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# E Health sector overview

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### Attachment tables

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

## E.1 Introduction

This sector overview provides an introduction to the Primary and community health (chapter 10), Public hospitals (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.

Improvements to reporting in this edition's Health sector overview include:

- data for the incidence of heart attacks (acute coronary events) are reported for the first time for states and territories
- data for the prevalence of type 2 diabetes are reported by Indigenous status for the first time
- allied health workforce data are reported for the first time
- data for the risk factors prevalence of overweight and obesity and rate of daily smokers by Indigenous status are updated.

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Other improvements in reporting are identified in each of the service-specific health chapters.

Health services are concerned with promoting, restoring and maintaining a healthy society. They involve illness prevention, health promotion, the detection and treatment of illness and injury, and the rehabilitation and palliative care of individuals who experience illness and injury. The health system also includes a range of activities that raise awareness of health issues, thereby reducing the risk and onset of illness and injury.

## **Policy context**

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

- funding State and Territory governments to assist with the cost of providing public hospital and public health services in line with the National Health Reform Agreement and the National Healthcare Agreement (NHA)
- providing rebates to patients and regulating medical services provided by General Practitioners (GPs) and specialists, practice nurses, and some services provided by allied health professionals (such as Medicare), and delivering public health programs
- funding and regulating the Pharmaceutical Benefits Scheme (PBS)
- funding and regulating private health insurance rebates
- funding improved access to primary health care, including Aboriginal and Torres Strait Islander-specific primary health guided by the National Aboriginal and Torres Strait Islander Health Plan 2013–2023, specialist services and infrastructure for rural and remote communities
- promulgating and coordinating health regulations
- undertaking health policy research and policy coordination across the Australian, State and Territory governments
- funding hospital services and the provision of other services through the Department of Veterans' Affairs
- 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 Aboriginal and Torres Strait Islander Australians) such as:

- community health services

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

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

## **Sector scope**

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

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

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

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## Profile of health sector

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

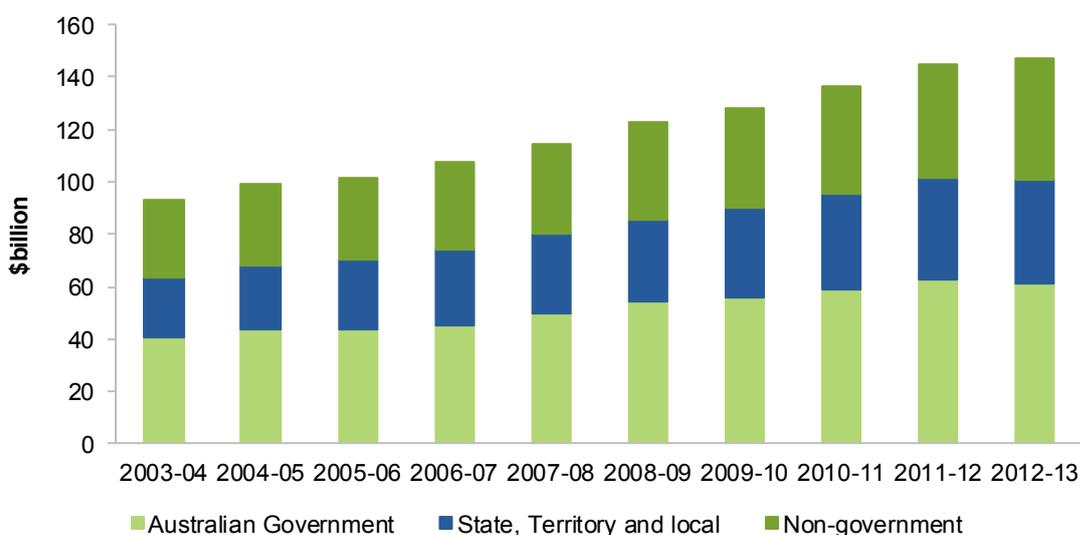
### Descriptive statistics

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

Total expenditure (recurrent and capital) on health care services in Australia was estimated to be \$147.4 billion in 2012-13 (figure E.1). This total was estimated to account for 9.7 per cent of gross domestic product in 2012-13, an increase of 1.2 percentage points from the 8.5 per cent of GDP in 2003-04 (AIHW 2014a).

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Figure E.1 **Total health expenditure, by source of funds (2012-13 dollars)<sup>a, b, c, d, e</sup>**



<sup>a</sup> Data are adjusted to 2012-13 dollars using a combination of deflators (see table EA.7). <sup>b</sup> Includes recurrent and capital expenditure. <sup>c</sup> Includes expenditure on ambulance services (reported in chapter 9). <sup>d</sup> 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. <sup>e</sup> 'Non-government' includes expenditure by individuals, health insurance funds, workers compensation and compulsory motor vehicle third party insurers.

Source: AIHW (2014) *Health Expenditure Australia 2012-13*, Health and Welfare Expenditure Series no. 52, Cat. no. HWE 61; table EA.1.

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In 2012-13, the combined health expenditure of the Australian, State and Territory, and local governments was \$100.8 billion, representing 68.4 per cent of total health

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expenditure within Australia. The Australian Government accounted for the largest proportion of health care expenditure — \$61.0 billion or 41.4 per cent of the total in 2012-13. State and Territory, and local governments contributed \$39.8 billion or 27.0 per cent of total health expenditure in that year (AIHW 2014a). The remainder was paid by individuals, health insurance funds, workers compensation and compulsory motor vehicle third party insurance providers (tables EA.1 to EA.7).

Between 2003-04 and 2012-13, the average annual rate of growth in real expenditure was 4.4 per cent for the Australian Government, 5.6 per cent for State, Territory and local governments, and 5.4 per cent for non-government sources (table EA.1).

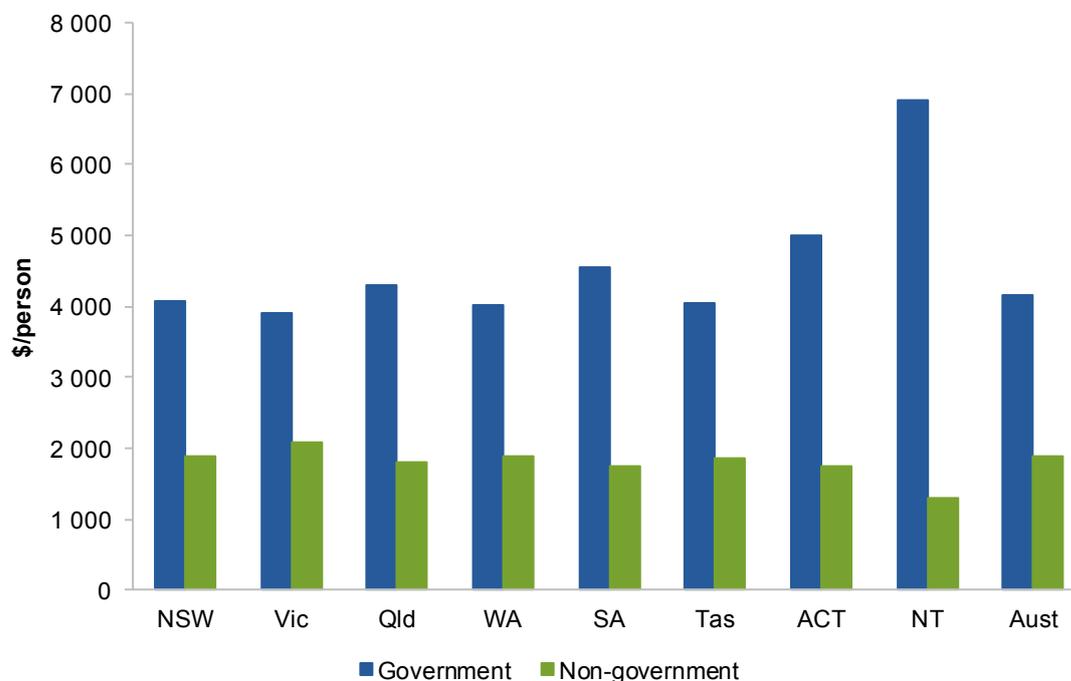
The Health chapters (Part E) provide performance information on Australian, State and Territory, and local governments health services that account for \$69.9 billion of total recurrent health expenditure (or 73.5 per cent of all government recurrent expenditure on health — \$95.2 billion — in 2012-13 (table EA.4)). The services covered are:

- primary and community health (chapter 10) — medical services (including payments to general practitioners [GPs] and other health practitioners), community and public health, medications and public dental services
- public hospitals (chapter 11)
- specialist mental health services (chapter 12).

Health expenditure per person in each jurisdiction is affected by different policy initiatives and socioeconomic and demographic characteristics. Nationally, total recurrent health expenditure per person in Australia increased from \$4476 in 2003-04 to \$6055 in 2012-13 (expressed in 2012-13 dollars) (table EA.5). Government real recurrent health expenditure per person in Australia increased from \$3124 in 2003-04 to \$4153 in 2012-13 (expressed in 2012-13 dollars). Non-government recurrent expenditure per person in Australia increased from \$1352 in 2003-04 to \$1901 in 2012-13 (expressed in 2012-13 dollars) (figure E.2 and table EA.6).

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

Figure E.2 **Recurrent health expenditure per person, by source of funds, 2012-13** <sup>a, b, c</sup>



<sup>a</sup> Includes expenditure on ambulance services (reported in chapter 9). <sup>b</sup> Government expenditure includes expenditure by the Australian, State, Territory and local governments. <sup>c</sup> ACT expenditure includes substantial expenditure for NSW residents which may inflate expenditure per person data. <sup>d</sup> Excludes expenditure on high level residential aged care.

Source: AIHW (2014) *Health Expenditure Australia 2012-13*, Health and Welfare Expenditure Series no. 52, Cat. no. HWE 61; table EA.6.

**Table E.1 Health funding for Aboriginal and Torres Strait Islander and other Australians by source of funding, 2010-11**

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

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

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

**Table E.2 Expenditure on health services for Aboriginal and Torres Strait Islander and other Australians, 2010-11**

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

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

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

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## Factors affecting demand for services

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

### Social and economic factors

It has been well documented that people who experience social and economic disadvantage are at risk of negative health outcomes. Those who are disadvantaged are more likely to report their health as fair or poor than those that do not suffer the same disadvantage as measured by the Socio Economic Indexes for Areas (SEIFA). They are also more likely to have high rates of health risk factors such as smoking and obesity and to have shorter lives (AIHW 2014b). Burden-of-disease studies indicate greater burden among people who are relatively disadvantaged in society (Begg et al. 2007).

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

### Geographic location

Geographic distance to health services, particularly in remote and very remote areas, can contribute to poor health. People living in rural and remote areas tend to have higher levels of disease risk factors and illness than those in major cities (AIHW 2014b).

Nationally, 2.3 per cent of the population lived in remote and very remote areas in 2013 (table 2A.12). Those living in remote and very remote areas made up less than 7 per cent of the population in each State and Territory except the NT, where the figure was 43.4 per cent — 20.6 per cent in remote and 22.8 per cent in very remote areas.

### Indigenous status

Aboriginal and Torres Strait Islander people are more likely than are other Australians to experience poor health, to die at younger ages and to experience disability (AIHW 2014b; tables EA.46 and EA.48). A recent study found socioeconomic disadvantage to be the leading health risk for Aboriginal and Torres Strait Islander Australians in the NT, accounting for 42 to 54 per cent of the life expectancy gap between Aboriginal and Torres Strait Islander and other Australians (Zhao et al. 2013).

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

Nationally, 3.0 per cent of the total population identified as Aboriginal and Torres Strait Islander in 2011. The projected population of those identifying as Aboriginal and Torres Strait Islander people made up less than 5 per cent of the population in each State and Territory except the NT, where the figure was 29.7 per cent, in 2013 (tables 2A.1 and 2A.14).

## **Service-sector objectives**

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

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

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

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

Measuring the equity, effectiveness and efficiency of Australia's health system is a complex task. It must account for the performance of a range of services (such as

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

## **E.2 Sector performance indicator framework**

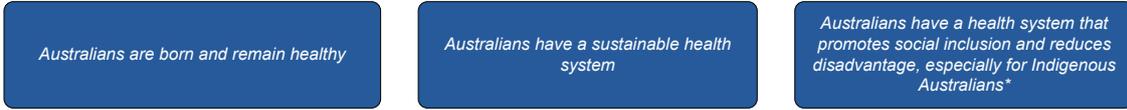
This sector overview is based on a sector performance indicator framework made up of the following elements (figure E.3):

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

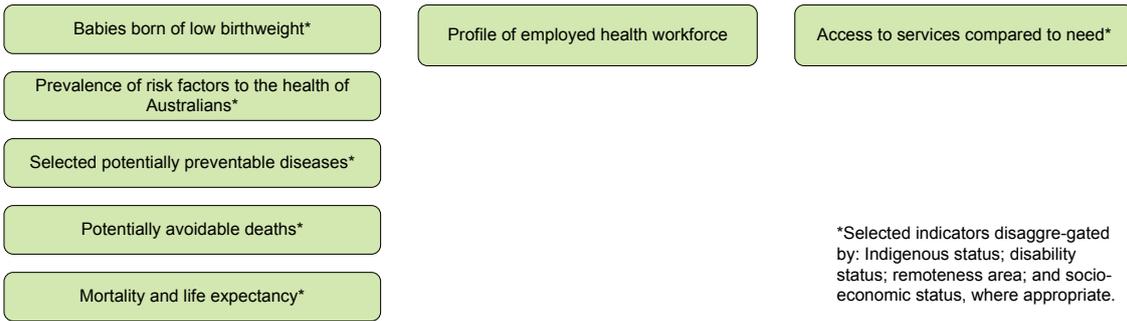
This sector overview provides an overview of relevant performance information. Chapters 10, 11 and 12 and their associated attachment tables provide more detailed information.

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

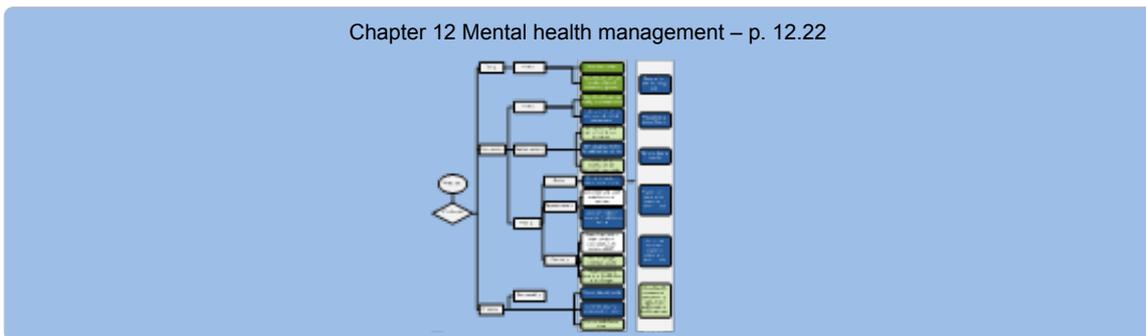
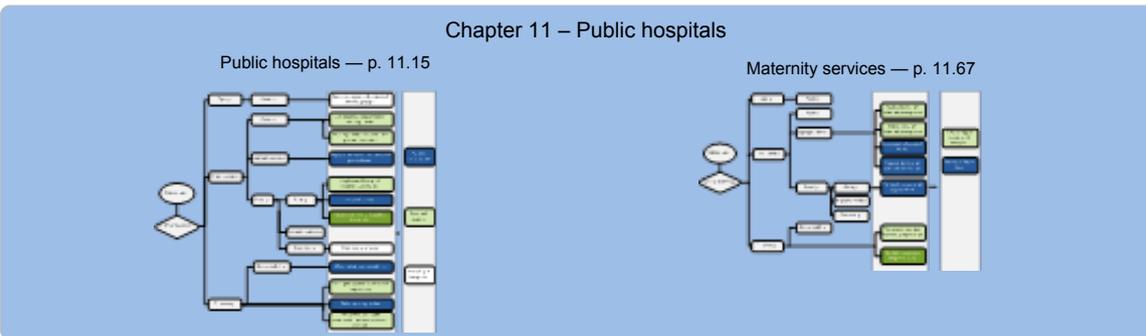
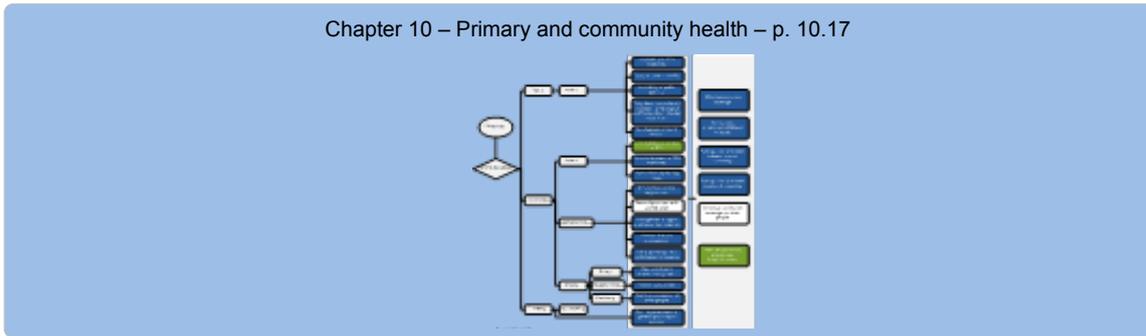
Sector objectives



Sector-wide indicators



Service-specific performance indicator frameworks



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Data quality information (DQI) is being progressively introduced for all indicators in the Report. The purpose of DQI is to provide structured and consistent information about quality aspects of data used to report on performance indicators. DQI in this Report cover the seven dimensions in the ABS (Australian Bureau of Statistics) data quality framework (institutional environment, relevance, timeliness, accuracy, coherence, accessibility and interpretability) in addition to dimensions that define and describe performance indicators in a consistent manner, and note key data gaps and issues identified by the Steering Committee. All DQI for the 2015 Report can be found at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

## Sector-wide performance indicators

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

### Babies born of low birth weight

‘Babies born of low birth weight’ is an indicator of governments’ objective that Australians are born and remain healthy (box E.2). Birthweight is a key indicator of infant health and a principal determinant of a baby’s chance of prospective survival, good health, development and wellbeing (AIHW NPESU and AIHW 2013). Low birth weight babies have a greater risk of poor health and dying and are more likely to develop chronic diseases later in life (AIHW 2014c).

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

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

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

Factors external to the health system also have a strong influence on the birth weight of babies. Some factors contributing to low birth weight include socioeconomic status, size of parents, age of mother, number of babies previously born, mother’s nutritional status, smoking and alcohol intake, and illness during pregnancy (Li et al. 2013).

Data reported for this indicator are:

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

Data quality Information for this indicator is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

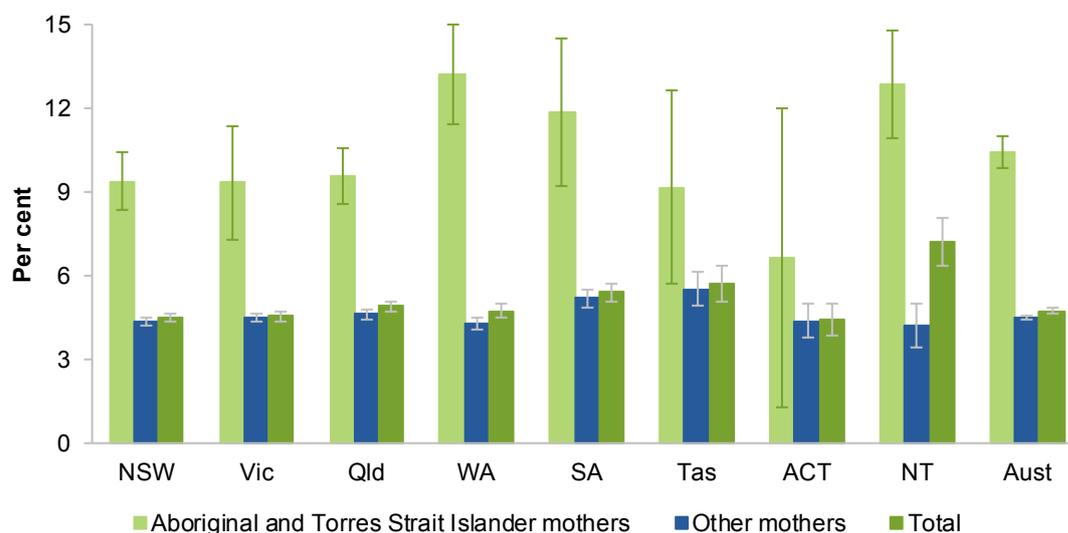
In 2012, 95.2 per cent of liveborn babies in Australia weighed 2500 grams or over and 4.8 per cent weighed less than 2500 grams (table EA.8). This included 1.0 per cent of

babies with a very low birth weight — less than 1500 grams (table EA.9). The average birth weight for all live births was 3367 grams in 2012 (table EA.9).

Nationally, rates of low birth weight babies increased with remoteness, rising from 4.6 per cent in major cities to 5.2 per cent in outer regional areas, and 7.7 per cent in very remote areas in 2012 (table EA.11).

Nationally, the average birth weight for liveborn babies of Aboriginal and Torres Strait Islander mothers was 3211 grams in 2012 (table EA.10). Among liveborn singleton babies born to Aboriginal and Torres Strait Islander mothers in 2012, the proportion with low birth weight was more than twice that of those born to other mothers (figure E.4).

**Figure E.4 Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, 2012<sup>a, b, c, d, e</sup>**



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

Source: AIHW (unpublished) National Perinatal Data Collection; table EA.8.

## Prevalence of risk factors to the health of Australians

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

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

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habits (AIHW 2014b). Health services are concerned with promoting, restoring and maintaining a healthy society. An important part of this activity is aimed at raising awareness of health issues to reduce the risk and onset of illness and injury.

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

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

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

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

Children are defined as people aged 5–17 years. For children, obesity is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.

- Rates of current daily smokers — number of people aged 18 years or over who smoke tobacco every day as a percentage of the population aged 18 years or over.
- Risk of alcohol related harm over a lifetime — people aged 18 years or over assessed as having an alcohol consumption pattern that puts them at risk of long-term alcohol related harm, as a percentage of the population aged 18 years or over.

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

Rates for all three measures are age standardised.

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

Data reported for this indicator are:

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

Data quality Information for this indicator is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

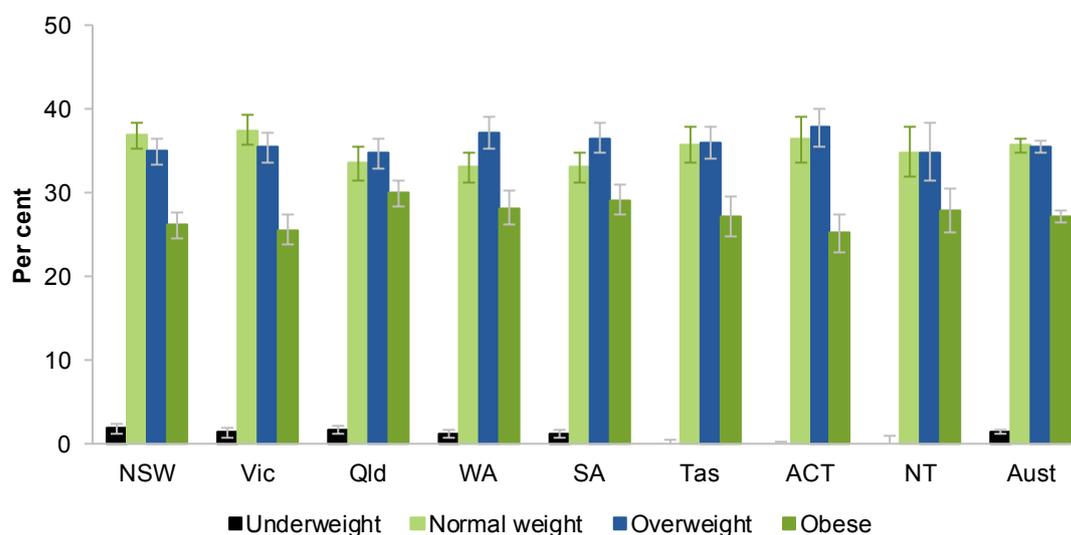
### *Prevalence of overweight and obesity*

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

The percentage of adults who were overweight or obese tended to be higher in remote (70.1 per cent) and outer regional areas (67.8 per cent), than in major cities (60.9 per cent)

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

Figure E.5 Proportion of adults in BMI categories, 2011-12<sup>a, b, c, d, e</sup>



<sup>a</sup> Adults are defined as people aged 18 years and over. <sup>b</sup> Obesity for adults is defined as BMI equal to or greater than 30. <sup>c</sup> Measured people only. <sup>d</sup> Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population. <sup>e</sup> Data for the NT should be used with care as exclusion of very remote areas from the 2011-13 Australian Health Survey (AHS) translates to the exclusion of around 23 per cent of the NT population.

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

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

Nationally, the rate of overweight and obesity was higher for Aboriginal and Torres Strait Islander adults (72.4 per cent) than for other adults (62.6 per cent) in 2011-13 (table EA.16). Data for the rate of overweight and obesity for children by Indigenous status are reported in table EA.18.

### *Rates of current daily smokers*

Smoking is an important risk factor for heart disease, stroke and lung cancer. These were the three leading causes of death in Australia in 2011 (ABS 2014b). Smoking is

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

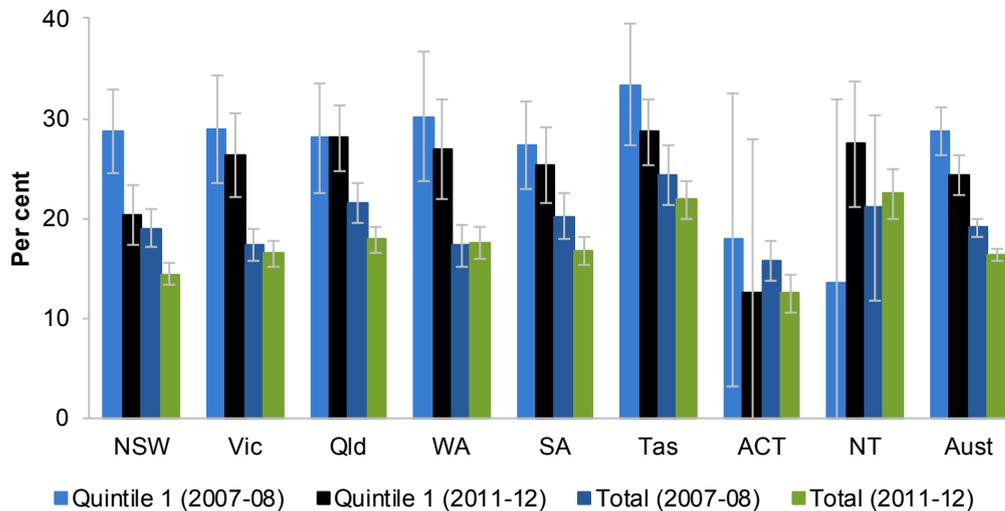
The proportion of adult daily smokers aged 18 years or over accounted for 16.3 per cent of the population in 2011-12, a decrease of 2.8 percentage points from 2007-08 (figure E.6 and table EA.19).

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

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

Nationally, Aboriginal and Torres Strait Islander Australians had higher age-standardised rates of daily smoking (42.0 per cent) than other Australians (16.0 per cent) in 2011–13 (table EA.21).

Figure E.6 **Proportion of adults who are daily smokers, by State and Territory<sup>a, b, c, d, e, f</sup>**



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

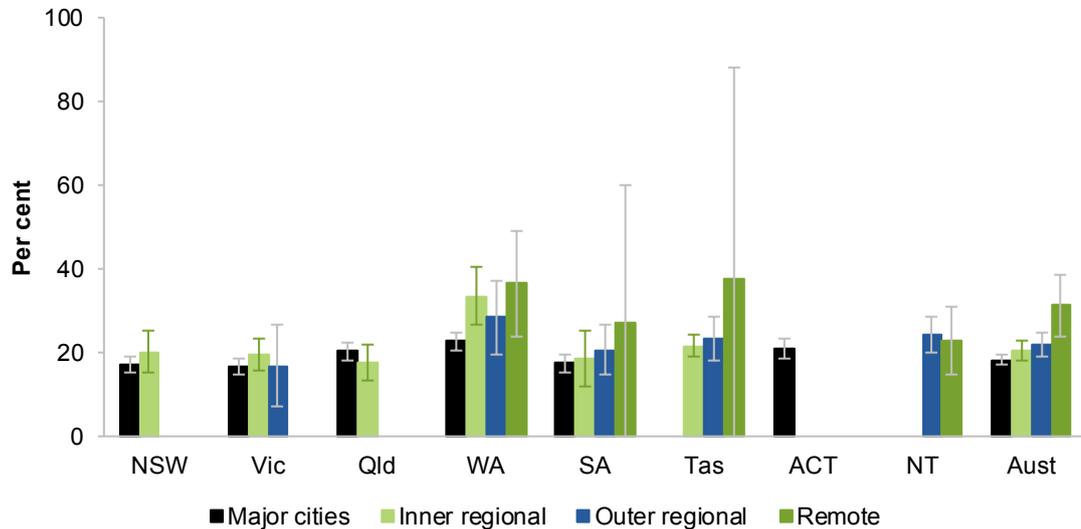
Source: ABS (unpublished) *Australian Health Survey 2011–13* (2011-12 Core component), Cat. no. 4364.0; ABS (unpublished) *National Health Survey 2007-08*, Cat. no. 4364.0; table EA.20.

### *Levels of risky alcohol consumption*

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

Adults are defined as at risk of alcohol related harm over a lifetime if they consume more than two standard drinks a day, based on the 2009 NHMRC guidelines (NHMRC 2009). Across Australia, 19.4 per cent of adults were at risk of alcohol related harm over a lifetime in 2011-12, although the age standardised rates varied among jurisdictions (table EA.22). Adults who are at risk of alcohol related harm over a lifetime gradually decreased as remoteness of residence decreased in 2011-12 (figure E.7). There is no statistically significant difference between socioeconomic categories of the proportion of Australians at risk of alcohol related harm over a lifetime (table EA.23).

Figure E.7 **Proportion of adults at risk of alcohol related harm over a lifetime, by remoteness, 2011-12<sup>a, b, c, d, e, f</sup>**



<sup>a</sup> Rates are based on the 2009 NHMRC guidelines and can be used for the purposes of comparisons over time. <sup>b</sup> Rates are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 years). <sup>c</sup> Rates are based on consumption in the week before interview — does not take into account whether more, less than, or the same as, usual consumption. <sup>d</sup> There are no major cities in Tasmania; no outer regional or remote areas in the ACT; no major cities or inner regional areas in the NT. <sup>e</sup> Very remote data were not collected. <sup>f</sup> Data for the NT should be used with care as exclusion of very remote areas from the AHS translates to the exclusion of around 23 per cent of the NT population.

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

Nationally, the age standardised proportion of adults at risk of alcohol related harm over a lifetime (2009 NHMRC guidelines) was similar for Aboriginal and Torres Strait Islander Australians (19.2 per cent) and other Australians (19.5 per cent) in 2011–13, although results varied across jurisdictions (table EA.24). Nationally, the age standardised proportion of adults who abstained from alcohol in the previous 12 months was higher for Aboriginal and Torres Strait Islander people (26.1 per cent) than for other Australians (16.3 per cent) in 2011–13 (table EA.25).

### Selected potentially preventable diseases

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

Selected potentially preventable diseases are diseases that can potentially be prevented through reducing health risk factors such as obesity, smoking and harmful drinking. Note that a similarly named indicator ‘selected potentially preventable hospitalisations’ is reported in chapter 11 Primary and community health. Selected potentially preventable

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*hospitalisations* are hospital admissions that could potentially be reduced by more effective management of illness and injury in the primary and community healthcare sector.

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

‘Selected potentially preventable diseases’ is defined by the following measures:

- Incidence of selected cancers — incidence of selected cancers of public health importance.
  - For melanoma, lung and bowel cancer, the measure is defined as the number of new cases in the reported year expressed as a directly age standardised rate.
  - For breast and cervical cancer in females, the measure is defined as the number of new cases in women in the reported year expressed as a directly age standardised rate.
  - Data reported for this measure are:
    - ... comparable (subject to caveats) across jurisdictions and over time except for NSW and the ACT, for which data for 2010 and 2011 are estimated
    - ... incomplete for the current reporting period. Data for 2010 and 2011 were not available for NSW or the ACT and estimates are reported for these jurisdictions.
- Incidence of heart attacks (acute coronary events) — the number of deaths recorded as acute coronary heart disease deaths plus the number of non-fatal hospitalisations for acute myocardial infarction or unstable angina not ending in a transfer to another acute hospital, expressed as a directly age-standardised rate.
  - Data reported for this measure are:
    - ... comparable (subject to caveats) over time at the national level but are not comparable across jurisdictions
    - ... complete for the current reporting period. All required 2012 data are reported for all jurisdictions.
- Prevalence of type 2 diabetes — the number of people recorded as having Type 2 diabetes as a percentage of the total population aged 18 years or over.
  - Data reported for this measure are:
    - ... comparable across jurisdictions except for the NT where people in very remote areas, for which data are not available, comprise around 23 per cent of the population (see caveats in attachment tables) but are not comparable over time
    - ... complete for the current reporting period except for the NT. All required 2011–13 data are reported for all jurisdictions except the NT.

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

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

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

Data quality Information for this indicator is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

As well as addressing health risk factors, well-planned disease prevention and early intervention programs help prevent a number of diseases (or more successfully treat diseases through early identification). A number of programs form an important element of preventing disease and improving the health of Australians (NPHT 2009), such as:

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

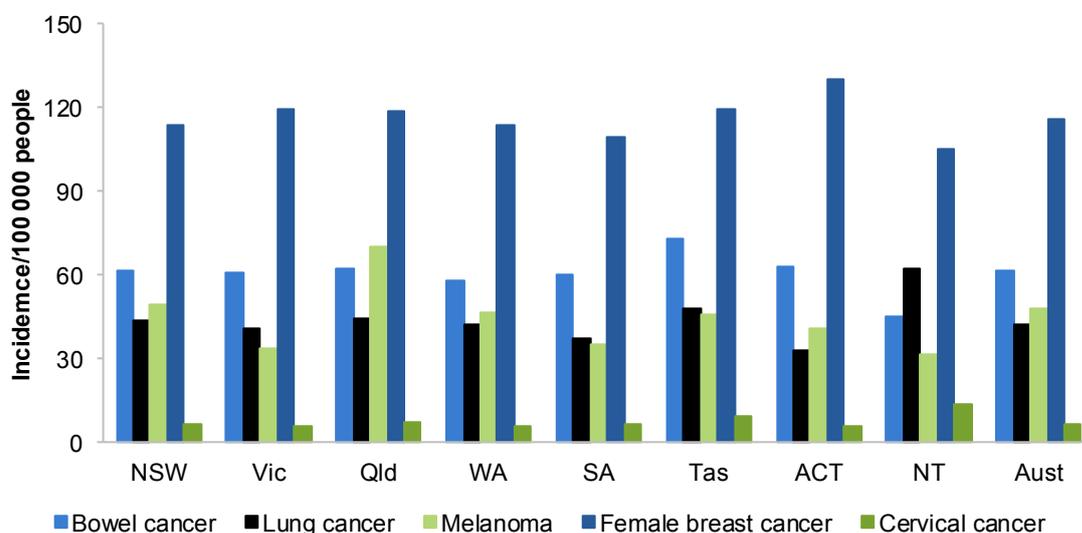
#### *Incidence of selected cancers*

Health service efforts to prevent cancer and minimise its impacts include (AIHW 2013c):

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

Nationally, the age standardised rate of lung cancer was 42.5 new cases per 100 000 people in 2011. Bowel cancer, which has been linked to diet, occurred at a rate of 61.5 new cases per 100 000 people in 2011 (table EA.26). Other cancers such as melanoma are also largely preventable. The incidence of these cancers for 2011, along with breast and cervical cancer, are reported in figure E.8. Tables EA.27–29 report the incidence of the selected cancers by remoteness, SEIFA IRSD quintiles and Indigenous status.

Figure E.8 Incidence of selected cancers, per 100 000 people, 2011<sup>a, b, c</sup>



<sup>a</sup> Age-standardised to the Australian population as at 30 June 2001 using five-year age groups to 85 years+, and expressed per 100 000 persons (per 100 000 females for female breast cancer and cervical cancer). <sup>b</sup> Due to the low incidence of cancers in some jurisdictions, comparisons across time and between jurisdictions should be made with caution. <sup>c</sup> Data for NSW and the ACT are estimates as incidence data are not available for 2011 and are not comparable with data for other jurisdictions.

Source: AIHW (Australian Institute of Health and Welfare) (unpublished) Australian Cancer Database 2011; ABS (2013) *Australian Demographic Statistics, 2012*, Cat. no. 3101.0; table EA.26.

### *Incidence of heart attacks (acute coronary events)*

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

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

Nationally, the rate of heart attacks (acute coronary events) was 406 new cases per 100 000 people in 2012 (table EA.30). The incidence of heart attacks (acute coronary events) was more than twice as high for Aboriginal and Torres Strait Islander people as for other Australians (table EA.31).

Data for states and territories are reported for the first time in tables EA.32 to EA.39.

### *Prevalence of type 2 diabetes*

Diabetes mellitus is a chronic condition in which the body makes too little of the hormone insulin or cannot use it properly. Type 2 diabetes is the most common form of diabetes,

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occurring mostly in people aged 50 years and over, and accounting for 85-90 per cent of all cases of diabetes mellitus (AIHW 2013c).

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

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

Nationally, an estimated 4.3 per cent of people aged 18 years or over had type 2 diabetes in 2011-12 (table EA.40). The prevalence of type 2 diabetes among Aboriginal and Torres Strait Islander adults was around three times higher than for other Australians in the period 2011-13 (tables EA.41-42).

### Potentially avoidable deaths

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

#### **Box E.5 Potentially avoidable deaths**

‘Potentially avoidable deaths’ is defined as deaths from conditions that are potentially preventable through individualised care and/or treatable through timely and effective primary or hospital care.

A low or decreasing potentially avoidable death rate is desirable.

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

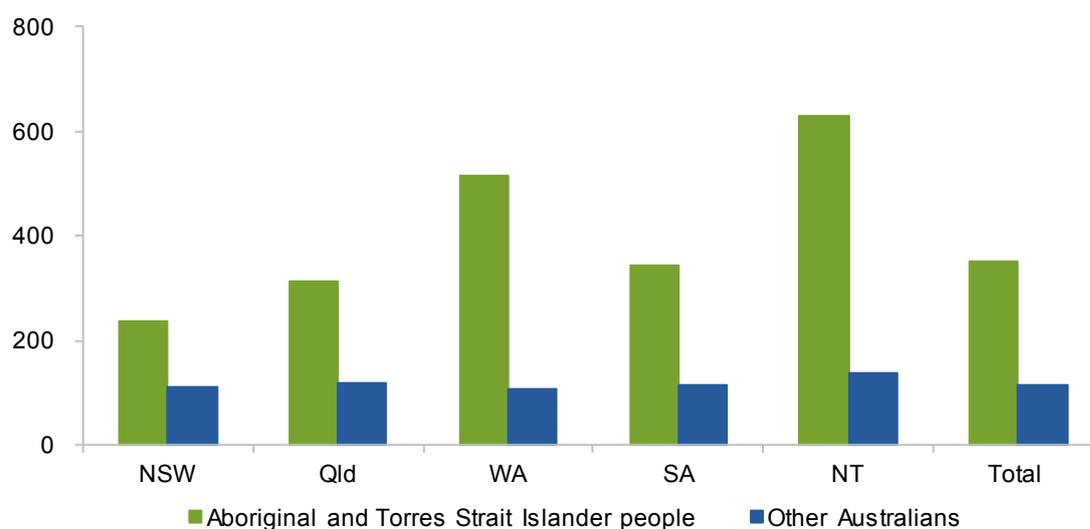
Data reported for this indicator are:

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

Data quality information for this indicator is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

Nationally, there were 107.8 avoidable deaths per 100 000 people in 2012 (table EA.43). The rate of avoidable deaths was considerably higher for Aboriginal and Torres Strait Islander people than for other Australians in all jurisdictions for which data were available in the period 2008–2012 (figure E.9 and table EA.44).

**Figure E.9 Age standardised mortality rates for potentially avoidable deaths, under 75 years, 2008–2012<sup>a, b, c, d, e, f, g, h, i, j</sup>**



<sup>a</sup> Standardised death rates calculated using the direct method, age-standardised by 5 year age groups to less than 75 years. <sup>b</sup> Excludes deaths where Indigenous status was not provided. <sup>c</sup> Potentially avoidable deaths refer to deaths from certain conditions that are considered avoidable given timely and effective health care. Specifications for avoidable deaths have been revised and data are not comparable to data in previous reports. <sup>d</sup> Data based on year of registration. <sup>e</sup> Data are reported by jurisdiction of residence only for NSW, Queensland, WA, SA and the NT — these jurisdictions have sufficient level of identification and number of Aboriginal and Torres Strait Islander deaths to support mortality analysis. <sup>f</sup> Queensland deaths data for 2010 were adjusted to minimise the impact of late registration of deaths on mortality indicators. <sup>g</sup> For WA, Aboriginal and Torres Strait Islander deaths data for 2007, 2008 and 2009 have been revised. <sup>h</sup> Total includes data for NSW, Queensland, WA, SA and the NT only. <sup>i</sup> See DQI for more information.

*Source:* ABS (unpublished) *Causes of Deaths, Australia, 2012*, Cat. no. 3303.0; ABS (unpublished) *Estimated Resident Population*; ABS (2014) *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026*, Cat. no. 3238.0; table EA.44.

## The mortality and life expectancy of Australians

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

Comparing mortality and life expectancy data across populations, including cause, age, sex, population group and geographical distribution, provide important insights into the overall health of Australians (AIHW 2013d). Trends over time in mortality and life

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expectancy data can signal changes in the health status of the population, as well as provide a baseline indicator for the effectiveness of the health system.

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

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

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

A high or increasing life expectancy is desirable.

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

A high or increasing median age at death is desirable.

- 'Mortality rates' — the number of registered deaths compared to the total population (expressed as a rate). Rates are provided for:

- Australian mortality rate — age standardised mortality per 1000 people
- infant and child mortality rates — the number of deaths of children under one year of age in a calendar year per 1000 live births in the same year (infant mortality rate) and the number of deaths of children between one and four years of age in a calendar year per 100 000 children (child mortality rate)
- mortality rates by major cause of death — age standardised deaths, by cause of death compared to the total population (expressed as a rate).

A low or decreasing mortality rate is desirable.

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

Data reported for this indicator are:

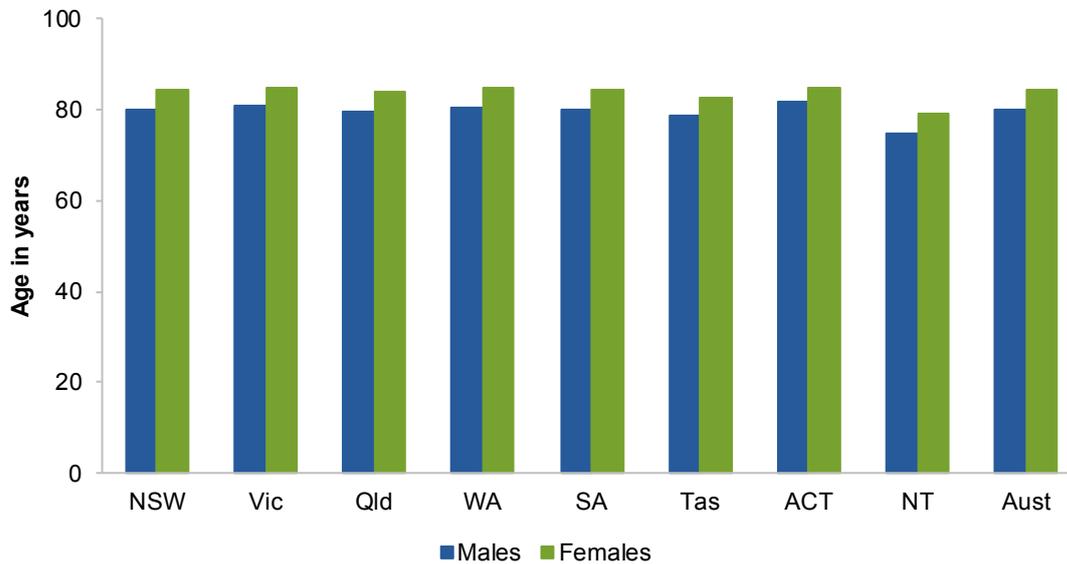
- comparable (subject to caveats) across jurisdictions and over time except for median age at death
- complete (subject to caveats) for the current reporting period. All required 2011–2013 data for life expectancy, 2013 data for median age at death and 2013 data for mortality rates are available for all jurisdictions.

Data quality Information for this indicator is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

### *Life expectancy*

The life expectancy of Australians improved dramatically during the twentieth century and so far during the twenty-first century. The average life expectancy at birth in the period 1901–1910 was 55.2 years for males and 58.8 years for females (ABS 2013b). It has risen steadily in each decade since, reaching 80.1 years for males and 84.3 years for females in 2011–2013 (figure E.10).

Figure E.10 All Australians average life expectancy at birth, 2011–2013<sup>a</sup>

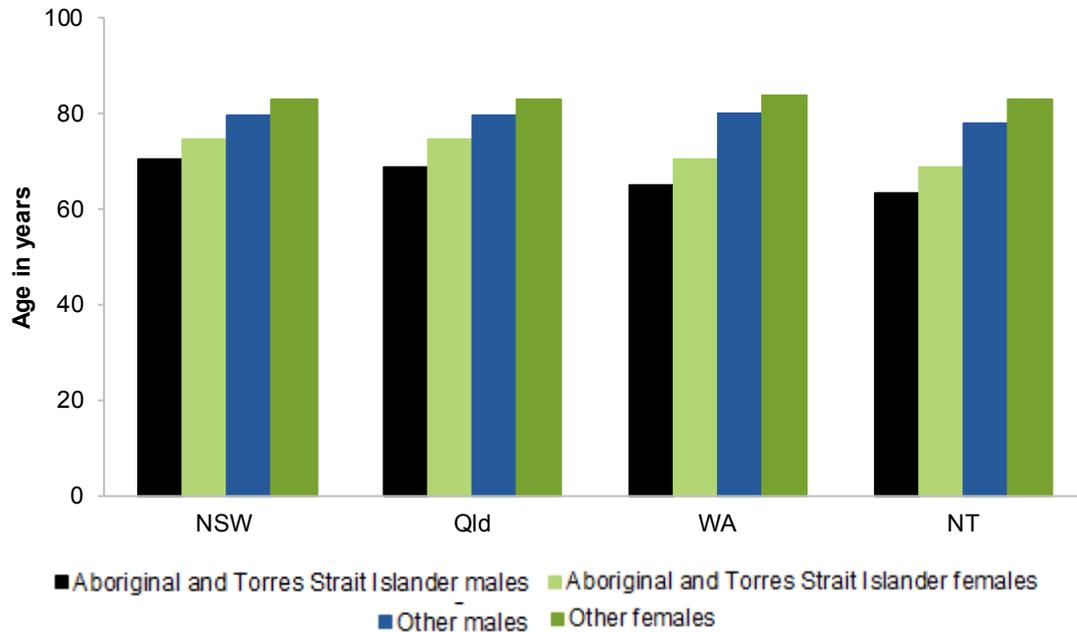


<sup>a</sup> Data for Australia include 'other territories'.

Source: ABS (2014) *Life Tables, Australia, States and Territories, 2011-2013*, Cat. no. 3302.0.55.001; table EA.45.

The life expectancies of Aboriginal and Torres Strait Islander Australians are considerably lower than those of other Australians. ABS estimates are available every 5 years. These indicate a life expectancy at birth of 69.1 years for Aboriginal and Torres Strait Islander males and 73.7 years for Aboriginal and Torres Strait Islander females born from 2010 to 2012. In the same time period, life expectancy at birth for other males was 79.7 years and for other females was 83.1 years (table EA.46). Life expectancy at birth by Indigenous status and sex for NSW, Queensland, WA and the NT are presented in figure E.11.

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



<sup>a</sup> Aboriginal and Torres Strait Islander estimates of life expectancy are not available for Victoria, SA, Tasmania or the ACT due to the small number of Aboriginal and Torres Strait Islander deaths in these jurisdictions. <sup>b</sup> Life tables are constructed separately for Males and Females.

Source: ABS (2013) *Life Tables for Aboriginal and Torres Strait Islander Australians 2010–2012*, Cat. no. 3302; table EA.46.

### *Median age at death*

The median age at death in 2013 was 78.6 years of age for Australian males and 84.7 years of age for Australian females (table EA.47).

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

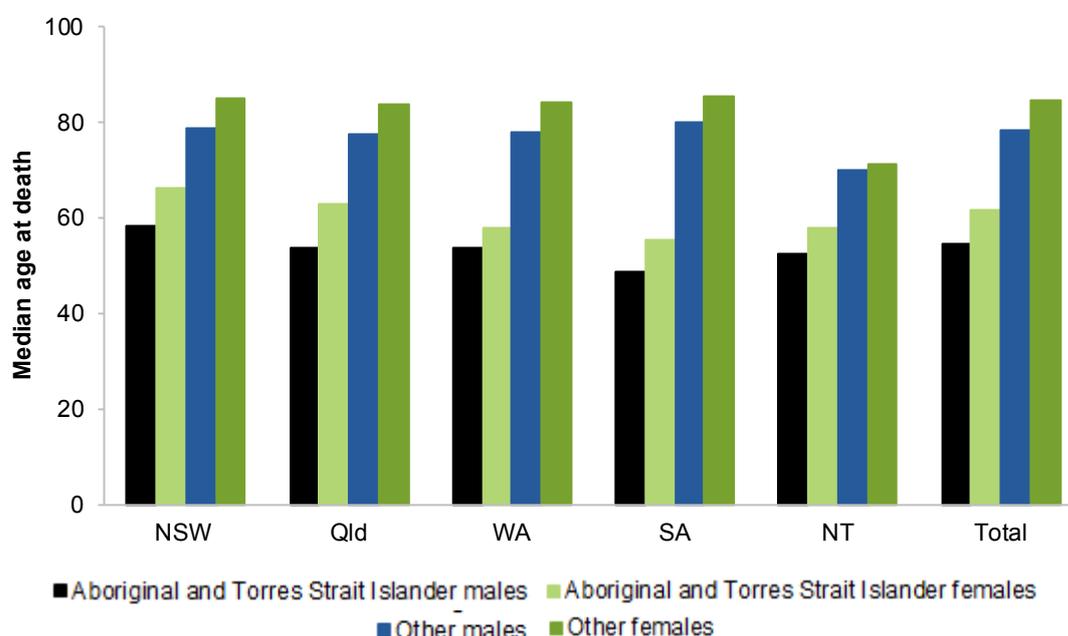
Caution should be taken when comparing median age at death between Aboriginal and Torres Strait Islander people and other populations. Coory and Baade (2003) note that:

- 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 Aboriginal and Torres Strait Islander and other Australians is difficult to interpret

- changes in the median age at death of public health importance might be difficult to distinguish from statistical noise.

Nationally, counting only the jurisdictions for which data were available for Aboriginal and Torres Strait Islander Australians, the median age at death for male Aboriginal and Torres Strait Islander Australians was 54.6 years of age. The median age at death for female Aboriginal and Torres Strait Islander Australians was 61.6 years of age (figure E.12 and table EA.48).

Figure E.12 Median age at death, by sex and Indigenous status, 2013<sup>a, b</sup>



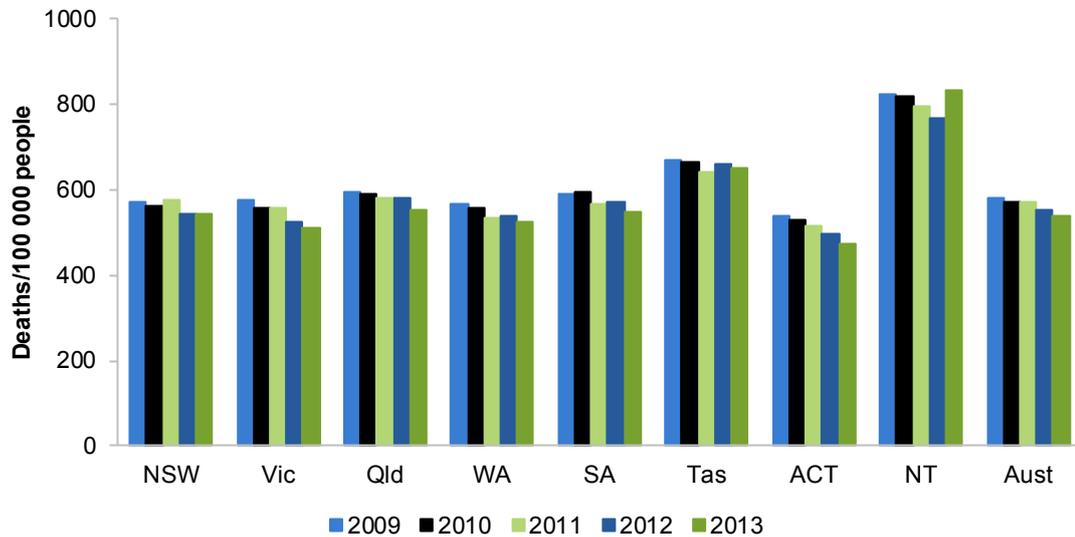
<sup>a</sup> Victoria, Tasmania and the ACT are excluded due to small numbers of registered Aboriginal and Torres Strait Islander deaths. <sup>b</sup> The accuracy of Aboriginal and Torres Strait Islander mortality data is variable as a result of varying rates of coverage across jurisdictions and age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

Source: ABS (2014) *Deaths, Australia, 2013*, Cat. no. 3302.0; table EA.48.

### Mortality rates

There were 147 678 deaths registered in Australia in 2013 (ABS 2014c), which translated into an age standardised mortality rate of 540 deaths per 100 000 people (figure E.13). Death rates over the last 20 years have declined for all states and territories (ABS 2014c).

Figure E.13 Mortality rates, age standardised<sup>a, b, c, d</sup>



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

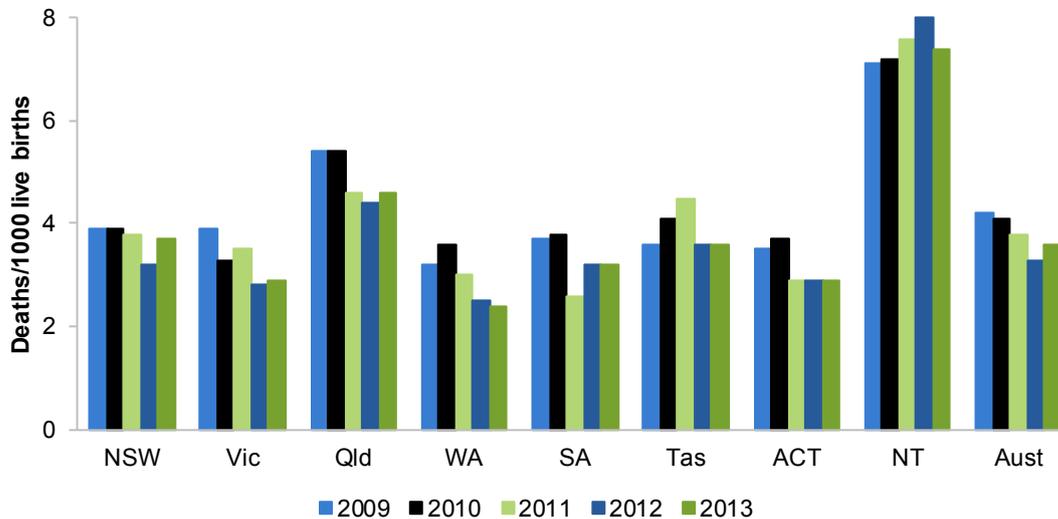
Source: ABS (2014) *Deaths, Australia, 2013*, Cat. no. 3302.0; table EA.49.

#### Mortality rates — Infant and child

The annual infant mortality rate in Australia declined from an average of 4.7 deaths per 1000 live births in 2004 to 3.6 deaths per 1000 live births in 2013 (table EA.52 and figure E.14).

The Australian infant and child combined mortality rate was 87.2 deaths per 100 000 population in 2011–2013 (children aged 0 to 4 years). Of the total deaths for this age group, 84.0 per cent were infant deaths (table EA.54).

Figure E.14 **Infant mortality rate<sup>a, b</sup>**



<sup>a</sup> Infant deaths per 1000 live births. <sup>b</sup> Data for Australia include all states and territories.

Source: ABS (2014) *Deaths, Australia, 2013*, Cat. no. 3302.0; table EA.52.

### *Mortality rates — by remoteness*

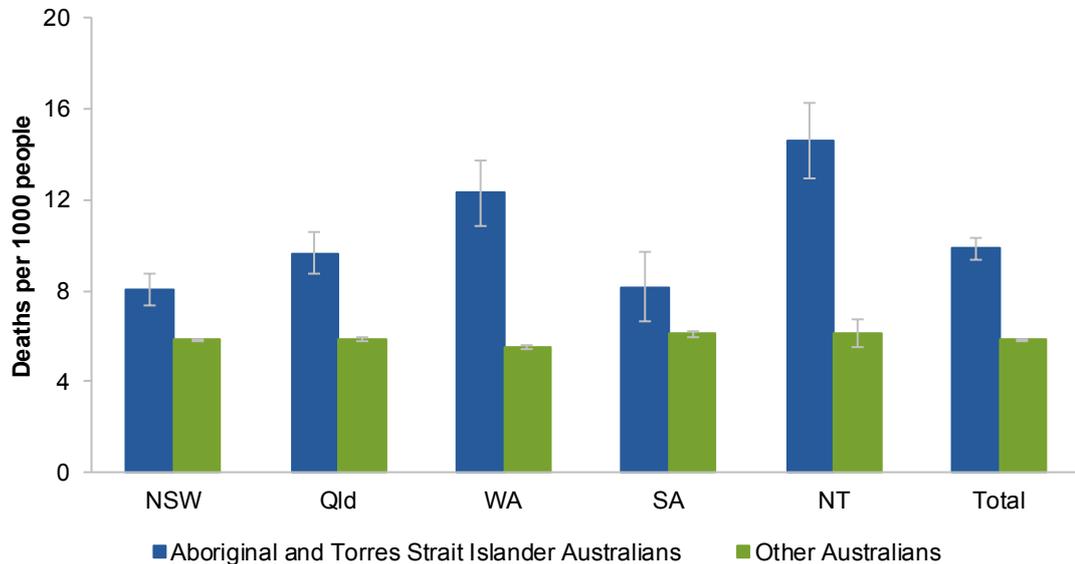
Mortality indicators showed that very remote areas of Australia have had consistently higher mortality rates than have other remoteness areas. In 2012, the age standardised mortality rates were highest in very remote areas (7.8 deaths per 1000 people), while major cities had the lowest mortality rates (5.4 deaths per 1000 people) (ABS 2014c).

### *Mortality rates — Aboriginal and Torres Strait Islander Australians*

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

For the period 2009–2013, NSW, Queensland, WA, SA and the NT have been assessed as having adequate identification and number of Aboriginal and Torres Strait Islander deaths for mortality analysis. For these five jurisdictions combined, the overall age standardised mortality rate for Aboriginal and Torres Strait Islander people was 985.0 per 100 000 people, significantly higher than for other Australians (585.2 per 100 000 people) (figure E.15 and table EA.50). Due to identification completeness issues, mortality rates presented here are likely to be underestimates of the true mortality of Aboriginal and Torres Strait Islander Australians (ABS and AIHW 2008).

Figure E.15 **Mortality rates, age standardised, by Indigenous status, five year average, 2009–2013<sup>a, b, c, d, e</sup>**



<sup>a</sup> Deaths are based on year of registration. <sup>b</sup> Mortality rates are age-standardised to the 2001 Australian standard population. <sup>c</sup> Rates are derived from population estimates and projections revised to the 2011 Census base. See data quality information (DQI) for further detail. <sup>d</sup> Data are reported by jurisdiction of residence only for jurisdictions with a sufficient number and level of identification of Aboriginal and Torres Strait Islander deaths to support mortality analysis — NSW, Queensland, WA, SA and the NT. Total includes data only for those jurisdictions. <sup>e</sup> Error bars represent the 95 per cent variability band associated with each point estimate. See DQI for more information.

Source: ABS (unpublished), *Deaths, Australia*, various years, Cat. no. 3302.0; table EA.50.

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

For the period 2009–2013, the average infant mortality rate for Aboriginal and Torres Strait Islander infants (less than one year) was higher than for other infants in the jurisdictions for which there were data available (NSW, Queensland, WA, SA and the NT) (table EA.55). For the same period and the same jurisdictions, the average mortality rate for infants and children combined (0–4 years) per 100 000 children aged 0–4 years was 169.1 for Aboriginal and Torres Strait Islander children and 89.2 for other Australian children (table EA.55).

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*Mortality rates — by major cause of death*

The most common causes of death among Australians in 2012 were cancers, diseases of the circulatory system (including heart disease, heart attack and stroke), and diseases of the respiratory system (including influenza, pneumonia and chronic lower respiratory diseases) (tables E.3 and EA.56).

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 Aboriginal and Torres Strait Islander people than for other Australians in 2009–2013 (table E.4). For these jurisdictions, the leading age-standardised cause of death for Aboriginal and Torres Strait Islander people was circulatory diseases followed by neoplasms (cancer) in 2012 (table EA.57).

**Table E.3 Age standardised mortality rates by major cause of death (deaths per 100 000 people), 2012<sup>a, b</sup>**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Certain infectious and parasitic diseases	10.6	8.4	6.9	7.8	10.9	8.2	6.6	np	9.1
Neoplasms	166.8	162.4	179.2	167.0	166.6	185.7	147.0	211.7	168.4
Diseases of the blood <sup>c</sup>	1.8	1.6	1.7	1.5	1.6	np	np	np	1.7
Endocrine, nutritional and metabolic diseases	20.2	23.0	23.3	23.6	22.6	33.7	24.6	65.2	22.7
Mental and behavioural disorders	27.6	27.2	26.7	27.5	34.7	48.3	25.0	30.9	28.5
Diseases of the:									
• nervous system	23.2	26.8	25.3	30.3	28.5	25.7	24.0	23.7	25.7
• eye and adnexa	np	np	np	np	–	–	–	–	np
• ear and mastoid processes	np	np	np	–	–	–	–	np	np
• circulatory system	160.1	148.1	175.1	144.5	161.5	195.2	141.4	185.3	159.6
• respiratory system	50.7	45.0	50.4	45.9	49.2	62.1	42.0	73.5	49.0
• digestive system	18.8	19.8	20.8	17.6	21.1	22.2	20.5	26.6	19.7
• skin and subcutaneous tissue	1.7	1.4	1.4	1.1	1.2	np	np	np	1.4
• musculoskeletal system and connective tissue	4.0	4.2	5.1	3.3	2.7	8.0	6.6	np	4.3
• kidney	13.4	15.5	11.8	13.6	14.0	13.0	13.1	23.5	13.8
Pregnancy, childbirth and the puerperium	np	np	np	–	np	–	–	–	np
Certain conditions originating in the perinatal period	2.2	2.0	2.8	1.3	2.6	np	np	np	2.3
Congenital conditions <sup>d</sup>	2.4	2.2	2.6	2.0	2.6	np	np	np	2.4
Abnormal findings nec <sup>e</sup>	7.2	3.5	3.7	5.5	13.3	3.5	np	13.3	5.9
External causes of morbidity and mortality	33.8	33.3	43.7	46.2	39.2	44.0	31.7	79.5	37.9
<b>Total</b>	<b>544.5</b>	<b>524.7</b>	<b>580.7</b>	<b>538.9</b>	<b>572.4</b>	<b>658.3</b>	<b>494.9</b>	<b>769.2</b>	<b>552.3</b>

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

Source: ABS (unpublished) *Causes of Death Australia, 2012* Cat. no. 3303.0; table EA.56.

Aboriginal and Torres Strait Islander people died from circulatory diseases, endocrine, metabolic and nutritional disorders, cancer and respiratory diseases at higher rates than other Australians (tables E.4 and EA.57).

**Table E.4 Major cause of death by Indigenous status — rate differences and rate ratios, 2008–2012<sup>a, b, c</sup>**

	<i>Rate difference — rate for Aboriginal and Torres Strait Islander people less rate for other Australians</i>						<i>Rate ratio — rate for Aboriginal and Torres Strait Islander people divided by rate for other Australians</i>					
	NSW	Qld	WA	SA	NT	Total <sup>c</sup>	NSW	Qld	WA	SA	NT	Total <sup>c</sup>
Circulatory diseases	62.0	79.0	211.9	33.3	176.8	93.9	1.3	1.4	2.3	1.2	2.1	1.5
Cancer	17.9	48.9	81.1	23.2	119.1	46.2	1.1	1.3	1.5	0.9	1.6	1.3
External causes	16.4	19.4	78.2	45.1	63.9	37.0	1.5	1.5	2.9	2.2	2.1	2.0
Endocrine and other disorders <sup>d</sup>	35.7	83.3	138.0	37.2	179.6	80.6	2.7	4.5	6.8	2.5	6.9	4.6
Respiratory diseases	37.9	35.0	61.7	28.7	92.7	46.5	1.7	1.7	2.4	1.6	2.6	1.9
Digestive diseases	9.3	29.5	39.2	34.9	54.4	26.9	1.4	2.4	3.0	2.7	3.2	2.3
Kidney diseases	8.8	15.2	29.4	np	53.4	18.4	1.8	2.6	3.9	np	6.4	2.6
Conditions originating in the perinatal period	0.1	1.4	2.5	np	6.6	1.7	1.0	1.5	2.6	np	3.4	1.7
Infectious and parasitic diseases	4.1	11.4	15.9	11.6	18.6	10.2	1.4	2.6	3.1	2.2	2.4	2.1
Nervous system diseases	- 6.3	- 2.1	5.4	3.7	0.9	- 1.8	0.7	0.9	1.2	1.1	1.0	0.9
Other causes	10.1	24.9	64.7	12.6	74.5	29.4	1.2	1.6	2.5	1.2	2.5	1.6
<b>All causes</b>	<b>196.1</b>	<b>345.9</b>	<b>728.0</b>	<b>195.5</b>	<b>841.0</b>	<b>388.9</b>	<b>1.3</b>	<b>1.6</b>	<b>2.3</b>	<b>1.3</b>	<b>2.3</b>	<b>1.7</b>

<sup>a</sup> All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2008–2010 (final), 2011 (revised) and 2012 (preliminary). See data quality information (DQI) for further information. <sup>b</sup> Rate differences and rate ratios are derived from mortality rates data (reported in table EA.57) that are age standardised (using the direct method) to the Australian population as at 30 June 2001. <sup>c</sup> Data are reported by jurisdiction of residence only for jurisdictions with a sufficient number and sufficient level of identification of Aboriginal and Torres Strait Islander deaths to support mortality analysis — NSW, Queensland, WA, SA and the NT. Total includes data only for those jurisdictions. <sup>d</sup> Endocrine, metabolic and nutritional disorders. **np** not published.

Source: ABS (unpublished) *Causes of Death Australia, 2012*, Cat. no. 3303.0; table EA.57.

## Profile of employed health workforce

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

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## Box E.7 Profile of employed health workforce

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

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

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

Data reported for this indicator are:

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

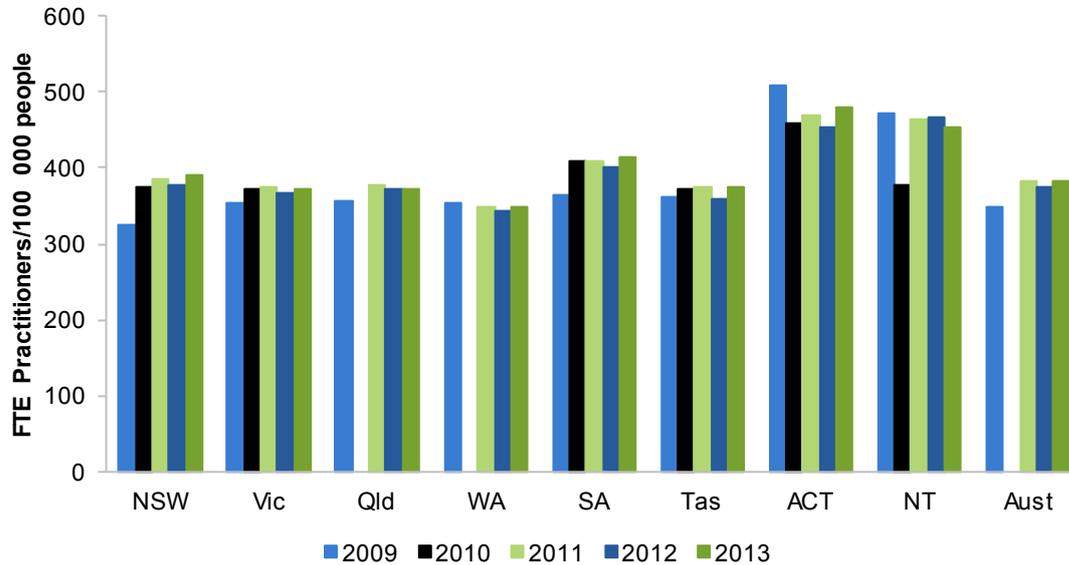
Information about data quality for this indicator is at [ww.pc.gov.au/rogs/2015](http://ww.pc.gov.au/rogs/2015).

In 2013, the majority of employed medical practitioners (commonly referred to as doctors) that were employed in medicine were clinicians (95.2 per cent), of whom 32.7 per cent were general practitioners, 34.7 per cent were specialists, 17.5 per cent were specialists-in-training, 12.3 per cent were hospital non-specialists and 2.8 per cent were other clinicians (AIHW 2014d). The proportion of women increased from 35.7 per cent in 2009 to 38.6 per cent in 2013. The number of full time equivalent (FTE) practitioners per 100 000 people by jurisdiction is illustrated in figure E.16.

In 2013, the number of nurses and midwives registered in Australia was 344 190. In 2013, the number of nurses and midwives registered and employed in Australia was 296 029, or 1280 per 100 000 population (table EA.59). The majority of employed nurses and midwives were clinicians (90.0 per cent). The principal area of the main job of employed registered and enrolled nurses and midwives was aged care (15.6 per cent) followed by medical (9.8 per cent) and surgical (8.7) roles. The average age of employed nurses and midwives changed little between 2009 (44.3 years) and 2013 (44.5 years). The proportion of employed nurses and midwives aged 50 or older increased from 36.3 per cent to 39.3 per cent over this period (AIHW 2014e). The number of FTE nurses and midwives per 100 000 people by jurisdiction is illustrated in figure E.17.

Nationally there were 426.3 FTE allied health practitioners per 100 000 people in 2013 (table EA.60).

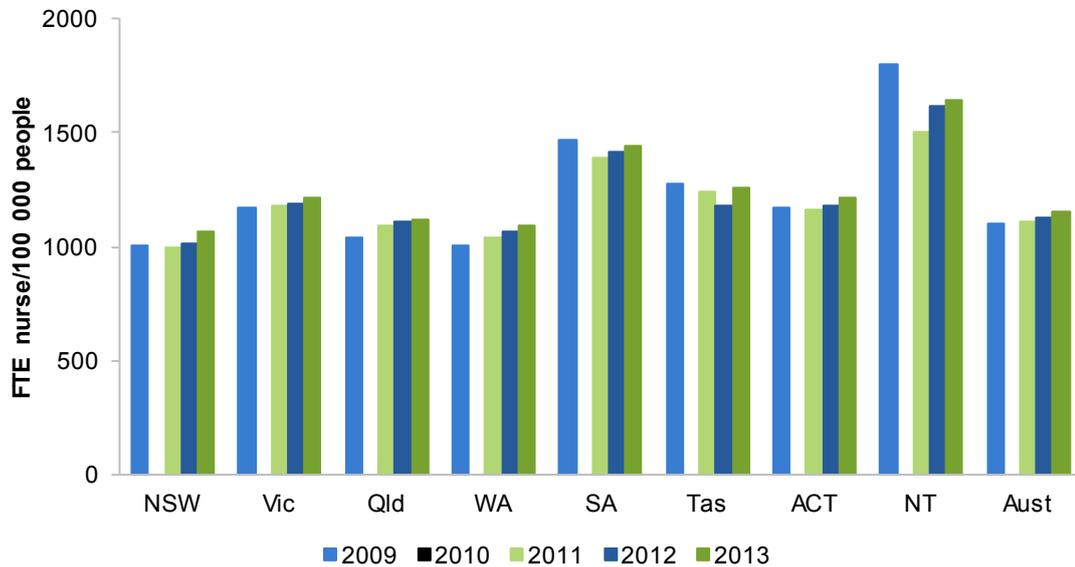
Figure E.16 **Full time equivalent employed medical practitioners<sup>a, b, c, d, e, f, g</sup>**



<sup>a</sup> FTE rate (FTE per 100 000 people) is based on a standard full-time working week of 40 hours. <sup>b</sup> Excludes employed medical practitioners on extended leave. <sup>c</sup> Caution should be used in comparing data for the ACT with other jurisdictions. Rates for the ACT are inflated as many services are provided to southern NSW residents not captured in the denominator. In addition, a relatively high proportion of practitioners work in non-clinical roles, compared to other jurisdictions (AIHW 2014d). <sup>d</sup> From 2010, health workforce labour surveys are conducted at the national level and survey questions are consistent across jurisdictions. For 2009 and previous years, surveys were managed by each jurisdiction's health authority and there were some differences in survey questions between jurisdictions and within jurisdictions over time. This has little impact on the data reported here. However, caution should be used in comparing data between jurisdictions and over time (see DQI for further details). <sup>e</sup> 2010 data exclude Queensland and WA due to closure of the registration period after the national registration deadline. <sup>f</sup> Caution should be used in comparing data for the NT with other jurisdictions from 2010, when changes to doctors' registration requirements meant registration in the NT was no longer required for nationally registered doctors providing fly in fly out services. <sup>g</sup> From 2011, State and Territory is derived from State and Territory of main job where available; otherwise State and Territory of principal practice is used as a proxy unless unavailable, in which case state and territory of residence is used. <sup>h</sup> From 2012, data exclude provisional registrants.

Source: AIHW (unpublished) National Health Workforce Data Set; AIHW (unpublished) Medical Labour Force Survey; ABS (2013, 2014) *Australian demographic statistics*, Cat. no. 3101; table EA.58.

Figure E.17 Full time equivalent employed nurses and midwives<sup>a, b, c, d, e</sup>



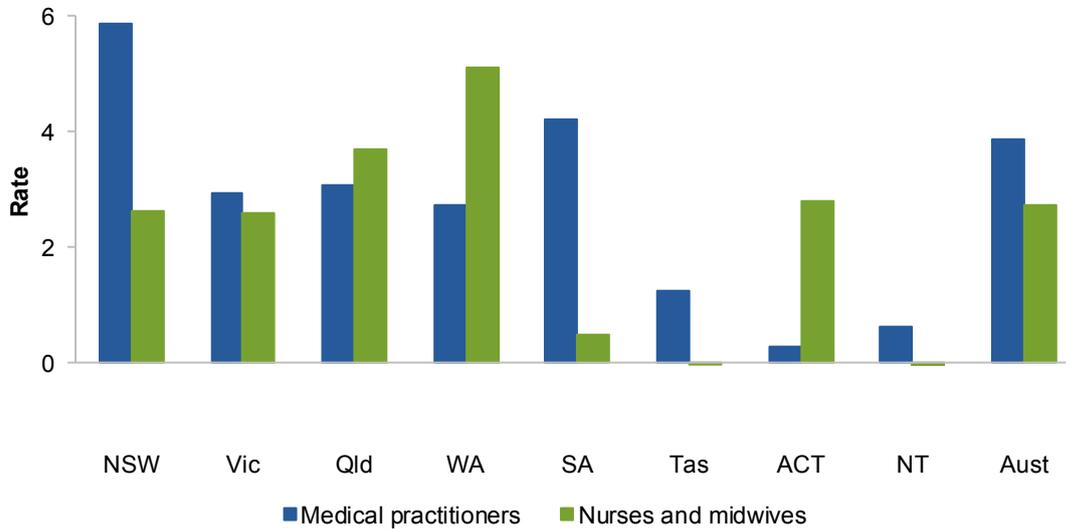
<sup>a</sup> FTE nurse rate (per 100 000 people) based on a 38-hour week. <sup>b</sup> Excludes nurses on extended leave. <sup>c</sup> Data are not available for 2010. <sup>d</sup> From 2011, health workforce labour surveys are conducted at the national level and survey questions are consistent across jurisdictions. For 2009 and previous years, surveys were managed by each jurisdiction's health authority and there were some differences in survey questions between jurisdictions and within jurisdictions over time. This has little impact on the data reported here. However, caution should be used in comparing data between jurisdictions and over time (see DQI for further details). <sup>e</sup> From 2011, State and Territory is derived from State and Territory of main job where available; otherwise State and Territory of principal practice is used as a proxy unless unavailable, in which case state and territory of residence is used. <sup>h</sup> From 2012, data exclude provisional registrants.

Source: AIHW (unpublished) National Health Workforce Data Set; ABS (2013, 2014), *Australian demographic statistics*, Cat. no. 3101; table EA.59.

At the national level, 51.5 per cent of employed medical practitioners were under the age of 45 in 2013 (table EA.58). The medical practitioner workforce grew at an average annual rate of 3.9 per cent from 2009 to 2013 (figure E.18). The nursing and midwifery workforce grew at an average rate of 2.8 per cent annually from 2009 to 2013 (figure E.18), and 47.3 per cent of employed nurses were under the age of 45 in 2013 (table EA.59).

Nationally, 0.9 per cent of the nursing and midwifery workforce were Aboriginal and Torres Strait Islander in 2013 (table EA.62). Of people employed in health-related occupations in 2011, 1.6 per cent were Aboriginal and Torres Strait Islander. Within health related occupations in 2011, the occupations with the highest percentage of Aboriginal and Torres Strait Islander Australians were health and welfare support officers, which includes the occupation Aboriginal and Torres Strait Islander Health Workers (tables EA.63–EA.65).

Figure E.18 **Annual average growth in selected workforces, 2009–2013**<sup>a, b, c, d, e, f</sup>



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

Source: AIHW (unpublished) National Health Workforce Data Set; table EA.61.

### Access to services compared to need by type of service

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

Results from the 2011-12 Australian Health Survey indicate that the majority of Australians (85.6 per cent) aged 15 years or over reported their health as either good, very good or excellent (ABS 2012). In the 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey, 76 per cent of Aboriginal and Torres Strait Islander Australians reported their health as either good, very good or excellent (ABS 2013a).

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

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

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

Data reported for this indicator are

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

Data quality information for this indicator is under development.

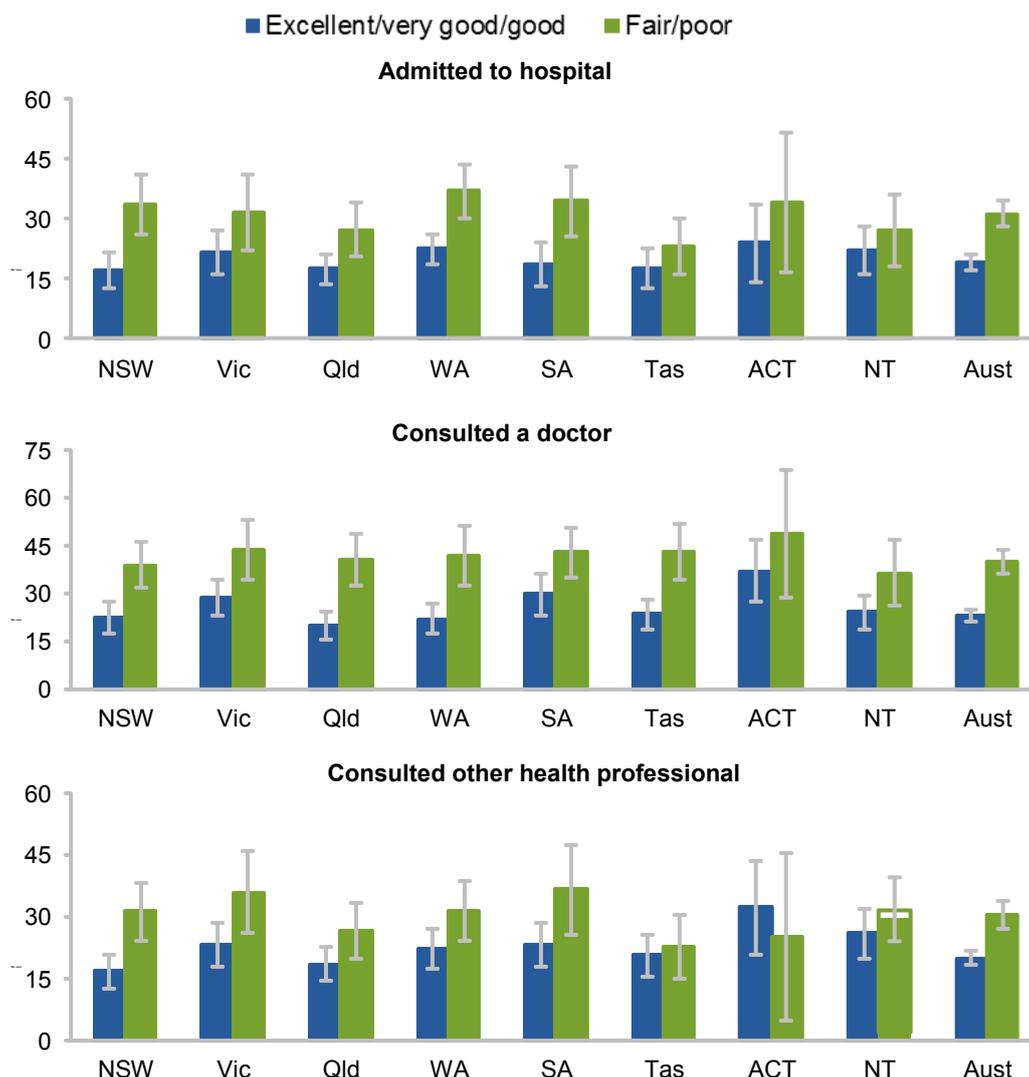
The latest available data for self-assessed health status are from the 2012-13 National Aboriginal and Torres Strait Islander Health Survey for Aboriginal and Torres Strait Islander Australians (ABS 2014a) and from the 2011-12 National Health Survey for other Australians (ABS 2012). Aboriginal and Torres Strait Islander Australians were less likely than other Australians to report very good or excellent health. Taking into account differences in age structure between the populations, Aboriginal and Torres Strait Islander Australians overall were more than twice as likely to report their health as fair or poor than other Australians in 2011-13 (ABS 2013a, 2014a).

Data from the surveys show that 27.1 per cent of Australians who reported their health status as being excellent/very good/good accessed health services in 2011-12, while health services were accessed by 48.5 per cent of people who reported their health status as being fair/poor (table EA.66).

Data for Aboriginal and Torres Strait Islander Australians are not comparable with data for other Australians due to a slightly different methodology. Nationally, the proportion of Aboriginal and Torres Strait Islander Australians who accessed services varied significantly by self-assessed health status for hospital admissions, consultations with doctors and consultations with other health professionals (figure E.19). Data for people accessing health services by Indigenous status in 2004-05 are reported in table EA.69.

Data on the proportion of people who accessed health services by remoteness and SEIFA and data on the types of health services people accessed are reported for 2004-05 and 2011-12 in tables EA.70–EA.73.

**Figure E.19 Proportion of Aboriginal and Torres Strait Islander people who accessed health services by health status, 2012-13<sup>a, b, c, d, e</sup>**



<sup>a</sup> Rates are age standardised by State/Territory to the 2001 estimated resident population. <sup>b</sup> Data are not comparable with data for all Australians due to differences in methodology. <sup>c</sup> People aged 15 years or over who consulted a doctor or another health professional in the last 2 weeks, or were admitted to hospital in the last 12 months. <sup>d</sup> Error bars represent the 95 per cent confidence intervals associated with each estimate. <sup>e</sup> Figure has been revised and differs from the figure presented in the 2014 Report.

Source: ABS (unpublished) *Australian Aboriginal and Torres Strait Islander Health Survey, 2012-13* (National Aboriginal and Torres Strait Islander Health Survey component), Cat. no. 4727.0; table EA.68.

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## 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.<sup>1</sup> They differ from the general Report framework (see chapter 1) in two respects. First, they include three subdimensions of quality — safety, responsiveness and continuity — and, second, they include an extra dimension of efficiency — sustainability. These additions are intended to address the following key performance dimensions of the health system in the National Health Performance Framework that were not explicitly covered in the general Report framework:

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

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

This section summarises information from the following specific indicator frameworks:

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

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)

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<sup>1</sup> 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.

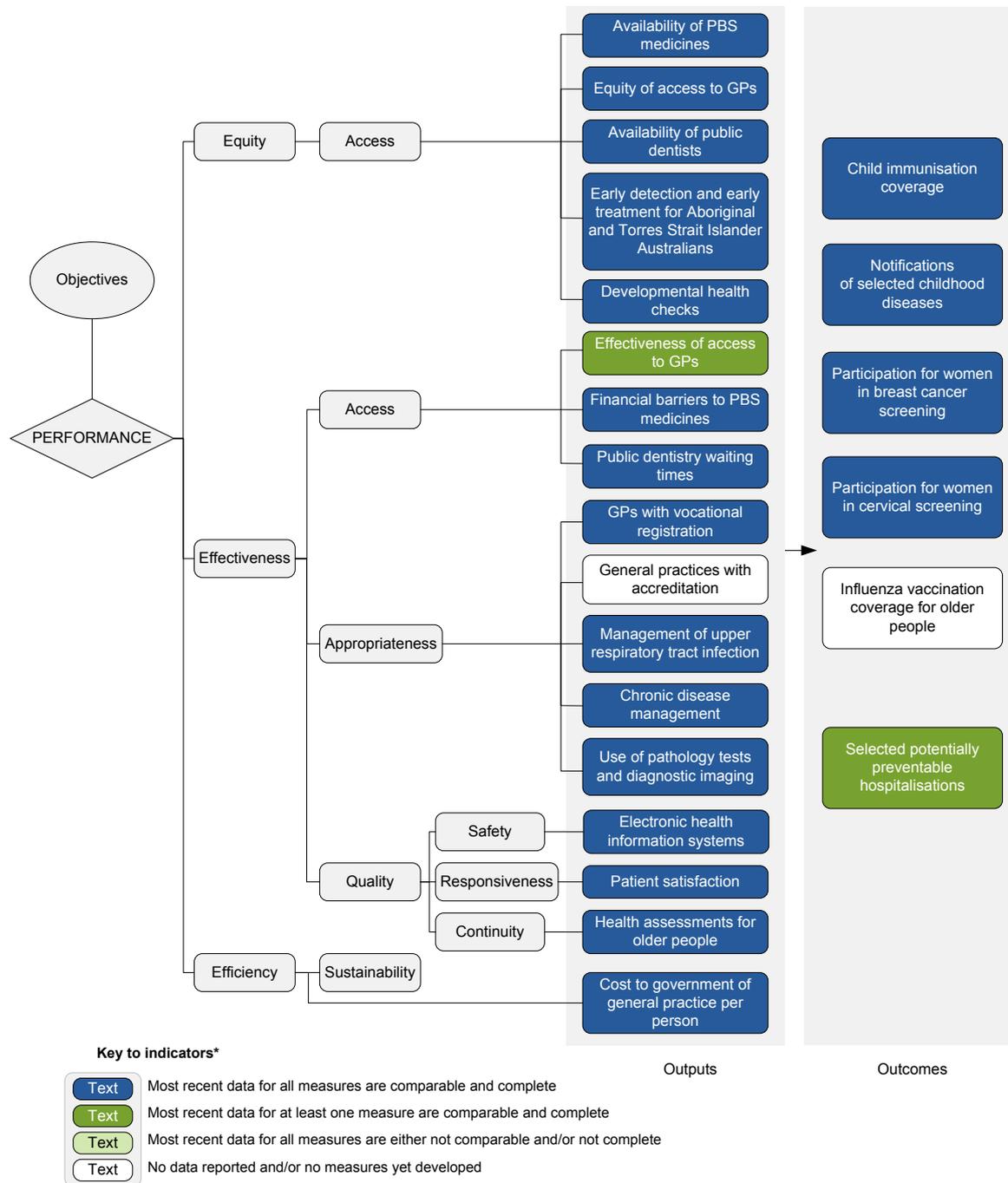
- 
- caveats and footnotes to the reported data (chapters 10, 11 and 12 and Attachments 10A, 11A and 12A)
  - additional measures and further disaggregation of reported measures (for example, by Indigenous status, remoteness, disability, language background, sex) (chapters 10, 11 and 12 and Attachments 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.

### 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 10 and the footnotes in attachment 10A.

**Table E.5 Performance indicators for Primary and community health<sup>a, b</sup>**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Equity — Access indicators</b>									
<i>Availability of PBS medicines — PBS prescriptions filled at concessional rate (per cent), 2013-14</i>									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Proportion of total	89.7	89.9	89.1	85.6	90.8	92.2	79.2	79.7	89.3
<i>Equity of access to GPs, 2013-14</i>									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Full time workload equivalent GPs by remoteness area per 100 000 people, 2013-14									
Major cities, rate	109.1	101.7	107.4	78.6	107.6	..	72.5	..	102.2
Outer regional, rate	84.3	96.7	97.9	84.0	102.1	82.8	..	78.9	91.4
Availability of female GPs per 100 000 females , 2013-14									
Rate	72.1	66.1	69.4	49.6	60.0	66.4	61.0	62.7	66.3
Availability of male GPs per 100 000 males , 2013-14									
Rate	140.8	135.9	136.3	102.9	148.1	119.1	83.2	81.0	132.9
<i>Availability of public dentists — per 100 000 people, 2013</i>									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Rate	6.6	6.2	8.5	7.2	8.3	5.9	5.0	10.0	7.1
<i>Early detection and early treatment for Aboriginal and Torres Strait Islander Australians — Proportion of Older Aboriginal and Torres Strait Islander Australians who received a health assessment, 2013-14</i>									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Proportion	28.1	17.4	37.5	32.7	20.8	12.9	20.4	39.8	30.4
<i>Children receiving a fourth year developmental health check, 2013-14</i>									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Proportion	64.8	27.5	78.1	49.7	52.5	56.8	41.4	69.9	55.6
Source: tables 10A.11–10A.32.									
<b>Effectiveness — Access indicators</b>									
<i>Effectiveness of access to GPs</i>									
Most recent data for this indicator are comparable and complete (subject to caveats) for some but not all measures (chapter 10)									
Bulk billing rates for non-referred patients, 2013-14									
Proportion (%)	87.9	83.2	83.1	75.7	82.2	77.7	57.2	82.8	83.6
GP waiting times for urgent appointment, 2013-14 — less than 4 hours									
Proportion (%)	64.7	63.4	65.4	65.2	64.7	51.8	58.3	78.4	64.2
People deferring treatment due to cost, 2013-14 — deferring visits to GPs									
Proportion (%)	3.5	5.0	5.8	6.2	4.5	6.9	6.9	5.6	4.9
Selected potentially avoidable GP-type presentations to emergency departments, 2013-14									
'000	709.3	572.4	381.4	272.9	113.4	61.2	50.5	39.3	2 200.4

(Continued next page)

**Table E.5 (Continued)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<i>Financial barriers to PBS medicines</i>									
People deferring treatment due to cost, 2013-14 — deferring purchase of prescribed medicines Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Proportion (%)	7.0	6.3	9.9	8.4	7.5	8.0	6.7	6.2	7.6
<i>Public dentistry waiting times, 2013-14 — less than 1 month</i> Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Proportion (%)	27.6	17.8	27.2	19.7	18.4	26.2	32.5	24.4	23.4
Source: tables 10A.33–10A.46.									
<b>Effectiveness — Appropriateness indicators</b>									
<i>GPs with vocational registration, 2013-14</i> Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Proportion (%)	90.6	85.5	88.0	89.5	89.5	90.8	91.8	69.8	88.5
<i>Management of upper respiratory tract infections</i> Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Prescriptions for oral antibiotics used to treat upper respiratory tract infections per 1000 people, 2013-14									
Rate	319.1	324.8	292.3	187.8	310.0	314.9	175.5	92.2	295.2
Proportion of GP encounters for the management of acute URTI where systemic antibiotics were prescribed or supplied, April 2009 to March 2014									
Proportion (%)	33.0	27.4	33.1	25.6	26.7	26.3	25.7	20.9	30.5
<i>Management of chronic disease</i> Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Uptake by Practices in the Practice Incentives Program (PIP) of the PIP Diabetes Incentive, 2013-14									
Proportion (%)	48.6	42.1	54.3	47.8	35.4	36.4	57.7	72.7	47.3
People with asthma who have a written asthma action plan, 2011-12									
Proportion (%)	26.6	25.3	18.4	24.5	29.3	22.6	24.3	33.7	24.6
<i>Pathology tests and diagnostic imaging — Medicare benefits for diagnostic imaging, 2013-14</i> Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
\$ per person	72.9	58.2	69.8	51.5	53.4	53.6	51.1	42.9	63.8

Source: tables 10A.47–10A.67.

**Effectiveness — Quality — Safety indicators**

<i>Electronic health information systems — general practices using electronic systems, May 2014</i> Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Proportion (%)	85.7	89.0	86.0	83.0	86.7	86.0	84.5	78.2	86.3

Source: tables 10A.68–10A.70.

(Continued next page)

**Table E.5 (Continued)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Effectiveness — Quality — Responsiveness indicators</b>									
<i>Patient satisfaction, 2013-14</i>									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Proportion (%) of people who saw a practitioner in the previous 12 months where the practitioner always or often: listened carefully to them									
GP	91.2	91.3	89.8	88.6	90.9	91.3	89.1	84.8	90.6
Dental practitioner	94.8	94.5	92.9	96.5	96.5	93.7	95.4	94.5	94.6
Source: tables 10A.71–10A.75.									
<b>Effectiveness — Quality — Continuity indicators</b>									
<i>Health assessments for older people — proportion of older people assessed, 2013-14</i>									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Proportion (%)	30.52	28.84	35.69	30.75	30.20	34.28	23.21	31.60	31.06
Source: table 10A.76.									
<b>Efficiency indicators</b>									
<i>Cost to government of general practice per person — fee-for-service expenditure (ASR), 2013-14</i>									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
\$ per person	314.8	301.2	314.2	238.6	295.6	272.5	230.7	241.4	298.6
Source: table 10A.2.									
<b>Outcome indicators</b>									
<i>Child immunisation coverage — Children aged 60 to 63 months fully immunised, 2013-14</i>									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Proportion (%)	92.2	92.5	92.3	89.8	91.0	92.7	92.7	91.4	92.0
<i>Notifications of selected childhood diseases — notifications per 100 000 children, 2013-14</i>									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Measles	2.1	2.5	2.2	2.1	3.4	–	–	33.4	2.6
<i>Participation rates for women in breast cancer screening — Ages 50–69, 1 January 2012 to 31 December 2013</i>									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Rate	50.9	54.6	57.3	56.8	53.0	57.8	54.4	41.0	54.3
<i>Participation rates for women in cervical screening — Ages 20–69 (ASR), 1 January 2012 to 31 December 2013</i>									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Rate	57.4	61.6	56.4	55.9	59.0	57.4	58.0	55.1	58.2
<i>Influenza vaccination coverage for older people — 65 years or over, 2009</i>									
Most recent data for this indicator are comparable and complete (subject to caveats) (chapter 10)									
Rate	72.7	75.0	74.6	72.9	81.3	77.5	78.0	69.3	74.6

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**Table E.5 (Continued)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>Separations for selected potentially preventable hospitalisations, 2012-13, per 1000 people</i>									
Most recent data for the indicator are comparable and complete (subject to caveats) except for the measure potentially preventable hospitalisations for diabetes (chapter 10)									
Vaccine-preventable	0.7	0.8	1.1	1.0	1.1	1.0	0.8	3.7	0.9
<i>Acute conditions excluding dehydration and gastroenteritis</i>									
	10.8	10.2	13.8	13.6	13.6	9.9	9.3	20.5	11.8
<i>Chronic conditions excluding additional diagnoses of diabetes complications</i>									
	10.4	10.8	12.9	11.3	11.9	10.1	8.3	22.1	11.3

Source: tables 10A.77–10A.94.

<sup>a</sup> Caveats for these data are available in Chapter 10 and Attachment 10A. Refer to the indicator interpretation boxes in chapter 10 for information to assist with the interpretation of data presented in this table. <sup>b</sup> Some data are derived from detailed data in Chapter 10 and Attachment 10A.

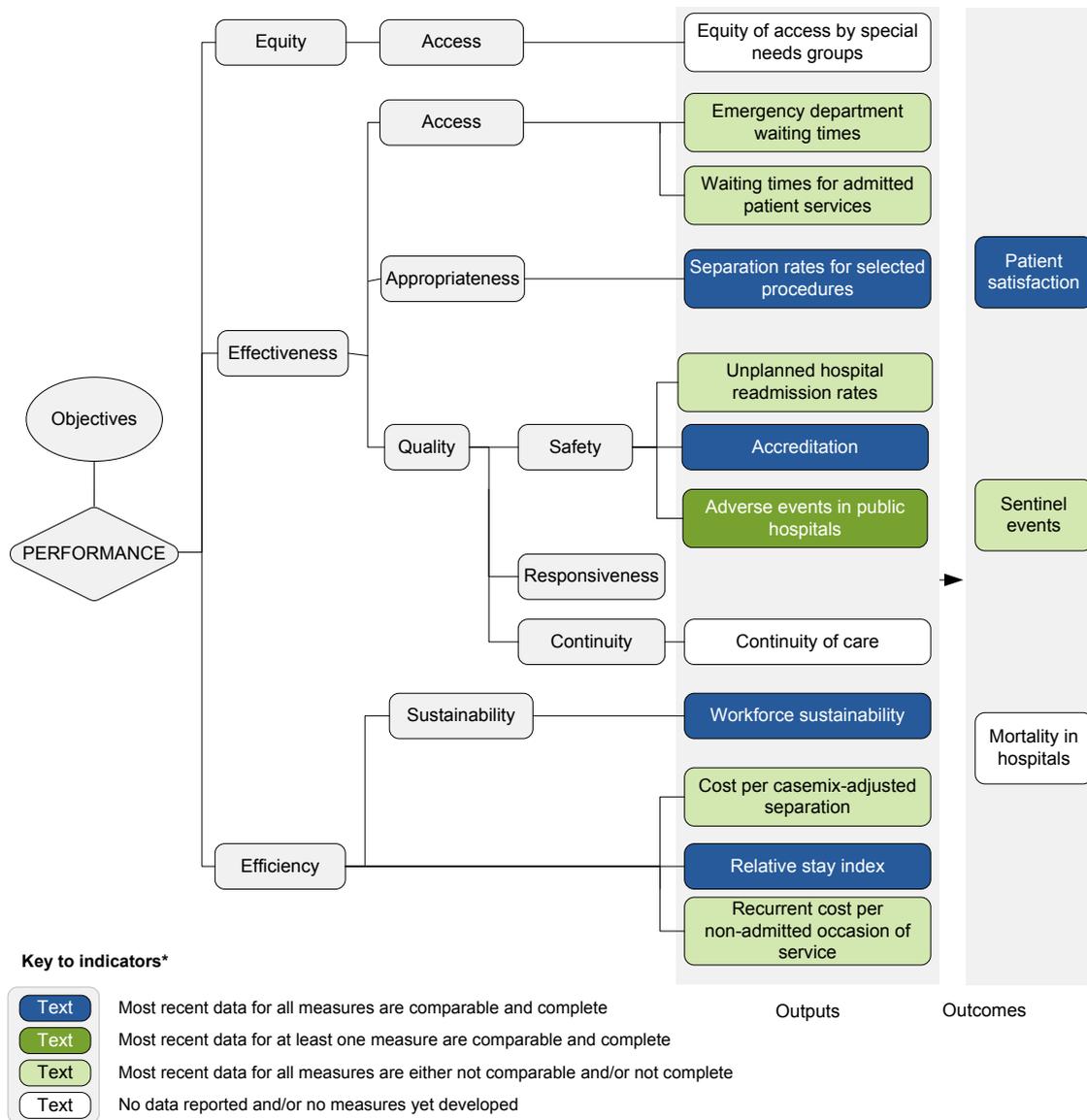
– Nil or rounded to zero. **na** Not available. **np** Not published.

Source: Chapter 10 and Attachment 10A.

## Public hospitals

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

Figure E.21 Public hospitals performance indicator framework



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

An overview of the public hospital 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 11 and the footnotes in attachment 11A.

**Table E.6 Performance indicators for public hospitals<sup>a</sup>**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Effectiveness — Access indicators</b>									
<i>Emergency department waiting times, 2013-14</i>									
Proportion of patients seen on time (per cent)									
Most recent data for this measure are complete but not directly comparable (chapter 11)									
Resuscitation	100	100	100	100	100	100	100	100	100
Emergency	83	84	80	86	74	85	83	61	82
Urgent	76	73	67	58	65	66	50	51	70
Semi-urgent	80	71	75	71	77	71	57	53	75
Non-urgent	94	88	92	94	92	90	86	89	92
Total	81	75	73	70	73	72	61	57	75
Percentage of presentations where the time from presentation to physical departure (Emergency Department Stay length) is within four hours									
Most recent data for this measure are complete but not directly comparable (chapter 11)									
%	73.9	69.0	76.3	79.5	64.5	67.7	61.8	61.6	72.7
<i>Waiting times for admitted patient services</i>									
Elective surgery waiting times: Number of days waited, 2013-14									
Most recent data for this measure are complete but not directly comparable (chapter 11)									
50 <sup>th</sup> percentile	49	35	28	29	35	45	48	36	36
90 <sup>th</sup> percentile	329	222	186	142	180	401	270	183	262
Elective surgery waiting times: Proportion who waited more than 365 days, 2013-14									
Most recent data for this measure are complete but not directly comparable (chapter 11)									
%	1.8	3.2	2.8	0.7	0.8	11.5	4.7	2.8	2.4
Proportion of presentations to emergency departments with a length of stay of 4 hours or less ending in admission, public hospitals (per cent), 2013-14									
Most recent data for this measure are complete but not directly comparable (chapter 11)									
Resuscitation	51	57	59	66	54	58	63	46	56
Emergency	43	49	53	58	37	33	45	21	47
Urgent	40	44	51	51	35	25	29	21	43
Semi-urgent	44	45	57	52	42	28	33	22	46
Non-urgent	65	60	68	60	59	44	45	50	62
Total	42	46	53	53	38	28	34	22	45

Source: tables 11A.18, 11A.23, 11A.24 and 11A.47.

**Effectiveness — Appropriateness indicators**

*Separation rates for selected procedures, public hospitals, per 1000 people (age-standardised), 2012-13*

Most recent data for this indicator are complete and comparable (chapter 11)

Cataract extraction	2.7	3.0	1.6	4.7	3.4	2.0	4.1	6.7	2.8
Cholecystectomy	1.4	1.5	1.2	1.2	1.5	1.4	1.4	1.2	1.4
Coronary angioplasty	0.9	0.8	0.8	0.8	0.9	1.0	2.0	..	0.9
Coronary artery bypass graft	0.3	0.3	0.3	0.2	0.3	0.3	0.5	..	0.3
Cystoscopy	1.6	2.9	2.0	3.3	2.7	1.6	3.0	2.0	2.3
Haemorrhoidectomy	1.0	0.8	0.3	0.5	0.5	0.6	0.3	0.9	0.7
Hip replacement	0.6	0.7	0.5	0.8	0.7	0.7	1.0	0.6	0.6
Hysterectomy	1.0	1.1	1.0	1.0	1.2	1.2	0.9	0.8	1.0
Inguinal herniorrhaphy	1.0	1.0	0.8	1.0	1.0	1.0	1.0	1.0	1.0
Knee replacement	0.7	0.5	0.5	0.7	0.6	0.4	0.7	0.5	0.6

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**Table E.6 (Continued)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Myringotomy	0.5	0.7	0.6	0.8	1.4	0.5	0.5	0.6	0.7
Prostatectomy	0.9	1.0	0.7	0.9	1.0	0.8	1.1	0.5	0.9
Septoplasty	0.3	0.4	0.2	0.2	0.5	0.1	0.3	0.2	0.3
Tonsillectomy	0.9	1.3	0.8	0.9	1.5	0.7	0.8	1.0	1.0
Varicose veins, stripping and ligation	0.2	0.3	0.1	0.1	0.3	<0.1	0.5	0.2	0.2

Source: table 11A.48.

**Effectiveness — Quality — Safety indicators**

*Unplanned hospital readmissions within 28 days of selected surgical admissions, 2012-13*

Most recent data for this indicator are complete but not directly comparable (chapter 11)

Surgical, procedure prior to separation, rate per 1000 separations

Knee replacement	21.6	15.1	35.1	22.3	18.6	37.0	–	np	22.4
Hip replacement	18.0	16.1	16.1	15.9	19.3	29.6	12.9	np	17.5
Tonsillectomy and adenoidectomy	30.3	29.1	35.7	42.4	37.5	51.9	44.7	83.0	33.1
Hysterectomy	31.6	25.9	31.8	43.6	28.7	52.0	23.1	np	30.6
Prostatectomy	27.3	26.5	40.7	33.9	28.9	57.8	np	np	31.1
Cataract surgery	3.4	3.0	4.6	2.6	2.9	4.4	0.9	6.0	3.4
Appendectomy	22.4	22.8	22.0	29.0	27.0	26.5	20.4	43.5	23.1

*Accreditation, proportion of accredited beds, public hospitals 2012-13*

Most recent data for this indicator are complete and comparable (chapter 11)

%	97	100	95	100	100	87	100	100	98
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*Adverse events in public hospitals*

Healthcare associated infections in acute care hospitals per 10 000 patient days, 2013-14

Most recent data for this measure are complete but not directly comparable (chapter 11)

	0.9	0.8	0.9	0.9	0.6	0.9	0.8	1.0	0.9
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Separations with an adverse event, public hospitals: Events per 100 separations, 2012-13

Most recent data for this measure are complete and comparable (chapter 11)

Total	6.3	6.8	6.3	6.4	7.2	8.2	7.4	3.4	6.5
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Separations for falls resulting in patient harm in hospitals, per 1000 separations, 2012-13

Most recent data for this measure are complete and comparable (chapter 11)

	4.8	3.5	3.5	3.6	4.3	5.3	3.8	1.6	4.0
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Source: tables 11A.50–11A.55.

**Efficiency sustainability indicators**

*Workforce sustainability*

Most recent data for this indicator are complete and comparable (chapter 11)

Nursing workforce by age group (per cent), 2013

<30	15.1	17.7	15.1	16.8	14.4	12.7	16.6	18.5	15.9
30-39	20.1	21.0	20.7	20.6	19.2	15.2	21.8	25.7	20.4
40-49	23.9	25.2	27.2	25.7	25.8	26.7	25.5	21.9	25.4
50-59	29.1	26.0	26.8	26.4	30.7	34.4	26.2	24.4	27.7
60+	11.7	10.1	10.3	10.5	9.9	11.0	9.8	9.5	10.6

Medical practitioner workforce by age group (per cent), 2013

<30	8.8	10.6	9.8	12.1	10.2	9.8	9.7	11.0	10.0
30-39	26.3	28.4	28.9	28.3	26.6	24.0	27.3	36.5	27.6

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**Table E.6 (Continued)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
40-49	24.0	23.5	25.8	25.5	25.4	25.9	25.5	23.2	24.6
50-59	21.1	20.9	20.9	19.7	20.5	23.7	21.4	17.5	20.9
60+	19.8	16.6	14.5	14.3	17.3	16.6	16.2	11.9	17.0

Source: tables 11A.56–11A.59.

**Efficiency indicators**

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

Most recent data for this indicator are complete but not directly comparable (chapter 11)

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

*Relative stay index, 2012-13*

Most recent data for this indicator are complete and comparable (chapter 11)

Total	1.04	0.93	0.86	0.98	1.04	1.01	1.02	1.13	0.97
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*Recurrent cost per non-admitted occasion of service, 2012-13*

Most recent data for this indicator not complete or not directly comparable (chapter 11). Data are available in tables 11A.65–11A.69.

Source: tables 11A.60–11A.72.

**Outcome indicators**

*Patient satisfaction, 2013-14*

Most recent data for this indicator are complete and comparable (chapter 11).

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	86.6	84.9	84.4	86.7	86.8	76.9	75.2	90.6	85.4
Nurses	90.2	89.7	90.4	87.0	90.3	85.3	81.7	90.6	89.1

ED doctors, specialists or nurses always or often showed respect to them

Doctors/specialists	87.2	86.2	86.1	87.4	86.3	85.5	77.3	87.2	86.5
Nurses	90.7	90.1	91.7	88.7	90.4	87.6	85.1	92.0	90.2

ED doctors, specialists or nurses always or often spent enough time with them

Doctors/specialists	81.5	80.4	81.3	81.3	81.7	77.9	75.3	85.0	81.0
Nurses	85.9	86.0	86.7	85.5	84.9	79.7	82.5	94.2	85.8

Proportion (%) of persons who were admitted to hospital in the last 12 months reporting:

Hospital doctors, specialists or nurses always or often listened carefully to them

Doctors/specialists	91.3	90.5	88.4	90.0	93.6	88.5	83.9	91.0	90.6
Nurses	92.3	92.5	90.1	91.3	91.4	88.5	83.9	91.3	91.5

hospital doctors, specialists or nurses always or often showed respect to them

Doctors/specialists	92.7	93.0	90.3	91.2	96.0	89.5	84.8	91.8	92.4
Nurses	94.0	93.3	91.4	91.5	92.9	90.9	83.9	94.2	92.6

hospital doctors, specialists or nurses always or often spent enough time with them

Doctors/specialists	87.7	88.4	86.1	86.9	92.3	84.7	79.1	92.3	87.7
Nurses	88.6	91.2	87.2	88.4	88.9	86.2	81.9	94.2	89.0

Source: tables 11A.73–11A.88.

*Sentinel events, 2012-13*

Most recent data for this indicator are complete but not directly comparable (chapter 11). Data are available in tables 11A.89–11A.97.

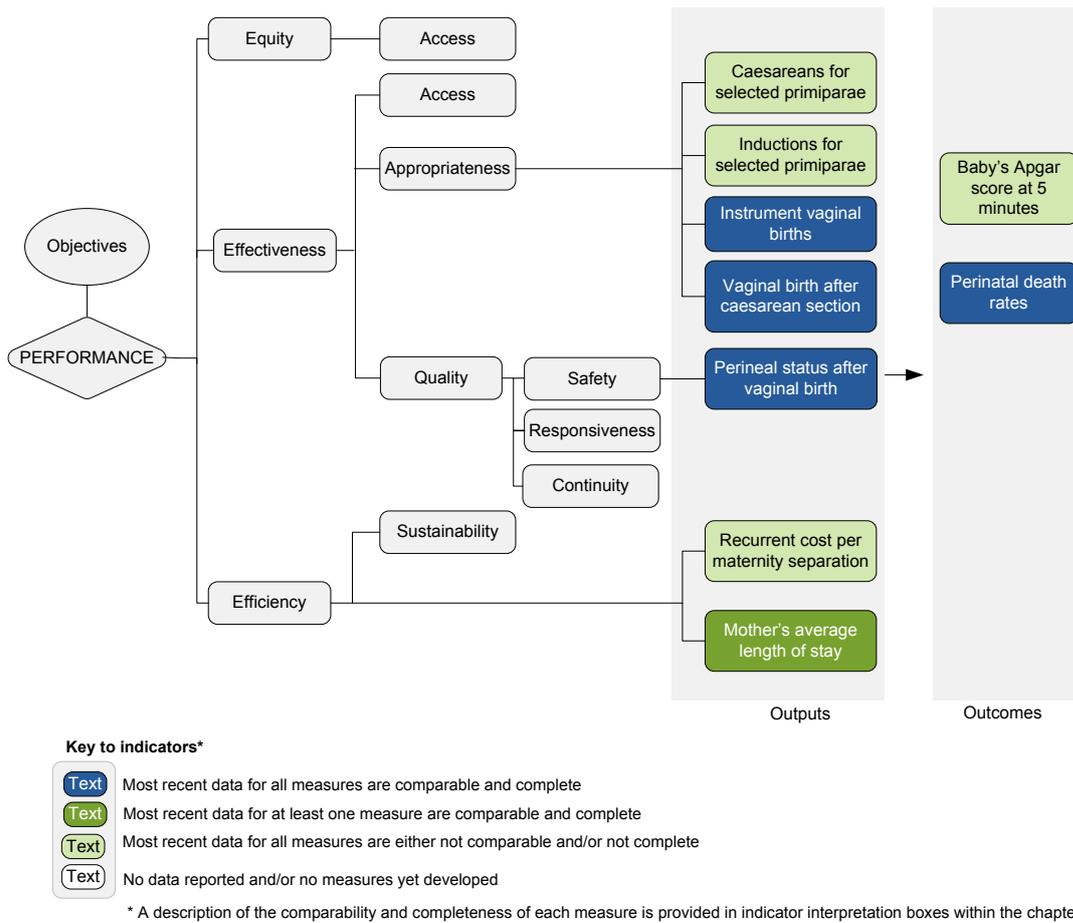
<sup>a</sup> Caveats for these data are available in chapter 11 and attachment 11A. Refer to the indicator interpretation boxes in chapter 11 for information to assist with the interpretation of data presented in this table. – Nil or rounded to zero. **na** Not available. **np** Not published.

Source: Chapter 11 and Attachment 11A.

## Maternity services

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

Figure E.22 **Maternity services performance indicator framework**



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

**Table E.7 Performance indicators for maternity services<sup>a</sup>**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<b>Effectiveness — Appropriateness indicators</b>									
<i>Caesareans for selected primiparae — Proportion (%) of births that were caesareans, 2013</i>									
Most recent data for this indicator not complete or not directly comparable (chapter 11)									
%	23.2	24.9	22.8	24.8	27.3	na	24.3	30.4	24.2
<i>Inductions for selected primiparae — Proportion (%) of births that were induced, rate, 2013</i>									
Most recent data for this indicator not complete or not directly comparable (chapter 11)									
%	39.4	34.6	29.9	35.9	41.6	na	29.6	35.7	35.8
<i>Instrumental vaginal births, 2012</i>									
Most recent data for this indicator are complete and comparable (chapter 11)									
%	22.7	28.2	21.7	30.2	24.5	26.1	27.4	18.4	24.9
<i>Vaginal birth after caesarean section, 2012</i>									
Most recent data for this indicator are complete and comparable (chapter 11)									
Non-instrumental	12.5	11.6	12.3	9.1	12.4	12.2	12.2	18.7	11.9
Instrumental	3.8	4.3	2.9	3.0	3.7	3.4	5.9	3.5	3.7
Source: tables 11A.102–11A.112.									
<b>Effectiveness — Quality — Safety indicators</b>									
<i>Perineal status after vaginal birth — Mothers with third or fourth degree lacerations after vaginal births, 2012</i>									
Most recent data for this indicator are complete and comparable (chapter 11)									
%	2.0	1.9	2.0	2.3	2.3	1.6	4.1	2.8	2.1
Source: table 11A.113.									
<b>Efficiency indicators</b>									
<i>Cost per maternity separation, without complications, dollars, 2011-12,</i>									
Most recent data for this indicator are complete but not directly comparable (chapter 11)									
Caesarean	8 848	7 889	9 651	13 675	10 712	7 746	12 936	15 333	9 546
Vaginal delivery	4 975	3 634	4 900	6 499	4 911	4 050	5 706	7 503	4 826
<i>Mother's average length of stay, days, 2012-13</i>									
Most recent data for this indicator are complete and comparable (chapter 11)									
Caesarean	3.8	3.7	3.3	3.7	4.0	3.8	3.8	4.4	3.7
Vaginal delivery	1.8	1.8	1.5	1.7	1.7	1.8	1.4	2.1	1.7
Source: tables 11A.114–11A.115.									

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**Table E.7 (Continued)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Outcome indicators</b>									
<i>Apgar score at 5 minutes, 2013</i>									
Most recent data for this indicator are not complete and are not directly comparable (chapter 11)									
Percentage of live births with an Apgar score of 3 or lower by birthweight									
<1500g	15.1	18.7	18.6	5.4	8.0	na	13.8	26.0	na
1500g–1999g	1.7	1.3	1.5	1.1	0.6	na	1.4	np	na
2000g–2499g	0.8	0.3	0.6	0.6	0.6	na	1.0	np	na
2500g+	0.3	0.2	0.2	0.2	0.1	na	0.3	0.4	na
<i>Perinatal death rates — deaths per '000 total births, 2012</i>									
Most recent data for this indicator are not complete but are comparable (chapter 11)									
Fetal deaths	5.2	5.6	7.0	7.1	3.5	7.2	7.5	5.6	5.9
Neonatal deaths	2.3	2.1	3.0	1.4	2.4	2.9	2.6	3.9	2.3
Perinatal deaths	7.5	7.7	10.0	8.4	5.9	10.1	10.0	9.4	8.2

Source: tables 11A.116–11A.121.

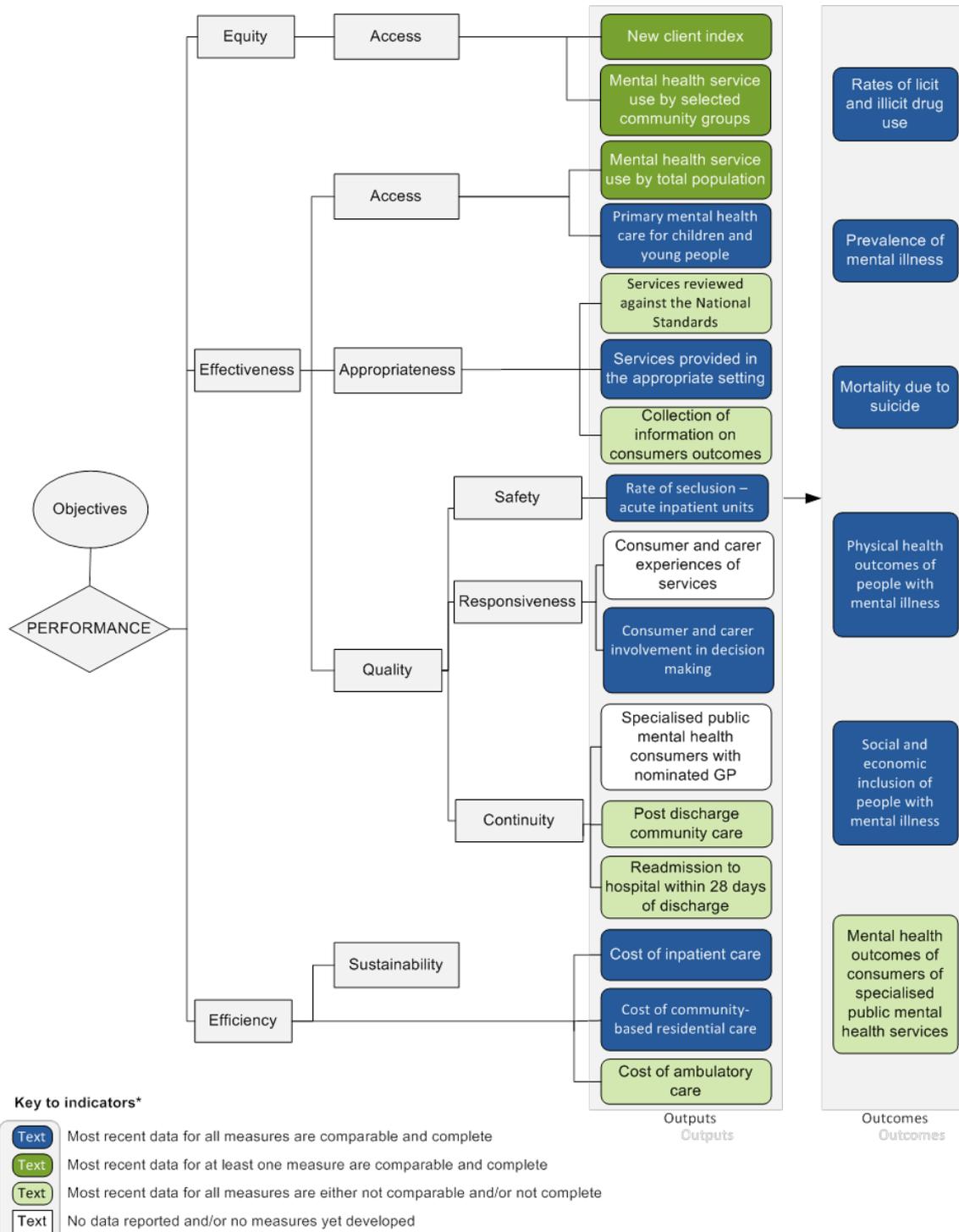
<sup>a</sup> Caveats for these data are available in chapter 11 and attachment 11A. Refer to the indicator interpretation boxes in chapter 11 for information to assist with the interpretation of data presented in this table. – Nil or rounded to zero. **na** Not available.

Source: Chapter 11 and Attachment 11A.

## Mental health management

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

Figure E.23 Mental health management performance indicator framework



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

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

**Table E.8 Performance indicators for Mental health management<sup>a</sup>**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Equity — Access indicators</b>									
<i>New client index</i>									
Proportion of total clients of State and Territory specialised public mental health services who are new, 2012-13									
Most recent data for this measure are not comparable nor complete (chapter 12)									
Proportion (%)	40.0	na	45.3	42.6	43.6	58.1	41.5	47.9	42.8
Proportion of total clients of MBS subsidised mental health services who are new									
Most recent data for this measure are comparable and complete (chapter 12)									
Proportion (%)	35.1	33.7	37.3	38.9	34.2	36.8	38.7	48.6	35.6
<i>Mental health service use by selected community groups</i>									
Proportion (%) of the Aboriginal and Torres Strait Islander population using State and Territory specialised public mental health services, compared with the proportion for non-Indigenous population, 2012-13									
Most recent data for this measure are comparable (subject to caveats), but not complete (chapter 12)									
Aboriginal and Torres Strait Islander									
	4.9	na	4.5	5.3	5.9	1.4	6.3	4.1	4.7
Non-Indigenous									
	1.5	na	1.8	1.9	1.8	1.2	2.2	2.4	1.7
Proportion (%) of the Aboriginal and Torres Strait Islander population using MBS and DVA funded mental health services, compared with the proportion for non-Indigenous population, 2012-13									
Most recent data for this measure are comparable and complete (chapter 12)									
Aboriginal and Torres Strait Islander									
	10.7	12.0	7.1	4.0	8.2	8.8	11.4	1.4	7.7
Non-Indigenous									
	7.9	8.7	7.7	5.9	7.6	7.0	6.2	4.1	7.7

Source: table 12A.33, and tables 12A.35-36.

**Effectiveness — Access indicators**

*Mental health service use by total population*

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

Proportion (%) of the population in a State and Territory using a specialised public mental health service or a MBS-subsidised service, 2012-13

Specialised public mental health	1.8	na	1.9	2.1	2.3	1.3	2.4	2.9	1.9
MBS and DVA subsidised service	8.0	8.8	7.8	5.9	7.8	7.1	6.3	3.4	7.8

*Primary mental health care for children and young people*

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

Proportion of young people aged under 25 years who had contact with primary mental health care services subsidised through the MBS, 2013-14

Proportion (%)	6.1	6.9	6.1	4.7	6.3	6.2	5.6	2.2	6.1
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Source: tables 12A.41 and 12A.44.

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**Table E.8 (Continued)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Effectiveness — Appropriateness indicators</b>									
<i>Services reviewed against national standards</i>									
Most recent data for this indicator are complete, but not 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), June 2013									
Proportion (%)	82.6	78.3	99.7	85.8	42.1	9.2	100.0	–	80.0
<i>Services provided in the appropriate setting</i>									
Most recent data for this measure are comparable and complete (chapter 12)									
Recurrent expenditure on community-based services as a proportion of total expenditure on mental health services, 2012-13									
Proportion (%)	41.6	64.1	55.3	52.9	61.5	58.8	73.3	61.6	53.4
<i>Collection of information on consumers outcomes</i>									
Most recent data for this measure are comparable, but not complete (chapter 12)									
Proportion of episodes with completed consumer outcomes measures collected for people in specialised public mental health services — ongoing community care, 2012-13									
Proportion (%)	19.4	na	41.2	31.4	37.6	26.8	8.7	19.6	28.3
Source: tables 12A.47–49.									
<b>Effectiveness — Quality — Safety indicators</b>									
<i>Rate of seclusion — acute inpatient units</i>									
Most recent data for this indicator are comparable and complete (chapter 12)									
Number of seclusion events per 1000 bed days in specialised public mental health acute inpatient units, 2013-14									
no.	7.4	9.2	11.1	5.0	4.5	15.2	1.1	21.6	8.0
Source: table 12A.50.									
<b>Effectiveness — Quality — Responsiveness indicators</b>									
<i>Consumer and carer involvement in decision making</i>									
Most recent data for this measure are comparable and complete (chapter 12)									
Paid consumer workers (FTE) per 1000 paid direct care, consumer and carer staff (FTE), 2012-13									
no.	2.3	3.2	2.8	1.3	6.3	–	–	0.7	2.7
Source: table 12A.52.									
<b>Effectiveness — Quality — Continuity indicators</b>									
<i>Community follow up for people within the first 7 days of discharge from hospital</i>									
Most recent data for this indicator are not comparable nor complete (chapter 12)									
Proportion of overnight separations from psychiatric inpatient acute services with a community mental health service contact recorded in the 7 days following separation, 2012-13									
Proportion (%)	59.5	na	72.8	53.3	54.0	20.8	73.9	46.6	60.7
<i>Readmissions to hospital within 28 days of discharge</i>									
Most recent data for this indicator are complete, but not comparable (chapter 12)									
Proportion of overnight separations from psychiatric inpatient acute services that were followed by a readmission to a psychiatric inpatient service within 28 days of discharge, 2012-13									
Proportion (%)	14.7	14.7	14.3	13.4	7.7	12.7	14.4	10.7	13.9
Source: tables 12A.53 and 12A.56.									

(Continued next page)

**Table E.8 (Continued)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Efficiency indicators</b>									
<i>Cost of inpatient care</i>									
Most recent data for this indicator are comparable and complete (chapter 12)									
Cost per inpatient bed day, 2012-13									
General mental health services (acute units)									
\$ per bed day	1 013.22	843.83	921.38	1 238.68	899.55	895.20	868.26	1 376.80	981.17
Public acute hospital with a psychiatric unit or ward (acute units)									
\$ per bed day	1 013.25	843.60	940.69	1 204.42	864.21	1 123.84	843.75	1 376.80	975.73
<i>Average recurrent cost per patient day for community residential services</i>									
Most recent data for this indicator are comparable and complete (chapter 12)									
General adult units — 24-hour staffed units, 2012-13									
\$ per patient day	183.97	514.54	..	408.18	456.02	641.44	671.96	353.46	468.79
<i>Average cost of ambulatory care</i>									
Most recent data for this indicator are not comparable, nor complete (chapter 12)									
Average cost per treatment day of ambulatory care, 2012-13									
\$ per episode	223.84	na	362.05	428.58	332.35	665.90	234.40	439.27	303.28
Source: tables 12A.59, 12A.61–63.									
<b>Outcome indicators</b>									
<i>Rates of licit and illicit drug use</i>									
Most recent data for this indicator are comparable and complete (chapter 12)									
Proportion of people aged 14 years or over who used any illicit drug in the preceding 12 months, 2013									
Proportion (%)	11.4	11.0	12.6	13.7	12.5	13.3	12.4	19.0	12.0
<i>Prevalence of mental illness</i>									
Most recent data for this indicator are comparable and complete (chapter 12)									
Proportion of people with a lifetime mental disorders among adults aged 16–85 years, 2007									
Proportion (%)	20.1 ± 2.2	20.7 ± 2.3	19.2 ± 2.6	21.4 ± 4.1	19.1 ± 3.4	14.1 ± 5.4	np	np	20.0 ± 1.1
<i>Mortality due to suicide</i>									
Most recent data for this indicator are comparable and complete (chapter 12)									
Suicide rate per 100 000 people, 2008–2012									
Rate	8.9	9.7	13.0	13.5	11.8	14.1	9.1	18.1	10.8
<i>Physical health outcomes for people with a mental illness</i>									
Most recent data for this indicator are comparable and complete (chapter 12)									
Proportion of people with a mental illness (compared to the proportion for people without a mental illness) who were daily smokers, 2011-12 (per cent)									
People with mental illness	23.6 ± 4.5	28.9 ± 6.4	25.7 ± 4.6	26.0 ± 5.8	26.7 ± 4.9	32.4 ± 5.7	20.0 ± 5.6	29.1 ± 10.1	26.1 ± 2.4
People without mental illness	13.4 ± 1.5	14.7 ± 1.7	15.8 ± 2.1	15.0 ± 1.9	15.5 ± 2.1	21.5 ± 2.3	11.7 ± 2.7	21.8 ± 3.0	14.7 ± 0.8
(Continued next page)									

**Table E.8 (Continued)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<i>Social and economic inclusion of people with a mental illness</i>									
Most recent data for this indicator are comparable and complete (chapter 12)									
Proportion of people aged 16–64 years with mental or behavioural problems who are employed, 2011-12									
Proportion (%)	65.2 ± 7.7	59.4 ± 6.4	57.7 ± 6.7	65.0 ± 5.9	61.2 ± 7.2	51.6 ± 8.7	72.5 ± 8.2	63.2 ± 10.3	61.7 ± 3.1
<i>Mental health outcomes of consumers of specialised public mental health services</i>									
Most recent data for this indicator are not comparable nor complete (chapter 12)									
Proportion of people discharged from a State or Territory public hospital psychiatric inpatient unit who had a significant improvement in their clinical mental health outcomes, 2012-13									
Proportion (%)	70.0	na	72.7	74.3	72.6	76.4	np	77.3	72.1
Source: tables 12A.66, 12A.75, 12A.81, 12A.85, 12A.87 and 12A.94.									

<sup>a</sup> 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

Source: Chapter 12 and Attachment 12A.

### E.3 Cross cutting and interface issues

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

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

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

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

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

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

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- *Emergency management services* have an important role in the preparation and response to emergency events providing emergency first aid, protection and shelter. Ambulance services are an integral part of a jurisdiction's health service providing emergency as well as non-emergency patient care and transport.
  - *Community services* and health services interact at many levels. People with disability are more likely than others to have poor physical and mental health, and higher rates of risk factors such as smoking and obesity (AIHW 2012). Aged care services can keep people living independently and healthily, without undue call on the health sector. Child protection services act to protect children and ensure their good health (while medical professionals are the source of many child protection notifications).
  - *Housing and homelessness services* play an important role in ensuring the health of Australians. Living conditions (particularly poor housing and infrastructure) are a major contributor to health and well being. People with unmet housing needs tend to experience higher death rates, poor health, and are more likely to have serious chronic illnesses (Garner 2006).

## **E.4 Future directions in performance reporting**

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

COAG's National Health Reform Agreement of 2011 included a commitment to introduce clear and transparent performance reporting against a Performance and Accountability Framework. It is anticipated that this will continue to drive improvements in reporting for the health sector.

National clinical quality and safety standards are under development by the Australian Commission on Safety and Quality in Health Care. The National Health Performance Authority was established to:

- provide clear and transparent public reporting of the performance of Local Hospital Networks, public and private hospitals, and primary health care organisations, and monitor their performance
- develop additional performance indicators as appropriate
- maintain the MyHospitals website.

National Health Performance Framework (NHPF) indicators, developed by the National Health Performance Committee and endorsed by the Australian Health Minister's Advisory Council (most recently in 2009), are currently under review. The NHPF is designed as an overarching framework of indicators that presents information about the health of Australians and the health system (AIHW 2014b). The updated indicator set is expected to be agreed in early 2015, with reporting against this indicator set to be included in the AIHW's *Australia's health 2016*.

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The Department of Prime Minister and Cabinet will review the performance of the Australian and State and Territory governments in achieving the jurisdictional level outcomes and performance benchmarks included in the NHA.

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

## **E.5 Jurisdictions' comments**

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

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## **New South Wales Government comments**

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### **Delivering world class healthcare for NSW**

NSW Health is committed to supporting healthy communities and providing world class, integrated healthcare for the people of NSW. Over the last twelve months, we have driven substantial improvements in the delivery of our health services to deliver better outcomes for our patients. All parts of NSW Health – including our local health districts, networks, NSW Ambulance, our six pillar organisations, our statewide services and shared services – have worked together to achieve these outcomes.

NSW elective surgery results are among the best in the country, achieving 2013 targets for treating semi-urgent and non-urgent patients within the clinically recommended time and targets for reducing the days waited by overdue urgent and non-urgent patients. The AIHW (Australian Institute of Health and Welfare) Australian Hospital Statistics 2013-14: Elective Surgery Waiting Times report found NSW is leading the nation in elective surgery procedures being performed on-time (for all urgency categories combined). The proportion of patients who have waited longer than 365 days is the lowest recorded in the last 5 years at just 1.8 per cent - a near three-fold improvement since 2009-10. NSW also had the lowest proportion of adverse events in elective surgery.

The improvements in our performance have also delivered faster emergency patient care, with over 200 000 additional people receiving timelier Emergency Department care across the NSW Health system. One of the most recognised indicators of this improvement is the National Emergency Access Target (NEAT), a measure of the number of patients who complete their ED treatment within four hours. The Council of Australian Governments' Reform Council National Partnership Agreement on Improving Public Hospital Services Report for 2013 found NSW showed the biggest improvement in NEAT results between 2012 and 2013, increasing from 61.1 to 70.8 per cent.

NSW patients have welcomed these improvements. The November 2014 Bureau of Health Information Patient Survey report, based on the responses of 35,000 patients at 80 of the state's public hospitals, found more than 90 per cent of patients rate their overall experience in NSW public hospitals as 'very good or good'. And 86 per cent of patients reported they were 'always' treated with respect and dignity in NSW public hospitals.

The NSW Health Performance Framework for public sector health services provides an integrated process for performance review and management, with the over-arching objectives of improving patient safety, service delivery, quality and efficiency across the NSW Health system. This promotes a high performance culture focused on quality, integrated care and better patient outcomes.

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## Victorian Government comments

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Victoria's health services, like those in all jurisdictions, are facing significant and persistent growth in demand, with a growing and ageing population, driving increased service utilisation, and significant growth in the incidence of chronic disease.

In this context, health spending in 2013-14 totalled \$14.3 billion, an increase of 4.8 per cent relative to 2012-13, with hospital budgets increased by 5.3 per cent to \$8.4 billion.

The achievement of a more sustainable level of health expenditure growth reflects a program of reform for Victorian health services to address costs and improve system productivity and effectiveness through a range of supply and demand measures. These reforms have reduced growth in costs while maintaining the delivery of high quality services, reducing elective surgery waiting lists and meeting growth in emergency department presentations. These reforms have built on the innovation and efficiency that is inherent to the Victorian health system.

*Healthy Together Victoria* is Victoria's flagship preventative health effort. It takes a unique systems approach to reducing population-level chronic disease risk where people live, learn, work and play.

The *Mental Health Act 2014* is now operational and with it a new recovery-oriented framework that will ensure people living with a mental illness are supported to make or participate in decisions about their treatment. In 2013-14, this included an increase in funding to over \$1.2 billion, funding more hospital beds for people with a mental illness and improved access to services. Mental health and drug treatment services were recommissioned to support people to manage their treatment to achieve improved quality of life and connection to other health and community support services.

The Victorian health system continues to transform through a focus on patient-centred care, greater integration of care, and a strong emphasis on translated research.

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## Queensland Government comments

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The 2014-2015 Queensland State Budget will see a record amount of over \$13.6 billion invested in the Queensland healthcare system, an increase of 6.4 per cent on the 2013-2014 adjusted budget. The increase is supporting the commitment made under the *Blueprint for better healthcare in Queensland* to build the best health system in the country.

Queensland continues to invest in a range of clinical redesign projects and undertake other reforms to improve health service performance and efficiency. Median waiting times for elective surgery in Queensland are well below the national average and there is a commitment to eliminate long waits for elective surgery by the end of 2014. Significant improvements in wait times for public dental patients have also been achieved with the number of long wait patients now reduced to zero.

Challenges to securing a sustainable public health system remain including a growing and ageing population driving increased demand for services. Significant recent changes and uncertainties around future Commonwealth health funding arrangements are adding to the challenge.

Prevention is key to improving the overall health of Queenslanders and several new initiatives are underway to address preventable health risks. These include the major three year *Healthier. Happier.* campaign which encourages all Queenslanders to make healthier lifestyle changes to reduce the risk of chronic disease.

Queensland has the most decentralised population of any Australian jurisdiction which requires innovative methods of providing health services to those in rural and remote areas. In addition, closing the gap in Aboriginal and Torres Strait Islander health outcomes is an ongoing high priority. New initiatives include the introduction of a Mobile Surgical Van pilot program for rural and remote communities, hearing outreach services for Aboriginal and Torres Strait Islander children and expanding mental health support for rural drought declared communities.

In addition to frontline health initiatives, Queensland is continuing to reform the health system structure and organisation to ensure it is best placed to meet community needs. Further responsibilities in relation to asset ownership and staff employment have recently been transferred to locally run Hospital and Health Services. An independent Queensland Office of the Health Ombudsman has also been established to provide a simpler and more transparent complaints system for healthcare consumers.

Queensland is developing its healthcare infrastructure through a substantial investment program to both upgrade or expand existing facilities and open new state-of-the-art hospitals. The Lady Cilento Children's Hospital in Brisbane, which opened in late 2014, is the biggest public children's hospital in the country and will be the cornerstone of an enhanced state-wide network of children's health services.

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## Western Australian Government comments

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WA's public health system performed well for the community in 2013-14, despite strong demand for its services from a fast-growing population and the continuing challenge of delivering its biggest-ever infrastructure program. The sound performance was underpinned by long-term planning, regular and ongoing monitoring and review, innovative reform and a professional workforce. WA Health continues to improve its performance and align its efforts to the four pillars stated in its *Strategic Intent 2010–2015*:

- **Caring for individuals and the community**  
Focus continued in 2013-14 on health conditions linked to excess body mass and reducing associated hospital treatment costs. Initiatives were implemented to encourage people to “live lighter” to combat this problem. Medical research also received strong support for new initiatives in addition to existing research funding streams for enhanced capability.
- **Caring for those who need it most**  
In 2013-14, the median waiting time for elective surgery in WA was 29 days, the second lowest for all urgency categories among States and Territories. WA also continued to lead the country in the proportion of emergency department visits completed in four hours or less, which at 79 per cent was above the national average of 73 per cent. For Aboriginal people, WA Health renewed its commitment to closing the gap in life expectancy by announcing its new *Footprints to Better Health* strategy. More than 100 dedicated Aboriginal health services will be delivered under the strategy. There was record investment in school health, with the first of 155 new school health staff starting work in WA schools.
- **Making the best use of fund and resources**  
To be in the best position for the new Activity Based Funding regime, WA Health has focussed on improvements across the board, but especially in information and communication technology governance and planning, and adopting a professional and consistent approach to procurement. 2013-14 also saw major upgrades completed or planned at 24 regional and remote facilities, in addition to major infrastructure projects including Fiona Stanley Hospital and Perth Children's Hospital.
- **Supporting our team**  
Development of a 10-year strategic workforce plan is underway, based on the WA Health Clinical Services Framework 2010–2020, to ensure workforce planning is aligned with demand. The significant challenges faced by WA Health, including the transfer and reconfiguration of staff and resources to new hospitals, were being handled effectively with specialised transition management systems and databases.

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## South Australian Government comments

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Guided by the SA Health Care Plan 2007-16, the Department for Health and Ageing consolidated and built on gains made in recent years in its work to improve health outcomes and access to services in SA.

Work continued to deliver the Plan's centrepiece, the new Royal Adelaide Hospital. Scheduled for completion in 2016, the hospital will provide progressive, efficient and state-of-the-art public health care, with the capacity to treat a third more Emergency Department patients each year.

The new Royal Adelaide Hospital is collocated with the SA Health and Medical Research Institute (SAHMRI), officially opened in November 2013. SAHMRI is the state's flagship health and medical research institute, housing state of the art laboratories, equipment and capacity for up to 675 researchers. Together, and in partnership with other planned tertiary education facilities, the new Royal Adelaide Hospital and SAHMRI will form the SAn Health and Biomedical Precinct. When complete, the site will be the largest of its kind in the Southern Hemisphere.

Other major infrastructure projects reached key milestones in 2013-14. The redeveloped 129 bed Glenside Health Service was officially opened on 28 July 2013 and is the centrepiece of our state's mental health reform. The state and federally funded \$69 million Whyalla Hospital redevelopment and Port Pire's \$12.5 million GP Plus Health Care Centre were opened in November. In January, the redeveloped Modbury Hospital Emergency Department was opened, followed by the \$36 million redeveloped Riverland General Hospital in June.

During 2013-14 the Health Enterprise Patient Administration System (EPAS) went live at seven SA Health sites. More than 4500 doctors, nurses, allied health and administrative staff across SA Health now use EPAS in their day to day work.

Other initiatives devised and further developed across SA's health system included new models of care, improved access to diagnostic services and increased support for discharge planning. As a result, SA continues its strong performance in Emergency Department and elective surgery waiting times.

In September, Southern Adelaide Local Health Network became the first in SA to be assessed against all ten National Safety and Quality Health Service Standards and the first to meet all 209 core actions.

Work continued to improve health outcomes for residents of rural and remote parts of the state and ensure country patients can access and receive medical care of the highest quality as close as possible to their homes.

SA continued its efforts to address the disparity in the health outcomes of Aboriginal and non-indigenous Australians through our Closing the Gap initiatives, such as immunisation, oral health, and health checks for Aboriginal adults and children.

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## Tasmanian Government comments

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- During 2013-14, the Department of Health and Human Services (DHHS) has continued to focus on its responsibilities to the people of Tasmania. In health, the role of the Department is system manager and purchaser of services on behalf of the Minister for Health.
- The Department does not directly deliver health services, but rather purchases services on behalf of Tasmanians from the three Tasmanian Health Organisations (THOs) and monitors the delivery of those services. The Department also has a regulatory role for the public and private health sector.
- Significantly, Tasmanians elected a new government in March 2014 and while many of our activities are ongoing, new reform priorities were established towards the end of the year in a number of areas.
- 2013-14 saw further maturing of the purchaser/provider model with significant progress made in the management of relationships between the Department (as system manager and purchaser of services on behalf of the Minister for Health) and THOs (as providers of public hospital services and a broad range of health services, including mental health services).
- Service agreements, the key annual accountability document between the Minister for Health and THOs, were successfully negotiated and agreed with all three THOs within the timeframes required by legislation.
- Population Health Services continues to provide significant work to educate Tasmanians about healthy living choices and preventative health. While the life expectancy of Tasmanians is improving and self-reported health is generally good, Tasmania continues to face challenges in encouraging healthy lifestyles and to reducing the prevalence of smoking and obesity associated chronic disease.
- A new *Mental Health Act* 2013 came into effect from February 2014, ensuring there is a more human rights based approach towards clients suffering from mental illness in Tasmania.
- Work continued during the year on the Royal Hobart Hospital redevelopment. The incoming Government placed the development on a care and maintenance footing and created a review taskforce. The Department has continued to provide support for the taskforce and facilitate the review which is expected to be completed towards the end of 2014.
- During the year significant reform has begun across all areas of the DHHS, most notably with the introduction of the State Government's *One State, One Health System, Better Outcomes* reform agenda. This will include the transition to a single Tasmanian Health Service from 1 July 2015.
- The reforms will also include a review of the DHHS, the creation of the Health Council of Tasmania and a white paper process to review and redefine the clinical profile of service delivery.

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## Australian Capital Territory Government comments

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ACT Health partners with the community and consumers for better health outcomes by delivering patient and family centred care, strengthening partnerships, promoting good health and well being, improving access to appropriate health care, and having robust safety and quality systems. The total catchment population (Australian Capital Region) extends to the surrounding southern parts of NSW, with Canberra serving as the regional referral centre.

In its 2014-15 budget, the ACT Government provided funding for 500 extra elective surgeries. Hospital capacity will also be boosted through the addition of 36 new hospital beds.

A web-based report called ED Live was released to the public in July 2014. For the first time in the ACT, patients are able to access real-time information on Emergency Department (ED) waiting times across Canberra and Calvary hospitals and make informed decisions on which hospital to visit or to consider alternative service providers.

To support tobacco cessation, smoke-free environments have been introduced in ACT Health facilities with designated smoking areas no longer available from 1 September 2014. In 2013, the ACT Government set a target of 'zero growth' for obesity in the ACT through the *Towards Zero Growth: Healthy Weight Action Plan*. Various initiatives implementing this plan are underway, including promoting healthy food and drink options in school canteens and workplaces.

The Health Infrastructure Program announced in 2008 is progressing with the roll-out of new infrastructure to support health care delivery in the ACT. This ACT Government program with an outlay of over \$1 billion will revitalise and rebuild the ACT Health system to prepare for growing demands in the future. A new Canberra Regional Cancer Centre on the Canberra Hospital campus opened to patients in August 2014. This modern facility will provide integrated, multi-disciplinary cancer services, making treatments more efficient for patients. Work on the construction of the Belconnen Community Health Centre and refurbishment of the Tuggeranong Community Health Centre has been completed. These Centres will provide expanded health services to assist people manage acute and chronic conditions in the community. Nurse-led Walk-in-Centres (WiCs) have been opened at the two Health Centres providing free, extended hours primary health care treatments for minor illnesses in the community. The WiC at the Canberra Hospital was closed in June 2014.

Stage 2 of the Centenary Hospital for Women and Children has also been completed, bringing a range of services for women and children under one roof. Canberra Hospital ED and Intensive Care Unit extension work has also been completed. Work has commenced on a multi-storey 700+ capacity car park at Calvary Hospital while construction of the new University of Canberra Public Hospital which will provide sub-acute services is expected to begin in 2015.

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### Northern Territory Government comments

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During 2013-14, the NT Department of Health services continued to provide primary health care in a range of settings, including 45 remote health centres; and acute health care in five hospitals.

The geography of the NT and a population widely distributed across remote and very remote areas creates challenges for service delivery. These challenges contribute to significant socioeconomic disadvantage within the population which often results in limited life and health choices and poorer wellbeing.

Changes to service delivery within the NT made in 2013-14 are designed to improve responses to local needs and conditions through integration, local decision making, regional perspectives and accountability through Service Delivery Agreements backed by an NT-wide safety and quality system. Operational services are now mostly being delivered by two organisations: the Top End and Central Australia Health Services, combining the delivery of primary, community and acute health care services.

This change to a New Services Framework also implements national health reforms. A more streamlined contemporary Department of Health was established on 1 July 2014 as the overall health system manager, with responsibility for: planning and managing the NT public health system; setting Territory wide policy and frameworks; and monitoring the performance of health services. The Department still delivers a number of Territory-wide services (some of which will move into the Health Services) and provides corporate services for the whole public health system.

Other major initiatives in 2013-14 included:

- the passing of the *Health Services Act* and appointment of the Health Service Boards
- the establishment of the Office of Disability and the Ministerial Advisory Council on Disability
- preparations for the National Disability Insurance Scheme trial in Tennant Creek commencing 1 July 2014
- the continued implementation of Alcohol Mandatory Treatment across the NT along with the review of the *Alcohol Mandatory Treatment Act*
- progress towards the development and construction of the Palmerston Regional Public Hospital
- continued work towards full implementation of activity based funding for commencement on 1 July 2014
- implementation of enhanced cardiac and cardiac outreach services including low risk angioplasty services in the Top End.

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## Australian Government comments

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

Australia has one of the most efficient and effective health care systems in the world. According to the most recent Global Burden of Disease Study, Australia achieves strong health outcomes with lower than average spending on health per capita. However, advances in medical technologies and treatments, new pharmaceuticals, the rising incidence of chronic disease in the community and an ageing population, have meant that the cost of maintaining the health care system continues to rise. Ensuring Australia's current world class health care system is sustainable into the future is one of the Government's highest priorities.

One of the key elements of this strategy is a continued investment in health promotion, keeping people healthy and out of hospital. To achieve this, the Government delivers a comprehensive immunisation programme to protect people against harmful communicable diseases. It also continues to invest in public health programmes aimed at reducing Australia's growing rate of chronic disease caused by smoking, obesity, dietary risks, physical inactivity, and alcohol misuse. About one-third of Australia's burden of disease is due to these 'lifestyle' health risks, therefore continued investment in preventive health is vital to ensuring not only the health and wellbeing of Australian citizens, but also the long term sustainability of the health system.

Complementing this investment in preventive health is the Government's strengthening of the primary care system. Through Medicare, the Government provides subsidised access to GP, specialists, optometrical services and certain allied health services. And through the Pharmaceutical Benefits Scheme (PBS), Australians have access to subsidised medicines at affordable prices.

While state governments have primary responsibility for acute care services, the Australian Government provides vital funding to the system through Medicare and block funding for hospitals. The Government is introducing reforms to the system to increase the autonomy of state governments to manage their hospitals and health systems more effectively.

The Government is also investing innovation to improve the efficiency and effectiveness of health services and the health system. The Personally Controlled Electronic Health Record system will continue to be rolled out to improve the coordination of health care services. The Government is also making record investments in medical research to set Australia's health system up for the future. Properly funded and coordinated research, including clinical trials, is critical to finding new treatments and better systems of care.

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## E.6 List of attachment tables

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

<b>Table EA.1</b>	Total health expenditure, by broad source of funds (2012-13 dollars)
<b>Table EA.2</b>	Government recurrent health expenditure, by area of expenditure (2012-13 dollars)
<b>Table EA.3</b>	Non-government recurrent health expenditure by area of expenditure (2012-13 dollars)
<b>Table EA.4</b>	Recurrent health expenditure, by source of funds and area of expenditure, 2012-13
<b>Table EA.5</b>	Total health expenditure per person (2012-13 dollars)
<b>Table EA.6</b>	Recurrent health expenditure per person by source of funds (2012-13 dollars)
<b>Table EA.7</b>	Total health price index and industry-wide indexes (reference year 2012-13 = 100)
<b>Table EA.8</b>	Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status
<b>Table EA.9</b>	Birthweights, live births, all mothers, 2012
<b>Table EA.10</b>	Birthweights, live births, Aboriginal and Torres Strait Islander mothers, 2012
<b>Table EA.11</b>	Proportion of live-born singleton babies of low birthweight, by remoteness and SEIFA quintiles, and SEIFA deciles, National, 2012
<b>Table EA.12</b>	Proportion of adults and children in BMI categories
<b>Table EA.13</b>	Rate of overweight and obesity for adults and children, by remoteness
<b>Table EA.14</b>	Rates of overweight and obesity for adults and children, by SEIFA IRSD quintiles
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## E.7 References

- ABS (Australian Bureau of Statistics) 2014a, *Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results, 2012-13*, Cat. no. 4727.0.55.006, Canberra.
- 2014b, *Causes of Death Australia, 2012*, Cat. no. 3303.0, Canberra.
- 2014c, *Deaths Australia 2013*, Cat. no. 3302.0, Canberra.
- 2013a, *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13*, Cat. no. 4727.0.55.001, Canberra.
- 2013b, *Deaths Australia 2012*, Cat. no. 3302.0, Canberra.
- 2007, *Housing and Infrastructure in Aboriginal and Torres Strait Islander Communities 2006, Australia, (Reissue)*, Cat. no. 4710.0, Canberra.
- and AIHW (Australian Institute of Health and Welfare) 2008, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2008*, ABS Cat. no. 4704.0, Canberra.
- AHMAC (Australian Health Ministers' Advisory Council) 2012, *Aboriginal and Torres Strait Islander Health Performance Framework 2012 Report*, Canberra.

- 
- AIHW (Australian Institute of Health and Welfare) 2014a, *Health Expenditure Australia 2012-13*, Health and Welfare Expenditure Series no. 52. Cat. no. HWE 61, Canberra.
- Australia's health 2014*, Australia's health series no. 14, Cat. no. AUS 178, Canberra.
- 2014b, *Australia's health 2014*, Australia's health series no. 14, Cat. no. AUS 178, Canberra.
- 2014c, *Birthweight of babies born to Indigenous mothers*, Cat. no. IHW 138, Canberra.
- 2014d, *Medical Workforce 2013 Supplementary tables*, [www.aihw.gov.au/workforce/medical/additional](http://www.aihw.gov.au/workforce/medical/additional) (accessed 8 December 2014).
- 2014e, *Nursing and midwifery workforce 2013 Supplementary tables*, [www.aihw.gov.au/workforce/nursing-and-midwifery/additional/](http://www.aihw.gov.au/workforce/nursing-and-midwifery/additional/) (accessed 8 December 2014).
- 2013b, *Expenditure on health for Aboriginal and Torres Strait Islander people 2010-11*, Health and welfare expenditure series no. 48, Cat. no. HWE 57, Canberra.
- 2013c, *Health priority areas*, [www.aihw.gov.au/health-priority-areas/](http://www.aihw.gov.au/health-priority-areas/) (accessed 29 August 2013).
- 2013d, *Why are mortality data important?*, [www.aihw.gov.au/why-are-mortality-data-important/](http://www.aihw.gov.au/why-are-mortality-data-important/) (accessed 29 August 2013).
- 2013e, *Nursing and Midwifery Workforce 2012*, National health workforce series no. 6, Cat no. HWL 52, Canberra.
- 2012, *Australia's Health 2012*, Australia's health series no. 13, Cat. no. AUS 156, Canberra.
- 2011, *National outcome measures for early childhood development — development of an indicator based reporting framework*, Cat. no. PHE 134, Canberra.
- AIHW NPESU (National Perinatal Epidemiology and Statistics Unit) and AIHW 2013, *National core maternity indicators*, Cat. no. PER 58, Canberra.
- AMA (Australian Medical Association) 2001, *The Links Between Health and Education For Indigenous Australian Children*, [ama.com.au/node/508](http://ama.com.au/node/508) (accessed 12 October 2011).
- Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD 2007, *The burden of disease and injury in Australia 2003*. Cat. no. PHE 82. Canberra: AIHW.
- Better Health Channel 2013, *Fact sheet: Diabetes type 2*, [www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Diabetes\\_Type\\_2?open](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Diabetes_Type_2?open) (accessed 29 August 2013), Victorian Government, Melbourne.
- COAG 2011, *National Health Reform Agreement*, August 2011, Canberra, [www.coag.gov.au/docs/national\\_health\\_reform\\_agreement.pdf](http://www.coag.gov.au/docs/national_health_reform_agreement.pdf) (accessed 5 October 2011).

- 
- Coory and Baade 2003, *Is median age at death a useful way to monitor improvements in mortality among Indigenous Australians*, Australia New Zealand Journal of Public Health, 27: 627-31.
- Garner, G. 2006, *The ecology and inter-relationship between housing and health outcomes*, paper delivered to the International Conference on Infrastructure Development and the Environment, [eprints.qut.edu.au/7216/](http://eprints.qut.edu.au/7216/) (accessed 1 October 2011).
- Goldenberg RL & Culhane JF 2007. *Low birth weight in the United States*. American Journal of Clinical Nutrition 85, 2: 584S–90S.
- HealthInsite 2011, *Health effects of smoking*, [www.healthinsite.gov.au/topics/Health\\_Effects\\_of\\_Smoking](http://www.healthinsite.gov.au/topics/Health_Effects_of_Smoking), (accessed 30 September 2011).
- Li Z., Zeki R., Hilder L. and Sullivan E.A. 2013, *Australia's mothers and babies 2011*, Perinatal statistics series no. 28, Cat. no. PER 59, Canberra: AIHW National Perinatal Epidemiology and Statistics Unit.
- MCFRR (Ministerial Council for Federal Financial Relations) 2012, *National Healthcare Agreement*, Canberra, [www.federalfinancialrelations.gov.au/content/national\\_agreements.aspx](http://www.federalfinancialrelations.gov.au/content/national_agreements.aspx) (accessed 8 January 2014).
- NHISSC (National Health Information Standards and Statistics Committee) 2009, *National Health Performance Framework*, 2nd edn.
- NHMRC (National Health and Medical Research Council) 2009, *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, Commonwealth of Australia, Canberra.
- 2013, *Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults, Adolescents and Children in Australia (2013)*, Canberra.
- NPHT (National Preventative Health Taskforce) 2009, *Australia: The Healthiest Country by 2020 – National Preventative Health Strategy – Overview*, Commonwealth of Australia, Canberra.
- SCRGSP (Steering Committee for the Review of Government Service Provision) 2012, *National Agreement performance information 2011-12: National Healthcare Agreement*, Productivity Commission, Canberra.
- 2014, *Overcoming Indigenous Disadvantage: Key Indicators 2014*, Productivity Commission, Canberra.
- 2011, *Overcoming Indigenous Disadvantage: Key Indicators 2011*, Productivity Commission, Canberra.
- WHO (World Health Organization) 2000, *Obesity: Preventing and Managing the Global Epidemic*, WHO Technical Report Series No. 894, Geneva.
- Zhao, Y. Wright, J. Begg, S. and Guthridge, S. 2013, Decomposing Indigenous life expectancy gap by risk factors: a life table analysis. *Population Health Metrics* 2013, vol. 11, no. 1 ([www.pophealthmetrics.com/content/11/1/1](http://www.pophealthmetrics.com/content/11/1/1), accessed 22 November 2013).

# EA Health sector overview — attachment

Un sourced 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](http://www.pc.gov.au/gsp)).

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**Table EA.1 Total health expenditure, by broad source of funds (2012-13 dollars)  
(a), (b), (c)**

	<i>Unit</i>	<i>Australian Government</i> (d)	<i>State, Territory and local governments</i>	<i>Total government</i>	<i>Non-government</i> (d)	<i>Total</i>
<b>Expenditure</b>						
2003-04	\$m	40 647	23 090	63 737	29 222	<b>92 960</b>
2004-05	\$m	43 300	25 092	68 393	30 528	<b>98 921</b>
2005-06	\$m	43 440	26 775	70 215	31 263	<b>101 478</b>
2006-07	\$m	45 325	28 881	74 207	33 307	<b>107 513</b>
2007-08	\$m	49 976	30 011	79 987	34 609	<b>114 596</b>
2008-09	\$m	54 292	31 303	85 596	37 507	<b>123 103</b>
2009-10	\$m	56 009	33 946	89 955	38 353	<b>128 308</b>
2010-11	\$m	59 076	36 188	95 264	41 610	<b>136 874</b>
2011-12	\$m	62 513	39 208	101 721	43 454	<b>145 175</b>
2012-13	\$m	61 022	39 767	100 789	46 594	<b>147 384</b>
<b>Shares (e)</b>						
2003-04	%	43.7	24.8	68.6	31.4	<b>100.0</b>
2004-05	%	43.8	25.4	69.1	30.9	<b>100.0</b>
2005-06	%	42.8	26.4	69.2	30.8	<b>100.0</b>
2006-07	%	42.2	26.9	69.0	31.0	<b>100.0</b>
2007-08	%	43.6	26.2	69.8	30.2	<b>100.0</b>
2008-09	%	44.1	25.4	69.5	30.5	<b>100.0</b>
2009-10	%	43.7	26.5	70.1	29.9	<b>100.0</b>
2010-11	%	43.2	26.4	69.6	30.4	<b>100.0</b>
2011-12	%	43.1	27.0	70.1	29.9	<b>100.0</b>
2012-13	%	41.4	27.0	68.4	31.6	<b>100.0</b>

(a) Constant price health expenditure for 2003-04 to 2012-13 is expressed in terms of 2012-13 prices using a combination of deflators (see table EA.7).

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

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

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

(e) Data are derived.

*Source:* Australian Institute of Health and Welfare (AIHW) 2014, *Health Expenditure Australia 2012-13*, Health and Welfare Expenditure Series no. 52, Cat. no. HWE 61, Canberra.

TABLE EA.2

Table EA.2 Government recurrent health expenditure, by area of expenditure (2012-13 dollars) (a), (b), (c), (d)

	Unit	Hospitals		Primary health care					Other	Total
		Public hospitals (e)	Private hospitals	Unreferred Medical services	Dental services	Other health practitioners	Community health and other(f)	Medications	Other health (g)	Total government recurrent expenditure
Expenditure										
2003-04	\$m	26 192	3 032	5 586	1 093	881	4 340	5 862	14 944	61 929
2004-05	\$m	27 690	3 168	6 115	1 131	810	4 603	6 218	16 168	65 903
2005-06	\$m	28 837	3 217	5 910	1 157	849	4 777	6 288	16 471	67 505
2006-07	\$m	30 594	3 253	6 079	1 146	992	5 255	6 662	17 287	71 268
2007-08	\$m	32 589	3 524	6 727	1 330	1 252	5 806	7 230	18 915	77 373
2008-09	\$m	34 152	3 615	6 803	1 725	1 366	5 894	7 956	20 798	82 309
2009-10	\$m	35 716	3 957	7 291	1 969	1 510	6 024	8 574	21 357	86 397
2010-11	\$m	37 658	4 146	7 860	2 199	1 562	6 331	8 889	21 815	90 461
2011-12	\$m	39 686	4 436	8 015	2 433	1 645	7 034	9 152	23 454	95 855
2012-13	\$m	39 897	4 092	8 257	2 207	1 701	7 092	8 952	23 000	95 197
Shares (h)										
2003-04	%	42.3	4.9	9.0	1.8	1.4	7.0	9.5	24.1	100.0
2004-05	%	42.0	4.8	9.3	1.7	1.2	7.0	9.4	24.5	100.0
2005-06	%	42.7	4.8	8.8	1.7	1.3	7.1	9.3	24.4	100.0
2006-07	%	42.9	4.6	8.5	1.6	1.4	7.4	9.3	24.3	100.0
2007-08	%	42.1	4.6	8.7	1.7	1.6	7.5	9.3	24.4	100.0
2008-09	%	41.5	4.4	8.3	2.1	1.7	7.2	9.7	25.3	100.0
2009-10	%	41.3	4.6	8.4	2.3	1.7	7.0	9.9	24.7	100.0
2010-11	%	41.6	4.6	8.7	2.4	1.7	7.0	9.8	24.1	100.0
2011-12	%	41.4	4.6	8.4	2.5	1.7	7.3	9.5	24.5	100.0
2012-13	%	41.9	4.3	8.7	2.3	1.8	7.4	9.4	24.2	100.0

(a) Constant price health expenditure for 2003-04 to 2012-13 is expressed in terms of 2012-13 prices using a combination of deflators (see table EA.7).

Table EA.2 **Government recurrent health expenditure, by area of expenditure (2012-13 dollars) (a), (b), (c), (d)**

<i>Unit</i>	<i>Hospitals</i>		<i>Primary health care</i>				<i>Other</i>	<i>Total</i>
	<i>Public hospitals (e)</i>	<i>Private hospitals</i>	<i>Unreferred Medical services</i>	<i>Dental services</i>	<i>Other health practitioners</i>	<i>Community health and other(f) Medications</i>	<i>Other health (g)</i>	<b><i>Total government recurrent expenditure</i></b>

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

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

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

(e) Public hospital services exclude any dental services, community health services, patient transport services, public health and health research undertaken by the hospital. Can include services provided off the hospital site such as hospital in the home, dialysis or other services.

(f) 'Other' denotes 'other recurrent health services not elsewhere classified'.

(g) Other health data are derived and comprise patient transport services, referred medical services, public health, aids and appliances, other non-institutional health not elsewhere classified, administration and research.

Source: AIHW online health expenditure data cubes.

TABLE EA.3

Table EA.3 Non-government recurrent health expenditure by area of expenditure (2012-13 dollars) (a), (b), (c), (d), (e)

	Unit	Hospitals		Primary health care				Other	Total	
		Public hospitals (f)	Private hospitals	Unreferred Medical services	Dental services	Other health practitioners	Community health and other (g)	Medications	Other health (h)	Total non-government recurrent expenditure
Expenditure										
2003-04	\$m	1 699	4 822	1 635	5 066	2 623	398	4 609	5 954	26 806
2004-05	\$m	2 043	4 958	1 533	5 188	2 786	396	5 145	6 036	28 084
2005-06	\$m	2 143	5 004	1 474	5 252	2 872	401	5 379	6 238	28 764
2006-07	\$m	2 336	5 203	1 537	5 353	2 939	344	5 943	6 710	30 366
2007-08	\$m	2 525	5 353	1 673	5 305	2 803	373	6 436	7 063	31 531
2008-09	\$m	2 957	6 603	1 671	5 447	2 587	198	7 260	7 646	34 371
2009-10	\$m	3 024	6 797	1 698	5 939	2 698	273	7 704	7 945	36 078
2010-11	\$m	3 450	7 215	1 753	5 811	3 180	322	8 841	8 339	38 911
2011-12	\$m	3 602	7 382	1 808	6 044	3 263	273	9 556	8 578	40 506
2012-13	\$m	3 963	7 991	1 909	6 500	3 508	352	10 328	9 029	43 580
Shares (h)										
2003-04	%	6.3	18.0	6.1	18.9	9.8	1.5	17.2	22.2	100.0
2004-05	%	7.3	17.7	5.5	18.5	9.9	1.4	18.3	21.5	100.0
2005-06	%	7.5	17.4	5.1	18.3	10.0	1.4	18.7	21.7	100.0
2006-07	%	7.7	17.1	5.1	17.6	9.7	1.1	19.6	22.1	100.0
2007-08	%	8.0	17.0	5.3	16.8	8.9	1.2	20.4	22.4	100.0
2008-09	%	8.6	19.2	4.9	15.8	7.5	0.6	21.1	22.2	100.0
2009-10	%	8.4	18.8	4.7	16.5	7.5	0.8	21.4	22.0	100.0
2010-11	%	8.9	18.5	4.5	14.9	8.2	0.8	22.7	21.4	100.0
2011-12	%	8.9	18.2	4.5	14.9	8.1	0.7	23.6	21.2	100.0
2012-13	%	9.1	18.3	4.4	14.9	8.1	0.8	23.7	20.7	100.0

Table EA.3 **Non-government recurrent health expenditure by area of expenditure (2012-13 dollars) (a), (b), (c), (d), (e)**

<i>Unit</i>	<i>Hospitals</i>		<i>Primary health care</i>				<i>Other</i>	<i>Total</i>
	<i>Public hospitals (f)</i>	<i>Private hospitals</i>	<i>Unreferred Medical services</i>	<i>Dental services</i>	<i>Other health practitioners</i>	<i>Community health and other (g) Medications</i>	<i>Other health (h)</i>	<b><i>Total non-government recurrent expenditure</i></b>

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

(b) Constant price health expenditure for 2003-04 to 2012-13 is expressed in terms of 2012-13 prices using a combination of deflators (see table EA.7).

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

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

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

(f) Public hospital services exclude any dental services, community health services, patient transport services, public health and health research undertaken by the hospital. Can include services provided off the hospital site such as hospital in the home, dialysis or other services.

(g) 'Other' denotes 'other recurrent health services not elsewhere classified'.

(h) Other health data are derived and comprise patient transport services, referred medical services, public health, aids and appliances, other non-institutional health not elsewhere classified, administration and research.

Source: AIHW online health expenditure data cubes.

TABLE EA.4

Table EA.4 Recurrent health expenditure, by source of funds and area of expenditure, 2012-13 (a), (b), (c), (d)

Area of expenditure	Unit	Government						Non-government				
		Australian Government						Private health insurance funds				
		DVA	Health and other	Health insurance premium rebates (e)	Total	State, Territory and local government	Total government	Individuals	Other (f)	Total non-government	Total	
<b>Expenditure</b>												
Hospitals	\$m	1 664	15 331	2 882	19 876	24 112	43 989	6 637	2 803	2 514	11 954	55 943
Public hospital services (g)	\$m	785	15 065	393	16 242	23 655	39 897	904	1 305	1 754	3 963	43 860
Private hospitals	\$m	879	266	2 489	3 635	457	4 092	5 733	1 497	760	7 991	12 083
Primary health care	\$m	1 608	20 255	915	22 779	7 463	30 242	2 108	18 517	2 080	22 706	52 948
Unreferred medical services	\$m	838	7 419	..	8 257	..	8 257	..	661	1 248	1 909	10 166
Dental services	\$m	100	843	606	1 550	657	2 207	1 396	5 066	37	6 500	8 706
Other health practitioners	\$m	241	1 160	287	1 688	13	1 701	661	2 426	422	3 508	5 209
Community health and other (h)	\$m	1	1 181	–	1 182	5 909	7 092	1	153	198	352	7 444
Public health	\$m	..	1 150	..	1 150	884	2 034	..	13	96	109	2 143
Benefit-paid pharmaceuticals	\$m	429	7 994	..	8 423	..	8 423	..	1 547	..	1 547	9 970
All other medications	\$m	..	507	22	529	..	529	50	8 651	80	8 781	9 309
Other	\$m	201	16 325	1 347	17 873	3 092	20 966	3 103	5 373	444	8 920	29 886
Patient transport services	\$m	157	56	85	298	2 067	2 364	195	353	100	648	3 012
Referred medical services	\$m	..	10 892	556	11 448	..	11 448	1 280	2 428	..	3 709	15 157
Aids and appliances	\$m	2	440	229	671	..	671	529	2 585	59	3 172	3 844
Administration	\$m	41	1 101	477	1 619	235	1 855	1 099	3	1	1 103	2 958
Research	\$m	1	3 836	..	3 837	790	4 627	..	4	284	288	4 915
<b>Total recurrent funding</b>	<b>\$m</b>	<b>3 474</b>	<b>51 911</b>	<b>5 144</b>	<b>60 529</b>	<b>34 668</b>	<b>95 197</b>	<b>11 849</b>	<b>26 693</b>	<b>5 039</b>	<b>43 580</b>	<b>138 777</b>

TABLE EA.4

Table EA.4 Recurrent health expenditure, by source of funds and area of expenditure, 2012-13 (a), (b), (c), (d)

Area of expenditure	Unit	Government						Non-government				
		DVA	Australian Government			State, Territory and local government	Total government	Private health insurance funds			Total non- government	
			Health and other	Health insurance premium rebates (e)	Total			Individuals	Other (f)			
Share of expenditure (i)												
Hospitals	%	3.0	27.4	5.2	35.5	43.1	78.6	11.9	5.0	4.5	21.4	100.0
Public hospital services (g)	%	1.8	34.3	0.9	37.0	53.9	91.0	2.1	3.0	4.0	9.0	100.0
Private hospitals	%	7.3	2.2	20.6	30.1	3.8	33.9	47.4	12.4	6.3	66.1	100.0
Primary health care	%	3.0	38.3	1.7	43.0	14.1	57.1	4.0	35.0	3.9	42.9	100.0
Unreferred medical services	%	8.2	73.0	..	81.2	..	81.2	..	6.5	12.3	18.8	100.0
Dental services	%	1.1	9.7	7.0	17.8	7.5	25.4	16.0	58.2	0.4	74.7	100.0
Other health practitioners	%	4.6	22.3	5.5	32.4	0.2	32.7	12.7	46.6	8.1	67.3	100.0
Community health and other (h)	%	–	15.9	–	15.9	79.4	95.3	–	2.1	2.7	4.7	100.0
Public health	%	..	53.7	..	53.7	41.3	94.9	..	0.6	4.5	5.1	100.0
Benefit-paid pharmaceuticals	%	4.3	80.2	..	84.5	..	84.5	..	15.5	..	15.5	100.0
All other medications	%	..	5.4	0.2	5.7	..	5.7	0.5	92.9	0.9	94.3	100.0
Other	%	0.7	54.6	4.5	59.8	10.3	70.2	10.4	18.0	1.5	29.8	100.0
Patient transport services	%	5.2	1.9	2.8	9.9	68.6	78.5	6.5	11.7	3.3	21.5	100.0
Referred medical services	%	..	71.9	3.7	75.5	..	75.5	8.4	16.0	..	24.5	100.0
Aids and appliances	%	0.1	11.4	6.0	17.5	..	17.5	13.8	67.2	1.5	82.5	100.0
Administration	%	1.4	37.2	16.1	54.7	7.9	62.7	37.2	0.1	–	37.3	100.0
Research	%	–	78.0	..	78.1	16.1	94.1	..	0.1	5.8	5.9	100.0
<b>Total recurrent funding</b>	<b>%</b>	<b>2.5</b>	<b>37.4</b>	<b>3.7</b>	<b>43.6</b>	<b>25.0</b>	<b>68.6</b>	<b>8.5</b>	<b>19.2</b>	<b>3.6</b>	<b>31.4</b>	<b>100.0</b>

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

Table EA.4 Recurrent health expenditure, by source of funds and area of expenditure, 2012-13 (a), (b), (c), (d)

Area of expenditure	Unit	Government					Non-government				Total
		DVA	Australian Government			Total government	Non-government				
			Health and other	Health insurance premium rebates (e)	State, Territory and local government		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) Data exclude expenditure on high level residential aged care.

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

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

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

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

(h) 'Other' denotes 'other recurrent health services not elsewhere classified'.

(i) Data are derived.

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

Source: AIHW 2014, *Health Expenditure Australia 2012-13*, Health and Welfare Expenditure Series no. 52, Cat. no. HWE 61, Canberra.

Table EA.5 **Total recurrent health expenditure per person (2012-13 dollars) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>
2003-04	4 522	4 446	4 231	4 605	4 583	4 140	5 366	5 559	4 476
2004-05	4 793	4 606	4 389	4 815	4 879	4 269	5 677	5 777	4 689
2005-06	4 757	4 678	4 582	4 789	4 929	4 433	5 661	6 102	4 740
2006-07	4 917	4 826	4 867	5 014	5 042	4 629	5 937	6 278	4 928
2007-08	5 124	5 025	5 153	5 322	5 448	5 114	6 103	6 785	5 183
2008-09	5 368	5 285	5 433	5 499	5 720	5 339	6 303	7 156	5 434
2009-10	5 534	5 544	5 639	5 467	5 901	5 390	6 322	6 935	5 602
2010-11	5 707	5 810	5 804	5 813	6 160	5 801	6 686	7 741	5 836
2011-12	5 918	5 979	6 095	5 925	6 427	5 979	7 018	8 757	6 056
2012-13	5 977	5 985	6 101	5 909	6 302	5 912	6 761	8 202	6 055

(a) Constant price health expenditure for 2003-04 to 2012-13 is expressed in terms of 2012-13 prices using a combination of deflators (see table EA.7).

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

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

**np** Not published.

Source: AIHW online health expenditure data cubes.

Table EA.6 **Recurrent health expenditure per person by source of funds (2012-13 dollars) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>
Government recurrent health expenditure									
2003-04	3 157	2 944	3 039	3 241	3 314	2 943	3 861	4 627	3 124
2004-05	3 381	3 049	3 134	3 393	3 596	3 080	4 107	4 813	3 288
2005-06	3 366	3 094	3 288	3 328	3 609	3 197	4 152	5 028	3 324
2006-07	3 459	3 178	3 497	3 509	3 761	3 348	4 388	5 204	3 455
2007-08	3 626	3 420	3 750	3 705	4 077	3 763	4 617	5 668	3 682
2008-09	3 774	3 559	3 926	3 783	4 280	3 870	4 851	6 008	3 833
2009-10	3 880	3 720	4 094	3 757	4 430	4 042	4 901	5 841	3 952
2010-11	3 969	3 867	4 169	3 969	4 565	4 280	5 110	6 581	4 081
2011-12	4 140	3 955	4 393	4 183	4 803	4 220	5 449	7 535	4 257
2012-13	4 077	3 909	4 304	4 012	4 561	4 041	5 016	6 903	4 153
Non-government recurrent health expenditure									
2003-04	1 364	1 502	1 192	1 364	1 269	1 197	1 506	932	1 352
2004-05	1 412	1 557	1 255	1 422	1 283	1 189	1 570	964	1 401
2005-06	1 391	1 584	1 294	1 460	1 319	1 236	1 509	1 075	1 416
2006-07	1 458	1 648	1 369	1 504	1 281	1 280	1 549	1 074	1 472
2007-08	1 497	1 605	1 403	1 618	1 371	1 352	1 487	1 117	1 501
2008-09	1 594	1 726	1 507	1 716	1 440	1 468	1 452	1 149	1 601
2009-10	1 654	1 825	1 546	1 710	1 472	1 348	1 421	1 094	1 650
2010-11	1 738	1 943	1 635	1 844	1 595	1 521	1 576	1 160	1 755
2011-12	1 778	2 024	1 701	1 742	1 624	1 759	1 569	1 222	1 799
2012-13	1 900	2 075	1 797	1 896	1 741	1 871	1 745	1 299	1 901
Total recurrent health expenditure									
2003-04	4 522	4 446	4 231	4 605	4 583	4 139	5 366	5 559	4 476
2004-05	4 793	4 606	4 389	4 815	4 879	4 268	5 677	5 775	4 689
2005-06	4 757	4 678	4 582	4 789	4 929	4 432	5 661	6 101	4 740
2006-07	4 917	4 826	4 867	5 013	5 042	4 628	5 937	6 280	4 928
2007-08	5 123	5 025	5 153	5 322	5 448	5 115	6 103	6 783	5 183
2008-09	5 368	5 285	5 433	5 499	5 720	5 339	6 303	7 157	5 434
2009-10	5 534	5 544	5 639	5 466	5 901	5 389	6 322	6 934	5 602
2010-11	5 707	5 809	5 804	5 813	6 160	5 802	6 686	7 743	5 836
2011-12	5 918	5 979	6 095	5 925	6 427	5 979	7 018	8 755	6 056
2012-13	5 977	5 985	6 101	5 908	6 303	5 912	6 761	8 201	6 055

(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 2003-04 to 2012-13 is expressed in terms of 2012-13 prices using a combination of deflators (see table EA.7).

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

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

**np** Not published.

Source: AIHW online health expenditure data cubes.

TABLE EA.7

Table EA.7 **Total health price index and industry-wide indexes (reference year 2012-13 = 100)**

	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
Total health price index (a)	79.1	81.9	85.4	88.3	90.4	93.0	95.2	96.2	97.8	100.0
Government final consumption expenditure on hospitals and nursing homes	76.0	78.0	81.6	84.8	87.4	90.2	93.6	94.9	97.2	100.0
Medicare medical services fees charged (b)	75.5	81.4	85.9	88.6	89.4	92.9	94.7	96.1	97.7	100.0
Dental services (a)	75.7	80.5	83.8	88.5	92.0	95.2	97.6	98.5	98.5	100.0
Other health practitioners (a)	75.7	77.9	81.6	83.3	83.2	86.7	88.9	91.8	96.8	100.0
Professional health workers wage rates	71.5	74.2	77.5	81.0	84.0	87.2	90.7	94.0	96.7	100.0
PBS pharmaceuticals (a)	99.6	99.7	99.7	99.7	99.7	100.0	100.1	100.1	100.1	100.0
HFCE on chemist goods	97.1	97.8	98.9	101.8	102.2	100.6	101.7	99.7	98.6	100.0
Aids and appliances (a)	104.5	107.2	110.1	112.4	115.5	113.6	108.1	102.1	100.1	100.0
Australian Government gross fixed capital formation	87.4	87.8	98.2	96.6	102.9	106.4	103.5	101.5	100.4	100.0
State, territory and local government gross fixed capital formation	76.4	78.9	88.3	89.4	97.5	101.4	98.8	99.6	100.4	100.0
Private gross fixed capital formation	89.2	91.2	92.8	95.3	97.0	99.0	98.8	99.6	99.2	100.0
Gross domestic product	73.0	75.7	79.5	83.5	87.3	91.6	92.5	98.2	100.1	100.0

(a) Implicit Price Deflator, constructed by AIHW

(b) Chain price index, constructed by the AIHW

Source: AIHW 2014, *Health Expenditure Australia 2012-13*, Health and Welfare Expenditure Series no. 52, Cat. no. HWE 61, Canberra.

TABLE EA.8

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

	<i>unit</i>	<i>NSW</i>	<i>Vic (g)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas(h)</i>	<i>ACT(h)</i>	<i>NT</i>	<i>Aust</i>
<b>2008</b>										
Proportion low birthweight babies born to										
Aboriginal and Torres Strait Islander mothers	%	10.4	13.1	8.9	14.0	12.4	9.2	10.0	13.7	11.2
Non-Indigenous mothers	%	4.3	4.5	4.4	4.3	4.6	5.0	3.7	4.1	4.4
<b>Total (i)</b>	<b>%</b>	<b>4.5</b>	<b>4.6</b>	<b>4.6</b>	<b>4.9</b>	<b>4.8</b>	<b>5.2</b>	<b>3.8</b>	<b>7.6</b>	<b>4.7</b>
Number of low birthweight babies born to										
Aboriginal and Torres Strait Islander mothers	no.	314	85	294	233	75	26	7	184	1 218
Non-Indigenous mothers	no.	3 947	3 067	2 445	1 213	849	298	166	98	12 083
<b>Total (i)</b>	<b>no.</b>	<b>4 280</b>	<b>3 155</b>	<b>2 742</b>	<b>1 446</b>	<b>924</b>	<b>324</b>	<b>174</b>	<b>282</b>	<b>13 327</b>
Variability bands for rate										
Aboriginal and Torres Strait Islander mothers	no.	1.1	2.6	1.0	1.7	2.6	3.4	7.0	1.8	0.6
Non-Indigenous mothers	no.	0.1	0.2	0.2	0.2	0.3	0.6	0.5	0.8	0.1
<b>Total (i)</b>	<b>no.</b>	<b>0.1</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.3</b>	<b>0.6</b>	<b>0.5</b>	<b>0.8</b>	<b>0.1</b>
<b>2009</b>										
Proportion low birthweight babies born to										
Aboriginal and Torres Strait Islander mothers	%	10.0	12.2	9.8	13.0	10.4	8.3	13.9	12.5	10.9
Non-Indigenous mothers	%	4.2	4.6	4.7	4.3	5.0	5.0	3.7	5.0	4.5
<b>Total (i)</b>	<b>%</b>	<b>4.4</b>	<b>4.7</b>	<b>4.9</b>	<b>4.8</b>	<b>5.1</b>	<b>5.1</b>	<b>3.8</b>	<b>7.7</b>	<b>4.7</b>
Number of low birthweight babies born to										
Aboriginal and Torres Strait Islander mothers	no.	294	91	320	223	63	23	11	174	1 199
Non-Indigenous mothers	no.	3 813	3 076	2 637	1 221	921	290	172	117	12 247
<b>Total (i)</b>	<b>no.</b>	<b>4 124</b>	<b>3 231</b>	<b>2 961</b>	<b>1 444</b>	<b>984</b>	<b>313</b>	<b>184</b>	<b>291</b>	<b>13 532</b>
Variability bands for rate										
Aboriginal and Torres Strait Islander mothers	no.	1.1	2.4	1.0	1.6	2.4	3.3	7.6	1.7	0.6
Non-Indigenous mothers	no.	0.1	0.2	0.2	0.2	0.3	0.6	0.5	0.9	0.1
<b>Total (i)</b>	<b>no.</b>	<b>0.1</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.3</b>	<b>0.6</b>	<b>0.5</b>	<b>0.9</b>	<b>0.1</b>
<b>2010</b>										
Proportion low birthweight babies born to										
Aboriginal and Torres Strait Islander mothers	%	10.0	10.0	10.1	12.3	12.7	6.6	12.7	12.4	10.7
Non-Indigenous mothers	%	4.2	4.8	4.6	4.3	4.8	5.5	4.3	4.4	4.5
<b>Total (i)</b>	<b>%</b>	<b>4.4</b>	<b>4.8</b>	<b>4.9</b>	<b>4.7</b>	<b>5.0</b>	<b>5.5</b>	<b>4.4</b>	<b>7.3</b>	<b>4.8</b>
Number of low birthweight babies born to										
Aboriginal and Torres Strait Islander mothers	no.	312	78	344	204	81	15	8	163	1 205
Non-Indigenous mothers	no.	3 841	3 255	2 585	1 227	881	309	205	104	12 407
<b>Total (i)</b>	<b>no.</b>	<b>4 172</b>	<b>3 359</b>	<b>2 929</b>	<b>1 431</b>	<b>962</b>	<b>326</b>	<b>213</b>	<b>271</b>	<b>13 663</b>

TABLE EA.8

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

	<i>unit</i>	<i>NSW</i>	<i>Vic (g)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas(h)</i>	<i>ACT(h)</i>	<i>NT</i>	<i>Aust</i>
Variability bands for rate										
Aboriginal and Torres Strait Islander mothers	no.	1.0	2.1	1.0	1.6	2.6	3.2	8.2	1.8	0.6
Non-Indigenous mothers	no.	0.1	0.2	0.2	0.2	0.3	0.6	0.6	0.8	0.1
<b>Total (i)</b>	<b>no.</b>	<b>0.1</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.3</b>	<b>0.6</b>	<b>0.6</b>	<b>0.8</b>	<b>0.1</b>
2011										
Proportion low birthweight babies born to										
Aboriginal and Torres Strait Islander mothers	%	10.7	10.9	10.0	11.9	11.5	10.8	13.5	14.5	11.2
Non-Indigenous mothers	%	4.4	4.7	4.4	4.3	5.2	5.8	4.6	4.8	4.6
<b>Total (i)</b>	<b>%</b>	<b>4.6</b>	<b>4.8</b>	<b>4.7</b>	<b>4.7</b>	<b>5.5</b>	<b>6.0</b>	<b>4.8</b>	<b>8.2</b>	<b>4.8</b>
Number of low birthweight babies born to										
Aboriginal and Torres Strait Islander mothers	no.	322	89	354	198	78	31	10	193	1 275
Non-Indigenous mothers	no.	4 038	3 212	2 492	1 266	989	328	216	116	12 657
<b>Total (i)</b>	<b>no.</b>	<b>4 379</b>	<b>3 322</b>	<b>2 849</b>	<b>1 464</b>	<b>1 067</b>	<b>368</b>	<b>227</b>	<b>309</b>	<b>13 985</b>
Variability bands for rate										
Aboriginal and Torres Strait Islander mothers	no.	1.1	2.1	1.0	1.6	2.4	3.6	7.8	1.9	0.6
Non-Indigenous mothers	no.	0.1	0.2	0.2	0.2	0.3	0.6	0.6	0.8	0.1
<b>Total (i)</b>	<b>no.</b>	<b>0.1</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.3</b>	<b>0.6</b>	<b>0.6</b>	<b>0.9</b>	<b>0.1</b>
2012										
Proportion low birthweight babies born to										
Aboriginal and Torres Strait Islander mothers	%	9.4	9.3	9.6	13.2	11.9	9.2	6.7	12.9	10.5
Non-Indigenous mothers	%	4.4	4.5	4.6	4.3	5.2	5.6	4.4	4.2	4.5
<b>Total (i)</b>	<b>%</b>	<b>4.5</b>	<b>4.6</b>	<b>4.9</b>	<b>4.8</b>	<b>5.4</b>	<b>5.7</b>	<b>4.5</b>	<b>7.2</b>	<b>4.8</b>
Number of low birthweight babies born to										
Aboriginal and Torres Strait Islander mothers	no.	316	81	358	211	79	27	6	174	1 252
Non-Indigenous mothers	no.	4 121	3 267	2 685	1 347	998	297	221	108	13 044
<b>Total (i)</b>	<b>no.</b>	<b>4 445</b>	<b>3 372</b>	<b>3 045</b>	<b>1 558</b>	<b>1 077</b>	<b>330</b>	<b>228</b>	<b>282</b>	<b>14 337</b>
Variability bands for rate										
Aboriginal and Torres Strait Islander mothers	no.	1.0	2.0	1.0	1.8	2.6	3.5	5.3	1.9	0.6
Non-Indigenous mothers	no.	0.1	0.2	0.2	0.2	0.3	0.6	0.6	0.8	0.1
<b>Total (i)</b>	<b>no.</b>	<b>0.1</b>	<b>0.2</b>	<b>0.2</b>	<b>0.2</b>	<b>0.3</b>	<b>0.6</b>	<b>0.6</b>	<b>0.8</b>	<b>0.1</b>

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

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

(c) Allocation to State/Territory is by place of usual residence of the mother.

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

	<i>unit</i>	<i>NSW</i>	<i>Vic (g)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas(h)</i>	<i>ACT(h)</i>	<i>NT</i>	<i>Aust</i>
(d)	Data excludes Australian non-residents, residents of external territories and where State/Territory of residence was not stated.									
(e)	Data relate to live births. Excludes stillbirths and multiple births. Births were included if they were at least 20 weeks gestation or at least 400 grams birthweight.									
(f)	Data quality information for some data in this table can be found at <a href="http://www.pc.gov.au/rogs/2015">www.pc.gov.au/rogs/2015</a> .									
(g)	Data for Victoria are provisional and subject to vary with data quality activities. Further minor changes to the data are not foreseen to produce any detectable change to the indicator.									
(h)	Birthweight data on babies born to Aboriginal and Torres Strait Islander mothers residing in the ACT and Tasmania should be viewed with caution as they are based on small numbers of births.									
(i)	Includes births to mothers whose Aboriginal and Torres Strait Islander status was not stated.									
<i>Source:</i> AIHW unpublished, National Perinatal Data Collection.										

TABLE EA.9

Table EA.9 **Birthweights, live births, all mothers, 2012 (a), (b)**

	Unit	NSW	Vic (c)	Qld	WA	SA	Tas	ACT (d)	NT	Aust
Mean birthweight	grams	3 369	3 369	3 380	3 352	3 338	3 382	3 352	3 303	3 367
Number of babies by birthweight										
Less than 1000g	no.	370	336	290	122	95	29	34	23	1 299
1000–1499g	no.	486	437	396	185	141	47	51	29	1 772
1500–1999g	no.	1 120	967	855	390	317	69	92	64	3 874
2000–2499g	no.	3 668	2 993	2 610	1 344	927	276	266	214	12 298
2500–2999g	no.	15 309	11 971	9 168	5 324	3 176	827	860	710	47 345
3000–3499g	no.	36 580	28 032	22 172	12 597	7 499	1 995	2 211	1 442	112 528
3500–3999g	no.	30 139	23 726	19 926	10 241	6 151	1 891	1 766	1 095	94 935
4000–4499g	no.	9 565	7 851	6 561	2 957	1 908	630	604	357	30 433
4500g and over	no.	1 615	1 287	1 266	465	314	131	110	69	5 257
Not stated	no.	20	94	6	–	–	–	–	–	120
<b>All births</b>	<b>no.</b>	<b>98 872</b>	<b>77 694</b>	<b>63 250</b>	<b>33 625</b>	<b>20 528</b>	<b>5 895</b>	<b>5 994</b>	<b>4 003</b>	<b>309 861</b>
<i>Less than 1500g</i>	<i>no.</i>	<i>856</i>	<i>773</i>	<i>686</i>	<i>307</i>	<i>236</i>	<i>76</i>	<i>85</i>	<i>52</i>	<i>3 071</i>
<i>Less than 2500g</i>	<i>no.</i>	<i>5 644</i>	<i>4 733</i>	<i>4 151</i>	<i>2 041</i>	<i>1 480</i>	<i>421</i>	<i>443</i>	<i>330</i>	<i>19 243</i>
Proportion of babies by birthweight										
Less than 1000g	%	0.4	0.4	0.5	0.4	0.5	0.5	0.6	0.6	0.4
1000–1499g	%	0.5	0.6	0.6	0.6	0.7	0.8	0.9	0.7	0.6
1500–1999g	%	1.1	1.2	1.4	1.2	1.5	1.2	1.5	1.6	1.3
2000–2499g	%	3.7	3.9	4.1	4.0	4.5	4.7	4.4	5.3	4.0
2500–2999g	%	15.5	15.4	14.5	15.8	15.5	14.0	14.3	17.7	15.3
3000–3499g	%	37.0	36.1	35.1	37.5	36.5	33.8	36.9	36.0	36.3
3500–3999g	%	30.5	30.5	31.5	30.5	30.0	32.1	29.5	27.4	30.6
4000–4499g	%	9.7	10.1	10.4	8.8	9.3	10.7	10.1	8.9	9.8
4500g and over	%	1.6	1.7	2.0	1.4	1.5	2.2	1.8	1.7	1.7
Not stated	%	–	0.1	–	–	–	–	–	–	–
<b>All births</b>	<b>%</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>Less than 1500g (c)</i>	<i>%</i>	<i>0.9</i>	<i>1.0</i>	<i>1.1</i>	<i>0.9</i>	<i>1.1</i>	<i>1.3</i>	<i>1.4</i>	<i>1.3</i>	<i>1.0</i>
<i>Less than 2500g (c)</i>	<i>%</i>	<i>5.7</i>	<i>6.1</i>	<i>6.6</i>	<i>6.1</i>	<i>7.2</i>	<i>7.1</i>	<i>7.4</i>	<i>8.2</i>	<i>6.2</i>

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

(b) Allocation to State/Territory is by birthplace of the baby.

(c) Data for Victoria are provisional data.

(d) Non-ACT residents made up 14.2 per cent of women who gave birth in the ACT in 2012. Care must be taken when interpreting percentages for the ACT. For example, the proportion of live births of ACT residents who gave birth in the ACT where the birthweight was less than 1500 grams was 1.1 per cent, and where the birthweight was less than 2500 grams the proportion was 5.9 per cent.

– Nil or rounded to zero.

Source: Hilder L., Zhichao Z., Parker M., Jahan S. and Chambers G.M., 2014, *Australia's mothers and babies 2012*, Perinatal statistics series no. 30, Cat. no. PER 69, Sydney: AIHW National Perinatal Epidemiology and Statistics Unit.

Table EA.10 **Birthweights, live births, Aboriginal and Torres Strait Islander mothers, 2012 (a), (b)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic (c)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>
Mean birthweight	grams	3 245	3 298	3 233	3 128	3 131	3 313	3 133	3 128	3 211
Number of babies by birthweight										
Less than 1500g	no.	56	10	76	43	26	n.p.	<5	36	257
1500–2499g	no.	297	81	351	193	72	n.p.	n.p.	158	1 193
2500–2999g	no.	674	168	765	362	139	45	27	357	2 537
3000–3499g	no.	1 134	322	1 307	562	225	103	39	469	4 161
3500–3999g	no.	858	267	986	352	141	86	30	301	3 021
4000–4499g	no.	282	91	308	96	53	29	7	82	948
4500g and over	no.	66	12	65	21	7	5	–	21	197
Not stated	no.	–	–	–	–	–	–	–	–	–
<b>All births</b>	<b>no.</b>	<b>3 367</b>	<b>951</b>	<b>3 858</b>	<b>1 629</b>	<b>663</b>	<b>301</b>	<b>121</b>	<b>1 424</b>	<b>12 314</b>
<i>Less than 2500g</i>	<i>no.</i>	<i>353</i>	<i>91</i>	<i>427</i>	<i>236</i>	<i>98</i>	<i>33</i>	<i>18</i>	<i>194</i>	<i>1 450</i>
Proportion of babies by birthweight										
Less than 1500g	%	1.7	1.1	2.0	2.6	3.9	n.p.	n.p.	2.5	2.1
1500–2499g	%	8.8	8.5	9.1	11.8	10.9	n.p.	n.p.	11.1	9.7
2500–2999g	%	20.0	17.7	19.8	22.2	21.0	15.0	22.3	25.1	20.6
3000–3499g	%	33.7	33.9	33.9	34.5	33.9	34.2	32.2	32.9	33.8
3500–3999g	%	25.5	28.1	25.6	21.6	21.3	28.6	24.8	21.1	24.5
4000–4499g	%	8.4	9.6	8.0	5.9	8.0	9.6	5.8	5.8	7.7
4500g and over	%	2.0	1.3	1.7	1.3	1.1	1.7	–	1.5	1.6
Not stated	%	–	–	–	–	–	–	–	–	–
<b>All births</b>	<b>%</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<i>Less than 2500g (c)</i>	<i>%</i>	<i>10.5</i>	<i>9.6</i>	<i>11.1</i>	<i>14.5</i>	<i>14.8</i>	<i>11.0</i>	<i>14.9</i>	<i>13.6</i>	<i>11.8</i>

(a) This table cannot be compared with birthweight for all births to Aboriginal and Torres Strait Islander women in previous reports.

(b) Allocation to State/Territory is by birthplace of the baby.

(c) Data for Victoria are provisional data.

(d) Of Aboriginal and Torres Strait Islander women who gave birth in the ACT in 2012, 24.2 per cent were non-ACT residents. Care must be taken when interpreting percentages for the ACT. For example, the proportion of liveborn babies born in the ACT in 2012 to Aboriginal and Torres Strait Islander women resident in the ACT where the birthweight was less than 2500 grams was 6.5 per cent.

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

Source: Hilder L., Zhichao Z., Parker M., Jahan S. and Chambers G.M., 2014, *Australia's mothers and babies 2012*, Perinatal statistics series no. 30, Cat. no. PER 69, Sydney: AIHW National Perinatal Epidemiology and Statistics Unit.

**Table EA.11 Proportion of live-born singleton babies of low birthweight, by remoteness and SEIFA quintiles, and SEIFA deciles, National, 2012 (a), (b), (c), (d)**

	<i>Aust %</i>	<i>Variability band +</i>	<i>Aust no.</i>
Remoteness of residence (e)			
Major cities	4.6	0.1	9 726
Inner regional	5.0	0.2	2 550
Outer regional	5.2	0.3	1 262
Remote	6.3	0.8	258
Very remote	7.7	1.0	222
SEIFA of residence (f)			
Decile 1	6.3	0.3	2 148
Decile 2	5.5	0.3	1 536
Decile 3	5.4	0.3	1 553
Decile 4	5.0	0.3	1 429
Decile 5	4.8	0.3	1 374
Decile 6	4.4	0.2	1 303
Decile 7	4.1	0.2	1 210
Decile 8	4.4	0.2	1 289
Decile 9	4.0	0.2	1 218
Decile 10	3.8	0.2	957
<b>Total (g)</b>	<b>4.8</b>	<b>0.1</b>	<b>14 337</b>

- (a) Low birthweight is defined as less than 2500 grams.
- (b) Excludes multiple births, stillbirths and births with unknown birthweight. Births were included if they were at least 20 weeks gestation or, if gestation was not known, at least 400 grams birthweight.
- (c) Data excludes Australian non-residents, residents of external territories and where State/Territory of residence was not stated.
- (d) Data quality information for some data in this table can be found at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).
- (e) Disaggregation by remoteness area is by place of usual residence of the mother, not by place of birth.
- (f) SEIFA (Socio-Economic Indexes for Areas) deciles are based on the ABS (Australian Bureau of Statistics) IRSD (Index of Relative Socio-economic Disadvantage), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Disaggregation by SEIFA is based on the place of usual residence of the mother, not the place of birth.
- (g) Total includes number of babies for which remoteness areas and/or SEIFA categories for the mothers could not be assigned.

Source: AIHW (unpublished) National Perinatal Data Collection.

TABLE EA.12

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

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT(g), (h)</i>	<i>Aust</i>
<b>Adults</b>										
2007-08										
Underweight	%	1.8	1.5	3.1	1.4	2.3	2.1	1.1	–	2.0
Conf. Inter.	±	0.7	0.6	1.4	0.6	0.9	1.2	0.7	–	0.4
Normal weight	%	37.6	37.5	35.7	35.6	36.9	35.2	39.8	36.8	36.9
Conf. Inter.	±	2.4	2.6	2.5	3.2	2.5	3.3	3.0	19.4	1.2
Overweight	%	37.1	36.5	36.1	37.4	37.1	36.2	34.2	30.4	36.7
Conf. Inter.	±	2.4	2.3	2.5	3.0	2.6	3.1	2.8	11.2	1.2
Obese	%	23.4	24.5	25.0	25.6	23.7	26.5	24.8	32.8	24.4
Conf. Inter.	±	2.2	2.4	2.4	3.2	2.2	3.2	2.5	17.9	1.1
2011-12 (h)										
Underweight	%	1.9	1.5	1.8	1.3	1.3	1.0	0.6	2.3	1.6
Conf. Inter.	±	0.5	0.6	0.5	0.5	0.5	0.6	0.4	1.1	0.2
Normal weight	%	36.9	37.5	33.6	33.1	33.1	35.7	36.4	34.9	35.7
Conf. Inter.	±	1.6	1.8	2.0	1.8	1.8	2.1	2.8	3.0	0.9
Overweight	%	35.0	35.5	34.7	37.3	36.5	36.0	37.8	34.9	35.5
Conf. Inter.	±	1.5	1.8	1.7	1.9	1.8	1.9	2.2	3.4	0.7
Obese	%	26.2	25.6	30.0	28.2	29.2	27.2	25.2	27.9	27.2
Conf. Inter.	±	1.6	1.8	1.6	2.0	1.8	2.3	2.2	2.7	0.8
<b>Children</b>										
2007-08										
Underweight	%	7.8	6.3	10.2	6.9	6.2	4.1	3.3	np	7.5
Conf. Inter.	±	2.6	2.8	3.5	3.3	3.3	3.5	1.8	np	1.4
Normal weight	%	68.8	68.5	62.9	68.1	68.1	77.2	75.8	88.4	67.7
Conf. Inter.	±	4.7	5.1	6.4	6.1	8.2	7.1	5.1	52.1	2.9
Overweight	%	15.0	18.9	18.0	19.6	18.4	12.1	np	np	17.2
Conf. Inter.	±	3.7	4.4	5.3	5.4	6.4	5.4	np	np	2.1
Obese	%	8.5	6.3	8.9	5.4	7.3	6.6	np	np	7.5
Conf. Inter.	±	3.3	2.5	4.0	2.8	4.5	3.9	np	np	1.7
2011-12 (h)										
Underweight	%	4.2	4.6	6.9	5.5	4.4	5.0	4.6	9.9	5.1
Conf. Inter.	±	1.3	1.3	1.9	1.8	1.7	2.1	2.0	4.0	0.6
Normal weight	%	70.6	71.8	67.2	66.8	72.0	69.7	70.0	64.9	69.8
Conf. Inter.	±	3.6	3.2	3.5	3.4	4.2	5.0	4.4	6.1	1.7
Overweight	%	18.5	17.8	17.4	21.1	16.6	16.9	19.5	17.4	18.2
Conf. Inter.	±	2.8	3.1	2.6	2.8	3.5	3.5	4.1	4.5	1.3
Obese	%	6.7	5.8	8.5	6.6	7.0	8.5	5.9	7.8	6.9
Conf. Inter.	±	1.6	1.6	2.0	2.0	2.2	3.1	1.9	3.5	0.9
<b>Relative standard error for adults</b>										
2007-08										
Underweight	%	19.5	21.2	22.5	22.1	20.9	29.0	30.1	–	11.3
Normal weight	%	3.2	3.5	3.6	4.6	3.4	4.8	3.8	26.9	1.7

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

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT(g), (h)	Aust
Overweight	%	3.3	3.3	3.5	4.1	3.6	4.4	4.2	18.9	1.6
Obese	%	4.8	5.0	4.9	6.3	4.8	6.2	5.1	27.8	2.3
2011-12 (h)										
Underweight	%	13.6	20.9	14.3	19.5	19.7	28.3	33.9	24.1	7.7
Normal weight	%	2.2	2.5	3.0	2.8	2.7	3.0	3.9	4.3	1.3
Overweight	%	2.2	2.6	2.5	2.5	2.5	2.7	3.0	5.0	1.0
Obese	%	3.0	3.5	2.7	3.6	3.2	4.3	4.5	4.9	1.6
<b>Relative standard error for children</b>										
2007-08										
Underweight	%	17.0	22.7	17.3	24.2	26.6	43.2	27.1	np	9.5
Normal weight	%	3.5	3.8	5.2	4.6	6.1	4.7	3.4	30.1	2.2
Overweight	%	12.5	11.9	14.9	14.2	17.9	22.7	np	np	6.2
Obese	%	19.7	20.7	22.9	26.0	31.2	29.8	np	np	11.5
2011-12 (h)										
Underweight	%	15.2	13.8	13.8	16.7	19.0	21.2	22.4	20.5	5.8
Normal weight	%	2.6	2.3	2.6	2.6	2.9	3.7	3.2	4.8	1.2
Overweight	%	7.7	8.7	7.5	6.8	10.6	10.6	10.6	13.1	3.6
Obese	%	12.4	14.0	12.1	15.4	16.2	19.0	16.2	22.7	6.4

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

- (a) Adults are defined as persons aged 18 years or over. Children are defined as persons aged 5–17 years.
- (b) Body mass index (BMI) categories for adults are defined as: Underweight (BMI less than 18.5); Normal weight (BMI 18.5–24.9); Overweight (BMI 25.0–29.9); Obese (BMI 30.0 or over).
- (c) BMI categories for children are defined as BMI (appropriate for age and sex) that is likely to be equal to the BMI for the same adult category at age 18 years.
- (d) Data are calculated from measured height and weight. Data exclude those for whom measured height and weight were not available. Data are not comparable with data for 2004-05 that are based on self-reported height and weight.
- (e) Rates are age standardised by State and Territory, to the 2001 ERP (5 year ranges from 18 years for adults, selected ranges from 5–17 years for children).
- (f) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).
- (g) Data for the NT should be used with care as very remote areas were excluded from the Australian Health Survey, which translates to exclusion of around 23 per cent of the NT population.
- (h) Data for the NT for 2011-12 are not comparable with data for previous years due to the increase in sample size.

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

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

TABLE EA.13

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

	<i>Unit</i>	<i>NSW</i>	<i>Vic (f)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT (f), (g), (h)</i>	<i>Aust</i>
<b>Adults</b>										
2007-08										
Major cities	%	58.4	58.7	57.5	59.6	61.6	..	59.1	..	58.8
Conf. Inter.	±	2.7	3.0	3.9	3.8	2.8	..	3.0	..	1.4
Inner regional	%	64.4	66.8	66.4	72.7	51.1	60.8	np	..	66.2
Conf. Inter.	±	5.3	5.6	4.6	8.4	9.2	4.6	np	..	2.3
Outer regional	%	69.2	77.1	60.5	65.1	59.6	66.3	..	53.8	65.0
Conf. Inter.	±	10.0	14.5	8.1	13.4	22.8	6.2	..	17.6	4.5
Remote	%	53.0	np	64.2	73.3	61.7	81.3	..	52.9	64.0
Conf. Inter.	±	55.3	np	27.7	12.7	18.3	48.5	..	38.2	12.2
Very remote	%	na	..	na	na	na	na	..	na	na
Conf. Inter.	±	na	..	na	na	na	na	..	na	na
2011-12 (h)										
Major cities	%	59.4	59.1	62.4	64.2	64.2	..	63.0	..	60.9
Conf. Inter.	±	2.1	2.3	2.0	2.2	2.1	..	2.8	..	1.2
Inner regional	%	68.2	68.9	67.4	70.0	71.0	61.9	–	..	67.8
Conf. Inter.	±	4.1	4.1	3.7	6.1	7.5	2.6	–	..	1.8
Outer regional	%	64.0	59.8	70.8	72.3	69.3	66.3	..	62.3	67.8
Conf. Inter.	±	6.5	14.2	5.1	6.3	8.2	4.0	..	3.7	3.0
Remote	%	np	–	67.3	68.7	65.8	70.9	..	64.4	70.1
Conf. Inter.	±	np	–	35.4	13.2	15.9	24.3	..	6.9	6.1
Very remote	%	na	..	na	na	na	na	..	na	na
Conf. Inter.	±	na	..	na	na	na	na	..	na	na
<b>Children</b>										
2007-08										
Major cities	%	21.5	23.6	24.6	23.0	23.5	..	20.9	..	22.8
Conf. Inter.	±	5.2	5.2	7.3	6.1	8.3	..	4.7	..	3.1
Inner regional	%	27.3	28.5	30.6	24.7	38.3	19.8	np	..	28.7
Conf. Inter.	±	11.5	11.3	11.2	12.4	28.5	9.1	np	..	5.3
Outer regional	%	28.4	np	22.8	24.3	np	16.8	..	np	25.5
Conf. Inter.	±	26.1	np	14.8	19.2	np	9.0	..	np	10.7
Remote	%	np	np	35.4	30.6	np	np	..	np	21.3
Conf. Inter.	±	np	np	67.1	28.5	np	np	..	np	16.7
Very remote	%	na	..	na	na	na	na	..	na	na
Conf. Inter.	±	na	..	na	na	na	na	..	na	na
2011-12 (h)										
Major cities	%	24.2	24.8	25.3	26.9	21.1	..	25.4	..	24.6
Conf. Inter.	±	3.6	3.9	3.9	3.8	3.9	..	4.5	..	1.8
Inner regional	%	27.6	21.5	26.2	27.4	28.6	26.0	–	..	25.6
Conf. Inter.	±	8.7	7.7	6.3	13.8	14.1	5.3	–	..	4.3
Outer regional	%	30.1	12.4	28.0	32.6	32.0	25.3	..	22.6	27.4

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

	Unit	NSW	Vic (f)	Qld	WA	SA	Tas (f)	ACT	NT (f), (g), (h)	Aust
Conf. Inter.	±	16.1	7.5	10.2	11.0	12.6	10.9	..	5.9	4.7
Remote	%	–	–	27.0	31.0	21.1	np	..	33.6	27.6
Conf. Inter.	±	–	–	43.8	42.3	29.5	np	..	10.8	14.7
Very remote	%	na	..	na	na	na	na	..	na	na
Conf. Inter.	±	na	..	na	na	na	na	..	na	na
<b>Relative standard error for adults</b>										
2007-08										
Major cities	%	2.4	2.6	3.4	3.2	2.4	..	2.6	..	1.3
Inner regional	%	4.2	4.3	3.5	5.9	9.2	3.8	np	..	1.8
Outer regional	%	7.4	9.6	6.9	10.5	19.5	4.8	..	16.7	3.6
Remote	%	53.3	np	22.0	8.9	15.1	30.5	..	36.9	9.7
Very remote	%	na	..	na	na	na	na	..	na	na
2011-12 (h)										
Major cities	%	1.8	2.0	1.6	1.7	1.7	..	2.3	..	1.0
Inner regional	%	3.1	3.1	2.8	4.4	5.4	2.1	np	..	1.4
Outer regional	%	5.2	12.1	3.6	4.4	6.1	3.0	..	3.0	2.3
Remote	%	np	np	26.8	9.8	12.3	17.5	..	5.5	4.5
Very remote	%	na	..	na	na	na	na	..	na	na
<b>Relative standard error for children</b>										
2007-08										
Major cities	%	21.5	23.6	24.6	23.0	23.5	..	20.9	..	22.8
Inner regional	%	27.3	28.5	30.6	24.7	38.3	19.8	np	..	28.7
Outer regional	%	28.4	np	22.8	24.3	np	16.8	..	np	25.5
Remote	%	np	np	35.4	30.6	np	np	..	np	21.3
Very remote	%	na	..	na	na	na	na	..	na	na
2011-12 (h)										
Major cities	%	7.7	8.1	7.8	7.1	9.4	..	9.0	..	3.7
Inner regional	%	16.1	18.3	12.4	25.7	25.1	10.5	–	..	8.5
Outer regional	%	27.2	30.9	18.6	17.1	20.1	22.0	..	13.3	8.8
Remote	%	–	–	82.6	69.7	71.4	np	..	16.5	27.2
Very remote	%	na	..	na	na	na	na	..	na	na

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

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

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

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

	<i>Unit</i>	<i>NSW</i>	<i>Vic (f)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT (f), (g), (h)</i>	<i>Aust</i>
(c)	Data are calculated from measured height and weight. Data exclude those for whom measured height and weight were not available. Data are not comparable with data for 2004-05 that are based on self-reported height and weight.									
(d)	Rates are age standardised by State and Territory, to the 2001 ERP.									
(e)	Data quality information for some data in this table is at <a href="http://www.pc.gov.au/rogs/2015">www.pc.gov.au/rogs/2015</a> .									
(f)	There are no very remote areas in Victoria; no major cities in Tasmania; no outer regional or remote areas in the ACT; and no inner regional or major cities in the NT.									
(g)	Data for the NT should be used with care as very remote areas were excluded from the Australian Health Survey, which translates to exclusion of around 23 per cent of the NT population.									
(h)	Data for the NT for 2011-12 are not comparable to data for previous years due to the increase in sample size.									
	.. Not applicable. – Nil or rounded to zero. <b>np</b> Not published.									
	Source: ABS unpublished, <i>Australian Health Survey 2011–13</i> (2011-12 Core component), Cat. no. 4364.0; ABS unpublished, <i>National Health Survey 2007-08</i> , Cat. no. 4364.0.									

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

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT(g), (h)</i>	<i>Aust</i>
<b>Adults</b>										
2007-08										
Quintile 1	%	66.0	67.4	63.5	72.7	67.3	69.1	55.3	55.9	65.9
Conf. Inter.	±	6.0	7.3	5.8	5.2	6.0	6.2	7.1	37.4	3.2
Quintile 2	%	59.7	60.5	65.9	63.5	55.1	63.5	65.0	80.1	61.9
Conf. Inter.	±	3.9	6.4	5.9	6.8	6.6	7.7	35.7	38.8	2.7
Quintile 3	%	63.6	63.2	63.9	63.5	64.0	59.5	60.7	40.5	63.3
Conf. Inter.	±	5.7	6.7	6.1	6.0	5.4	9.1	11.2	32.8	2.3
Quintile 4	%	62.6	60.7	53.4	64.3	63.6	59.1	56.7	45.0	60.5
Conf. Inter.	±	6.0	5.0	6.6	7.9	5.6	7.6	5.7	43.7	2.4
Quintile 5	%	54.7	56.7	55.5	53.9	59.5	58.4	59.8	60.4	55.3
Conf. Inter.	±	4.6	5.7	8.5	7.4	7.8	24.2	3.4	8.5	2.7
2011-12 (h)										
Quintile 1	%	63.4	65.6	68.0	71.7	69.3	65.3	61.7	67.2	65.8
Conf. Inter.	±	4.6	4.5	5.4	7.1	5.7	3.9	14.3	7.1	2.8
Quintile 2	%	65.7	66.9	65.1	67.5	67.3	65.7	52.5	66.0	66.2
Conf. Inter.	±	4.1	3.7	4.4	3.7	3.6	4.7	11.8	5.8	1.8
Quintile 3	%	60.9	61.3	64.2	64.4	65.5	61.1	63.6	68.8	62.8
Conf. Inter.	±	3.5	4.9	3.8	4.8	4.4	5.0	8.2	6.2	1.8
Quintile 4	%	58.3	60.5	64.0	67.3	61.4	64.7	65.8	59.5	61.6
Conf. Inter.	±	3.9	4.8	3.3	3.7	5.5	6.4	5.5	7.4	2.3
Quintile 5	%	57.7	52.3	61.9	60.6	60.2	52.2	61.8	55.7	57.5
Conf. Inter.	±	3.4	4.6	4.7	5.4	6.1	11.0	4.0	10.1	2.3
<b>Children</b>										
2007-08										
Quintile 1	%	31.9	41.7	44.1	44.6	35.9	26.3	np	np	36.2
Conf. Inter.	±	5.5	4.6	7.8	6.3	5.1	4.1	34.4	9.3	2.2
Quintile 2	%	23.8	29.5	31.8	37.1	24.3	10.6	np	np	28.3
Conf. Inter.	±	5.1	4.6	5.2	6.2	4.4	4.8	17.6	8.7	2.5
Quintile 3	%	28.8	23.8	22.7	14.9	23.9	np	11.3	np	23.9
Conf. Inter.	±	5.7	5.7	5.9	6.0	6.1	7.5	9.0	10.8	2.8
Quintile 4	%	24.1	19.9	22.4	16.9	19.3	28.0	16.7	np	21.0
Conf. Inter.	±	3.5	4.6	4.5	5.7	6.2	7.1	6.3	9.6	2.0
Quintile 5	%	10.5	21.9	11.5	22.4	24.2	np	25.6	np	17.2
Conf. Inter.	±	4.8	5.6	5.2	5.5	8.5	21.1	5.8	17.1	2.4
2011-12 (h)										
Quintile 1	%	35.4	26.9	28.0	29.7	35.2	29.9	21.2	35.8	31.4
Conf. Inter.	±	7.9	8.8	9.3	11.5	10.3	9.9	27.3	16.8	4.1
Quintile 2	%	32.5	34.0	27.9	35.9	23.5	17.6	44.4	34.3	31.0
Conf. Inter.	±	10.2	7.4	7.5	6.6	7.2	6.9	41.1	7.9	4.4
Quintile 3	%	17.6	20.5	31.1	23.0	22.0	35.7	18.9	22.8	23.3
Conf. Inter.	±	7.4	6.8	7.2	7.8	9.8	13.2	10.0	12.1	2.8

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

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT(g), (h)</i>	<i>Aust</i>
Quintile 4	%	22.0	18.3	21.0	28.7	20.2	17.1	26.7	17.0	21.3
Conf. Inter.	±	7.4	7.4	6.9	6.7	7.0	11.1	10.1	8.5	3.1
Quintile 5	%	20.5	21.0	20.4	23.4	14.3	15.7	26.1	16.4	20.7
Conf. Inter.	±	5.5	6.6	7.1	7.2	6.6	16.8	6.0	15.5	2.8
<b>Relative standard error for adults</b>										
2007-08										
Quintile 1	%	4.6	5.5	4.6	3.6	4.5	4.6	6.5	34.1	2.5
Quintile 2	%	3.4	5.4	4.5	5.4	6.1	6.2	28.1	24.7	2.2
Quintile 3	%	4.6	5.4	4.8	4.8	4.3	7.8	9.4	41.3	1.8
Quintile 4	%	4.9	4.2	6.3	6.3	4.5	6.6	5.2	49.6	2.0
Quintile 5	%	4.3	5.1	7.8	7.0	6.7	21.2	2.9	7.1	2.5
2011-12 (h)										
Quintile 1	%	3.7	3.5	4.0	5.1	4.2	3.1	11.8	5.4	2.2
Quintile 2	%	3.2	2.8	3.4	2.8	2.8	3.6	11.5	4.5	1.4
Quintile 3	%	2.9	4.1	3.0	3.8	3.5	4.2	6.5	4.6	1.5
Quintile 4	%	3.4	4.0	2.7	2.8	4.6	5.1	4.3	6.4	1.9
Quintile 5	%	3.0	4.5	3.8	4.6	5.2	10.8	3.3	9.3	2.1
<b>Relative standard error for children</b>										
2007-08										
Quintile 1	%	21.2	21.2	17.8	39.4	37.0	20.8	np	np	10.7
Quintile 2	%	28.9	20.1	20.6	16.0	32.3	46.3	np	np	12.2
Quintile 3	%	23.4	22.2	22.1	30.4	32.0	np	96.0	np	12.6
Quintile 4	%	21.9	29.7	29.3	33.0	36.2	38.8	20.7	np	12.5
Quintile 5	%	36.1	19.4	47.5	22.1	33.0	np	12.0	np	11.8
2011-12 (h)										
Quintile 1	%	11.4	16.7	16.9	19.8	14.9	16.9	65.8	23.9	6.6
Quintile 2	%	15.9	11.1	13.7	9.4	15.6	19.9	47.2	11.8	7.3
Quintile 3	%	21.3	16.9	11.8	17.3	22.7	18.8	27.0	27.2	6.2
Quintile 4	%	17.2	20.6	16.7	11.9	17.6	33.0	19.4	25.3	7.4
Quintile 5	%	13.7	16.0	17.6	15.7	23.5	54.6	11.8	48.2	6.8

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

- (a) Adults are defined as persons aged 18 years or over. Children are defined as persons aged 5–17 years.
- (b) Overweight for adults is defined as BMI equal to 25 but less than 30. Overweight for children is defined as BMI (appropriate for age and sex) that is likely to be equal to 25 but less than 30 at age 18 years. Obesity for adults is defined as BMI equal to or greater than 30. Obesity for children is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.
- (c) Data are calculated from measured height and weight. Data exclude those for whom measured height and weight were not available. Data are not comparable with data for 2004-05 that are based on self-reported height and weight.
- (d) Rates are age standardised by State and Territory, to the 2001 ERP (5 year ranges from 18 for adults, selected ranges from 5–17 for children).

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

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT(g), (h)</i>	<i>Aust</i>
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(e) A lower SEIFA quintile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA quintile indicates a relative lack of disadvantage and greater advantage in general.

(f) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

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

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

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

TABLE EA.15

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

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT(f), (g)</i>	<i>Aust</i>
<b>Overweight and obese adults</b>										
<b>Males</b>										
2007-08										
18-24	%	40.5	36.8	42.2	42.2	34.9	41.4	np	np	39.8
25-34	%	69.9	52.3	62.9	64.2	56.7	43.1	54.4	40.3	62.0
35-44	%	68.8	69.7	71.7	77.0	71.5	78.2	72.1	47.9	70.7
45-54	%	74.9	77.9	74.7	83.7	78.7	66.8	76.0	81.5	76.7
55-64	%	72.8	76.2	75.1	72.4	79.3	77.6	np	np	74.9
65-69	%	74.2	82.1	85.1	79.8	78.6	91.8	np	np	79.4
70-74	%	79.0	89.2	75.7	64.2	63.8	78.9	np	np	78.3
75 and over	%	80.4	70.1	77.7	71.4	58.7	65.1	np	np	74.3
<b>Total</b>	<b>%</b>	<b>68.6</b>	<b>66.1</b>	<b>68.5</b>	<b>70.0</b>	<b>65.7</b>	<b>64.1</b>	<b>66.8</b>	<b>73.1</b>	<b>67.8</b>
Total	000	1 332.5	925.4	726.6	417.8	252.2	79.6	61.6	32.9	3 828.6
2011-12 (g)										
18-24	%	41.2	37.8	39.4	46.8	40.8	39.3	51.5	50.4	40.8
25-34	%	62.2	64.4	67.2	67.0	68.6	65.0	57.6	59.6	64.6
35-44	%	75.9	72.1	76.7	78.8	71.4	66.2	75.1	72.6	74.9
45-54	%	76.9	78.4	80.8	77.0	81.4	75.2	84.7	78.6	78.5
55-64	%	74.5	77.8	84.2	78.8	80.8	85.6	74.6	71.8	78.5
65-69	%	75.1	78.0	83.2	76.1	85.4	78.0	72.0	74.3	78.3
70-74	%	82.8	78.8	89.3	90.0	83.0	83.1	77.2	85.8	83.8
75 and over	%	68.2	63.4	77.8	71.0	78.6	78.1	81.3	74.5	70.3
<b>Total</b>	<b>%</b>	<b>68.5</b>	<b>68.0</b>	<b>72.7</b>	<b>72.0</b>	<b>71.6</b>	<b>68.7</b>	<b>70.7</b>	<b>69.3</b>	<b>69.9</b>
Total	000	1 665.6	1 182.2	1 059.1	560.3	386.0	114.3	83.1	35.4	5 086.2
<b>Females</b>										
2007-08										
18-24	%	35.7	36.1	33.2	37.8	26.1	43.8	np	np	34.8
25-34	%	43.2	40.8	49.0	48.1	39.4	52.6	48.5	45.8	44.4
35-44	%	48.4	59.7	57.1	59.8	59.8	58.1	52.0	51.3	55.1
45-54	%	55.1	62.3	56.2	61.2	67.7	70.0	47.8	53.6	58.7
55-64	%	65.0	78.2	63.8	64.9	64.3	69.0	np	np	67.9
65-69	%	65.8	67.4	84.9	65.9	87.0	81.2	np	np	71.9
70-74	%	77.3	67.2	67.7	59.9	72.5	72.7	np	np	70.6
75 and over	%	60.7	50.2	53.5	58.1	61.1	68.5	np	np	56.9
<b>Total</b>	<b>%</b>	<b>52.1</b>	<b>55.8</b>	<b>54.5</b>	<b>55.9</b>	<b>55.5</b>	<b>61.5</b>	<b>51.3</b>	<b>39.4</b>	<b>54.3</b>
Total	000	982.2	762.7	626.9	328.7	206.1	79.5	46.1	22.2	3 054.3
2011-12 (g)										
18-24	%	31.6	21.6	36.4	38.9	41.7	42.8	29.1	37.2	31.8
25-34	%	37.3	43.8	44.7	52.0	49.8	51.8	47.7	45.5	43.2
35-44	%	51.7	53.4	57.3	59.2	58.4	57.1	52.0	55.0	54.7
45-54	%	64.5	62.7	61.8	63.6	69.7	59.5	58.9	69.6	63.6
55-64	%	70.4	68.6	70.4	63.2	69.4	72.2	68.8	66.0	69.1

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

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT(f), (g)	Aust
65-69	%	63.3	65.8	67.0	66.1	68.5	73.0	61.8	78.4	65.7
70-74	%	75.6	73.5	70.3	75.4	74.9	74.2	86.5	57.4	74.0
75 and over	%	61.3	69.9	68.3	70.7	62.7	58.2	69.9	np	65.7
<b>Total</b>	<b>%</b>	<b>53.3</b>	<b>53.8</b>	<b>56.5</b>	<b>58.6</b>	<b>59.6</b>	<b>58.1</b>	<b>54.9</b>	<b>56.0</b>	<b>55.2</b>
Total	000	1 259.0	929.8	812.9	426.5	317.8	97.8	62.2	27.1	3 933.3
<b>All adults</b>										
2007-08										
18-24	%	38.1	36.5	37.4	40.1	31.0	42.6	np	np	37.3
25-34	%	57.6	46.9	56.1	56.5	48.1	48.0	51.7	43.8	53.6
35-44	%	58.4	64.9	64.2	68.3	65.9	67.4	61.7	50.1	62.9
45-54	%	65.3	70.4	65.1	72.9	73.5	68.4	61.6	65.4	67.9
55-64	%	70.0	75.0	85.0	72.5	83.5	86.8	np	np	75.7
65-69	%	69.1	77.2	69.3	68.7	72.4	73.2	71.8	88.8	71.5
70-74	%	78.2	77.6	71.4	61.9	68.1	76.1	np	np	74.3
75 and over	%	69.6	59.6	63.3	64.1	60.0	67.0	np	np	64.8
<b>Total</b>	<b>%</b>	<b>60.6</b>	<b>61.0</b>	<b>61.2</b>	<b>62.9</b>	<b>60.9</b>	<b>62.8</b>	<b>59.0</b>	<b>63.2</b>	<b>61.1</b>
Total	<b>000</b>	2 314.8	1 688.0	1 353.5	746.5	458.2	159.1	107.7	55.1	6 882.9
2011-12 (g)										
18-24	%	36.4	30.1	38.0	42.9	41.2	41.0	40.9	44.4	36.4
25-34	%	50.4	54.7	56.5	60.2	59.7	58.2	53.1	52.3	54.5
35-44	%	64.1	62.7	67.1	69.3	65.1	61.7	63.9	64.0	64.9
45-54	%	70.9	70.5	71.2	70.5	75.6	67.2	71.9	74.3	71.1
55-64	%	72.5	73.1	77.2	71.4	75.4	79.1	71.5	69.0	73.9
65-69	%	69.3	72.1	75.3	71.2	76.5	75.5	67.0	76.2	72.1
70-74	%	79.1	76.2	79.4	82.7	78.5	78.9	81.8	74.6	78.8
75 and over	%	64.5	66.9	72.9	70.8	69.9	66.5	75.2	62.9	67.8
<b>Total adults</b>	<b>%</b>	<b>61.1</b>	<b>61.0</b>	<b>64.7</b>	<b>65.6</b>	<b>65.7</b>	<b>63.3</b>	<b>63.0</b>	<b>62.9</b>	<b>62.7</b>
Total adults	000	2 924.7	2 112.0	1 872.1	986.8	703.8	212.2	145.3	62.5	9 019.4
<b>Relative standard errors</b>										
<b>Males</b>										
2007-08										
18-24	%	15.1	16.4	14.7	15.2	24.1	19.0	np	np	6.1
25-34	%	4.9	9.0	7.4	7.1	8.4	17.1	7.6	58.6	3.6
35-44	%	5.6	5.5	6.7	4.7	6.4	7.6	5.6	70.0	2.7
45-54	%	5.2	5.1	5.4	4.4	5.0	8.1	5.5	30.2	2.2
55-64	%	5.6	7.8	5.7	6.8	5.4	5.9	np	np	3.0
65-69	%	7.8	9.0	7.0	9.3	9.4	4.8	np	np	3.9
70-74	%	6.5	6.6	9.5	19.5	16.2	13.3	np	np	3.9
75 and over	%	6.0	8.3	8.5	8.8	13.0	8.5	np	np	3.5
<b>Total</b>	<b>%</b>	<b>2.5</b>	<b>2.6</b>	<b>3.0</b>	<b>2.7</b>	<b>2.8</b>	<b>3.8</b>	<b>2.8</b>	<b>23.8</b>	<b>1.3</b>
2011-12 (g)										
18-24	%	10.8	10.9	11.8	8.7	14.8	14.0	9.6	14.2	4.6

TABLE EA.15

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

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT(f), (g)</i>	<i>Aust</i>
25-34	%	5.1	4.2	3.7	5.2	5.1	6.4	6.4	8.4	2.1
35-44	%	3.1	3.7	3.4	3.7	4.7	5.4	4.9	5.3	1.7
45-54	%	3.3	3.4	3.7	3.5	3.6	4.7	4.2	5.4	1.6
55-64	%	4.3	4.1	2.9	3.4	3.7	3.3	5.8	7.2	1.8
65-69	%	6.1	4.9	3.8	6.0	4.7	5.3	11.3	10.9	2.5
70-74	%	4.9	6.3	3.3	4.5	6.1	7.2	9.2	9.6	2.3
75 and over	%	5.4	8.5	5.5	6.3	4.9	5.8	8.9	15.1	2.9
<b>Total</b>	<b>%</b>	<b>1.7</b>	<b>1.9</b>	<b>1.5</b>	<b>1.6</b>	<b>1.7</b>	<b>2.3</b>	<b>2.6</b>	<b>3.3</b>	<b>0.9</b>
<b>Females</b>										
2007-08										
18-24	%	18.1	18.2	16.2	19.6	25.9	23.4	np	np	7.0
25-34	%	7.9	9.8	9.3	10.1	11.0	11.4	9.8	30.9	4.1
35-44	%	7.0	6.6	7.0	7.9	9.2	11.3	8.4	49.2	2.9
45-54	%	7.3	8.1	8.7	10.2	8.5	8.0	11.0	37.5	3.7
55-64	%	6.8	5.0	6.7	8.9	7.9	8.8	np	np	3.2
65-69	%	8.9	12.5	6.2	11.7	5.2	11.6	np	np	3.7
70-74	%	6.5	12.0	10.5	16.2	10.3	10.2	np	np	4.7
75 and over	%	10.1	13.4	11.7	13.3	9.4	8.6	np	np	5.0
<b>Total females</b>	<b>%</b>	<b>3.2</b>	<b>3.4</b>	<b>2.9</b>	<b>4.4</b>	<b>3.7</b>	<b>4.1</b>	<b>4.4</b>	<b>20.4</b>	<b>1.5</b>
2011-12 (g)										
18-24	%	10.6	20.5	11.9	11.0	13.4	13.2	22.0	17.7	5.7
25-34	%	7.6	8.3	7.8	5.9	8.2	8.1	6.9	7.9	3.5
35-44	%	5.4	5.6	5.0	5.2	5.7	6.1	9.0	8.8	2.6
45-54	%	3.9	5.1	5.1	5.6	5.9	6.2	7.5	6.9	2.2
55-64	%	4.2	5.4	4.1	4.6	5.2	4.9	5.3	7.1	2.3
65-69	%	7.2	7.3	6.6	8.1	6.7	6.9	9.5	7.3	3.6
70-74	%	6.0	8.0	8.1	6.6	5.6	7.5	7.2	21.9	3.4
75 and over	%	6.6	4.5	5.6	6.1	6.9	8.3	8.8	np	2.9
<b>Total</b>	<b>%</b>	<b>2.3</b>	<b>2.7</b>	<b>2.6</b>	<b>2.7</b>	<b>2.6</b>	<b>2.8</b>	<b>3.5</b>	<b>4.4</b>	<b>1.2</b>
<b>All adults</b>										
2007-08										
18-24	%	10.1	12.1	11.8	11.6	17.1	13.9	np	np	4.3
25-34	%	4.5	6.5	6.2	5.9	7.2	9.9	6.1	30.3	3.0
35-44	%	4.3	4.7	4.5	4.4	5.0	6.9	4.4	40.6	1.8
45-54	%	4.2	4.8	5.2	5.5	4.6	5.9	5.9	29.7	2.2
55-64	%	4.3	4.4	4.6	4.9	4.4	4.8	4.9	11.3	2.1
65-69	%	5.9	7.4	4.4	6.8	5.0	5.7	np	np	2.6
70-74	%	4.9	7.8	6.8	12.6	9.6	8.2	np	np	3.5
75 and over	%	5.8	8.0	6.6	8.0	8.5	5.9	np	np	2.9
<b>Total</b>	<b>%</b>	<b>2.0</b>	<b>2.2</b>	<b>2.2</b>	<b>2.6</b>	<b>2.0</b>	<b>2.7</b>	<b>2.6</b>	<b>17.2</b>	<b>1.0</b>
2011-12 (g)										
18-24	%	7.4	11.3	7.5	7.6	9.1	8.8	8.9	10.8	3.4

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

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT(f), (g)</i>	<i>Aust</i>
25-34	%	4.5	3.9	3.8	3.6	4.4	4.8	4.9	6.1	2.0
35-44	%	3.1	3.0	3.1	3.3	3.5	3.3	4.9	4.7	1.5
45-54	%	2.4	3.2	3.2	2.6	3.3	3.9	4.4	4.2	1.3
55-64	%	3.0	3.6	2.7	2.7	3.1	3.0	4.0	5.0	1.5
65-69	%	4.3	4.5	3.7	4.2	4.0	4.2	7.2	6.5	2.1
70-74	%	4.1	4.5	3.4	4.2	4.7	4.8	6.1	10.0	1.9
75 and over	%	4.0	4.3	4.0	3.9	4.4	4.7	6.3	14.3	2.0
<b>Total</b>	<b>%</b>	<b>1.5</b>	<b>1.6</b>	<b>1.5</b>	<b>1.4</b>	<b>1.3</b>	<b>1.6</b>	<b>2.3</b>	<b>2.7</b>	<b>0.8</b>

## 95 per cent confidence intervals

## Males

2007-08

18-24	±	11.9	11.8	12.2	12.6	16.5	15.4	np	np	4.8
25-34	±	6.8	9.2	9.1	8.9	9.4	14.5	8.1	46.3	4.3
35-44	±	7.6	7.5	9.4	7.1	8.9	11.7	8.0	65.7	3.7
45-54	±	7.6	7.8	7.9	7.2	7.7	10.6	8.2	48.2	3.2
55-64	±	8.0	11.7	8.3	9.6	8.4	9.0	np	np	4.4
65-69	±	11.3	14.5	11.7	14.6	14.5	8.7	np	np	6.1
70-74	±	10.0	11.6	14.1	24.5	20.3	20.5	np	np	6.0
75 and over	±	9.4	11.3	13.0	12.3	14.9	10.8	np	np	5.2
<b>Total</b>	<b>±</b>	<b>3.3</b>	<b>3.4</b>	<b>4.0</b>	<b>3.8</b>	<b>3.6</b>	<b>4.8</b>	<b>3.7</b>	<b>34.0</b>	<b>1.7</b>

2011-12 (g)

18-24	±	8.7	8.1	9.1	8.0	11.8	10.8	9.7	14.0	3.7
25-34	±	6.2	5.3	4.9	6.8	6.9	8.2	7.2	9.8	2.7
35-44	±	4.6	5.2	5.1	5.8	6.6	7.0	7.2	7.5	2.6
45-54	±	5.0	5.2	5.9	5.3	5.8	6.9	6.9	8.3	2.4
55-64	±	6.3	6.3	4.7	5.3	5.9	5.6	8.5	10.1	2.7
65-69	±	9.0	7.4	6.3	9.0	7.9	8.1	16.0	15.9	3.9
70-74	±	7.9	9.7	5.8	8.0	10.0	11.7	14.0	16.1	3.8
75 and over	±	7.2	10.6	8.4	8.8	7.5	8.8	14.1	22.0	3.9
<b>Total</b>	<b>±</b>	<b>2.2</b>	<b>2.5</b>	<b>2.2</b>	<b>2.3</b>	<b>2.4</b>	<b>3.1</b>	<b>3.6</b>	<b>4.5</b>	<b>1.2</b>

## Females

2007-08

18-24	±	12.6	12.9	10.6	14.5	13.3	20.1	np	np	4.8
25-34	±	6.7	7.8	9.0	9.6	8.5	11.7	9.3	27.8	3.5
35-44	±	6.7	7.8	7.8	9.2	10.7	12.8	8.5	49.4	3.1
45-54	±	7.9	9.9	9.6	12.3	11.3	11.0	10.3	39.3	4.3
55-64	±	8.7	7.6	8.3	11.3	10.0	11.9	np	np	4.2
65-69	±	11.5	16.5	10.2	15.1	9.0	18.5	np	np	5.2
70-74	±	9.9	15.8	13.9	19.0	14.7	14.5	np	np	6.6
75 and over	±	12.0	13.2	12.2	15.1	11.2	11.5	np	np	5.6
<b>Total</b>	<b>±</b>	<b>3.3</b>	<b>3.7</b>	<b>3.1</b>	<b>4.8</b>	<b>4.0</b>	<b>5.0</b>	<b>4.4</b>	<b>15.7</b>	<b>1.6</b>

2011-12 (g)

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

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT(f), (g)</i>	<i>Aust</i>
18–24	±	6.5	8.7	8.5	8.4	10.9	11.1	12.5	12.9	3.5
25–34	±	5.6	7.1	6.9	6.0	8.0	8.2	6.5	7.1	2.9
35–44	±	5.4	5.9	5.7	6.0	6.5	6.8	9.2	9.5	2.8
45–54	±	4.9	6.2	6.2	7.0	8.1	7.3	8.6	9.4	2.7
55–64	±	5.7	7.3	5.7	5.7	7.1	7.0	7.2	9.2	3.1
65–69	±	9.0	9.5	8.6	10.5	9.0	9.9	11.5	11.2	4.6
70–74	±	8.9	11.5	11.1	9.7	8.2	10.9	12.2	24.6	4.9
75 and over	±	7.9	6.2	7.5	8.5	8.4	9.4	12.1	np	3.8
<b>Total</b>	<b>±</b>	<b>2.4</b>	<b>2.8</b>	<b>2.9</b>	<b>3.1</b>	<b>3.0</b>	<b>3.2</b>	<b>3.8</b>	<b>4.8</b>	<b>1.3</b>
<b>All adults</b>										
2007-08										
18–24	±	7.6	8.6	8.7	9.1	10.4	11.6	np	np	3.2
25–34	±	5.1	6.0	6.8	6.5	6.8	9.4	6.2	26.0	3.1
35–44	±	5.0	6.0	5.7	5.8	6.5	9.1	5.4	39.8	2.2
45–54	±	5.4	6.6	6.7	7.8	6.7	7.9	7.1	38.1	3.0
55–64	±	5.8	6.7	6.3	6.6	6.2	6.8	6.9	19.6	2.9
65–69	±	8.1	10.9	7.4	9.7	8.1	9.8	np	np	3.8
70–74	±	7.5	11.8	9.5	15.3	12.8	12.3	np	np	5.0
75 and over	±	7.9	9.3	8.2	10.1	10.0	7.8	np	np	3.7
<b>Total</b>	<b>±</b>	<b>2.3</b>	<b>2.6</b>	<b>2.6</b>	<b>3.2</b>	<b>2.4</b>	<b>3.3</b>	<b>3.0</b>	<b>21.4</b>	<b>1.2</b>
2011-12 (g)										
18–24	±	5.3	6.7	5.6	6.4	7.4	7.1	7.2	9.4	2.5
25–34	±	4.4	4.1	4.2	4.3	5.2	5.4	5.1	6.3	2.1
35–44	±	3.9	3.6	4.1	4.5	4.5	4.0	6.1	5.9	2.0
45–54	±	3.4	4.4	4.4	3.6	4.9	5.1	6.2	6.0	1.9
55–64	±	4.3	5.1	4.1	3.8	4.6	4.6	5.6	6.7	2.2
65–69	±	5.9	6.3	5.5	5.9	6.0	6.2	9.5	9.7	3.0
70–74	±	6.4	6.7	5.3	6.8	7.2	7.4	9.7	14.7	2.9
75 and over	±	5.0	5.7	5.7	5.4	6.0	6.1	9.3	17.6	2.7
<b>Total</b>	<b>±</b>	<b>1.8</b>	<b>1.9</b>	<b>1.9</b>	<b>1.9</b>	<b>1.7</b>	<b>2.0</b>	<b>2.8</b>	<b>3.3</b>	<b>0.9</b>

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

- (a) Adults are defined as persons aged 18 years or over.
- (b) Overweight for adults is defined as BMI equal to 25 but less than 30. Obesity for adults is defined as BMI equal to or greater than 30.
- (c) Data are calculated from measured height and weight. Data exclude those for whom measured height and weight were not available. Data are not comparable with data for 2004-05 that are based on self-reported height and weight.
- (d) Rates for total are age standardised by State and Territory, to the 2001 ERP (5 year ranges from 18 for adults).
- (e) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).
- (f) Data for the NT should be used with care as very remote areas were excluded from the Australian Health Survey, which translates to exclusion of around 23 per cent of the NT population.

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

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT(f), (g)</i>	<i>Aust</i>
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(g) Data for the NT for 2011-12 are not comparable to previous years due to the increase in sample size.

**np** Not published.

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

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

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (g)	Aust
Rates										
Aboriginal and Torres Strait Islander people	%	76.4	71.0	72.4	73.7	71.9	69.2	72.8	61.5	72.4
Conf. Inter.	±	3.1	5.5	3.0	3.6	4.7	4.9	8.4	5.6	1.5
Other Australians	%	61.0	61.1	64.5	65.3	65.5	63.8	62.5	62.1	62.6
Conf. Inter.	±	1.8	1.9	1.8	2.0	1.7	2.0	2.9	2.9	1.0
Relative standard errors										
Aboriginal and Torres Strait Islander people	%	2.1	4.0	2.1	2.5	3.3	3.6	5.9	4.6	1.0
Other Australians	%	1.5	1.6	1.4	1.5	1.4	1.6	2.4	2.4	0.8
Rate ratio (h)	no.	1.3	1.2	1.1	1.1	1.1	1.1	1.2	1.0	1.2

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

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

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

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

(d) Rates are age standardised by State and Territory to the 2001 ERP (10 year ranges from 18).

(e) Data have been revised and are based on the full sample of the Australian Aboriginal and Torres Strait Islander Health Survey. They differ from data published in the 2014 Report (based on a subset of the full sample).

(f) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

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

(h) Rate ratio is computed by dividing the age standardised rate for Aboriginal and Torres Strait Islander people by the age standardised rate for other Australians.

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

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

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

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

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

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

(c) BMI calculated from self-reported height and weight. Data excludes persons for whom height or weight was not reported. Data are not comparable with data for 2011–13 that are calculated from measured height and weight.

(d) Rates are age standardised by State and Territory, to the 2001 ERP.

(e) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

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

(g) 95 per cent confidence interval.

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

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

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (g)</i>	<i>Aust</i>
Rates										
Aboriginal and Torres Strait Islander people	%	36.7	34.5	30.4	31.6	37.6	32.1	41.9	24.2	32.8
Conf. Inter.	±	5.1	7.8	5.1	6.2	7.9	7.9	15.2	5.3	2.5
Other Australians	%	24.5	23.9	25.5	27.8	23.0	24.8	24.7	23.8	24.8
Conf. Inter.	±	3.3	3.3	3.5	3.3	3.4	4.5	4.3	5.3	1.6
Relative standard errors										
Aboriginal and Torres Strait Islander people	%	7.2	11.6	8.6	10.0	10.7	12.5	18.5	11.1	4.0
Other Australians	%	6.9	7.0	6.9	6.1	7.6	9.2	8.8	11.3	3.2

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

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

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

(c) BMI calculated from measured height and weight.

(d) Rates are age standardised by State and Territory to the 2001 ERP (selected age ranges from 5-17

(e) Data have been revised and are based on the full sample of the Australian Aboriginal and Torres Strait Islander Health Survey. They differ from data published in the 2014 Report (based on a subset of the full sample).

(f) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

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

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

TABLE EA.19

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

	<i>Unit</i>	<i>NSW</i>	<i>Vic (c)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT (c)</i>	<i>NT (c), (e), (f)</i>	<i>Aust</i>
<b>Remoteness of residence (age standardised rate)</b>										
2007-08										
Major cities	%	17.9	17.0	18.5	16.7	18.1	..	15.8	..	17.6
Conf. Inter.	±	2.1	1.7	2.6	2.3	2.1	..	2.0	..	1.0
Inner regional	%	20.8	17.5	22.0	13.2	25.5	23.2	–	..	20.1
Conf. Inter.	±	4.6	3.5	4.0	5.1	10.2	4.2	–	..	2.1
Outer regional	%	23.7	21.3	28.4	23.9	28.5	27.4	..	21.7	25.7
Conf. Inter.	±	6.1	14.5	5.3	5.6	7.0	5.2	..	12.1	3.1
Remote	%	27.9	–	33.4	32.8	21.7	11.3	..	19.6	27.3
Conf. Inter.	±	32.2	–	16.1	17.0	10.5	6.4	..	11.7	7.3
Very remote (d)	%	na	..	na	na	na	na	..	na	na
Conf. Inter.	±	na	..	na	na	na	na	..	na	na
<b>Total</b>	<b>%</b>	<b>19.0</b>	<b>17.3</b>	<b>21.6</b>	<b>17.3</b>	<b>20.2</b>	<b>24.3</b>	<b>15.7</b>	<b>21.1</b>	<b>19.1</b>
<b>Conf. Inter.</b>	<b>±</b>	<b>1.9</b>	<b>1.6</b>	<b>2.0</b>	<b>2.1</b>	<b>2.3</b>	<b>3.0</b>	<b>2.0</b>	<b>10.5</b>	<b>0.9</b>
Daily smokers	'000	975.4	682.5	665.2	268.6	232.9	85.1	41.9	28.8	2 980.3
2011-12 (f)										
Major cities	%	13.5	14.8	15.9	16.4	15.6	..	12.5	..	14.7
Conf. Inter.	±	1.4	1.6	1.6	1.6	1.6	..	1.9	..	0.7
Inner regional	%	17.2	22.2	20.6	21.2	14.5	18.8	–	..	19.5
Conf. Inter.	±	3.3	3.9	4.3	5.7	5.4	2.2	–	..	1.8
Outer regional	%	21.6	24.1	20.6	24.2	26.4	28.4	..	21.5	22.6
Conf. Inter.	±	7.4	18.6	4.1	6.8	5.5	3.7	..	2.9	2.2
Remote	%	31.1	np	48.6	20.1	23.4	42.1	..	25.2	26.1
Conf. Inter.	±	43.6	np	40.8	10.1	20.3	26.5	..	4.2	7.2
Very remote (d)	%	na	–	na	na	na	na	..	na	na
Conf. Inter.	±	na	–	na	na	na	na	..	na	na
<b>Total</b>	<b>%</b>	<b>14.4</b>	<b>16.5</b>	<b>17.9</b>	<b>17.6</b>	<b>16.8</b>	<b>21.9</b>	<b>12.5</b>	<b>22.5</b>	<b>16.3</b>
<b>Conf. Inter.</b>	<b>±</b>	<b>1.1</b>	<b>1.3</b>	<b>1.3</b>	<b>1.6</b>	<b>1.4</b>	<b>1.9</b>	<b>1.9</b>	<b>2.5</b>	<b>0.6</b>
Daily smokers	'000	807.8	702.9	601.6	308.4	203.3	78.7	35.0	29.4	2 751.4
<b>Relative standard error</b>										
2007-08										
Major cities	%	6.1	5.2	7.2	7.1	5.8	..	6.4	..	2.9
Inner regional	%	11.3	10.1	9.2	19.7	20.5	9.3	–	..	5.3
Outer regional	%	13.2	34.7	9.6	12.0	12.6	9.7	..	28.5	6.1
Remote	%	58.7	–	24.6	26.5	24.8	29.1	..	30.5	13.7
Very remote (d)	%	na	..	na	na	na	na	..	na	na
<b>Total</b>	<b>%</b>	<b>5.2</b>	<b>4.6</b>	<b>4.7</b>	<b>6.3</b>	<b>5.7</b>	<b>6.2</b>	<b>6.4</b>	<b>25.4</b>	<b>2.4</b>
2011-12 (f)										
Major cities	%	5.3	5.4	5.0	5.0	5.3	..	7.6	..	2.5
Inner regional	%	9.8	8.9	10.7	13.8	18.9	5.9	–	..	4.8
Outer regional	%	17.4	39.4	10.2	14.4	10.7	6.6	..	6.8	5.0
Remote	%	71.4	–	42.9	25.6	44.4	32.1	..	8.5	14.2

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

	<i>Unit</i>	<i>NSW</i>	<i>Vic (c)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT (c)</i>	<i>NT (c), (e), (f)</i>	<i>Aust</i>
Very remote (d)	%	na	..	na	na	na	na	..	na	na
<b>Total</b>	%	<b>4.0</b>	<b>4.1</b>	<b>3.8</b>	<b>4.6</b>	<b>4.2</b>	<b>4.5</b>	<b>7.6</b>	<b>5.8</b>	<b>2.0</b>

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

(a) Rates for total are age standardised by State and Territory, to the 2001 ERP.

(b) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

(c) There are no very remote areas in Victoria; no major cities in Tasmania; no outer regional or remote areas in the ACT; and no inner regional or major cities in the NT.

(d) Data were not collected for Very remote areas.

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

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

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

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

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

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (d), (e)</i>	<i>Aust</i>
<b>SEIFA IRSD quintile (age standardised)</b>										
2007-08										
Quintile 1	%	28.8	29.0	28.1	30.2	27.4	33.4	17.9	13.5	28.7
Conf. Inter.	±	4.2	5.4	5.5	6.5	4.4	6.0	14.7	18.5	2.4
Quintile 2	%	19.3	17.8	28.0	23.1	24.2	24.4	26.7	18.7	21.6
Conf. Inter.	±	4.6	4.0	5.2	4.8	4.4	6.5	17.0	12.9	2.1
Quintile 3	%	19.3	16.7	23.8	19.1	18.3	17.1	18.5	26.5	19.6
Conf. Inter.	±	4.4	3.2	4.2	4.0	4.8	4.6	5.4	20.8	1.8
Quintile 4	%	15.6	17.4	16.2	16.2	14.1	18.9	16.6	13.7	16.2
Conf. Inter.	±	3.2	4.0	3.5	5.1	3.5	8.2	4.4	36.6	1.7
Quintile 5	%	12.3	10.0	11.7	8.2	13.5	18.1	np	np	11.2
Conf. Inter.	±	3.0	2.7	3.4	2.7	4.8	13.3	np	np	1.6
<b>Total (f)</b>	<b>%</b>	<b>19.0</b>	<b>17.3</b>	<b>21.6</b>	<b>17.3</b>	<b>20.2</b>	<b>24.3</b>	<b>15.7</b>	<b>21.1</b>	<b>19.1</b>
<b>Conf. Inter.</b>	<b>±</b>	<b>1.9</b>	<b>1.6</b>	<b>2.0</b>	<b>2.1</b>	<b>2.3</b>	<b>3.0</b>	<b>2.0</b>	<b>9.3</b>	<b>0.9</b>
Daily smokers	'000	975.4	682.5	665.2	268.6	232.9	85.1	41.9	28.8	2 980.3
2011-12 (d), (e)										
Quintile 1	%	20.4	26.4	28.1	26.9	25.4	28.7	12.5	27.5	24.3
Conf. Inter.	±	3.0	4.2	3.3	5.0	3.8	3.3	15.5	6.3	2.0
Quintile 2	%	16.4	22.7	21.5	21.5	17.6	22.7	14.5	29.3	19.9
Conf. Inter.	±	2.4	3.1	3.6	3.1	2.7	4.0	9.6	8.0	1.5
Quintile 3	%	15.4	15.6	17.9	22.4	16.8	17.9	19.8	25.6	17.0
Conf. Inter.	±	2.3	2.9	2.4	3.2	4.0	5.1	5.7	5.0	1.1
Quintile 4	%	11.1	12.1	14.5	15.2	13.5	15.4	15.3	18.7	12.9
Conf. Inter.	±	1.8	2.8	2.9	2.6	3.2	3.7	2.6	4.2	1.1
Quintile 5	%	9.7	7.4	9.5	8.6	9.2	15.9	8.8	12.2	9.0
Conf. Inter.	±	2.4	2.7	2.4	2.2	2.9	5.6	2.2	6.5	1.2
<b>Total (f)</b>	<b>%</b>	<b>14.4</b>	<b>16.5</b>	<b>17.9</b>	<b>17.6</b>	<b>16.8</b>	<b>21.9</b>	<b>12.5</b>	<b>22.5</b>	<b>16.3</b>
<b>Conf. Inter.</b>	<b>±</b>	<b>1.1</b>	<b>1.3</b>	<b>1.3</b>	<b>1.6</b>	<b>1.4</b>	<b>1.9</b>	<b>1.9</b>	<b>2.5</b>	<b>0.6</b>
Daily smokers	'000	792.1	702.9	601.6	308.4	203.3	78.7	35.0	29.4	2 751.4
<b>Relative standard error</b>										
2007-08										
Quintile 1	%	7.4	9.6	10.0	11.1	8.2	9.2	41.9	69.9	4.2
Quintile 2	%	12.3	11.4	9.4	10.6	9.2	13.6	32.5	35.2	4.9
Quintile 3	%	11.7	9.9	9.0	10.8	13.3	13.9	14.8	40.2	4.8
Quintile 4	%	10.6	11.7	11.1	16.0	12.5	22.3	13.5	136.5	5.5
Quintile 5	%	12.4	13.9	14.7	16.6	18.2	37.6	np	np	7.3
<b>Total (f)</b>	<b>%</b>	<b>5.2</b>	<b>4.6</b>	<b>4.7</b>	<b>6.3</b>	<b>5.7</b>	<b>6.2</b>	<b>6.4</b>	<b>22.4</b>	<b>2.4</b>
2011-12 (d), (e)										
Quintile 1	%	7.6	8.2	6.0	9.5	7.7	5.9	63.0	11.7	4.3
Quintile 2	%	7.4	6.9	8.5	7.4	7.7	9.0	33.9	14.0	3.9
Quintile 3	%	7.5	9.6	6.9	7.4	12.0	14.6	14.8	9.9	3.3
Quintile 4	%	8.2	11.8	10.3	8.8	11.9	12.2	8.7	11.3	4.5

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

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

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

- (a) Rates for total are age standardised by State and Territory, to the 2001 ERP.
- (b) A lower SEIFA quintile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA quintile indicates a relative lack of disadvantage and greater advantage in general.
- (c) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).
- (d) Data for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey translates to exclusion of around 23 per cent of the NT population.
- (e) Data for 2011-12 for the NT are not comparable to data for previous years due to the increased sample
- (f) Total includes those who could not be allocated to a SEIFA quintile.

**np** Not published.

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

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

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

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

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

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

(c) Data for 2011–13 have been revised and are based on the full sample of the Australian Aboriginal and Torres Strait Islander Health Survey. They differ from data published in the 2014 Report (based on a subset of the full sample).

(d) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

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

(f) Data for 2011–13 for other Australians for the NT are not comparable to data for previous years due to the increased sample size.

(g) Rate ratio is computed by dividing the age standardised rate for Aboriginal and Torres Strait Islander people by the age standardised rate for other Australians.

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

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e), (f)</i>	<i>Aust</i>
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*Source:* ABS unpublished, *Australian Aboriginal and Torres Strait Islander Health Survey 2012-13* (Core component) Cat. no. 4727.0; ABS unpublished, *National Aboriginal and Torres Strait Islander Social Survey, 2008*, Cat. no. 4714.0; ABS unpublished, *Australian Health Survey 2011-13* (2011-12 Core component), Cat. no. 4364.0; ABS unpublished, *National Health Survey, 2007-08*, Cat. no. 4364.0.

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

	Unit	NSW	Vic (e)	Qld	WA	SA	Tas (e)	ACT (e)	NT (g), (h)	Aust
<b>Remoteness of residence (age standardised rate)</b>										
2007-08										
Major cities	%	18.9	17.7	20.3	22.9	18.6	..	21.3	..	19.2
Conf. Inter.	±	1.8	1.9	2.2	2.7	2.1	..	2.1	..	0.8
Inner regional	%	25.5	23.5	23.3	28.4	20.9	21.3	np	..	24.3
Conf. Inter.	±	4.0	5.0	4.2	6.5	10.9	3.6	np	..	2.5
Outer regional	%	np	21.7	25.6	40.8	12.2	np	..	23.8	24.2
Conf. Inter.	±	np	14.3	4.0	11.2	5.5	np	..	16.8	2.9
Remote	%	np	np	39.5	23.8	24.6	np	..	52.1	32.1
Conf. Inter.	±	np	np	24.8	20.3	12.8	np	..	30.9	11.1
Very remote (e)	%	na	..	na	na	na	na	..	na	na
Conf. Inter.	±	na	..	na	na	na	na	..	na	na
<b>Total</b>	<b>%</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>..</b>	<b>na</b>	<b>na</b>
<b>Conf. Inter.</b>	<b>±</b>	<b>1.7</b>	<b>1.8</b>	<b>2.0</b>	<b>2.5</b>	<b>1.8</b>	<b>2.9</b>	<b>2.1</b>	<b>14.6</b>	<b>0.9</b>
Adults at risk	'000	1 063.2	749.3	694.6	395.4	220.0	77.8	55.2	38.5	3 294.0
2011-12 (e)										
Major cities	%	17.5	16.7	20.5	22.9	17.6	..	21.0	..	18.5
Conf. Inter.	±	1.9	1.9	2.1	2.1	2.0	..	2.4	..	1.0
Inner regional	%	20.4	19.7	17.8	33.7	18.8	21.7	np	..	20.6
Conf. Inter.	±	5.2	3.9	4.3	7.0	6.7	2.7	np	..	2.4
Outer regional	%	np	17.0	np	28.5	20.7	23.6	..	24.5	22.1
Conf. Inter.	±	np	9.8	np	8.8	5.9	5.2	..	4.2	2.9
Remote	%	np	np	np	36.7	27.3	37.6	..	22.9	31.4
Conf. Inter.	±	np	np	np	12.7	32.6	50.6	..	8.1	7.4
Very remote (e)	%	na	..	na	na	na	na	..	na	na
Conf. Inter.	±	na	..	na	na	na	na	..	na	na
<b>Total</b>	<b>%</b>	<b>18.5</b>	<b>17.5</b>	<b>19.9</b>	<b>25.3</b>	<b>18.2</b>	<b>22.8</b>	<b>21.0</b>	<b>24.2</b>	<b>19.4</b>
<b>Conf. Inter.</b>	<b>±</b>	<b>1.5</b>	<b>1.6</b>	<b>1.8</b>	<b>2.1</b>	<b>1.8</b>	<b>2.4</b>	<b>2.4</b>	<b>3.5</b>	<b>0.8</b>
Adults at risk	'000	1 027.5	760.4	682.8	443.1	228.3	86.9	58.5	30.7	3 318.2
<b>Relative standard error</b>										
2007-08										
Major cities	%	4.8	5.6	5.5	5.9	5.6	..	5.0	..	2.1
Inner regional	%	8.0	10.9	9.3	11.7	26.7	8.7	np	..	5.3
Outer regional	%	np	33.5	8.0	14.0	22.8	np	..	35.9	6.0
Remote	%	np	np	32.1	43.5	26.5	np	..	30.2	17.7
Very remote (e)	%	na	..	na	na	na	na	..	na	na
<b>Total</b>	<b>%</b>	<b>4.2</b>	<b>5.0</b>	<b>4.5</b>	<b>5.0</b>	<b>5.1</b>	<b>7.0</b>	<b>5.0</b>	<b>22.3</b>	<b>2.1</b>
2011-12 (g)										
Major cities	%	5.4	5.8	5.3	4.6	5.7	..	5.8	..	2.9
Inner regional	%	13.0	10.1	12.2	10.6	18.1	6.4	np	..	5.9
Outer regional	%	np	29.3	np	15.7	14.5	11.3	..	8.8	6.8
Remote	%	np	np	np	17.6	60.8	68.7	..	18.1	12.1

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

	<i>Unit</i>	<i>NSW</i>	<i>Vic (e)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT (e)</i>	<i>NT (g), (h)</i>	<i>Aust</i>
Very remote (e)	%	na	..	na	na	na	na	..	na	na
<b>Total</b>	%	<b>4.2</b>	<b>4.7</b>	<b>4.7</b>	<b>4.3</b>	<b>4.9</b>	<b>5.5</b>	<b>5.8</b>	<b>7.4</b>	<b>2.2</b>

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

- (a) Rates are based on the 2009 NHMRC guidelines and can be used for the purposes of comparisons over time.
- (b) Rates are age standardised by State and Territory, to the 2001 ERP.
- (c) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).
- (d) Individuals are defined as at risk of long term harm if they consume more than 2 standard drinks a day (2009 NHMRC alcohol guidelines). Data based on consumption in week before the interview – does not take into account whether consumption in that week was more, less than or the same as usual.
- (e) There are no very remote areas in Victoria; no major cities in Tasmania; no outer regional or remote areas in the ACT; and no inner regional or major cities in the NT.
- (f) Data were not collected for Very remote areas.
- (g) Data for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey translates to exclusion of around 23 per cent of the NT population.
- (h) Data for 2011-12 for the NT are not comparable to data for previous years due to the increased sample size.
- .. Not applicable. **np** Not published.

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

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

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (f), (g)</i>	<i>Aust</i>
<b>SEIFA IRSD quintile (age standardised)</b>										
2007-08										
Quintile 1	%	11.7	16.2	26.1	19.8	14.3	23.3	23.9	22.7	17.3
Conf. Inter.	±	2.8	5.3	5.2	6.1	3.0	6.0	12.4	36.9	1.8
Quintile 2	%	19.4	16.1	23.0	27.4	19.0	20.3	24.0	35.7	20.7
Conf. Inter.	±	4.3	4.2	3.6	5.3	4.4	7.6	20.0	22.9	1.7
Quintile 3	%	23.9	24.3	24.0	23.4	20.5	17.9	27.5	27.9	23.6
Conf. Inter.	±	4.8	4.9	4.2	6.5	5.8	4.7	11.3	24.1	2.2
Quintile 4	%	22.3	16.6	17.6	26.8	16.1	22.3	18.7	23.2	19.8
Conf. Inter.	±	4.2	3.8	4.3	5.9	3.9	6.8	3.9	26.6	1.9
Quintile 5	%	24.2	20.9	20.0	26.5	22.8	21.5	21.3	28.1	22.6
Conf. Inter.	±	3.5	4.0	5.4	5.5	5.9	8.5	2.5	17.0	1.9
<b>Total (h)</b>	<b>%</b>	<b>20.4</b>	<b>18.8</b>	<b>22.3</b>	<b>25.3</b>	<b>18.5</b>	<b>21.5</b>	<b>21.3</b>	<b>33.4</b>	<b>20.9</b>
<b>Conf. Inter.</b>	<b>±</b>	<b>1.7</b>	<b>1.8</b>	<b>2.0</b>	<b>2.5</b>	<b>1.8</b>	<b>2.9</b>	<b>2.1</b>	<b>14.6</b>	<b>0.9</b>
Adults at risk	'000	1 063.2	749.3	694.6	395.4	220.0	77.8	55.2	38.5	3 294.0
2011-12 (f)										
Quintile 1	%	14.1	16.7	20.2	22.7	14.4	21.0	10.4	22.1	16.7
Conf. Inter.	±	3.6	3.5	5.0	6.7	3.9	4.3	10.2	8.1	1.9
Quintile 2	%	18.3	15.5	18.5	25.5	16.7	22.6	20.3	23.8	18.3
Conf. Inter.	±	3.8	4.0	4.0	5.8	3.3	6.4	10.9	6.9	1.8
Quintile 3	%	19.1	15.1	21.5	24.9	18.1	20.7	21.1	21.5	19.2
Conf. Inter.	±	3.8	3.8	3.7	4.6	5.9	6.1	6.8	6.6	2.0
Quintile 4	%	19.6	20.0	21.3	21.1	20.1	26.5	17.0	26.7	20.2
Conf. Inter.	±	3.2	4.6	4.1	5.0	5.7	7.3	4.6	7.2	2.1
Quintile 5	%	20.6	21.2	18.3	29.8	21.2	23.7	23.6	31.9	21.7
Conf. Inter.	±	4.7	3.4	4.2	4.6	4.5	8.3	4.1	13.7	2.1
<b>Total (h)</b>	<b>%</b>	<b>18.5</b>	<b>17.5</b>	<b>19.9</b>	<b>25.3</b>	<b>18.2</b>	<b>22.8</b>	<b>21.0</b>	<b>24.2</b>	<b>19.4</b>
<b>Conf. Inter.</b>	<b>±</b>	<b>1.5</b>	<b>1.6</b>	<b>1.8</b>	<b>2.1</b>	<b>1.8</b>	<b>2.4</b>	<b>2.4</b>	<b>3.5</b>	<b>0.8</b>
Adults at risk	'000	1 027.5	760.4	682.8	443.1	228.3	86.9	58.5	30.7	3 318.2
<b>Relative standard error</b>										
2007-08										
Quintile 1	%	12.2	16.6	10.1	15.7	10.6	13.2	26.4	83.1	5.4
Quintile 2	%	11.4	13.4	8.0	9.8	11.9	19.2	42.6	32.8	4.2
Quintile 3	%	10.3	10.4	9.0	14.1	14.4	13.4	20.9	44.0	4.7
Quintile 4	%	9.6	11.7	12.6	11.2	12.3	15.7	10.6	58.5	4.8
Quintile 5	%	7.3	9.7	13.7	10.7	13.2	20.1	6.0	30.9	4.2
<b>Total (h)</b>	<b>%</b>	<b>4.2</b>	<b>5.0</b>	<b>4.5</b>	<b>5.0</b>	<b>5.1</b>	<b>7.0</b>	<b>5.0</b>	<b>22.3</b>	<b>2.1</b>
2011-12 (f)										
Quintile 1	%	13.1	10.6	12.7	15.1	13.8	10.5	50.3	18.6	5.7
Quintile 2	%	10.7	13.1	11.2	11.7	10.2	14.4	27.4	14.8	5.0
Quintile 3	%	10.1	12.7	8.8	9.5	16.5	15.1	16.4	15.7	5.2
Quintile 4	%	8.4	11.7	9.8	12.0	14.5	14.1	13.8	13.7	5.3

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

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

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

- (a) Rates are based on the 2009 NHMRC guidelines and can be used for the purposes of comparisons over time.
- (b) Rates for total are age standardised by State and Territory to the 2001 ERP.
- (c) A lower SEIFA quintile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA quintile indicates a relative lack of disadvantage and greater advantage in general.
- (d) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).
- (e) Individuals are defined as at risk of long term harm if they consume more than 2 standard drinks a day (2009 NHMRC alcohol guidelines). Data based on consumption in week before the interview — does not take into account whether consumption in that week was more, less than or the same as usual.
- (f) Data for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey translates to exclusion of around 23 per cent of the NT population.
- (g) Data for 2011-12 for the NT are not comparable to data for previous years due to the increased sample size.
- (h) Total includes those who could not be allocated to a SEIFA quintile.

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

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

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

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

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

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

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

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e), (f)</i>	<i>Aust</i>
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(c) Rates are age standardised by State and Territory to the 2001 ERP.

(d) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

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

(f) Data for 2011-13 for other Australians for the NT are not comparable to data for previous years due to the increased sample size.

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

(h) Rate ratio is computed by dividing the age standardised rate for Aboriginal and Torres Strait Islander people by the age standardised rate for other Australians.

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

Table EA.25 **Proportion of adult abstainers from alcohol, by Indigenous status (a), (b), (c), (d)**

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

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

- (a) Abstainers have consumed no alcohol in the previous 12 months (includes those who have never consumed alcohol).
- (b) Adults are defined as people aged 18 years or over.
- (c) Rates are age standardised by State and Territory to the 2001 ERP.
- (d) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).
- (e) Data for other Australians for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey in 2011-12 and the National Health Survey in 2004-05 translates to exclusion of around 23 per cent of the NT population.
- (f) Data for 2011–13 for other Australians for the NT are not comparable to data for previous years due to the increased sample size.
- (g) Rate ratio is computed by dividing the age standardised rate for Aboriginal and Torres Strait Islander people by the age standardised rate for other Australians.

Table EA.25 **Proportion of adult abstainers from alcohol, by Indigenous status  
(a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e), (f)</i>	<i>Aust</i>
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*Source:* ABS unpublished, *Australian Aboriginal and Torres Strait Islander Health Survey 2012-13* (National Aboriginal and Torres Strait Islander Health Survey component), Cat. no. 4727.0; ABS unpublished, *Australian Health Survey 2011-13* (2011-12 Core component), Cat. no. 4364.0; ABS unpublished, *National Aboriginal and Torres Strait Islander Health Survey, 2004-05*, Cat. no. 4715.0; ABS unpublished, *National Health Survey, 2004-05*, Cat. no. 4364.0.

TABLE EA.26

Table EA.26 Incidence of selected cancers (a), (b), (c)

	<i>Unit</i>	<i>NSW (d)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>
<b>Incidence of selected cancers</b>		<i>Age standardised rate per 100 000 population</i>								
2011 (d)										
Bowel cancer (e)	rate	61.9	60.7	62.6	58.0	60.3	73.3	63.0	45.3	61.5
Lung cancer (e)	rate	43.6	41.0	44.3	42.7	37.1	48.0	33.2	62.6	42.5
Melanoma (e)	rate	49.8	34.1	70.1	46.6	35.1	45.7	41.3	32.0	48.0
Female breast cancer (f)	rate	114.0	119.5	118.6	114.0	109.6	119.4	130.0	105.3	116.0
Cervical cancer (f)	rate	7.0	6.3	7.6	6.0	7.0	9.2	6.1	13.8	6.9
2010 (d)										
Bowel cancer (e)	rate	61.5	61.7	63.2	58.5	57.6	80.7	62.9	52.0	61.8
Lung cancer (e)	rate	43.5	39.2	46.3	45.1	40.7	45.6	33.2	53.1	42.8
Melanoma (e)	rate	49.5	38.2	68.2	44.5	36.0	49.3	41.3	39.3	48.5
Female breast cancer (f)	rate	113.9	114.0	121.6	121.5	118.1	108.2	129.8	91.7	116.4
Cervical cancer (f)	rate	7.0	6.3	7.9	7.6	7.4	7.3	6.1	7.8	7.1
2009										
Bowel cancer (e)	rate	59.5	60.8	63.6	58.4	60.6	71.6	62.9	54.7	60.9
Lung cancer (e)	rate	43.6	41.5	47.2	45.9	43.6	39.5	31.3	57.7	43.8
Melanoma (e)	rate	48.2	41.4	69.3	46.0	36.3	47.7	34.9	37.0	49.1
Female breast cancer (f)	rate	116.7	109.4	120.8	113.5	112.7	117.0	149.0	83.0	115.2
Cervical cancer (f)	rate	6.8	5.7	7.6	8.4	5.1	6.0	6.5	14.1	6.7
2008										
Bowel cancer (e)	rate	60.6	62.1	66.4	58.1	66.1	77.4	63.2	49.3	62.7
Lung cancer (e)	rate	43.4	42.6	47.9	44.3	44.0	47.9	35.4	79.2	44.4
Melanoma (e)	rate	48.1	39.7	68.9	49.5	39.9	49.1	44.6	35.3	49.3
Female breast cancer (f)	rate	114.0	116.7	123.1	118.8	119.0	103.1	117.6	97.4	116.9
Cervical cancer (f)	rate	6.7	6.6	7.1	8.7	8.1	6.9	3.8	14.1	7.1
2007										
Bowel cancer (e)	rate	63.8	64.3	66.6	57.3	65.7	81.8	60.6	69.7	64.5

TABLE EA.26

Table EA.26 Incidence of selected cancers (a), (b), (c)

	<i>Unit</i>	<i>NSW (d)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>
Lung cancer (e)	rate	43.6	45.6	46.5	42.9	41.1	49.8	38.0	56.0	44.6
Melanoma (e)	rate	48.3	39.6	64.7	46.2	34.6	42.0	32.7	25.4	47.5
Female breast cancer (f)	rate	111.0	112.3	113.2	102.5	117.4	97.4	115.1	82.8	110.9
Cervical cancer (f)	rate	7.7	6.0	6.9	7.8	5.0	7.9	4.4	10.4	6.9
<b>Number of new cases</b>						<i>Number</i>				
2011 (d)										
Bowel cancer	no.	5 135	3 746	2 905	1 382	1 235	468	211	69	15 151
Lung cancer	no.	3 613	2 543	2 088	1 010	760	310	109	78	10 511
Melanoma	no.	3 975	2 059	3 263	1 117	685	274	145	52	11 570
Female breast cancer	no.	4 677	3 718	2 857	1 413	1 097	379	241	83	14 465
Cervical cancer	no.	269	184	172	70	58	22	11	15	801
2010 (d)										
Bowel cancer	no.	4 976	3 728	2 862	1 345	1 158	506	204	80	14 860
Lung cancer	no.	3 506	2 375	2 108	1 022	821	287	105	71	10 296
Melanoma	no.	3 861	2 245	3 089	1 031	684	291	141	63	11 405
Female breast cancer	no.	4 582	3 475	2 848	1 463	1 155	334	236	88	14 181
Cervical cancer	no.	265	182	177	90	65	19	11	9	818
2009										
Bowel cancer	no.	4 668	3 565	2 780	1 294	1 202	440	195	70	14 214
Lung cancer	no.	3 438	2 441	2 086	1 008	860	247	96	65	10 241
Melanoma	no.	3 695	2 376	3 041	1 036	671	274	117	54	11 264
Female breast cancer	no.	4 609	3 266	2 766	1 324	1 086	355	265	71	13 742
Cervical cancer	no.	251	164	165	93	45	15	12	11	756
2008										
Bowel cancer	no.	4 656	3 545	2 844	1 254	1 273	467	191	61	14 291
Lung cancer	no.	3 319	2 441	2 053	948	855	289	107	89	10 101

Table EA.26 Incidence of selected cancers (a), (b), (c)

	<i>Unit</i>	<i>NSW (d)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>
Melanoma	no.	3 617	2 216	2 951	1 080	734	276	144	50	11 068
Female breast cancer	no.	4 392	3 413	2 739	1 343	1 121	306	207	75	13 596
Cervical cancer	no.	248	182	149	96	66	17	7	12	777
2007										
Bowel cancer	no.	4785	3584	2774	1200	1240	481	178	80	14322
Lung cancer	no.	3 279	2 548	1 925	887	777	288	110	70	9 884
Melanoma	no.	3 542	2 163	2 698	977	619	237	104	50	10 390
Female breast cancer	no.	4 203	3 199	2 449	1 127	1 108	286	200	61	12 633
Cervical cancer	no.	278	164	145	82	40	21	8	10	748

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

(b) Due to the low incidence of cancers in some jurisdictions, rates may fluctuate widely from year to year. Comparisons across time and between jurisdictions should be made with caution.

(c) Data quality information (DQI) for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

(d) Data for NSW and the ACT for 2010 and 2011 are estimated as incidence data are not available. See DQI for more information.

(e) Age-standardised to the 2001 ERP, using five-year age groups to 85+ years, and expressed per 100 000 persons.

(f) Age-standardised to the 2001 ERP, using five-year age groups to 85+ years, and expressed per 100 000 females.

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

TABLE EA.27

Table EA.27 Incidence of selected cancers, by remoteness area, 2011 (a), (b), (c), (d), (e)

	NSW (f)	Vic	Qld	WA	SA	Tas	ACT (f)	NT	Total excluding NSW/ACT (g)	Total excluding NSW/ACT (g) no.
<i>Age standardised rate per 100 000 population</i>										
<b>Bowel cancer (h)</b>										
Major cities	na	57.2	60.7	57.8	60.0	..	na	..	58.6	6,183
Inner regional	na	69.0	66.3	57.7	56.6	71.4	na	..	66.7	2,222
Outer regional	na	74.2	63.8	62.7	62.5	77.5	na	52.7	67.2	1,182
Remote	na	45.3	61.7	56.2	71.3	91.2	na	35.5	60.5	153
Very remote	na	..	32.3	40.9	66.8	np	na	27.1	37.8	50
<b>Lung cancer (h)</b>										
Major cities	na	39.6	42.2	41.8	37.6	..	na	..	40.4	4,271
Inner regional	na	44.8	44.6	40.6	33.3	43.4	na	..	43.5	1,475
Outer regional	na	42.5	48.1	46.2	36.4	55.3	na	57.5	46.0	832
Remote	na	np	46.9	55.2	31.3	67.5	na	71.7	46.9	118
Very remote	na	..	49.1	55.0	60.6	np	na	72.2	55.8	70
<b>Melanoma (h)</b>										
Major cities	na	30.8	72.2	44.3	33.4	..	na	..	44.8	4,687
Inner regional	na	43.5	71.7	66.0	39.5	46.6	na	..	54.6	1,710
Outer regional	na	43.8	65.4	50.1	43.2	42.6	na	39.1	51.9	904
Remote	na	np	52.5	50.0	26.7	54.6	na	20.6	41.1	112
Very remote	na	..	32.2	15.6	np	np	na	np	23.9	33
<b>Female breast cancer (i)</b>										
Major cities	na	118.1	119.6	114.0	115.7	..	na	..	117.5	6,394
Inner regional	na	124.2	119.5	116.8	85.0	131.0	na	..	120.2	1,969
Outer regional	na	118.9	108.6	119.4	102.2	101.7	na	129.5	110.3	977
Remote	na	np	135.3	91.4	79.2	np	na	86.6	97.1	124
Very remote	na	..	112.6	135.8	100.9	np	na	46.8	102.6	67

Table EA.27 Incidence of selected cancers, by remoteness area, 2011 (a), (b), (c), (d), (e)

	NSW (f)	Vic	Qld	WA	SA	Tas	ACT (f)	Total excluding NT	Total excluding NSW/ACT (g)	Total excluding NSW/ACT (g) no.
<i>Age standardised rate per 100 000 population</i>										
<b>Cervical cancer (i)</b>										
Major cities	na	6.0	7.6	5.8	6.6	..	na	..	6.4	334
Inner regional	na	7.8	8.6	np	6.2	6.4	na	..	7.3	100
Outer regional	na	4.6	8.0	11.3	10.8	15.6	na	18.0	9.6	75
Remote	na	–	np	9.6	np	np	na	np	6.4	9
Very remote	na	..	–	–	–	–	na	np	np	np

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

(b) Remoteness areas are classified according to the Australian Statistical Geographical Standard (ASGS) Remoteness Area. Disaggregation by remoteness area is based on Statistical Area Level 2 (SA2) of usual residence at time of diagnosis. Not all remoteness areas are represented in all states and territories.

(c) Due to the low incidence of cancers in some jurisdictions, rates may fluctuate widely from year to year. Comparisons across time and between jurisdictions should be made with caution.

(d) Incidence rates based on counts of between 1 and 4 persons are not published because of statistical unreliability.

(e) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

(f) 2011 incidence data for NSW and the ACT are not available and were not estimated for data disaggregated by remoteness area. See DQI for more information.

(g) Totals exclude NSW and the ACT as data disaggregated by remoteness area were not available. Therefore totals should not be compared to previous years.

(h) Age-standardised to the 2001 ERP, using five-year age groups to 85+ years, and expressed per 100 000 persons.

(i) Age-standardised to the 2001 ERP, using five-year age groups to 85+ years, and expressed per 100 000 females.

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

Source: AIHW unpublished, 2011 Australian Cancer Database; ABS unpublished, *Australian Demographic Statistics*, Cat. no. 3101.0.

TABLE EA.28

Table EA.28 Incidence of selected cancers, by SEIFA IRSD quintiles, 2011 (a), (b), (c), (d), (e)

	NSW (f)	Vic	Qld	WA	SA	Tas	ACT (f)	NT	Total excluding NSW/ACT (g)	Total excluding NSW/ACT (g)	
<i>Age standardised rate per 100 000 population</i>											
<b>Bowel cancer (h)</b>											
Quintile 1	na	64.0	62.6	62.9	64.2	78.4	na	44.3	64.5	2,004	
Quintile 2	na	68.6	74.5	58.5	62.8	69.5	na	43.7	67.9	2,277	
Quintile 3	na	62.0	56.8	57.7	60.3	59.4	na	42.8	59.1	2,093	
Quintile 4	na	56.3	57.7	64.6	54.5	84.4	na	43.6	58.3	1,927	
Quintile 5	na	52.9	59.1	51.6	56.8	np	na	52.0	54.3	1,480	
<b>Lung cancer (h)</b>											
Quintile 1	na	50.8	50.6	64.6	49.1	60.3	na	84.6	52.8	1,659	
Quintile 2	na	45.6	54.0	44.7	36.7	51.5	na	85.9	46.6	1,573	
Quintile 3	na	41.1	38.5	45.8	33.9	38.4	na	np	40.0	1,424	
Quintile 4	na	38.9	38.4	41.5	31.3	27.2	na	63.8	37.9	1,251	
Quintile 5	na	29.9	34.7	32.2	28.7	np	na	35.4	31.4	853	
<b>Melanoma (h)</b>											
Quintile 1	na	25.8	61.5	45.5	34.7	41.8	na	18.9	41.3	1,218	
Quintile 2	na	37.8	86.5	48.5	30.4	46.3	na	34.5	52.3	1,671	
Quintile 3	na	34.3	63.0	46.3	36.6	46.3	na	33.3	46.6	1,627	
Quintile 4	na	33.4	68.6	43.1	39.2	46.6	na	32.6	45.7	1,539	
Quintile 5	na	38.2	75.2	48.6	39.4	110.5	na	56.7	50.3	1,390	
<b>Female breast cancer (i)</b>											
Quintile 1	na	103.3	113.2	95.1	98.7	117.2	na	76.6	105.9	1,597	
Quintile 2	na	120.2	140.4	118.3	104.2	122.8	na	104.8	122.9	2,003	
Quintile 3	na	117.1	104.1	113.3	96.0	108.2	na	124.9	109.4	1,975	
Quintile 4	na	125.7	114.0	101.9	130.6	133.6	na	109.6	119.5	2,107	
Quintile 5	na	126.1	123.9	125.5	128.0	121.3	na	121.9	125.6	1,848	

Table EA.28 Incidence of selected cancers, by SEIFA IRSD quintiles, 2011 (a), (b), (c), (d), (e)

	NSW (f)	Vic	Qld	WA	SA	Tas	ACT (f)	NT	Total excluding NSW/ACT (g)	Total excluding NSW/ACT (g)
	Age standardised rate per 100 000 population									
<b>Cervical cancer (i)</b>										
Quintile 1	na	6.6	8.5	8.0	7.5	14.3	na	np	8.0	109
Quintile 2	na	7.8	10.1	8.0	8.5	np	na	np	8.5	124
Quintile 3	na	5.7	6.2	7.6	6.5	np	na	np	6.3	106
Quintile 4	na	5.7	7.0	4.1	6.6	np	na	18.0	6.1	105
Quintile 5	na	5.9	5.9	4.2	np	np	na	np	5.5	75

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

(b) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS IRSD, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on Statistical Area Level 2 (SA2) of usual residence at time of diagnosis. Not all quintiles are represented in every jurisdiction.

(c) Due to the low incidence of cancers in some jurisdictions, rates may fluctuate widely from year to year. Comparisons across time and between jurisdictions should be made with caution.

(d) Incidence rates based on counts of between 1 and 4 persons are not published because of statistical unreliability.

(e) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

(f) 2011 incidence data for NSW and the ACT are not available and were not estimated for data disaggregated by SEIFA IRSD. See DQI for more information.

(g) Totals exclude NSW and the ACT as data disaggregated by SEIFA IRSD were not available. Therefore totals should not be compared to previous years.

(h) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 85+ years, and expressed per 100 000 persons.

(i) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 85+ years, and expressed per 100 000 females.

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

Source: AIHW unpublished, 2011 Australian Cancer Database; ABS 2013, *Populations by Age and Sex, Regions of Australia, 2012*, Cat. no. 3235.0.

TABLE EA.29

Table EA.29 **Incidence of selected cancers, by Indigenous status (per 100 000 population) (a), (b), (c), (d), (e), (f), (g)**

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

TABLE EA.29

Table EA.29	Incidence of selected cancers, by Indigenous status (per 100 000 population) (a), (b), (c), (d), (e), (f), (g)										
	NSW (h), (i), (j)	Vic	Qld	WA	SA	Tas	ACT	NT	Total (k)	Total (no.) (k)	
Aboriginal and Torres Strait Islander people	62.8	np	46.0	62.8	np	np	np	130.6	66.0	131	
Other Australians (m)	43.1	np	47.7	43.8	np	np	np	57.9	44.7	6 288	
Melanoma of the skin (l)											
Aboriginal and Torres Strait Islander people	6.8	np	np	24.6	np	np	np	–	7.9	15	
Other Australians (m)	48.9	np	70.2	50.2	np	np	np	40.7	55.6	7 687	
Female breast cancer (n)											
Aboriginal and Torres Strait Islander people	84.3	np	79.5	93.8	np	np	np	66.2	81.6	104	
Other Australians (m)	114.1	np	124.4	119.9	np	np	np	113.3	118.0	8 451	
Cervical cancer (n)											
Aboriginal and Torres Strait Islander people	8.1	np	17.1	26.5	np	np	np	np	14.6	26	
Other Australians (m)	6.7	np	7.0	8.3	np	np	np	13.7	7.1	480	
<b>2009</b>											
Bowel cancer (l)											
Aboriginal and Torres Strait Islander people	35.8	np	59.4	56.8	np	np	np	40.4	46.5	100	
Other Australians (m)	59.8	np	63.0	58.1	np	np	np	55.7	60.5	8 714	
Lung cancer (l)											
Aboriginal and Torres Strait Islander people	71.4	np	78.2	98.3	np	np	np	68.7	76.9	142	
Other Australians (m)	43.3	np	46.6	44.9	np	np	np	47.5	44.5	6 456	
Melanoma of the skin (l)											
Aboriginal and Torres Strait Islander people	4.4	np	9.2	15.9	np	np	np	np	8.2	22	

TABLE EA.29

Table EA.29 Incidence of selected cancers, by Indigenous status (per 100 000 population) (a), (b), (c), (d), (e), (f), (g)

	NSW (h), (i), (j)	Vic	Qld	WA	SA	Tas	ACT	NT	Total (k)	Total (no.) (k)
Other Australians (m)	48.9	np	70.2	46.5	np	np	np	41.9	55.0	7 809
Female breast cancer (n)										
Aboriginal and Torres Strait Islander people	80.5	np	63.2	116.6	np	np	np	107.9	83.4	109
Other Australians (m)	116.9	np	122.2	114.3	np	np	np	74.8	117.9	8 664
Cervical cancer (n)										
Aboriginal and Torres Strait Islander people	9.9	np	18.2	np	np	np	np	np	13.6	21
Other Australians (m)	6.8	np	7.3	8.1	np	np	np	11.2	7.2	496
<b>2010 (h), (k)</b>										
Bowel cancer (l)										
Aboriginal and Torres Strait Islander people	na	np	54.1	43.2	np	np	na	13.9	43.1	56
Other Australians (m)	na	np	63.3	58.5	np	np	na	61.3	61.7	4 262
Lung cancer (l)										
Aboriginal and Torres Strait Islander people	na	np	85.6	45.2	np	np	na	99.4	78.3	93
Other Australians (m)	na	np	46.1	44.7	np	np	na	43.7	45.5	3 155
Melanoma of the skin (l)										
Aboriginal and Torres Strait Islander people	na	np	9.1	np	np	np	na	np	8.2	10
Other Australians (m)	na	np	69.5	45.2	np	np	na	42.7	60.9	4 193
Female breast cancer (n)										
Aboriginal and Torres Strait Islander people	na	np	81.4	101.2	np	np	na	92.8	88.5	77
Other Australians (m)	na	np	124.1	122.3	np	np	na	94.7	123.1	4 369
Cervical cancer (n)										

TABLE EA.29

Table EA.29 **Incidence of selected cancers, by Indigenous status (per 100 000 population) (a), (b), (c), (d), (e), (f), (g)**

	NSW (h), (i), (j)	Vic	Qld	WA	SA	Tas	ACT	NT	Total (k)	Total (no.) (k)
Aboriginal and Torres Strait Islander people	na	np	25.3	19.9	np	np	na	np	20.7	19
Other Australians (m)	na	np	7.8	7.3	np	np	na	8.0	7.7	261
<b>2011 (h), (k)</b>										
Bowel cancer (l)										
Aboriginal and Torres Strait Islander people	na	np	33.1	35.1	np	np	na	np	29.9	40
Other Australians (m)	na	np	61.9	57.9	np	np	na	52.0	60.5	4 316
Lung cancer (l)										
Aboriginal and Torres Strait Islander people	na	np	69.9	85.3	np	np	na	76.6	75.1	98
Other Australians (m)	na	np	43.4	41.6	np	np	na	51.2	42.9	3 078
Melanoma of the skin (l)										
Aboriginal and Torres Strait Islander people	na	np	np	np	np	np	na	np	4.3	8
Other Australians (m)	na	np	71.3	47.2	np	np	na	38.3	62.5	4 424
Female breast cancer (n)										
Aboriginal and Torres Strait Islander people	na	np	94.2	146.7	np	np	na	99.8	108.2	94
Other Australians (m)	na	np	119.0	113.9	np	np	na	97.5	116.9	4 259
Cervical cancer (n)										
Aboriginal and Torres Strait Islander people	na	np	14.9	np	np	np	na	25.3	15.4	17
Other Australians (m)	na	np	7.4	5.9	np	np	na	11.7	7.0	240

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

(b) Rates may differ from previous Report editions as population estimates have been revised based on the 2011 Census.

Table EA.29 **Incidence of selected cancers, by Indigenous status (per 100 000 population) (a), (b), (c), (d), (e), (f), (g)**

	NSW (h), (i), (j)	Vic	Qld	WA	SA	Tas	ACT	NT	Total (k)	Total (no.) (k)
(c)	The completeness of identification of Aboriginal and Torres Strait Islander people in cancer registry data varies between jurisdictions. Those with sufficiently complete identification to enable reliable reporting of cancer incidence rates are NSW, Qld, WA and NT. Data are not published by Indigenous status for the other jurisdictions.									
(d)	Due to the low incidence of cancers in some jurisdictions, rates may fluctuate widely from year to year. Comparisons across time and between jurisdictions should be made with caution.									
(e)	Incidence rates based on counts of between 1 and 4 persons are not published because of statistical unreliability.									
(f)	The incidence rate in Aboriginal and Torres Strait Islander people may fluctuate widely from year to year due to the behaviour of rare events in small populations.									
(g)	Data quality information (DQI) for some data in this table is at <a href="http://www.pc.gov.au/rogs/2015">www.pc.gov.au/rogs/2015</a> .									
(h)	Incidence data for NSW are not available for 2010 or 2011 and were not estimated for data disaggregated by Indigenous status. See DQI for more information.									
(i)	Incidence rates for Aboriginal and Torres Strait Islander people in NSW are substantially lower than previously reported by the Cancer Institute NSW (CINSW). This is largely due to the 2011 census based population revisions. In addition, the CINSW estimates Indigenous status for cases with Indigenous status not stated, whereas those cases are counted in data for other Australians in this Report. See DQI for more information.									
(j)	Information on the death certificate is used to supplement the cancer registry's information about Indigenous status. Death certificate data for 2009 were not available for NSW by the time 2009 cancer data were being processed and this may impact on NSW data reported here for 2009.									
(k)	Totals include only those jurisdictions with sufficiently complete identification of Aboriginal and Torres Strait Islander people with cancer to enable reliable reporting of incidence rates — NSW, Queensland, WA and the NT. For 2010 and 2011, totals exclude NSW (see footnote (g)). This constitutes a break in time series — totals for 2010 and 2011 are not comparable with totals for previous years.									
(l)	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.									
(m)	Other Australians includes non-Indigenous people and those for whom Indigenous status was not stated.									
(n)	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.									
	<b>na</b> Not available. – Nil or rounded to zero. <b>np</b> Not published.									

Source: AIHW unpublished, Australian Cancer Database 2011; ABS 2013, *Australian Demographic Statistics, December 2012*, Cat. no. 3101.0; ABS 2014, *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026*, Series B, Cat. no. 3238.0, Canberra.

Table EA.30 **Incidence of heart attacks (acute coronary events), by age and sex, people aged 25 years and over (per 100 000 people) (a), (b), (c), (d)**

	<i>Unit</i>	<i>25-34</i>	<i>35-44</i>	<i>45-54</i>	<i>55-64</i>	<i>65-74</i>	<i>75-84</i>	<i>85+</i>	<i>Aust (e)</i>
2007									
Males	rate	22.3	149.3	492.7	979.0	1 650.8	2 710.5	4 586.1	729.0
Females	rate	6.4	44.1	148.1	350.7	785.8	1 683.5	3 475.5	358.2
<b>Total</b>	<b>rate</b>	<b>14.4</b>	<b>96.3</b>	<b>319.0</b>	<b>664.7</b>	<b>1 209.3</b>	<b>2 135.1</b>	<b>3 840.9</b>	<b>534.2</b>
2008									
Males	rate	18.8	142.0	457.1	907.6	1 556.2	2 519.7	4 408.5	682.7
Females	rate	5.3	40.9	144.0	314.1	721.0	1 599.7	3 402.9	337.4
<b>Total</b>	<b>rate</b>	<b>12.1</b>	<b>91.1</b>	<b>299.2</b>	<b>610.4</b>	<b>1 130.7</b>	<b>2 006.3</b>	<b>3 737.6</b>	<b>501.7</b>
2009									
Males	rate	18.4	140.4	438.5	882.3	1 399.8	2 334.5	4 104.6	639.9
Females	rate	5.1	46.3	139.6	296.9	641.1	1 442.7	3 102.1	310.2
<b>Total</b>	<b>rate</b>	<b>11.8</b>	<b>93.0</b>	<b>287.8</b>	<b>588.7</b>	<b>1 014.1</b>	<b>1 838.7</b>	<b>3 439.7</b>	<b>467.2</b>
2010									
Males	rate	17.3	131.3	437.3	823.5	1 325.2	2 225.4	3 979.2	611.3
Females	rate	5.2	43.3	139.9	283.6	620.5	1 395.3	2 943.8	299.2
<b>Total</b>	<b>rate</b>	<b>11.3</b>	<b>87.0</b>	<b>287.3</b>	<b>552.3</b>	<b>967.9</b>	<b>1 765.5</b>	<b>3 296.2</b>	<b>447.8</b>
2011									
Males	rate	15.8	125.7	416.8	784.4	1 265.0	2 127.5	3 834.8	584.0
Females	rate	6.4	40.6	134.3	274.1	578.4	1 287.7	2 901.3	283.9
<b>Total</b>	<b>rate</b>	<b>11.1</b>	<b>82.8</b>	<b>274.2</b>	<b>527.7</b>	<b>917.9</b>	<b>1 663.9</b>	<b>3 222.9</b>	<b>427.1</b>
2012									
Males	rate	15.2	132.9	399.8	752.1	1 194.6	2 019.1	3 610.7	558.3
Females	rate	5.3	40.9	135.6	256.5	521.0	1 220.8	2 677.2	266.4
<b>Total</b>	<b>rate</b>	<b>10.3</b>	<b>86.6</b>	<b>266.5</b>	<b>502.2</b>	<b>854.0</b>	<b>1 581.2</b>	<b>3 005.4</b>	<b>405.9</b>

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) The estimated number of heart attacks (acute coronary events) in a given year is derived from hospitalisations with principal diagnoses of acute myocardial infarction or unstable angina that did not end in a transfer to another acute hospital or death in hospital, plus deaths from acute coronary heart disease.
- (c) Deaths registered in 2010 and earlier are based on the final version of cause of death data; deaths registered in 2011 and 2012 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.
- (d) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).
- (e) The Australian total is directly age-standardised to the 2001 Australian standard population.

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

Table EA.31 **Incidence of heart attacks (acute coronary events), people 25 years or over, by Indigenous status (per 100 000 people) (a), (b), (c), (d), (e), (f), (g)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f)</i>
<b>Incidence of heart attacks</b>										
2007										
Aboriginal and Torres Strait Islander people	rate	na	na	na	na	na	na	na	na	1 048.0
Other Australians (h)	rate	na	na	na	na	na	na	na	na	527.6
2008										
Aboriginal and Torres Strait Islander people	rate	na	na	na	na	na	na	na	na	1 034.8
Other Australians (h)	rate	na	na	na	na	na	na	na	na	491.5
2009										
Aboriginal and Torres Strait Islander people	rate	na	na	na	na	na	na	na	na	1 024.8
Other Australians (h)	rate	na	na	na	na	na	na	na	na	456.1
2010										
Aboriginal and Torres Strait Islander people	rate	na	na	na	na	na	na	na	na	954.7
Other Australians (h)	rate	na	na	na	na	na	na	na	na	440.0
2011										
Aboriginal and Torres Strait Islander people	rate	na	na	na	na	na	na	na	na	936.6
Other Australians (h)	rate	na	na	na	na	na	na	na	na	425.1
2012										
Aboriginal and Torres Strait Islander people	rate	na	na	na	na	na	na	na	na	994.5
Other Australians (h)	rate	na	na	na	na	na	na	na	na	407.5

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) The estimated number of heart attacks (acute coronary events) in a given year is derived from hospitalisations with principal diagnoses of acute myocardial infarction or unstable angina that did not end in a transfer to another acute hospital or death in hospital, plus deaths from acute coronary heart disease.
- (c) Data are directly age standardised to the 2001 Australian standard population.
- (d) Deaths registered in 2010 and earlier are based on the final version of cause of death data; deaths registered in 2011 and 2012 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.
- (e) Rates may differ from previous reports as population estimates have been revised based on the 2011 Census.
- (f) Australian estimates are based on data from the five jurisdictions where the quality of identification of Indigenous status is considered to be reasonable in both the NHMD and the NMD (NSW, QLD, WA, SA and the NT).
- (g) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).
- (h) Other Australians includes non-Indigenous people and cases where Indigenous status was not stated or inadequately described. For the NT, all non-fatal events treated in the private hospital are included in the incidence counts for other Australians.

Table EA.31 **Incidence of heart attacks (acute coronary events), people 25 years or over, by Indigenous status (per 100 000 people) (a), (b), (c), (d), (e), (f), (g)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i> (f)
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*Source:* AIHW unpublished, National Hospital Morbidity Database; AIHW unpublished, National Mortality Database; ABS 2012, *Australian Demographic Statistics, September 2011*, Cat. no. 3101.0; ABS 2013, *Australian Demographic Statistics, December 2012*, Cat. no. 3101.0; ABS 2014, *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026*, Cat. no. 3238.0.

Table EA.32 **Incidence of heart attacks (acute coronary events), people 25 years or over, NSW (per 100 000 people) (a), (b), (c), (d)**

	<i>NSW</i>	<i>Aust</i>
2012	365.7	405.9
2011	379.2	427.1
2010	409.8	447.8
2009	428.2	467.2
2008	466.1	501.7
2007	496.6	534.2

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Directly age standardised to the 2001 Australian standard population.
- (c) Comparisons between jurisdictions **should not** be made as differences in treatment and referral patterns across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability. These data are estimated from national hospital and deaths data. The accuracy of the estimates rely on the accuracy of coding of principal diagnosis, transfers and deaths in hospital in the National Hospital Morbidity Database (NHMD) and the underlying cause of death in the National Mortality Database (NMD). See data quality information at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015) for further detail.
- (d) Deaths registered in 2010 and earlier are based on the final version of cause of death data; deaths registered in 2011 and 2012 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.

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

Table EA.33 **Incidence of heart attacks (acute coronary events), people 25 years or over, Victoria (per 100 000 people) (a), (b), (c), (d)**

	<i>Vic</i>	<i>Aust</i>
2012	380.3	405.9
2011	416.7	427.1
2010	444.6	447.8
2009	469.5	467.2
2008	503.8	501.7
2007	525.8	534.2

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Directly age standardised to the 2001 Australian standard population.
- (c) Comparisons between jurisdictions **should not** be made as differences in treatment and referral patterns across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability. These data are estimated from national hospital and deaths data. The accuracy of the estimates rely on the accuracy of coding of principal diagnosis, transfers and deaths in hospital in the National Hospital Morbidity Database (NHMD) and the underlying cause of death in the National Mortality Database (NMD). See data quality information at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015) for further detail.
- (d) Deaths registered in 2010 and earlier are based on the final version of cause of death data; deaths registered in 2011 and 2012 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.

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

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

	<i>Qld</i>	<i>Aust</i>
2012	495.7	405.9
2011	515.7	427.1
2010	513.3	447.8
2009	535.8	467.2
2008	599.4	501.7
2007	631.6	534.2

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Directly age standardised to the 2001 Australian standard population.
- (b) Comparisons between jurisdictions **should not** be made as differences in treatment and referral patterns across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability. These data are estimated from national hospital and deaths data. The accuracy of the estimates rely on the accuracy of coding of principal diagnosis, transfers and deaths in hospital in the National Hospital Morbidity Database (NHMD) and the underlying cause of death in the National Mortality Database (NMD). See data quality information at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015) for further detail.
- (d) Deaths registered in 2010 and earlier are based on the final version of cause of death data; deaths registered in 2011 and 2012 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.

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

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

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

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Directly age standardised to the 2001 Australian standard population.
- (c) Comparisons between jurisdictions **should not** be made as differences in treatment and referral patterns across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability. These data are estimated from national hospital and deaths data. The accuracy of the estimates rely on the accuracy of coding of principal diagnosis, transfers and deaths in hospital in the National Hospital Morbidity Database (NHMD) and the underlying cause of death in the National Mortality Database (NMD). See data quality information at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015) for further detail.
- (d) Deaths registered in 2010 and earlier are based on the final version of cause of death data; deaths registered in 2011 and 2012 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.

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

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

	SA	Aust
2012	375.0	405.9
2011	400.9	427.1
2010	412.1	447.8
2009	438.9	467.2
2008	448.2	501.7
2007	497.3	534.2

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Directly age standardised to the 2001 Australian standard population.
- (c) Comparisons between jurisdictions **should not** be made as differences in treatment and referral patterns across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability. These data are estimated from national hospital and deaths data. The accuracy of the estimates rely on the accuracy of coding of principal diagnosis, transfers and deaths in hospital in the National Hospital Morbidity Database (NHMD) and the underlying cause of death in the National Mortality Database (NMD). See data quality information at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015) for further detail.
- (d) Deaths registered in 2010 and earlier are based on the final version of cause of death data; deaths registered in 2011 and 2012 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.

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

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

	<i>Tas</i>	<i>Aust</i>
2012	395.9	405.9
2011	390.3	427.1
2010	457.8	447.8
2009	478.4	467.2
2008	528.3	501.7
2007	565.9	534.2

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Directly age standardised to the 2001 Australian standard population.
- (b) Comparisons between jurisdictions **should not** be made as differences in treatment and referral patterns across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability. These data are estimated from national hospital and deaths data. The accuracy of the estimates rely on the accuracy of coding of principal diagnosis, transfers and deaths in hospital in the National Hospital Morbidity Database (NHMD) and the underlying cause of death in the National Mortality Database (NMD). See data quality information at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015) for further detail.
- (d) Deaths registered in 2010 and earlier are based on the final version of cause of death data; deaths registered in 2011 and 2012 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.

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

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

	<i>ACT</i>	<i>Aust</i>
2012	369.5	405.9
2011	366.5	427.1
2010	407.7	447.8
2009	423.6	467.2
2008	380.3	501.7
2007	379.8	534.2

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Directly age standardised to the 2001 Australian standard population.
- (c) Comparisons between jurisdictions **should not** be made as differences in treatment and referral patterns across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability. These data are estimated from national hospital and deaths data. The accuracy of the estimates rely on the accuracy of coding of principal diagnosis, transfers and deaths in hospital in the National Hospital Morbidity Database (NHMD) and the underlying cause of death in the National Mortality Database (NMD). See data quality information at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015) for further detail.
- (d) Deaths registered in 2010 and earlier are based on the final version of cause of death data; deaths registered in 2011 and 2012 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.

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

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

	<i>NT</i>	<i>Aust</i>
2012	647.1	405.9
2011	729.2	427.1
2010	716.8	447.8
2009	767.6	467.2
2008	707.3	501.7
2007	696.4	534.2

- (a) Incidence is defined as the number of new cases in the reported year and is expressed as a rate of the relevant population.
- (b) Directly age standardised to the 2001 Australian standard population.
- (c) Comparisons between jurisdictions **should not** be made as differences in treatment and referral patterns across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability. These data are estimated from national hospital and deaths data. The accuracy of the estimates rely on the accuracy of coding of principal diagnosis, transfers and deaths in hospital in the National Hospital Morbidity Database (NHMD) and the underlying cause of death in the National Mortality Database (NMD). See data quality information at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015) for further detail.
- (d) Deaths registered in 2010 and earlier are based on the final version of cause of death data; deaths registered in 2011 and 2012 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.

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

TABLE EA.40

Table EA.40 **Proportion of people with type 2 diabetes (based on fasting blood glucose test), by sex, 2011-12 (per cent)**  
**(a), (b), (c), (d), (e)**

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

Table EA.40 **Proportion of people with type 2 diabetes (based on fasting blood glucose test), by sex, 2011-12 (per cent)**  
**(a), (b), (c), (d), (e)**

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

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

(a) Data include pregnant women.

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

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

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

(e) DQI for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

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

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

Source: ABS unpublished, *Australian Health Survey 2011-13*, (2011-12 NHMS component), Cat. No. 4364.0.

TABLE EA.41

Table EA.41 **Proportion of people aged 18 years or over with type 2 diabetes (based on fasting blood glucose test), by Indigenous status, by sex, 2011–13 (per cent) (a), (b), (c), (d), (e)**

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

TABLE EA.41

Table EA.41 **Proportion of people aged 18 years or over with type 2 diabetes (based on fasting blood glucose test), by Indigenous status, by sex, 2011–13 (per cent) (a), (b), (c), (d), (e)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (f)</i>	<i>Aust</i>
Relative standard error										
Males	%	17.2	23.6	16.7	16.1	16.8	17.2	27.5	29.8	8.3
Females	%	18.5	35.9	20.3	21.6	19.2	20.1	24.6	43.7	10.5
<b>Total (g)</b>	%	<b>12.8</b>	<b>17.9</b>	<b>13.2</b>	<b>13.1</b>	<b>12.1</b>	<b>13.1</b>	<b>19.4</b>	<b>23.5</b>	<b>6.4</b>

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

(a) Data include pregnant women.

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

(c) Fasting plasma glucose is a fasting blood test. Data include only people who fasted for 8 hours or more prior to their blood test. For Australia in 2011-12, approximately 79 per cent of people aged 18 years or over who participated in the NHMS had fasted. Approximately 78 per cent of people aged 18 years or over who participated in the National Aboriginal and Torres Strait Islander Health Measures Survey had fasted.

(d) Rates are age standardised to the 2001 ERP (10 year age ranges from 18–24 years to 55 years or over).

(e) DQI for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

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

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

**na** Not available.

*Source:* ABS unpublished, *Australian Health Survey 2011–13*, (2011-12 NHMS component), Cat. No. 4364.0; ABS unpublished, *Australian Aboriginal and Torres Strait Islander Health Survey, 2012-13* (National Aboriginal and Torres Strait Islander Health Measures Survey component), Cat. No. 4727.0.

TABLE EA.42

Table EA.42 **Proportion of people aged 25 years or over with type 2 diabetes (based on fasting blood glucose test), by Indigenous status, by sex, 2011–13 (per cent) (a), (b), (c), (d), (e)**

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

TABLE EA.42

Table EA.42 **Proportion of people aged 25 years or over with type 2 diabetes (based on fasting blood glucose test), by Indigenous status, by sex, 2011–13 (per cent) (a), (b), (c), (d), (e)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (f)</i>	<i>Aust</i>
Relative standard error										
Males	%	17.2	23.6	16.7	16.1	16.8	17.2	27.5	29.8	8.3
Females	%	18.5	35.9	20.3	21.6	19.2	20.1	24.6	41.0	10.5
<b>Total (g)</b>	%	<b>12.8</b>	<b>17.9</b>	<b>13.2</b>	<b>13.1</b>	<b>12.1</b>	<b>13.1</b>	<b>19.4</b>	<b>22.5</b>	<b>6.4</b>

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

(a) Data include pregnant women.

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

(c) Fasting plasma glucose is a fasting blood test. Data include only people who fasted for 8 hours or more prior to their blood test. For Australia in 2011-12, approximately 79 per cent of people aged 18 years or over who participated in the NHMS had fasted. Approximately 78 per cent of people aged 18 years or over who participated in the National Aboriginal and Torres Strait Islander Health Measures Survey had fasted.

(d) Rates are age standardised to the 2001 ERP (10-year age ranges from 25 years to 55 years or over).

(e) DQI for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

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

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

**na** Not available.

*Source:* ABS unpublished, *Australian Health Survey 2011–13*, (2011-12 NHMS component), Cat. No. 4364.0; ABS (unpublished) *Australian Aboriginal and Torres Strait Islander Health Survey, 2012-13* (National Health Measures Survey component), Cat. No. 4727.0.

Table EA.43 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years (a), (b), (c), (d), (e), (f)**

	NSW	Vic	Qld (g)	WA	SA	Tas	ACT	NT	Aust (g) (h)
2007									
Number of deaths	8 313	5 604	5 229	2 533	2 101	756	312	477	25 327
Rate per 100 000 persons	123.8	111.9	133.6	126.8	131.8	147.0	103.1	298.0	125.4
variability band (±)	2.7	2.9	3.6	5.0	5.7	10.6	11.6	29.9	1.6
2008									
Number of deaths	8 381	5 853	5 465	2 629	1 987	774	339	464	25 892
Rate per 100 000 persons	122.2	114.0	135.1	127.4	121.4	147.1	110.2	267.9	124.9
variability band (±)	2.6	2.9	3.6	4.9	5.4	10.5	11.9	26.5	1.5
2009									
Number of deaths	8 259	6 127	5 412	2 530	2 121	834	306	424	26 016
Rate per 100 000 persons	117.4	116.2	129.1	118.4	127.6	154.7	95.1	240.8	122.0
variability band (±)	2.5	2.9	3.5	4.6	5.5	10.7	10.8	24.8	1.5
2010									
Number of deaths	8 051	5 769	5 520	2 603	2 072	746	333	449	25 547
Rate per 100 000 persons	111.4	106.6	128.0	118.3	122.1	133.9	101.5	236.5	116.7
variability band (±)	2.4	2.8	3.4	4.6	5.3	9.8	11.1	23.5	1.4
2011									
Number of deaths	8 403	5 821	5 510	2 547	1 985	719	278	414	25 680
Rate per 100 000 persons	113.3	104.8	123.8	112.1	114.5	126.1	82.0	217.7	114.1
variability band (±)	2.4	2.7	3.3	4.4	5.1	9.4	9.8	22.3	1.4
2012									
Number of deaths	7 992	5 343	5 564	2 558	1 914	768	291	478	24 908
Rate per 100 000 persons	105.6	93.5	121.1	108.0	108.8	131.8	83.4	240.5	107.8
variability band (±)	2.3	2.5	3.2	4.2	4.9	9.6	9.7	22.6	1.3

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

(b) Data based on reference year. See data quality information (DQI) at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015) for further detail.

(c) Potentially avoidable deaths refer to deaths from certain conditions that are considered avoidable given timely and effective health care. Avoidable mortality measures premature deaths (for those aged 0-74 years) for specific conditions defined and agreed to nationally by NHISSC and endorsed by NHIPPC (August 2014).

(d) Causes of death data are subject to a two-year revisions process. Data for 2007 to 2010 are final; data for 2011 are revised and subject to further revision; data for 2012 are preliminary and subject to revision. See Causes of Death, Australia, 2012 (Cat. no. 3303.0) Technical Note: Causes of Death Revisions 2010 and 2011 for further information.

(e) Historical data may differ from previous reports as a nationally agreed revisions to the definition of potentially avoidable deaths in 2014 have been applied. See DQI for more information.

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

**Table EA.43 Age-standardised mortality rates of potentially avoidable deaths, under 75 years (a), (b), (c), (d), (e), (f)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld (g)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i> (g) (h)
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(g) Care should be taken when interpreting deaths data for Queensland for 2010 as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See DQI for a more detailed explanation.

(h) All states and territories including other territories.

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

Table EA.44 **Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT (a), (b), (c), (d), (e), (f), (g), (h), (i), (j)**

	<i>unit</i>	<i>NSW</i>	<i>Qld (k)</i>	<i>WA (l)</i>	<i>SA</i>	<i>NT</i>	<i>Total (m)</i>
2003–2007							
Aboriginal and Torres Strait Islander people							
Number of deaths	no.	1 219	1 488	1 012	389	1 248	5 356
Rate (a)	per 100 000	256.0	380.4	504.6	405.8	701.9	391.1
Other Australians (i)							
Number of deaths	no.	41 400	24 263	10 812	10 215	962	87 652
Rate (a)	per 100 000	130.1	135.1	118.1	133.4	181.6	130.5
2004–2008							
Aboriginal and Torres Strait Islander people							
Number of deaths	no.	1 220	1 447	1 109	378	1 269	5 423
Rate (a)	per 100 000	246.9	350.7	524.1	386.5	696.5	379.9
Other Australians (i)							
Number of deaths	no.	40 660	24 329	10 885	9 870	991	86 735
Rate (a)	per 100 000	126.3	131.7	115.8	127.2	175.1	126.8
2005–2009							
Aboriginal and Torres Strait Islander people							
Number of deaths	no.	1 244	1 477	1 155	390	1 253	5 519
Rate (a)	per 100 000	241.3	342.9	527.2	378.2	672.2	371.8
Other Australians (i)							
Number of deaths	no.	39 909	24 216	11 027	9 879	991	86 022
Rate (a)	per 100 000	121.1	126.6	113.3	124.8	168.4	122.3
2006–2010							
Aboriginal and Torres Strait Islander people							
Number of deaths	no.	1 310	1 506	1 199	372	1 261	5 648
Rate (a)	per 100 000	246.6	338.3	529.8	357.6	661.4	370.1
Other Australians (i)							
Number of deaths	no.	39 534	24 344	11 254	9 782	981	85 895
Rate (a)	per 100 000	117.1	123.2	111.8	121.2	158.2	118.8
2007–2011							
Aboriginal and Torres Strait Islander people							
Number of deaths	no.	1 371	1 501	1 213	387	1 241	5 713
Rate (a)	per 100 000	245.3	316.8	525.6	357.0	637.0	359.0
Other Australians (i)							
Number of deaths	no.	39 614	24 695	11 309	9 753	976	86 347
Rate (a)	per 100 000	114.2	120.7	108.2	118.3	149.7	115.9
2008–2012							

Table EA.44 **Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT (a), (b), (c), (d), (e), (f), (g), (h), (i), (j)**

	<i>unit</i>	<i>NSW</i>	<i>Qld (k)</i>	<i>WA (l)</i>	<i>SA</i>	<i>NT</i>	<i>Total (m)</i>
Aboriginal and Torres Strait Islander people							
Number of deaths	no.	1 377	1 541	1 231	377	1 275	5 801
Rate (a)	per 100 000	236.2	313.3	515.3	342.0	630.0	351.3
Other Australians (i)							
Number of deaths	no.	39 289	24 945	11 298	9 595	944	86 071
Rate (a)	per 100 000	110.5	118.2	104.9	114.0	138.8	112.5

- (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) Potentially avoidable deaths refer to deaths from certain conditions that are considered avoidable given timely and effective health care. Avoidable mortality measures premature deaths (for those aged 0-74 years) for specific conditions defined and agreed to nationally by NHISSC and endorsed by NHIPPC (August 2014).
- (c) Historical data may differ from previous reports as a nationally agreed revisions to the definition of potentially avoidable deaths in 2014 have been applied. data quality information (DQI) at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015) for further detail.
- (d) Non-Indigenous estimates are available for census years only. In the intervening years, Aboriginal and Torres Strait Islander population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the projected Indigenous population from the total population. Non-Indigenous population estimates have been derived for these data by subtracting the 2011 Census-based Indigenous population projections from the 2011 Census based total persons estimated resident population (ERP). Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.
- (e) Data based on reference year. See DQI for further information.
- (f) Some totals and figures may not compute due to the effects of rounding.
- (g) Data are presented in five-year groupings due to the volatility of small numbers each year.
- (h) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.
- (i) Causes of death data are subject to a two-year revisions process. Data for 2007 to 2010 are final; data for 2011 are revised and subject to further revision; data for 2012 are preliminary and subject to revision. See Causes of Death, Australia, 2012 (Cat. no. 3303.0) Technical Note: Causes of Death Revisions 2010 and 2011 for further information.
- (j) Deaths where the Indigenous status of the deceased was not stated are excluded from analysis.
- (k) Care should be taken when interpreting deaths data for Queensland for 2010 as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See DQI for a more detailed explanation.
- (l) For WA, Indigenous deaths data for 2007, 2008 and 2009 have been corrected. The data differ from previous reports in which they were over-reported. Please see DQI for more information.

Table EA.44 **Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT (a), (b), (c), (d), (e), (f), (g), (h), (i), (j)**

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

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

**Table EA.45 All Australians average life expectancy at birth (years) (a), (b)***This table has changed since the Report release in January 2015.**See errata at <http://www.pc.gov.au/research/recurring/report-on-government-services/2015/health>*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (c)
<b>Males</b>									
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
2009–2011	79.8	80.3	79.5	80.1	79.7	78.3	81.0	74.9	79.7
2010–2012	79.9	80.5	79.5	80.1	79.8	78.7	81.2	74.7	79.9
2011–2013	80.0	80.7	79.6	80.3	80.0	78.8	81.7	74.9	80.1
<b>Females</b>									
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
2009–2011	84.2	84.4	84.1	84.6	84.0	82.5	84.8	80.5	84.2
2010–2012	84.2	84.5	84.0	84.8	84.2	82.6	85.1	80.0	84.3
2011–2013	84.3	84.7	84.1	84.8	84.3	82.6	85.0	79.2	84.3
<b>Difference between male and female life expectancies at birth (d)</b>									
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	4.6	4.4	4.3	4.2	5.2	4.5
2009–2011	4.4	4.1	4.6	4.5	4.3	4.2	3.8	5.6	4.5
2010–2012	4.3	4.0	4.5	4.7	4.4	3.9	3.9	5.3	4.4
2011–2013	4.3	4.0	4.5	4.5	4.3	3.8	3.3	4.3	4.2

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

(b) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

(c) Data for Australia include Other territories.

(d) Differences are based on unrounded estimates.

*Source: ABS 2014, Life Tables, Australia, States and Territories, 2011-2013 (Cat. no. 3302.0.55.001).*

Table EA.46 **Estimated life expectancies at birth, by Indigenous status and sex (years) (a), (b), (c), (d)**

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

(a) Estimates of life expectancy for Aboriginal and Torres Strait Islander people are not available for Victoria, SA, Tasmania or the ACT as numbers are insufficiently large to support valid estimation.

Table EA.46 **Estimated life expectancies at birth, by Indigenous status and sex (years) (a), (b), (c), (d)**

	<i>NSW</i>	<i>Qld</i>	<i>WA</i>	<i>NT</i>	<i>Australia — for comparison (e), (f)</i>	<i>Australia — Headline estimates (e), (g)</i>
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- (b) Care should be taken in comparing life expectancy data by Indigenous status over time as Indigenous status is determined by self-identification and can vary from one Census to another.
- (c) Life tables are constructed separately for males and females. Life expectancy estimates for Persons are a weighted combination of male and female life expectancies.
- (d) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).
- (e) Australian totals include all states and territories.
- (f) These estimates, calculated without an age-adjustment, are not the headline estimates for Australia but are provided to enable effective comparison with the state and territory estimates.
- (g) Headline estimates for Australia for 2010–2012 are calculated using an improved methodology (taking into account age-specific identification rates) that could not be applied at state/territory level. Therefore, these data should not be compared with data for any State or Territory. The statistical impact of the improved methodology as well as the improved collection of Indigenous status in the 2011 Post Enumeration Survey were also applied to provide 'Headline estimates' for Australia for 2005--2007 data, to enable comparison over time.
- (h) Differences are based on unrounded estimates.

**na** Not available.

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

Table EA.47 **Median age at death (years) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Total (c)</i>
<b>All Australians</b>									
Males									
2004	76.9	77.3	75.9	75.6	77.4	76.6	74.9	55.0	76.6
2005	77.0	77.4	76.0	76.0	77.7	76.3	76.0	56.8	76.8
2006	77.7	77.9	76.4	76.4	78.2	76.9	75.9	57.1	77.3
2007	77.9	78.2	76.7	76.2	78.6	76.6	76.7	59.2	77.5
2008	78.3	78.5	77.0	76.4	78.9	78.2	78.3	61.4	77.9
2009	78.2	78.5	76.7	76.5	79.1	77.3	76.7	59.3	77.8
2010	78.5	79.1	76.9	77.0	79.5	78.0	77.4	61.3	78.2
2011 (d)	78.8	79.3	77.0	76.8	79.4	78.0	77.9	60.1	78.3
2012	79.1	79.7	77.3	77.0	80.2	78.0	78.3	59.6	78.7
2013	78.8	79.9	77.0	77.3	79.8	78.1	76.7	64.7	78.6
Females									
2004	82.7	82.9	82.1	82.0	83.2	82.6	81.0	61.4	82.6
2005	83.1	83.2	82.4	82.8	83.7	82.7	82.4	57.1	83.0
2006	83.4	83.6	82.8	82.6	84.0	83.1	82.6	65.0	83.3
2007	83.6	83.9	83.1	83.1	84.2	83.6	82.5	60.3	83.5
2008	84.0	84.2	83.4	83.7	84.5	83.4	83.0	61.8	83.9
2009	84.0	84.5	83.2	83.2	84.4	83.4	83.1	64.5	83.9
2010	84.2	84.7	83.6	83.7	84.8	83.5	84.4	64.1	84.2
2011 (d)	84.6	84.8	83.9	84.1	85.3	83.8	84.3	62.0	84.5
2012	84.7	85.2	83.9	84.0	85.5	83.7	84.6	63.7	84.6
2013	84.9	85.3	83.6	83.9	85.4	84.1	83.8	65.0	84.7

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

(b) Based on year of registration of death (also called 'reference year').

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

(d) Data for 2011 include delayed notifications of registered deaths to the Australian Bureau of Statistics.

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

Table EA.48 **Median age at death, by Indigenous status (years) (a), (b), (c), (d)**

	NSW	Vic (e)	Qld	WA	SA	Tas (e)	ACT (e)	NT	Total (e), (f)
<b>Aboriginal and Torres Strait Islander people (c), (d)</b>									
Males									
2004	55.8	np	53.7	50.0	49.5	np	np	43.8	51.2
2005	54.3	np	51.1	52.8	42.4	np	np	45.8	50.4
2006	59.3	np	55.6	47.9	50.4	np	np	45.4	52.4
2007	58.1	np	54.7	51.3	50.5	np	np	45.9	52.7
2008	59.9	np	53.2	48.7	49.0	np	np	52.1	53.1
2009	57.2	np	53.2	50.2	48.0	np	np	48.3	52.3
2010	58.3	np	55.0	52.0	54.0	np	np	50.8	54.3
2011	58.5	np	57.3	52.2	50.3	np	np	51.8	55.4
2012	60.6	np	56.1	54.8	53.0	np	np	49.9	55.0
2013	58.5	np	53.6	53.9	48.8	np	np	52.5	54.6
Females									
2004	62.7	np	57.9	63.6	53.5	np	np	54.0	60.1
2005	65.8	np	59.5	57.8	47.5	np	np	50.4	57.9
2006	64.8	np	57.0	57.0	59.3	np	np	55.3	59.0
2007	63.0	np	59.5	58.1	58.3	np	np	55.7	59.2
2008	63.8	np	62.3	57.7	53.5	np	np	56.0	59.3
2009	65.9	np	62.6	56.8	53.0	np	np	55.4	61.0
2010	67.1	np	59.5	56.3	59.3	np	np	55.4	60.7
2011	66.2	np	59.0	54.2	50.3	np	np	55.0	58.5
2012	63.9	np	63.9	61.1	61.3	np	np	52.8	61.3
2013	66.2	np	62.9	57.8	55.3	np	np	58.0	61.6
<b>Other Australians (c), (d)</b>									
Males									
2004	77.0	np	76.2	76.3	77.6	np	np	63.0	76.8
2005	77.2	np	76.4	76.6	77.9	np	np	63.7	76.9
2006	77.8	np	76.7	76.9	78.3	np	np	64.7	77.4
2007	78.1	np	77.1	76.9	78.7	np	np	64.6	77.7
2008	78.5	np	77.3	77.0	79.2	np	np	66.3	78.0
2009	78.4	np	77.2	77.3	79.3	np	np	66.6	78.0
2010	78.6	np	77.5	77.8	79.6	np	np	64.9	78.3
2011	79.1	np	77.5	77.4	79.7	np	np	66.6	78.5
2012	79.3	np	77.6	77.9	80.2	np	np	67.1	78.7
2013	78.9	np	77.4	77.8	80.0	np	np	69.9	78.5
Females									
2004	82.8	np	82.5	82.3	83.3	np	np	71.3	82.7
2005	83.1	np	82.6	83.2	83.7	np	np	70.5	83.1
2006	83.5	np	83.1	83.1	84.1	np	np	75.0	83.4
2007	83.7	np	83.3	83.4	84.3	np	np	69.3	83.6
2008	84.2	np	83.7	84.1	84.6	np	np	75.7	84.1

Table EA.48 **Median age at death, by Indigenous status (years) (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic (e)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT (e)</i>	<i>NT</i>	<i>Total (e), (f)</i>
2009	84.1	np	83.4	83.6	84.6	np	np	71.8	83.9
2010	84.3	np	83.9	84.2	84.9	np	np	75.2	84.3
2011	84.7	np	84.2	84.4	85.3	np	np	73.5	84.6
2012	84.9	np	84.2	84.4	85.6	np	np	74.0	84.7
2013	85.0	np	83.9	84.2	85.5	np	np	71.4	84.7

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

(b) Based on year of registration of death (also called 'reference year').

(c) Excludes deaths not identified as Aboriginal and Torres Strait Islander people or other Australians. As a result, deaths may be underestimated for both populations.

(d) Care should be exercised when comparing median age at death between Aboriginal and Torres Strait Islander and other Australians. For example, a lower median age at death can result from better identification of Aboriginal and Torres Strait Islander people for infant deaths than for older age groups.

(e) Victoria, Tasmania and the ACT are excluded due to small numbers of registered Aboriginal and Torres Strait Islander deaths.

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

**np** Not published.

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

Table EA.49 **Age standardised mortality rate (all causes), by State and Territory (a), (b), (c)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (d)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (d) (e)</i>
<b>2007</b>										
Rate	per 100 000 persons	600.4	583.4	621.2	594.7	611.5	693.2	560.1	902.2	604.4
	variability band $\pm$	5.5	6.2	7.6	10.6	10.9	21.3	27.8	68.5	3.2
<b>2008</b>										
Rate	per 100 000 persons	607.9	592.6	638.0	596.8	606.8	688.5	578.0	950.3	612.4
	variability band $\pm$	5.4	6.2	7.6	10.4	10.8	21.0	27.8	70.5	3.2
<b>2009</b>										
Rate	per 100 000 persons	569.7	577.4	595.9	568.9	587.9	671.0	540.2	824.6	582.0
	variability band $\pm$	5.2	6.0	7.2	10.0	10.5	20.5	26.4	64.3	3.1
<b>2010</b>										
Rate	per 100 000 persons	562.6	557.8	589.8	556.0	593.9	664.6	528.8	818.4	572.5
	variability band $\pm$	5.1	5.8	7.1	9.7	10.4	20.2	25.6	63.2	3.0
<b>2011</b>										
Rate	per 100 000 persons	576.4	555.8	581.0	535.6	566.6	642.4	513.1	795.0	570.0
	variability band $\pm$	5.1	5.8	6.9	9.4	10.1	19.6	24.7	62.1	2.9
<b>2012</b>										
Rate	per 100 000 persons	544.5	524.7	580.7	538.9	572.4	658.3	494.9	769.2	552.3
	variability band $\pm$	4.9	5.5	6.8	9.2	10.0	19.6	23.8	56.7	2.9
<b>2013</b>										
Rate	per 100 000 persons	543.6	512.1	554.9	522.6	547.8	649.0	474.8	831.9	540.0
	variability band $\pm$	4.8	5.4	6.6	8.9	9.7	19.4	22.8	58.1	2.8

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

(b) Rates may differ from previous Report editions as population estimates are revised based on the 2011 Census.

(c) Data based on year of registration of death (also called 'reference year'). See data quality information (DQI) for more detail.

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

Table EA.49 **Age standardised mortality rate (all causes), by State and Territory (a), (b), (c)**

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (d)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (d) (e)</i>
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(e) Includes Other Territories.

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

Table EA.50 **Age standardised all-cause mortality rate and rate ratios, by Indigenous status, NSW, Qld, WA, SA, NT, five year aggregate, 2009–2013 (per 100 000 people) (a), (b), (c), (d), (e), (f), (g), (h)**

	<i>Unit</i>	<i>NSW</i>	<i>Qld (i)</i>	<i>WA</i>	<i>SA</i>	<i>NT</i>	<i>Total (j), (k)</i>
Aboriginal and Torres Strait Islander people							
Rate per 100 000 persons	rate	804.0	964.4	1 232.4	818.0	1 461.3	985.0
Variability bands (l)	±	72.3	91.0	144.1	150.3	163.9	48.1
Other Australians							
Rate per 100 000 persons	rate	584.9	589.6	552.1	611.0	611.6	585.2
Variability bands (l)	±	5.2	7.2	9.8	10.7	59.7	3.6
Rate ratio (m)	no.	1.4	1.6	2.2	1.3	2.4	1.7

- (a) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100 000 standard population. SDRs in this table have been calculated using the direct method, age standardised by 5 year age groups to 75 years and over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.
- (b) Although most deaths are registered, it is likely that some are not accurately identified as of Aboriginal and Torres Strait Islander people. Therefore, data are likely to underestimate the mortality rate for Aboriginal and Torres Strait Islander people.
- (c) Data are reported individually by jurisdiction of usual residence for NSW, Qld, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification for Aboriginal and Torres Strait Islander people and sufficient numbers of deaths to support mortality analysis.
- (d) Data based on year of registration of death (also called 'reference year').
- (e) Data are presented in five-year groupings due to volatility of the small numbers involved.
- (f) Rates are derived using population estimates and projections based on the 2011 Census. Non-Indigenous population estimates are available for Census years only. In the intervening years, non-Indigenous rates are derived using Aboriginal and Torres Strait Islander population estimates and projections — derived from assumptions about past and future levels of fertility, mortality and migration — subtracted from the total ERP to provide non-Indigenous population estimates. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base Census year of the projection series increases. ERPs used from 2012 onwards are first release preliminary estimates. See DQI for further information.
- (g) Age at death unknown has been prorated across all age groups.
- (h) Excludes deaths where Indigenous status is recorded as 'not stated'.

Table EA.50 **Age standardised all-cause mortality rate and rate ratios, by Indigenous status, NSW, Qld, WA, SA, NT, five year aggregate, 2009–2013 (per 100 000 people) (a), (b), (c), (d), (e), (f), (g), (h)**

	<i>Unit</i>	<i>NSW</i>	<i>Qld (i)</i>	<i>WA</i>	<i>SA</i>	<i>NT</i>	<i>Total (j), (k)</i>
(i)	Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See data quality information (DQI) for further information.						
(j)	Some totals and figures may not compute due to the effects of using different denominators and of rounding.						
(k)	Total includes data for NSW, Qld, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.						
(l)	Variability bands can be used for comparisons within jurisdictions (for cause of death or over time), but not between jurisdictions or between jurisdictions and totals. See DQI for further information.						
(m)	Rate ratio is the age standardised rate for Aboriginal and Torres Strait Islander people divided by the non-Indigenous rate.						

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

Table EA.51 **Age standardised all-cause mortality rate and rate ratios, by Indigenous status, NSW, Qld, WA, SA, NT, 2013 (per 100 000 people) (a), (b), (c), (d), (e), (f), (g)**

	<i>Unit</i>	<i>NSW</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>NT</i>	<i>Total (h), (i)</i>
2013							
Aboriginal and Torres Strait Islander people	rate	832.0	1 003.1	1 121.3	827.7	1 490.1	995.7
Variability bands (j)	±	69.9	89.2	130.1	142.1	161.2	46.2
Other Australians	rate	574.4	565.6	532.4	587.6	632.4	568.5
Variability bands (j)	±	5.1	6.8	9.3	10.3	56.6	3.5
Rate ratio (k)	no.	1.4	1.8	2.1	1.4	2.4	1.8

- (a) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100 000 standard population. SDRs in this table have been calculated using the direct method, age standardised by 5 year age groups to 75 years and over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.
- (b) Although most deaths of Aboriginal and Torres Strait Islander people are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Aboriginal and Torres Strait Islander all causes mortality rate.
- (c) Data are reported individually by jurisdiction of usual residence for NSW, Qld, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.
- (d) Data based on year of registration of death (also called 'reference year').
- (e) Rates are derived using population estimates and projections based on the 2011 Census. Non-Indigenous population estimates are available for Census years only. In the intervening years, non-Indigenous rates are derived using Aboriginal and Torres Strait Islander population estimates and projections — derived from assumptions about past and future levels of fertility, mortality and migration — subtracted from the total ERP to provide non-Indigenous population estimates. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base Census year of the projection series increases. ERPs used from 2012 onwards are first release preliminary estimates. See DQI for more information.
- (f) Age at death unknown has been prorated across all age groups.
- (g) Excludes deaths where Indigenous status is recorded as 'not stated'.
- (h) Some totals and figures may not compute due to the effects of rounding.
- (i) Total includes data for NSW, Qld, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

Table EA.51 **Age standardised all-cause mortality rate and rate ratios, by Indigenous status, NSW, Qld, WA, SA, NT, 2013 (per 100 000 people) (a), (b), (c), (d), (e), (f), (g)**

<i>Unit</i>	<i>NSW</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>NT</i>	<i>Total (h), (i)</i>
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(j) Variability bands can be used for comparisons within jurisdictions (for cause of death or over time), but not between jurisdictions or between jurisdictions and totals. See DQI for more information.

(k) Rate ratio is the age standardised rate for Aboriginal and Torres Strait Islander people divided by the non-Indigenous rate.

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

Table EA.52 **Infant mortality (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (e)</i>
2004									
Number of deaths	399	282	262	99	54	21	29	38	1 184
Rate per 1000 live births	4.6	4.5	5.2	3.9	3.2	3.6	6.9	10.7	4.7
2005									
Number of deaths	425	321	264	120	91	22	24	35	1 302
Rate per 1000 live births	4.7	5.1	5.1	4.6	5.1	3.5	5.7	9.6	4.9
2006									
Number of deaths	424	283	279	136	59	25	23	33	1 262
Rate per 1000 live births	4.6	4.3	5.3	4.9	3.2	3.9	5.1	8.9	4.7
2007									
Number of deaths	387	270	308	71	88	28	18	33	1 203
Rate per 1000 live births	4.0	3.8	5.0	2.4	4.5	4.2	3.8	8.5	4.1
2008									
Number of deaths	412	264	308	108	59	26	24	24	1 226
Rate per 1000 live births	4.1	3.7	4.9	3.4	2.9	3.8	5.0	6.1	4.1
2009									
Number of deaths	387	278	356	99	73	24	17	27	1 261
Rate per 1000 live births	3.9	3.9	5.4	3.2	3.7	3.6	3.5	7.1	4.2
2010									
Number of deaths	390	230	347	113	76	26	19	28	1 229
Rate per 1000 live births	3.9	3.3	5.4	3.6	3.8	4.1	3.7	7.2	4.1
2011									
Number of deaths	372	251	294	96	52	30	15	30	1 140
Rate per 1000 live births	3.8	3.5	4.6	3.0	2.6	4.5	2.9	7.6	3.8
2012									
Number of deaths	312	219	281	83	65	22	16	33	1 031
Rate per 1000 live births	3.2	2.8	4.4	2.5	3.2	3.6	2.9	8.0	3.3
2013									
Number of deaths	372	216	289	84	65	22	16	30	1 094
Rate per 1000 live births	3.7	2.9	4.6	2.4	3.2	3.6	2.9	7.4	3.6

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

(b) Data are based on year of registration. Note that the terms 'registration year' in the Deaths collection and 'reference year' in the Causes of Death collection have the same meaning.

(c) Some totals and figures may not compute due to rounding.

(d) Small numbers of registered deaths can lead to volatility in death rates.

(e) Includes other territories.

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

Table EA.53 **Infant mortality rate by Indigenous status, three year average (per 1000 live births) (a), (b), (c), (d), (e), (f)**

	NSW (g)	Vic (e)	Qld (h)	WA	SA	Tas (e)	ACT (e)	NT	Aust
<b>Aboriginal and Torres Strait Islander infants</b>									
2004–2006	6.6	na	11.1	11.9	6.7	na	na	16.7	na
2005–2007	7.2	na	9.1	10.2	8.9	na	na	15.7	na
2006–2008	6.2	na	7.9	9.5	6.4	na	na	13.6	na
2007–2009	5.3	na	7.6	7.1	6.7	na	na	12.2	na
2008–2010	4.1	na	8.8	7.7	4.6	na	na	11.4	na
2009–2011	3.9	na	8.4	7.0	5.4	na	na	13.0	na
2010–2012	3.8	na	6.9	6.5	6.5	na	na	13.7	na
2011–2013	3.9	na	6.5	5.1	7.9	na	na	13.6	na
<b>Other infants</b>									
2004–2006	4.5	na	4.7	3.9	3.6	na	na	4.7	na
2005–2007	4.2	na	4.8	3.4	4.0	na	na	4.2	na
2006–2008	4.1	na	4.7	3.1	3.4	na	na	3.8	na
2007–2009	3.9	na	4.7	2.8	3.5	na	na	3.9	na
2008–2010	3.9	na	4.7	3.1	3.4	na	na	3.7	na
2009–2011	3.8	na	4.7	2.9	3.3	na	na	3.6	na
2010–2012	3.5	na	4.4	2.6	3.0	na	na	3.7	na
2011–2013	3.5	na	4.2	2.3	2.7	na	na	4.1	na

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

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

(c) Data based on year of registration of death (also called 'reference year').

(d) Data are presented in three-year groupings to reduce volatility stemming from the small numbers of registered Aboriginal and Torres Strait Islander infant deaths.

(e) Data are not available for Victoria, Tasmania or the ACT due to small numbers of registered Aboriginal and Torres Strait Islander infant deaths.

(f) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

(g) NSW data have been revised to include previously unprocessed NSW Birth Registrations for the period 2005 to 2010.

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

na Not available.

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

Table EA.54 **All causes infant and child mortality, by age group (a), (b), (c), (d), (e)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (f)</i>	<i>WA (g)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f), (g), (h)</i>
<b>Infants (&lt;1 year) (i)</b>										
<i>2007–2009</i>										
Number of deaths	no.	1 186	812	972	278	220	78	59	84	3 690
Rate per 1000 live births		4.3	3.8	5.1	3.0	3.7	3.9	4.1	7.2	4.2
<i>2008–2010</i>										
Number of deaths	no.	1 189	772	1 011	320	208	76	60	79	3 716
Rate per 1000 live births		4.0	3.6	5.1	3.5	3.5	3.8	4.1	6.9	4.1
<i>2009–2011</i>										
Number of deaths	no.	1 149	759	997	308	201	80	51	85	3 630
Rate per 1000 live births		3.8	3.6	5.2	3.3	3.3	4.2	3.3	7.3	4.0
<i>2010–2012</i>										
Number of deaths	no.	1074	700	903	292	193	78	50	91	3381
Rate per 1000 live births		3.6	3.3	4.8	3.0	3.2	3.9	3.3	7.7	3.7
<i>2011–2013</i>										
Number of deaths	no.	1056	686	864	263	182	74	47	93	3265
Rate per 100 000 population		3.6	3.0	4.5	2.6	3.0	4.0	2.9	7.6	3.5
<b>Child (0–4 years) (j)</b>										
<i>2007–2009</i>										
Number of deaths	no.	204	955	1 146	346	271	94	71	104	4 378
Rate per 100 000 population		104.1	95.0	132.1	80.9	96.3	97.7	105.9	191.9	105.9
<i>2008–2010</i>										
Number of deaths	no.	1 386	919	1 150	398	258	94	71	100	4 377
Rate per 100 000 population		101.9	88.7	126.2	88.9	89.4	94.4	102.8	180.5	102.6
<i>2009–2011</i>										
Number of deaths	no.	1 346	901	1 124	383	249	96	58	103	4 260
Rate per 100 000 population		97.7	85.4	120.8	82.9	84.3	95.6	80.6	184.0	97.9
<i>2010–2012</i>										
Number of deaths	no.	1 254	834	1 046	370	238	91	60	110	4 003
Rate per 100 000 population		88.3	79.0	114.6	78.9	81.4	95.3	82.9	198.3	91.5
<i>2011–2013</i>										
Number of deaths	no.	1234	809	1013	341	234	83	57	115	3886
Rate per 100 000 population		86.0	74.9	108.9	70.0	78.9	87.5	75.8	204.5	87.2

(a) State or Territory of usual residence.

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

(c) Data based on year of registration of death (also called 'reference year').

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

(e) Data quality information for some data in this table is at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015).

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

Table EA.54 **All causes infant and child mortality, by age group (a), (b), (c), (d), (e)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i> (f)	<i>WA</i> (g)	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i> (f), (g), (h)
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(g) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data were not previously supplied in 2011. Corrected WA Indigenous mortality data for these years are now available. See data quality statements for more information.

(h) All states and territories including other territories.

(i) Includes all deaths within the first year of life. Historical data have been revised and differ from previous reports. Rates represent the number of deaths per 1000 live births.

(j) For child deaths (0–4 years), rates represent the number of deaths per 100 000 ERP (0–4 years) at 30 June of the mid point year of the reference period. Rates for data to 2010–2012 are derived using ERPs based on the 2006 Census. Rates for data from 2011–2013 are derived using ERPs based on the 2011 Census. Rates derived using estimates based on different Censuses are not comparable.

Source: ABS unpublished, *Deaths, Australia*; ABS unpublished, *Births, Australia*; ABS unpublished, *Australian Demographic Statistics*, Cat. no. 3101.0.

Table EA.55 **All causes infant and child mortality, by Indigenous status, NSW, Queensland, WA, SA, NT (a), (b), (c), (d), (e), (f), (g)**

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

Table EA.55 **All causes infant and child mortality, by Indigenous status, NSW, Queensland, WA, SA, NT (a), (b), (c), (d), (e), (f), (g)**

	<i>Unit</i>	<i>NSW</i>	<i>Qld (h)</i>	<i>WA (i)</i>	<i>SA</i>	<i>NT</i>	<i>Total (j)</i>
<b>Rate</b>							
Aboriginal and Torres Strait Islander children	per 100 000 population	124	211	250	175	311	203
Other children	per 100 000 population	92.1	106.1	109.5	48.4	101.7	91.4
Rate ratio (l)		1.4	2.0	2.3	3.6	3.1	2.2
<b>2009–2013</b>							
<b>Infants (&lt;1 year) (k)</b>							
<b>Number of deaths</b>							
Aboriginal and Torres Strait Islander infants	no.	109	189	72	32	100	502
Other infants	no.	1 697	1 300	378	291	48	3 714
<b>Rate</b>							
Aboriginal and Torres Strait Islander infants	per 1000 live births	3.9	7.2	5.7	6.8	13.0	6.3
Other infants	per 1000 live births	3.6	4.5	2.6	3.1	4.0	3.7
Rate ratio (l)		1.1	1.6	2.2	2.2	3.2	1.7
<b>Child (0–4 years) (m)</b>							
<b>Number of deaths</b>							
Aboriginal and Torres Strait Islander children	no.	134	227	98	38	124	621
Other children	no.	1 976	1 506	479	365	58	4 384
<b>Rate</b>							
Aboriginal and Torres Strait Islander children	per 100 000 population	102.9	182.5	186.5	169.8	330.2	169.1
Other children	per 100 000 population	88.0	106.9	65.0	78.1	103.5	89.2
Rate ratio (l)		1.2	1.7	2.9	2.2	3.2	1.9

- (a) Data exclude deaths where Indigenous status was not stated. As a result, death rates by Indigenous status may be underestimated.
- (b) Data are reported individually by jurisdiction of residence for NSW, Queensland, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.
- (c) Data are presented in five-year groupings due to volatility of the small numbers involved.
- (d) A derived ERP is used in the calculation of population rates. Non-Indigenous ERP is derived by subtracting population projections for Aboriginal and Torres Strait Islander people from the total population ERP. The ERP used for data to 2008–2012 is based on the 2006 Census. The ERP used for data from 2009–2013 is based on the 2011 census. Rates derived using estimates based on different Censuses are not comparable. See the data quality information (DQI) for more detail.

Table EA.55 **All causes infant and child mortality, by Indigenous status, NSW, Queensland, WA, SA, NT (a), (b), (c), (d), (e), (f), (g)**

<i>Unit</i>	<i>NSW</i>	<i>Qld (h)</i>	<i>WA (i)</i>	<i>SA</i>	<i>NT</i>	<i>Total (j)</i>
(e) Non-Indigenous estimates are available for census years only. In the intervening years, Aboriginal and Torres Strait Islander population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the projected Aboriginal and Torres Strait Islander population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection						
(f) Data based on year of registration of death (also called 'reference year'). See DQI for more information.						
(g) Some totals and figures may not compute due to the effects of using different denominators and of rounding.						
(h) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and deaths registrations. Queensland deaths data for 2010 have been adjusted to minimise the the impact of late registration of deaths on mortality indicators. See data quality statements for more information.						
(i) Due to potential over-reporting of WA Aboriginal and Torres Strait Islander deaths for 2007, 2008 and 2009, WA mortality data were not previously supplied in 2011. Corrected WA Aboriginal and Torres Strait Islander mortality data for these years are now available. See data quality statements for more						
(j) 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.						
(k) For infant deaths (less than one year) rates are per 1000 live births. Includes all deaths within the first year of life. The volatility in infant mortality rates is partially due to the relatively small number of infant deaths registered.						
(l) Rate ratio is the mortality rate for Aboriginal and Torres Strait Islander children/infants mortality rate divided by that for non-Indigenous children/infants.						
(m) For child deaths (0–4 years), the rates represent the number of deaths per 100 000 ERP (0–4 years) at 30 June of the mid point year of the reference period. Data include all deaths of children aged 0–4 years.						
<i>Source:</i> ABS unpublished, <i>Deaths, Australia</i> ; ABS unpublished, <i>Births, Australia</i> ; ABS unpublished, <i>Australian Demographic Statistics</i> , Cat. no. 3101.0; ABS 2009, 2014, <i>Estimates and Projections, Aboriginal and Torres Strait Islander Australians</i> , Cat. no. 3238.0						

TABLE EA.56

Table EA.56 **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)
<i>2007</i>									
Cause of death	<i>Rate (per 100 000 persons)</i>								
Certain infectious and parasitic diseases (A00-B99)	10.2	6.9	7.7	6.2	7.9	3.7	np	25.1	8.2
Neoplasms (cancer) (C00-D48)	179.8	180.9	173.2	181.3	181.8	202.5	172.5	229.0	179.9
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	2.2	2.0	2.3	1.8	2.1	np	np	np	2.1
Endocrine, nutritional and metabolic diseases (E00-E90)	20.3	25.9	21.8	26.1	24.6	36.4	24.5	63.8	23.6
Mental and behavioural disorders (F00-F99)	25.4	24.8	19.3	21.2	25.5	27.3	31.1	41.3	24.0
Nervous system diseases (G00-G99)	22.0	24.9	22.2	29.8	25.9	25.6	29.8	17.0	24.0
Diseases of the eye and adnexa (H00-H59)	np	np	–	–	–	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)	–	np	–	–	–	np	–	np	np
Circulatory diseases (I00-I99)	205.4	188.7	213.0	188.0	207.5	230.4	177.7	255.4	202.0
Respiratory Diseases (J00-J99)	49.6	47.4	60.1	46.2	45.9	58.8	38.0	69.6	50.6
Digestive diseases (K00-K93)	20.1	20.1	22.5	23.0	20.6	22.3	18.0	39.2	21.1
Diseases of the skin and subcutaneous tissue (L00-L99)	1.8	1.2	np	np	1.9	np	np	np	1.6
Diseases of the musculoskeletal system and connective tissue (M00-M99)	4.4	5.1	3.8	5.5	4.9	7.8	np	np	4.8
Kidney diseases (N00-N99)	13.9	13.9	14.9	13.7	14.6	17.2	9.5	34.6	14.3
Pregnancy, childbirth and the puerperium (O00-O99)	np	–	np	np	np	–	–	–	np
Conditions originating in the perinatal period (P00-P96)	3.0	2.8	3.4	1.3	np	np	np	np	2.9
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	2.6	2.9	3.5	2.2	2.8	np	np	np	2.9
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	4.6	3.2	8.7	2.4	2.8	np	np	np	4.5
External causes of morbidity and mortality (V01-Y98)	34.9	32.5	43.2	45.0	39.8	48.2	36.9	92.9	38.1

TABLE EA.56

Table EA.56 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

		<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f)</i>
<b>All causes</b>		<b>600.4</b>	<b>583.4</b>	<b>621.2</b>	<b>594.7</b>	<b>611.5</b>	<b>693.2</b>	<b>560.1</b>	<b>902.2</b>	<b>604.4</b>
Cause of Death					<i>variability band ± (g)</i>					
Certain infectious and parasitic diseases (A00-B99)	±	0.7	0.7	0.8	1.1	1.2	1.5	np	11.6	0.4
Neoplasms (cancer) (C00-D48)	±	3.0	3.5	4.0	5.8	6.1	11.5	15.3	34.2	1.8
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	±	0.3	0.4	0.5	0.6	0.6	np	np	np	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	±	1.0	1.3	1.4	2.2	2.2	4.9	5.9	17.9	0.6
Mental and behavioural disorders (F00-F99)	±	1.1	1.3	1.3	2.0	2.1	4.1	6.6	17.6	0.6
Nervous system diseases (G00-G99)	±	1.0	1.3	1.4	2.4	2.2	4.1	6.5	8.8	0.6
Diseases of the eye and adnexa (H00-H59)	±	np	np	–	–	–	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)	±	–	np	–	–	–	np	–	np	np
Circulatory diseases (I00-I99)	±	3.2	3.5	4.4	5.9	6.2	12.1	15.8	38.4	1.8
Respiratory Diseases (J00-J99)	±	1.6	1.8	2.4	3.0	3.0	6.2	7.4	19.7	0.9
Digestive diseases (K00-K93)	±	1.0	1.2	1.4	2.1	2.0	3.8	4.9	13.3	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	±	0.3	0.3	np	np	0.6	np	np	np	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	±	0.5	0.6	0.6	1.0	1.0	2.2	np	np	0.3
Kidney diseases (N00-N99)	±	0.8	0.9	1.2	1.6	1.6	3.3	3.7	14.3	0.5
Pregnancy, childbirth and the puerperium (O00-O99)	±	np	–	np	np	np	–	–	–	np
Conditions originating in the perinatal period (P00-P96)	±	0.4	0.5	0.6	0.5	np	np	np	np	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	±	0.4	0.5	0.6	0.6	0.9	np	np	np	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	±	0.5	0.5	0.9	0.7	0.8	np	np	np	0.3

TABLE EA.56

Table EA.56 **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)
External causes of morbidity and mortality (V01-Y98)	±	1.4	1.5	2.0	2.9	3.0	6.1	6.8	16.3	0.8
<b>All causes</b>	±	<b>5.5</b>	<b>6.2</b>	<b>7.6</b>	<b>10.6</b>	<b>10.9</b>	<b>21.3</b>	<b>27.8</b>	<b>68.5</b>	<b>3.2</b>
<i>2008</i>										
Cause of death		<i>Rate (per 100 000 persons)</i>								
Certain infectious and parasitic diseases (A00-B99)		10.6	6.5	7.2	6.7	8.9	6.3	8.5	29.2	8.4
Neoplasms (cancer) (C00-D48)		179.5	184.2	192.7	176.8	186.2	205.0	168.6	235.0	184.2
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)		np	2.3	1.8	2.9	2.8	np	np	np	2.1
Endocrine, nutritional and metabolic diseases (E00-E90)		21.6	26.2	26.9	26.7	24.6	32.3	22.4	86.6	25.1
Mental and behavioural disorders (F00-F99)		25.9	27.2	22.7	25.6	26.6	33.1	28.5	44.7	26.0
Nervous system diseases (G00-G99)		22.6	25.7	25.1	30.4	28.2	26.9	34.9	24.5	25.3
Diseases of the eye and adnexa (H00-H59)		np	np	np	np	np	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)		–	–	np	–	np	–	–	–	np
Circulatory diseases (I00-I99)		209.3	188.3	218.1	187.2	194.2	222.5	186.3	222.5	202.5
Respiratory Diseases (J00-J99)		48.8	45.8	49.0	43.8	46.1	57.5	35.5	93.1	47.7
Digestive diseases (K00-K93)		20.9	20.9	21.1	21.6	20.3	24.7	19.6	43.1	21.1
Diseases of the skin and subcutaneous tissue (L00-L99)		2.2	1.4	1.3	np	1.3	np	np	np	1.6
Diseases of the musculoskeletal system and connective tissue (M00-M99)		4.9	4.4	4.7	5.2	4.3	8.0	9.8	np	4.9
Kidney diseases (N00-N99)		14.1	12.9	13.9	12.1	15.4	12.4	14.4	39.4	13.8
Pregnancy, childbirth and the puerperium (O00-O99)		–	np	np	–	–	–	–	–	np
Conditions originating in the perinatal period (P00-P96)		3.1	2.6	3.2	1.8	2.1	np	np	np	2.8
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)		2.8	2.8	3.8	2.2	2.6	np	np	np	2.9

TABLE EA.56

Table EA.56 **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)		4.0	3.1	3.4	5.0	2.9	np	np	np	3.7
External causes of morbidity and mortality (V01-Y98)		35.7	38.2	42.9	47.0	40.1	49.7	36.4	101.6	40.1
<b>All causes</b>		<b>607.9</b>	<b>592.6</b>	<b>638.0</b>	<b>596.8</b>	<b>606.8</b>	<b>688.5</b>	<b>578.0</b>	<b>950.3</b>	<b>612.4</b>
Cause of death					<i>variability band ± (g)</i>					
Certain infectious and parasitic diseases (A00-B99)	±	0.7	0.7	0.8	1.1	1.3	2.0	3.4	12.1	0.4
Neoplasms (cancer) (C00-D48)	±	3.0	3.5	4.2	5.7	6.1	11.5	15.0	34.9	1.8
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	±	np	0.4	0.4	0.7	0.7	np	np	np	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	±	1.0	1.3	1.6	2.2	2.1	4.5	5.5	22.0	0.6
Mental and behavioural disorders (F00-F99)	±	1.1	1.3	1.4	2.2	2.1	4.5	6.2	17.3	0.6
Nervous system diseases (G00-G99)	±	1.0	1.3	1.5	2.4	2.3	4.1	6.9	11.2	0.6
Diseases of the eye and adnexa (H00-H59)	±	np	np	np	np	np	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)	±	–	–	np	–	np	–	–	–	np
Circulatory diseases (I00-I99)	±	3.1	3.4	4.4	5.8	5.9	11.7	15.9	35.8	1.8
Respiratory Diseases (J00-J99)	±	1.5	1.7	2.1	2.8	2.9	6.0	7.0	22.8	0.9
Digestive diseases (K00-K93)	±	1.0	1.2	1.4	2.0	2.0	4.0	5.1	15.1	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	±	0.3	0.3	0.3	np	0.5	np	np	np	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	±	0.5	0.5	0.6	1.0	0.9	2.2	3.6	np	0.3
Kidney diseases (N00-N99)	±	0.8	0.9	1.1	1.5	1.6	2.8	4.4	14.9	0.5
Pregnancy, childbirth and the puerperium (O00-O99)	±	–	np	np	–	–	–	–	–	np
Conditions originating in the perinatal period (P00-P96)	±	0.4	0.4	0.5	0.6	0.8	np	np	np	0.2

TABLE EA.56

Table EA.56 **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	0.6	0.6	0.8	np	np	np	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	±	0.4	0.5	0.6	1.0	0.8	np	np	np	0.3
External causes of morbidity and mortality (V01-Y98)	±	1.4	1.6	2.0	2.9	3.0	6.2	6.6	18.2	0.8
<b>All causes</b>	<b>±</b>	<b>5.4</b>	<b>6.2</b>	<b>7.6</b>	<b>10.4</b>	<b>10.8</b>	<b>21.0</b>	<b>27.8</b>	<b>70.5</b>	<b>3.2</b>
<i>2009</i>										
Cause of death		<i>Rate (per 100 000 persons)</i>								
Certain infectious and parasitic diseases (A00-B99)		8.2	7.2	6.6	8.0	8.0	6.9	6.6	np	7.6
Neoplasms (cancer) (C00-D48)		173.7	176.3	184.0	177.2	176.3	197.6	155.9	218.9	177.4
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)		1.7	1.6	1.4	2.4	2.4	np	np	np	1.8
Endocrine, nutritional and metabolic diseases (E00-E90)		21.4	26.4	25.0	24.6	23.4	33.2	25.7	67.3	24.4
Mental and behavioural disorders (F00-F99)		24.9	26.0	23.6	26.7	25.9	34.8	29.5	49.3	25.6
Nervous system diseases (G00-G99)		21.6	25.0	24.3	26.8	29.2	28.1	25.7	39.2	24.3
Diseases of the eye and adnexa (H00-H59)		np	np	–	np	–	–	np	–	np
Diseases of the ear and mastoid process (H60-H95)		np	–	np	np	np	–	–	–	np
Circulatory diseases (I00-I99)		187.1	180.0	192.1	173.3	190.2	212.7	185.9	200.6	186.2
Respiratory Diseases (J00-J99)		46.3	44.1	47.6	40.0	44.0	54.4	30.2	73.9	45.3
Digestive diseases (K00-K93)		21.0	21.0	19.6	19.7	21.0	20.9	19.8	41.6	20.7
Diseases of the skin and subcutaneous tissue (L00-L99)		2.0	1.1	1.5	1.8	np	np	np	np	1.5
Diseases of the musculoskeletal system and connective tissue (M00-M99)		4.2	4.2	5.0	4.8	3.5	6.9	np	np	4.4
Kidney diseases (N00-N99)		13.5	15.5	11.4	12.3	14.6	11.6	12.9	20.2	13.7
Pregnancy, childbirth and the puerperium (O00-O99)		np	np	np	np	–	–	–	–	np

TABLE EA.56

Table EA.56 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

		<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f)</i>
Conditions originating in the perinatal period (P00-P96)		3.1	2.8	3.8	2.0	2.4	np	np	np	3.0
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)		2.4	3.1	3.6	2.2	3.2	np	np	np	2.9
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)		3.6	2.3	3.3	3.7	2.7	np	np	np	3.1
External causes of morbidity and mortality (V01-Y98)		34.9	40.7	43.0	43.4	40.0	52.8	36.9	74.9	39.9
<b>All causes</b>		<b>569.7</b>	<b>577.4</b>	<b>595.9</b>	<b>568.9</b>	<b>587.9</b>	<b>671.0</b>	<b>540.2</b>	<b>824.6</b>	<b>582.0</b>
Cause of death					<i>variability band ± (g)</i>					
Certain infectious and parasitic diseases (A00-B99)	±	0.6	0.7	0.8	1.2	1.2	2.1	2.9	np	0.4
Neoplasms (cancer) (C00-D48)	±	2.9	3.4	4.0	5.6	5.8	11.2	14.2	32.4	1.7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	±	0.3	0.3	0.4	0.7	0.7	np	np	np	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	±	1.0	1.3	1.5	2.1	2.1	4.6	5.8	18.0	0.6
Mental and behavioural disorders (F00-F99)	±	1.0	1.2	1.4	2.2	2.1	4.5	6.2	18.6	0.6
Nervous system diseases (G00-G99)	±	1.0	1.3	1.5	2.2	2.3	4.2	5.8	16.2	0.6
Diseases of the eye and adnexa (H00-H59)	±	np	np	–	np	–	–	np	–	np
Diseases of the ear and mastoid process (H60-H95)	±	np	–	np	np	np	–	–	–	np
Circulatory diseases (I00-I99)	±	2.9	3.3	4.1	5.5	5.8	11.3	15.6	33.4	1.7
Respiratory Diseases (J00-J99)	±	1.5	1.7	2.1	2.7	2.8	5.8	6.4	20.3	0.9
Digestive diseases (K00-K93)	±	1.0	1.2	1.3	1.9	2.0	3.6	5.0	13.1	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	±	0.3	0.3	0.4	0.6	np	np	np	np	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	±	0.4	0.5	0.7	0.9	0.8	2.0	np	np	0.3
Kidney diseases (N00-N99)	±	0.8	1.0	1.0	1.5	1.6	2.6	4.1	10.1	0.5

TABLE EA.56

Table EA.56 **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)
Pregnancy, childbirth and the puerperium (O00-O99)	±	np	np	np	np	–	–	–	–	np
Conditions originating in the perinatal period (P00-P96)	±	0.4	0.5	0.6	0.6	0.8	np	np	np	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	±	0.4	0.5	0.6	0.6	0.9	np	np	np	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	±	0.4	0.4	0.5	0.8	0.8	np	np	np	0.2
External causes of morbidity and mortality (V01-Y98)	±	1.3	1.7	2.0	2.7	3.0	6.3	6.5	15.0	0.8
<b>All causes</b>	±	<b>5.2</b>	<b>6.0</b>	<b>7.2</b>	<b>10.0</b>	<b>10.5</b>	<b>20.5</b>	<b>26.4</b>	<b>64.3</b>	<b>3.1</b>
<i>2010</i>										
Cause of death						<i>Rate (per 100 000 persons)</i>				
Certain infectious and parasitic diseases (A00-B99)		10.0	7.4	7.1	8.8	10.1	7.7	7.5	np	8.7
Neoplasms (cancer) (C00-D48)		175.6	175.5	186.7	172.1	178.3	194.9	157.6	217.1	177.9
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)		1.6	1.6	1.6	1.8	1.6	np	np	np	1.6
Endocrine, nutritional and metabolic diseases (E00-E90)		19.3	23.8	23.8	24.1	25.0	35.2	20.0	53.7	22.9
Mental and behavioural disorders (F00-F99)		25.8	26.8	24.8	26.0	29.8	37.6	26.9	48.4	26.6
Nervous system diseases (G00-G99)		22.5	26.3	23.0	28.3	28.7	24.8	24.0	33.5	24.7
Diseases of the eye and adnexa (H00-H59)		np	–	–	np	–	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)		–	np	np	–	–	np	–	–	np
Circulatory diseases (I00-I99)		176.4	166.8	189.1	161.7	186.1	213.0	168.7	198.5	177.0
Respiratory Diseases (J00-J99)		48.6	45.2	48.7	41.6	49.1	53.9	41.4	76.5	47.4
Digestive diseases (K00-K93)		19.8	21.0	21.4	20.3	18.8	23.1	16.2	41.4	20.5
Diseases of the skin and subcutaneous tissue (L00-L99)		1.9	1.5	1.3	1.0	1.5	np	np	np	1.5

TABLE EA.56

Table EA.56 **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)	4.3	4.9	5.1	4.1	3.6	7.9	np	np	4.6
Kidney diseases (N00-N99)	12.4	14.0	12.4	12.5	14.5	13.3	12.9	26.8	13.1
Pregnancy, childbirth and the puerperium (O00-O99)	np	np	np	np	np	–	–	np	np
Conditions originating in the perinatal period (P00-P96)	2.9	2.2	3.5	2.1	2.6	np	np	np	2.8
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	2.7	2.7	3.0	2.2	2.2	np	np	np	2.7
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	4.2	1.7	4.2	2.7	3.0	np	np	np	3.3
External causes of morbidity and mortality (V01-Y98)	34.6	36.3	42.6	46.7	38.8	41.0	39.9	78.9	38.8
<b>All causes</b>	<b>562.6</b>	<b>557.8</b>	<b>598.4</b>	<b>556</b>	<b>593.9</b>	<b>664.6</b>	<b>528.8</b>	<b>818.4</b>	<b>574.2</b>
Cause of death									
									<i>variability band ± (g)</i>
Certain infectious and parasitic diseases (A00-B99)	± 0.7	0.7	0.8	1.2	1.4	2.2	3.0	np	0.4
Neoplasms (cancer) (C00-D48)	± 2.9	3.3	4.0	5.4	5.8	11.0	14.1	31.9	1.7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	± 0.3	0.3	0.4	0.5	0.5	np	np	np	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	± 0.9	1.2	1.4	2.0	2.1	4.6	5.0	15.5	0.6
Mental and behavioural disorders (F00-F99)	± 1.1	1.2	1.4	2.1	2.2	4.6	5.7	17.7	0.6
Nervous system diseases (G00-G99)	± 1.0	1.3	1.4	2.2	2.3	4.0	5.5	13.7	0.6
Diseases of the eye and adnexa (H00-H59)	± np	–	–	np	–	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)	± –	np	np	–	–	np	–	–	np
Circulatory diseases (I00-I99)	± 2.8	3.1	4.0	5.2	5.7	11.2	14.5	32.9	1.6
Respiratory Diseases (J00-J99)	± 1.5	1.6	2.0	2.7	3.0	5.7	7.3	20.6	0.9
Digestive diseases (K00-K93)	± 1.0	1.1	1.3	1.8	1.9	3.8	4.4	14.2	0.6

TABLE EA.56

Table EA.56 **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 skin and subcutaneous tissue (L00-L99)	±	0.3	0.3	0.3	0.4	0.5	np	np	np	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	±	0.4	0.5	0.7	0.8	0.8	2.2	np	np	0.3
Kidney diseases (N00-N99)	±	0.7	0.9	1.0	1.5	1.6	2.8	4.0	12.1	0.4
Pregnancy, childbirth and the puerperium (O00-O99)	±	np	np	np	np	np	–	–	np	np
Conditions originating in the perinatal period (P00-P96)		0.4	0.4	0.5	0.6	0.8	np	np	np	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	±	0.4	0.4	0.5	0.6	0.7	np	np	np	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	±	0.4	0.3	0.6	0.7	0.8	np	np	np	0.2
External causes of morbidity and mortality (V01-Y98)	±	1.3	1.6	1.9	2.8	3.0	5.5	6.7	14.1	0.8
<b>All causes</b>	±	<b>5.1</b>	<b>5.8</b>	<b>7.1</b>	<b>9.7</b>	<b>10.4</b>	<b>20.2</b>	<b>25.6</b>	<b>63.2</b>	<b>3.0</b>

2011

Cause of death

*Rate (per 100 000 persons)*

Certain infectious and parasitic diseases (A00-B99)		11.6	8.5	8.5	6.2	9.0	6.8	8.5	np	9.4
Neoplasms (cancer) (C00-D48)		177.8	173.3	175.1	166.5	170.6	189.5	147.0	220.3	174.5
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)		1.9	1.8	1.8	1.6	2.2	np	np	–	1.8
Endocrine, nutritional and metabolic diseases (E00-E90)		20.9	24.8	23.7	23.5	24.9	34.1	20.3	61.0	23.6
Mental and behavioural disorders (F00-F99)		27.9	27.4	27.4	23.7	30.5	40.8	26.7	51.6	27.9
Nervous system diseases (G00-G99)		23.8	27.8	23.3	30.5	28.5	29.6	32.2	30.9	26.0
Diseases of the eye and adnexa (H00-H59)		np	np	np	np	–	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)		np	np	np	np	np	–	–	–	np
Circulatory diseases (I00-I99)		177.6	161.8	180.7	152.9	171.1	190.3	150.2	201.4	171.6

TABLE EA.56

Table EA.56 **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)
Respiratory Diseases (J00-J99)	49.5	46.2	49.9	42.1	45.8	53.3	42.8	83.5	47.9
Digestive diseases (K00-K93)	20.2	20.0	20.2	19.9	19.5	21.9	19.7	37.0	20.2
Diseases of the skin and subcutaneous tissue (L00-L99)	2.1	1.4	1.4	1.3	1.6	np	np	np	1.7
Diseases of the musculoskeletal system and connective tissue (M00-M99)	4.7	4.4	4.8	3.7	3.3	5.4	np	np	4.5
Kidney diseases (N00-N99)	12.9	14.1	12.1	11.2	13.2	13.1	14.5	np	13.0
Pregnancy, childbirth and the puerperium (O00-O99)	np	np	np	–	np	–	–	np	np
Conditions originating in the perinatal period (P00-P96)	3.0	2.5	3.3	2.0	1.9	np	np	np	2.8
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	2.6	2.4	2.7	1.9	2.4	np	np	np	2.4
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	5.4	3.1	2.8	3.8	4.2	np	6.4	np	4.1
External causes of morbidity and mortality (V01-Y98)	34.4	36.1	43.2	44.8	37.7	45.3	32.4	60.6	38.4
<b>All causes</b>	<b>576.4</b>	<b>555.8</b>	<b>581.0</b>	<b>535.6</b>	<b>566.6</b>	<b>642.4</b>	<b>513.1</b>	<b>795.0</b>	<b>570.0</b>
Cause of death									
									<i>variability band ± (g)</i>
Certain infectious and parasitic diseases (A00-B99)	± 0.7	0.7	0.8	1.0	1.3	2.0	3.2	np	0.4
Neoplasms (cancer) (C00-D48)	± 2.9	3.3	3.8	5.2	5.7	10.7	13.3	31.4	1.7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	± 0.3	0.3	0.4	0.5	0.6	np	np	–	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	± 1.0	1.2	1.4	2.0	2.1	4.5	4.9	17.9	0.6
Mental and behavioural disorders (F00-F99)	± 1.1	1.2	1.5	2.0	2.2	4.8	5.6	19.4	0.6
Nervous system diseases (G00-G99)	± 1.0	1.3	1.4	2.2	2.2	4.3	6.2	13.7	0.6
Diseases of the eye and adnexa (H00-H59)	± np	np	np	np	–	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)	± np	np	np	np	np	–	–	–	np

TABLE EA.56

Table EA.56 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

		<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f)</i>
Circulatory diseases (I00-I99)	±	2.8	3.1	3.8	5.0	5.4	10.4	13.3	32.1	1.6
Respiratory Diseases (J00-J99)	±	1.5	1.6	2.0	2.6	2.8	5.6	7.2	21.4	0.8
Digestive diseases (K00-K93)	±	1.0	1.1	1.3	1.8	1.9	3.6	4.8	13.1	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	±	0.3	0.3	0.3	0.5	0.5	np	np	np	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	±	0.5	0.5	0.6	0.8	0.8	1.7	np	np	0.3
Kidney diseases (N00-N99)	±	0.7	0.9	1.0	1.4	1.5	2.8	4.2	np	0.4
Pregnancy, childbirth and the puerperium (O00-O99)	±	np	np	np	–	np	–	–	np	np
Conditions originating in the perinatal period (P00-P96)	±	0.4	0.4	0.5	0.6	0.7	np	np	np	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	±	0.4	0.4	0.5	0.6	0.8	np	np	np	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	±	0.5	0.4	0.5	0.8	0.9	np	2.7	np	0.3
External causes of morbidity and mortality (V01-Y98)	±	1.3	1.5	1.9	2.7	2.9	5.7	6.0	12.0	0.8
<b>All causes</b>	±	<b>5.1</b>	<b>5.8</b>	<b>6.9</b>	<b>9.4</b>	<b>10.1</b>	<b>19.6</b>	<b>24.7</b>	<b>62.1</b>	<b>2.9</b>
<i>2012</i>										
Cause of death					<i>Rate (per 100 000 persons)</i>					
Certain infectious and parasitic diseases (A00-B99)		10.6	8.4	6.9	7.8	10.9	8.2	6.6	np	9.1
Neoplasms (cancer) (C00-D48)		166.8	162.4	179.2	167.0	166.6	185.7	147.0	211.7	168.4
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)		1.8	1.6	1.7	1.5	1.6	np	np	np	1.7
Endocrine, nutritional and metabolic diseases (E00-E90)		20.2	23.0	23.3	23.6	22.6	33.7	24.6	65.2	22.7
Mental and behavioural disorders (F00-F99)		27.6	27.2	26.7	27.5	34.7	48.3	25.0	30.9	28.5
Nervous system diseases (G00-G99)		23.2	26.8	25.3	30.3	28.5	25.7	24.0	23.7	25.7
Diseases of the eye and adnexa (H00-H59)		np	np	np	np	–	–	–	–	np

TABLE EA.56

Table EA.56 **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)	np	np	np	–	–	–	–	np	np
Circulatory diseases (I00-I99)	160.1	148.1	175.1	144.5	161.5	195.2	141.4	185.3	159.6
Respiratory Diseases (J00-J99)	50.7	45.0	50.4	45.9	49.2	62.1	42.0	73.5	49.0
Digestive diseases (K00-K93)	18.8	19.8	20.8	17.6	21.1	22.2	20.5	26.6	19.7
Diseases of the skin and subcutaneous tissue (L00-L99)	1.7	1.4	1.4	1.1	1.2	np	np	np	1.4
Diseases of the musculoskeletal system and connective tissue (M00-M99)	4.0	4.2	5.1	3.3	2.7	8.0	6.6	np	4.3
Kidney diseases (N00-N99)	13.4	15.5	11.8	13.6	14.0	13.0	13.1	23.5	13.8
Pregnancy, childbirth and the puerperium (O00-O99)	np	np	np	–	np	–	–	–	np
Conditions originating in the perinatal period (P00-P96)	2.2	2.0	2.8	1.3	2.6	np	np	np	2.3
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	2.4	2.2	2.6	2.0	2.6	np	np	np	2.4
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	7.2	3.5	3.7	5.5	13.3	3.5	np	13.3	5.9
External causes of morbidity and mortality (V01-Y98)	33.8	33.3	43.7	46.2	39.2	44.0	31.7	79.5	37.9
<b>All causes</b>	<b>544.5</b>	<b>524.7</b>	<b>580.7</b>	<b>538.9</b>	<b>572.4</b>	<b>658.3</b>	<b>494.9</b>	<b>769.2</b>	<b>552.3</b>
Cause of death									
					<i>variability band ± (g)</i>				
Certain infectious and parasitic diseases (A00-B99)	± 0.7	0.7	0.7	1.1	1.4	2.3	2.7	np	0.4
Neoplasms (cancer) (C00-D48)	± 2.7	3.1	3.8	5.2	5.5	10.5	13.1	29.8	1.6
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	± 0.3	0.3	0.4	0.5	0.5	np	np	np	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	± 0.9	1.2	1.4	1.9	2.0	4.4	5.3	16.4	0.6
Mental and behavioural disorders (F00-F99)	± 1.0	1.2	1.4	2.1	2.3	5.1	5.2	12.9	0.6
Nervous system diseases (G00-G99)	± 1.0	1.2	1.4	2.2	2.2	3.8	5.2	11.2	0.6

TABLE EA.56

Table EA.56 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

		<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f)</i>
Diseases of the eye and adnexa (H00-H59)	±	np	np	np	np	–	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)	±	np	np	np	–	–	–	–	np	np
Circulatory diseases (I00-I99)	±	2.6	2.9	3.7	4.7	5.1	10.5	12.7	28.8	1.5
Respiratory Diseases (J00-J99)	±	1.5	1.6	2.0	2.7	2.9	6.0	6.9	19.1	0.8
Digestive diseases (K00-K93)	±	0.9	1.1	1.3	1.7	1.9	3.6	4.9	9.8	0.5
Diseases of the skin and subcutaneous tissue (L00-L99)	±	0.3	0.3	0.3	0.4	0.4	np	np	np	0.1
Diseases of the musculoskeletal system and connective tissue (M00-M99)	±	0.4	0.5	0.6	0.7	0.7	2.1	2.7	np	0.2
Kidney diseases (N00-N99)	±	0.7	0.9	1.0	1.5	1.5	2.6	3.9	10.1	0.4
Pregnancy, childbirth and the puerperium (O00-O99)	±	np	np	np	–	np	–	–	–	np
Conditions originating in the perinatal period (P00-P96)	±	0.3	0.4	0.5	0.5	0.8	np	np	np	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	±	0.3	0.4	0.5	0.6	0.8	np	np	np	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	±	0.6	0.5	0.6	0.9	1.7	1.5	np	6.1	0.3
External causes of morbidity and mortality (V01-Y98)	±	1.3	1.4	1.9	2.7	2.9	5.6	5.8	14.3	0.8
<b>All causes</b>	±	<b>4.9</b>	<b>5.5</b>	<b>6.8</b>	<b>9.2</b>	<b>10.0</b>	<b>19.6</b>	<b>23.8</b>	<b>56.7</b>	<b>2.9</b>

(a) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2007-2010 (final), 2011 (revised) and 2012 (preliminary). See Causes of Death, Australia, 2012 (Cat. no. 3303.0) Technical Note: Causes of Death Revisions 2010 and 2011 for further information.

(b) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100 000 persons. SDRs in this table have been calculated using the direct method, age standardised by 5 year age group to 85 years or over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(c) Based on year of registration of death (also called 'reference year'). See data quality information for a more detailed explanation.

Table EA.56 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory (a), (b), (c), (d), (e)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i> (f)
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(d) Some totals and figures may not compute due to the effects of rounding.

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

(f) All states and territories including other territories.

(g) Variability bands can be used for comparisons within jurisdictions (for cause of death or over time), but not between jurisdictions or between jurisdictions and totals. See DQI for more information.

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

Source: ABS unpublished, *Causes of Death, Australia, 2012*, Cat. no. 3303.0.

Table EA.57 **Age standardised mortality rates by major cause of death, by Indigenous status, 2008–2012 (a), (b), (c), (d), (e), (f), (g), (h), (i)**

	NSW	Qld (j)	WA (k)	SA	NT	Total (j), (k), (l)
<b>Cause of death — Rate (per 100 000 population)</b>						
<b>Aboriginal and Torres Strait Islander people</b>						
Circulatory diseases (I00-I99)	255.7	276.8	380.9	230.0	330.7	285.7
Neoplasms (cancer) (C00-D48)	194.5	231.2	254.4	156.2	316.2	224.1
External causes of morbidity and mortality (V01-Y98)	51.0	61.0	120.0	83.4	122.8	75.2
Endocrine, metabolic and nutritional disorders (E00-E90)	56.9	106.8	161.7	62.6	210.2	103.3
Respiratory diseases (J00-J99)	88.9	85.1	105.6	78.8	151.8	96.3
Digestive diseases (K00-K93)	30.1	49.9	58.8	55.7	79.5	47.4
Kidney Diseases (N00-N29)	20.5	25.0	39.6	np	63.2	29.6
Conditions originating in the perinatal period (P00-P96)	2.9	4.4	4.1	np	9.3	4.3
Infectious and parasitic diseases (A00-B99)	14.7	18.4	23.4	21.4	31.9	19.4
Nervous system diseases (G00-G99)	17.6	22.8	36.0	34.3	28.0	24.0
Other causes (m)	58.1	69.1	108.8	64.0	125.2	76.4
<b>All causes</b>	<b>791.0</b>	<b>950.6</b>	<b>1 293.3</b>	<b>813.8</b>	<b>1 469.1</b>	<b>985.6</b>
<b>Other Australians</b>						
Circulatory diseases (I00-I99)	193.7	197.8	169.0	196.7	153.9	191.8
Neoplasms (cancer) (C00-D48)	176.6	182.3	173.3	179.4	197.1	177.9
External causes of morbidity and mortality (V01-Y98)	34.6	41.6	41.8	38.3	58.9	38.2
Endocrine, metabolic and nutritional disorders (E00-E90)	21.2	23.5	23.7	25.4	30.6	22.7
Respiratory diseases (J00-J99)	51.0	50.1	43.9	50.1	59.1	49.8
Digestive diseases (K00-K93)	20.8	20.4	19.6	20.8	25.1	20.5
Kidney Diseases (N00-N29)	11.7	9.8	10.2	np	9.8	11.2
Conditions originating in the perinatal period (P00-P96)	2.8	3.0	1.6	np	2.7	2.6
Infectious and parasitic diseases (A00-B99)	10.6	7.0	7.5	9.8	13.3	9.2
Nervous system diseases (G00-G99)	23.9	24.9	30.6	30.6	27.1	25.8
Other causes (m)	48.0	44.2	44.1	51.4	50.7	47.0
<b>All causes</b>	<b>594.9</b>	<b>604.7</b>	<b>565.3</b>	<b>618.3</b>	<b>628.1</b>	<b>596.7</b>
<b>Cause of death — Rate difference</b>						
Circulatory diseases (I00-I99)	62.0	79.0	211.9	33.3	176.8	93.9
Neoplasms (cancer) (C00-D48)	17.9	48.9	81.1	- 23.2	119.1	46.2
External causes of morbidity and mortality (V01-Y98)	16.4	19.4	78.2	45.1	63.9	37.0
Endocrine, metabolic and nutritional disorders (E00-E90)	35.7	83.3	138.0	37.2	179.6	80.6
Respiratory diseases (J00-J99)	37.9	35.0	61.7	28.7	92.7	46.5
Digestive diseases (K00-K93)	9.3	29.5	39.2	34.9	54.4	26.9

**Table EA.57 Age standardised mortality rates by major cause of death, by Indigenous status, 2008–2012 (a), (b), (c), (d), (e), (f), (g), (h), (i)**

	NSW	Qld (j)	WA (k)	SA	NT	Total (j), (k), (l)
Kidney Diseases (N00-N29)	8.8	15.2	29.4	np	53.4	18.4
Conditions originating in the perinatal period (P00-P96)	0.1	1.4	2.5	np	6.6	1.7
Infectious and parasitic diseases (A00-B99)	4.1	11.4	15.9	11.6	18.6	10.2
Nervous system diseases (G00-G99)	- 6.3	- 2.1	5.4	3.7	0.9	- 1.8
Other causes (m)	10.1	24.9	64.7	12.6	74.5	29.4
<b>All causes</b>	<b>196.1</b>	<b>345.9</b>	<b>728.0</b>	<b>195.5</b>	<b>841.0</b>	<b>388.9</b>
<b>Cause of death — Rate ratio</b>						
Circulatory diseases (I00-I99)	1.3	1.4	2.3	1.2	2.1	1.5
Neoplasms (cancer) (C00-D48)	1.1	1.3	1.5	0.9	1.6	1.3
External causes of morbidity and mortality (V01-Y98)	1.5	1.5	2.9	2.2	2.1	2.0
Endocrine, metabolic and nutritional disorders (E00-E90)	2.7	4.5	6.8	2.5	6.9	4.6
Respiratory diseases (J00-J99)	1.7	1.7	2.4	1.6	2.6	1.9
Digestive diseases (K00-K93)	1.4	2.4	3.0	2.7	3.2	2.3
Kidney Diseases (N00-N29)	1.8	2.6	3.9	np	6.4	2.6
Conditions originating in the perinatal period (P00-P96)	1.0	1.5	2.6	np	3.4	1.7
Infectious and parasitic diseases (A00-B99)	1.4	2.6	3.1	2.2	2.4	2.1
Nervous system diseases (G00-G99)	0.7	0.9	1.2	1.1	1.0	0.9
Other causes (m)	1.2	1.6	2.5	1.2	2.5	1.6
<b>All causes</b>	<b>1.3</b>	<b>1.6</b>	<b>2.3</b>	<b>1.3</b>	<b>2.3</b>	<b>1.7</b>

- (a) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2008-2010 (final), 2011 (revised) and 2012 (preliminary). See *Causes of Death, Australia, 2012* (Cat. no. 3303.0) Technical Note: Causes of Death Revisions 2010 and 2011 for further information.
- (b) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100 000 persons. SDRs in this table have been calculated using the direct method, age standardised by 5 year age group to 75 years and over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.
- (c) Non-Indigenous estimates are available for census years only. In the intervening years, Aboriginal and Torres Strait Islander population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.
- (d) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.
- (e) Deaths where the Indigenous status of the deceased was not stated are excluded from analysis.
- (f) Data are presented in five-year groupings due to the volatility of small numbers each year.
- (g) Data based on reference year. See data quality information (DQI) for a more detailed explanation.

**Table EA.57 Age standardised mortality rates by major cause of death, by Indigenous status, 2008–2012 (a), (b), (c), (d), (e), (f), (g), (h), (i)**

	NSW	Qld (j)	WA (k)	SA	NT	Total (j), (k), (l)
(h)	A derived ERP based on the 2006 Census is used in the calculation of total population rates. Non-Indigenous ERP was derived by subtracting Aboriginal and Torres Strait Islander projections based on the 2006 Census (3238.0) from the total population ERP. Population estimates from <i>Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021</i> (Cat. no. 3238.0) (based on the 2006 Census) are used to calculate Aboriginal and Torres Strait Islander rates.					
(i)	Some totals and figures may not compute due to the effects of rounding.					
(j)	Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See DQI for a more detailed explanation.					
(k)	For WA, Indigenous deaths data for 2007, 2008 and 2009 have been corrected. The data differ from previous reports in which they were over-reported. Please see DQI for more information.					
(l)	Total includes data for NSW, Queensland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.					
(m)	Other causes consist of all conditions excluding the selected causes displayed in the table.					
	<b>np</b> Not published.					

Source: ABS unpublished, *Causes of Death, Australia, 2012*, Cat. no. 3303.0.

TABLE EA.58

Table EA.58 **Employed medical practitioners (a), (b), (c), (d), (e), (f)**

	NSW(g)	Vic(h)	Qld(i), (j)	WA(i), (k)	SA	Tas(l)	ACT(m)	NT(n)	Aust
Practitioner rate (per 100 000 people)									
2004	317.9	314.8	225.4	243.2	323.6	288.1	390.0	240.3	292.0
2005	324.7	317.3	238.7	242.7	320.9	295.8	411.3	349.2	298.6
2006	314.1	325.8	243.9	308.0	329.1	275.9	399.8	414.2	305.2
2007	307.6	330.2	296.9	366.2	342.0	312.2	420.8	420.1	322.7
2008	310.7	329.2	315.2	315.7	348.4	300.9	447.5	378.4	322.2
2009	311.8	337.3	342.1	337.3	357.3	365.6	470.7	443.3	335.3
2010	342.0	345.8	na	na	380.4	349.6	420.2	352.1	na
2011	352.8	351.0	349.7	326.0	386.5	354.7	425.3	421.1	353.4
2012	350.2	348.6	348.2	325.0	380.1	346.8	418.5	428.6	350.7
2013	362.4	352.0	347.9	327.8	384.8	360.0	435.4	418.3	356.6
FTE practitioner rate (per 100 000 people) based on 40-hour week									
2004	352.3	343.3	242.9	258.0	347.5	301.2	426.0	263.5	318.1
2005	359.4	342.6	256.4	250.5	340.3	301.5	441.6	379.9	322.8
2006	337.2	355.4	259.8	320.5	347.9	283.1	413.1	452.3	326.5
2007	331.1	353.6	314.1	383.3	355.6	316.9	453.4	451.6	343.7
2008	333.6	352.4	321.8	329.1	359.7	305.0	489.6	400.1	339.9
2009	326.3	355.1	355.6	352.7	363.6	362.7	508.6	472.7	349.6
2010 (d), (m), (n)	373.7	371.4	na	na	409.4	372.4	458.0	378.6	na
2011	385.5	375.3	378.4	349.0	409.0	374.9	468.1	462.8	381.4
2012	378.0	366.5	373.2	343.6	401.1	359.2	454.1	466.1	373.9
2013	390.4	373.0	373.5	349.0	413.0	374.9	478.6	454.1	381.7
FTE employed medical practitioner rate (per 100 000 people), by age group, 2013									
< 25 years	0.7	1.3	1.2	1.0	0.7	1.0	0.3	–	1.0
25–34	90.8	98.9	89.9	92.5	104.5	84.2	119.8	150.1	94.8

Table EA.58 **Employed medical practitioners (a), (b), (c), (d), (e), (f)**

	NSW(g)	Vic(h)	Qld(i), (j)	WA(i), (k)	SA	Tas(l)	ACT(m)	NT(n)	Aust
35–44	100.2	94.7	106.9	96.6	106.7	95.9	125.7	121.4	100.8
45–54	90.5	85.8	93.1	81.9	96.5	93.9	118.2	93.1	90.0
55–64	71.1	64.7	59.1	55.8	73.3	75.4	87.9	62.8	65.9
65 years or over	37.2	27.6	23.3	21.1	31.2	24.5	26.8	26.6	29.3

FTE = Full time equivalent.

- (a) FTE rate (FTE per 100 000 people) is based on a standard full-time working week of 40 hours.
- (b) Includes medical practitioners who are employed in medicine. Excludes medical practitioners on extended leave.
- (c) Due to rounding of average hours worked, the sum of states and territories' FTE rates may not add up to total FTE rate for Australia and the sum of age group FTE rates may not add up to the total FTE rate for each state. Further, data for Australia include employed practitioners where state or territory is unidentified and employed practitioners who are overseas.
- (d) From 2010, state and territory is derived from state and territory of main job where available; otherwise state and territory of principal practice is used as a proxy. If principal practice details are also unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'Not stated' but are included in data for Australia.
- (e) Introduction of a national data collection tool in 2010 resulted in a slight change in patterns of responses to employment-related questions. Prior to 2010, survey questions were not consistent across jurisdictions. Caution should be used in comparing data over time and, particularly for years prior to 2010, between jurisdictions. See data quality information (DQI) at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015) for further detail.
- (f) From 2012, data exclude provisional registrants.
- (g) Prior to 2010, NSW data are based on responses to the AIHW Medical Labour Force Survey weighted to financial registrants holding general, conditional specialist, limited prescribing and referring or non-practising registration.
- (h) In 2009, Victoria surveyed only general, specific and provisional registered medical practitioners in the Medical Labour Force Survey but responses are weighted to all registered medical practitioners.
- (i) 2010 data exclude Qld and WA due to their registration period closing after the national registration deadline of 30 September 2010.
- (j) 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.

Table EA.58 **Employed medical practitioners (a), (b), (c), (d), (e), (f)**

	<i>NSW(g)</i>	<i>Vic(h)</i>	<i>Qld(i), (j)</i>	<i>WA(i), (k)</i>	<i>SA</i>	<i>Tas(l)</i>	<i>ACT(m)</i>	<i>NT(n)</i>	<i>Aust</i>
(k) 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.									
(l) Prior to 2010, Tasmania data are based on responses to the AIHW Medical Labour Force Survey weighted to general registrants, conditionally registered specialists and non-practising registrants only.									
(m) Caution should be used in comparing data for the ACT with other jurisdictions. Rates for the ACT are inflated as many services are provided to southern NSW residents not captured in the denominator. In addition, a relatively high proportion of practitioners work in non-clinical roles such as educational facilities, the defence force and other government agencies, compared to other jurisdictions (AIHW 2014d).									
(n) Comparisons with NT data should be made with caution due to changes in doctors' registration requirements — in particular, nationally registered doctors providing fly in fly out services are no longer required to register in the NT.									

**na** Not available.

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

TABLE EA.59

Table EA.59 **Employed nurses (a), (b), (c), (d), (e), (f), (g)**

	<i>NSW</i>	<i>Vic (h)</i>	<i>Qld (i)</i>	<i>WA (j)</i>	<i>SA</i>	<i>Tas (k)</i>	<i>ACT</i>	<i>NT (l)</i>	<i>Aust</i>
Practitioner rate (per 100 000 people)									
2004	1 130	1 369	1 058	1 167	1 500	1 281	1 192	1 162	1 212
2005	1 083	1 367	1 036	1 136	1 523	1 366	1 244	3 468	1 198
2006	na	na	na	na	na	na	na	na	na
2007	1 116	1 438	1 171	1 134	1 508	1 428	1 229	1 385	1 250
2008	1 117	1 391	1 140	1 215	1 625	1 472	1 285	1 827	1 255
2009	1 110	1 386	1 170	1 186	1 712	1 465	1 275	1 814	1 261
2010	na	na	na	na	na	na	na	na	na
2011	1 111	1 429	1 248	1 218	1 670	1 451	1 276	1 514	1 284
2012	1 113	1 413	1 241	1 223	1 666	1 393	1 264	1 596	1 279
2013	1 137	1 395	1 229	1 214	1 669	1 429	1 273	1 572	1 280
FTE nurses rate (per 100 000 people) based on a 38-hour week									
2004	1 014	1 146	916	983	1 259	1 115	1 069	1 149	1 046
2005	975	1 144	913	950	1 279	1 190	1 126	3 468	1 040
2006	na	na	na	na	na	na	na	na	na
2007	1 007	1 224	1 032	972	1 287	1 254	1 106	1 431	1 095
2008	1 014	1 183	1 014	1 042	1 403	1 301	1 170	1 827	1 103
2009	1 005	1 167	1 043	1 008	1 469	1 280	1 168	1 800	1 105
2010 (d), (m), (n)	na	na	na	na	na	na	na	na	na
2011	993	1 182	1 091	1 037	1 388	1 239	1 164	1 504	1 107
2012	1 014	1 189	1 107	1 064	1 416	1 179	1 183	1 615	1 123
2013	1 062	1 210	1 122	1 093	1 443	1 257	1 213	1 643	1 155
FTE employed nurses and midwives, rate per 100 000 people based on 38-hour weeks, by age, 2013 (l)									
< 25 years	50.6	71.8	57.6	61.4	69.8	59.6	59.9	75.2	60.4
25–34	212.5	262.6	207.7	228.8	250.6	185.4	264.3	415.9	230.9

Table EA.59 **Employed nurses (a), (b), (c), (d), (e), (f), (g)**

	<i>NSW</i>	<i>Vic (h)</i>	<i>Qld (i)</i>	<i>WA (j)</i>	<i>SA</i>	<i>Tas (k)</i>	<i>ACT</i>	<i>NT (l)</i>	<i>Aust</i>
35–44	231.4	264.7	260.6	241.1	308.2	229.5	277.8	372.6	254.3
45–54	295.7	335.2	344.9	313.4	463.7	442.7	336.9	419.0	334.7
55–64	240.1	246.2	219.7	218.5	321.4	309.5	252.0	318.3	243.6
65 years or over	31.8	29.8	31.1	30.2	29.5	30.2	21.6	41.6	30.7

FTE = Full time equivalent.

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

(b) FTE rate (FTE per 100 000 people) is based on standard full-time working week of 38 hours.

(c) Data for not available for 2006 or 2010.

(d) Due to rounding of average hours worked, the sum of states and territories' FTE rates may not add up to total FTE rate for Australia and the sum of age group FTE rates may not add up to the total FTE rate for each state. Further, data for Australia include employed practitioners where state or territory is unidentified and employed practitioners who are overseas.

(e) From 2010, state and territory is derived from state and territory of main job where available; otherwise state and territory of principal practice is used as a proxy. If principal practice details are also unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'Not stated' but are included in data for Australia.

(f) Introduction of a national data collection tool in 2010 resulted in a slight change in patterns of responses to employment-related questions. Prior to 2010, survey questions were not consistent across jurisdictions. Caution should be used in comparing data over time and, particularly for years prior to 2010, between jurisdictions. See data quality information (DQI) at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015) for further detail.

(g) From 2012, data exclude provisional registrants.

(h) 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).

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

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

Table EA.59 **Employed nurses (a), (b), (c), (d), (e), (f), (g)**

	<i>NSW</i>	<i>Vic (h)</i>	<i>Qld (i)</i>	<i>WA (j)</i>	<i>SA</i>	<i>Tas (k)</i>	<i>ACT</i>	<i>NT (l)</i>	<i>Aust</i>
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(k) 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 per cent).

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

**na** Not available.

*Source:* AIHW unpublished, National Health Workforce Data Set; ABS unpublished, ABS unpublished, *Australian Demographic Statistics*, Cat. no. 3101.0 (based on the 2011 ABS Census of Population and Housing).

Table EA.60 **Employed allied health practitioners (a), (b), (c), (d), (e), (f)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld (g)</i>	<i>WA (g)</i>	<i>SA (g)</i>	<i>Tas (g)</i>	<i>ACT (h)</i>	<i>NT</i>	<i>Aust</i>
FTE employed allied health practitioners rate (per 100 000 people) based on a 38-hour week									
2012 (g)	406.2	439.9	302.4	321.0	356.0	311.6	482.9	401.1	379.9
2013	419.4	452.0	406.9	427.9	423.6	360.1	507.0	414.3	426.3
FTE employed allied health practitioners, rate per 100 000 people based on 38-hour weeks, by age, 2013 (l)									
< 25 years	24.9	34.2	32.9	40.0	37.0	19.7	26.7	18.0	31.2
25–34	143.1	171.8	143.3	161.2	154.2	108.8	183.6	155.8	153.1
35–44	97.5	101.5	97.1	93.4	97.3	83.7	113.5	87.1	97.8
45–54	81.2	78.5	77.9	72.6	72.2	79.2	96.3	92.5	78.6
55–64	57.5	51.8	45.5	48.9	51.0	56.8	71.5	51.7	52.4
65 years or over	15.2	14.2	10.2	11.8	11.9	11.9	15.3	9.2	13.2
<b>Total</b>	<b>419.4</b>	<b>452.0</b>	<b>406.9</b>	<b>427.9</b>	<b>423.6</b>	<b>360.1</b>	<b>507.0</b>	<b>414.3</b>	<b>426.3</b>

FTE = Full time equivalent.

(a) FTE rate (FTE per 100 000 people) is based on standard full-time working week of 38 hours.

(b) Due to rounding of average hours worked, the sum of states and territories' FTE rates may not add up to total FTE rate for Australia and the sum of age groups FTE rates may not add up to total FTE rate for each state. The Australian total includes employed practitioners who did not state or adequately describe their state or territory of principal practice and employed practitioners who are overseas.

(c) State and territory is derived, with the exception of medical radiation practitioners and occupational therapists, from state and territory of main job where available; otherwise state and territory of principal practice is used as a proxy. If principal practice details are unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'Not stated'. For medical radiation practitioners and occupational therapists, state and territory is derived from principal practice details.

(d) Data exclude provisional registrants.

(e) Allied health workforce data include Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, chiropractors, medical radiation practitioners, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists. Data are not comparable to allied health workforce data for 2011 as Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, medical radiation practitioners and occupational therapists did not join the National Registration and Accreditation Scheme until 2012.

(f) Not all Aboriginal and Torres Strait Islander health workers are registered as Aboriginal and Torres Strait Islander health practitioners.

Table EA.60 **Employed allied health practitioners (a), (b), (c), (d), (e), (f)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld (g)</i>	<i>WA (g)</i>	<i>SA (g)</i>	<i>Tas (g)</i>	<i>ACT (h)</i>	<i>NT</i>	<i>Aust</i>
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(g) For 2012, due to transitional arrangements, many practitioners in some allied health professions were not required to renew their registration in all jurisdictions and so did not complete a workforce survey. Data for those professions are excluded from the affected jurisdictions, as follows:

- data for Queensland and WA exclude medical radiation practitioners and occupational therapists
- data for SA exclude occupational therapists
- data for Tasmania exclude medical radiation practitioners.

(h) Caution should be used in comparing data for the ACT with other jurisdictions. Rates for the ACT are inflated as many services are provided to southern NSW residents not captured in the denominator.

*Source:* AIHW unpublished, National Health Workforce Data Set; ABS unpublished, *Australian Demographic Statistics*, Cat. no. 3101.0 (based on the 2011 ABS Census of Population and Housing).

TABLE EA.61

Table EA.61 **Net growth in health workforce, selected professions (a), (b), (c), (d), (e)**

<i>Unit</i>	<i>NSW (f)</i>	<i>Vic (g)</i>	<i>Qld(f), (g), (h)</i>	<i>WA(f), (g), (h)</i>	<i>SA</i>	<i>Tas (f), (g)</i>	<i>ACT</i>	<i>NT (g), (i)</i>	<i>Aust (j)</i>	
<b>FTE Medical practitioners in the workforce (b), (i)</b>										
2009 (e), (f), (g)	no.	23 017	19 076	15 391	7 901	5 850	1 829	1 804	1 069	75 831
2010 (h)	no.	26 695	20 282	na	na	6 663	1 895	1 657	870	na
2011	no.	27 828	20 781	16 938	8 213	6 705	1 918	1 723	1 070	85 215
2012	no.	27 601	20 628	17 039	8 358	6 644	1 840	1 702	1 096	84 920
2013	no.	28 930	21 407	17 386	8 797	6 900	1 924	1 826	1 095	88 305
<b>Growth in medical workforce from 2009 to 2013</b>										
Net growth	%	<b>25.7</b>	<b>12.2</b>	<b>13.0</b>	<b>11.3</b>	<b>17.9</b>	<b>5.2</b>	<b>1.2</b>	<b>2.5</b>	<b>16.5</b>
Annual average	%	<b>5.9</b>	<b>2.9</b>	<b>3.1</b>	<b>2.7</b>	<b>4.2</b>	<b>1.3</b>	<b>0.3</b>	<b>0.6</b>	<b>3.9</b>
<b>FTE Nurses and midwives in the workforce (b), (k)</b>										
2009 (e), (g)	no.	70 893	62 687	45 164	22 582	23 631	6 454	4 144	4 069	239 648
2010 (j)	no.	na	na	na	na	na	na	na	na	na
2011	no.	71 675	65 460	48 849	24 393	22 756	6 340	4 282	3 478	247 269
2012	no.	74 045	66 933	50 552	25 882	23 454	6 038	4 435	3 797	255 150
2013	no.	78 697	69 457	52 216	27 562	24 113	6 449	4 625	3 962	267 119
<b>Growth in the nursing and midwifery workforce from 2009 to 2013</b>										
Net growth	%	<b>11.0</b>	<b>10.8</b>	<b>15.6</b>	<b>22.1</b>	<b>2.0</b>	<b>- 0.1</b>	<b>11.6</b>	<b>- 2.6</b>	<b>11.5</b>
Annual average	%	<b>2.6</b>	<b>2.6</b>	<b>3.7</b>	<b>5.1</b>	<b>0.5</b>	<b>0.0</b>	<b>2.8</b>	<b>-0.7</b>	<b>2.8</b>

FTE = Full time equivalent.

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

(c) A national data collection tool was introduced in 2010, resulting in a slight change in patterns of responses to employment-related questions. Prior to 2010, survey questions were not consistent across jurisdictions. Caution should be used in comparing data over time and, particularly for years prior to 2010, between jurisdictions. See data quality information (DQI) at [www.pc.gov.au/rogs/2015](http://www.pc.gov.au/rogs/2015) for further detail.

Table EA.61 **Net growth in health workforce, selected professions (a), (b), (c), (d), (e)**

<i>Unit</i>	<i>NSW (f)</i>	<i>Vic (g)</i>	<i>Qld(f), (g), (h)</i>	<i>WA(f), (g), (h)</i>	<i>SA</i>	<i>Tas (f), (g)</i>	<i>ACT</i>	<i>NT (g), (i)</i>	<i>Aust (j)</i>
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(d) From 2010, state and territory is derived from state and territory of main job where available; otherwise state and territory of principal practice is used as a proxy. If principal practice details are also unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'Not stated' but are included in data for Australia.

(e) Data for 2009 are for the workforce, including practitioners who are employed, on extended leave and/or looking for work. From 2010, data are only for those employed in the workforce. Therefore, comparisons should be made with caution.

(f) Data for 2009 for NSW, Queensland and Tasmania are underestimates, as the benchmark figures did not include all registered medical practitioners. For 2009 WA data, the benchmark data were inflated by a significant number of registered medical practitioners that are no longer active in the workforce.

(g) For 2009, state and territory estimates should be treated with caution due to low response rates in some jurisdictions, particularly Victoria, Queensland, WA, Tasmania and the NT.

(h) For medical practitioners, 2010 data for Queensland and Western Australia are not available.

(i) Caution should be used in comparing medical workforce data for the NT with other jurisdictions from 2010 as this was the first year of changed doctors' registration requirements (in particular, doctors providing fly in fly out services are no longer required to register in the NT where they are registered nationally).

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

(k) For nurses and midwives, data are not available for 2010.

**na** Not available.

*Source:* AIHW unpublished, National Health Workforce Data Set; AIHW unpublished, Medical Labour Force Survey; AIHW unpublished, Nursing and Midwifery Labour Force Survey; ABS unpublished, *Australian Demographic Statistics*, Cat. no. 3101.0 (based on the 2011 ABS Census of Population and Housing).

Table EA.62 **Employed health workforce, by Indigenous status and state or territory of principal practice (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (b)</i>
<b>Medical practitioners employed in medicine (c)</b>									
2010 (d)									
Number									
Aboriginal and Torres Strait Islander practitioners (c)	60	23	na	na	9	3	7	14	117
Non-Indigenous	24 284	18 790	na	na	6 158	1 770	1 508	794	53 330
Not stated	90	73	na	na	24	6	5	1	199
Total	24 434	18 886	na	na	6 191	1 779	1 520	809	53 646
Proportion who are Aboriginal and Torres Strait Islander people (e)	0.2	0.1	na	na	0.1	0.2	0.5	1.7	0.2
2011									
Number									
Aboriginal and Torres Strait Islander practitioners (c)	93	22	59	32	17	4	7	16	249
Non-Indigenous	25 232	19 308	15 509	7 609	6 292	1 795	1 545	950	78 282
Not stated	89	83	61	27	19	14	4	5	302
Total	25 413	19 413	15 628	7 667	6 328	1 813	1 557	972	78 833
Proportion who are Aboriginal and Torres Strait Islander people (e)	0.4	0.1	0.4	0.4	0.3	0.2	0.5	1.7	0.3
2012									
Number									
Aboriginal and Torres Strait Islander practitioners (c)	79	34	49	27	11	3	5	14	221
Non-Indigenous	25 393	19 516	15 792	7 863	6 264	1 767	1 554	994	79 156
Not stated	95	71	56	17	21	6	9	—	276
Total	25 566	19 621	15 897	7 906	6 296	1 777	1 569	1 008	79 653
Proportion who are Aboriginal and Torres Strait Islander people (e)	0.3	0.2	0.3	0.3	0.2	0.2	0.3	1.4	0.3
2013									
Number									
Aboriginal and Torres Strait Islander practitioners (c)	107	51	73	29	20	8	10	10	308
Non-Indigenous	24,522	18,437	14,726	7,222	5,731	1,670	1,458	902	74,689
Not stated	2,225	1,712	1,397	1,012	677	169	193	97	7,501
Total	26,854	20,200	16,196	8,263	6,428	1,847	1,661	1,009	82,498
Proportion who are Aboriginal and Torres Strait Islander people (e)	0.4	0.3	0.5	0.4	0.3	0.5	0.7	1.1	0.4

**Table EA.62 Employed health workforce, by Indigenous status and state or territory of principal practice (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (b)</i>
<b>Nursing and midwifery practitioners employed (f)</b>									
<i>2010 (g)</i>									
Number									
Aboriginal and Torres Strait Islander practitioners (c)	na	na	na	na	na	na	na	na	na
Non-Indigenous practitioners	na	na	na	na	na	na	na	na	na
Not stated	na	na	na	na	na	na		na	na
Total	na	na	na	na	na	na	na	na	na
Proportion who are Aboriginal and Torres Strait Islander people (e)	na	na	na	na	na	na	na	na	na
<i>2011</i>									
Number									
Aboriginal and Torres Strait Islander practitioners (c)	850	310	545	164	167	103	25	47	2 212
Non-Indigenous practitioners	78 160	77 555	54 368	28 127	26 653	7 228	4 652	3 404	280 199
Not stated	341	294	215	139	101	33	24	19	1 166
Total	79 351	78 159	55 128	28 430	26 921	7 364	4 701	3 470	283 577
Proportion who are Aboriginal and Torres Strait Islander people (e)	1.1	0.4	1.0	0.6	0.6	1.4	0.5	1.4	0.8
<i>2012</i>									
Number									
Aboriginal and Torres Strait Islander practitioners (c)	865	313	587	159	182	101	38	56	2 301
Non-Indigenous practitioners	80 057	78 957	55 870	29 472	27 297	7 014	4 677	3 683	287 046
Not stated	254	184	150	82	82	17	19	10	797
Total	81 176	79 455	56 607	29 712	27 561	7 132	4 734	3 749	290 144
Proportion who are Aboriginal and Torres Strait Islander people (e)	1.1	0.4	1.0	0.5	0.7	1.4	0.8	1.5	0.8
<i>2013</i>									
Number									
Aboriginal and Torres Strait Islander practitioners (c)	994	358	650	179	200	126	30	64	2 601
Non-Indigenous practitioners	81 126	77 358	55 367	28 540	26 737	7 033	4 669	3 592	284 456
Not stated	2 143	2 354	1 184	1 871	953	173	157	136	8 972
Total	84 263	80 070	57 201	30 590	27 890	7 332	4 856	3 792	296 029

**Table EA.62 Employed health workforce, by Indigenous status and state or territory of principal practice (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (b)</i>
Proportion who are Aboriginal and Torres Strait Islander people (e)	1.2	0.4	1.1	0.6	0.7	1.7	0.6	1.7	0.9

- (a) State and territory is derived from state and territory of main job where available. Otherwise, state and territory of principal practice is used as a proxy. If principal practice details are unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'Not stated'.
- (b) Includes employed practitioners who did not state or adequately describe their state or territory and employed practitioners who live overseas. Therefore, state and territory totals may not sum to the national total.
- (c) Due to the small population size, the overall response rate and unexplained variation between years, data for Aboriginal and Torres Strait Islander medical practitioners should be treated with caution.
- (d) For medical practitioners, 2010 data for Queensland and Western Australia are not available.
- (e) Excludes the response category 'Indigenous status—Not stated'.
- (f) Includes people registered as midwives only.
- (g) For nurses and midwives, data are not available for 2010.
- na** Not available.

*Source:* AIHW various years, *Medical workforce* (various years), *Nursing and midwifery workforce* (various years).

Table EA.63 **Aboriginal and Torres Strait Islander health workforce, by State/Territory, 2011 (a), (b), (c), (d)**

		<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Aboriginal and Torres Strait Islander people</b>										
Employed in health related occupation										
15-24 years	no.	260	76	214	94	61	18	8	105	836
25-34 years	no.	670	172	573	199	143	51	13	257	2 078
35-44 years	no.	862	214	782	279	200	60	21	286	2 704
45-54 years	no.	778	180	654	248	186	71	23	245	2 385
55-64 years	no.	336	76	305	141	69	30	7	117	1 084
65 years & over	no.	25	12	39	26	12	4	–	17	135
<b>Total</b>	<b>no.</b>	<b>2 931</b>	<b>730</b>	<b>2 567</b>	<b>987</b>	<b>671</b>	<b>234</b>	<b>72</b>	<b>1 027</b>	<b>9 222</b>
Census population '000		173	38	156	70	30	20	5	57	548
<b>All people</b>										
Employed in health related occupation										
15-24 years	no.	9 610	9 301	6 952	3 677	2 623	647	514	393	33 717
25-34 years	no.	38 545	35 679	26 165	13 372	10 722	2 482	2 146	1 931	131 045
35-44 years	no.	43 155	36 658	29 776	14 314	11 959	3 208	2 173	1 585	142 838
45-54 years	no.	47 276	37 069	30 493	15 002	13 974	4 181	2 331	1 540	151 877
55-64 years	no.	30 772	23 604	17 786	9 361	8 522	2 658	1 480	940	95 140
65 years & over	no.	6 555	4 655	3 313	1 801	1 353	410	251	146	18 484
<b>Total</b>	<b>no.</b>	<b>175 913</b>	<b>146 966</b>	<b>114 485</b>	<b>57 527</b>	<b>49 153</b>	<b>13 586</b>	<b>8 895</b>	<b>6 535</b>	<b>573 101</b>
Census population '000		6 918	5 354	4 333	2 239	1 597	495	357	212	21 508
<b>Aboriginal and Torres Strait Islander health workforce as a proportion of total health workforce</b>										
15-24 years	%	2.7	0.8	3.1	2.6	2.3	2.8	1.6	26.7	2.5
25-34 years	%	1.7	0.5	2.2	1.5	1.3	2.1	0.6	13.3	1.6
35-44 years	%	2.0	0.6	2.6	1.9	1.7	1.9	1.0	18.0	1.9
45-54 years	%	1.6	0.5	2.1	1.7	1.3	1.7	1.0	15.9	1.6
55-64 years	%	1.1	0.3	1.7	1.5	0.8	1.1	0.5	12.4	1.1
65 years & over	%	0.4	0.3	1.2	1.4	0.9	1.0	–	11.6	0.7
<b>Total</b>	<b>%</b>	<b>1.7</b>	<b>0.5</b>	<b>2.2</b>	<b>1.7</b>	<b>1.4</b>	<b>1.7</b>	<b>0.8</b>	<b>15.7</b>	<b>1.6</b>
<b>Aboriginal and Torres Strait Islander people as a proportion of total census population</b>										
Total	%	2.5	0.7	3.6	3.1	1.9	4.0	1.5	26.8	2.5

(a) Aged 15 years and over.

(b) Coded using the Australian and New Zealand Standard Classification of Occupations (ANZSCO), First Edition, Revision 1. The Occupation code assigned to a response is based on the occupation title and tasks of the main job held during the week prior to Census Night.

(c) No reliance should be placed on small cells

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

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

Table EA.64 **Aboriginal and Torres Strait Islander health workforce, by sex, 2011**

		<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Aboriginal and Torres Strait Islander people</b>										
Employed in health related occupation										
Male	no.	783	207	718	308	215	45	25	433	2 734
Female	no.	2 146	523	1 849	679	456	189	46	596	6 487
<b>Total</b>	<b>no.</b>	<b>2 931</b>	<b>730</b>	<b>2 567</b>	<b>987</b>	<b>671</b>	<b>234</b>	<b>72</b>	<b>1 027</b>	<b>9 222</b>
<b>All people</b>										
Employed in health related occupation										
Male	no.	47 025	36 440	31 245	15 021	12 359	3 498	2 368	1 942	149 912
Female	no.	<b>128 885</b>	<b>110 527</b>	<b>83 240</b>	<b>42 506</b>	<b>36 793</b>	<b>10 090</b>	<b>6 527</b>	<b>4 593</b>	<b>423 189</b>
<b>Total</b>	<b>no.</b>	175 913	146 966	114 485	57 527	49 153	13 586	8 895	6 535	573 101
<b>Aboriginal and Torres Strait Islander health workforce as a proportion of total health workforce</b>										
Male	%	1.7	0.6	2.3	2.1	1.7	1.3	1.1	22.3	1.8
Female	%	1.7	0.5	2.2	1.6	1.2	1.9	0.7	13.0	1.5
<b>Total</b>	<b>%</b>	<b>1.7</b>	<b>0.5</b>	<b>2.2</b>	<b>1.7</b>	<b>1.4</b>	<b>1.7</b>	<b>0.8</b>	<b>15.7</b>	<b>1.6</b>

(a) Aged 15 years and over.

(b) Coded using the Australian and New Zealand Standard Classification of Occupations (ANZSCO), First Edition, Revision 1. The Occupation code assigned to a response is based on the occupation title and tasks of the main job held during the week prior to Census Night.

(c) No reliance should be placed on small cells.

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

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

Table EA.65 **Aboriginal and Torres Strait Islander people employed in selected health-related occupations, 2011 (a), (b), (c), (d)**

	<i>Aboriginal and Torres Strait Islander people</i>	<i>All people</i>	<i>Per cent of Aboriginal and Torres Strait Islander people employed in a health- related occupation</i>
<b>Health and welfare services managers</b>	<b>351</b>	<b>17 387</b>	<b>2.0</b>
<b>Health professionals</b>			
Health Professionals nfd	55	2 113	2.6
Health diagnostic and promotion professionals			
Health Diagnostic and Promotion Professionals nfd	7	157	4.5
Dietitians	24	3 705	0.6
Medical Imaging Professionals	22	13 243	0.2
Occupational and Environmental Health Professional	298	18 924	1.6
Optometrists and Orthoptists	6	4 303	0.1
Pharmacists	28	19 936	0.1
Other Health Diagnostic and Promotion Professional:	572	5 595	10.2
<b>Total</b>	<b>954</b>	<b>68 862</b>	<b>1.4</b>
Health therapy professionals			
Health Therapy Professionals nfd	–	171	–
Chiropractors and Osteopaths	11	4 347	0.3
Complementary Health Therapists	19	5 949	0.3
Dental Practitioners	21	10 991	0.2
Occupational Therapists	22	9 251	0.2
Physiotherapists	73	15 928	0.5
Podiatrists	5	2 803	0.2
Speech Professionals and Audiologists	17	6 799	0.3
<b>Total</b>	<b>168</b>	<b>56 231</b>	<b>0.3</b>
Medical practitioners			
Medical Practitioners nfd	4	1 431	0.3
Generalist Medical Practitioners	129	43 429	0.3
Anaesthetists	6	3 765	0.2
Specialist Physicians	–	5 468	–
Psychiatrists	6	2 586	0.2
Surgeons	11	4 926	0.2
Other Medical Practitioners	17	8 619	0.2
<b>Total</b>	<b>173</b>	<b>70 229</b>	<b>0.2</b>
Midwifery and nursing professionals			
Midwifery and Nursing Professionals nfd	3	354	0.8
Midwives	70	14 105	0.5
Nurse Educators and Researchers	21	5 288	0.4
Nurse Managers	81	12 631	0.6
Registered Nurses	1 710	206 916	0.8
<b>Total</b>	<b>1 890</b>	<b>239 292</b>	<b>0.8</b>

Table EA.65 **Aboriginal and Torres Strait Islander people employed in selected health-related occupations, 2011 (a), (b), (c), (d)**

	<i>Aboriginal and Torres Strait Islander people</i>	<i>All people</i>	<i>Per cent of Aboriginal and Torres Strait Islander people employed in a health- related occupation</i>
<b>Total Health professionals</b>	<b>3 240</b>	<b>433 726</b>	<b>0.7</b>
<b>Health and welfare support workers</b>			
Health and Welfare Support Workers nfd	65	777	8.4
Ambulance Officers and Paramedics	215	11 939	1.8
Dental Hygienists, Technicians and Therapists	32	6 333	0.5
Diversional Therapists	42	4 256	1.0
Enrolled and Mothercraft Nurses	285	17 891	1.6
Indigenous Health Workers	1 257	1 373	91.6
Massage Therapists	73	10 604	0.7
Welfare Support Workers	3 572	50 205	7.1
<b>Total</b>	<b>5 548</b>	<b>103 383</b>	<b>5.4</b>
<b>Psychologists</b>	<b>81</b>	<b>18 522</b>	<b>0.4</b>
<b>Total aged 15 years and over (n)</b>	<b>9 221</b>	<b>573 101</b>	<b>1.6</b>

(a) Aged 15 years and over.

(b) Coded using the Australian and New Zealand Standard Classification of Occupations (ANZSCO), First Edition, Revision 1. The Occupation code assigned to a response is based on the occupation title and tasks of the main job held during the week prior to Census Night.

(c) No reliance should be placed on small cells

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

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

Table EA.66 **Proportion of people who accessed health services by health status, 2011-12 (a), (b), (c)**

		<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (d)</i>	<i>Aust</i>
Health status (excellent/very good/good)											
Admitted to hospital	%		10.9	11.2	11.0	12.2	12.0	10.8	12.4	12.9	11.3
Casualty/outpatients/day clinic	%		1.7	2.1	2.5	2.8	2.9	1.5	2.1	2.7	2.2
Doctor consultation (GP and/or specialist)	%		22.5	21.6	24.4	21.2	21.2	21.9	21.0	22.9	22.3
Dental consultation	%		16.7	18.9	17.5	18.4	20.3	15.7	17.7	15.0	17.8
Consultation with other health professional	%		6.6	8.2	6.6	5.7	8.5	5.1	8.5	5.3	7.0
<b>Total accessing health care (e)</b>	<b>%</b>		<b>26.9</b>	<b>27.0</b>	<b>28.6</b>	<b>25.4</b>	<b>26.9</b>	<b>25.1</b>	<b>26.9</b>	<b>26.5</b>	<b>27.1</b>
Health status (fair/poor)											
Admitted to hospital	%		21.7	21.9	26.1	24.5	26.3	22.9	21.5	25.0	23.3
Casualty/outpatients/day clinic	%		2.3	7.3	8.6	5.9	9.1	6.3	8.0	10.1	6.1
Doctor consultation (GP and/or specialist)	%		40.5	52.8	43.3	36.7	40.7	40.1	37.7	36.0	43.4
Dental consultation	%		19.5	15.6	16.2	14.8	18.3	13.8	13.4	22.1	17.4
Consultation with other health professional	%		11.9	14.7	11.9	15.9	12.0	11.3	23.1	8.8	13.2
<b>Total accessing health care (e)</b>	<b>%</b>		<b>43.8</b>	<b>55.8</b>	<b>50.2</b>	<b>44.8</b>	<b>48.3</b>	<b>44.4</b>	<b>47.7</b>	<b>42.4</b>	<b>48.5</b>
95 per cent confidence interval for Health status (excellent/very good/good)											
Admitted to hospital	± %		1.4	1.2	1.6	1.6	1.7	1.9	2.2	3.1	0.6
Casualty/outpatients/day clinic	± %		0.5	0.7	0.7	0.8	0.9	0.8	0.9	1.2	0.3
Doctor consultation (GP and/or specialist)	± %		1.8	1.7	1.9	2.0	2.2	2.6	2.4	2.9	0.8
Dental consultation	± %		1.9	1.8	1.8	2.1	2.4	2.3	2.1	2.8	0.8
Consultation with other health professional	± %		1.1	1.1	1.0	1.0	1.9	1.4	2.0	1.9	0.5
<b>Total accessing health care (e)</b>	<b>± %</b>		<b>2.1</b>	<b>2.0</b>	<b>2.0</b>	<b>2.2</b>	<b>2.3</b>	<b>2.6</b>	<b>3.0</b>	<b>3.3</b>	<b>0.9</b>
95 per cent confidence interval for Health status (fair/poor)											
Admitted to hospital	± %		4.8	5.6	6.1	5.4	6.8	5.8	7.4	7.2	2.5
Casualty/outpatients/day clinic	± %		1.3	3.3	3.2	2.7	4.8	2.9	6.2	4.5	1.2
Doctor consultation (GP and/or specialist)	± %		6.9	8.3	6.2	7.5	6.4	6.8	9.4	9.6	3.6
Dental consultation	± %		5.0	4.6	5.2	4.4	5.3	4.9	7.0	8.4	2.5
Consultation with other health professional	± %		3.1	5.1	3.7	5.3	3.8	4.1	7.5	5.7	1.8
<b>Total accessing health care (e)</b>	<b>± %</b>		<b>6.9</b>	<b>8.0</b>	<b>6.0</b>	<b>8.0</b>	<b>5.9</b>	<b>6.3</b>	<b>10.1</b>	<b>8.3</b>	<b>3.5</b>

(a) Rates are age standardised by State/Territory to the 2001 estimated resident population (10 year age ranges from 15 years).

(b) People aged 15 years or over who: were admitted to hospital in the last 12 months; consulted a dentist in the last 3 months; visited casualty, an outpatient clinic or a day clinic in the last 2 weeks; or, consulted a GP, specialist or other health professional in the last 2 weeks.

Table EA.66 **Proportion of people who accessed health services by health status, 2011-12 (a), (b), (c)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (d)</i>	<i>Aust</i>
(c)	Data are not comparable to data for 2004-05 (table EA.67) or to 2012-13 data for Aboriginal and Torres Strait Islander people (table EA.68) due to differences in survey methodology.									
(d)	Data for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey translates to exclusion of around 23 per cent of the NT population.									
(e)	Total accessing casualty/outpatients/day clinic, or consulting a doctor or other health professional, in the last 2 weeks. Data are not comparable to data for 2004-05 or to 2012-13 data for Aboriginal and Torres Strait Islander people due to differences in survey methodology.									
	<b>np</b> Not published.									

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

Table EA.67 **Proportion of people who accessed health services by health status, 2004-05 (a), (b), (c)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (d)</i>	<i>Aust</i>
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
<b>Total accessing health care (e)</b>	<b>%</b>	<b>41.8</b>	<b>41.7</b>	<b>41.1</b>	<b>43.4</b>	<b>42.9</b>	<b>40.5</b>	<b>37.7</b>	<b>38.8</b>	<b>41.8</b>
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
<b>Total accessing health care (e)</b>	<b>%</b>	<b>60.6</b>	<b>65.2</b>	<b>63.3</b>	<b>63.0</b>	<b>64.2</b>	<b>58.6</b>	<b>58.5</b>	<b>66.5</b>	<b>62.6</b>
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
Consultation with other health professional	± %	1.3	1.6	1.5	1.6	1.3	1.7	1.7	13.6	0.7
<b>Total accessing health care (e)</b>	<b>± %</b>	<b>1.9</b>	<b>2.3</b>	<b>2.0</b>	<b>2.2</b>	<b>2.2</b>	<b>2.7</b>	<b>16.7</b>	<b>3.3</b>	<b>1.1</b>
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
<b>Total accessing health care (e)</b>	<b>± %</b>	<b>5.7</b>	<b>5.5</b>	<b>5.5</b>	<b>6.9</b>	<b>5.0</b>	<b>7.6</b>	<b>8.2</b>	<b>32.1</b>	<b>3.0</b>

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

(b) People aged 15 years or over who accessed at least one of the health services noted in the table in the last two weeks or were admitted to hospital in the last 12 months.

**Table EA.67 Proportion of people who accessed health services by health status, 2004-05 (a), (b), (c)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (d)</i>	<i>Aust</i>
(c)	Data are not comparable to data for 2011-12 (table EA.66) due to methodological differences between the surveys.									
(d)	Data for the NT should be used with care as exclusion of very remote areas from the National Health Survey translates to exclusion of around 23 per cent of the NT population.									
(e)	Total persons accessing any of the selected health services noted above. Components may not add to total because persons may have accessed more than one type of health service. Data for 2004-05 are not comparable with data for 2011-12 due to methodological differences between the surveys.									
	<b>np</b> Not published.									

Source: ABS (unpublished) *National Health Survey, 2004-05*, Cat. No. 4364.0.

TABLE EA.68

Table EA.68 **Proportion of Aboriginal and Torres Strait Islander people who accessed health services by health status, 2012-13 (a), (b), (c)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Health status (excellent/very good/good)										
Admitted to hospital (d)	%	17.3	21.6	17.5	22.4	18.6	17.7	23.9	22.1	19.0
Casualty/outpatients/day clinic (e)	%	5.6	5.2	6.1	5.2	6.7	3.1	10.5	4.4	5.5
Doctor consultation (GP and/or specialist) (e)	%	22.3	28.6	19.8	22.0	29.6	23.4	37.1	24.1	22.8
Dental consultation (f)	%	12.6	13.5	11.2	13.6	17.4	10.6	21.0	18.1	13.3
Consultation with other health professional (e)	%	16.9	23.4	18.5	22.2	23.2	20.6	32.2	26.0	20.1
<b>Total accessing health care (g)</b>	<b>%</b>	<b>33.0</b>	<b>42.0</b>	<b>34.1</b>	<b>37.2</b>	<b>43.4</b>	<b>35.6</b>	<b>50.3</b>	<b>37.7</b>	<b>35.8</b>
Health status (fair/poor)										
Admitted to hospital (d)	%	33.6	31.5	27.2	36.8	34.4	23.1	34.0	27.1	31.2
Casualty/outpatients/day clinic (e)	%	7.8	18.0	12.4	16.9	7.5	10.2	9.7	7.5	11.1
Doctor consultation (GP and/or specialist) (e)	%	38.8	43.6	40.4	41.8	42.9	43.1	48.7	36.3	40.1
Dental consultation (f)	%	15.6	14.0	11.2	13.5	20.2	16.6	19.3	15.5	14.5
Consultation with other health professional (e)	%	31.3	35.9	26.8	31.4	36.7	22.7	25.2	29.6	30.6
<b>Total accessing health care (g)</b>	<b>%</b>	<b>54.5</b>	<b>55.4</b>	<b>52.4</b>	<b>56.9</b>	<b>58.2</b>	<b>51.6</b>	<b>55.5</b>	<b>45.2</b>	<b>53.9</b>
95 per cent confidence interval for Health status (excellent/very good/good)										
Admitted to hospital (d)	± %	4.5	5.5	3.7	3.8	5.5	5.1	9.8	5.8	2.0
Casualty/outpatients/day clinic (e)	± %	2.6	2.6	2.2	1.6	3.9	1.7	9.1	3.4	1.2
Doctor consultation (GP and/or specialist) (e)	± %	4.8	5.6	4.2	4.7	6.4	4.8	9.7	5.4	2.0
Dental consultation (f)	± %	3.5	4.5	3.0	3.8	5.7	4.6	9.7	4.8	1.6
Consultation with other health professional (e)	± %	4.1	5.3	4.1	4.9	5.2	5.0	11.5	6.1	1.9
<b>Total accessing health care (g)</b>	<b>± %</b>	<b>5.6</b>	<b>6.1</b>	<b>4.6</b>	<b>5.2</b>	<b>6.2</b>	<b>5.1</b>	<b>8.6</b>	<b>5.9</b>	<b>2.2</b>
95 per cent confidence interval for Health status (fair/poor)										
Admitted to hospital (d)	± %	7.5	9.4	6.7	6.7	8.8	7.1	17.2	8.9	3.4
Casualty/outpatients/day clinic (e)	± %	4.1	7.3	6.2	6.1	4.5	5.8	9.7	4.3	2.5
Doctor consultation (GP and/or specialist) (e)	± %	7.3	9.4	8.3	9.6	7.9	9.0	20.2	10.3	3.8
Dental consultation (f)	± %	6.0	7.0	4.7	6.0	8.4	7.3	18.0	8.5	2.7
Consultation with other health professional (e)	± %	7.1	10.0	6.8	7.3	10.9	7.6	20.4	7.7	3.4
<b>Total accessing health care (g)</b>	<b>± %</b>	<b>8.8</b>	<b>9.4</b>	<b>8.3</b>	<b>8.7</b>	<b>9.5</b>	<b>8.2</b>	<b>17.5</b>	<b>8.7</b>	<b>4.1</b>

**Table EA.68 Proportion of Aboriginal and Torres Strait Islander people who accessed health services by health status, 2012-13 (a), (b), (c)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(a)	Rates are age standardised by State/Territory to the 2001 estimated resident population (10 year age ranges from 15 years).									
(b)	Limited to people aged 15 years or over.									
(c)	Data are not comparable to 2011-12 data for all Australians (table EA.66) due to differences in survey methodology.									
(d)	People who were admitted to hospital in the last 12 months.									
(e)	People who accessed the specified health service in the last two weeks.									
(f)	People who visited the dentist in the last 3 months. Data are not comparable to data for 2004-05 (table EA.69) for which the reference period was 2 weeks.									
(g)	Total accessing casualty/outpatients/day clinic, or consulting a doctor or other health professional, in the last 2 weeks. Components may not add to total because people may have accessed more than one type of health service. Data are not comparable to data for 2004-05 (table EA.69) or to 2011-12 data for all Australians (table EA.66) due to differences in survey methodology.									

**np** Not published.

Source: ABS unpublished, *National Aboriginal and Torres Strait Islander Health Survey, 2012-13*, Cat. no. 4727.0.

Table EA.69 **Proportion of people who accessed health services by health status, by Indigenous status, 2004-05 (a), (b), (c)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (d)</i>	<i>Aust</i>
Health status (excellent/very good/good)										
Aboriginal and Torres Strait Islander people										
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
<b>Total accessing health care (e)</b>	<b>%</b>	<b>40.4</b>	<b>47.9</b>	<b>43.4</b>	<b>47.1</b>	<b>46.1</b>	<b>34.3</b>	<b>30.0</b>	<b>55.3</b>	<b>44.3</b>
Other Australians										
Admitted to hospital	%	14.2	13.4	13.2	15.6	13.4	13.3	13.1	10.8	13.8
Casualty/outpatients/day clinic	%	1.6	2.5	1.5	2.0	2.8	2.1	1.8	–	1.9
Doctor consultation (GP and/or specialist)	%	21.0	21.3	20.3	21.9	21.5	21.0	19.4	12.4	21.0
Dental consultation	%	5.5	5.9	5.2	6.4	6.6	5.8	5.6	8.2	5.7
Consultation with other health professional	%	11.6	14.4	14.0	13.3	14.2	12.1	12.1	12.5	13.2
<b>Total accessing health care (e)</b>	<b>%</b>	<b>41.1</b>	<b>41.2</b>	<b>40.4</b>	<b>42.0</b>	<b>43.1</b>	<b>39.9</b>	<b>37.5</b>	<b>35.9</b>	<b>41.1</b>
Health status (fair/poor)										
Aboriginal and Torres Strait Islander people										
Admitted to hospital	%	29.9	34.8	26.1	28.3	27.7	31.9	20.5	39.2	29.7
Casualty/outpatients/day clinic	%	5.0	10.9	14.6	16.3	10.7	7.2	np	10.9	10.8
Doctor consultation (GP and/or specialist)	%	40.6	45.4	34.6	41.1	39.4	52.2	27.4	43.0	39.8
Dental consultation	%	3.0	np	7.0	np	np	np	np	4.6	4.3
Consultation with other health professional	%	24.6	33.7	28.1	21.3	24.1	24.9	30.5	47.5	27.8
<b>Total accessing health care (e)</b>	<b>%</b>	<b>61.3</b>	<b>71.7</b>	<b>65.8</b>	<b>59.1</b>	<b>61.7</b>	<b>66.6</b>	<b>48.2</b>	<b>70.6</b>	<b>64.1</b>
Other Australians										
Admitted to hospital	%	28.6	25.1	26.3	28.6	26.1	26.5	23.1	49.4	27.1
Casualty/outpatients/day clinic	%	4.9	4.9	5.4	6.4	9.3	6.8	np	np	5.5
Doctor consultation (GP and/or specialist)	%	41.7	44.2	42.7	40.5	41.2	44.0	30.9	20.8	42.1
Dental consultation	%	5.7	6.9	5.7	5.5	8.8	3.6	6.9	–	6.1
Consultation with other health professional	%	19.2	22.2	24.2	23.7	23.7	18.9	27.8	18.0	21.7
<b>Total accessing health care (e)</b>	<b>%</b>	<b>60.7</b>	<b>64.8</b>	<b>62.5</b>	<b>62.2</b>	<b>64.3</b>	<b>58.3</b>	<b>58.5</b>	<b>58.9</b>	<b>62.3</b>
95 per cent confidence interval for Health status (excellent/very good/good)										
Aboriginal and Torres Strait Islander people										
Admitted to hospital	± %	4.6	6.2	4.4	4.6	6.2	5.7	6.8	6.8	2.2
Casualty/outpatients/day clinic	± %	1.5	1.9	2.9	3.5	4.4	2.5	3.4	2.9	1.1

Table EA.69 **Proportion of people who accessed health services by health status, by Indigenous status, 2004-05 (a), (b), (c)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (d)	Aust
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
<b>Total accessing health care (e)</b>	<b>± %</b>	<b>6.9</b>	<b>11.2</b>	<b>6.6</b>	<b>8.5</b>	<b>8.5</b>	<b>6.7</b>	<b>12.4</b>	<b>7.7</b>	<b>3.3</b>
Other Australians										
Admitted to hospital	± %	1.2	1.5	1.3	1.4	1.1	1.8	2.0	9.4	0.7
Casualty/outpatients/day clinic	± %	0.4	0.7	0.5	0.7	0.7	0.8	0.8	–	0.3
Doctor consultation (GP and/or specialist)	± %	1.3	1.6	1.7	2.1	1.8	2.1	2.9	7.4	0.8
Dental consultation	± %	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
<b>Total accessing health care (e)</b>	<b>± %</b>	<b>1.8</b>	<b>2.3</b>	<b>2.0</b>	<b>2.3</b>	<b>2.2</b>	<b>2.6</b>	<b>3.2</b>	<b>13.1</b>	<b>1.1</b>
95 per cent confidence interval for Health status (fair/poor)										
Aboriginal and Torres Strait Islander people										
Admitted to hospital	± %	7.9	12.9	7.7	7.5	10.1	10.2	11.9	9.1	3.5
Casualty/outpatients/day clinic	± %	2.5	8.2	6.9	7.8	9.8	4.6	2.5	6.3	2.5
Doctor consultation (GP and/or specialist)	± %	8.1	14.0	8.2	8.0	11.0	11.7	15.2	9.6	3.8
Dental consultation	± %	2.6	3.0	6.8	1.1	6.3	6.8	9.9	4.1	2.2
Consultation with other health professional	± %	7.6	13.7	7.7	6.0	8.0	8.9	15.3	10.6	3.4
<b>Total accessing health care (e)</b>	<b>± %</b>	<b>10.1</b>	<b>9.8</b>	<b>7.6</b>	<b>8.2</b>	<b>11.7</b>	<b>10.6</b>	<b>18.8</b>	<b>8.7</b>	<b>4.1</b>
Other Australians										
Admitted to hospital	± %	4.9	4.0	3.7	6.2	4.2	5.6	7.0	39.7	2.1
Casualty/outpatients/day clinic	± %	2.1	1.9	2.3	2.9	4.1	2.9	np	np	1.0
Doctor consultation (GP and/or specialist)	± %	5.1	5.1	5.2	6.3	6.1	7.6	7.3	30.0	2.5
Dental consultation	± %	2.6	3.1	2.3	2.9	4.4	2.5	3.7	–	1.2
Consultation with other health professional	± %	3.8	4.5	4.5	6.0	4.4	5.2	7.9	14.9	2.1
<b>Total accessing health care (e)</b>	<b>± %</b>	<b>5.7</b>	<b>6.1</b>	<b>5.5</b>	<b>6.9</b>	<b>5.2</b>	<b>7.9</b>	<b>8.2</b>	<b>41.1</b>	<b>2.9</b>

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

(b) People aged 15 years or over who accessed at least one of the health services noted in the table in the last two weeks or were admitted to hospital in the last 12 months.

(c) Data are not comparable to 2011-12 data for all Australians (table EA.66) or to 2012-13 data for Aboriginal and Torres Strait Islander people (table EA.68) due to differences in survey methodology.

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

Table EA.69 **Proportion of people who accessed health services by health status, by Indigenous status, 2004-05 (a), (b), (c)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (d)</i>	<i>Aust</i>
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(e) Total people accessing at least one of the health services noted in the table. Components may not add to total because persons may have accessed more than one type of health service. Data are not comparable to 2011-12 data for all Australians or to 2012-13 data for Aboriginal and Torres Strait Islander people, due to differences in survey methodology.

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

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

TABLE EA.70

Table EA.70 **Proportion of people who accessed health services by health status, by remoteness of residence, 2011-12 (a), (b), (c), (d), (e)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Health status (excellent/very good/good)										
Major cities										
Admitted to hospital	%	10.7	10.4	11.1	12.0	13.3	..	12.4	..	11.1
Casualty/outpatients/day clinic	%	1.6	2.0	2.5	2.6	2.9	..	2.1	..	2.1
Doctor consultation (GP and/or specialist)	%	23.3	21.5	24.4	21.2	22.5	..	21.0	..	22.7
Dental consultation	%	17.5	20.0	18.6	19.9	20.5	..	17.7	..	18.8
Consultation with other health professional	%	6.6	7.8	6.8	5.5	8.8	..	8.5	..	7.1
<b>Total accessing health care (f)</b>	<b>%</b>	<b>27.4</b>	<b>26.4</b>	<b>28.6</b>	<b>25.3</b>	<b>28.2</b>	<b>..</b>	<b>26.9</b>	<b>..</b>	<b>27.2</b>
Inner regional										
Admitted to hospital	%	12.3	13.9	13.3	11.4	7.2	11.4	..	..	12.7
Casualty/outpatients/day clinic	%	np	1.8	1.8	np	np	1.2	..	..	1.8
Doctor consultation (GP and/or specialist)	%	19.6	20.2	24.1	22.3	14.7	21.2	..	..	20.8
Dental consultation	%	15.1	17.7	14.3	10.2	24.6	17.8	..	..	16.1
Consultation with other health professional	%	7.2	9.3	6.1	np	9.0	6.3	..	..	7.7
<b>Total accessing health care (f)</b>	<b>%</b>	<b>25.3</b>	<b>27.6</b>	<b>28.1</b>	<b>29.4</b>	<b>23.3</b>	<b>24.9</b>	<b>..</b>	<b>..</b>	<b>26.6</b>
Outer regional										
Admitted to hospital	%	11.1	15.2	7.7	15.2	9.2	8.2	..	11.4	10.3
Casualty/outpatients/day clinic	%	np	np	np	np	np	np	..	2.4	3.3
Doctor consultation (GP and/or specialist)	%	24.3	26.7	25.6	20.7	19.6	22.7	..	24.0	23.7
Dental consultation	%	13.5	np	16.8	16.4	17.7	11.9	..	15.4	14.7
Consultation with other health professional	%	np	np	5.3	5.9	7.2	2.4	..	5.3	5.5
<b>Total accessing health care (f)</b>	<b>%</b>	<b>30.8</b>	<b>34.5</b>	<b>30.0</b>	<b>24.4</b>	<b>24.1</b>	<b>25.8</b>	<b>..</b>	<b>27.5</b>	<b>28.4</b>
Remote										
Admitted to hospital	%	np	..	np	13.0	np	np	..	18.9	13.0
Casualty/outpatients/day clinic	%	–	..	np	np	np	–	..	np	3.8
Doctor consultation (GP and/or specialist)	%	–	..	np	21.7	np	np	..	18.5	20.3
Dental consultation	%	np	..	np	10.4	np	–	..	14.7	11.9
Consultation with other health professional	%	–	..	np	np	np	np	..	np	5.6
<b>Total accessing health care (f)</b>	<b>%</b>	<b>–</b>	<b>..</b>	<b>34.3</b>	<b>27.6</b>	<b>23.6</b>	<b>np</b>	<b>..</b>	<b>22.4</b>	<b>25.8</b>
Health status (fair/poor)										
Major cities										
Admitted to hospital	%	19.1	19.5	30.2	21.2	29.4	..	21.5	..	22.2
Casualty/outpatients/day clinic	%	2.0	7.1	7.3	4.1	7.8	..	8.0	..	5.3

TABLE EA.70

Table EA.70 **Proportion of people who accessed health services by health status, by remoteness of residence, 2011-12 (a), (b), (c), (d), (e)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Doctor consultation (GP and/or specialist)	%	41.2	53.3	43.9	38.9	44.0	..	37.7	..	44.3
Dental consultation	%	21.6	18.9	18.9	14.4	19.8	..	13.4	..	19.9
Consultation with other health professional	%	11.0	17.3	12.2	14.0	10.8	..	23.1	..	13.5
<b>Total accessing health care (f)</b>	<b>%</b>	<b>44.6</b>	<b>56.2</b>	<b>50.9</b>	<b>45.4</b>	<b>50.8</b>	<b>..</b>	<b>47.7</b>	<b>..</b>	<b>49.4</b>
Inner regional										
Admitted to hospital	%	29.7	26.5	28.2	29.9	np	20.3	..	..	26.3
Casualty/outpatients/day clinic	%	np	np	np	np	np	5.7	..	..	5.3
Doctor consultation (GP and/or specialist)	%	44.6	50.6	41.3	37.5	np	45.5	..	..	44.8
Dental consultation	%	19.5	7.7	12.3	np	np	10.9	..	..	13.4
Consultation with other health professional	%	16.3	7.2	13.3	np	np	13.7	..	..	13.0
<b>Total accessing health care (f)</b>	<b>%</b>	<b>47.7</b>	<b>54.7</b>	<b>49.4</b>	<b>43.8</b>	<b>np</b>	<b>48.4</b>	<b>..</b>	<b>..</b>	<b>49.7</b>
Outer regional										
Admitted to hospital	%	np	np	17.9	37.6	26.5	33.6	..	23.0	25.7
Casualty/outpatients/day clinic	%	np	np	np	np	np	np	..	5.3	11.9
Doctor consultation (GP and/or specialist)	%	np	35.5	42.2	np	37.8	35.3	..	34.0	34.4
Dental consultation	%	–	np	np	np	np	22.4	..	20.0	8.5
Consultation with other health professional	%	np	np	np	np	np	12.7	..	4.8	11.2
<b>Total accessing health care (f)</b>	<b>%</b>	<b>np</b>	<b>35.5</b>	<b>55.0</b>	<b>35.3</b>	<b>46.9</b>	<b>45.2</b>	<b>..</b>	<b>38.7</b>	<b>40.2</b>
Remote										
Admitted to hospital	%	–	..	np	np	np	–	..	24.9	16.6
Casualty/outpatients/day clinic	%	–	..	np	np	np	–	..	np	21.0
Doctor consultation (GP and/or specialist)	%	–	..	np	np	np	np	..	42.5	46.0
Dental consultation	%	–	..	np	np	np	np	..	np	35.4
Consultation with other health professional	%	–	..	–	np	np	–	..	np	16.6
<b>Total accessing health care (f)</b>	<b>%</b>	<b>–</b>	<b>..</b>	<b>np</b>	<b>np</b>	<b>np</b>	<b>np</b>	<b>..</b>	<b>56.4</b>	<b>58.2</b>

95 per cent confidence interval for Health status (excellent/very good/good)

Major cities										
Admitted to hospital	± %	1.7	1.4	1.8	1.9	1.8	..	2.2	..	0.8
Casualty/outpatients/day clinic	± %	0.7	0.8	0.9	0.9	1.0	..	0.9	..	0.4
Doctor consultation (GP and/or specialist)	± %	2.2	2.2	2.3	2.6	2.4	..	2.4	..	1.0
Dental consultation (e)	± %	2.4	1.9	2.2	2.3	2.5	..	2.1	..	1.0
Consultation with other health professional	± %	1.2	1.3	1.3	1.1	2.1	..	2.0	..	0.6
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>2.4</b>	<b>2.3</b>	<b>2.4</b>	<b>2.6</b>	<b>2.4</b>	<b>..</b>	<b>3.0</b>	<b>..</b>	<b>1.1</b>

TABLE EA.70

Table EA.70 **Proportion of people who accessed health services by health status, by remoteness of residence, 2011-12 (a), (b), (c), (d), (e)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Inner regional										
Admitted to hospital	± %	2.9	3.0	3.9	7.1	5.0	2.2	..	..	1.4
Casualty/outpatients/day clinic	± %	np	1.1	1.2	np	np	0.9	..	..	0.7
Doctor consultation (GP and/or specialist)	± %	3.9	3.2	4.7	10.1	5.5	2.9	..	..	1.8
Dental consultation	± %	3.2	3.9	3.7	4.5	7.9	2.6	..	..	1.8
Consultation with other health professional	± %	2.7	3.3	2.3	np	7.9	1.9	..	..	1.3
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>5.3</b>	<b>5.0</b>	<b>4.6</b>	<b>10.8</b>	<b>9.9</b>	<b>3.1</b>	..	..	<b>2.3</b>
Outer regional										
Admitted to hospital	± %	9.5	9.2	2.9	6.1	5.6	3.1	..	3.3	2.2
Casualty/outpatients/day clinic	± %	np	np	np	np	np	np	..	1.4	1.2
Doctor consultation (GP and/or specialist)	± %	9.9	9.3	5.4	6.1	6.8	5.2	..	3.3	3.1
Dental consultation	± %	7.5	np	4.8	5.7	7.6	4.4	..	3.3	2.2
Consultation with other health professional	± %	np	np	2.3	5.1	5.0	1.9	..	2.0	1.8
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>9.9</b>	<b>8.6</b>	<b>5.6</b>	<b>6.2</b>	<b>7.1</b>	<b>4.9</b>	..	<b>3.6</b>	<b>2.9</b>
Remote										
Admitted to hospital	± %	np	..	np	6.5	np	np	..	11.7	3.9
Casualty/outpatients/day clinic	± %	–	..	np	np	np	–	..	np	2.4
Doctor consultation (GP and/or specialist)	± %	–	..	np	8.6	np	np	..	5.6	5.8
Dental consultation	± %	np	..	np	7.0	np	–	..	8.2	3.9
Consultation with other health professional	± %	–	..	np	np	np	np	..	np	3.3
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>–</b>	<b>..</b>	<b>20.4</b>	<b>8.3</b>	<b>25.9</b>	<b>np</b>	..	<b>7.1</b>	<b>6.7</b>

95 per cent confidence interval for Health status (fair/poor)

Major cities										
Admitted to hospital	± %	5.3	7.7	9.1	5.0	8.6	..	7.4	..	3.0
Casualty/outpatients/day clinic	± %	1.5	4.2	3.7	2.3	4.0	..	6.2	..	1.4
Doctor consultation (GP and/or specialist)	± %	7.5	8.5	8.9	8.7	7.7	..	9.4	..	4.1
Dental consultation	± %	5.7	5.9	6.4	4.8	6.2	..	7.0	..	2.7
Consultation with other health professional	± %	3.4	6.5	4.4	5.9	3.8	..	7.5	..	2.1
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>7.4</b>	<b>8.2</b>	<b>8.5</b>	<b>9.0</b>	<b>7.5</b>	..	<b>10.1</b>	..	<b>4.0</b>
Inner regional										
Admitted to hospital	± %	13.7	9.4	14.9	23.3	17.9	np	..	..	5.7
Casualty/outpatients/day clinic	± %	np	np	np	np	np	np	..	..	2.2
Doctor consultation (GP and/or specialist)	± %	13.7	15.8	14.2	16.6	15.7	np	..	..	6.5
Dental consultation	± %	13.3	6.7	10.3	16.9	np	np	..	..	5.2

Table EA.70 **Proportion of people who accessed health services by health status, by remoteness of residence, 2011-12 (a), (b), (c), (d), (e)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Consultation with other health professional	± %	8.0	5.1	8.7	19.9	np	np	..	..	4.1
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>13.9</b>	<b>15.9</b>	<b>13.1</b>	<b>17.3</b>	<b>np</b>	<b>10.1</b>	<b>..</b>	<b>..</b>	<b>6.0</b>
Outer regional										
Admitted to hospital	± %	np	np	10.9	24.4	26.0	19.6	..	8.1	6.7
Casualty/outpatients/day clinic	± %	np	np	np	np	np	np	..	2.6	5.8
Doctor consultation (GP and/or specialist)	± %	np	21.3	32.8	np	25.2	10.3	..	9.5	8.7
Dental consultation	± %	–	np	np	np	np	15.1	..	8.3	4.1
Consultation with other health professional	± %	np	np	np	np	np	7.6	..	3.8	4.7
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>19.3</b>	<b>21.3</b>	<b>16.1</b>	<b>31.2</b>	<b>33.9</b>	<b>18.3</b>	<b>..</b>	<b>9.2</b>	<b>9.0</b>
Remote										
Admitted to hospital	± %	–	..	np	np	np	–	..	21.7	10.4
Casualty/outpatients/day clinic	± %	–	..	np	np	np	–	..	np	22.4
Doctor consultation (GP and/or specialist)	± %	–	..	np	np	np	np	..	31.0	22.6
Dental consultation	± %	–	..	np	np	np	np	..	np	38.7
Consultation with other health professional	± %	–	..	–	np	np	–	..	np	20.1
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>–</b>	<b>..</b>	<b>np</b>	<b>np</b>	<b>np</b>	<b>np</b>	<b>..</b>	<b>12.0</b>	<b>13.1</b>

- (a) Rates are age standardised by State/Territory to the 2001 estimated resident population (10 year age ranges from 15 years).
- (b) People aged 15 years or over who were admitted to hospital in the last 12 months, consulted a dentist in the last 3 months or who visited casualty, an outpatient clinic, day clinic or consulted a GP, specialist or other health professional in the last 2 weeks.
- (c) Data are not comparable to data for 2004-05 (table EA.71) or to 2012-13 data for Aboriginal and Torres Strait Islander people (table EA.68) due to differences in survey methodology.
- (d) Remoteness areas are based on the Australian Statistical Geography Standard 2011 (ASGS) classification and are not comparable with data for previous years, which are based on a different classification.
- (e) Very remote areas are excluded from the Australian Health Survey.
- (f) Total accessing casualty/outpatients/day clinic, or consulting a doctor or other health professional, in the last 2 weeks. Data are not comparable to data for 2004-05 or to 2012-13 data for Aboriginal and Torres Strait Islander people due to differences in survey methodology.

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

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

TABLE EA.71

Table EA.71 **Proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c), (d), (e)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
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
<b>Total accessing health care (f)</b>	<b>%</b>	<b>42.8</b>	<b>42.5</b>	<b>42.0</b>	<b>42.8</b>	<b>44.0</b>	<b>..</b>	<b>38.8</b>	<b>..</b>	<b>42.6</b>
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
<b>Total accessing health care (f)</b>	<b>%</b>	<b>39.3</b>	<b>38.2</b>	<b>40.5</b>	<b>44.0</b>	<b>42.1</b>	<b>41.4</b>	<b>..</b>	<b>..</b>	<b>39.9</b>
Outer regional										
Admitted to hospital	%	13.9	10.9	14.4	18.7	16.1	12.1	..	13.8	14.2
Casualty/outpatients/day clinic	%	4.3	8.8	4.1	3.8	7.3	np	..	np	4.8
Doctor consultation (GP and/or specialist)	%	15.4	22.7	18.3	18.0	22.3	21.9	..	26.2	19.1
Dental consultation	%	5.1	4.9	3.9	3.1	4.6	5.9	..	2.1	4.4
Consultation with other health professional	%	10.9	25.5	13.2	14.5	11.9	12.2	..	13.2	14.1
<b>Total accessing health care (f)</b>	<b>%</b>	<b>37.5</b>	<b>45.4</b>	<b>39.4</b>	<b>44.1</b>	<b>40.8</b>	<b>39.7</b>	<b>..</b>	<b>39.4</b>	<b>40.3</b>
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
<b>Total accessing health care (f)</b>	<b>%</b>	<b>47.3</b>	<b>..</b>	<b>37.4</b>	<b>40.2</b>	<b>45.8</b>	<b>28.8</b>	<b>..</b>	<b>32.0</b>	<b>39.4</b>
Health status (fair/poor)										
Major cities										
Admitted to hospital	%	27.3	22.2	25.8	30.6	28.4	..	23.8	..	26.2
Casualty/outpatients/day clinic	%	7.9	9.6	10.7	13.9	10.9	..	5.5	..	9.6

TABLE EA.71

Table EA.71 **Proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c), (d), (e)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
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
<b>Total accessing health care (f)</b>	<b>%</b>	<b>61.2</b>	<b>63.4</b>	<b>64.0</b>	<b>63.8</b>	<b>67.4</b>	<b>..</b>	<b>58.5</b>	<b>..</b>	<b>62.9</b>
Inner regional										
Admitted to hospital	%	27.8	28.0	23.4	20.0	20.8	32.1	..	..	26.2
Casualty/outpatients/day clinic	%	10.4	10.5	12.4	9.6	17.5	15.2	..	..	11.7
Doctor consultation (GP and/or specialist)	%	42.3	44.9	43.7	35.7	25.8	53.1	..	..	43.0
Dental consultation	%	2.3	4.2	5.4	np	np	4.6	..	..	4.1
Consultation with other health professional	%	30.5	29.1	20.8	24.4	13.9	22.9	..	..	25.7
<b>Total accessing health care (f)</b>	<b>%</b>	<b>61.5</b>	<b>71.4</b>	<b>63.8</b>	<b>65.1</b>	<b>53.6</b>	<b>67.9</b>	<b>..</b>	<b>..</b>	<b>64.9</b>
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
<b>Total accessing health care (f)</b>	<b>%</b>	<b>56.0</b>	<b>59.9</b>	<b>60.2</b>	<b>55.9</b>	<b>56.0</b>	<b>45.4</b>	<b>..</b>	<b>53.9</b>	<b>56.7</b>
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
<b>Total accessing health care (f)</b>	<b>%</b>	<b>43.7</b>	<b>..</b>	<b>71.8</b>	<b>61.1</b>	<b>65.0</b>	<b>49.5</b>	<b>..</b>	<b>82.3</b>	<b>66.4</b>

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
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>2.1</b>	<b>2.3</b>	<b>3.0</b>	<b>2.8</b>	<b>2.7</b>	<b>..</b>	<b>3.3</b>	<b>..</b>	<b>1.2</b>

TABLE EA.71

Table EA.71 **Proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c), (d), (e)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
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
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>4.6</b>	<b>5.5</b>	<b>4.0</b>	<b>8.4</b>	<b>6.5</b>	<b>3.1</b>	..	..	<b>2.2</b>
Outer regional										
Admitted to hospital	± %	4.6	4.9	3.4	6.0	4.9	3.4	..	12.0	2.0
Casualty/outpatients/day clinic	± %	2.7	5.2	1.7	2.0	3.1	np	..	np	1.2
Doctor consultation (GP and/or specialist)	± %	5.4	7.6	3.1	6.6	5.5	3.9	..	18.3	2.4
Dental consultation	± %	2.9	3.4	1.6	2.0	2.5	2.4	..	3.4	1.1
Consultation with other health professional	± %	3.9	11.0	3.4	4.3	3.9	3.6	..	17.3	2.4
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>6.8</b>	<b>10.3</b>	<b>4.2</b>	<b>7.7</b>	<b>7.2</b>	<b>5.3</b>	..	<b>19.6</b>	<b>3.4</b>
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
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>39.6</b>	..	<b>11.9</b>	<b>13.6</b>	<b>11.3</b>	<b>23.6</b>	..	<b>34.2</b>	<b>7.4</b>

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
<b>Total accessing health care (f)</b>	<b>±</b>	<b>7.2</b>	<b>7.0</b>	<b>8.5</b>	<b>8.7</b>	<b>6.3</b>	..	<b>8.2</b>	..	<b>3.6</b>
Inner regional										
Admitted to hospital	±	8.0	11.6	6.6	12.5	11.3	6.7	..	..	4.0
Casualty/outpatients/day clinic	±	6.7	7.1	6.8	8.7	17.0	6.2	..	..	3.0
Doctor consultation (GP and/or specialist)	±	10.7	13.0	9.3	16.0	11.8	9.7	..	..	4.7
Dental consultation	±	3.1	4.9	4.4	np	np	3.6	..	..	1.9

TABLE EA.71

Table EA.71 **Proportion of people who accessed health services by health status, by remoteness of residence, 2004-05 (a), (b), (c), (d), (e)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Consultation with other health professional	±	13.6	14.6	6.6	21.3	11.1	7.0	..	..	6.1
<b>Total accessing health care (f)</b>	±	<b>10.6</b>	<b>9.9</b>	<b>9.2</b>	<b>16.7</b>	<b>12.7</b>	<b>8.1</b>	..	..	<b>4.8</b>
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
<b>Total accessing health care (f)</b>	±	<b>12.7</b>	<b>17.0</b>	<b>11.1</b>	<b>21.2</b>	<b>17.2</b>	<b>15.1</b>	..	<b>59.1</b>	<b>6.6</b>
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
<b>Total accessing health care (f)</b>	±	<b>118.5</b>	..	<b>30.2</b>	<b>55.6</b>	<b>45.8</b>	<b>22.4</b>	..	<b>25.2</b>	<b>16.8</b>

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

(b) People aged 15 years or over who accessed at least one of the health services noted in the table in the last two weeks or were admitted to hospital in the last 12 months.

(c) Data are not comparable to data for 2011-12 (table EA.70) due to differences in survey methodology.

(d) Remoteness areas are based on the Australian Standard Geographical Classification 2001 (ASGC) and are not comparable with data for later years, which are based on a different classification.

(e) Very remote areas are excluded from the National Health Survey.

(f) Total persons accessing any of the selected health services noted above. Components may not add to total because persons may have accessed more than one type of health service. Data are not comparable with data for 2011-12 due to methodological differences between the surveys.

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

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

TABLE EA.72

Table EA.72 **Proportion of people who accessed health services by health status, by SEIFA, 2011-12 (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>
Health status (excellent/very good/good)										
Quintile 1										
Admitted to hospital	%	12.7	13.0	8.4	16.3	8.3	14.6	np	16.5	12.0
Casualty/outpatients/day clinic	%	2.3	3.7	np	4.0	3.5	np	np	–	2.8
Doctor consultation (GP and/or specialist)	%	26.4	20.2	22.4	22.4	26.1	23.1	np	17.4	23.6
Dental consultation	%	15.3	13.0	12.2	11.6	15.3	12.6	np	16.0	14.0
Consultation with other health professional	%	6.3	4.2	5.2	5.1	7.6	3.2	np	np	5.6
<b>Total accessing health care (f)</b>	<b>%</b>	<b>31.8</b>	<b>23.8</b>	<b>26.8</b>	<b>25.0</b>	<b>30.2</b>	<b>26.3</b>	<b>18.7</b>	<b>18.8</b>	<b>28.1</b>
Quintile 2										
Admitted to hospital	%	11.9	13.3	9.3	11.4	12.0	7.5	np	12.3	11.6
Casualty/outpatients/day clinic	%	3.4	2.3	2.5	3.4	3.1	np	–	np	2.8
Doctor consultation (GP and/or specialist)	%	23.9	21.6	25.6	22.0	21.5	16.5	25.0	22.6	23.1
Dental consultation	%	15.3	16.5	15.7	14.7	19.3	18.4	19.8	10.3	16.1
Consultation with other health professional	%	5.6	6.9	5.9	4.6	8.7	5.4	np	np	6.2
<b>Total accessing health care (f)</b>	<b>%</b>	<b>27.0</b>	<b>25.7</b>	<b>30.6</b>	<b>26.8</b>	<b>26.7</b>	<b>20.1</b>	<b>26.8</b>	<b>26.0</b>	<b>27.4</b>
Quintile 3										
Admitted to hospital	%	7.5	11.3	10.4	9.9	13.8	7.9	10.9	12.1	10.0
Casualty/outpatients/day clinic	%	np	2.0	3.1	np	np	np	np	np	2.1
Doctor consultation (GP and/or specialist)	%	21.1	25.9	21.9	19.9	16.9	24.0	23.6	24.2	22.4
Dental consultation	%	14.8	19.2	17.2	16.8	21.3	12.6	13.4	13.6	16.9
Consultation with other health professional	%	4.8	9.9	5.9	5.4	5.9	4.2	4.3	3.9	6.5
<b>Total accessing health care (f)</b>	<b>%</b>	<b>24.5</b>	<b>32.4</b>	<b>25.6</b>	<b>24.2</b>	<b>22.3</b>	<b>26.4</b>	<b>26.1</b>	<b>27.3</b>	<b>26.9</b>
Quintile 4										
Admitted to hospital	%	10.2	10.2	12.2	12.4	10.7	13.6	15.1	15.6	11.2
Casualty/outpatients/day clinic	%	np	np	2.4	3.9	2.7	–	np	np	2.0
Doctor consultation (GP and/or specialist)	%	22.8	21.7	25.8	19.8	19.4	26.3	21.9	27.8	22.5
Dental consultation	%	18.2	21.1	16.9	19.9	24.3	20.9	16.3	17.6	19.2
Consultation with other health professional	%	8.8	11.2	8.7	6.7	7.3	8.4	12.7	11.3	9.0
<b>Total accessing health care (f)</b>	<b>%</b>	<b>28.4</b>	<b>28.2</b>	<b>29.9</b>	<b>25.4</b>	<b>24.8</b>	<b>29.7</b>	<b>29.5</b>	<b>34.0</b>	<b>27.9</b>
Quintile 5										
Admitted to hospital	%	12.1	9.1	14.6	13.4	13.9	np	11.9	np	11.9
Casualty/outpatients/day clinic	%	np	np	np	np	np	np	3.2	np	1.3
Doctor consultation (GP and/or specialist)	%	19.3	18.6	26.1	21.4	23.3	13.2	20.5	19.5	20.6
Dental consultation	%	19.3	23.4	23.8	23.0	20.5	17.9	19.9	19.0	21.6

TABLE EA.72

Table EA.72 **Proportion of people who accessed health services by health status, by SEIFA, 2011-12 (a), (b), (c), (d)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (e)	Aust
Consultation with other health professional	%	7.1	8.1	6.5	6.5	13.6	np	8.4	np	7.5
<b>Total accessing health care (f)</b>	<b>%</b>	<b>23.5</b>	<b>25.0</b>	<b>30.2</b>	<b>25.3</b>	<b>33.1</b>	<b>19.3</b>	<b>26.9</b>	<b>21.3</b>	<b>25.6</b>
Health status (fair/poor)										
Quintile 1										
Admitted to hospital	%	24.7	29.4	23.5	33.3	22.7	18.7	np	np	25.6
Casualty/outpatients/day clinic	%	np	13.9	10.8	np	18.5	6.5	np	np	8.2
Doctor consultation (GP and/or specialist)	%	39.5	55.5	48.8	42.8	32.3	35.4	np	37.2	44.4
Dental consultation	%	18.8	7.5	13.3	np	13.5	15.0	np	np	13.5
Consultation with other health professional	%	6.4	13.9	10.4	np	11.6	11.3	np	np	10.4
<b>Total accessing health care (f)</b>	<b>%</b>	<b>40.4</b>	<b>56.5</b>	<b>59.8</b>	<b>47.4</b>	<b>49.3</b>	<b>39.5</b>	<b>47.1</b>	<b>42.6</b>	<b>48.9</b>
Quintile 2										
Admitted to hospital	%	27.0	15.2	25.3	16.4	23.5	32.0	np	np	23.1
Casualty/outpatients/day clinic	%	np	np	11.0	np	6.0	np	np	np	6.8
Doctor consultation (GP and/or specialist)	%	45.7	53.4	50.6	41.2	42.0	38.6	np	27.3	47.6
Dental consultation	%	23.9	20.9	22.4	np	18.1	18.2	np	np	20.9
Consultation with other health professional	%	12.9	14.0	13.5	np	12.1	10.4	np	np	13.1
<b>Total accessing health care (f)</b>	<b>%</b>	<b>50.0</b>	<b>56.1</b>	<b>58.2</b>	<b>45.5</b>	<b>46.9</b>	<b>47.2</b>	<b>np</b>	<b>37.4</b>	<b>52.4</b>
Quintile 3										
Admitted to hospital	%	18.9	22.8	32.8	24.2	11.6	18.7	np	31.8	24.1
Casualty/outpatients/day clinic	%	np	4.2							
Doctor consultation (GP and/or specialist)	%	40.0	50.9	37.7	34.0	38.8	53.4	37.8	np	42.6
Dental consultation	%	19.6	15.6	6.4	17.5	21.9	np	np	31.0	15.5
Consultation with other health professional	%	13.8	np	12.8	14.1	np	np	np	np	13.3
<b>Total accessing health care (f)</b>	<b>%</b>	<b>43.9</b>	<b>57.2</b>	<b>44.4</b>	<b>35.7</b>	<b>40.3</b>	<b>55.0</b>	<b>45.2</b>	<b>37.7</b>	<b>47.2</b>
Quintile 4										
Admitted to hospital	%	13.2	15.5	37.6	27.1	38.4	np	24.9	31.3	20.2
Casualty/outpatients/day clinic	%	–	np	5.5						
Doctor consultation (GP and/or specialist)	%	36.1	55.5	31.1	29.1	43.8	35.5	32.7	42.2	40.0
Dental consultation	%	np	np	22.3	18.4	17.8	np	np	np	15.5
Consultation with other health professional	%	14.2	np	np	21.5	np	np	21.8	np	14.6
<b>Total accessing health care (f)</b>	<b>%</b>	<b>39.5</b>	<b>57.3</b>	<b>33.1</b>	<b>50.9</b>	<b>46.0</b>	<b>35.5</b>	<b>45.2</b>	<b>48.5</b>	<b>46.6</b>
Quintile 5										
Admitted to hospital	%	15.0	24.7	np	17.6	33.8	np	20.9	34.7	20.6

Table EA.72 **Proportion of people who accessed health services by health status, by SEIFA, 2011-12 (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>
Casualty/outpatients/day clinic	%	np	np	np	–	np	np	np	np	6.1
Doctor consultation (GP and/or specialist)	%	37.6	44.2	29.7	32.0	38.9	np	34.0	54.4	40.0
Dental consultation	%	25.0	25.0	np	22.6	23.9	np	15.1	np	25.2
Consultation with other health professional	%	np	30.0	np	np	np	np	22.9	np	18.2
<b>Total accessing health care (f)</b>	<b>%</b>	<b>44.8</b>	<b>48.0</b>	<b>32.5</b>	<b>37.6</b>	<b>56.9</b>	<b>np</b>	<b>43.4</b>	<b>57.8</b>	<b>46.0</b>
95 per cent confidence interval for Health status (excellent/very good/good)										
Quintile 1										
Admitted to hospital	± %	2.9	3.4	3.6	7.0	3.3	4.2	np	11.5	1.6
Casualty/outpatients/day clinic	± %	1.3	2.0	np	2.4	2.3	np	np	–	0.8
Doctor consultation (GP and/or specialist)	± %	4.3	3.8	5.4	5.1	4.6	4.5	np	9.1	2.4
Dental consultation	± %	3.5	3.8	4.7	5.1	4.2	3.9	np	7.2	1.8
Consultation with other health professional	± %	2.3	2.5	2.9	3.0	3.7	1.8	np	np	1.1
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>4.5</b>	<b>4.1</b>	<b>6.4</b>	<b>4.8</b>	<b>4.6</b>	<b>4.3</b>	<b>8.4</b>	<b>8.4</b>	<b>2.6</b>
Quintile 2										
Admitted to hospital	± %	3.8	3.5	2.5	3.7	3.2	3.0	np	7.4	1.8
Casualty/outpatients/day clinic	± %	1.9	1.5	1.7	2.0	1.6	np	–	np	0.7
Doctor consultation (GP and/or specialist)	± %	4.8	5.1	3.7	4.8	3.7	4.4	12.3	13.0	2.2
Dental consultation	± %	3.4	4.2	3.2	4.2	4.6	5.3	14.9	6.1	1.5
Consultation with other health professional	± %	2.4	2.8	2.1	1.9	3.0	3.3	np	np	1.2
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>4.8</b>	<b>4.8</b>	<b>4.1</b>	<b>4.9</b>	<b>4.5</b>	<b>4.9</b>	<b>14.3</b>	<b>12.8</b>	<b>2.3</b>
Quintile 3										
Admitted to hospital	± %	2.7	2.7	2.8	3.5	4.6	3.7	4.6	4.8	1.5
Casualty/outpatients/day clinic	± %	np	1.4	1.8	np	np	np	np	np	0.6
Doctor consultation (GP and/or specialist)	± %	4.6	4.1	4.3	4.1	4.7	5.5	6.6	7.8	2.1
Dental consultation	± %	3.7	4.2	4.1	3.9	6.0	3.7	6.1	4.6	2.2
Consultation with other health professional	± %	1.6	2.9	1.8	3.1	3.1	2.5	2.9	2.1	1.1
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>4.6</b>	<b>4.5</b>	<b>4.2</b>	<b>5.0</b>	<b>4.6</b>	<b>5.4</b>	<b>6.6</b>	<b>7.8</b>	<b>2.2</b>
Quintile 4										
Admitted to hospital	± %	3.5	2.5	3.4	2.9	3.4	5.1	4.3	8.7	1.3
Casualty/outpatients/day clinic	± %	np	np	1.3	2.4	1.8	–	np	np	0.9
Doctor consultation (GP and/or specialist)	± %	4.3	4.1	4.6	4.3	5.2	8.7	4.5	7.5	1.9
Dental consultation	± %	4.7	4.8	4.0	4.6	5.3	7.4	5.8	6.7	2.4

TABLE EA.72

Table EA.72 **Proportion of people who accessed health services by health status, by SEIFA, 2011-12 (a), (b), (c), (d)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>
Consultation with other health professional	± %	2.2	3.7	2.8	2.5	3.1	5.1	4.6	5.3	1.3
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>3.9</b>	<b>4.7</b>	<b>4.7</b>	<b>5.3</b>	<b>5.5</b>	<b>9.8</b>	<b>5.6</b>	<b>7.9</b>	<b>1.9</b>
Quintile 5										
Admitted to hospital	± %	3.5	2.8	4.4	3.3	5.8	np	3.2	np	1.7
Casualty/outpatients/day clinic	± %	np	np	np	np	np	np	1.3	np	0.7
Doctor consultation (GP and/or specialist)	± %	3.5	3.5	4.9	4.3	5.7	7.5	2.9	10.2	1.9
Dental consultation	± %	3.2	3.9	4.5	5.3	6.4	8.0	2.8	8.5	1.6
Consultation with other health professional	± %	2.2	2.2	3.0	2.5	6.4	np	2.5	np	1.2
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>3.9</b>	<b>3.7</b>	<b>5.4</b>	<b>5.0</b>	<b>7.4</b>	<b>11.3</b>	<b>3.4</b>	<b>10.5</b>	<b>2.0</b>
95 per cent confidence interval for Health status (fair/poor)										
Quintile 1										
Admitted to hospital	± %	10.6	19.7	11.9	17.4	9.9	6.4	np	np	6.0
Casualty/outpatients/day clinic	± %	np	17.9	6.7	np	21.8	6.0	np	np	2.6
Doctor consultation (GP and/or specialist)	± %	9.5	19.0	12.8	20.4	10.2	10.5	np	13.4	5.0
Dental consultation	± %	8.6	5.1	7.8	np	9.8	9.8	np	np	3.9
Consultation with other health professional	± %	3.8	17.6	6.1	np	8.3	5.9	np	np	3.0
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>9.4</b>	<b>18.9</b>	<b>12.6</b>	<b>15.9</b>	<b>20.8</b>	<b>9.6</b>	<b>23.0</b>	<b>12.2</b>	<b>5.2</b>
Quintile 2										
Admitted to hospital	± %	12.4	8.4	9.7	14.3	8.7	18.0	np	np	5.1
Casualty/outpatients/day clinic	± %	np	np	8.1	np	4.5	np	np	np	2.3
Doctor consultation (GP and/or specialist)	± %	21.0	13.6	11.9	18.8	10.8	16.1	np	25.6	6.7
Dental consultation	± %	17.5	11.8	14.7	np	8.3	14.1	np	np	5.3
Consultation with other health professional	± %	7.8	8.0	9.3	np	5.9	7.4	np	np	4.2
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>21.2</b>	<b>13.8</b>	<b>10.7</b>	<b>17.0</b>	<b>10.7</b>	<b>18.1</b>	<b>np</b>	<b>36.5</b>	<b>6.7</b>
Quintile 3										
Admitted to hospital	± %	7.1	12.1	9.0	9.0	12.7	11.9	np	24.0	4.5
Casualty/outpatients/day clinic	± %	np	2.2							
Doctor consultation (GP and/or specialist)	± %	12.5	17.6	11.7	14.0	23.4	17.4	21.9	np	7.4
Dental consultation	± %	9.5	11.9	4.8	12.3	19.3	np	np	24.6	4.1
Consultation with other health professional	± %	7.5	np	7.9	10.5	np	np	np	np	4.1
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>12.6</b>	<b>16.0</b>	<b>8.6</b>	<b>13.9</b>	<b>23.4</b>	<b>17.4</b>	<b>15.5</b>	<b>33.6</b>	<b>6.9</b>
Quintile 4										
Admitted to hospital	± %	7.5	14.2	35.6	12.9	27.3	np	15.5	34.2	5.0

**Table EA.72 Proportion of people who accessed health services by health status, by SEIFA, 2011-12 (a), (b), (c), (d)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (e)	Aust
Casualty/outpatients/day clinic	± %	–	np	3.4						
Doctor consultation (GP and/or specialist)	± %	18.7	37.2	9.2	12.4	19.2	29.4	24.0	29.6	7.8
Dental consultation	± %	np	np	11.8	13.2	12.8	np	np	np	5.6
Consultation with other health professional	± %	15.4	np	np	13.1	np	np	20.0	np	5.1
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>19.0</b>	<b>36.7</b>	<b>8.3</b>	<b>18.2</b>	<b>20.8</b>	<b>29.4</b>	<b>24.9</b>	<b>29.6</b>	<b>7.9</b>
Quintile 5										
Admitted to hospital	± %	9.5	24.2	np	10.6	28.7	np	13.6	25.4	6.7
Casualty/outpatients/day clinic	± %	np	np	np	–	np	np	np	np	4.9
Doctor consultation (GP and/or specialist)	± %	17.7	23.3	19.4	17.8	40.8	np	13.1	30.4	8.4
Dental consultation	± %	19.1	17.6	np	19.4	27.0	np	12.0	np	7.2
Consultation with other health professional	± %	np	26.8	np	np	np	np	11.7	np	7.0
<b>Total accessing health care (f)</b>	<b>± %</b>	<b>20.9</b>	<b>24.9</b>	<b>19.2</b>	<b>15.8</b>	<b>20.4</b>	<b>np</b>	<b>14.8</b>	<b>36.0</b>	<b>8.5</b>

- (a) Rates are age standardised by State/Territory to the 2001 estimated resident population (10 year age ranges from 15 years).
- (b) People aged 15 years or over who: were admitted to hospital in the last 12 months; consulted a dentist in the last 3 months; visited casualty, an outpatient clinic or a day clinic, or consulted a GP, specialist or other health professional, in the last 2 weeks.
- (c) Data are not comparable to data for 2004-05 (table EA.73) or to 2012-13 data for Aboriginal and Torres Strait Islander people (table EA.68) due to differences in survey methodology.
- (d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). A lower SEIFA quintile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA quintile indicates a relative lack of disadvantage and greater advantage in general. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on Statistical Local Area (SLA). Not all quintiles are represented in
- (e) Data for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey translates to exclusion of around 23 per cent of the NT population.
- (f) Total accessing casualty/outpatients/day clinic, or consulting a doctor or other health professional, in the last 2 weeks. Data are not comparable to data for 2004-05 or to 2012-13 data for Aboriginal and Torres Strait Islander people due to differences in survey methodology.  
– Nil or rounded to zero. **np** Not published.

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

TABLE EA.73

Table EA.73 **Proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Health status (excellent/very good/good)										
Quintile 1										
Admitted to hospital	%	14.5	12.5	14.5	15.7	13.7	13.7	np	np	14.0
Casualty/outpatients/day clinic	%	3.6	5.6	3.2	4.1	4.6	4.3	–	–	4.1
Doctor consultation (GP and/or specialist)	%	25.2	25.2	21.6	15.6	23.7	21.8	np	np	23.5
Dental consultation (d)	%	4.4	2.6	3.7	7.8	3.4	4.5	–	–	4.0
Consultation with other health professional	%	9.6	8.3	10.5	12.0	11.2	9.2	–	–	9.7
<b>Total accessing health care (e)</b>	<b>%</b>	<b>42.5</b>	<b>39.1</b>	<b>39.1</b>	<b>34.9</b>	<b>42.3</b>	<b>38.3</b>	<b>np</b>	<b>np</b>	<b>40.3</b>
Quintile 2										
Admitted to hospital	%	15.0	15.5	12.3	16.1	13.6	8.6	np	np	14.3
Casualty/outpatients/day clinic	%	4.0	7.9	3.1	6.5	6.0	np	6.8	np	4.8
Doctor consultation (GP and/or specialist)	%	20.7	20.2	21.5	23.4	23.4	20.3	np	np	21.4
Dental consultation (d)	%	4.2	4.2	4.1	4.4	6.4	8.4	np	np	4.4
Consultation with other health professional	%	11.7	14.9	12.8	13.7	14.1	12.8	10.5	–	12.9
<b>Total accessing health care (e)</b>	<b>%</b>	<b>41.5</b>	<b>39.5</b>	<b>38.4</b>	<b>42.7</b>	<b>44.7</b>	<b>37.8</b>	<b>np</b>	<b>np</b>	<b>40.7</b>
Quintile 3										
Admitted to hospital	%	13.1	12.4	12.4	17.4	16.5	12.7	np	np	13.5
Casualty/outpatients/day clinic	%	3.0	5.4	3.7	3.3	5.2	np	np	np	3.9
Doctor consultation (GP and/or specialist)	%	19.8	18.7	20.1	20.4	27.3	22.8	12.6	51.8	20.4
Dental consultation (d)	%	6.4	6.0	5.6	6.4	7.0	3.2	np	np	6.1
Consultation with other health professional	%	12.3	14.2	15.6	13.7	14.1	12.9	9.6	32.6	13.9
<b>Total accessing health care (e)</b>	<b>%</b>	<b>41.0</b>	<b>39.8</b>	<b>43.3</b>	<b>44.0</b>	<b>48.3</b>	<b>41.1</b>	<b>16.5</b>	<b>66.2</b>	<b>42.0</b>
Quintile 4										
Admitted to hospital	%	13.2	12.9	14.0	11.1	13.1	14.5	15.0	8.1	13.1
Casualty/outpatients/day clinic	%	3.1	5.7	4.4	3.5	3.6	6.0	2.1	–	4.3
Doctor consultation (GP and/or specialist)	%	21.8	22.2	18.6	22.0	19.8	23.8	np	np	20.8
Dental consultation (d)	%	5.7	6.3	6.1	5.8	7.6	9.2	5.7	5.5	6.2
Consultation with other health professional	%	11.0	14.6	13.0	12.5	15.8	13.2	np	np	13.3
<b>Total accessing health care (e)</b>	<b>%</b>	<b>42.5</b>	<b>41.3</b>	<b>40.6</b>	<b>39.7</b>	<b>43.8</b>	<b>44.8</b>	<b>37.8</b>	<b>19.9</b>	<b>41.3</b>
Quintile 5										
Admitted to hospital	%	15.0	14.9	14.8	17.7	11.9	14.7	12.9	28.1	14.9
Casualty/outpatients/day clinic	%	3.3	4.5	3.9	5.9	3.6	5.1	np	np	4.1
Doctor consultation (GP and/or specialist)	%	18.8	21.4	20.9	27.4	17.4	17.1	20.3	30.4	20.6
Dental consultation (d)	%	6.8	7.8	7.3	8.2	7.0	8.4	np	np	7.3

TABLE EA.73

Table EA.73 **Proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Consultation with other health professional	%	13.7	17.4	20.2	14.4	14.7	20.4	np	np	15.8
<b>Total accessing health care (e)</b>	<b>%</b>	<b>41.7</b>	<b>46.2</b>	<b>46.2</b>	<b>49.2</b>	<b>39.1</b>	<b>45.6</b>	<b>39.8</b>	<b>64.3</b>	<b>44.1</b>
Health status (fair/poor)										
Quintile 1										
Admitted to hospital	%	25.7	25.0	26.0	30.5	20.5	26.0	–	–	25.4
Casualty/outpatients/day clinic	%	11.2	9.6	12.1	6.4	13.7	10.6	np	np	11.0
Doctor consultation (GP and/or specialist)	%	45.9	49.2	51.1	28.9	38.1	45.0	np	np	46.0
Dental consultation (d)	%	4.5	5.3	np	np	7.6	3.1	–	–	4.4
Consultation with other health professional	%	15.0	15.5	25.3	10.4	13.4	16.4	–	–	17.0
<b>Total accessing health care (e)</b>	<b>%</b>	<b>64.7</b>	<b>66.5</b>	<b>73.7</b>	<b>60.6</b>	<b>61.4</b>	<b>58.2</b>	<b>np</b>	<b>np</b>	<b>66.0</b>
Quintile 2										
Admitted to hospital	%	33.6	30.4	30.0	27.0	27.2	18.2	np	np	30.8
Casualty/outpatients/day clinic	%	3.1	11.6	11.8	13.1	5.8	4.5	np	np	7.5
Doctor consultation (GP and/or specialist)	%	36.0	48.0	47.5	56.1	36.8	46.1	44.7	–	42.3
Dental consultation (d)	%	6.9	5.7	4.2	np	10.3	np	–	–	6.3
Consultation with other health professional	%	18.7	25.3	30.2	34.2	23.5	18.3	np	np	24.3
<b>Total accessing health care (e)</b>	<b>%</b>	<b>62.1</b>	<b>71.2</b>	<b>70.9</b>	<b>70.4</b>	<b>64.6</b>	<b>54.9</b>	<b>np</b>	<b>np</b>	<b>66.0</b>
Quintile 3										
Admitted to hospital	%	23.1	24.6	28.6	28.4	20.8	34.9	–	34.6	25.4
Casualty/outpatients/day clinic	%	11.5	13.8	8.6	9.8	12.2	12.6	np	np	11.6
Doctor consultation (GP and/or specialist)	%	47.4	49.0	36.3	29.7	52.4	42.7	np	np	44.2
Dental consultation (d)	%	3.2	2.6	9.0	4.8	9.4	np	–	np	4.7
Consultation with other health professional	%	29.0	22.1	23.8	14.4	35.3	30.5	np	np	24.6
<b>Total accessing health care (e)</b>	<b>%</b>	<b>59.1</b>	<b>65.1</b>	<b>54.6</b>	<b>52.5</b>	<b>68.1</b>	<b>60.8</b>	<b>np</b>	<b>np</b>	<b>59.7</b>
Quintile 4										
Admitted to hospital	%	22.0	25.7	19.6	29.1	34.0	29.8	26.2	34.1	24.6
Casualty/outpatients/day clinic	%	8.2	8.8	8.1	25.1	13.4	19.2	3.9	–	10.0
Doctor consultation (GP and/or specialist)	%	37.0	40.1	30.8	38.3	45.7	36.9	27.5	35.6	37.2
Dental consultation (d)	%	11.3	4.3	np	np	9.9	np	3.8	np	7.3
Consultation with other health professional	%	18.0	22.0	18.0	33.9	29.8	22.3	np	np	22.0
<b>Total accessing health care (e)</b>	<b>%</b>	<b>52.5</b>	<b>61.8</b>	<b>52.0</b>	<b>70.2</b>	<b>63.1</b>	<b>59.3</b>	<b>61.0</b>	<b>80.6</b>	<b>57.9</b>
Quintile 5										
Admitted to hospital	%	32.1	18.8	22.1	26.6	26.4	26.2	np	np	25.7
Casualty/outpatients/day clinic	%	6.5	5.7	10.2	9.2	14.0	15.2	np	np	7.8

TABLE EA.73

Table EA.73 **Proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Doctor consultation (GP and/or specialist)	%	43.4	34.0	43.0	32.2	37.6	48.3	np	np	38.3
Dental consultation (d)	%	3.7	18.9	14.0	8.7	6.7	14.1	10.1	–	10.8
Consultation with other health professional	%	18.5	27.9	19.3	21.4	22.8	20.1	np	np	23.1
<b>Total accessing health care (e)</b>	<b>%</b>	<b>60.6</b>	<b>64.9</b>	<b>57.3</b>	<b>60.8</b>	<b>67.5</b>	<b>60.1</b>	<b>59.1</b>	<b>100.0</b>	<b>62.4</b>
95 per cent confidence interval for Health status (excellent/very good/good)										
Quintile 1										
Admitted to hospital	± %	2.7	3.4	3.2	6.2	3.2	2.7	np	np	1.7
Casualty/outpatients/day clinic	± %	1.5	2.6	1.5	2.5	1.8	1.4	–	–	0.9
Doctor consultation (GP and/or specialist)	± %	4.0	4.7	3.1	5.9	4.6	3.3	np	np	2.2
Dental consultation (d)	± %	1.8	1.5	1.7	3.6	1.6	1.5	–	–	0.9
Consultation with other health professional	± %	2.8	3.0	3.6	5.4	3.2	2.1	–	–	1.4
<b>Total accessing health care (e)</b>	<b>± %</b>	<b>4.3</b>	<b>4.8</b>	<b>3.9</b>	<b>6.8</b>	<b>4.7</b>	<b>3.9</b>	<b>np</b>	<b>np</b>	<b>2.4</b>
Quintile 2										
Admitted to hospital	± %	3.4	4.6	2.5	3.2	3.5	6.2	np	np	1.7
Casualty/outpatients/day clinic	± %	1.7	3.9	1.2	2.5	1.8	np	5.7	np	1.0
Doctor consultation (GP and/or specialist)	± %	3.1	6.5	2.9	3.6	4.2	7.8	np	np	1.7
Dental consultation (d)	± %	1.4	2.2	1.5	1.7	2.0	5.5	np	np	0.7
Consultation with other health professional	± %	2.1	4.6	2.8	3.2	3.2	5.5	19.6	–	1.4
<b>Total accessing health care (e)</b>	<b>± %</b>	<b>4.6</b>	<b>7.2</b>	<b>3.2</b>	<b>4.4</b>	<b>4.8</b>	<b>8.7</b>	<b>np</b>	<b>np</b>	<b>2.3</b>
Quintile 3										
Admitted to hospital	± %	2.4	2.5	3.8	3.9	3.4	3.9	np	np	1.3
Casualty/outpatients/day clinic	± %	1.3	2.2	2.1	1.8	2.6	np	np	np	0.7
Doctor consultation (GP and/or specialist)	± %	3.8	3.3	4.1	5.1	5.0	7.1	34.5	42.1	1.8
Dental consultation (d)	± %	1.9	2.1	2.0	2.3	2.4	2.5	np	np	1.0
Consultation with other health professional	± %	2.7	2.9	3.3	4.2	3.6	5.4	13.0	46.2	1.4
<b>Total accessing health care (e)</b>	<b>± %</b>	<b>4.5</b>	<b>4.4</b>	<b>5.5</b>	<b>5.9</b>	<b>6.0</b>	<b>7.5</b>	<b>26.3</b>	<b>32.1</b>	<b>2.2</b>
Quintile 4										
Admitted to hospital	± %	3.8	2.8	2.7	3.8	2.7	6.0	4.3	5.9	1.5
Casualty/outpatients/day clinic	± %	1.9	1.6	1.9	1.8	1.3	4.5	1.5	–	0.8
Doctor consultation (GP and/or specialist)	± %	4.6	2.7	2.6	5.5	2.3	4.8	np	np	1.6
Dental consultation (d)	± %	1.7	2.1	1.9	3.0	2.0	4.6	3.3	8.9	0.9
Consultation with other health professional	± %	2.9	2.8	2.7	4.5	2.6	6.3	np	np	1.5
<b>Total accessing health care (e)</b>	<b>± %</b>	<b>5.8</b>	<b>3.4</b>	<b>3.6</b>	<b>7.2</b>	<b>3.8</b>	<b>7.8</b>	<b>6.1</b>	<b>18.3</b>	<b>2.4</b>

TABLE EA.73

Table EA.73 **Proportion of people who accessed health services by health status, by SEIFA, 2004-05 (a), (b), (c)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Quintile 5										
Admitted to hospital	± %	2.7	3.3	4.1	4.8	2.9	6.0	2.5	43.9	1.5
Casualty/outpatients/day clinic	± %	1.5	1.5	1.9	2.6	2.2	3.1	np	np	0.9
Doctor consultation (GP and/or specialist)	± %	2.2	2.6	3.7	4.7	3.0	5.1	3.9	36.7	1.3
Dental consultation (d)	± %	1.8	2.4	2.2	3.0	2.6	3.9	np	np	1.1
Consultation with other health professional	± %	2.6	3.5	5.1	3.7	2.9	6.8	np	np	1.8
<b>Total accessing health care (e)</b>	<b>± %</b>	<b>3.5</b>	<b>3.6</b>	<b>5.7</b>	<b>5.4</b>	<b>4.6</b>	<b>6.9</b>	<b>4.0</b>	<b>30.6</b>	<b>2.0</b>
95 per cent confidence interval for Health status (fair/poor)										
Quintile 1										
Admitted to hospital	± %	9.1	9.5	7.5	16.7	11.5	9.2	–	–	4.8
Casualty/outpatients/day clinic	± %	7.9	5.0	7.2	8.4	9.3	5.9	np	np	3.3
Doctor consultation (GP and/or specialist)	± %	8.2	12.1	12.1	13.7	12.4	10.1	np	np	5.1
Dental consultation (d)	± %	4.1	5.5	np	np	7.6	3.7	–	–	2.2
Consultation with other health professional	± %	6.6	8.1	8.8	10.6	7.8	6.3	–	–	3.9
<b>Total accessing health care (e)</b>	<b>± %</b>	<b>8.9</b>	<b>11.4</b>	<b>9.0</b>	<b>18.7</b>	<b>12.0</b>	<b>12.3</b>	<b>np</b>	<b>np</b>	<b>4.6</b>
Quintile 2										
Admitted to hospital	± %	10.4	12.6	7.8	11.6	8.3	16.7	np	np	5.8
Casualty/outpatients/day clinic	± %	2.0	6.6	7.2	8.7	3.6	6.9	np	np	2.2
Doctor consultation (GP and/or specialist)	± %	9.0	13.5	10.9	10.9	11.0	15.9	57.8	–	4.6
Dental consultation (d)	± %	8.3	7.4	2.8	np	10.4	np	–	–	4.0
Consultation with other health professional	± %	7.6	12.1	8.3	11.7	9.0	18.6	np	np	4.8
<b>Total accessing health care (e)</b>	<b>± %</b>	<b>11.4</b>	<b>16.8</b>	<b>7.4</b>	<b>12.1</b>	<b>11.8</b>	<b>17.7</b>	<b>np</b>	<b>np</b>	<b>5.8</b>
Quintile 3										
Admitted to hospital	± %	9.6	9.8	9.0	12.6	8.2	16.7	–	78.5	5.0
Casualty/outpatients/day clinic	± %	6.1	7.7	6.1	8.0	8.3	12.3	np	np	3.5
Doctor consultation (GP and/or specialist)	± %	11.3	15.7	13.6	10.7	16.7	16.6	np	np	6.7
Dental consultation (d)	± %	2.7	3.2	6.0	5.1	9.1	np	–	np	1.9
Consultation with other health professional	± %	12.7	9.8	10.2	9.7	16.2	15.9	np	np	5.9
<b>Total accessing health care (e)</b>	<b>± %</b>	<b>12.7</b>	<b>13.4</b>	<b>13.0</b>	<b>13.9</b>	<b>17.3</b>	<b>16.5</b>	<b>np</b>	<b>np</b>	<b>6.4</b>
Quintile 4										
Admitted to hospital	± %	8.7	9.4	7.6	14.8	9.4	16.5	15.5	34.4	4.3
Casualty/outpatients/day clinic	± %	8.7	5.4	4.9	15.0	7.0	20.2	4.2	–	3.2
Doctor consultation (GP and/or specialist)	± %	12.6	9.4	10.8	17.0	9.4	28.8	13.2	30.6	5.3
Dental consultation (d)	± %	8.4	3.8	np	np	9.6	np	4.6	np	3.3

Table EA.73 **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
<b>Total accessing health care (e)</b>	<b>± %</b>	<b>13.8</b>	<b>11.5</b>	<b>10.2</b>	<b>15.1</b>	<b>9.0</b>	<b>25.4</b>	<b>16.8</b>	<b>41.1</b>	<b>6.1</b>
Quintile 5										
Admitted to hospital	± %	12.1	10.0	16.6	17.4	10.7	13.2	np	np	5.2
Casualty/outpatients/day clinic	± %	4.7	4.6	13.6	6.6	12.5	16.8	np	np	3.0
Doctor consultation (GP and/or specialist)	± %	11.8	13.6	19.0	15.3	16.1	18.7	np	np	6.0
Dental consultation (d)	± %	3.7	13.4	10.8	12.0	6.0	12.8	6.2	–	4.5
Consultation with other health professional	± %	8.9	12.7	13.6	14.8	13.1	17.9	np	np	5.0
<b>Total accessing health care (e)</b>	<b>± %</b>	<b>11.8</b>	<b>14.1</b>	<b>23.6</b>	<b>24.8</b>	<b>13.3</b>	<b>20.0</b>	<b>9.8</b>	<b>–</b>	<b>6.9</b>

- (a) Rates are age standardised by State/Territory to the 2001 estimated resident population (5 year age ranges from 15 years).
- (b) People aged 15 years or over who accessed at least one of the health services noted in the table in the last two weeks or were admitted to hospital in the last 12 months.
- (c) Data are not comparable to data for 2011-12 (table EA.72) due to differences in survey methodology.
- (d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). A lower SEIFA quintile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA quintile indicates a relative lack of disadvantage and greater advantage in general. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on SLA (Statistical Local Area). Not all quintiles are represented in every jurisdiction.
- (e) Data for the NT should be used with care as exclusion of very remote areas from the Australian Health Survey translates to exclusion of around 23 per cent of the NT population.
- (f) Total accessing any of the selected health services noted above. Components may not add to total because persons may have accessed more than one type of health service. Data are not comparable with data for 2011-12 due to methodological differences between the surveys.  
– Nil or rounded to zero. **np** Not published.

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

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## Data quality information — Health sector overview E

### Data quality information

Data quality information (DQI) provides information against the seven ABS data quality framework dimensions, for a selection of performance indicators in the Health sector overview. DQI for additional indicators will be progressively introduced in future reports.

Technical DQI has been supplied or agreed by relevant data providers. Additional Steering Committee commentary does not necessarily reflect the views of data providers.

DQI are available for the following performance indicators and measures:

Babies born of low birthweight	2
Prevalence of risk factors to the health of Australians	6
Prevalence of overweight and obesity	6
Rates of current daily smokers	10
Levels of risky alcohol consumption	12
Selected potentially preventable diseases	16
Incidence of selected cancers	16
Incidence of heart attacks	20
Prevalence of type 2 diabetes	24
Potentially avoidable deaths	28
Mortality and life expectancy	32
Life expectancy	32
Mortality rates — Infant and child	34
Mortality rates by major cause of death	38
Profile of employed health workforce	42

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## Babies born of low birthweight

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

### Indicator definition and description

<b>Indicator</b>	The incidence of low birthweight among liveborn babies of Aboriginal and Torres Strait Islander mothers and other mothers as a proportion of liveborn infants.
<b>Measure/s (computation)</b>	<p>Numerator:</p> <ul style="list-style-type: none"><li>• Number of low birthweight live-born singleton infants born in a calendar year. Low birthweight is defined as less than 2500 grams.</li></ul> <p>Denominator:</p> <ul style="list-style-type: none"><li>• Number of live-born singleton infants born in a calendar year.</li></ul> <p>Calculation: <math>100 \times (\text{Numerator} \div \text{Denominator})</math></p> <p>Variability band:</p> <ul style="list-style-type: none"><li>• calculated using the standard method for estimating 95% confidence intervals as follows:</li></ul> $CI (CR)95\% = CR \pm 1.96 \times CR / \sum_{\alpha}^l d$ <ul style="list-style-type: none"><li>• where<ul style="list-style-type: none"><li>- n=number of live-born singleton infants.</li><li>- CI = confidence interval</li><li>- CR = crude rate (expressed as a percentage)</li></ul></li></ul>
<b>Data source/s</b>	<p>This indicator is calculated using data from the AIHW National Perinatal Data Collection (NPDC).</p> <p>For data by socioeconomic status: calculated by AIHW using the ABS' Socioeconomic Index for Areas (SEIFA) Index of Relative Socioeconomic Disadvantage (IRSD). Each Statistical Local Area in Australia is ranked and divided into quintiles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.</p> <p>For data by remoteness: ABS' Australian Standard Geographical Classification.</p>

### Data Quality Framework Dimensions

<b>Institutional environment</b>	<p>The National Perinatal Epidemiology and Statistics Unit (NPESU) calculated this indicator on behalf of the Australian Institute of Health and Welfare (AIHW).</p> <p>The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister for Health and Ageing. For further information see the AIHW website.</p> <p>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.</p>
<b>Relevance</b>	<p>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).</p> <p>The Perinatal NMDS is a specification for data collected on all births in Australia in hospitals, birth centres and the community. It includes information for all live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation, except in WA, where births are included if gestational age is 20 weeks or more, or if</p>

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gestation unknown, if birthweight is at least 400 grams, and in Victoria where livebirths are included of any gestational age and stillbirths if gestational age is 20 weeks or more, or if gestation unknown, if birthweight is at least 400 grams. It includes data items relating to the mother, including demographic characteristics and factors relating to the pregnancy, labour and birth; and data items relating to the baby, including birth status (live or stillbirth), sex, gestational age at birth, birth weight, Apgar score and neonatal length of stay.

The NPDC includes all relevant data elements of interest for this indicator. Birthweight is a Perinatal NMDS item. In 2011, very few (0.02 per cent) records for live-born singleton babies were missing the data for birthweight.

While each jurisdiction has a unique perinatal form for collecting data on which the format of the Indigenous status question and recording categories varies slightly, all systems include the NMDS item on Indigenous status of mother.

No formal national assessment has been undertaken to determine completeness of the coverage of Indigenous mothers in the Perinatal NMDS. However, the proportion of Indigenous mothers for the period 2002–2012 has been consistent, at 3.6–4.0 per cent of women who gave birth. For maternal records where Indigenous status was not stated (0.2 per cent), data were excluded from Indigenous and non-Indigenous analyses.

The indicator is presented by Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD). The data supplied to the NPDC include a code for SLA from all states and territories. Reporting by remoteness is in accordance with the Australian Statistical Geography Standard (ASGS).

**Timeliness**

The reference period for the data is 2007 to 2012. Collection of data for the NPDC is annual.

**Accuracy**

Inaccurate responses may occur in all data provided to the AIHW. The AIHW does not have direct access to perinatal records to determine the accuracy of the data provided. However, the NPESU undertakes validation on receipt of data by the AIHW. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The NPESU does not adjust data to account for possible data errors.

Errors may occur during the processing of data by the states and territories or at the AIHW. Processing errors prior to data supply may be found through the validation checks applied by the NPESU. This indicator is calculated on data that has been reported to the AIHW. Prior to publication, these data are referred back to jurisdictions for checking and review. The NPESU does not adjust the data to correct for missing values. Note that because of data editing and subsequent updates of State/Territory databases, and because data are being reported by place of residence rather than place of birth the numbers reported for this indicator differ from those in reports published by the states and territories. The data are not rounded.

The data supplied for the 2011 Perinatal NMDS by Victoria to prepare this indicator was provisional and subject to vary with data quality activities. Further minor changes to the data are not foreseen to produce any detectable change to the indicator.

The geographical location code for the area of usual residence of the mother is included in the Perinatal NMDS. Only 0.1 per cent of records were non-residents or could not be assigned to a state or territory of residence. There is no scope in the data element Area of usual residence of mother to discriminate temporary residence of mother for the purposes of accessing birthing services from usual residence. The former may differentially impact populations from remote and very remote areas, where services are not available locally.

Birthweight is nearly universally reported. Less than 0.06 per cent of records were missing these data overall. Data presented by Indigenous status are influenced by the quality and completeness of Indigenous identification of mothers which is likely to differ among jurisdictions. Approximately 0.2 per cent of mothers who gave birth in the reference period had missing Indigenous status information. Jurisdictional differences in the level of data missing for Indigenous status ranges from less than 0.1% to 1.8% and there may also be differences in the rates of Indigenous under-

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identification. Therefore, jurisdictional comparisons of Indigenous data should not be made.

Disaggregated data by Indigenous status is reported by single year for time series and by three-year combined data for the current reporting period. Single year data by Indigenous status should be used with caution due to the small number of low birthweight infants born to Indigenous mothers each year.

#### **Coherence**

Data for this indicator are published annually in Australia's mothers and babies; and biennially in reports such as the Aboriginal and Torres Strait Islander Health Performance Framework report, the Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, and the Overcoming Indigenous Disadvantage report. The numbers presented in these publications will differ slightly from those presented here as this measure excludes multiple births and stillbirths.

Changing levels of Indigenous identification over time and across jurisdictions may also affect the accuracy of compiling a consistent time series in future years.

In 2011, the ABS updated the standard geography used in Australia for most data collections from the Australian Standard Geographical Classification (ASGC) to the Australian Statistical Geography Standard (ASGS). Also updated at this time were remoteness areas and the Socio-Economic Indices for Areas (SEIFA), based on the 2011 ABS Census of Population and Housing.

The new remoteness areas will be referred to as RA 2011, and the previous remoteness areas as RA 2006. The new SEIFA will be referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006.

Data for 2007 through to 2010 reported by remoteness are reported for RA 2006. Data from 2011 are reported for RA 2011. The AIHW considers the change from RA 2006 to RA 2011 to be a series break when applied to data supplied for this indicator, therefore remoteness data for 2010 and previous years are not comparable to remoteness data for 2011 and subsequent years.

Data for 2007 through to 2010 reported for SEIFA quintiles and deciles are reported using SEIFA 2006 at the Statistical Local Area (SLA) level. Data from 2011 are reported using SEIFA 2011, at the SLA level for 2011. Data for 2012 are reported using SEIFA 2011 at the SA2 (NSW VIC, QLD, WA, SA and TAS) or SLA level (ACT and NT). The AIHW considers the change from SEIFA 2006 to SEIFA 2011 to be a series break when applied to data supplied for this indicator, therefore SEIFA data for 2011 are not directly comparable with SEIFA data from previous years.

#### **Accessibility**

The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are:

- *Australia's mothers and babies* annual report
- *Indigenous mothers and their babies, Australia 2001–2004*
- METeOR – online metadata repository
- National health data dictionary.

Ad-hoc data are also available on request (charges apply to recover costs).

#### **Interpretability**

Supporting information on the use and quality of the Perinatal NMDS are published annually in Australia's mothers and babies (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in *Perinatal National Minimum Data Set compliance evaluation: 2006-2009*. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. More detailed information on the quality of Indigenous data that might affect interpretation of the indicator was published in *Indigenous mothers and their babies, Australia 2001–2004* (Chapter 1 and Chapter 5).

#### **Data Gaps/Issues Analysis**

##### **Key data gaps /issues**

The Steering Committee notes the following issues:

- Birthweight is included in the Perinatal National Minimum Data Set (NMDS) and data are complete for over 99.9 per cent of babies.
- This measure only includes births of at least 20 weeks gestation or 400 grams birthweight. It excludes multiple births and stillbirths and the measure may

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therefore differ slightly from information presented in other publications on low birthweight.

- The National Perinatal Data Collection (NPDC) includes information on the Indigenous status of the mother only. Since 2005, all jurisdictions have collected information on Indigenous status of the mother in accordance with the Perinatal NMDS.
- No formal national assessment has been undertaken to determine completeness of the coverage or identification of Indigenous mothers in the NPDC. The current data have not been adjusted for under-identification of Indigenous status of the mother and thus jurisdictional comparisons of Indigenous data should not be made.
- Remoteness data for 2010 and previous years are not directly comparable to remoteness data for 2011 and subsequent years.
- SEIFA data for 2011 are not directly comparable with SEIFA data from previous years.

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## Prevalence of risk factors to the health of Australians

### Prevalence of overweight and obesity

Data quality information for this indicator has been sourced from the Australian Bureau of Statistics (ABS) with additional Steering Committee comments.

#### Indicator definition and description

<b>Indicator</b>	Prevalence of risk factors to the health of Australians — Proportion of adults and children who are overweight or obese.
<b>Measure/s (computation)</b>	<p>Numerator:</p> <ul style="list-style-type: none"><li>• Number of people aged 18 years or over with a Body Mass Index (BMI) greater than or equal to 25, and number of children aged 5–17 years exceeding age and sex specific BMI values for overweight and obesity.</li></ul> <p>Denominator:</p> <ul style="list-style-type: none"><li>• Number of people aged 18 years or over and number of children aged 5–17 years, for whom height and weight measurements were taken.</li></ul> <p>Calculation: <math>100 \times (\text{Numerator} \div \text{Denominator})</math></p>
<b>Data source/s</b>	<p>For the 2014 and 2015 Reports, the denominator and numerator for this indicator, for the general and non-indigenous population, use data from the full sample or Core component of the general population component of the ABS Australian Health Survey (AHS) from approximately 32 000 people, which is weighted to benchmarks for the total AHS in-scope estimated resident population (ERP) at 31 October 2011.</p> <p>This information replaces data supplied for the 2013 Report, which was based on the National Health Survey (NHS) subset (20 500 people) of the full sample (32 000 people). The larger sample size (the full sample or core) supplied for the 2014 reporting cycle provides more accurate estimates and allows for analysis at a finer level of disaggregation. For more information on the structure of the AHS, see <i>Structure of the Australian Health Survey</i>.</p> <p>For the 2015 Report, the denominator and numerator for the Aboriginal and Torres Strait Islander population use data from the full sample or Core component of the ABS 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) of approximately 13 000 people, which is weighted to benchmarks for the Australian Aboriginal and Torres Strait Islander ERP at 30 June 2011, based on the 2011 Census of Population and Housing.</p> <p>This information replaces data supplied for the 2014 Report, which was based on the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) subset (9300 people) of the full sample (13 000 people). The larger sample size used for the 2015 Report provides more accurate estimates and allows for analysis at a finer level of disaggregation. For more information on the structure of the AATSIHS, see <i>Structure of the Australian Aboriginal and Torres Strait Islander Health Survey</i>.</p> <p>For information on scope and coverage, see the <i>Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide</i> (cat. no. 4727.0.55.002) on the ABS website, <a href="http://www.abs.gov.au">www.abs.gov.au</a>.</p> <p>Data reported for 2007-08 are from the ABS 2007-08 NHS. Data reported for 2004-05 are from the ABS 2004-05 NHS and the ABS 2004-05 NATSIHS.</p>

#### Data Quality Framework Dimensions

<b>Institutional environment</b>	<p>The AHS and NATSIHS were collected, processed, and published by the ABS. The ABS operates within a framework of the <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.</p> <p>For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and</p>
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	mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment on the ABS website, <a href="http://www.abs.gov.au">www.abs.gov.au</a> .
<b>Relevance</b>	<p>The 201112 AHS and 2012-13 AATSIHS collected measured height and weight from persons aged 2 years and over. For the purposes of this indicator, Body Mass Index (BMI) values are derived from measured height and weight information using the formula: weight (kg) / height (m)<sup>2</sup>.</p> <p>Despite some limitations, BMI is widely used internationally as a relatively straightforward way of measuring overweight and obesity.</p>
<b>Timeliness</b>	<p>The AHS is conducted every three years over a 12 month period. Results from the Core component of the AHS were released in June 2013.</p> <p>The AATSIHS is conducted over a 12 month period, approximately every 6 years. Results from the Core component of the 2012-13 AATSIHS were released in June 2014. The previous NATSIHS was conducted in 2004-05.</p>
<b>Accuracy</b>	<p>The AHS was conducted in all States and Territories, excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey. The exclusion of persons usually residing in very remote areas has a small impact on estimates, except for the NT, where such persons make up approximately 23 per cent of the population. The response rate for the 2011 12 Core component was 82 per cent. Results are weighted to account for non-response.</p> <p>The AATSIHS was conducted in all States and Territories, including very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were excluded from the survey. The response rate for the Core component of the 2012-13 AATSIHS was 80 per cent. Results are weighted to account for non-response.</p> <p>As they are drawn from a sample survey, data for the indicator are subject to sampling error. Sampling error occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the scientific methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE). Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.</p> <p>The following comments apply to data for the general and non-Indigenous populations only.</p> <ul style="list-style-type: none"> <li>• Data for overweight and obesity are not directly comparable to the 2004-05 NHS due to the difference in collection methodology and possible erroneous estimation of respondent self-reported measurements in 2004-05</li> <li>• Data for the NT for 2011-12 are not comparable to previous years due to the increase in sample size. Data for the NT for 2007-08 should be used with caution due to large RSEs resulting from the small sample size.</li> <li>• RSEs for adult overweight and obesity rates by State/Territory and Remoteness Areas are within acceptable limits, except for remote Queensland for which data should be used with caution.</li> <li>• RSEs for child overweight and obesity rates by State/Territory and Remoteness Areas are within acceptable limits, except for inner regional WA and SA, outer regional New South Wales and Victoria, and total remote Australia, for which data should be used with caution, and for remote areas in Queensland, Western Australia and South Australia where rates are considered too unreliable for general use.</li> <li>• The breakdown by State/Territory and SEIFA quintiles for adults in general has sampling error within acceptable limits, except quintile 5 in the NT which should be used with caution.</li> <li>• Data by State/Territory and SEIFA quintiles for children in general have sampling error within acceptable limits, except for some quintiles in Tasmania, the Australian Capital Territory and Northern Territory which should be used with caution. Rates for quintile 5 in Tasmania and quintile 1 in the Australian Capital Territory are considered too unreliable for general use.</li> </ul>

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

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

- Data for overweight and obesity are not directly comparable to the 2004-05 NATSIHS due to the difference in collection methodology and possible erroneous estimation of respondent self-reported measurements in 2004-05.
- Data collected on measured height, weight and waist circumference in the 2012-13 AATSIHS used the same methodology and equipment as the 2011-12 NHS (neither survey collected self-reported measurements), so the two are directly comparable.

#### **Coherence**

The methods used to construct the indicator are consistent and comparable with other collections and with international practise.

Most surveys, including Computer-Assisted Telephone Interviewing (CATI) health surveys conducted by the States and Territories, collect only self reported height and weight. There is a general tendency across the population for people to overestimate height and underestimate weight, which results in BMI scores based on self-reported height and weight to be lower than BMI scores based on measured height and weight. Therefore, NHS and NATSIHS data for 2004-05 are not comparable with 2011–13 data which are based on measured height and weight.

The age- and sex-specific cutoff points for BMI categories for children are from the work of Cole TJ, Bellizzi MC, Flegal KM & Dietz WH 2000, *Establishing a standard definition for child overweight and obesity worldwide: international survey*, BMJ 320:1240.

The AHS collected a range of other health-related information that can be analysed in conjunction with BMI.

#### **Accessibility**

See *Australian Health Survey: First Results* (Cat. no. 4364.0.55.001) and *Australian Health Survey: Health Service Usage and Health Related Actions* (Cat. no. 4364.0.55.002) for an overview of results from the NHS component of the AHS. See: *Australian Health Survey: Updated Results* (Cat. no. 4364.0.55.003) for results from the Core component of AHS. Other information from this survey is also available on request.

The data for NATSIHS are available from the ABS website in the publication *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13* (Cat. no. 4727.0.55.001). See *Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results* (Cat. no. 4727.0.55.006) for results from the Core component of the AATSIHS. Other information from the AATSIHS is also available from the ABS website, [www.abs.gov.au](http://www.abs.gov.au).

#### **Interpretability**

Information to aid interpretation of the data is available on the ABS website from the *Australian Health Survey: User Guide, 2011-13* (Cat. no. 4363.0.55.001) and the *Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide, 2012-13* (Cat. no. 4727.0.55.002).

Many health-related issues are closely associated with age; therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the States and Territories. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population.

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

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For information on how the results compare between the two samples, see *Comparison of Results in Australian Health Survey: Updated Results* (Cat. No. 4364.0.55.003).

#### **Data Gaps/Issues Analysis**

##### **Key data gaps /issues**

The Steering Committee notes the following issues:

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

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## Rates of current daily smokers

Data quality information for this indicator has been sourced from the Australian Bureau of Statistics (ABS) with additional Steering Committee comments.

### Indicator definition and description

<b>Indicator</b>	Prevalence of risk factors to the health of Australians — Rates of current daily smokers.
<b>Measure/s (computation)</b>	Numerator: <ul style="list-style-type: none"><li>• Number of persons aged 18 years or over who smoke tobacco every day.</li></ul> Denominator: <ul style="list-style-type: none"><li>• Number of people aged 18 years or over.</li></ul> Calculation: $100 \times (\text{Numerator} \div \text{Denominator})$
<b>Data source/s</b>	<p>For the 2014 and 2015 Reports, the denominator and numerator for this indicator, for the general and non-indigenous population, use data from the full sample or Core component of the general population component of the ABS Australian Health Survey (AHS) from approximately 32 000 people, which is weighted to benchmarks for the total AHS in-scope estimated resident population (ERP) at 31 October 2011.</p> <p>This information replaces data supplied for the 2013 Report, which was based on the National Health Survey (NHS) subset (20 500 people) of the full sample (32 000 people). The larger sample size (the full sample or core) supplied for the 2014 reporting cycle provides more accurate estimates and allows for analysis at a finer level of disaggregation. For more information on the structure of the AHS, see <i>Structure of the Australian Health Survey</i>.</p> <p>For the 2015 Report, the denominator and numerator for the Aboriginal and Torres Strait Islander population use data from the full sample or Core component of the ABS 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) of approximately 13 000 people, which is weighted to benchmarks for the Australian Aboriginal and Torres Strait Islander ERP at 30 June 2011, based on the 2011 Census of Population and Housing.</p> <p>This information replaces data supplied for the 2014 Report, which was based on the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) subset (9300 people) of the full sample (13 000 people). The larger sample size used for the 2015 Report provides more accurate estimates and allows for analysis at a finer level of disaggregation. For more information on the structure of the AATSIHS, see <i>Structure of the Australian Aboriginal and Torres Strait Islander Health Survey</i>.</p> <p>For information on scope and coverage, see the <i>Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide</i> (cat. no. 4727.0.55.002) on the ABS website, <a href="http://www.abs.gov.au">www.abs.gov.au</a>.</p> <p>Data reported for 2007-08 are from the ABS 2007-08 NHS and the ABS 2008 National Aboriginal and Torres Strait Islander Social Survey.</p>

### Data Quality Framework Dimensions

<b>Institutional environment</b>	<p>The 2011-12 AHS and 2012-13 AATSIHS were collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.</p> <p>For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment on the ABS website, <a href="http://www.abs.gov.au">www.abs.gov.au</a>.</p>
<b>Relevance</b>	The 2011-12 AHS and 2012-13 AATSIHS collected self-reported information on smoker status from persons aged 15 years and over. This refers to the smoking of tobacco, including manufactured (packet) cigarettes, roll-your-own cigarettes, cigars

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	<p>and pipes, but excluding smoking of non-tobacco products. The 2012-13 AATSIHS included Chewing tobacco was included in the 2012-13 AATSIHS but not the 2011-12 AHS. The 'current daily smoker' category includes respondents who reported at the time of interview that they regularly smoked one or more cigarettes, cigars or pipes per day.</p>
<b>Timeliness</b>	<p>The AHS is conducted every three years over a 12 month period. Results from the Core component of the AHS were released in June 2013.</p> <p>The AATSIHS is conducted over a 12 month period, approximately every 6 years. Results from the Core component of the 2012-13 AATSIHS were released in June 2014.</p>
<b>Accuracy</b>	<p>The AHS was conducted in all States and Territories, excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey. The exclusion of persons usually residing in very remote areas has a small impact on estimates, except for the NT, where such persons make up approximately 23 per cent of the population. The response rate for the 2011-12 Core component was 82 per cent. Results are weighted to account for non-response.</p> <p>The AATSIHS was conducted in all States and Territories, including very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were excluded from the survey. The response rate for the Core component of the 2012-13 AATSIHS was 80 per cent. Results are weighted to account for non-response. Results are weighted to account for non-response.</p> <p>As they are drawn from a sample survey, data for the indicator are subject to sampling error. Sampling error occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the scientific methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE). Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.</p> <p>The following comments apply to data for the general and non-Indigenous populations:</p> <ul style="list-style-type: none"> <li>• Data for the NT in 2011-12 are not comparable to previous years due to the increase in sample size. Data for the NT for 2007-08 should be used with caution due to large RSEs resulting from the small sample size.</li> <li>• This indicator generally has acceptable levels of sampling error for State/Territory by sex and age, for persons under the age of 65 years. For persons aged 65 years or over, data should be used with caution. Rates for 18-24 year old males in the ACT and for 18-24 year old females in SA, the NT and the ACT should be used with caution.</li> <li>• RSEs for adult smoking rates by State/Territory for remote areas other than in the NT, and for outer regional Victoria, are greater than 25% and should either be used with caution or are considered too unreliable for general use.</li> <li>• Adult smoking rates generally have acceptable levels of sampling error for State/Territory and SEIFA quintiles, though some rates for Victoria, Queensland, South Australia, Tasmania, the ACT and the NT should either be used with caution or are considered too unreliable for general use.</li> </ul> <p>The following comments apply to data for the Aboriginal and Torres Strait Islander population:</p> <ul style="list-style-type: none"> <li>• Smoking questions were changed in the 2012-13 AATSIHS to include chewing tobacco in order to account for potential high levels of use among Aboriginal and Torres Strait Islander people. Data for 2012-13 are considered comparable with data for the Aboriginal and Torres Strait Islander population for 2007-08, and with data for the non-Indigenous population for all years.</li> <li>• This indicator has acceptable levels of sampling error, with RSEs of less than 25 per cent for all states and territories.</li> </ul>
<b>Coherence</b>	<p>The methods used to construct the indicator are consistent and comparable with other collections and with international practice. The AHS collected a range of other health-related information that can be analysed in conjunction with smoker status.</p>

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Other non-ABS collections, such as the National Drug Strategy Household Survey (NDSHS), report estimates of smoker status. Results from the recent NDSHS in 2010 show slightly lower estimates for current daily smoking than in the 2011-12 AHS. These differences may be due to the greater potential for non-response bias in the NDSHS and the differences in collection methodology.

**Accessibility**

See *Australian Health Survey: First Results* (Cat. no. 4364.0.55.001) and *Australian Health Survey: Health Service Usage and Health Related Actions* (Cat. no. 4364.0.55.002) for an overview of results from the NHS component of the AHS. See: *Australian Health Survey: Updated Results* (Cat. no. 4364.0.55.003) for results from the Core component of AHS. Other information from this survey is also available on request.

The data for NATSIHS are available from the ABS website in the publication *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13* (Cat. no. 4727.0.55.001). See *Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results* (Cat. no. 4727.0.55.006) for results from the Core component of the AATSIHS. Other information from the AATSIHS is also available from the ABS website, [www.abs.gov.au](http://www.abs.gov.au).

**Interpretability**

Information to aid interpretation of the data is available on the ABS website from the *Australian Health Survey: User Guide, 2011-13* (Cat. no. 4363.0.55.001) and the *Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide, 2012-13* (Cat. no. 4727.0.55.002).

Many health-related issues are closely associated with age; therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the States and Territories. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population.

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

For information on how the results compare between the two samples, see *Comparison of Results in Australian Health Survey: Updated Results* (Cat. No. 4364.0.55.003).

**Data Gaps/Issues Analysis**

**Key data gaps /issues**

The Steering Committee notes the following issues:

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

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## Levels of risky alcohol consumption

Data quality information for this indicator has been sourced from the Australian Bureau of Statistics (ABS) with additional Steering Committee comments.

### Indicator definition and description

<b>Indicator</b>	Prevalence of risk factors to the health of Australians — Levels of risky alcohol consumption.
<b>Measure/s (computation)</b>	Numerator: <ul style="list-style-type: none"><li>• Number of persons aged 18 years or over who reported an average of more than 2 standard drinks per day in the last week.</li></ul> Denominator: <ul style="list-style-type: none"><li>• Number of people aged 18 years or over.</li></ul> Calculation: $100 \times (\text{Numerator} \div \text{Denominator})$
<b>Data source/s</b>	<p>For the 2014 and 2015 Reports, the denominator and numerator for this indicator, for the general and non-indigenous population, use data from the full sample or Core component of the general population component of the ABS Australian Health Survey (AHS) from approximately 32 000 people, which is weighted to benchmarks for the total AHS in-scope estimated resident population (ERP) at 31 October 2011. For information on scope and coverage, see the <i>Australian Health Survey: Users' Guide</i> (Cat. no. 4363.0.55.001) on the ABS website, <a href="http://www.abs.gov.au">www.abs.gov.au</a>.</p> <p>For the 2014 and 2015 Reports, the denominator and numerator for the Aboriginal and Torres Strait Islander population use data from the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) component of the 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) from approximately 9300 people, which is weighted to benchmarks for the Aboriginal and Torres Strait Islander ERP at 30 June 2011. For more information on the structure of the AATSIHS, see <i>Structure of the Australian Aboriginal and Torres Strait Islander Health Survey</i>.</p> <p>Data reported for 2007-08 are from the ABS 2007-08 NHS. Data reported for 2004-05 are from the ABS 2004-05 NHS and the ABS 2004-05 NATSIHS.</p>

### Data Quality Framework Dimensions

<b>Institutional environment</b>	<p>The AHS and NATSIHS were collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.</p> <p>For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment on the ABS website, <a href="http://www.abs.gov.au">www.abs.gov.au</a>.</p>
<b>Relevance</b>	<p>The 2011-12 NHS and 2012-13 NATSIHS collected self-reported information on alcohol consumption from persons aged 15 years and over. Respondents were asked to report the number of drinks of each type they had consumed, the size of the drinks, and, where possible, the brand name(s) of the drink(s) consumed on each of the most recent three days in the last week on which they had consumed alcohol.</p> <p>Intake of alcohol refers to the quantity of alcohol contained in any drinks consumed, not the quantity of the drinks.</p> <p>To measure against the 2009 guidelines, reported quantities of alcoholic drinks consumed were converted to millilitres (mls) of alcohol present in those drinks, using the formula:</p> <ul style="list-style-type: none"><li>• alcohol content of the type of drink consumed (%) x number of drinks (of that type) consumed x vessel size (in millilitres).</li></ul> <p>An average daily amount of alcohol consumed was calculated (i.e. an average over</p>

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the 7 days of the reference week), using the formula:

- average consumption over the 3 days for which consumption details were recorded x number of days consumed alcohol / 7.

According to average daily alcohol intake over the 7 days of the reference week, persons who consumed more than 2 standard drinks on any day were at risk of long term health problems.

#### **Timeliness**

The AHS is conducted every three years over a 12 month period. Results from the 2011-12 NHS component of the AHS were released in October 2012.

The AATSIHS is conducted over a 12 month period, approximately every 6 years. Results from the NATSIHS component of the AATSIHS were released in November 2013. The previous NATSIHS was conducted in 2004-05.

#### **Accuracy**

The AHS was conducted in all States and Territories, excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey. The exclusion of persons usually residing in very remote areas has a small impact on estimates, except for the NT, where such persons make up approximately 23 per cent of the population. The response rate for the 2011-12 Core component was 82 per cent. Results are weighted to account for non-response.

The AATSIHS was conducted in all States and Territories, including very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were excluded from the survey. The final response rate for the 2012-13 NATSIHS component was 80 per cent. Results are weighted to account for non-response.

As they are drawn from a sample survey, data for the indicator are subject to sampling error. Sampling error occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the scientific methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE). Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.

The collection of accurate data on quantity of alcohol consumed is difficult, particularly where recall is concerned, given the nature and possible circumstances of consumption. The use of the one week reference period (with collection of data for the most recent three days in the last week on which the person drank) is considered to be short enough to minimise recall bias but long enough to obtain a reasonable indication of drinking behaviour. While the last week exact recall method may not always reflect the usual drinking behaviour of the respondent at the individual level, at the population level this is expected to largely average out.

The collection and coding of individual brands and container size ensures that no mental calculation is required of the respondent in reporting standard drinks, and is considered to eliminate potential for the underestimation bias which is known to occur when people convert drinks into standard drinks.

The following comments apply to data for the general and non-Indigenous populations only.

- Data for the NT in 2011-12 are not comparable to previous years due to the increase in sample size in 2011-12. Data for the NT for 2007-08 should be used with caution due to large RSEs resulting from the small sample size
- This indicator generally has acceptable levels of sampling error for State/Territory and Remoteness Areas, except for remote areas where some rates are considered too unreliable for general use. The breakdown by State/Territory and SEIFA quintiles in general has sampling error within acceptable limits, except for the two lowest quintiles in the ACT which should either be used with caution or are considered too unreliable for general use.

#### **Coherence**

The AHS and AATSIHS collected a range of other health-related information that can be analysed in conjunction with alcohol risk level. For more detailed information see the *Australian Health Survey: Users' Guide* and the *Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide*, available on the ABS website.

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Aggregate levels of alcohol consumption implied by the AHS are somewhat less than the estimates of apparent consumption of alcohol based on the availability of alcoholic beverages in Australia from taxation and customs data, see *Apparent Consumption of Alcohol, 2010-11* (Cat. no. 4307.0.55.001). This suggests a tendency towards under-reporting of alcohol consumption in self-report surveys.

Other collections, such as the National Drug Strategy Household Survey (NDSHS), report against the same NHMRC guidelines. Results from the most recent NDSHS in 2010 show slightly lower estimates for long-term harm from alcohol than in the 2011-13 AHS. These differences may be due to the greater potential for non-response bias in the NDSHS and the differences in collection methodology.

**Accessibility**

See *Australian Health Survey: First Results* (Cat. no. 4364.0.55.001) and *Australian Health Survey: Health Service Usage and Health Related Actions* (Cat. no. 4364.0.55.002) for an overview of results from the NHS component of the AHS. See: *Australian Health Survey: Updated Results* (Cat. no. 4364.0.55.003) for results from the Core component of AHS. Other information from this survey is also available on request.

The data for NATSIHS are available from the ABS website in the publication *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13* (Cat. no. 4727.0.55.001). Other information from the survey is available on request.

**Interpretability**

Information to aid interpretation of the data is available on the ABS website from the *Australian Health Survey: User Guide, 2011-13* (Cat. no. 4363.0.55.001) and the *Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide, 2012-13* (Cat. no. 4727.0.55.002).

Many health-related issues are closely associated with age; therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the States and Territories. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population.

**Data Gaps/Issues Analysis**

**Key data gaps /issues**

The Steering Committee notes the following issues:

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

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## Selected potentially preventable diseases

### Incidence of selected cancers

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

#### Indicator definition and description

<b>Indicator</b>	Selected potentially preventable diseases — Incidence of selected cancers
<b>Measure/s (computation)</b>	<p>The selected cancers of public health importance are bowel cancer, lung cancer, melanoma of the skin, breast cancer in females and cervical cancer.</p> <p>For bowel cancer, lung cancer and melanoma, the numerator is the number of new cases occurring in the Australian population in the reported year. The denominator is the total Australian population for the same year.</p> <p>For breast and cervical cancer the numerator is the number of new cases occurring in the Australian female population in the reported year. The denominator is the total Australian female population for the same year.</p> <p>Calculation is <math>100\,000 \times (\text{Numerator} \div \text{Denominator})</math>, calculated separately for each type of cancer, presented as a rate per 100 000 and age-standardised to the Australian population as at 30 June 2001.</p>
<b>Data source/s</b>	<p>Numerators: Australian Cancer Database (ACD)</p> <p>Denominators:</p> <ul style="list-style-type: none"><li>• For bowel cancer, lung cancer and melanoma: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP).</li><li>• For breast and cervical cancer: ABS ERP for female population.</li><li>• For data by Indigenous status: ABS <i>Aboriginal and Torres Strait Islander Estimates and Projections</i> (Indigenous population) Series B.</li><li>• For data by Remoteness area: ABS ERPs for Australian Standard Geographical Classifications (ASGC) Remoteness Areas.</li><li>• For data by socioeconomic status: calculated by AIHW using the ABS 2011 Index of Relative Socio-economic Disadvantage (IRSD) and ERPs by Statistical Area Level 2 (SA2). Each SA2 in Australia is ranked by IRSD score and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.</li></ul>

#### Data Quality Framework Dimensions

<b>Institutional environment</b>	<p>The National Cancer Statistics Clearing House (NCSCCH), housed at the AIHW, is a collaborative partnership between the AIHW and the Australasian Association of Cancer Registries (AACR).</p> <p>Cancer incidence data are supplied to the AIHW by state and territory cancer registries. These data are compiled by AIHW to form the Australian Cancer Database (ACD). All jurisdictions have legislation requiring mandatory reporting of all cancer cases with the exception of basal cell carcinoma of the skin and squamous cell carcinoma of the skin.</p>
<b>Relevance</b>	<p>The data used to calculate this indicator are accurate and of high quality. The mandatory reporting of cancers and the use of ERPs based on Census data for denominators provides the most comprehensive data coverage possible. The data are appropriate for this indicator.</p>
<b>Timeliness</b>	<p>Data available for the 2015 Report are based on cancers diagnosed in 2007–2011, noting that cancers for NSW and ACT for 2010 and 2011 are based on estimates.</p>
<b>Accuracy</b>	<p>The 2010 and 2011 incidence data for NSW and the ACT were not available for inclusion in the 2011 version of the ACD. The development of the new NSW Cancer</p>

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Registries system has resulted in a delay in processing incidence data for 2010 onwards and therefore the most recent NSW data available for inclusion in the ACD are for 2009. Full details about this situation are given on the web page [www.cancerinstitute.org.au/data-and-statistics/accessing-our-data/availability-of-nsw-central-cancer-registry-data](http://www.cancerinstitute.org.au/data-and-statistics/accessing-our-data/availability-of-nsw-central-cancer-registry-data). As the coding of ACT cancer notifications is contracted to the NSW Cancer Registry, the most recent data available for the ACT are also for 2009. The 2010 and 2011 incidence data for NSW and the ACT were estimated by the AIHW. Although the estimation procedure has been shown to be reasonably accurate for estimating overall cancer incidence, its accuracy with respect to individual cancers will vary. Until the actual 2010 and 2011 cancer data are available from these jurisdictions caution should be exercised when comparing data for 2010 and 2011 for NSW, the ACT and national totals with data from previous years. The estimates of 2010 and 2011 incidence in NSW and ACT cannot be disaggregated by Indigenous status, remoteness area or socioeconomic status. The national totals for these tables do not include NSW and ACT.

The 2009 incidence data for NSW and the ACT provided to the AIHW excluded the provisional death-certificate-only (DCO) cases. The reason the provisional DCO cases were not available is explained on the web page [www.cancerinstitute.org.au/data-and-statistics/accessing-our-data/availability-of-nsw-central-cancer-registry-data](http://www.cancerinstitute.org.au/data-and-statistics/accessing-our-data/availability-of-nsw-central-cancer-registry-data). The AIHW has estimated the number of provisional DCO cases in 2009 for each cancer, sex and age group based on the numbers observed for 2004–2008. Overall for the five cancers covered in the Indicator, about 1.2 per cent of NSW cases and 1.4 per cent of ACT cases are estimated DCO cases. The percentage varies by cancer type.

For Indigenous status, the numerator for 'Indigenous' is the number of people who self-reported that they were Indigenous at the time of diagnosis. 'Other' includes those who self-reported that they were not Indigenous at the time of diagnosis and those who chose not to identify as either Indigenous or non-Indigenous.

The completeness of Indigenous identification in cancer registry data varies between jurisdictions. Those with sufficiently complete identification to enable reliable reporting of cancer incidence rates are NSW, Qld, WA and NT. Indigenous data for the other jurisdictions are not published. As stated above, 2010 and 2011 incidence data for NSW are estimated and Indigenous status for these estimates is not available. Therefore, for 2010 and 2011 the national totals data exclude NSW and the figures therein cannot be compared to their pre-2010 counterparts.

Socioeconomic status rankings (by IRSD score) are calculated by SA2 using a population-based method at the Australia-wide level. That is, the quintiles are national quintiles, not state and territory quintiles.

An SA2-to-remoteness-area concordance and SA2-to-socioeconomic-status concordance were used to allocate remoteness area and socioeconomic status to each record on the ACD based on the person's SA2 of residence at time of diagnosis.

Caution is required when examining differences across remoteness area and socioeconomic status categories. The SA2 of a person is determined by the cancer registry based on the address provided by the person. Some people may supply an address other than that where they normally reside or the details the person provides may not correspond to a valid address meaning that their cancer record cannot be allocated to a remoteness area or socioeconomic status category at all. Such records are excluded from the tables and this may affect some remoteness area and socioeconomic categories more than others. Also, because the concordances are based on the 2011 census, SA2 boundaries may have changed over time and these can create inaccuracies.

Due to the very small number of diagnoses involved, disaggregation by Indigenous status, or remoteness area, or socioeconomic status by state and territory is not necessarily robust.

This indicator only counts one year of incidence data. For jurisdictions that record relatively small numbers of cancers, rates may fluctuate widely from year to year; these changes should be interpreted with caution.

Incidence rates based on counts of between 1 and 4 persons have been suppressed because of statistical unreliability (relative standard error (RSE)  $\geq$  50 per cent).

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**Coherence**

This indicator is calculated on data that have been supplied to the AIHW and undergone extensive checks at both the source cancer registry and the AIHW. The state and territory cancer registries have checked the tables and given their approval for the AIHW to supply them to the Productivity Commission.

These data are published annually by the AIHW. While there are sometimes changes to coding for particular cancers, it is possible to map coding changes to make meaningful comparisons over time.

Not all state and territory cancer registries use the same ICD-10 code groupings to classify certain cancers, e.g. the AIHW defines bowel cancer as ICD-10 codes C18–C20 whereas some cancer registries also include C21. This may mean that data presented here are different to those reported by jurisdictional cancer registries, for certain cancers. The definitions used in this Indicator are as follows.

- Bowel cancer: ICD-10 codes C18–C20
- Lung cancer: ICD-10 codes C33–C34
- Melanoma of the skin: ICD-10 code C43
- Breast cancer in females: ICD-10 code C50 and sex female
- Cervical cancer: ICD-10 code C53.

The Cancer Institute NSW (CINSW) uses an imputation method to impute missing Indigenous status for reporting purposes. This may lead to differences between the Indigenous rates presented for NSW in this Indicator and the Indigenous rates presented in CINSW incidence reports.

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

**Accessibility**

The NCSCCH provides summary cancer incidence and mortality data annually via the AIHW website where they can be downloaded free of charge. A biennial report, *Cancer in Australia*, is published and is also available on the AIHW website where it can be downloaded without charge. More specialised data can be requested via the AIHW website.

**Interpretability**

While numbers of new cancers are easy to interpret, calculation of age-standardised rates is more complex and the concept may be confusing to some readers. Information on how and why age-standardised rates have been calculated and how to interpret them is available in all AIHW cancer publications presenting data in this format, for example, *Cancer in Australia: an overview, 2014*. Information about the ACD is available on the AIHW website.

**Data Gaps/Issues Analysis****Key data gaps /issues**

The Steering Committee notes the following issues:

- 2010 and 2011 incidence data for NSW and ACT were not available for inclusion in the 2011 version of the ACD. The development of the new NSW Cancer Registries system has resulted in a delay in processing incidence data for 2010 onwards and therefore the most recent NSW data available for inclusion in the ACD are for 2009. Full details about this situation are given on the web page [www.cancerinstitute.org.au/data-and-statistics/accessing-our-data/availability-of-nsw-central-cancer-registry-data](http://www.cancerinstitute.org.au/data-and-statistics/accessing-our-data/availability-of-nsw-central-cancer-registry-data). As the coding of ACT cancer notifications is contracted to the NSW Cancer Registry, the most recent data available for the ACT are also for 2009. The 2010 and 2011 incidence data for NSW and the ACT were estimated by the Australian Institute of Health and Welfare (AIHW). Although the estimation procedure has been shown to be reasonably accurate for estimating overall cancer incidence, its accuracy with respect to individual cancers will vary. Until the actual 2010 and 2011 cancer data are available from these jurisdictions caution should be exercised when comparing the 2010 and 2011 NSW, ACT and Australian data with data from previous years. The estimates of 2010 and 2011 incidence in NSW and ACT cannot be disaggregated by Indigenous status, remoteness area or socioeconomic status. The Australian totals for these tables do not include NSW and ACT.
- For jurisdictions that record relatively small numbers of cancers, rates may fluctuate widely from year to year; these changes over time should be interpreted with caution.

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- The completeness of Indigenous identification in cancer registry data varies between jurisdictions. Those with sufficiently complete identification to enable reliable reporting of cancer incidence rates are NSW, Qld, WA and NT. Indigenous data for the other jurisdictions are not published.
  - The Cancer Institute NSW (CINSW) uses an imputation method to impute missing Indigenous status for reporting purposes. This may lead to differences between the Indigenous rates presented for NSW in this Indicator and the Indigenous rates presented in CINSW incidence reports.
  - The incidence rate for Indigenous Australians may fluctuate considerably from year to year due to the behaviour of rare events in small populations.
  - Remoteness area and socioeconomic status are based on Statistical Area Level 2 (SA2) of residential address at the time of diagnosis.
  - Incidence rates based on counts of between 1 and 4 persons have been suppressed because of statistical unreliability (RSE  $\geq$  50 per cent).

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## Incidence of heart attacks (acute coronary events)

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

### Indicator definition and description

**Indicator** Selected potentially preventable diseases — Incidence of heart attacks (acute coronary events).

**Measure/s (computation)** Number of deaths recorded with an underlying cause of acute coronary heart disease (ICD-10 codes I20–I24) (a) plus the number of non-fatal hospitalisations with a principal diagnosis of acute myocardial infarction (ICD-10-AM I21) or unstable angina (ICD-10-AM I20.0) that do not end in a transfer to another acute hospital (b). For ages 25 years and over.

Denominator: Total population aged 25 years and over for year in question.

Rates:  $100,000 \times (\text{numerator} \div \text{denominator})$ .

Age specific rates are presented for each 10 year age group 25 years or over. Jurisdiction specific rates are provided for each state/territory.

Total rates are directly age-standardised to the 2001 Australian population using 10 year age groups.

#### Indigenous

National incidence estimates for Indigenous and other Australians are calculated based on data from NSW, Qld, SA, WA and NT only.

Indigenous rates are directly age-standardised to the 2001 Australian population using 10 year age groups.

The estimates for Indigenous and Other Australians are derived using only data from the five jurisdictions where the quality of identification is considered reasonable in both the NHMD and the NMD (NSW, Qld, WA, SA and NT).

**Data source/s** Numerator: AIHW National Hospital Morbidity Database (NHMD), AIHW National Mortality Database (NMD)

Denominator:

- For total population: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at (ERP for 2007 to 2011 are final, rebased to 2011 Census; ERP for 2012 is preliminary).
- For data by Indigenous status: ABS *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026* (Series B).

### Data Quality Framework Dimensions

**Institutional environment** The AIHW has calculated this indicator using data extracted from the AIHW NHMD, the NMD and ABS population data.

The AIHW is a national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through authoritative health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in

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administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The Australian Institute of *Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988 (Commonwealth)*, ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website [www.aihw.gov.au](http://www.aihw.gov.au).

**Relevance**

The data provide an estimate of the incidence of acute coronary events in Australia and in each jurisdiction, based on administrative data currently available. Non-fatal events are estimated from the NHMD and fatal events from the NMD.

It is an estimate of 'events', not individuals. It should be noted that an individual may have multiple events in the one year or in different years. Each would be counted. Further, an individual may have one acute coronary event which resulted in multiple hospitalisations, due to transfers for treatment and on-going care. In the NHMD these are recorded as multiple unlinked hospital episodes. The method of estimation attempts to take account of duplicate events in the databases by excluding hospitalisations ending in a transfer to another acute hospital (so that each acute coronary syndrome (ACS) event is counted only once, regardless of the number of hospitalisation episodes per event) and by excluding hospitalisations for ACS ending in death in hospital (as these should be picked up in the NMD data).

The method of estimation has been developed based on an analysis of current hospital and deaths data (AIHW 2011, *Monitoring acute coronary syndrome using national hospital data: an information paper on trends and issues*, Cat. no. CVD 57, Canberra) [www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737420971](http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737420971), and validated using linked data from WA and NSW (AIHW 2014, *Acute coronary syndrome: validation of the method used to monitor incidence in Australia*, Cat. no. CVD 68, Canberra) [www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129547560](http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129547560).

The year in which the event occurred is determined from the separation date for hospitalisations, and from the year of registration of death. Data are reported by the state or territory of usual residence of the person at the time of hospitalisation or death.

Variability across jurisdictions (particularly in hospital transfer rates) indicates that the method of estimation may lead to an underestimation of incidence in some jurisdictions. This variation may be due to differences in treatment and referral patterns. Rates for Indigenous and Other Australians are based on data from those jurisdictions where the quality of identification is considered reasonable in both the NHMD and the NMD. Only NSW, Queensland, WA, SA and the NT are included in the estimates reported by Indigenous status. Rates for Other Australians are calculated by subtracting Indigenous estimates from total estimates for the five jurisdictions divided by the population of Other Australians in those jurisdictions. Other Australians therefore includes non-Indigenous people and people whose Indigenous status was not stated or inadequately described.

**Timeliness**

This indicator reports the latest information available (for years 2007 to 2012).

**Accuracy**

Recent validation work based on linked and unlinked data from WA and NSW has shown that the method underestimates the incidence of acute coronary events in at least those states. Nonetheless, these estimates provide a reasonable measure of the incidence of acute coronary events and may be useful for recording and monitoring each jurisdiction's progress over time.

Comparison between jurisdictions should not be made as the validation work suggested variations in the under-count of acute coronary event rates, as observed in WA and NSW (6% in WA and 11% in NSW in 2007). Factors such as differing treatment and referral patterns across states/territories are likely to have an impact on administrative records and affect jurisdictional comparability.

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The accuracy of the estimates will depend on the accuracy of coding in the NHMD and the NMD (see data sources for DQS for each data source). In particular the accuracy of coding of principal diagnosis, hospital transfers, deaths in hospital and underlying cause of death are central to the accuracy of the estimates.

The accuracy of Indigenous estimates is also reliant on the appropriate identification of Indigenous people in the NHMD and the NMD. Only five jurisdictions are considered to have reasonable quality Indigenous identification in both datasets required (the NHMD and the NMD) to estimate this indicator. The five jurisdictions are NSW, QLD, WA, SA and the NT. Indigenous counts for the NT exclude acute coronary events treated in the private hospital in the NT. All non-fatal events treated in the private hospital in the NT are therefore included in the incidence counts for other Australians.

Data for 2010 have been adjusted for the additional deaths arising from outstanding registrations of deaths in Queensland in 2010. Deaths occurring between 1992 and 2006 but registered in 2010 by the Queensland Registry of Births, Deaths and Marriages are excluded from the estimates for Indigenous and Other Australians. For more details please refer to Technical note 3 in Causes of death, Australia, 2010 (ABS cat. no. 3303.0).

NMD data for 2010 and 2011 have been revised since the previous reporting cycle. In this reporting cycle, deaths registered in 2010 and earlier are based on the final version of cause of death data; deaths registered in 2011 and 2012 are based on revised and preliminary versions respectively and are subject to further revision by the ABS.

**Coherence** This is the third year in which this indicator has been reported. This is the first year in which this indicator is reported for each jurisdiction.

**Accessibility** The AIHW provide a variety of products that draw upon the NMD and NHMD including online data cubes and reports.

These products may be accessed on the AIHW website:

- [www.aihw.gov.au/hospitals-data/](http://www.aihw.gov.au/hospitals-data/)
- [www.aihw.gov.au/deaths/](http://www.aihw.gov.au/deaths/)

**Interpretability** NHMD

The NHMD data were supplied to the AIHW by state and territory health authorities. The state and territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring, and internal and public reporting. Hospitals may be required to provide data to states and territories through administrative arrangements, contractual requirements or legislation.

The scope of the NHMD is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

States and territories supplied these data to the AIHW under the terms of the National Health Information Agreement.

The data quality statement for the AIHW National Hospital Morbidity Database can be found in <http://meteor.aihw.gov.au/content/index.phtml/itemId/568730> with further data quality information in Appendix 1 of Australian hospital statistics 2012-13 or at [www.aihw.gov.au/publication-detail/?id=60129546922](http://www.aihw.gov.au/publication-detail/?id=60129546922)

NMD

The AIHW NMD contains cause of death information for all deaths registered in Australia. Deaths data are provided to the AIHW by the Registries of Births, Deaths and Marriages and the National Coronial Information System and coded by the ABS. The data are maintained by the AIHW in the National Mortality Database.

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The data quality statements for the AIHW National Mortality Database can be found in the following ABS publications:

- ABS Quality declaration summary for Causes of death, Australia (Cat. no. 3303.0) [www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0/](http://www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0/) and
- ABS *Quality declaration summary for Deaths, Australia* (Cat. no. 3302.0) [www.abs.gov.au/ausstats/abs@.nsf/mf/3302.0/](http://www.abs.gov.au/ausstats/abs@.nsf/mf/3302.0/).

### **Data Gaps/Issues Analysis**

#### **Key data gaps /issues**

The Steering Committee notes the following issues:

- This indicator estimates the incidence of acute coronary events from the National Hospital Morbidity Database (NHMD) and the National Mortality Database (NMD).
- The methodology for estimating the incidence of acute coronary events is based on AIHW analysis of hospital and mortality data, and has been validated using linked data from WA and NSW.
- The accuracy of the estimates is reliant on the accuracy and consistency of coding of the principal diagnosis and underlying cause of death in each jurisdiction. It also relies on the accuracy of coding of transfers to another acute hospital and of death in hospital.
- Comparisons between jurisdictions should not be made as variations in key variables (particularly in transfer rates between hospitals) are likely to impact on jurisdictional comparability. The validation study showed an underestimation of the incidence of acute coronary events in WA and NSW. The extent of this cannot be measured precisely for other jurisdictions without linked data sets for all states and territories.
- National estimates by age and sex, are derived using data from all jurisdictions.
- Estimates for each jurisdiction are derived using state/territory of usual residence.
- Estimates for Indigenous and other Australians are derived using only data from the five jurisdictions where the quality of identification is considered reasonable in both the NHMD and the NMD (NSW, Queensland, WA, SA and NT).

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## Prevalence of type 2 diabetes

Data quality information for this indicator has been sourced from the Australian Bureau of Statistics (ABS) with additional Steering Committee comments.

### Indicator definition and description

<b>Indicator</b>	Selected potentially preventable diseases — Prevalence of type 2 diabetes
<b>Measure/s (computation)</b>	<p>Numerator:</p> <ul style="list-style-type: none"><li>• number of persons aged 18 years or over with known diabetes (type 2) or newly diagnosed diabetes as determined by a fasting plasma glucose test.</li><li>• number of persons aged 25 years and over with known diabetes (Type 2) or newly diagnosed diabetes as determined by a fasting plasma glucose test (supplementary measure).</li></ul> <p>Denominator:</p> <ul style="list-style-type: none"><li>• Number of persons aged 18 years and over</li><li>• Number of persons aged 18 years and over (supplementary measure).</li></ul>
<b>Data source/s</b>	<p>The numerator and denominator for this indicator for the general and non-Indigenous populations use data from the 2011-12 National Health Measures Survey (NHMS) component of the Australian Bureau Statistics (ABS) Australian Health Survey (AHS) (approximately 9500 people aged 18 years or over), which is weighted to benchmarks for the total AHS in-scope population as at 31 October 2011 derived from the Estimated Resident Population (ERP).</p> <p>For information on the structure of the AHS, see <i>Structure of the Australian Health Survey</i> on the ABS website, <a href="http://www.abs.gov.au">www.abs.gov.au</a>. For information on scope and coverage, see <i>the Australian Health Survey: Users' Guide</i> (Cat. no. 4363.0.55.001) on the ABS website, <a href="http://www.abs.gov.au">www.abs.gov.au</a>.</p> <p>The numerator and denominator for this indicator for the Aboriginal and Torres Strait Islander population use data from the 2012-13 National Aboriginal and Torres Strait Islander Health Measures Survey (NATSIHMS) component of the ABS 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) of approximately 3300 people, which is weighted to benchmarks for the Australian Aboriginal and Torres Strait Islander estimated resident population at 30 June 2011, based on the 2011 Census of Population and Housing.</p> <p>For information on the structure of the AATSIHS, see <i>Structure of the Australian Aboriginal and Torres Strait Islander Health Survey</i> on the ABS website, <a href="http://www.abs.gov.au">www.abs.gov.au</a>.</p> <p>For information on scope and coverage, see the <i>Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide</i> (Cat. no. 4727.0.55.002) on the ABS website, <a href="http://www.abs.gov.au">www.abs.gov.au</a>.</p>

### Data Quality Framework Dimensions

<b>Institutional environment</b>	<p>The AHS and AATSIHS were collected, processed and published by the ABS. The ABS operates within a framework of the <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.</p> <p>The interview components of the AHS and AATSIHS were conducted under the <i>Census and Statistics Act 1905</i>. The biomedical components (NHMS and NATSIHMS) were collected under the <i>Privacy Act 1988</i> and were subject to ethics approval which at the national level was sought and gained from the (then) Australian Government Department of Health and Ageing's Departmental Ethics Committee.</p> <p>Ethics approval for the NATSIHMS component was also required at the jurisdictional level for NSW, WA, the NT and for Queensland Health Service Districts. Ethics approval was sought and gained from the following Ethics Committees:</p> <ul style="list-style-type: none"><li>• Aboriginal Health and Medical Research Council Ethics Committee in NSW</li></ul>
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<b>Relevance</b>	<ul style="list-style-type: none"> <li>• Aboriginal Health Research Ethics Committee in SA</li> <li>• Western Australian Aboriginal Health Ethics Committee in WA</li> <li>• Western Australia Country Health Service (WACHS) Research Ethics Committee in WA</li> <li>• Central Australian Human Research Ethics Committee in the NT</li> <li>• Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research in the NT</li> <li>• several Human Research Ethics Committees of Queensland Government Hospital and Health Services districts.</li> </ul> <p>For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment on the ABS website, <a href="http://www.abs.gov.au">www.abs.gov.au</a>.</p> <p>The The 2011-12 NHMS and 2012-13 NATSIHMS use a combination of blood test results for fasting plasma glucose and self-reported information on diabetes diagnosis and medication use to measure prevalence of Type 2 diabetes.</p> <p>A respondent to the survey is considered to have known diabetes (type 2) if they had ever been told by a doctor or nurse that they have Type 2 diabetes and:</p> <ul style="list-style-type: none"> <li>• They were taking diabetes medication (either insulin or tablets); or</li> <li>• Their blood test result for fasting plasma glucose was greater than or equal to 7.0 mmol/L.</li> </ul> <p>A respondent to the survey is considered to have newly diagnosed diabetes if they reported no prior diagnosis of diabetes, but had a fasting plasma glucose value greater than or equal to 7.0 mmol/L.</p> <p>Note: The type of diabetes for newly diagnosed cases cannot be determined from a fasting plasma glucose test alone. However, as it is assumed that the vast majority of newly diagnosed cases would be Type 2, all newly diagnosed cases of diabetes have been included in this measure.</p> <p>The estimates exclude persons who did not fast for 8 hours or more prior to their blood test. Excludes women with gestational diabetes.</p> <p>The same definition for diabetes will be used in the NATSIHMS.</p>
<b>Timeliness</b>	<p>The NHMS was conducted in 2011-12 with results released in August 2013.</p> <p>The NATSIHMS was conducted in 2012-13 with results released in September 2014.</p>
<b>Accuracy</b>	<p>The AHS was conducted in all States and Territories, excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey. The exclusion of persons usually residing in very remote areas has a small impact on estimates, except for the Northern Territory, where such persons make up approximately 23 per cent of the population. The final response rate for the 'core' component of the AHS was 82 per cent.</p> <p>All selected persons aged 5 years and over were invited to participate in the voluntary NHMS. Of all of those who took part in the AHS, 37 per cent went on to complete the biomedical component.</p> <p>Analysis of the sample showed that the characteristics of persons who participated in the NHMS were similar with those for the AHS overall. The only significant difference was for smoking, where the NHMS sample had a lower rate of current smokers than the AHS sample (12.0 per cent compared with 17.6 per cent). For more information, see the Explanatory Notes in <i>Australian Health Survey: Biomedical Results for Chronic Disease</i> (Cat. no. 4364.0.55.005).</p> <p>In order to get an accurate reading for the fasting plasma glucose test, participants were asked to fast for 8 hours before their test. The results presented for this indicator refer only to those people who did fast (approximately 79 per cent of adults who participated in the NHMS). Analysis of the characteristics of people who fasted compared with those who did not fast showed no difference between fasters and non-fasters.</p>

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The AATSIHS was conducted in all States and Territories, including very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were excluded from the survey. The response rate for the Core component of the 2012-13 AATSIHS was 80%.

All selected persons aged 18 years and over in the AATSIHS were invited to participate in the voluntary NATSIHMS. Of these, 40% went on to complete the biomedical component.

Analysis of the sample showed that the characteristics of persons who participated in the NATSIHMS were similar to those for the AATSIHS overall. For more information, see the Explanatory Notes in *Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results* (Cat. no. 4727.0.55.003).

In order to get an accurate reading for the fasting plasma glucose test, participants were asked to fast for 8 hours before their test. The results presented for this indicator refer only to those people who did fast (approximately 77.6% of adults who participated in the NATSIHMS). Analysis of the characteristics of people who fasted compared with those who did not fast showed no difference between fasters and non-fasters.

As they are drawn from a sample survey, data for the indicator are subject to sampling error. Sampling error occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the scientific methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE). Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.

For the general and non-Indigenous populations, this indicator and the supplementary indicator generally have acceptable levels of sampling error for State/Territory by sex. However, rates for females in Victoria, males in the ACT, and males and females in the NT should be used with caution.

For the Aboriginal and Torres Strait Islander population, rates for males and females in Queensland, females in WA and WA, and males in the NT should be used with caution. Additionally, the rate for total all persons in SA should be used with caution. The rate for males in SA is considered too unreliable for general use.

#### **Coherence**

The methods used to construct the indicator are consistent and comparable with other collections. The AHS collected a range of other health-related information that can be analysed in conjunction with diabetes status.

Other non-ABS collections, such as the 1999–2000 Australian Diabetes, Obesity and Lifestyle Study (AusDiab) and the 2009-10 Victorian Health Monitor (VHM) have reported estimates of diabetes prevalence based on biomedical measures and self-reported diagnosis and medication use .

Results from the recent VHM were very similar to those from the NHMS. Results from AusDiab showed higher estimates of diabetes than the NHMS, however this difference is most likely due to the difference in test used to measure diabetes (AusDiab used an Oral Glucose Tolerance test, which is a more comprehensive test for diabetes than fasting plasma glucose).

For information on how these studies compare, see *Australian Health Survey: Biomedical Results for Chronic Disease* (Cat. no. 4364.0.55.005).

#### **Accessibility**

See *Australian Health Survey: Biomedical Results for Chronic Disease* (cat. no. 4364.0.55.005). Other information from this survey is also available on request.

#### **Interpretability**

Information to aid interpretation of the data is available from the *Australian Health Survey: Users' Guide* and the *Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide* (Cat. no. 4727.0.55.002) on the ABS website.

Many health-related issues are closely associated with age; therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the States and Territories. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population.

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### **Data Gaps/Issues Analysis**

#### **Key data gaps /issues**

The Steering Committee notes the following issues:

- The data provide relevant information on the prevalence of Type 2 diabetes.
- The 2011-12 NHMS was conducted for the first time as part of the 2011–13 AHS, with participation voluntary in the NHMS. Of those who took part in the AHS, 38 per cent took part in the NHMS. The NHMS sample was found to be similar to the AHS population.
- The 2012-13 NATSIHMS was conducted for the first time as part of the 2012-13 AATSIHS, with participation voluntary in the NATSIHMS. Of those who took part in the AATSIHS, 40 per cent took part in the NATSIHMS. The NHMS sample was found to be similar to the overall of the AATSIHS population.
- The NHMS does not include people living in very remote areas, which affects the comparability of the NT results.
- Data are of acceptable accuracy. Some RSEs for disaggregations are greater than 25 per cent and these data should be used with caution.

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## Potentially avoidable deaths

Data quality information for this indicator has been sourced from the Australian Bureau of Statistics (ABS) with additional Steering Committee comments.

### Indicator definition and description

<b>Indicator</b>	Potentially avoidable deaths
<b>Measure/s (computation)</b>	<p>Numerator: Number of death registrations of persons aged less than 75 for 5 year aggregates 2003–2007, 2004–2008, 2005–2009 (updated for revised specification and updated Indigenous ERP), 2006–2010, 2007–2011 (updated for revised specification, updated Indigenous ERP and revision to ABS cause of death data), 2008–2012 and single years 2007, 2008, 2009 (resupplied for revised specification), 2010, 2011 (resupplied for updated specification and revision to ABS cause of death data), 2012 provided by state and territory Registrars of Births, Deaths and Marriages which have an ICD-10 code which has been further classified as potentially avoidable according to the NHA: PI 16 – Potentially avoidable deaths, 2015 revised specifications.</p> <p>Denominator: Population aged less than 75 years.</p> <ul style="list-style-type: none"><li>• Indigenous: Estimates and Projections, Aboriginal and Torres Strait Islander Australians (3238.0)</li><li>• Non-Indigenous: The projected Indigenous population (3238.0, Series B) subtracted from the ABS 2011 Census-based Estimated Resident Population (ERP).</li></ul>

<b>Data source/s</b>	<p>Numerator: ABS Causes of Death collection (Cat. no. 3303.0)</p> <p>Denominator: ABS ERP (3101.0); ABS 2014 <i>Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001–2026</i> (Cat. no. 3238.0), Series B.</p> <p>For the non-Indigenous population, the projected Indigenous population (Cat. no. 3238.0, Series B) is subtracted from the 2011 Census-based ERP.</p>
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### Data Quality Framework Dimensions

<b>Institutional environment</b>	These collections are conducted under the <i>Census and Statistics Act 1905</i> . 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.
<b>Relevance</b>	<p>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.</p> <p>Data in the Causes of Death collection include demographic items, as well as causes of death information, which is coded according to the International Statistical Classification of Diseases and Related health Problems (ICD). ICD is the international standard classification for epidemiological purposes and is designed to promote international comparability in the collection, processing, classification, and presentation of causes of death statistics. The classification is used to classify diseases and causes of disease or injury as recorded on many types of medical records as well as death records. The ICD has been revised periodically to incorporate changes in the medical field. The 10th revision of ICD (ICD-10) has been used by the ABS to code cause of death since 1997.</p> <p>For further information on the ABS Causes of Death collection, see the relevant Data Quality Statement.</p>
<b>Timeliness</b>	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

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timeliness in death registrations data is the interval between the occurrence and registration of a death. As a result, a small number of deaths occurring in one year are not registered until the following year or later.

Preliminary ERP data is compiled and published quarterly and is generally made available five to six months after the end of each reference quarter. Every year, the 30 June ERP is further disaggregated by sex and single year of age, and is made available five to six months after the end of the reference quarter. Commencing with data for September quarter 2006, revised estimates are released annually and made available 21 months after the end of the reference period for the previous financial year, once more accurate births, deaths and net overseas migration data becomes available. In the case of births and deaths, the revised data is compiled on a date of occurrence basis. In the case of net overseas migration, final data is based on actual traveller behaviour. Generally ERP data is not changed once it has been finalised unless there are compelling reasons to do so, as in June 2013 when data from September 1991 to June 2006 was revised (for more information on this recasting process, please see the feature article titled Recasting 20 years of ERP in the December quarter 2012 issue of *Australian Demographic Statistics* (cat. no. 3101.0)).

For further information on ABS ERP, see the relevant Data Quality Statement.

## Accuracy

Information on causes of death is obtained from a complete enumeration of deaths registered during a specified period and is not subject to sampling error. However, deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.

Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous deaths and mortality should be avoided.

All coroner certified deaths registered after 1 January 2006 are now subject to a revisions process. In this round of COAG reporting, 2008, 2009 and 2010 data is final, 2011 data is revised and 2012 data is preliminary. Data for 2011 and 2012 is subject to further revisions. Prior to 2006 all ABS processing of causes of death data for a particular reference period was finalised approximately 13 months after the end of the reference period. Where insufficient information was available to code a cause of death (e.g. a coroner certified death was yet to be finalised by the Coroner), less specific ICD codes were assigned as required by the ICD coding rules. The revision process enables the use of additional information relating to coroner certified deaths, as it becomes available over time. This results in increased specificity of the assigned ICD-10 codes.

Revisions will only impact on coroner certified deaths, as further information becomes available to the ABS about the causes of these deaths. See Technical Note: Causes of Death Revisions 2010 and 2011 in *Causes of Death, Australia, 2012* (Cat.no. 3303.0).

In November 2010, the Queensland Registrar of Births, Deaths and Marriages advised the ABS of an outstanding deaths registration initiative undertaken by the Registry. This initiative resulted in the November 2010 registration of 374 previously unregistered deaths which occurred between 1992 and 2006 (including a few for which a date of death was unknown). Of these, around three-quarters (284) were deaths of Aboriginal and Torres Strait Islander Australians.

The ABS discussed different methods of adjustment of Queensland death registrations data for 2010 with key stakeholders. Following the discussion, a decision was made by the ABS and key stakeholders to use an adjustment method that added together deaths registered in 2010 for usual residents of Queensland which occurred in 2007, 2008, 2009 and 2010. This method minimises the impact on mortality indicators used in various government reports. However, care should still be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010. Please note that there are differences between data output in the *Causes of Death, Australia, 2010* publication (Cat. no. 3303.0) and 2010 data

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reported for COAG, as this adjustment was not applied in the publication. For further details see Technical Note: Registration of outstanding deaths, Queensland 2010, from the *Deaths, Australia, 2010* publication (Cat. no. 3302.0) and Explanatory Note 103 in the *Causes of Death, Australia, 2010* publication (Cat. no. 3303.0).

Investigation conducted by the WA Registrar of Births, Deaths and Marriages indicated that some deaths of non-Indigenous people were wrongly identified as deaths of Indigenous people in WA for 2007, 2008 and 2009. The ABS discussed this issue with a range of key stakeholders and users of Aboriginal and Torres Strait Islander deaths statistics. Following this discussion, the ABS did not release WA Aboriginal and Torres Strait Islander deaths data for the years 2007, 2008 and 2009 in the 2010 issue of *Deaths, Australia* publication, or in the 2011 COAG data supply. The WA Registry corrected the data and resupplied the corrected data to the ABS. These corrected data were then released by the ABS in spreadsheets attached to *Deaths, Australia, 2010* (Cat. no. 3302.0) publication on 24 May 2012, and are included in this round of COAG reporting. In addition, 3 deaths in WA for 2009 which were wrongly coded as deaths of Indigenous people have been corrected as deaths of non-Indigenous people in this round of COAG reporting.

All ERP data sources are subject to non-sampling error. Non-sampling error can arise from inaccuracies in collecting, recording and processing the data. In the case of Census and Post Enumeration Survey (PES) data, every effort is made to minimise reporting error by the careful design of questionnaires, intensive training and supervision of interviewers, and efficient data processing procedures. The ABS does not have control over any non-sampling error associated with births, deaths and migration data. For more information see the *Demography Working Paper 1998/2 - Quarterly birth and death estimates, 1998* (Cat. no. 3114.0) and *Australian Demographic Statistics* (Cat. no. 3101.0).

Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population projections are based on assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the projected Indigenous population from the total population. For the current round of COAG reporting, the non-Indigenous population denominator has been calculated by subtracting the 2011 Census-based Indigenous estimates/projections from the 2011 Census-based Estimated Resident Population (3101.0). Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

Non-Indigenous data from the Causes of Death collection do not include death registrations with a 'not stated' Indigenous status.

Some rates are unreliable due to small numbers of deaths over the reference period. Resultant rates could be misleading, for example, where the non-Indigenous mortality rate is higher than the indigenous mortality rate. Age-standardised death rates based on a very low death count have been deemed unpublishable. Some cells have also not been published to prevent back-calculation of these suppressed cells. Caution should be used when interpreting rates for this indicator.

<b>Coherence</b>	The methods used to construct the indicator are consistent and comparable with other collections and with international practice.
<b>Accessibility</b>	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 <i>Census and Statistics Act (1905)</i> . This may restrict access to data at a very detailed level.
<b>Interpretability</b>	Data for this indicator have been age-standardised, using the direct method, to 'under 75 years' of age. Direct age-standardisation to the 2001 total Australian population was used (see Data Cube: Standard Population for Use in Age-Standardisation Table in <i>Australian Demographic Statistics</i> , Dec 2013 (Cat. no. 3101.0)). Age-standardised results provide a measure of relative difference only between populations.

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### **Data Gaps/Issues Analysis**

#### **Key data gaps /issues**

The Steering Committee notes the following issues:

- Revised specifications were nationally agreed for potentially avoidable deaths in 2014. Data are resupplied to the revised specifications.
- The data provide relevant information on potentially avoidable deaths.
- A large number of unregistered deaths in Queensland dating back to 1992 were identified and registered in 2010. Care should be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010.
- Data by Indigenous status are reported for NSW, Queensland, WA, SA and the NT. Only these jurisdictions have evidence of a sufficient level of Indigenous identification, have sufficient numbers of Indigenous deaths and do not have significant data quality issues.
- Data are of acceptable accuracy. Although most deaths of Indigenous Australians are registered, it is likely that some are not identified as Indigenous. Therefore data are likely to underestimate the Indigenous mortality rate. Rates should be used with caution.

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## Mortality and life expectancy

### Life expectancy

Data quality information for this indicator has been sourced from the Australian Bureau of Statistics (ABS) with additional Steering Committee comments.

#### Indicator definition and description

<b>Element</b>	Outcome
<b>Indicator</b>	Mortality and life expectancy — Life expectancy
<b>Measure/s (computation)</b>	<p>Life tables for the Australian population, from which life expectancy at birth is obtained. Age/sex-specific death rates used in the construction of the life tables are calculated as follows.</p> <p>Numerator: death registrations for 2011–2013 provided by State and Territory Registrars of Births, Deaths and Marriages.</p> <p>Denominator: Estimated resident population (ERP) for the period 2011–2013.</p>
<b>Data source/s</b>	<i>Life Tables, States, Territories and Australia, 2011-2013</i> (Cat. no. 3302.0.55.001)

#### Data Quality Framework Dimensions

<b>Institutional environment</b>	<p>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.</p> <p>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.</p>
<b>Relevance</b>	<p>Life tables based on assumed improvements in mortality are produced by the ABS using assumptions on future life expectancy at birth, based on recent trends in life expectancy. These life tables are not published by the ABS, they are used as inputs into ABS population projections.</p> <p>The life tables are current or period life tables, based on death rates for a short period of time during which mortality has remained much the same. Mortality rates for the Australian and state and territory life tables are based on death registrations and estimated resident population for the period 2011–2013. The life tables do not take into account future assumed improvements in mortality.</p> <p>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.</p>
<b>Timeliness</b>	<p>ABS estimates of all Australian life expectancy at birth are calculated for a 3 year period and published on an annual basis.</p>
<b>Accuracy</b>	<p>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.</p> <p>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.</p>

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Sources of non-sample error include:

- completeness of an individual record at a given point in time;
- completeness of the dataset (eg impact of registration lags, processing lags and duplicate records);
- extent of coverage of the population (whilst all deaths are legally required to be registered, some cases may not be registered for an extended time, if at all); and
- lack of consistency in the application of questions or forms used by data providers, both through time and between different jurisdictions.

In November 2010, the Queensland Registry of Births, Deaths and Marriages registered 374 previously unregistered deaths which occurred between 1992 and 2006 (including a few for which a date of death was unknown). The ABS life tables are based on deaths by year of occurrence, and are therefore unaffected by this late registration of deaths.

Every effort is made to minimise error by working closely with data providers, the careful design of forms, training of processing staff, and efficient data processing procedures.

ERP is based on Census counts by place of usual residence, adjusted for net Census undercount and the number of Australian residents temporarily overseas on Census night, and backdated from the Census date to 30 June. For post-censal years, ERP is obtained by adding post-censal births, deaths and migrations to the Census ERP.

<b>Coherence</b>	The methods used to construct the indicator are consistent and comparable with other collections and with international practice.
<b>Accessibility</b>	ABS life expectancy estimates are published on the ABS website <a href="http://www.abs.gov.au">www.abs.gov.au</a> (see <i>Life Tables, States, Territories and Australia, 2011–2013</i> (Cat. no. 3302.0.55.001)).
<b>Interpretability</b>	Please view Explanatory Notes and Glossary that provide information on the data sources, terminology, classifications and other technical aspects associated with these statistics.

#### **Data Gaps/Issues Analysis**

<b>Key data gaps /issues</b>	<p>The Steering Committee notes the following issues:</p> <ul style="list-style-type: none"><li>• A large number of unregistered deaths in Queensland dating back to 1992 were identified and registered in 2010. Care should be taken when interpreting Indigenous death data for Queensland for 2010.</li><li>• Data are not available by socioeconomic status (SES). Disaggregation of this indicator by SES is a priority.</li><li>• The measure for this indicator is based on a three year average. Multiple year averages may not be able to determine trends over time as each reporting year incorporates the two previous years. Further work is required to determine what level of disaggregation is reliable for single year data.</li></ul>
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## Mortality rates — Infant and child

Data quality information for this indicator has been sourced from the Australian Bureau of Statistics (ABS) with additional Steering Committee comments.

### Indicator definition and description

<b>Indicator</b>	Mortality rates — Infant and child
<b>Measure/s (computation)</b>	<p>Numerators: number of death registrations for the period 2007-2012 (single years) provided by state and territory Registrars of Births, Deaths and Marriages, for:</p> <ul style="list-style-type: none"><li>• Infants — children aged under 1 year</li><li>• Child 0–4 — children aged 0 to 4 years</li></ul> <p>Denominators:</p> <ul style="list-style-type: none"><li>• Infants — Number of live births in the period</li><li>• Child 0–4 — Population aged 0 to 4 years</li></ul>
<b>Data source/s</b>	<p>Numerators</p> <ul style="list-style-type: none"><li>• ABS Deaths Collection (3302.0)</li></ul> <p>Denominators</p> <ul style="list-style-type: none"><li>• Infants — ABS Births Collection (3301.0)</li><li>• Child 0-4: ABS Population Projections (2011 Census based), (3222.0)</li><li>• Indigenous: <i>ABS Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians</i> (2011 Census based), (3238.0)</li></ul>

### Data Quality Framework Dimensions

<b>Institutional environment</b>	These collections are conducted under the <i>Census and Statistics Act 1905</i> . 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.
<b>Relevance</b>	<p>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.</p> <p>The ABS Births collection includes all births that are live born and have not been previously registered, births to temporary visitors to Australia, births occurring within Australian Territorial waters, births occurring in Australian Antarctic Territories and other external territories, births occurring in transit (i.e. on ships or planes) if registered in the state or territory of "next port of call", births to Australian nationals employed overseas at Australian legations and consular offices and births that occurred in earlier years that have not been previously registered (late registrations). Births data exclude fetal deaths, adoptions, sex changes, legitimations and corrections, and births to foreign diplomatic staff, and births occurring on Norfolk Island.</p> <p>For further information on the ABS Deaths and Births collections, see the relevant Data Quality Statements.</p>
<b>Timeliness</b>	<p>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.</p> <p>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</p>

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year are not registered until the following year or even later. This can be caused by either a delay by the parent(s) in submitting a completed form to the registry, or a delay by the registry in processing the birth (for example, due to follow up activity due to missing information on the form, or resource limitations).

Preliminary ERP data is compiled and published quarterly and is generally made available five to six months after the end of each reference quarter. Every year, the 30 June ERP is further disaggregated by sex and single year of age, and is made available five to six months after end of the reference quarter. Commencing with data for September quarter 2006, revised estimates are released annually and made available 21 months after the end of the reference period for the previous financial year, once more accurate births, deaths and net overseas migration data becomes available. In the case of births and deaths, the revised data is compiled on a date of occurrence basis. In the case of net overseas migration, final data is based on actual traveller behaviour. Final estimates are made available every 5 years after a census and revisions are made to the previous inter-censal period. Generally ERP data is not changed once it has been finalised unless there are compelling reasons to do so, as in June 2013 when data from September 1991 to June 2006 was revised (for more information on this recasting process, please see the feature article titled Recasting 20 years of ERP in the December quarter 2012 issue of Australian Demographic Statistics (cat. no. 3101.0).

For further information on ABS Estimated Resident Population, see the relevant Data Quality Statement.

## **Accuracy**

Information on births and deaths is obtained from a complete enumeration of births and deaths registered during a specified period and are not subject to sampling error. However, births and deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.

Concerns have been raised with the accuracy of the NSW births counts in recent years. In response to these concerns the ABS, in conjunction with the NSW Registry of Births, Deaths and Marriages, has undertaken an investigation which has led to the identification of an ABS systems processing error. The ABS acknowledges that this has resulted in previous undercounts of births in NSW. Data for NSW and Australia have been revised to include previously unprocessed NSW birth registrations for the period 2005 to 2011.

Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous deaths and mortality should be avoided.

In November 2010, the Queensland Registrar of Births, Deaths and Marriages advised the ABS of an outstanding deaths registration initiative undertaken by the Registry. This initiative resulted in the November 2010 registration of 374 previously unregistered deaths which occurred between 1992 and 2006 (including a few for which a date of death was unknown). Of these, around three-quarters (284) were deaths of Aboriginal and Torres Strait Islander Australians.

The ABS discussed different methods of adjustment of Queensland death registrations data for 2010 with key stakeholders. Following the discussion, a decision was made by the ABS and key stakeholders to use an adjustment method that added together deaths registered in 2010 for usual residents of Queensland which occurred in 2007, 2008, 2009 and 2010. This method minimises the impact on mortality indicators used in various government reports. However, care should still be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010.

Investigation conducted by the WA Registrar of Births, Deaths and Marriages indicated that some deaths of non-Indigenous people were wrongly recorded as deaths of Indigenous people in WA for 2007, 2008 and 2009. The ABS discussed this issue with a range of key stakeholders and users of Aboriginal and Torres Strait Islander deaths statistics. Following this discussion, the ABS did not release WA

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Aboriginal and Torres Strait Islander deaths data for the years 2007, 2008 and 2009 in the 2010 issue of Deaths, Australia publication, or in the 2011 COAG data supply. The WA Registry corrected the data and resupplied the corrected data to the ABS. These corrected data were then released by the ABS in spreadsheets attached to Deaths, Australia, 2010 (cat. no. 3302.0) publication on 24 May 2012, and are included in this round of COAG reporting.

All ERP data sources are subject to non-sampling error. Non-sampling error can arise from inaccuracies in collecting, recording and processing the data. In the case of Census and Post Enumeration Survey (PES) data every effort is made to minimise reporting error by the careful design of questionnaires, intensive training and supervision of interviewers, and efficient data processing procedures. The ABS does not have control over any non-sampling error associated with births, deaths and migration data. For more information see the Demography Working Paper 1998/2 - Quarterly birth and death estimates, 1998 (cat. no. 3114.0) and Australian Demographic Statistics (cat. no. 3101.0).

Indigenous and non-Indigenous population estimates are available for Census years only. In the intervening years, Indigenous population projections are based on assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the projected Indigenous population from the total population. For the current round of COAG reporting, non-Indigenous population estimates have been derived by subtracting the 2011 Census-based Indigenous population estimates/projections from the 2011 Census-based total persons Estimated Resident Population (ERP). Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases. Total population estimates for 2012, used in the calculation of non-Indigenous comparison rates, are preliminary estimates.

Non-Indigenous data from the Deaths collection do not include death registrations with a 'not stated' Indigenous status.

Some rates are unreliable due to small numbers of deaths over the reference period. Resultant rates could be misleading for example where the non-Indigenous mortality rate is higher than the indigenous mortality rate. All rates in this indicator must be used with caution.

<b>Coherence</b>	The methods used to construct the indicator are consistent and comparable with other collections and with international practice.
<b>Accessibility</b>	Deaths data are available in a variety of formats on the ABS website under the 3302.0 product family. Births data are available in a variety of formats on the ABS website under the 3301.0 product family. ERP data is available in a variety of formats on the ABS website under the 3101.0 product family. Further information on deaths and mortality may be available on request. The ABS observes strict confidentiality protocols as required by the <i>Census and Statistics Act (1905)</i> . This may restrict access to data at a very detailed level.
<b>Interpretability</b>	Data for this indicator have been presented as crude rates, either per 1000 live births or per 1000 estimated resident population.

#### **Data Gaps/Issues Analysis**

<b>Key data gaps /issues</b>	<p>The Steering Committee notes the following issues:</p> <ul style="list-style-type: none"><li>• The data provide relevant information on infant (&lt;1 year) and child (0–4 years) mortality rates.</li><li>• Single year data for child mortality by Indigenous status have been backcast to the baseline reporting year of 2007 due to revised ERP data.</li><li>• Data are of acceptable accuracy. Although most deaths of Indigenous Australians are registered, it is likely that some are not identified as Indigenous. Therefore data are likely to underestimate the Indigenous mortality rate.</li><li>• A large number of unregistered deaths in Queensland dating back to 1992 were identified and registered in 2010. Care should be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010.</li></ul>
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- Data by Indigenous status are reported for NSW, Queensland, WA, SA and the NT only. Only these jurisdictions have evidence of a sufficient level of Indigenous identification, have sufficient numbers of Indigenous deaths and do not have significant data quality issues.
  - Variability bands provided with rates describe the range of potential results for mortality rates. Variability bands are calculated for single-year and aggregate years data by State and Territory (for within jurisdiction comparisons only — they cannot be used to make comparisons across jurisdictions).
  - Further work is required to improve the completeness of Indigenous identification for registered deaths.

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## Mortality rates by major cause of death

Data quality information for this indicator has been sourced from the Australian Bureau of Statistics (ABS) with additional Steering Committee comments.

### Indicator definition and description

<b>Indicator</b>	Age standardised mortality by major cause of death
<b>Measure/s (computation)</b>	Numerator <ul style="list-style-type: none"><li>• Death registrations by major cause of death.</li></ul> Denominators <ul style="list-style-type: none"><li>• Estimated Resident Population (ERP)</li><li>• Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians</li></ul>
<b>Data source/s</b>	Numerator: ABS Causes of Death collection (Cat. no. 3303.0) Denominators: <ul style="list-style-type: none"><li>• ABS ERP (Cat. no. 3101.0)</li><li>• <i>ABS Estimates and Projections, Aboriginal and Torres Strait Islander Australians</i> (Cat. no. 3238.0), Series B.</li><li>• For the non-Indigenous population, the projected Indigenous population (3238.0, Series B) is subtracted from the ABS 2011 Census-based ERP.</li></ul>

### Data Quality Framework Dimensions

<b>Institutional environment</b>	These collections are conducted under the <i>Census and Statistics Act 1905</i> . 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.
<b>Relevance</b>	<p>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.</p> <p>Data in the Causes of Death collection include demographic items, as well as causes of death information, which is coded according to the International Statistical Classification of Diseases and Related Health Problems (ICD). ICD is the international standard classification for epidemiological purposes and is designed to promote international comparability in the collection, processing, classification, and presentation of causes of death statistics. The classification is used to classify diseases and causes of disease or injury as recorded on many types of medical records as well as death records. The ICD has been revised periodically to incorporate changes in the medical field. The 10th revision of ICD (ICD-10) has been used by the ABS to code cause of death since 1997.</p> <p>For further information on the ABS Causes of Death collection, see the relevant Data Quality Statement.</p>
<b>Timeliness</b>	<p>Death records are provided electronically to the ABS by individual Registrars and the National Coroners Information System (NCIS) on a monthly basis, for compilation into aggregate statistics on an annual basis. One dimension of timeliness in causes of death registrations data is the interval between the occurrence and registration of a death. As a result, a small number of deaths occurring in one year are not registered until the following year or later.</p> <p>Preliminary ERP data is compiled and published quarterly and is generally made available five to six months after the end of each reference quarter. Every year, the 30 June ERP is further disaggregated by sex and single year of age, and is made available five to six months after the end of the reference quarter. Commencing with data for September quarter 2006, revised estimates are released annually and made available 21 months after the end of the reference period for the previous financial</p>

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year, once more accurate births, deaths and net overseas migration data becomes available. In the case of births and deaths, the revised data is compiled on a date of occurrence basis. In the case of net overseas migration, final data is based on actual traveller behaviour. Final estimates are made available every 5 years after a Census and revisions are made to the previous intercensal period. Generally ERP data is not changed once it has been finalised unless there are compelling reasons to do so, as in June 2013 when data from September 1991 to June 2006 was revised (for more information on this recasting process, please see the feature article titled *Recasting 20 years of ERP in the December quarter 2012 issue of Australian Demographic Statistics* (Cat. no. 3101.0).

For further information on ABS Estimated Resident Population, see the relevant Data Quality Statement.

## Accuracy

Information on causes of death is obtained from a complete enumeration of deaths registered during a specified period, so is not subject to sampling error. However, causes of death data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.

Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous deaths and mortality should be avoided.

All coroner certified deaths registered after 1 January 2006 are now subject to a revisions process. In this round of COAG reporting, 2008, 2009 and 2010 data are final, 2011 data are revised and 2012 data are preliminary. Data for 2011 and 2012 are subject to further revisions. Prior to 2006 all ABS processing of causes of death data for a particular reference period was finalised approximately 13 months after the end of the reference period. Where insufficient information was available to code a cause of death (e.g. a coroner certified death was yet to be finalised by the Coroner), less specific ICD codes were assigned as required by the ICD coding rules. The revision process enables the use of additional information relating to coroner certified deaths, as it becomes available over time. This results in increased specificity of the assigned ICD-10 codes.

Revisions will only impact on coroner certified deaths, as further information becomes available to the ABS about the causes of these deaths. See Technical Note: Causes of Death Revisions 2010 and 2011 in *Causes of Death, Australia, 2012* (Cat. no. 3303.0).

In November 2010, the Queensland Registrar of Births, Deaths and Marriages advised the ABS of an outstanding deaths registration initiative undertaken by the Registry. This initiative resulted in the November 2010 registration of 374 previously unregistered deaths which occurred between 1992 and 2006 (including a few for which a date of death was unknown). Of these, around three-quarters (284) were deaths of Aboriginal and Torres Strait Islander Australians.

The ABS discussed different methods of adjustment of Queensland death registrations data for 2010 with key stakeholders. Following the discussion, a decision was made by the ABS and key stakeholders to use an adjustment method that added together deaths registered in 2010 for usual residents of Queensland which occurred in 2007, 2008, 2009 and 2010. This method minimises the impact on mortality indicators used in various government reports. However, care should still be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010. Please note that there are differences between data output in the *Causes of Death, Australia, 2010* publication (cat. No. 3303.0) and 2010 data reported for COAG, as this adjustment was not applied in the publication. For further details see Technical Note: Registration of outstanding deaths, Queensland 2010, from *Deaths, Australia, 2010* (Cat. no. 3302.0) and Explanatory Note 103 in the *Causes of Death, Australia, 2010* (Cat. no. 3303.0).

Investigation conducted by the WA Registrar of Births, Deaths and Marriages indicated that some deaths of non-Indigenous people were wrongly recorded as

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deaths of Indigenous people in WA for 2007, 2008 and 2009. The ABS discussed this issue with a range of key stakeholders and users of Aboriginal and Torres Strait Islander deaths statistics. Following this discussion, the ABS did not release WA Aboriginal and Torres Strait Islander deaths data for the years 2007, 2008 and 2009 in the 2010 issue of Deaths, Australia publication, or in the 2011 COAG data supply. The WA Registry corrected the data and resupplied the corrected data to the ABS. These corrected data were then released by the ABS in spreadsheets attached to *Deaths, Australia, 2010* (ABS, 2011) publication on 24 May 2012, and are included in this round of COAG reporting. In addition to that, 3 deaths in WA for 2009 which were wrongly coded as deaths of Indigenous people have been corrected as deaths of non-Indigenous people in this round of COAG reporting.

All ERP data sources are subject to non-sampling error. Non-sampling error can arise from inaccuracies in collecting, recording and processing the data. In the case of Census and Post Enumeration Survey (PES) data every effort is made to minimise reporting error by the careful design of questionnaires, intensive training and supervision of interviewers, and efficient data processing procedures. The ABS does not have control over any non-sampling error associated with births, deaths and migration data. For more information see the *Demography Working Paper 1998/2 - Quarterly birth and death estimates, 1998* (Cat. no. 3114.0) and *Australian Demographic Statistics* (Cat. no. 3101.0).

Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population projections are based on assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the projected Indigenous population from the total population. In the present tables, non-Indigenous population estimates have been derived by subtracting the 2011 Census-based Indigenous population estimates/projections from the 2011 Census-based total persons Estimated Resident Population (ERP). Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases. Total population estimates for 2012, used in the calculation of non-Indigenous comparison rates, are preliminary estimates.

Non-Indigenous data from the Causes of Death collection do not include death registrations with a 'not stated' Indigenous status.

Some rates are unreliable due to small numbers of deaths over the reference period. Resultant rates could be misleading, for example, where the non-Indigenous mortality rate is higher than the indigenous mortality rate. Age-standardised death rates based on a very low death count have been deemed unpublishable. Some cells have also not been published to prevent back-calculation of these suppressed cells. Caution should be used when interpreting rates for this indicator.

Mortality rates for neoplasms may differ compared to individual State and Territory Cancer Registry mortality rates due to different sources of death data being used to calculate these rates. ABS mortality data is the cause of death data used for this indicator.

<b>Coherence</b>	The methods used to construct the indicator are consistent and comparable with other collections and with international practice.
<b>Accessibility</b>	Causes of death data are available in a variety of formats on the ABS website under the 3303.0 product family. Further information on deaths and mortality may be available on request. The ABS observes strict confidentiality protocols as required by the <i>Census and Statistics Act (1905)</i> . This may restrict access to data at a very detailed level.
<b>Interpretability</b>	Data for all deaths in this indicator have been age-standardised, using the direct method, to 85 years +. Data for Indigenous deaths in this indicator have been age-standardised, using the direct method, to 75 years + to account for differences between the age structures of the Indigenous and non-Indigenous populations. Direct age-standardisation to the 2001 total Australian population was used (see Data Cube: Standard Population for Use in Age-Standardisation Table in <i>Australian Demographic Statistics, Dec 2013</i> (Cat. no. 3101.0)). Age-standardised results provide a measure of relative difference only between populations.

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### **Data Gaps/Issues Analysis**

#### **Key data gaps /issues**

The Steering Committee notes the following issues:

- The data provide relevant information on major causes of death. Data are available for all states and territories, and by Indigenous status for selected jurisdictions. Data are not available by socioeconomic status (SES).
- A large number of unregistered deaths in Queensland dating back to 1992 were identified and registered in 2010. Care should be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010.
- Data by Indigenous status are reported for NSW, Queensland, WA, SA and the NT. Only these jurisdictions have evidence of a sufficient level of Indigenous identification, have sufficient numbers of Indigenous deaths and do not have significant data quality issues.
- Data are of acceptable accuracy. Although most deaths of Indigenous Australians are registered, it is likely that some are not identified as Indigenous. Therefore data are likely to underestimate the Indigenous mortality rate. Rates should be used with caution.
- Variability bands provided with rates describe the range of potential results for mortality rates. Variability bands are calculated for single-year and aggregate years data by State and Territory (for within jurisdiction comparisons only — they cannot be used to make comparisons across jurisdictions).
- Further work is required to improve the completeness of Indigenous identification for registered deaths

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## Profile of employed health workforce

Data quality information for this indicator has been sourced from the Australian Bureau of Statistics (ABS) with additional Steering Committee comments.

### Indicator definition and description

<b>Indicator</b>	Profile of employed health workforce
<b>Measure/s (computation)</b>	Full time equivalent employed health practitioners per 100 000 population (by age group).  Age profiles are reported for nurse and midwife, medical practitioner, and allied health practitioner workforces. It shows the numbers of each of these registered professions in ten year age brackets, both by jurisdiction and by region.
<b>Data source/s</b>	National Health Workforce Data Set: medical practitioners 2013.  National Health Workforce Data Set: nurses and midwives 2013.  National Health Workforce Data Set: allied health practitioners 2013.

### Data Quality Framework Dimensions

<b>Institutional environment</b>	<p>The Australian Institute of Health and Welfare (AIHW) has calculated this indicator using estimates derived from the National Health Workforce Data Set (NHWDS). The NHWDS is developed through the collaboration of three agencies.</p> <p>The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for the implementation of the National Registration and Accreditation Scheme (NRAS) across Australia, including collecting registration data and administering the workforce surveys.</p> <p>Health Workforce Australia was responsible for the development of the health workforce surveys until its closure by the Australian Government on 6 August 2014.</p> <p>The AIHW receives registration and survey data from the AHPRA. The registration and workforce survey data are combined, cleansed and adjusted for non-response to form NHWDS, and the findings reported by profession. AIHW is the data custodian of the NHWDS. These data are used for workforce planning, monitoring and reporting.</p> <p>The AIHW is an independent statutory authority within the Health portfolio, which is accountable to the Parliament of Australia through the Minister. For further information, see the AIHW website.</p>
<b>Relevance</b>	<p>Medical practitioners, nurses/midwives and allied health practitioners, as well as dental practitioners, are required by law to be registered with their relevant national board to practise in Australia. All medical practitioners, dental practitioners, nurses/midwives and nominated allied health practitioners must complete the formal registration renewal form(s) to practise in Australia. This is the compulsory component of the renewal process. The exception is Aboriginal and Torres Strait Islander health practitioners in the allied health workforce; where those who are not required by their employer to use the title 'Aboriginal and Torres Strait Islander health practitioner', 'Aboriginal health practitioner' or 'Torres Strait Islander health practitioner' are not required to be registered, and can continue to work using their current titles (e.g. 'Aboriginal health worker', 'drug and alcohol worker' and 'mental health worker').</p> <p>The health workforce surveys for each of these professions is voluntary and only practitioners who renew their registration receive a questionnaire for completion. New registrants will not receive a survey form until they renew their registration the following year, during the registration renewal period. Practitioners with limited registration are due for renewal on the anniversary of their first registration and can thus renew and complete a survey at any time through the year.</p>

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National Health Workforce Data Set: medical practitioners 2010, 2011, 2012 and 2013

- The NHWDS: medical practitioners 2010, 2011, 2012 and 2013 contain registration details of all registered medical practitioners in Australia, at 30 September on the annual renewal date. Data were extracted from the AHPRA database at the end of November of the same year. The NHWDS also contains workforce data of respondents whose principal state of practice was not Queensland or Western Australia, obtained from the Medical Workforce Survey 2010. These states were excluded from the survey because not all registrations in these states expired prior to the national registration deadline. In 2011, 2012 and 2013, the NHWDS also contains workforce data obtained from the Medical Workforce Survey for all states and territories.

National Health Workforce Data Set: nurses and midwives 2011, 2012 and 2013

- The NHWDS: nurses and midwives 2011, 2012 and 2013 contain registration details of all registered nurses/midwives in Australia at 31 May on the annual renewal date. Data were extracted from the AHPRA database at the end of November of the same year. In 2011, 2012 and 2013, the NHWDS also contains workforce data obtained from the Nursing and Midwifery Workforce Survey.

National Health Workforce Data Set: allied health practitioners 2012 and 2013.

- The NHWDS: allied health practitioners 2012 and 2013 contain registration details of all registered allied health practitioners in Australia, at 30 November on the annual renewal date. Data were extracted from the AHPRA database at the end of January the following year. The NHWDS also contains workforce data obtained from each profession-specific health workforce survey.
- Indicator data for allied health practitioners are not comparable between 2012 and 2013.
  - Due to transitional arrangements with the migration of data from state and territory-based systems to NRAS, in 2012, many medical radiation practitioners in Queensland, WA and Tasmania were not required to renew their registrations and, as a result did not complete a workforce survey. As a consequence, data for Queensland, WA and Tasmania for this profession are excluded from the indicator data for allied health practitioners.
  - For the same reason, occupational therapists in Queensland, WA and SA are excluded from the indicator data for allied health practitioners in 2012.

National Health Workforce Data Set: dental practitioners 2011, 2012 and 2013

- The NHWDS: dental practitioners 2011, 2012 and 2013 contain registration details of all registered dental practitioners in Australia, at 30 November on the annual renewal date. Data were extracted from the AHPRA database at the end of January the following year. In 2011, 2012 and 2013, the NHWDS also contains workforce data obtained from the Dental Workforce Survey.

## **Timeliness**

National Health Workforce Data Set:

- The NHWDS for each of the registered professions will be produced annually during the national registration renewal process. Each profession will also be administered a Workforce Survey as part of the registration renewal process.
- Medical practitioners 2010, 2011, 2012 and 2013
  - The NHWDS: medical practitioners is produced annually from information collected by the national registration renewal process, conducted between 1 July and 30 September each year, including the collection of the Medical Workforce Survey. The period for the 2010 renewal process was extended to the end of January 2011. Despite this extension, there were still Queensland and WA registrants with expiry dates after January. Therefore data from these states were not included in the 2010 data set.
- Nurses and midwives 2011, 2012 and 2013
  - The NHWDS: nurses and midwives is produced annually from information collected by the national registration renewal process, conducted between 1 April and 31 May each year, including the collection of the Nursing and Midwifery Workforce Survey. The period for the 2011 renewal process was extended to the end of June 2011 for Queensland and end of December 2011 for Western Australia registrants.

- Allied health practitioners 2012 and 2013
  - The NHWDS: allied health practitioners is produced annually from information collected by the national registration renewal process, conducted between 1 September and 30 November each year, including the collection of the profession-specific workforce surveys. Practitioners with limited registration are due for renewal on the anniversary of their first registration and can thus renew and complete a survey at any time through the year.

## Accuracy

### Data manipulation and estimation processes

- The registration and workforce survey data for each health profession are combined, cleansed and adjusted for non-response to form the NHWDS. The cleaning and editing procedures included range and logic checks, clerical scrutiny at unit record level, and validation of unit record and aggregate data.
- Imputation methods are used to account for item non-response and survey non-response. In 2013, the methodology for survey non-response was changed from a weighting-based methodology to a randomised sequential hot deck-based imputation.
  - It should be noted that both of these kinds of non-response is likely to introduce some bias in the estimates and any bias is likely to become more pronounced when response rates are low or when estimates are based on a small number of records. Care should be taken when drawing conclusions about the size of the differences between estimates.
- As a result of the estimation method to adjust for non-response, numbers of medical practitioners, dental practitioners, nurses/midwives or allied health practitioners may have been in fractions, but have been rounded to whole numbers for this indicator. The full-time equivalent (FTE) rate calculations are based on rounded numbers.

### Registration data from the National Registration and Accreditation Scheme (NRAS)

- Registration details were migrated from the respective state and territory professional board (or council) for practitioners with registrations expiring after the official AHPRA closing date for their profession.
- Some data items previously collected by the AIHW Labour Force Surveys are now collected by the NRAS. However, some data quality issues due to migrated data items from the respective state and territory health profession boards may have affected the weighting method.
- Medical practitioners, nurses/midwives and allied health practitioners who reside overseas have been included with practitioners whose state or territory of principal practice and state or territory of main job, respectively, could not be determined.

### Health Workforce Survey

- In 2013, the online survey questionnaire include for the first time electronic sequencing of questions to automatically guide the respondent to the next appropriate question based on previous responses to questions.
- For the online survey questionnaire prior to 2013, and the paper version of the questionnaire, respondents may have made inconsistent responses by not correctly following the sequencing instructions.
- The order of the response categories for some questions may have also impacted on the accuracy of the information captured. In addition, there was variation in some responses between the online and paper surveys.

### NHWDS data by profession

The following should be noted when comparing state and territory indicator data:

- The data include employed professionals who did not state or adequately describe their state of principal practice and employed professionals who reside overseas. The national estimates include this group.
- National Health Workforce Data Set: medical practitioners 2010, 2011, 2012 and 2013
  - The overall response rate for 2010 (excluding Queensland and Western Australia) was 76.6 per cent.
  - The overall response rate for 2011 was 85.3 per cent.

- The overall response rate for 2012 was 90.1 per cent.
- The overall response rate for 2013 was 88.6 per cent.
- National Health Workforce Data Set: nurses and midwives 2011, 2012 and 2013
  - The overall response rate for 2011 was 85.1 per cent.
  - The overall response rate for 2012 was 93.3 per cent.
  - The overall response rate for 2013 was 87.6 per cent.
- National Health Workforce Data Set: allied health practitioners 2013
  - The overall response rate for 2013 was 87.9 per cent.

## Coherence

Health Workforce Survey—coherence with previous surveys

- Labour force data published by the AIHW before the NRAS was established in July 2010, were the result of collated jurisdiction-level occupation-specific surveys. The current Health Workforce Survey gathers similar information from each professional group through a separate questionnaire, tailored slightly to take account of profession-specific responses to certain questions, e.g. work setting of main job.
- For this indicator, the workforce surveys for medical practitioners, dental practitioners, nurses/midwives and allied health practitioners collect similar data items, but the methodology differs from previous years. The AHPRA is now the single source of registered practitioner data instead of eight state and territories bodies for each profession, and there is greater consistency between jurisdictions and years in the scope of registration information.
- The scope and coverage of the Health Workforce Survey is also different from that of the previous series of AIHW Labour Force Surveys as not all jurisdictions surveyed all types of registered health practitioners.
- If the location of principal practice recorded in the registration data was different from the corresponding details of their main job self-reported by practitioners in the survey, the location was derived hierarchically based on main job information and then on principal practice location then place of residence.
- Date of birth is one of many data items previously collected by the AIHW Labour Force Surveys, which is now collected by the NRAS.
- The three employment-related questions in the new survey are now nationally consistent, but vary from the previous AIHW Labour Force Survey. Due to the differences in data collection (including survey design and questionnaire), processing and estimation methods, it is recommended that comparisons between workforce data from the NHWDS and the previous AIHW Labour Force Survey be made with caution.

AIHW Published Numbers

- For this indicator, the rates are based on practitioners employed in the medical, allied health and nursing and midwifery workforces, which is consistent with data published in AIHW's workforce reports.

## Accessibility

Published products available on the AIHW website include workforce reports, survey questionnaires, user guides to the data sets and supplementary detailed tables.

## Interpretability

Explanatory information for the Medical Workforce Survey, Dental Workforce Survey and the Nursing and Midwifery Workforce Survey is contained in the published reports, supplementary detailed tables and data quality statements to the data set for each. For the allied health professions, information about their workforce surveys is available in the National Health Workforce Data Set: allied health practitioners data quality statement. This includes collection method, scope and coverage, survey response, imputation and weighting procedures, and assessment of data quality (including comparison with other data sources).

These are available via the AIHW website and readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator.

## Data Gaps/Issues Analysis

### Key data gaps /issues

The Steering Committee notes the following issues:

- The rates have been calculated per 100 000 population for this indicator to assist with interpretation.

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- Due to the differences in data collection, processing and estimation methods, including survey design and questionnaire, it is recommended that comparisons between workforce data from the National Health Workforce Data Set (NHWDS) and the previous AIHW Labour Force Survey be made with caution and noted in any analyses.
  - Results for the indicator are estimates because the survey data have undergone imputation and weighting to adjust for non-response. It should be noted that any of these adjustments may have introduced some bias in the estimates and any bias is likely to become more pronounced when response rates are low or when estimates are based on a small number of survey records. Care should be taken when drawing conclusions about the size of the differences between estimates.
  - The 2012 and 2013 medical, allied health and dental workforce indicator data exclude provisional registrants (there is no provisional registrant type for nurses and midwives).