (a)	*per 100 000 persons*	np	np	np
	variability band ± (b) (c)	np	np	np
Non-Indigenous				
Number of deaths	*no.*	np	np	np
Rate (a)	*per 100 000 persons*	np	np	np
	variability band ± (b) (c)	np	np	np
All potentially avoidable deaths (b)				
Indigenous				
Number of deaths	*no.*	np	np	np
Rate (a)	*per 100 000 persons*	np	np	np
	variability band ± (b) (c)	np	np	np
Non-Indigenous				
Number of deaths	*no.*	np	np	np
Rate (a)	*per 100 000 persons*	np	np	np
	variability band ± (b) (c)	np	np	np

(a) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.

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

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

np Not published.

Table EA.51 **Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status (a)**

	unit	*2007*	*2008*	*2009*

Source: ABS unpublished, *Causes of Death, Australia, 2009,* Cat. no. 3303.0, Canberra; ABS unpublished, Estimated Resident Population; ABS 2009, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , Series B, Cat. no. 3238.0, Canberra.

Table EA.52 Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT, 2005–2009 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k)

	unit	*NSW*	*Qld*	*WA* (l)	*SA*	*NT*	*Total* (l) (m)
Potentially preventable deaths (n)							
Indigenous							
Number of deaths	*no.*	996	1 034	np	277	907	np
Rate (a)	*per 100 000*	226.3	267.0	np	306.2	455.6	np
Non-Indigenous							
Number of deaths	*no.*	29 875	18 419	np	7 583	855	np
Rate (a)	*per 100 000*	84.0	88.1	np	89.0	132.1	np
Deaths from potentially treatable conditions (o)							
Indigenous							
Number of deaths	*no.*	550	691	np	178.5	577	np
Rate (a)	*per 100 000*	127.9	182.6	np	219.7	311.0	np
Non-Indigenous							
Number of deaths	*no.*	20 659	12 001	np	5 069	389	np
Rate (a)	*per 100 000*	58.0	57.4	np	58.7	65.9	np
All potentially avoidable deaths (b)							
Indigenous							
Number of deaths	*no.*	1 546	1 724	np	455	1 483	np
Rate (a)	*per 100 000*	354.2	449.5	np	525.9	766.5	np
Non-Indigenous							
Number of deaths	*no.*	50 534	30 419	np	12 651	1 243	np
Rate (a)	*per 100 000*	142.0	145.6	np	147.7	198.0	np

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

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

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

(d) Data based on reference year. See data quality statements for a more detailed explanation.

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

(f) 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.52 **Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT, 2005–2009 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k)**

	unit	*NSW*	*Qld*	*WA* (l)	*SA*	*NT*	*Total* (l) (m)

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

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

(i) Causes of death data for 2007 have undergone two years of revisions. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.

(j) Causes of death data for 2008 have been revised and are subject to further revisions. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.

(k) Causes of death data for 2009 are preliminary and subject to a revisions process. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.

(l) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further 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.

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

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

np Not published.

Source: ABS unpublished, *Causes of Death, Australia, 2009*, Cat. no. 3303.0, Canberra; ABS unpublished, Estimated Resident Population; ABS 2009, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, Series B, Cat. no. 3238.0, Canberra.

Table EA.53 **Birthweights, live births, all mothers, 2009 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT*	*Aust*
Mean birthweight	grams	3 384	3 371	3 383	3 358	3 344	3 399	3 382	3 278	3 374
Number of babies by birthweight										
Less than 1000g	no.	376	361	306	156	86	24	29	19	1 357
1000–1499g	no.	456	431	358	182	134	25	41	33	1 660
1500–1999g	no.	1 032	997	827	400	290	89	72	72	3 779
2000–2499g	no.	3 508	2 764	2 552	1 173	827	256	240	231	11 551
2500–2999g	no.	14 275	11 005	8 788	4 796	3 151	928	860	715	44 518
3000–3499g	no.	34 849	25 976	21 576	11 329	7 185	2 177	1 967	1 368	106 427
3500–3999g	no.	29 862	22 283	19 295	9 553	5 983	1 945	1 865	1 053	91 839
4000–4499g	no.	9 777	7 309	6 696	2 946	1 810	723	623	319	30 203
4500g and over	no.	1 688	1 389	1 195	449	292	149	114	60	5 336
Not stated	no.	13	98	8	1	–	1	–	–	121
All births	**no.**	**95 836**	**72 613**	**61 601**	**30 985**	**19 758**	**6 317**	**5 811**	**3 870**	**296 791**
Less than 1500g	*no.*	*832*	*792*	*664*	*338*	*220*	*49*	*70*	*52*	*3 017*
Less than 2500g	*no.*	*5 372*	*4 553*	*4 043*	*1 911*	*1 337*	*394*	*382*	*355*	*18 347*
Proportion of babies by birthweight										
Less than 1000g	%	0.4	0.5	0.5	0.5	0.4	0.4	0.5	0.5	0.5
1000–1499g	%	0.5	0.6	0.6	0.6	0.7	0.4	0.7	0.9	0.6
1500–1999g	%	1.1	1.4	1.3	1.3	1.5	1.4	1.2	1.9	1.3
2000–2499g	%	3.7	3.8	4.1	3.8	4.2	4.1	4.1	6.0	3.9
2500–2999g	%	14.9	15.2	14.3	15.5	15.9	14.7	14.8	18.5	15.0
3000–3499g	%	36.4	35.8	35.0	36.6	36.4	34.5	33.8	35.3	35.9
3500–3999g	%	31.2	30.7	31.3	30.8	30.3	30.8	32.1	27.2	30.9
4000–4499g	%	10.2	10.1	10.9	9.5	9.2	11.4	10.7	8.2	10.2
4500g and over	%	1.8	1.9	1.9	1.4	1.5	2.4	2.0	1.6	1.8
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	*%*	0.9	1.1	1.1	1.1	1.1	0.8	1.2	1.3	1.0
Less than 2500g	*%*	*5.6*	*6.3*	*6.6*	*6.2*	*6.8*	*6.2*	*6.6*	*9.2*	*6.2*

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

(b) In the ACT, 15.9 per cent of women who gave birth in the ACT were non-ACT residents. Care must be taken when interpreting percentages. For example, the percentage of live births of ACT residents who gave birth in the ACT where the birthweight was less than 1500 grams was 0.7 per cent and where the birthweight was less than 2500 grams the percentage was 5.0 per cent.

– Nil or rounded to zero.

Source: Li Z, McNally L, Hilder L & Sullivan EA 2011, *Australia's mothers and babies 2009,* Perinatal statistics series no. 25, Cat. no. PER 52, Canberra, AIHW.

Table EA.54 Birthweights of babies of Indigenous mothers, live births, by State and Territory, 2009 (a)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT*	*Aust*
Mean birthweight	grams	3 244	3 176	3 206	3 119	3 159	3 238	3 008	3 102	3 183
Number of babies by birthweight										
Less than 1500g	no.	43	16	75	42	13	<5	np	38	235
1500–2499g	no.	257	98	291	195	65	np	np	165	1 117
2500–2999g	no.	585	163	708	428	138	53	26	372	2 473
3000–3499g	no.	1 015	266	1 163	584	208	105	30	492	3 863
3500–3999g	no.	720	210	814	364	138	78	14	309	2 647
4000–4499g	no.	236	67	229	112	38	14	9	76	781
4500g and over	no.	47	7	55	11	10	np	<5	12	150
Not stated	no.	1	–	–	–	–	–	–	–	1
All births	**no.**	**2 904**	**827**	**3 335**	**1 736**	**610**	**285**	**106**	**1 464**	**11 267**
Less than 2500g	*no.*	*300*	*114*	*366*	*237*	*78*	*29*	*25*	*203*	*1 352*
Proportion of babies by birthweight										
Less than 1500g	%	1.5	1.9	2.2	2.4	2.1	np	np	2.6	2.1
1500–2499g	%	8.8	11.9	8.7	11.2	10.7	np	np	11.3	9.9
2500–2999g	%	20.1	19.7	21.2	24.7	22.6	18.6	24.5	25.4	21.9
3000–3499g	%	35.0	32.2	34.9	33.6	34.1	36.8	28.3	33.6	34.3
3500–3999g	%	24.8	25.4	24.4	21.0	22.6	27.4	13.2	21.1	23.5
4000–4499g	%	8.1	8.1	6.9	6.5	6.2	4.9	8.5	5.2	6.9
4500g and over	%	1.6	0.8	1.6	0.6	1.6	np	np	0.8	1.3
Not stated	%	–	–	–	–	–	–	–	–	–
All births	**%**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Less than 2500g	*%*	*10.3*	*13.8*	*11.0*	*13.7*	*12.8*	*10.2*	*23.6*	*13.9*	*12.0*

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

(b) In the ACT, 24.3 per cent of Indigenous women who gave birth in the ACT were non-ACT residents. Care must be taken when interpreting percentages. For example, the percentage of live born babies born in the ACT to ACT resident Indigenous women in 2009 where the birthweight was less than 2500 grams the percentage was 13.9 per cent.

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

Source: Li Z, McNally L, Hilder L & Sullivan EA 2011, *Australia's mothers and babies 2009,* Perinatal statistics series no. 25, Cat. no. PER 52, Canberra, AIHW.

Table EA.55 Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory (a), (b), (c), (d), (e)

	unit	*NSW*	*Vic* (f)	*Qld*	*WA*	*SA*	*Tas* (g)	*ACT* (g)	*NT*	*Aust*
2009										
Proportion low birthweight babies born to										
Indigenous mothers	%	10.0	12.2	9.8	13.0	10.4	8.3	13.9	12.5	10.9
Non-Indigenous mothers	%	4.2	4.6	4.7	4.3	5.0	5.0	3.7	5.0	4.5
Total (g)	**%**	**4.4**	**4.7**	**4.9**	**4.8**	**5.1**	**5.1**	**3.8**	**7.7**	**4.7**
Number of low birthweight babies born to										
Indigenous mothers	no.	294	91	320	223	63	23	11	174	1 199
Non-Indigenous mothers	no.	3 813	3 076	2 637	1 221	921	290	172	117	12 247
Total (g)	**no.**	**4 124**	**3 231**	**2 961**	**1 444**	**984**	**313**	**184**	**291**	**13 532**
2008										
Proportion low birthweight babies born to										
Indigenous mothers	%	10.4	13.1	8.9	14.0	12.4	9.2	10.0	13.7	11.2
Non-Indigenous mothers	%	4.3	4.5	4.4	4.3	4.6	5.0	3.7	4.1	4.4
Total (g)	**%**	**4.5**	**4.6**	**4.6**	**4.9**	**4.8**	**5.2**	**3.8**	**7.6**	**4.7**
Number of low birthweight babies born to										
Indigenous mothers	no.	314	85	294	233	75	26	7	184	1 218
Non-Indigenous mothers	no.	3 947	3 067	2 445	1 213	849	298	166	98	12 083
Total (g)	**no.**	**4 280**	**3 155**	**2 742**	**1 446**	**924**	**324**	**174**	**282**	**13 327**

(a) Data are sourced from the 2010-11 National Indigenous Reform Agreement Performance Report.

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

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

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

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

(f) Totals for Victoria have not been confirmed by the Victorian Perinatal Data Collection due to the nature of this collection. This is because the data are collected by place of birth but are published by place of residence. Therefore totals include women who gave birth in other states and territories but resided in Victoria.

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

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

Source: AIHW unpublished, National Perinatal Data Collection.

Table EA.56 Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2007—2009 (a), (b), (c), (d), (e)

	unit	*NSW*	*Vic* (f)	*Qld*	*WA*	*SA*	*Tas*	*ACT* (g)	*NT*	*Aust*
2007–2009										
Proportion low birtheight babies born to										
Indigenous mothers	%	10.3	12.0	9.6	13.8	12.2	7.8	10.3	12.9	11.1
Non-Indigenous mothers	%	4.3	4.6	4.5	4.4	4.7	5.1	3.9	4.4	4.4
Total (h)	**%**	**4.5**	**4.7**	**4.7**	**4.9**	**5.0**	**5.2**	**4.0**	**7.5**	**4.7**
Number of low birthweight babies born to										
Indigenous mothers	no.	906	241	922	705	219	61	22	528	3 604
Non-Indigenous mothers	no.	11 648	9 290	7 473	3 648	2 631	902	534	304	36 430
Total (h)	**no.**	**12 616**	**9 601**	**8 405**	**4 353**	**2 850**	**963**	**559**	**832**	**40 179**
2006–2008										
Proportion low birtheight babies born to										
Indigenous mothers	%	10.6	11.6	9.5	13.8	12.8	7.6	9.5	13.2	11.2
Non-Indigenous mothers	%	4.3	4.6	4.5	4.4	4.7	5.1	4.1	4.5	4.5
Total (h)	**%**	**4.5**	**4.7**	**4.8**	**5.0**	**4.9**	**5.2**	**4.2**	**7.7**	**4.7**
Number of low birthweight babies born to										
Indigenous mothers	no.	903	204	878	709	224	55	20	538	3 531
Non-Indigenous mothers	no.	11 695	9 242	7 312	3 577	2 536	886	543	301	36 092
Total (h)	**no.**	**12 669**	**9 457**	**8 196**	**4 286**	**2 760**	**941**	**566**	**839**	**39 714**

(a) Data are sourced from the 2010-11 National Indigenous Reform Agreement Performance Report.

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

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

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

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

(f) Totals for Victoria have not been confirmed by the Victorian Perinatal Data Collection due to the nature of this collection. This is because the data are collected by place of birth but are published by place of residence. Therefore totals include women who gave birth in other states and territories but resided in Victoria.

(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 births to mothers whose Indigenous status was not stated.

Source: AIHW unpublished, National Perinatal Data Collection.

Data quality information — Health sector summary E

Data quality information

Data quality information (DQI) provides information against the seven ABS data quality framework dimensions, for a selection of measures from performance indicators in the Health sector summary. DQI for additional indicators will be progressively introduced in future reports.

Where RoGS indicators align with National Agreement indicators, DQI has been sourced from the Steering Committee's reports on National Agreements to the COAG Reform Council.

Technical DQI has been supplied or agreed by relevant data providers. Additional Steering Committee commentary does not necessarily reflect the views of data providers.

DQI are available for the following performance measures:

Infant and child mortality rates

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Health Agreement (data supplied by ABS) with additional Steering Committee comments.

Indicator definition and description

Indicator	Mortality rates
Measure (computation)	Infant and child mortality rates Numerator: Death registrations provided by state and territory Registrars of Births, Deaths and Marriages. • Infant: Number of deaths among children aged under 1 year • Child 0-4: Number of deaths among children aged 0 to 4 years • Child 1-4: Number of deaths among children aged 1 to 4 years Denominator: • Infant: Number of live births in the period • Child 0-4: Population aged 0 to 4 years • Child 1-4: Population aged 1 to 4 years
Data source/s	Numerators: ABS Deaths Collection (3302.0) Denominators: • Infant: ABS Births Collection (3301.0) • Child 0-4: ABS Estimated Residential Population (3101.0) • Child 1-4: ABS Estimated Residential Population (3101.0) • Indigenous: ABS Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians (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 <www.abs.gov.au/websitedbs/d3310114.nsf/4a256353001af3ed4b2562bb00121564/10ca14cb967e5b83ca2573ae00197b65!OpenDocument>.
Relevance	Deaths data are published on an annual basis. The ABS Deaths collection includes all deaths that occurred and were registered in Australia, including deaths of persons whose usual residence is overseas. Deaths of Australian residents that occurred outside Australia may be registered by individual Registrars, but are not included in ABS deaths or causes of death statistics. The ABS Births collection includes all births that are live born and have not been previously registered, births to temporary visitors to Australia, births occurring within Australian Territorial waters, births occurring in Australian Antarctic Territories and other external territories, births occurring in transit (i.e. on ships or planes) if registered in the state or territory of "next port of call", births to Australian nationals employed overseas at Australian legations and consular offices and births that occurred in earlier years that have not been previously registered (late registrations). Births data exclude foetal deaths, adoptions, sex changes, legitimations and corrections, and births to foreign diplomatic staff, and births occurring on Norfolk Island.

For further information on the ABS Deaths and Births collections, see the relevant Data Quality Statements.

Timeliness

Death records are provided electronically to the ABS by individual Registrars on a monthly basis for compilation into aggregate statistics on a quarterly and annual basis. One dimension of timeliness in death registrations data is the interval between the occurrence and registration of a death. As a result, a small number of deaths occurring in one year are not registered until the following year or later.

Births records are provided electronically to the ABS by individual Registrars on a monthly basis for compilation into aggregate statistics on a quarterly and annual basis. One dimension of timeliness in birth registrations data is the interval between the occurrence and registration of a birth. As a result, some births occurring in one year are not registered until the following year or even later. This can be caused by either a delay by the parent(s) in submitting a completed form to the registry, or a delay by the registry in processing the birth (for example, due to follow up activity due to missing information on the form, or resource limitations).

Preliminary ERP data is compiled and published quarterly and is generally made available five to six months after the end of each reference quarter. Every year, the 30 June ERP is further disaggregated by sex and single year of age, and is made available five to six months after end of the reference quarter. Commencing with data for September quarter 2006, revised estimates are released annually and made available 21 months after the end of the reference period for the previous financial year, once more accurate births, deaths and net overseas migration data becomes available. In the case of births and deaths, the revised data is compiled on a date of occurrence basis. In the case of net overseas migration, final data is based on actual traveller behaviour. Final estimates are made available every 5 years after a census and revisions are made to the previous inter-censal period. ERP data is not changed once it has been finalised. Releasing preliminary, revised and final ERP involves a balance between timeliness and accuracy.

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.

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 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 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.

Non-Indigenous data from the Deaths and Births collection do not include death registrations with a 'not stated' Indigenous status.

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.

Mortality indicators presented in the previous National Indigenous Reform Agreement and National Healthcare Agreement reports were compiled using deaths data on a year of registration basis. If this practice is followed for reporting data for the 2010 reference year, mortality indicators for Queensland and any aggregates including Queensland will be overstated and prevent meaningful comparisons over time.

To minimise the impact of these outstanding death registrations on mortality indicators used in various Council of Australian Government (COAG) reports, a decision was made by the ABS and key stakeholders to use 'adjusted' deaths for Queensland for 2010 reference year. The 'adjusted' deaths were calculated by adding together deaths registered in 2010 for usual residents of Queensland which occurred in 2007, 2008, 2009 and 2010.

ABS are currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, NIRAPIMG agreed that mortality indicators which include WA deaths data for 2007, 2008 and 2009 should be excluded from analysis.

Some rates are unreliable due to small numbers of deaths over the reference period. Resultant rates could be misleading for example where the non-Indigenous mortality rate is higher than the Indigenous mortality rate. All rates in this indicator must be used with caution.

Coherence

The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

Accessibility

Deaths data are available in a variety of formats on the ABS website under the 3302.0 product family. Births data are available in a variety of formats on the ABS website under the 3301.0 product family. ERP data is available in a variety of formats on the ABS website under the 3101.0 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 presented as crude rates, either per 1000 live births or 1000 estimated resident population.

Age standardised mortality by major cause of death

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Health Agreement (data supplied by ABS) with additional Steering Committee comments.

Indicator definition and description

Indicator	Mortality rates
Measure (computation)	Numerator: Death registrations provided by state and territory Registrars of Births, Deaths and Marriages. Denominator: Estimated Resident Population.
Data source/s	Numerators: ABS Causes of Death collection (3303.0). Denominators: ABS Estimated Residential Population (3101.0). Indigenous: ABS Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians (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. <www.abs.gov.au/websitedbs/d3310114.nsf/4a256353001af3ed4b2562bb00121564/10ca14cb967e5b83ca2573ae00197b65!OpenDocument>
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 Classification of Diseases (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 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. ERP data is not changed once it has been finalised. Releasing preliminary, revised and final ERP involves a balance between timeliness and accuracy.

For further information on ABS Estimated Resident Population, see the relevant Data Quality Statement.

Accuracy

Information on causes of death is obtained from a complete enumeration of deaths registered during a specified period and 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.

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 2007 are subject to a revision process. Causes of death data for 2007 has been subject to two rounds of revision, while the 2008 causes of death data has been subject to the single round of revision, and the 2009 causes of death are preliminary and therefore have not been subject to the revisions process. This is a change from previous years where 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. See Technical Note: Causes of Death Revisions in Causes of Death, Australia, 2009 (Cat. no. 3303.0).

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 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.

Non-Indigenous data from the Causes of Death collection do not include death registrations with a 'not stated' Indigenous status.

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.

Mortality indicators presented in the previous National Indigenous Reform Agreement and National Healthcare Agreement reports were compiled using deaths data on a year of registration basis. If this practice is followed for reporting data for the 2010 reference year, mortality indicators for Queensland and any aggregates including Queensland will be overstated and prevent meaningful comparisons over time.

To minimise the impact of these outstanding death registrations on mortality indicators used in various Council of Australian Government (COAG) reports, a decision was made by the ABS and key stakeholders to use 'adjusted' deaths for Queensland for 2010 reference year. The 'adjusted' deaths were calculated by adding together deaths registered in 2010 for usual residents of Queensland which occurred in 2007, 2008, 2009 and 2010.

ABS are currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, NIRAPIMG agreed that mortality indicators which include WA deaths data for 2007, 2008 and 2009 should be excluded from analysis.

Some rates are unreliable due to small numbers of deaths over the reference period. Resultant rates could be misleading for example where the non-Indigenous mortality rate is higher than the Indigenous mortality rate. All rates in this indicator must be used with caution.

Coherence

The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

Accessibility

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 all deaths in this indicator have been age-standardised, using the direct method, to 95 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. Age-standardised results provide a measure of relative difference only between populations.

Life expectancy

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Health Agreement (data supplied by ABS) with additional Steering Committee comments.

Indicator definition and description

Element	Outcome
Indicator	Life expectancy
Measure (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: Numerator: Death registrations provided by State and Territory Registrars of Births, Deaths and Marriages. Denominator: Estimated resident population (ERP) for the period.
Data source/s	*Life Tables, Australia, 2008–2010* (Cat. no. 3302.0.55.001), *Life Tables, States and Territories* (Cat. nos. 3302.1.55.001–3302.8.55.001)

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	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 2008–2010. 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 life expectancy at birth are 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 (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.

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, Australia, 2008–20010 (Cat. no. 3302.0.55.001), and *Life Tables, States and Territories* (Cat. nos. 3302.1.55.001–3302.8.55.001).

Interpretability

Please view:

- • Explanatory Notes <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3302.0.55.001Explanatory%20Notes12008-2010?OpenDocument>
- • Glossary <www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/3302.0Glossary12010?opendocument&tabname=Notes&prodno=3302.0&issue=2010&num=&view=>

that provide information on the data sources, terminology, classifications and other technical aspects associated with these statistics.

Potentially avoidable deaths

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Health Agreement (data supplied by ABS) with additional Steering Committee comments.

Indicator definition and description

Indicator	Potentially avoidable deaths
Measure (computation)	Numerator: Death registrations provided by state and territory Registrars of Births, Deaths and Marriages which have an ICD-10 code which has been further classified as preventable or treatable. Denominator: Estimated Resident Population , Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians
Data source/s	Numerators: ABS Causes of Death collection (3303.0) Denominators: ABS Estimated Resident Population (3101.0); Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, August 2009 (Cat. no. 3238).

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 Classification of Diseases (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 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. ERP data is not changed once it has been finalised. Releasing preliminary, revised and final ERP involves a balance between timeliness and accuracy.

For further information on ABS Estimated Resident Population, see the relevant Data Quality Statement.

Accuracy

Information on causes of death is obtained from a complete enumeration of deaths registered during a specified period and 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.

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 2007 are subject to a revision process. Causes of death data for 2007 has been subject to two rounds of revision, while the 2008 causes of death data has been subject to the single round of revision, and the 2009 causes of death are preliminary and therefore have not been subject to the revisions process. This is a change from previous years where 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. See Technical Note: Causes of Death Revisions in Causes of Death, Australia, 2009 (Cat. no. 3303.0).

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 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.

Non-Indigenous data from the Causes of Death collection do not include death registrations with a 'not stated' Indigenous status.

ABS are currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, NIRAPIMG agreed that mortality indicators which include WA deaths data for 2007, 2008 and 2009 should be excluded from analysis.

Some rates are unreliable due to small numbers of deaths over the reference period. Resultant rates could be misleading for example where the non-Indigenous mortality rate is higher than the Indigenous mortality rate. All rates in this indicator must be used with caution.

Coherence The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

Accessibility 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. Age-standardised results provide a measure of relative difference only between populations.

Low birthweight of babies

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Health Agreement (data supplied by AIHW) with additional Steering Committee comments.

Indicator definition and description

Indicator	Low birthweight of babies
Measure (computation)	Numerator: Number of low birthweight live-born singleton infants born in a calendar year. Low birthweight is defined as less than 2500 grams. Denominator: Number of live-born singleton infants born in a calendar year. Calculation: 100 × (Numerator ÷ Denominator)
Data source/s	This indicator is calculated using data from the AIHW National Perinatal Data Collection (NPDC).

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. Data were supplied by State and Territory health authorities to the National Perinatal Epidemiology and Statistics Unit (NPESU), a collaborating unit of the Institute. The State and Territory health authorities receive these data from patient administrative and clinical records. This information is usually collected by midwives or other birth attendants. States and territories use these data for service planning, monitoring and internal and public reporting.
Relevance	The National Perinatal Data Collection comprises data items as specified in the Perinatal NMDS plus additional items collected by the states and territories. The purpose of the Perinatal NMDS is to collect information at birth for monitoring pregnancy, childbirth and the neonatal period for both the mother and baby(s). The Perinatal NMDS is a specification for data collected on all births in Australia in hospitals, birth centres and the community. It includes information for all live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation. 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 2009, very few (0.04 per cent) records for live-born singleton babies were missing the data for birthweight. While each jurisdiction has a unique perinatal form for collecting data on which the format of the Indigenous status question and recording categories varies slightly, all systems include the NMDS item on Indigenous status of mother. No formal national assessment has been undertaken to determine completeness of the coverage of Indigenous mothers in the Perinatal NMDS. However, the proportion of Indigenous mothers for the period 2000–2009 has been consistent, at 3.4–3.8 per cent of women who gave birth. For maternal records where Indigenous status was not stated (0.4 per cent),

data were excluded from Indigenous and non-Indigenous analyses.

The indicator is presented by SEIFA IRSD. The data supplied to the NPDC include a code for SLA from all states and territories. Reporting by remoteness is in accordance with the Australian Standard Geographical Classification (ASGC).

Timeliness

The reference period for the data is 2008. Collection of data for the NPDC is annual.

Accuracy

Inaccurate responses may occur in all data provided to the Institute. The Institute does not have direct access to perinatal records to determine the accuracy of the data provided. However, the Institute undertakes validation on receipt of data. 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 AIHW does not adjust data to account for possible data errors.

Errors may occur during the processing of data by the states and territories or at the AIHW. Processing errors prior to data supply may be found through the validation checks applied by the Institute. 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 Institute 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 2009 Perinatal NMDS by Victoria to prepare this indicator was not the final data. Further minor changes to the data are unlikely 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 0.2 per cent of records were non-residents or could not be assigned to a state or territory of residence. There is no scope in the data element Area of usual residence of mother to discriminate temporary residence of mother for the purposes of accessing birthing services from usual residence. The former may differentially impact populations from remote and very remote areas, where services are not available locally.

Birthweight is nearly universally reported. Less than 0.08 per cent of records were missing overall. Data presented by Indigenous status are influenced by the quality and completeness of Indigenous identification of mothers which is likely to differ among jurisdictions. Approximately 0.4 per cent of mothers who gave birth in the reference period had missing Indigenous status information. No adjustments have been made for under-identification or missing Indigenous status information and thus jurisdictional comparisons of Indigenous data should not be made.

Disaggregated data by Indigenous status is reported by single year for time series and by three-year combined data for the current reporting period. Single year data by Indigenous status should be used with caution due to the small number of low birthweight infants born to Indigenous mothers each year.

Coherence

Data for this indicator are published annually in Australia's mothers and babies; and biennially in reports such as the Aboriginal and Torres Strait Islander Health Performance Framework report, the Health and Welfare of

Australia's Aboriginal and Torres Strait Islander Peoples, and the Overcoming Indigenous Disadvantage report. The numbers presented in these publications will differ slightly from those presented here as this measure excludes multiple births and stillbirths.

Changing levels of Indigenous identification over time and across jurisdictions may also affect the accuracy of compiling a consistent time series in future years.

Accessibility

The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are:

- Australia's mothers and babies annual report
- Indigenous mothers and their babies, Australia 2001–2004
- METeOR – online metadata repository
- National health data dictionary.

Ad-hoc data are also available on request (charges apply to recover costs).

Interpretability

Supporting information on the use and quality of the Perinatal NMDS are published annually in Australia's mothers and babies (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in Perinatal National Minimum Data Set compliance evaluation 2001 to 2005. 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 the National health data dictionary.