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Aboriginal and Torres Strait Islander Health Performance Framework 2010 report

Queensland

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Contents

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Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
WHO	World Health Organization

Symbols

–	nil or rounded to zero
. .	not applicable
n.a.	not available
n.p.	not publishable because of small numbers, confidentiality or other concerns about the quality of the data

Key findings

A summary of the key findings under each tier are outlined below as well as in a table format for ease of reference.

Health status and health outcomes

Areas of improvement

While the health status of Indigenous people in Queensland is worse than their non-Indigenous counterparts against most indicators, significant health gains have been made in a number of areas:

- Although there has been no significant change in the rate of hospitalisation for injury and poisoning among Indigenous people between 2001–02 and 2007–08, the rate has increased among other people, thus narrowing the gap between the two population groups.
- Between 2005 and 2007, life expectancy was higher for Indigenous males and females in Queensland than it was nationally.
- Significant closing of the gap between Indigenous and non-Indigenous mortality was seen for:
  - The infant mortality rate, which declined by 35% between 2001 and 2007
  - The avoidable mortality rate, which declined by 33% between 2001 and 2007, but this is still 3 times the rate of other people.

Areas needing further work

Despite making progress in some areas, further improvements need to be made in a number of areas to close the gap in health disadvantage:

- Babies of Indigenous mothers are nearly twice as likely to be of low birthweight than babies born to non-Indigenous mothers.
- Hospitalisation rate for all major health conditions among Indigenous people was twice the rate of other people in Queensland during the period 2006–2008 and there has been no significant change over time
  - Indigenous people were hospitalised for circulatory disease at nearly twice the rate of other people.
- The incidence rate of treated end-stage renal disease (ESRD) for Indigenous people was around eight times the rate for non-Indigenous people.
- Syphilis and gonorrhoea notification rates among Indigenous people were about 14 times the rate for other people.
- Life expectancy at birth among Indigenous males and females was nearly 10 years lower than that of all males and females in Queensland
  - Deaths from all causes among Indigenous people were nearly twice that observed among non-Indigenous people.

Determinants of health

Areas of improvement

There have been improvements in some key health determinants in recent years including:

- In 2004–05, 95% of Indigenous Australians aged 12 years and over ate vegetables daily, 86% ate fruit daily and 98% drank milk daily.
- In 2008, 80% of Indigenous infants aged 0–3 years had ever been breastfed compared with 77% of non-Indigenous infants the same age.

Areas needing further work

- In 2007–08, 64% of Indigenous children aged 0–14 years lived in households with a daily smoker, compared with 35% of non-Indigenous children.
- The crude imprisonment rate of Indigenous people increased by 14% between 2000 and 2009.
- Indigenous children aged 0–16 years were more likely than other children to be the subject of child protection substantiation (27 per 1,000 compared with 4 per 1,000).
- In 2007, Indigenous mothers were three times as likely as non-Indigenous mothers to smoke during pregnancy.

Health system performance

Areas of improvement

- In 2007, 98% of Indigenous mothers had attended at least one antenatal care session during pregnancy.
- In 2004–05, 64% of Indigenous people aged 50 years and over had been vaccinated against influenza and 41% had been vaccinated against pneumonia, higher than the corresponding proportions nationally (60% and 34%).
- The hospitalisation rate for vaccine-preventable conditions declined by 35% for Indigenous people with signs of the gap narrowing between 2001–02 and 2007–08.
- In 2006–07, the State Government was estimated to have spent, on average, $3,460 on health per Indigenous person compared with $1,549 per non-Indigenous person.

Areas needing further work

- The proportion of Indigenous women aged 50–69 years participating in the BreastScreen Australia program decreased by 2% between 2003–04 and 2007–08.
- The hospitalisation rate for preventable chronic conditions among Indigenous people increased by 87% between 2001–02 and 2007–08, indicating a widening of the gap between Indigenous and other people.

A summary of progress against key indicators Health Performance Framework, Qld

Health status and health outcomes		Determinants of health		Health system performance	
Improving	**Needs Improvement**	**Improving**	**Needs Improvement**	**Improving**	**Needs Improvement**
Injury and poisoning No significant change in hospitalisation rate for Indigenous people, but increased by 7% for other people. Gap has narrowed. (2001–02 to 2007–08) **Life expectancy at birth** From 2005–07, life expectancy was slightly higher for Indigenous males and females in Queensland than nationally. **Infant mortality** The Indigenous infant mortality rate for 2007–08 was around 7 per 1,000 live births. While higher than that of non-Indigenous infants (5 per 1,000), this is a decline of 35% between 2001 and 2007, **Perinatal mortality** The perinatal mortality rate decreased from 15.7 to 14.1 per 1,000 for Indigenous babies, no change for others babies. Gap has narrowed. (1999–03 to 2004–08) **SIDS mortality** The SIDS mortality rate decreased by 75% for Indigenous babies, by 53% for other babies. Gap has narrowed. (2001-2002 to 2005-2007) **Avoidable causes mortality** The mortality rate from avoidable causes of death decreased by 33% for Indigenous people, by 29% for other people. Gap has narrowed. (2001 to 2007)	**Circulatory disease** No significant change in hospitalisation rate for Indigenous people, declined by 7% for other people. Gap has widened (2001–02 to 2007–08) **End stage renal disease** Incidence rate increased by 229% for Indigenous Australians, by 219% for other people. Gap has widened (1991–2008) **Sexually transmissible infections** Syphilis and gonorrhoea notification rates among Indigenous Australians around 14 times the rates for other people (2006–08). **Mortality** No significant change in mortality rate for Indigenous people, declined 7 per 100,000 annually for non-Indigenous. Gap has widened (2001 to 2007)	**Dietary habits** In 2004–05, 95% of Indigenous Australians aged 12 years and over ate vegetables daily, 86% ate fruit daily, 98% drank milk daily **Breastfeeding** In 2008 in Queensland, 80% of Indigenous infants aged 0–3 years had ever been breastfed compared with 77% of Indigenous infants of the same age nationally.	**Environmental tobacco smoke** In 2007–08, 64% of Indigenous children aged 0–14 years lived in households with a daily smoker, compared with 35% of non-Indigenous children. **Imprisonment** The crude imprisonment rate of Indigenous people increased by 14% (2000 to 2009). **Child protection** The proportion of Indigenous children who were subjects of substantiations increased from 20 per 1,000 to 27 per 1,000 (2004-05 to 2008-09) **Smoking during pregnancy** In 2007, Indigenous mothers were 3 times as likely as non-Indigenous mothers to smoke during pregnancy.	**Antenatal care** In 2007, 98% of Indigenous mothers had attended at least one antenatal care session during pregnancy. **Adult immunisation** In 2004–05, 64% of Indigenous people aged 50 years and over had been vaccinated against influenza and 41% had been vaccinated against pneumonia, higher than proportions nationally (60% and 34%). **Vaccine preventable conditions** Hospitalisation rate declined by 35% for Indigenous people, by 26% for other people. Gap has narrowed. (2001–02 to 2007–08) **General practice accreditation** In 2008–09, 86% of general practice divisions were accredited. **Health Expenditure** In 2006–07, the State Government was estimated to have spent, on average, $3,460 per Indigenous person compared with $1,549 per non-Indigenous person.	**Breast screening** No significant change in the proportion of Indigenous women aged 50-69 who participated in the BreastScreen Australia program, participation declined by 2.3% for all women. Gap has widened. (2003-04 to 2007-08) **Preventable chronic conditions** Hospitalisation rate increased by 87% for Indigenous people, by 77% for other people. Gap has widened. (2001-02 to 2007-08)

Introduction

This report provides information on a range of indicators on health status, determinants of health and the health system performance in relation to Aboriginal and Torres Strait Islander people in Queensland. The report is based on the *Aboriginal and Torres Strait Islander Health Performance Framework 2010 report, detailed analysis*, the third in a series of reports against the Aboriginal and Torres Strait Islander Health Performance Framework (HPF). Analysis presented in this report includes both jurisdiction-specific measures and their comparison with national measures.

The HPF comprises three tiers:

Tier 1—health status and health outcomes. This tier covers prevalence of health conditions (e.g. circulatory disease, diabetes), human function (e.g. disability), life expectancy and well-being and deaths. It aims to provide an overall indication of current health status and recent trends on a range of issues including child and maternal health, chronic diseases, injury, communicable diseases, social and emotional wellbeing.

Tier 2—determinants of health. This covers determinants of health which focus on factors outside the health system that impact on the health of Aboriginal and Torres Strait Islander people. This includes socioeconomic status (e.g. income and education), environmental factors (e.g. overcrowding), community capacity (e.g. child protection), health behaviours (e.g. risky alcohol consumption and dietary behaviours) and person-related factors (e.g. prevalence of overweight and obesity). Such factors have been shown to have a strong association with both disease and ill-health.

Tier 3—health systems performance. This covers the performance of the health system including population health, primary health care and secondary/tertiary care services. Six domains are covered: effectiveness of health services, responsiveness of health services to Aboriginal and Torres Strait Islander communities and individuals, accessibility of services, capability and sustainability. This tier includes measures that deal with a range of programs and service types including child and maternal health, early detection and chronic disease management, continuous care, assess to secondary/tertiary care, the health workforce and expenditure.

The tiers and domains of the HPF and selected measures are shown in Figure 1. There are currently 71 indicators that can be reported against at national level but not all can be reported for Queensland due to data availability and data quality issues. Information on why these indicators were selected can be found in the Aboriginal and Torres Strait Islander Health Performance Framework 2010 policy report (AHMAC 2011).

Health Status and Outcomes (Tier 1)

Health Conditions
1.01 Low birthweight infants
1.02 Top reasons for hospitalisation
1.03 Hospitalisation for injury and poisoning
1.04 Hospitalisation for pneumonia
1.05 Circulatory disease
1.06 Acute rheumatic fever & rheumatic heart disease *
1.07 High blood pressure
1.08 Diabetes
1.09 End stage renal disease
1.10 Decayed, missing, filled teeth
1.11 HIV/AIDS, hepatitis C and sexually transmissible infections
1.12 Children's hearing loss

Human Function
1.13 Disability
1.14 Community functioning

Life Expectancy & Wellbeing
1.15 Perceived health status
1.16 Social and emotional wellbeing
1.17 Life expectancy at birth
1.18 Median age at death

Deaths
1.19 Infant mortality rate
1.20 Prenatal mortality
1.21 Sudden infant death syndrome
1.22 All causes age standardised deaths rates
1.23 Leading causes of mortality
1.24 Maternal mortality*
1.25 Avoidable and preventable deaths

Determinants of Health (Tier 2)

Environmental Factors
2.01 Access to functional housing with Utilities
2.02 Overcrowding in housing
2.03 Environmental tobacco smoke

Socioeconomic Factors
2.04 Educational participation and attainment of Aboriginal and Torres Strait Islander adults
2.05 Years 10 and 12 retention and attainment
2.06 Year 3, 5 and 7 literacy and numeracy
2.07 Employment status including CDEP participation
2.08 Income
2.09 Housing tenure type
2.10 Index of disparity

Community Capacity
Demography
2.11 Dependency ratio
2.12 Single-parent families by age group*
Safety and Crime
2.13 Community safety
2.14 Contact with the criminal justice system
2.15 Child protection
Other
2.16 Transport
2.17 Indigenous people with access to their traditional lands

Health Behaviours
Tobacco, alcohol and other drug use
2.18 Tobacco use
2.19 Tobacco smoking during pregnancy
2.20 Risky and high risk alcohol consumption
2.21 Drug and other substance use including inhalants
Physical activity
2.22 Level of physical activity
Nutrition
2.23 Dietary behaviours
2.24 Breastfeeding practices
Other health behaviours
2.25 Unsafe sexual practices

Person-related Factors
2.24 Prevalence of overweight and obesity

Health System Performance (Tier 3)

Effective/Appropriate/Efficient
3.01 Antenatal care
3.02 Immunisation (child and adult)
3.03 Early detection and early treatment (including cancer screening)
3.04 Chronic disease management*
3.05 Differential access to key hospital procedures
3.06 Ambulatory care sensitive hospital admissions
3.07 Health promotion

Responsive
3.08 Discharge against medical advice
3.09 Access to mental health services
3.10 Aboriginal and Torres Strait Islander Australians in the health workforce
3.11 Competent governance

Accessible
3.12 Access to services by types of service compared to need
3.13 Access to prescription medicines*
3.14 Access to after hours primary health care

Continuous
3.15 Regular GP or health service
3.16 Care planning for client with chronic diseases

Capable
3.17 Accreditation
3.18 Aboriginal and Torres Strait Islander people in Tertiary Education for health related disciplines

Sustainable
3.19 Expenditure on Aboriginal and Torres Strait Islander health compared to need
3.20 Recruitment and retention of clinical and management staff (including GPs)

Figure 1: Aboriginal and Torres Strait Islander Health Performance Framework Measures

* Measures for which Queensland data are unavailable, or data are not of sufficient quality for reporting.

Note: The Safe domain of Tier 3 is measured within the National Health Performance Framework.

Demographic information

In 2010, there were an estimated 160,632 Aboriginal and Torres Strait Islander people in Queensland, accounting for nearly one third (28.5%) of Australia's Indigenous population. Indigenous people represent 3.6% of the Queensland population, similar to the proportion of Indigenous people in the total Australian population (2.6%).

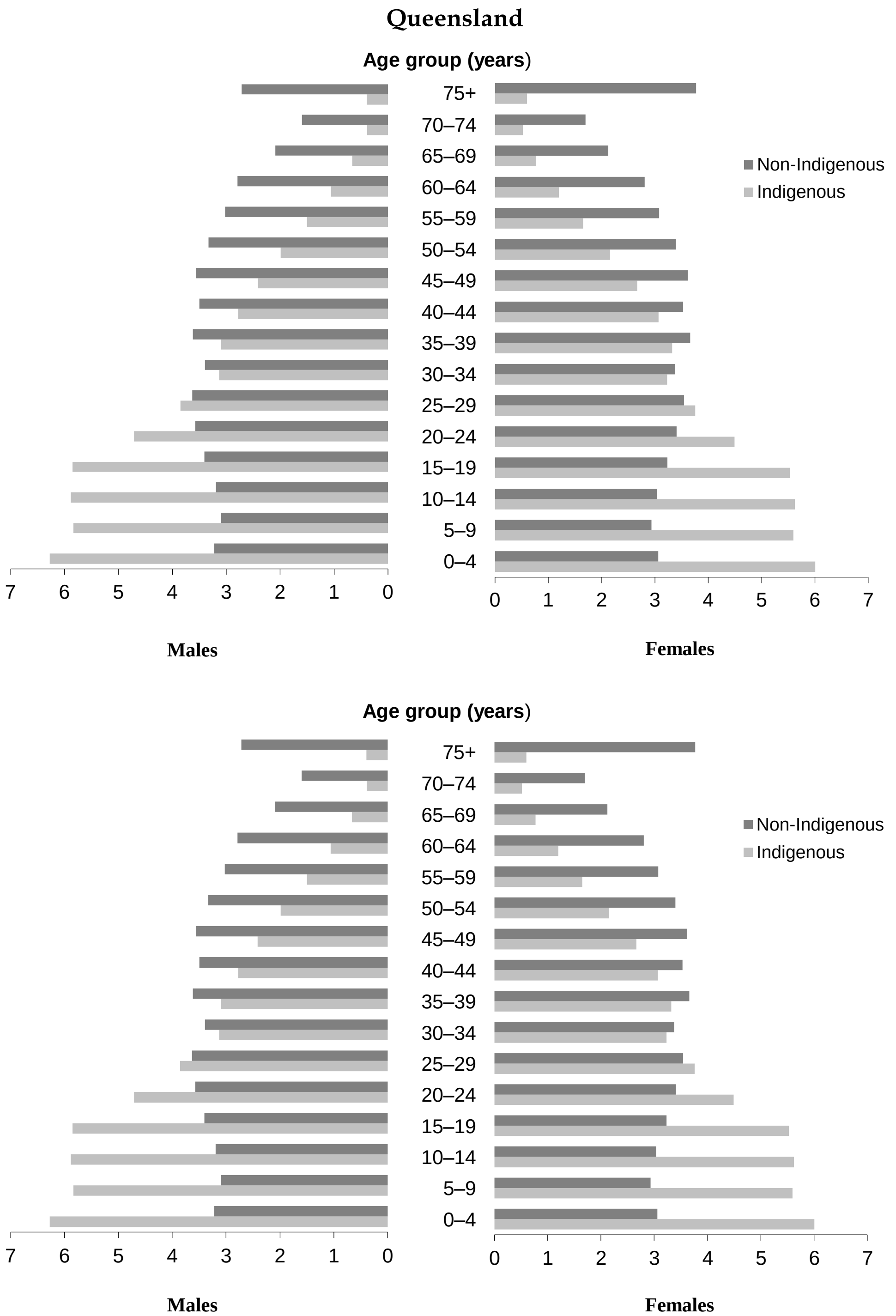
Table 1: Estimated resident population by Indigenous status, Queensland and Australia, 2010

	Indigenous		Non-Indigenous		Total			
	Number	**Per cent**	**Number**	**Per cent**	**Number**	**Per cent**	**Per cent Indig.**	**Per cent Non-Indig.**
Queensland	160,632	28.5	4,304,336	20.1	4,464,968	20.3	3.6	96.4
Australia[(a)]	**563,101**	**100.0**	**21,427,910**	**100.0**	**21,991,011**	**100.0**	**2.6**	**97.4**

(a) Includes territories other than New South Wales, Victoria, Queensland, South Australia, Western Australia, Tasmania, the Northern Territory and the Australian Capital Territory.

Source: AIHW analysis of ABS population estimates based on 2006 Census.

The Aboriginal and Torres Strait Islander population has an age structure that is significantly younger than that of other Australians. For example, in Queensland, Aboriginal and Torres Strait Islander people aged less than 15 constitute 36.6% of the Indigenous population, whereas this age group represents about 19.9% of the total population. Conversely, those aged 65 and over comprise only 3.0% of the Indigenous population, compared with 12.8% of the total Queensland population (Figure 2).



Source: AIHW analyses of ABS population estimates based on 2006 Census.

Figure 2: Population profile, by Indigenous status, age and sex, Queensland and Australia, 2010

In Queensland, more than three-quarters of Aboriginal and Torres Strait Islander people live in *Major cities* (28.1%), *Inner regional* (20.6%) and *Outer regional* areas (29.1%). Just under one quarter (22.3%) live in *Remote and very remote* areas. Similarly, about three-quarters of the total Indigenous population in Australia live in *Major cities* (32.1%), *Inner regional* (21.4%) and *Outer regional* areas (21.9%), with just under a quarter in *Remote and Very remote areas* (15%).

Table 2: Estimated resident population by remoteness area and Indigenous status, Queensland and Australia 2006

	Indigenous		Non-Indigenous		Total			
	Number	Per cent	Number	Per cent	Number	Per cent	Per cent Indig.	Per cent Non-Indig.
			Queensland					
Major cities	40,685	28.1	2,397,670	60.8	2,438,355	59.6	1.7	98.3
Inner regional	29,831	20.6	867,216	22.0	897,047	21.9	3.3	96.7
Outer regional	42,160	29.1	578,958	14.7	621,118	15.2	6.8	93.2
Remote	12,410	8.6	72,238	1.8	84,648	2.1	14.7	85.3
Very remote	19,799	13.7	29,941	0.8	49,740	1.2	39.8	60.2
Queensland	**144,885**	**100.0**	**3,946,023**	**100.0**	**4,090,908**	**100.0**	**3.5**	**96.5**
Australia								
Major cities	165,804	32.1	13,996,454	69.4	14,162,258	68.4	1.2	98.8
Inner regional	110,643	21.4	3,974,764	19.7	4,085,407	19.7	2.7	97.3
Outer regional	113,280	21.9	1,854,024	9.2	1,967,304	9.5	5.8	94.2
Remote	47,852	9.3	267,199	1.3	315,051	1.5	15.2	84.8
Very remote	79,464	15.4	86,017	0.4	165,481	0.8	48.0	52.0
Australia	**517,043**	**100.0**	**20,180,837**	**100.0**	**20,697,880**	**100.0**	**2.5**	**97.5**

Source: AIHW analysis of ABS population estimates based on 2006 Census.

Structure of this report

Chapter 1 presents analyses for Tier 1—health status and health outcomes; Chapter 2 presents analyses for Tier 2—determinants of health status, and Chapter 3 presents analyses for Tier 3—health system performance. The layout for each indicator is constant and includes a definition according to the technical specifications followed by analyses undertaken. For each indicator, jurisdiction-specific data are analysed in comparison with national data, or data from a group of jurisdictions with sufficient data quality. Where possible, analyses are presented by age, sex and Indigenous status. Time trends are also presented where data are available.

Data sources and methodology

Data in this report come from a number of administrative data sets and surveys. A description of all sources is presented at Appendix 1.

Health-related administrative data sets include the Australian Institute of Health and Welfare's (AIHW) National Hospital Morbidity Database, the AIHW National Mortality Database, the AIHW Community Mental Health Care Database, the AIHW National Perinatal Data Collection, the Australia and New Zealand Dialysis and Transplant Registry, the National Notifiable Diseases Surveillance System, the Service Activity Reporting Database and Medicare databases. Administrative data related to education include the ABS National Schools Statistics Collection, DEEWR Higher Educations Statistics Collection and the National Centre for Vocational Education Research database. Community services related data includes the AIHW National Child Protection Data collections.

Surveys that were used to obtain data include Indigenous specific surveys such as the National Aboriginal and Torres Strait Islander Health Survey, the National Aboriginal and Torres Strait Islander Social Survey, and the Community Housing Infrastructure Needs Survey. Data from the Census of Population and Housing have also been used.

Age-standardised rates, rate differences and rate ratios have been used in many of the indicators to show how Indigenous population fare relative to other Australians. All age-standardised rates and rate ratios have been calculated using the direct standardisation method and the 2001 Australian population as the standard population.

Time series analyses have used linear regression analysis to determine whether there have been significant increases or decreases in the observed rates. Many of the tables also include a * to indicate that rates for the Indigenous and non-Indigenous populations are statistically different from each other at the $p<0.05$ level.

Data limitations

There are a number of limitations of data in this report that should be noted. The main issue in most administrative data collections is the under-identification of Aboriginal and Torres Strait Islander people. Under-identification is a major problem in mortality, hospital morbidity and communicable disease data, particularly in some states and territories. Data analysis has therefore been limited to jurisdictions with adequate identification of Indigenous people. Appendix 1 presents a brief description of each data source and a comprehensive data quality statement covering the data sources and specific issues to be noted.

For recent hospitalisations, New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory are considered as having data of sufficient quality to be included in the analyses. For longer term hospital morbidity, data from only Queensland, Western Australia, South Australia and the Northern Territory are used. Longer term mortality trend data are limited to three jurisdictions—Western Australia, South Australia and the Northern Territory, which have over 10 years of adequate identification of Indigenous deaths in their recording systems. Queensland data from 1998 and NSW data from 2001 onwards are considered to be of adequate quality for mortality analyses.

Data on communicable diseases from the National Notifiable Disease Surveillance System have been assessed and found to have varying levels of completeness across diseases and jurisdictions. Queensland had insufficient Indigenous identification for chlamydia, but adequate identification for syphilis, gonorrhoea and hepatitis C.

The incompleteness of Indigenous identification means the number of hospital separations, deaths and disease notifications recorded as Indigenous result in underestimates of the true levels of hospitalisation and mortality.

Surveys are also subject to a number of data limitations due to sampling and non-sampling errors, such as bias in responses. In most tables in this report, estimates with large relative standard errors, which is a measure of the sampling variability, have been footnoted to indicate that they should be used with caution or are considered too unreliable for general use.

Population data

Indigenous population data are required when computing rates from administrative data collections. The Indigenous estimated resident population (ERP) figures used in this report are based on the 2006 Census (ABS 2009b). The Census enumerated the Indigenous population from responses to a question on a person's Indigenous status. The Indigenous ERP for 2006 is computed using this enumerated figure, and adjusted for undercount based on results from the Post-Enumeration Survey (PES) as well as for non-response to the Indigenous status question (ABS 2009b). Population numbers for other years are projected based on assumed future levels of fertility, mortality and migration (ABS 2009b).

The use of Indigenous ERP based on the 2006 Census showed vastly different results in mortality time series to those published in previous national reports such as the Aboriginal and Torres Strait Islander Health Performance Framework which used 2001 census-based ERP. The implications of using 2006 census-based compared with using 2001 census-based ERP are discussed in Box 1.

Box 1: Effect of changing from 2001 to 2006 Census based Indigenous population denominator

The 2010 Aboriginal and Torres Strait Islander Health Performance Framework report uses ABS experimental estimates of the Indigenous resident population based on the 2006 Census (referred to as 2006 ERP) as the denominator when calculating rates from a range of data sources (see Appendix 1). Data previously published in 2006 and 2008 Aboriginal and Torres Strait Islander Health Performance Framework reports used a denominator based on the 2001 Census estimates (referred to as 2001 ERP).

Rates based on 2006 ERP are different from those based on the 2001 ERP, often indicating lower rates of mortality and hospitalisation than those published previously. While the greatest impact of 2006 ERP was seen in mortality rates, the rates based on other administrative data were also affected. However, the two sets of rates are not comparable.

The main factor contributing to the change is the increase in the estimated Indigenous population between the 2001 and 2006 Census based ERPs. The growth in Indigenous population between 2001 and 2006 was about 12%, compared with about 6% for the total Australian population. Some of this growth may be attributable to changes in Indigenous identification.

According to the ABS, by extending the Census post enumeration survey to more remote areas, the post 2006 Census adjustment provides a more accurate estimate of Indigenous population than previous estimates.

The ABS also used the findings from the 2006 Census and mortality data enhancement project to produce a revised backcast Indigenous population series. For backcast estimates, it was assumed that Indigenous male and female life expectancy at birth would increase by 0.2 years per year between 1986 and 2006 (this assumes Indigenous life expectancy at birth of 63.1 years for males and 68.8 years for females in 1986). This resulted in fewer Indigenous people between 1986 and 1999 and more people from 2000 to 2006.

As a result, the rates published in this report using 2006 census-based ERP are not comparable with rates published in previous reports using 2001 census-based ERP.

Health status and outcomes (Tier 1)

1.01 Low birthweight infants

The incidence of low birthweight among live-born babies of Aboriginal and Torres Strait Islander mothers

Incidence: *The number of new cases (of an illness or event, and so on) occurring during a given period.*

Low birthweight by Indigenous status

- Between 2006 and 2008 in Queensland, live-born babies born to Indigenous mothers were nearly twice as likely (10.6% compared with 6.1%) to be of low birthweight (i.e. less than 2,500 grams) than live-born babies born to non-Indigenous mothers.
- The rate of lower birthweight for babies born to Indigenous mothers was slightly higher in NSW, Vic, Qld, WA, SA and NT combined than in Queensland (12.4% compared with 10.6%). However babies born to Indigenous mothers were still around twice as likely to be of low birthweight (12.4% compared with 6.0%) than babies born to non-Indigenous mothers.

(a) Data are by place of usual residence of the mother. In 2000–04, usual residence of the mother was allocated from postcode. From 2005 onwards, data for state of usual residence supplied directly.

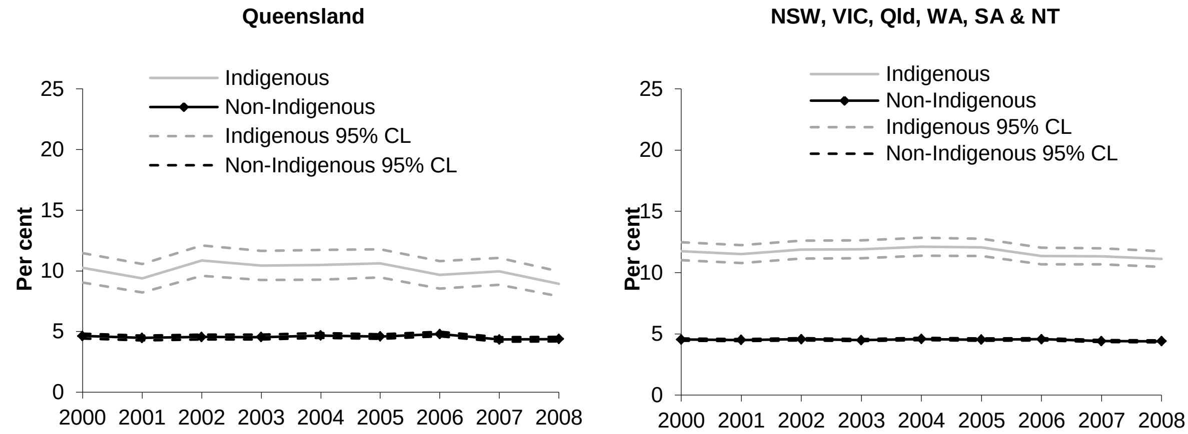
Note: Qld residents who gave birth in Tasmania and the Australian Capital Territory were excluded as data from these jurisdictions are not considered stable enough to be included in trend analyses because of small population size or data quality over the reporting period (AIHW: Leeds et al. 2007).

Source: AIHW analysis of the National Perinatal Epidemiology and Statistics Unit (NPESU) National Perinatal Data Collection (unpublished).

Figure 1.01.1: Low birthweight rate (proportion) by Indigenous status of mother, Queensland and NSW, VIC, Qld, WA, SA and NT combined, 2006-08

Low birthweight trends

- From 2000 to 2008 in Queensland, the proportion of low birthweight babies born to Indigenous mothers did not change significantly. Similarly, the low birthweight rate ratio and rate difference between singleton live-born babies of Indigenous and non-Indigenous mothers did not change significantly.
- Over the same period in NSW, Vic, Qld, WA, SA and NT combined, there was no significant change in the proportion of low birthweight babies born to Indigenous mothers or non-Indigenous mothers.



(a) Data are by place of usual residence of the mother. In 2000–2004, usual residence of the mother was allocated from postcode. From 2005 onwards data for state of usual residence supplied directly.

Note: Qld residents who gave birth in Tasmania and the Australian Capital Territory were excluded as data from these jurisdictions are not considered stable enough to be included in trend analyses because of small population size or data quality over the reporting period (AIHW: Leeds et al. 2007).

Source: AIHW analyses of NPSU National Perinatal Data Collection (unpublished).

Figure 1.01.2: Low birthweight babies per 100 singleton live-born babies, by Indigenous status of mother, Queensland and NSW, VIC, Qld, WA, SA and NT combined, 2000-2008

Table 1.01.1: Low birthweight rate (proportion), ratio and difference between singleton live-born babies of Indigenous and other mothers, Queensland and NSW, Vic, Qld, WA, SA & NT combined, 2000-2008[(a)]

	2000	2001	2002	2003	2004	2005	2006	2007	2008	Annual change[(b)]
					Queensland					
Number per 100 live births (Per cent)										
Indigenous	10.3	9.4	10.8	10.4	10.5	10.6	9.7	10.0	8.9	-0.10
Non-Indigenous	4.6	4.5	4.6	4.5	4.7	4.6	4.8	4.3	4.4	-0.01
Rate ratio	2.2	2.1	2.4	2.3	2.2	2.3	2.0	2.3	2.0	-0.01
Rate difference	5.6	4.9	6.3	5.9	5.8	6.0	4.9	5.6	4.6	-0.08
					NSW, Vic, Qld, WA, SA & NT					
Number per 100 live births (Per cent)										
Indigenous	11.7	11.5	11.9	11.9	12.1	12.1	11.4	11.3	11.1	-0.06
Non-Indigenous	4.5	4.5	4.6	4.5	4.6	4.5	4.6	4.4	4.4	-0.01
Rate ratio	2.6	2.6	2.6	2.6	2.6	2.7	2.5	2.6	2.5	-0.01
Rate difference	7.2	7.0	7.3	7.4	7.5	7.5	6.8	6.9	6.7	-0.05

(a) Data are by place of usual residence of the mother. In 2000-2004 usual residence of the mother was allocated from postcode. From 2005 onwards data for state of usual residence supplied directly.

(b) Average annual change in rate, rate ratio, and rate difference of low birthweight babies determined using linear regression analysis.

Note: Qld residents who gave birth in Tasmania and the Australian Capital Territory were excluded as data from these jurisdictions are not considered stable enough to be included in trend analyses because of small population size or data quality over the reporting period (AIHW: Leeds et al. 2007).

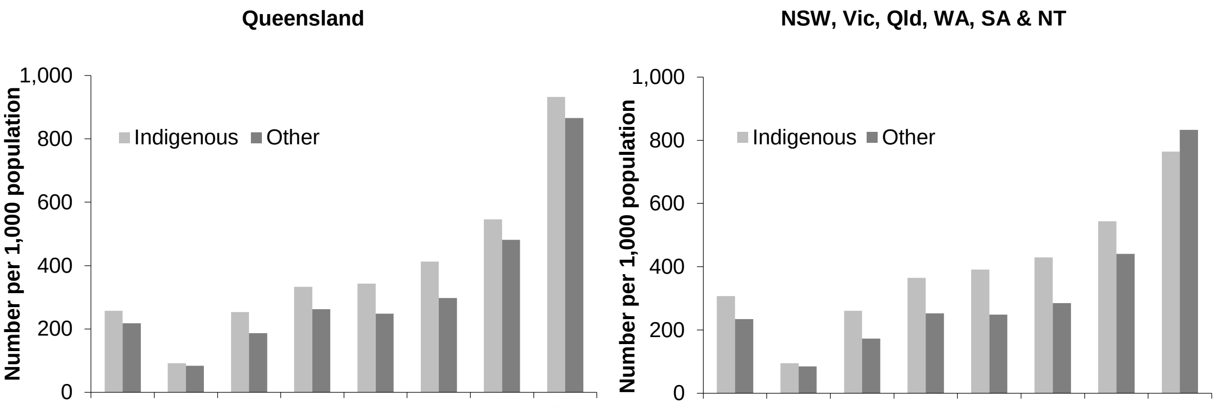
Source: AIHW analysis of NPESU National Perinatal Data Collection (unpublished).

1.02 Top reasons for hospitalisation

Hospitalisations for the leading ICD-10-AM categories for Aboriginal and Torres Strait Islander people expressed as a rate by age group, age-standardised rate and rate ratio

Hospitalisations by age

- Between July 2006 and June 2008 in Queensland, there were 3,085,689 hospitalisations, 4.3% of which were Indigenous people.
- Indigenous people were hospitalised at 2.1 times the rate of other people in Queensland. In the six jurisdictions (NSW, Vic, Qld, WA, SA &NT) combined, Indigenous people were hospitalised at 2.3 times the rate of other people.
- Excluding dialysis, (due to the frequent admissions for the same disease) Indigenous people in Queensland were hospitalised at 1.2 times the rate of other people. This ratio was similar to that for the six jurisdictions combined (1.3).
- In Queensland, when hospitalisations for dialysis are excluded, Indigenous people had higher hospitalisations rates than other people across all age groups. In the six jurisdictions combined, Indigenous Australians had higher hospitalisation rates than other people across all age groups with the exception of those aged 65 years and over.
- The greatest difference in hospitalisation rates between Indigenous and other people in Queensland were for those aged 15–24, 25-34, 35–44 and 45–54 years, where Indigenous people were hospitalised at around 1.4 times the rate of other people in the corresponding age group.
- For Queensland alone, and for the six jurisdictions combined, hospitalisation rates were highest in the 65 and over age group and lowest among those aged 5–14 years, for both Indigenous and other people.

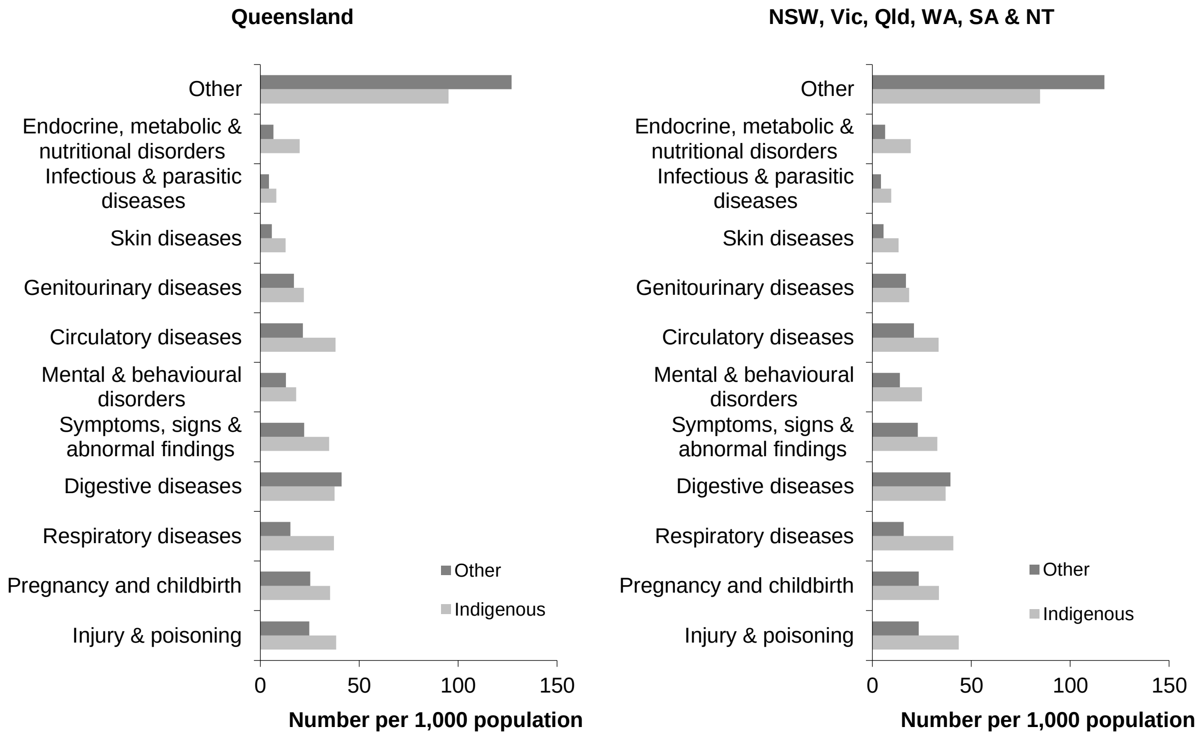


Source: AIHW analyses of National Hospital Morbidity Database (NHMD).

Figure 1.02.1: Age specific hospitalisation rates (excluding dialysis), by Indigenous status, Queensland and NSW, Vic, Qld, WA, SA & NT combined, July 2006 to June 2008

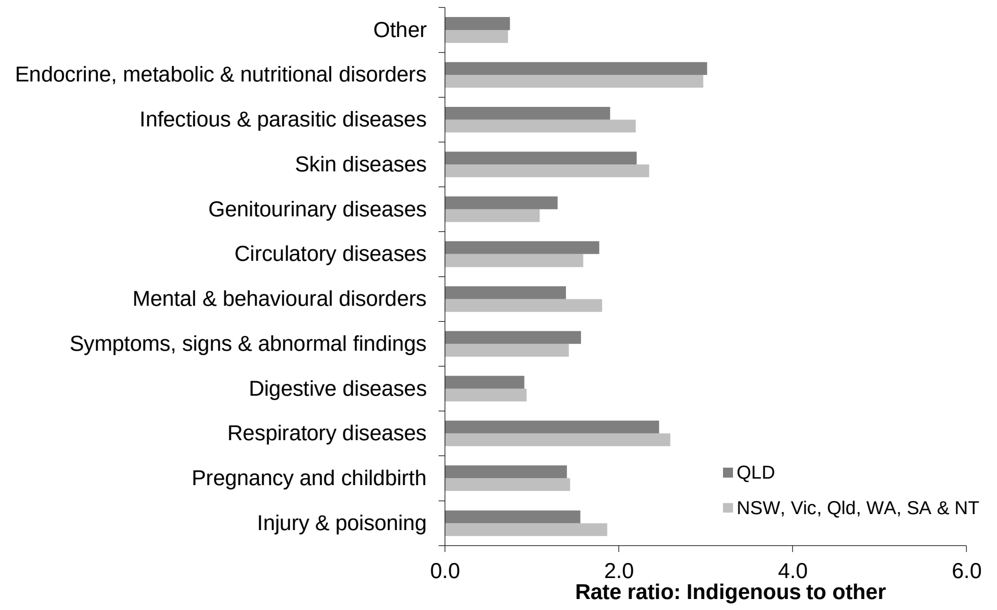
Hospitalisations by principal diagnosis

- The most common principal diagnosis among Indigenous people in Queensland was injury and poisoning, followed by diseases of the circulatory system. In New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, the most common principal diagnosis was injury and poisoning, followed by respiratory diseases.
- The greatest difference in hospitalisation rates between Indigenous and other people in Queensland was for endocrine, metabolic and nutritional disorders for which Indigenous people were hospitalised at three times the rate of other people (Figure 1.02.1).
- Rate ratios between Indigenous and other Australian hospitalisation rates were similar in Queensland and the six jurisdictions combined for most principal diagnoses (Figure 1.02.3).



Source: AIHW analyses of NHMD.

Figure 1.02.2: Hospitalisation rates by principal diagnosis and Indigenous status, Queensland and NSW, Vic, Qld, WA, SA & NT combined, July 2006 to June 2008

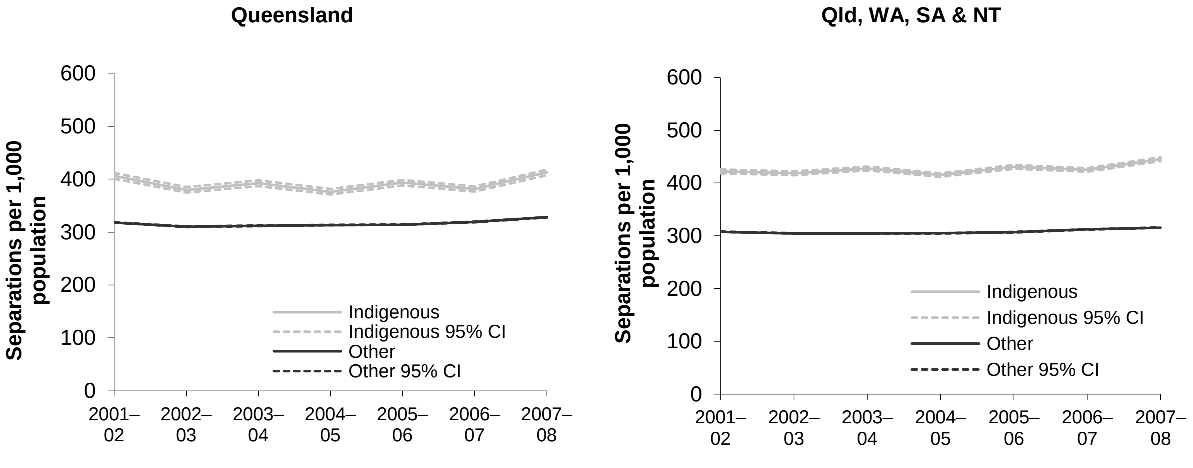


Source: AIHW analyses of NHMD.

Figure 1.02.3: Hospitalisation rate ratios by principal diagnosis, Queensland and NSW, Vic, Qld, WA, SA & NT combined, July 2006 to June 2008

Hospitalisation trends

- There were no significant changes in hospitalisation rates for Indigenous or other people in Queensland from 2001–02 to 2007–08.
- In Queensland, Western Australia, South Australia and the Northern Territory combined, there were significant increases in hospitalisation rates among Indigenous and other people from 2001–02 to 2007–08 (an average yearly increase of 3.1 per 1,000 for Indigenous Australians and 1.4 per 1,000 for other people).



Source: AIHW analyses of NHMD.

Figure 1.02.4: Trends in hospitalisation rates (excluding dialysis) by Indigenous status, Queensland and Qld, WA, SA & NT combined, 2001–02 to 2007–08

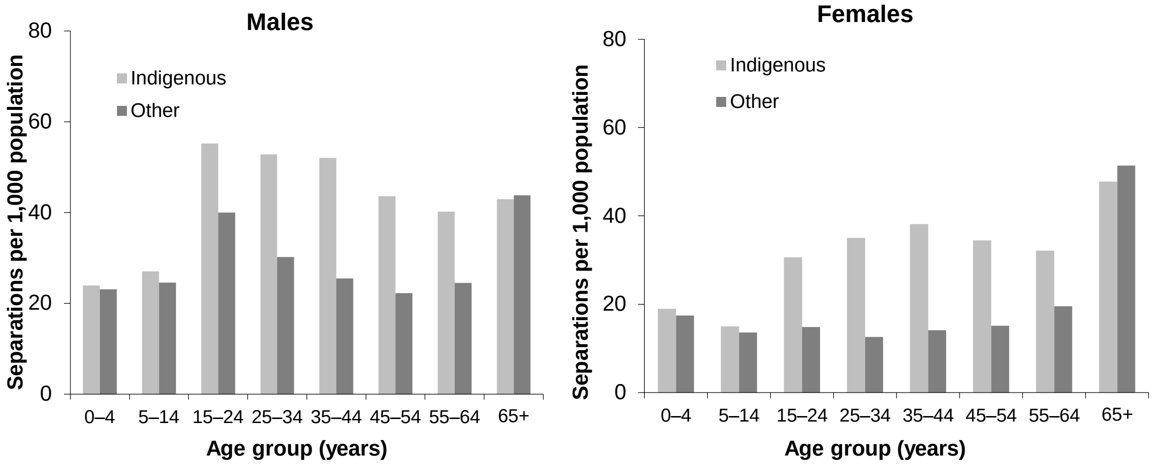
1.03 Hospitalisation for injury and poisoning

The number of hospitalisations with a principal diagnosis of injury and poisoning for Aboriginal and Torres Strait Islander people expressed as a rate by age group, age-standardised rate and rate ratio

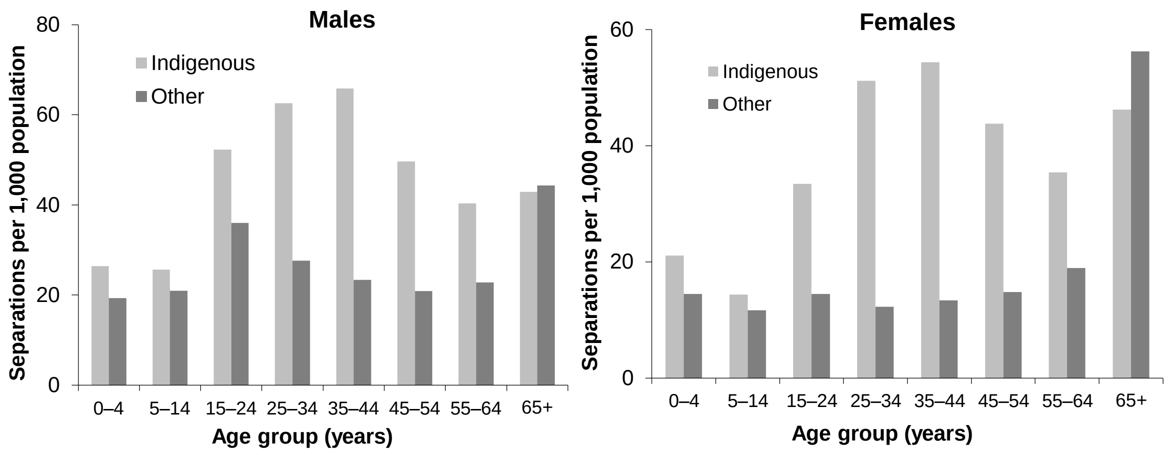
Hospitalisations by age and sex

- Between July 2006 and June 2008 in Queensland, Indigenous males and females had higher hospitalisation rates for injury and poisoning than other males and females across all age groups except those aged 65 years and over. The same pattern was evident with hospitalisation rates for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined (Figure 1.03.1).
- The greatest difference in hospitalisation rates for injury and poisoning was in the 35–44 and 45–54 year age groups for males, and the 25–34 and 35–44 year age groups for females. Indigenous males were hospitalised at twice the rate of other males in these age groups, and Indigenous females were hospitalised at three times the rate of other females in these age groups.
- For Indigenous males in Queensland, hospitalisation rates for injury and poisoning were highest among those aged 15–24 years, while for Indigenous females, rates were highest among those aged 65 years and over.

Queensland



NSW, Vic, Qld, WA, SA & NT



Source: AIHW analyses of NHMD.

Figure 1.03.1: Age specific hospitalisation rates for principal diagnosis of injury and poisoning by sex- Aboriginal and Torres Strait Islander people and other people, Queensland and NSW, Vic, Qld, WA, SA & NT combined, July 2006 to June 2008

Hospitalisations by external causes of injury and poisoning

- Between July 2006 and June 2008 in Queensland, assault was the most common cause of hospitalisation for Indigenous males and females with a principal diagnosis of injury and poisoning (19% and 24% respectively), followed by accidental falls (18% for males and 20% for females). This pattern was also evident for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined.
- The greatest difference in hospitalisation rates for external causes of injury and poisoning between Indigenous and other people in Queensland was for assault. Indigenous males and females were hospitalised for assault at 5 and 20 times the rate of other males and females respectively. Rate ratios for assault between Indigenous and

non-Indigenous people in the six jurisdictions combined were 7 and 36 for males and females respectively.

Table 1.03.1: Hospitalisations by external causes of injury and poisoning for Aboriginal and Torres Strait Islander people by sex, Queensland and NSW, Vic, Qld, WA, SA and NT combined, July 2006 to June 2008(a)(b)(c)(d)

	Males				Females				People			
External cause	**No.**	**%(e)**	**No. per 1,000(f)**	**Ratio(g)**	**No.**	**%(e)**	**No. per 1,000(f)**	**Ratio(g)**	**No.**	**%(e)**	**No. per 1,000(f)**	**Ratio(g)**
						Queensland						
Assault (X85–Y09)	1,144	18.8	8.3	4.9*	995	23.9	6.7	20.3*	2,139	20.9	7.5	7.3*
Falls (W00–W19)	1,091	18.0	8.4	1.2*	828	19.9	8.0	1.1*	1,919	18.7	8.3	1.2*
Exposure to inanimate mechanical forces (W20–W49)	981	16.1	6.2	1.2*	386	9.3	2.4	1.6*	1,367	13.3	4.3	1.3*
Complications of medical and surgical care (Y40–Y84)	496	8.2	5.8	1.3*	542	13.0	6.0	1.6*	1,038	10.1	5.9	1.4*
Transport accidents (V01–V99)	732	12.0	4.3	1.0	307	7.4	2.0	1.2*	1,039	10.1	3.1	1.0
Other accidental exposures(h)	599	9.9	4.3	1.3*	372	8.9	2.9	1.7*	971	9.5	3.6	1.4*
Intentional self-harm (X60–X84)	287	4.7	2.1	2.3*	310	7.4	2.1	1.5*	597	5.8	2.1	1.8*
Exposure to animate mechanical forces (W50–W64)	353	5.8	2.1	1.8*	125	3.0	0.8	1.6*	478	4.7	1.4	1.7*
Exposure to electric current/smoke/ fire/venomous animals and plants/forces of nature (W85–W99, X00–X39)(i)	193	3.2	1.1	1.3*	113	2.7	0.6	1.5*	306	3.0	0.9	1.4*
Accidental poisoning by and exposure to noxious substances (X40–X49)	103	1.7	0.6	1.2	93	2.2	0.6	1.3	196	1.9	0.6	1.2*
Other external causes(j)	97	1.6	0.6	3.0*	97	2.3	0.6	3.1*	194	1.9	0.6	3.1*
Total(k)	**6,076**	**100.0**	**43.9**	**1.5***	**4,168**	**100.0**	**32.8**	**1.4***	**10,244**	**100.0**	**38.4**	**1.6***

(continued)

Table 1.03.1 (continued): Hospitalisations by external causes of injury and poisoning for Aboriginal and Torres Strait Islander people by sex, Queensland and NSW, Vic, Qld, WA, SA and NT combined, July 2006 to June 2008[(a)(b)(c)(d)]

	Males				Females				People			
External cause	**No.**	**%[(e)]**	**No. per 1,000[(f)]**	**Ratio[(g)]**	**No.**	**%[(e)]**	**No. per 1,000[(f)]**	**Ratio[(g)]**	**No.**	**%[(e)]**	**No. per 1,000[(f)]**	**Ratio[(g)]**
					NSW, Vic, Qld, WA, SA & NT							
Assault (X85–Y09)	5,003	22.5	10.8	7.0*	5,309	30.7	10.9	35.5*	10,312	26.1	10.9	11.6*
Falls (W00–W19)	3,936	17.7	9.2	1.4*	3,130	18.1	8.7	1.2*	7,066	17.9	9.1	1.3*
Exposure to inanimate mechanical forces (W20–W49)	3,285	14.8	6.0	1.4*	1,405	8.1	2.5	1.9*	4,690	11.9	4.2	1.5*
Complications of medical and surgical care (Y40–Y84)	1,939	8.7	6.1	1.4*	2,208	12.8	6.6	1.8*	4,147	10.5	6.4	1.6*
Transport accidents (V01–V99)	2,569	11.5	4.8	1.2*	1,154	6.7	2.2	1.4*	3,723	9.4	3.5	1.3*
Other accidental exposures[(h)]	1,627	7.3	3.4	1.0	969	5.6	2.2	1.3*	2,596	6.6	2.8	1.1*
Intentional self-harm (X60–X84)	1,077	4.8	2.4	2.7*	1408	8.1	2.8	2.0*	2485	6.3	2.6	2.3*
Exposure to animate mechanical forces (W50–W64)	1,106	5.0	2.0	2.0*	529	3.1	1.0	2.6*	1,635	4.1	1.5	2.2*
Exposure to electric current/smoke/ fire/venomous animals and plants/forces of nature (W85–W99, X00–X39)[(i)]	940	4.2	1.8	2.5*	491	2.8	0.9	2.5*	1431	3.6	1.3	2.5*
Accidental poisoning by and exposure to noxious substances (X40–X49)	410	1.8	0.7	1.6*	382	2.2	0.8	1.6*	792	2.0	0.8	1.6*
Other external causes[(j)]	334	1.5	0.7	2.5*	309	1.8	0.6	2.5*	643	1.6	0.7	2.5*
Total[(k)]	**22,263**	**100.0**	**47.9**	**1.7***	**17,311**	**100.0**	**39.3**	**2.1***	**39,574**	**100**	**43.6**	**1.9***

(continued)

Table 1.03.1 (continued): Hospitalisations by external causes of injury and poisoning for Aboriginal and Torres Strait Islander people by sex, Queensland and NSW, Vic, Qld, WA, SA and NT combined, July 2006 to June 2008[(a)(b)(c)(d)]

* Represents results with statistically significant differences in the Indigenous/other comparisons at the $p < 0.05$ level.

(a) Data are from public and most private hospitals. Excludes private hospitals in the Northern Territory.

(b) Categories are based on the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), 4th Edition (National Centre for Classification in Health 2004). Cause of injury is based on the first reported external causes where the principal diagnosis was ‘injury, poisoning and certain other consequences of external causes’. ICD-10-AM codes V01-Y98.

(c) Financial year reporting.

(d) Data are reported by state/territory of usual residence of the patient hospitalised and are for New South Wales, Victoria, Western Australia, South Australia, the Northern Territory and Queensland only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these six jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for six jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(e) Proportion of male, female and total hospitalisations for injury and poisoning of Indigenous people from 2006–07 to 2007–08.

(f) Directly age standardised using the Australian 2001 Standard population.

(g) Rate ratio Indigenous: Other.

(h) Accidental drowning and submersion (W65–W74), accidental threats to breathing (W75-W84), overexertion, travel and privation (X50-X57), accidental exposure to other and unspecified factors (X58-X59),

(i) Includes exposure to electrical current, radiation and extreme ambient air temperature and pressure (W85-W99), smoke, fire and flames (X00-X09), contact with heat and hot substances (X10-X19), contact with venomous animals and plants (X20-X29), exposure to forces of nature (X30-X39)

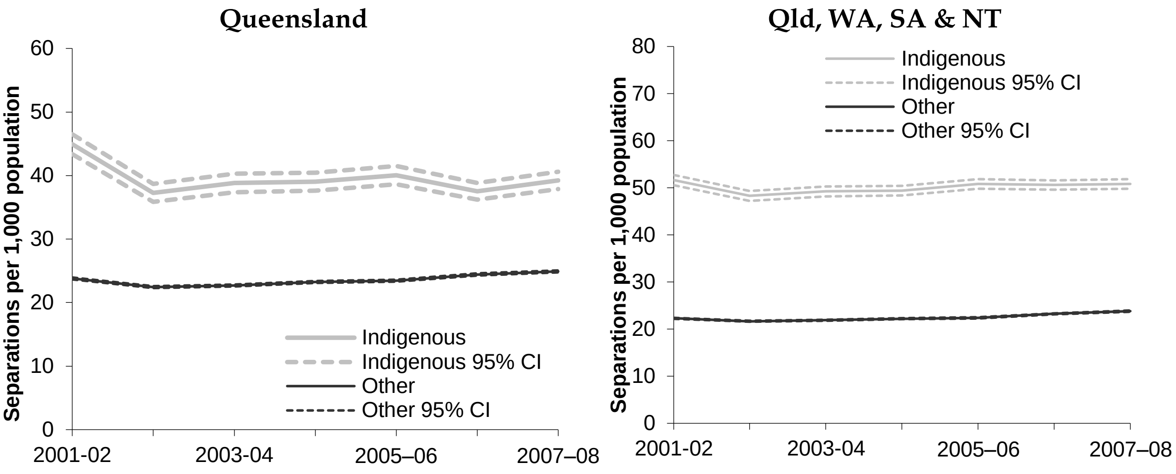
(j) Includes event of undetermined intent (Y10-Y34), legal intervention and operation of war (Y35-Y36), sequelae of external causes of morbidity and mortality (Y85-Y89), supplementary factors classified elsewhere (Y9-Y98).

(k) Includes injuries where no external cause was reported.

Source: AIHW analyses of NHMD.

Hospitalisation trends

- In Queensland, there were no significant changes in hospitalisation rates for injury and poisoning among Indigenous people from 2001–02 to 2007–08. However there was a significant increase for other people, with the fitted trend implying an average yearly increase of 0.3 per 1,000.
- There were no significant changes in hospitalisation rates for injury and poisoning among Indigenous people in Queensland, Western Australia, South Australia and the Northern Territory combined. There was, however, a significant increase in the hospitalisation rates for injury and poisoning among other people in the four jurisdictions combined (an average yearly increase of 0.3 per 1,000).



Source: AIHW analyses of NHMD.

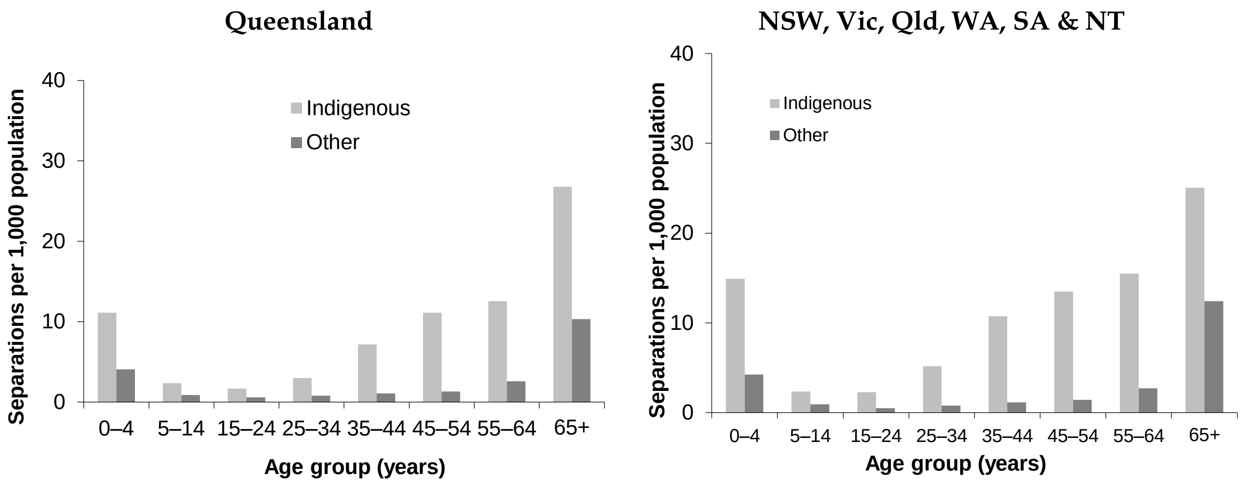
Figure 1.03.2: Hospitalisation rates for injury and poisoning, Aboriginal and Torres Strait Islander people and other Australians, Queensland and Qld, WA, SA & NT combined, 2001–02 to 2007–08

1.04 Hospitalisation for pneumonia

The number of hospitalisations with a principal diagnosis of pneumonia for Aboriginal and Torres Strait Islander people expressed as a rate by age group, age-standardised rate and ratio

Hospitalisations by age

- Between July 2006 and June 2008 in Queensland, Indigenous people had higher hospitalisation rates for pneumonia than other people across all age groups. A similar pattern was evident for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined.
- For both Indigenous and other people in Queensland, hospitalisation rates were highest among those aged 65 years and over, and lowest among those aged 15–24 years.
- The greatest difference in hospitalisation rates for pneumonia in Queensland occurred in the 45–54 year age group where Indigenous people were hospitalised at 8.5 times the rate of other people.
- Hospitalisation rates for pneumonia among Indigenous people in Queensland were lower than rates for Indigenous people in the six jurisdictions combined, across all age groups except those aged 65 years and over.



Source: AIHW analyses of NHMD.

Figure 1.04.1: Age specific hospitalisation rates for pneumonia, by Indigenous status, Queensland and NSW, Vic, Qld, WA, SA & NT combined, July 2006 to June 2008

Hospitalisations by sex

- Of the Indigenous people in Queensland who were hospitalised for pneumonia between July 2006 and June 2008, about 52% were males and 48% were females.
- Indigenous people were hospitalised for pneumonia at 3.9 times the rate of other people in Queensland. The rate ratio was similar in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined.
- In Queensland, Indigenous males had a higher hospitalisation rate for pneumonia than Indigenous females.
- Hospitalisation rates for pneumonia for Indigenous people in Queensland were slightly lower than those for Indigenous people in the six jurisdictions combined.

Table 1.04.1: Hospitalisations for pneumonia for Aboriginal and Torres Strait Islander people, by sex, Queensland and NSW, Vic, Qld, WA, SA & NT combined, July 2006 to June 2008[a][b][c]

	Queensland			NSW, Vic, Qld, WA, SA & NT[d]		
	Number	Number per 1,000[e]	Ratio[f]	Number	Number per 1,000[e]	Ratio[f]
Males	918	10.5	3.7*	3,987	11.5	3.6*
Females	847	8.3	3.8*	3,754	10.1	4.2*
People	1,765	9.2	3.7*	7,741	10.7	3.9*

*Represents results with statistically significant differences in the Indigenous/Other comparisons at the $p<0.05$ level.

(a) Data are from public and most private hospitals. Excludes private hospitals in the Northern Territory.

(b) Categories are based on the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), 4th Edition (National Centre for Classification in Health 2004). ICD-10-AM codes J12–J18.

(c) Financial year reporting.

(d) Data are reported by state/territory of usual residence of the patient hospitalised and are for New South Wales, Victoria, Queensland, Western Australia, South Australia, and the Northern Territory only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these six jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for six jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

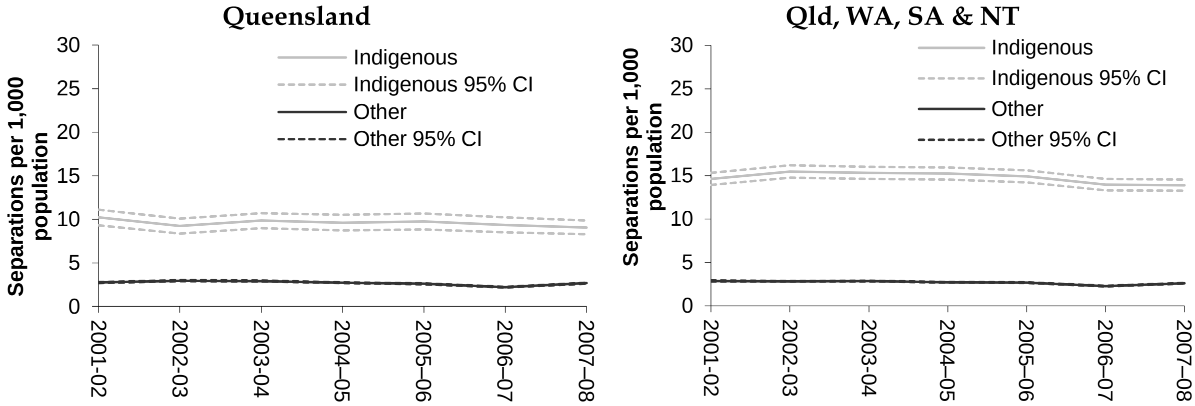
(e) Directly age standardised using the Australian 2001 Standard population.

(f) Rate ratio Indigenous: Other.

Source: AIHW analyses of NHMD.

Hospitalisation trends

- For both Indigenous and other people in Queensland, there were no significant changes from 2001–02 to 2007–08 in hospitalisation rates for pneumonia.
- There were no significant changes in the hospitalisation rate ratios and rate differences between Indigenous and other people in Queensland for pneumonia.
- From 2001–02 to 2007–08, there was a significant decline in the hospitalisation rate for pneumonia among Indigenous and other people in Queensland, Western Australia, South Australia and the Northern Territory combined.



Source: AIHW analyses of NHMD.

Figure 1.04.2: Hospitalisation rates for pneumonia, Aboriginal and Torres Strait Islander people and other Australians, Queensland and Qld, WA, SA & NT combined, 2001–02 to 2007–08

1.05 Circulatory disease

Prevalence, incidence and number of hospitalisations with a principal diagnosis of circulatory disease for Aboriginal and Torres Strait Islander people expressed as a rate by age group, age-standardised rate and rate ratio

Prevalence is the number or proportion (of cases, instances, and so forth) present in a population at a given time.

Self-reported prevalence

- In 2004-05 in Queensland, 9% of Indigenous males and 12% of Indigenous females reported heart or circulatory conditions as a long-term condition. This compared with 10% and 14% of Indigenous males and females in Australia (Table 1.05.1).
- In Queensland, Indigenous males and females were more likely than non-Indigenous males and females to report heart and circulatory conditions.
- Prevalence of heart and circulatory conditions was highest among Indigenous people aged 55 years and over (around 56% in Queensland and 54% in Australia).
- The greatest difference in prevalence rates between Indigenous and non-Indigenous people was in the 45-54 year age groups (ratio of 1.5).

Table 1.05.1: Number and proportion of people reporting heart and circulatory conditions, by age, sex and Indigenous status, Queensland and Australia, 2004–05

	Indigenous			Non-Indigenous		
	Males	**Females**	**People**	**Males**	**Females**	**People**
			Queensland			
			Number			
0-4	0	21	21	1,828	0	1,828
5-14	89	286	375	5,846	4,671	10,517
15-24	88	374	462	6,047	17,423	23,469
25-34	655	983	1,638	16,762	30,457	47,219
35-44	1,213	1,572	2,784	33,544	52,462	86,007
45-54	1,726	1,655	3,381	52,250	58,870	111,120
55+	2,023	2,879	4,901	191,789	223,799	415,588
Total	**5,794**	**7,770**	**13,563**	**308067**	**387,680**	**695,748**
			Proportion			
0-4	0.0	0.3	0.1	1.5	0.0	0.8
5-14	0.5	1.7	1.1	2.3	1.9	2.1
15-24	0.7	3.1	1.9	2.3	6.9	4.6
25-34	7.2	9.1	8.3	6.6	11.5	9.1
35-44	16.7	17.8	17.3	12.3	18.4	15.4
45-54	36.0	29.5	32.5	20.3	22.5	21.4
55+	50.6	60.4	56.0	46.8	52.2	49.6
Total	**9.1**	**11.7**	**10.4**	**16.8**	**21.0**	**18.9**
Total age-standardised[(a)]	**19.9**	**22.1**	**20.1**	**16.7**	**20.3**	**18.5**

(continued)

Table 1.05.1 (continued): Number and proportion of people reporting heart and circulatory conditions, by age, sex and Indigenous status, Queensland and Australia, 2004–05

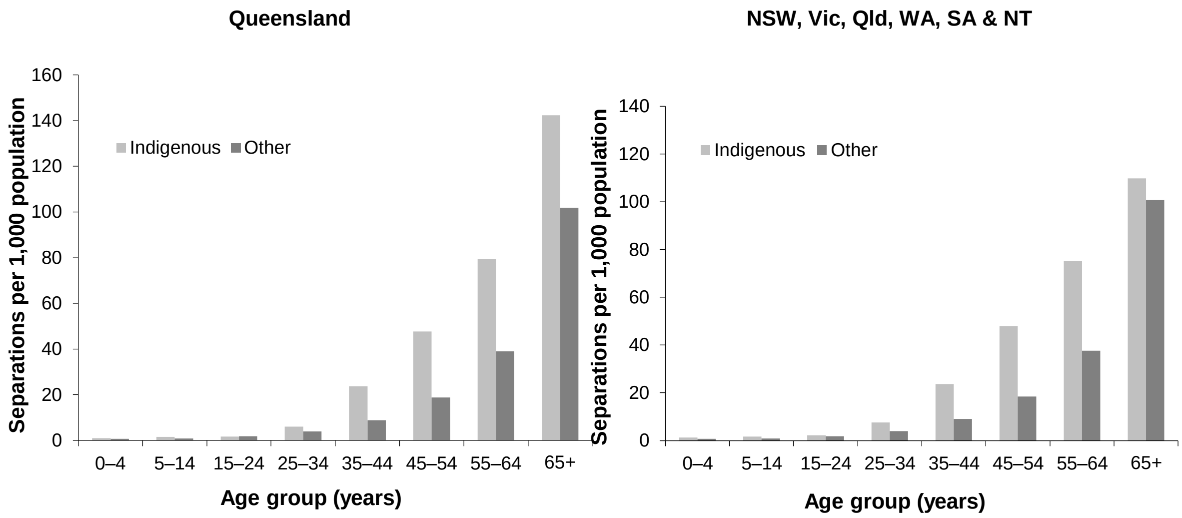
	Indigenous			Non-Indigenous		
	Males	**Females**	**People**	**Males**	**Females**	**People**
			Australia			
			Number			
0-4	471	962	1,433	7,511	5,024	12,535
5-14	725	558	1,283	23,915	12,920	36,835
15-24	1,037	1,963	3,000	35,797	45,996	81,793
25-34	2,518	5,101	7,618	77,067	141,316	218,384
35-44	4,978	7,273	12,250	144,104	213,600	357,704
45-54	5,381	7,044	12,425	262,723	341,746	604,469
55+	6,880	11,006	17,885	993,128	1,167,302	2,160,430
Total	**21,989**	**33,906**	**55,895**	**1,544,245**	**1,927,905**	**3,472,149**
			Per cent			
0-4	1.5	3.3	2.4	1.2	0.9	1.0
5-14	1.2	1.0	1.1	1.8	1.0	1.4
15-24	2.3	4.2	3.3	2.7	3.6	3.1
25-34	7.7	13.7	10.9	5.6	10.1	7.9
35-44	18.3	22.8	20.7	10.0	14.6	12.3
45-54	28.6	33.9	31.4	19.6	25.0	22.3
55+	45.3	61.2	53.9	45.8	49.5	47.7
Total	**9.5**	**14.0**	**11.8**	**16.1**	**19.9**	**18.0**
Total age-standardised[(a)]	**18.4**	**24.6**	**21.7**	**15.8**	**18.7**	**17.3**

(a) Directly age standardised proportions to the 2001 Australian standard population.

Source: AIHW analyses of National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) 2004-05 and National Health Survey (NHS) 2004-05.

Hospitalisations by age

- Between July 2006 and June 2008 in Queensland, Indigenous people had higher hospitalisation rates for circulatory disease than other people across all age groups except 15-24 years.
- The greatest difference in hospitalisation rates occurred in the 35–44 and 45–54 year age groups where Indigenous people were hospitalised at almost three times the rate of other people in these age groups respectively. The same pattern was evident for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined.
- Hospitalisation rates for circulatory diseases increased with age for both Indigenous and other people in Queensland.



Source: AIHW analyses of NHMD.

Figure 1.05.1: Age specific hospitalisation rates for circulatory diseases, by Indigenous status, Queensland and NSW, Vic, Qld, WA, SA & NT combined, July 2006 to June 2008

Hospitalisations by principal diagnosis

- Between July 2006 and June 2008, of all hospitalisations with principal diagnoses of diseases of the circulatory system, ischaemic heart disease was the most common reason for hospitalisation among Aboriginal and Torres Strait Islander people (46% in Queensland and 44% in the six jurisdictions combined).
- Indigenous males and females in Queensland were hospitalised for circulatory diseases at 1.5 and 2.1 times the rate of other males and females in Queensland.
- Hospitalisation rates for circulatory diseases were slightly higher for Indigenous people in Queensland than for Indigenous people in the six jurisdictions combined (38 per 1,000 compared with 33 per 1,000).
- Aboriginal and Torres Strait Islander people in Queensland were hospitalised for rheumatic heart disease at almost 5 times the rate of other people. This compares with almost 7 times the rate of other people in the six jurisdictions combined.

Table 1.05.2: Hospitalisations for circulatory disease by principal diagnosis for Aboriginal and Torres Strait Islander people - age standardised rates and rate ratios by sex, Queensland and NSW, Vic, Qld, WA, SA and NT combined, July 2006 to June 2008 (a)(b)(c)(d)

	Males				Females				People			
Principal diagnosis	**Number**	**Per cent(e)**	**No. per 1,000(f)**	**Ratio(g)**	**Number**	**Per cent(e)**	**No. per 1,000(f)**	**Ratio(g)**	**Number**	**Per cent(e)**	**No. per 1,000(f)**	**Ratio(g)**
					Queensland							
Ischaemic heart disease	1,231	50.2	19.9	1.9*	1,024	42.6	15.1	3.0*	2,255	46.4	17.3	2.2*
Acute myocardial infarction	*543*	*22.2*	*8.4*	*2.6**	*378*	*15.7*	*5.8*	*4.0**	*921*	*19.0*	*7.0*	*3.0**
Other heart disease	692	28.2	13.0	1.7*	762	31.7	12.2	2.2*	1,454	29.9	12.6	1.9*
Cerebrovascular disease	154	6.3	3.3	1.6*	166	6.9	2.9	1.9*	320	6.6	3.1	1.7*
Stroke	*130*	*5.3*	*2.7*	*1.6**	*148*	*6.2*	*2.7*	*2.1**	*278*	*5.7*	*2.7*	*1.8**
Rheumatic heart disease	71	2.9	0.5	3.8*	117	4.9	0.9	5.4*	188	3.9	0.7	4.8*
Hypertensive disease	66	2.7	0.9	2.7*	107	4.4	1.6	3.4*	173	3.6	1.3	3.2*
Other circulatory diseases(h)	236	9.6	3.2	0.6*	229	9.5	3.0	0.7*	465	9.6	3.1	0.6*
Total	**2,450**	**100.0**	**40.7**	**1.5***	**2,405**	**100.0**	**35.8**	**2.1***	**4,855**	**100.0**	**38.1**	**1.8***

(continued)

Table 1.05.2 (continued): Hospitalisations for circulatory disease by principal diagnosis for Aboriginal and Torres Strait Islander people - age standardised rates and rate ratios by sex, Queensland and NSW, Vic, Qld, WA, SA and NT combined, July 2006 to June 2008[(a)(b)(c)(d)]

	Males				Females				People			
Principal diagnosis	**Number**	**Per cent[(e)]**	**No. per 1,000[(f)]**	**Ratio[(g)]**	**Number**	**Per cent[(e)]**	**No. per 1,000[(f)]**	**Ratio[(g)]**	**Number**	**Per cent[(e)]**	**No. per 1,000[(f)]**	**Ratio[(g)]**
						NSW, Vic, Qld, WA, SA & NT						
Ischaemic heart disease	4,069	47.1	17.2	1.7*	3,143	39.8	12.4	2.8*	7,212	43.6	14.6	2.1*
Acute myocardial infarction	*1,742*	*20.2*	*7.2*	*2.2**	*1,129*	*14.3*	*4.6*	*3.1**	*2,871*	*17.4*	*5.8*	*2.5**
Other heart disease	2,516	29.2	11.5	1.5*	2,469	31.3	10.2	1.9*	4,985	30.2	10.8	1.7*
Cerebrovascular disease	646	7.5	3.5	1.6*	683	8.6	3.0	1.9*	1,329	8.0	3.2	1.8*
Stroke	*557*	*6.5*	*3.0*	*1.7**	*603*	*7.6*	*2.8*	*2.1**	*1,160*	*7.0*	*2.9*	*1.9**
Rheumatic heart disease	274	3.2	0.5	5.3*	428	5.4	0.9	8.2*	702	4.2	0.7	6.9*
Hypertensive disease	200	2.3	0.7	2.6*	269	3.4	1.0	2.5*	469	2.8	0.8	2.5*
Other circulatory diseases[(h)]	925	10.7	3.4	0.6*	908	11.5	3.1	0.6*	1,833	11.1	3.2	0.6*
Total	**8,630**	**100.0**	**36.8**	**1.4***	**7,900**	**100.0**	**30.5**	**1.8***	**16,530**	**100.0**	**33.4**	**1.6***

(continued)

Table 1.05.2 (continued): Hospitalisations for circulatory disease by principal diagnosis for Aboriginal and Torres Strait Islander people - age standardised rates and rate ratios by sex, Queensland and NSW, Vic, Qld, WA, SA and NT combined, July 2006 to June 2008 (a)(b)(c)(d)

*Represents results with statistically significant differences in the Indigenous/Other comparisons at the $p<0.05$ level.

(a) Data are from public and most private hospitals. Excludes private hospitals in the Northern Territory.

(b) Categories are based on the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM) 4th Edition (National Centre for Classification in Health 2004). ICD-10-AM codes I00–I99.

(c) Financial year reporting.

(d) Data are reported by state/territory of usual residence of the patient hospitalised and are for New South Wales, Victoria, Queensland, Western Australia, South Australia, and the Northern Territory only. These six jurisdictions are considered to have adequate Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these six jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for six jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(e) Percentage of male, female and total hospitalisations of Indigenous Australians from 2006–07 to 2007–08.

(f) Directly age standardised using the Australian 2001 Standard population.

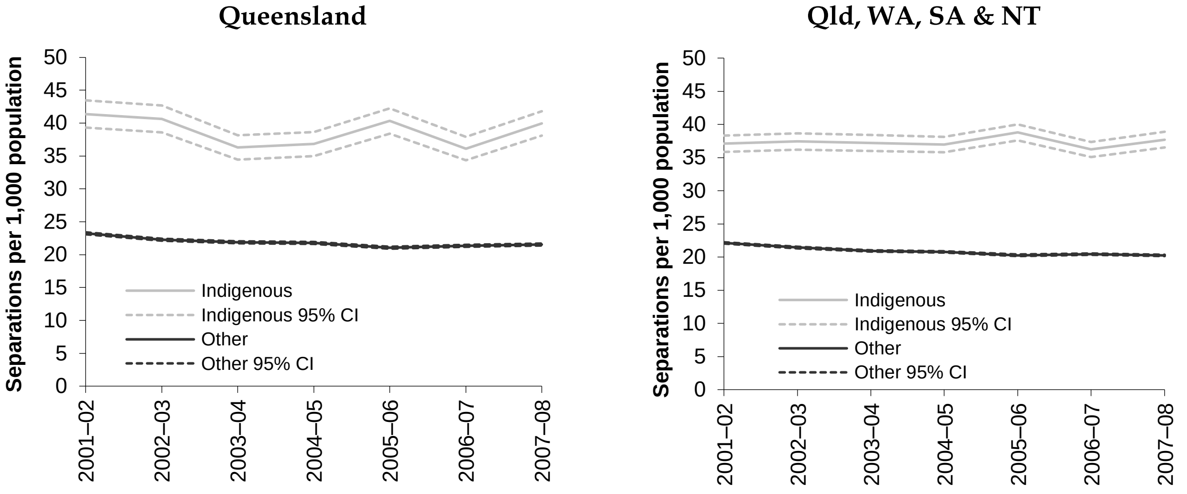
(g) Rate Ratio Indigenous: Other.

(h) Includes disease of arteries, arterioles and capillaries, diseases of veins, lymphatic vessels and lymph nodes and other unspecified disorders of the circulatory system.

Source: AIHW analyses of NHMD.

Hospitalisation trends

- From 2001–02 to 2007–08 in Queensland, there was no significant change in hospitalisation rates for circulatory disease among Indigenous people and a significant decrease for other people (average yearly decline of 0.3 per 1,000).
- Hospitalisation rate ratios and rate differences between Indigenous and other people in Queensland did not change significantly over the same period.
- In Queensland, Western Australia, South Australia and the Northern Territory combined, there was no significant change in the hospitalisation rate for circulatory diseases among Indigenous people over the same period, but there was a significant decline in the rate among other people. Rate ratios and rate differences both showed increases but only the rate ratio showed a statistically significant increase.



Source: AIHW analyses of NHMD.

Figure 1.05.2: Hospitalisation rates for circulatory diseases, Aboriginal and Torres Strait Islander people and other people, Queensland and Qld, WA, SA & NT combined, 2001–02 to 2007–08

1.07 High blood pressure

The prevalence of hypertension among Aboriginal and Torres Strait Islander Australians expressed as a rate by age group, age-standardised rate and ratio

Crude prevalence rate is the number or proportion (of cases, instances, and so forth) present in a population at a given time, unadjusted for age differences across the Indigenous and non-Indigenous populations.

Self-reported prevalence

- In 2004–05 in Queensland, after adjusting for differences in age structure between the Indigenous and non-Indigenous populations, about 17% of Indigenous males and 14% of Indigenous females reported high blood pressure or hypertension compared with 9% of non-Indigenous males and 11% of non-Indigenous females. These percentages were lower than those reported nationally (14% and 16% respectively).
- In both Queensland and nationally, high blood pressure or hypertension was most prevalent among those aged 55 years and over for both Indigenous people and other people. In Queensland, 50% of Indigenous males and 40% of Indigenous females in this age group reported high blood pressure or hypertension compared with 29% and 36% of non-Indigenous males and females respectively.

Table 1.07.1: People reporting high blood pressure/hypertension, by Indigenous status, age group and sex, Queensland and Australia, per cent, 2004-05

	Male		Female	
Age group	**Indigenous**	**Non-Indigenous**	**Indigenous**	**Non-Indigenous**
		Queensland		
25-34	3	2	2	2
35-44	15	6	6	5
45-54	26	14	22	10
55+	50	29	40	36
Total age-standardised[(a)]	**17**	**9**	**14**	**11**
		Australia		
25-34	4	3	5	2
35-44	14	6	11	4
45-54	22	15	24	13
55+	39	32	46	36
Total age-standardised[(a)]	**14**	**10**	**16**	**10**

(a) Age standardised proportions.

Source: ABS and AIHW analyses of NATSIHS 2004–05 and NHS 2004–05.

- In 2004–05, the crude prevalence rates of high blood pressure or hypertension among Indigenous people in Queensland (7% for males and 6% for females) were similar to those for Indigenous people nationally (7% for males and 8% for females).

- In Queensland, the crude prevalence of high blood pressure or hypertension was higher among Indigenous people in remote areas (14% for males and 11% for females) than among Indigenous people in non-remote areas (5% for males and 4% for females). Similar trends were also observed nationally (Table 1.07.2).

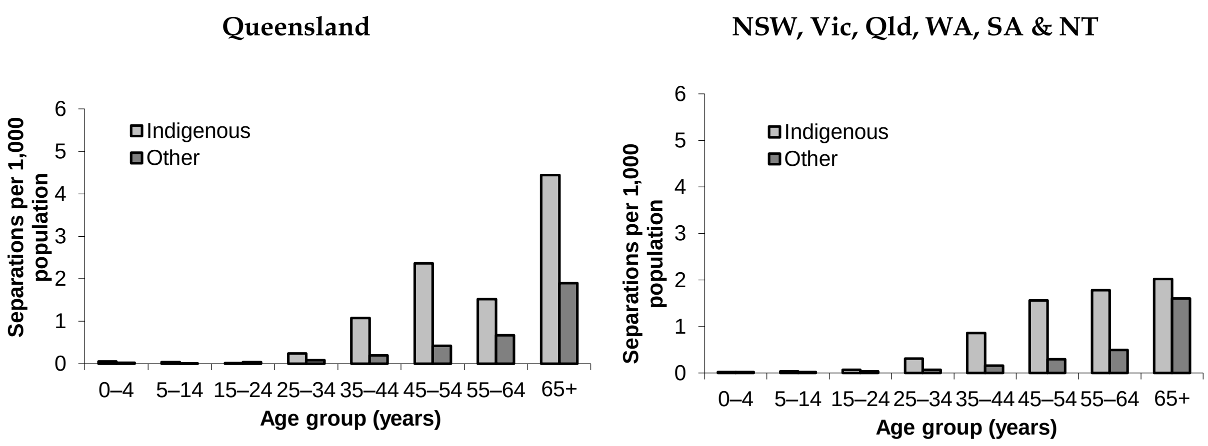
Table 1.07.2: Aboriginal and Torres Strait Islander people reporting high blood pressure/hypertension, by sex and remoteness area, Queensland and Australia, per cent, 2004-05

	Queensland		Australia	
	Male	Female	Male	Female
Remote	14	11	10	10
Non-remote	5	4	6	7
Total	**7**	**6**	**7**	**8**

Source: ABS and AIHW analyses of NATSIHS 2004–05 and NHS 2004–05.

Hospitalisations by age

- Between July 2006 and June 2008 in Queensland, Indigenous people had higher hospitalisation rates for hypertensive disease than other people across all age groups except for those aged 15–24 years. In New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, Indigenous people had higher rates across all age groups.
- In Queensland, the greatest difference in rates was in the 35-44 and 45-64 year age groups when Indigenous people were hospitalised at 5.6 times the rate of other people.
- Hospitalisation rates for hypertensive disease increased with age, being highest among those aged 65 years and over.
- Hospitalisation rates for hypertensive disease were higher among Indigenous people in Queensland aged 0-14, 35-54, and 65 and over than among Indigenous people in the six jurisdictions combined.



Source: AIHW analyses of NHMD.

Figure 1.07.1: Age specific hospitalisation rates for principal diagnosis of hypertensive disease, by Indigenous status, Queensland and NSW, Vic, Qld, WA, SA & NT combined, July 2006 to June 2008

1.08 Diabetes

Prevalence of diabetes for Aboriginal and Torres Strait Islander people expressed as a rate by age group, age-standardised rate and ratio

Self-reported prevalence

- In 2004–05 in Queensland, after adjusting for differences in age structure, about 13% of Indigenous people reported diabetes or high sugar levels compared with 4% of non-Indigenous people. In the same period nationally, 13% of Indigenous people and 4% of non-Indigenous people reported diabetes or high sugar levels.
- In both Queensland and nationally, and for both Indigenous people and non-Indigenous people, prevalence of diabetes increased with age. For Indigenous people in Queensland, prevalence of diabetes increased from 4% among those aged 25–34 to 32% among those aged 55 and over. Correspondingly, for non-Indigenous people in Queensland, prevalence of diabetes increased from 1% among those aged 25–34 to 11% among those aged 55 and over.

Table 1.08.1: People reporting diabetes/high sugar levels, by Indigenous status and age group, Queensland and Australia, per cent, 2004-05

	Queensland		Australia	
Age group	**Indigenous**	**Non-Indigenous**	**Indigenous**	**Non-Indigenous**
25–34	4.4	1.0	4.4	0.8
35–44	11.1	2.5	10.1	2.3
45–54	24.3	3.9	21.0	4.1
55+	32.4	11.1	33.4	11.8
Total age-standardised[(a)]	**13.2**	**3.7**	**12.6**	**3.7**

(a) Total is directly age standardised proportion.

Source: AIHW analyses of NATSIHS 2004–05 and NHS 2004–05.

- In 2004–05, the crude prevalence rates of diabetes/high blood sugar among Indigenous people in Queensland (5% for males and 8% for females) were similar to those for Indigenous people nationally (5% for males and 7% for females).
- For both Queensland and Australia, prevalence of diabetes/high blood sugar among Indigenous females was slightly higher than for Indigenous males.
- In Queensland, the prevalence was higher among Indigenous people in remote areas (10% for males and 11% for females) than among Indigenous people in non-remote areas (4% for males and 6% for females). Similar differentials were also observed nationally.

Table 1.08.2: Aboriginal and Torres Strait Islander people reporting diabetes/high sugar levels, by sex and remoteness area, Queensland and Australia, 2004-05

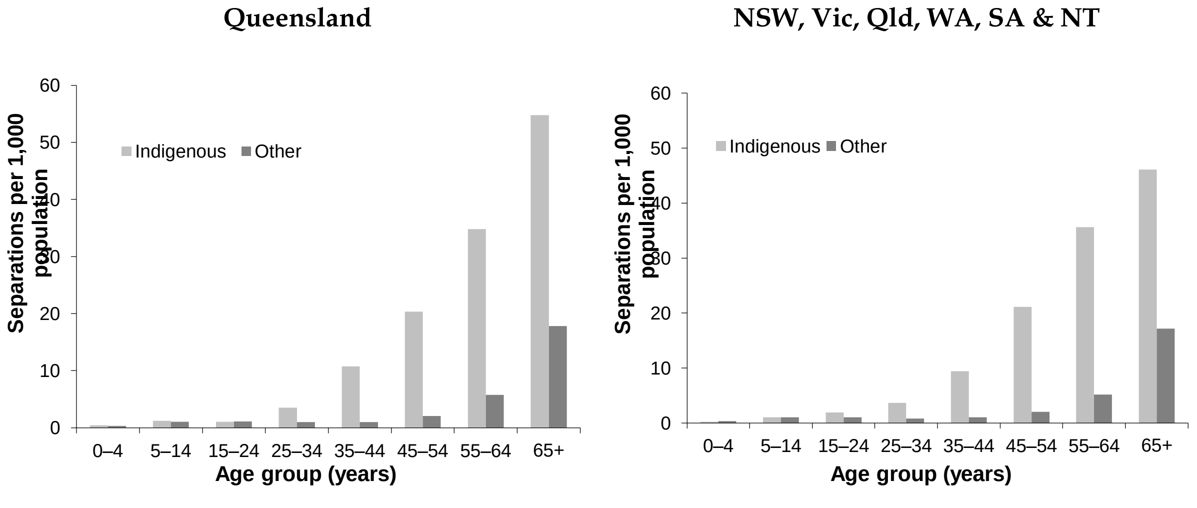
	Queensland			Australia		
	Male	**Female**	**Total**	**Male**	**Female**	**Total**
	Per cent			Per cent		
Remote	10	11	11	8	10	9
Non-remote	4	6	5	4	6	5
Total	**5**	**8**	**7**	**5**	**7**	**6**

Source: AIHW analyses of NATSIHS 2004–05.

Hospitalisations

Hospitalisations by age

- Between July 2006 and June 2008 in Queensland, Indigenous people had much higher hospitalisation rates for a principal diagnosis of diabetes than other people in all age groups from 25–34 years onwards. The greatest difference in rates was in the 35–44 year age group where Indigenous people were hospitalised at 10.5 times the rate of other people.
- Indigenous people from New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined had higher rates of hospitalisation for diabetes than other people in all age groups from 5–14 years onwards. The greatest difference was in the 45–54 year age group where Indigenous people were hospitalised at 11 times the rate of other people.
- Hospitalisation rates for diabetes for Indigenous people in Queensland were similar to the six jurisdictions combined for most age groups.

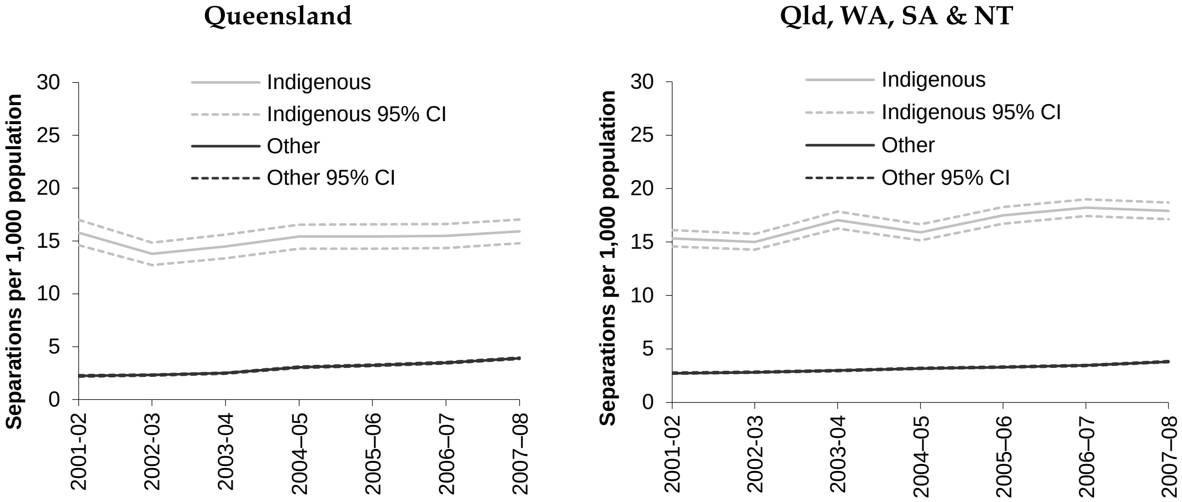


Source: AIHW analyses of NHMD.

Figure 1.08.1: Age specific hospitalisation rates for a principal diagnosis of diabetes, by Indigenous status, Queensland and NSW, Vic, Qld, WA, SA & NT combined, July 2006 to June 2008

Hospitalisation trends

- From 2001–02 to 2007–08 in Queensland, there were no significant increases in hospitalisation rates for diabetes among Indigenous people. However, there were significant increases among other people with an average yearly increase of 0.3 hospitalisations per 1,000 population (Figure 1.08.2).
- Over the same period, there was a significant decrease in the hospitalisation rate ratio between Indigenous and other people in Queensland (average yearly decrease of 0.5 per year).
- Over the same period, hospitalisation rates for diabetes increased significantly among Indigenous and other people in Queensland, Western Australia, South Australia and the Northern Territory combined (average yearly increase of 0.5 per 1,000 for Indigenous people, and 0.2 per 1,000 for others).
- The rate difference between Indigenous and other people in the 4 jurisdictions increased significantly from 2001–01 to 2007–08 (average yearly increase 0.3 hospitalisations per 1,000).



Source: AIHW analyses of NHMD.

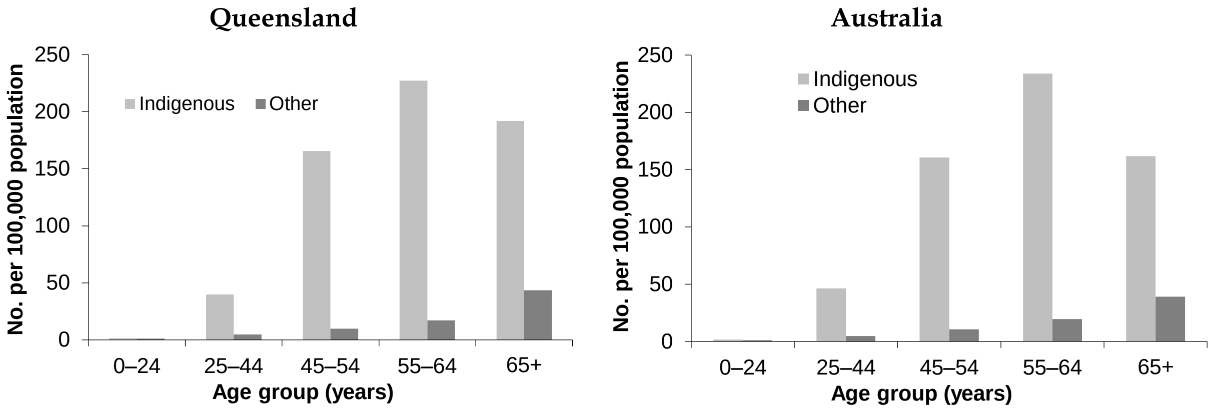
Figure 1.08.2: Hospitalisation rates for diabetes, Aboriginal and Torres Strait Islander people and other Australians, Queensland and Qld, WA, SA & NT combined, 2001–02 to 2007–08

1.09 End Stage Renal Disease

The number of Aboriginal and Torres Strait Islander people with diagnosis of end stage renal disease as registered by the Australia and New Zealand Dialysis and Transplant Registry (ANZDATA); expressed as a rate by age group, age-standardised rate and ratio

Incidence by age

- Between 2006 and 2008 in Queensland, the incidence rate of treated ESRD for Indigenous people was higher than for non-Indigenous people across all age groups. The same pattern was evident nationally except for those aged 10–14 years.
- In Queensland, the greatest differences in incidence rates were among the 50–54 year age group, where Indigenous people were 19 times more likely to be registered for ESRD treatment than non-Indigenous people.

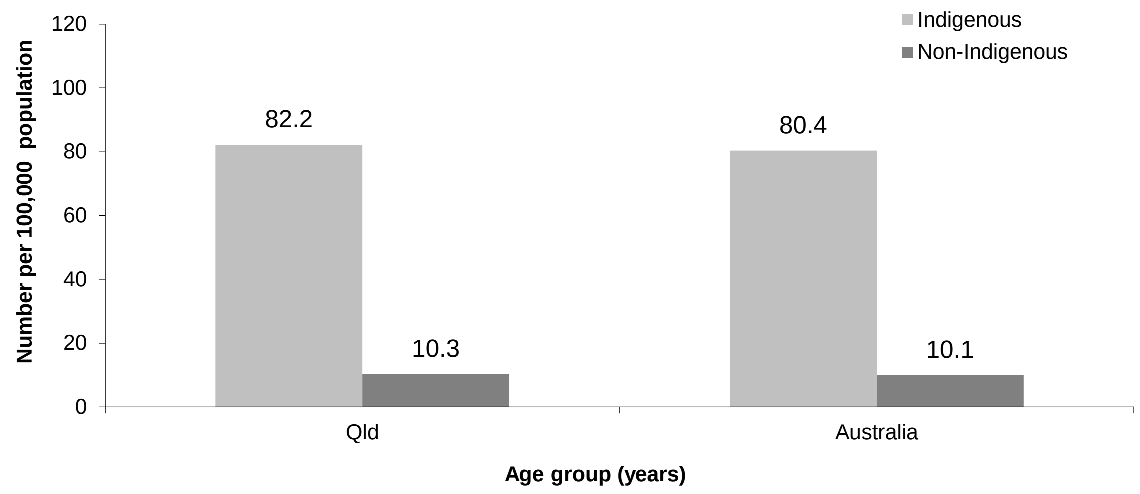


Source: AIHW analyses of Australian and New Zealand Dialysis and Transplant Registry.

Figure 1.09.1: Age specific incidence rates of treated End Stage Renal Disease by Indigenous status and age group, Queensland and Australia, 2006–2008

Incidence by Indigenous status

- Between 2006 and 2008, the incidence rate of ESRD for Indigenous people in Queensland was 8 times that for non-Indigenous people (82 per 100,000 compared with 10 per 100,000).
- The incidence rate was slightly higher for Indigenous people in Queensland than for Indigenous people nationally (82 compared with 80 per 100,000), while incidence rates for non-Indigenous Australians were similar.

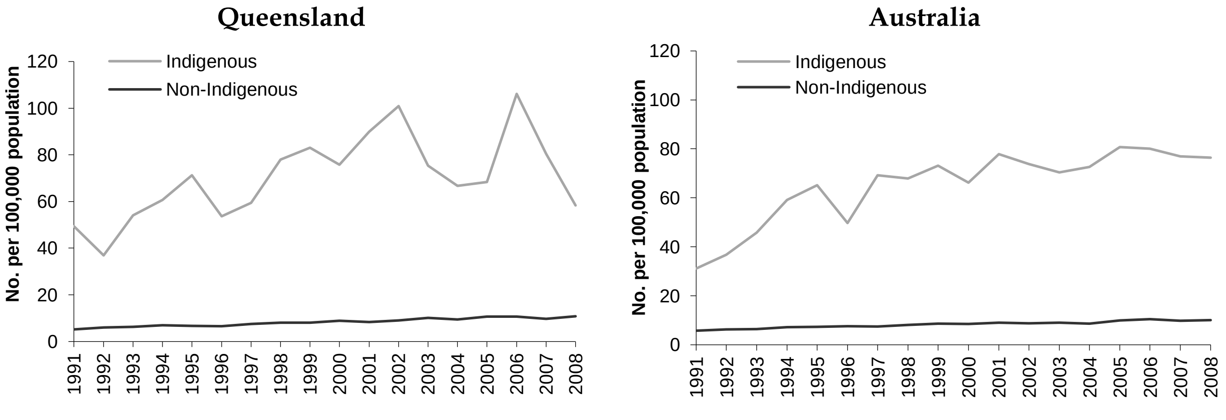


Source: AIHW analyses of Australian and New Zealand Dialysis and Transplant Registry.

Figure 1.09.2: Age-standardised incidence rates of treated End Stage Renal Disease by Indigenous status, Queensland and Australia, 2006–2008

Time trends

- From 1991 to 2008, there were significant increases in the incidence rate of treated ESRD among Indigenous people in Queensland, with the rate increasing by an average of 2 cases per 100,000 per year.
- There was also a significant increase in the incidence rate among non-Indigenous people in Queensland but it was not as rapid, averaging 0.3 cases per 100,000 per year.
- These changes resulted in a significant increase in the rate difference between Indigenous and non-Indigenous people in Queensland for ESRD from 1991 to 2008 with an annual change of 1.7 per 100,000 population.



Source: AIHW analyses of Australian and New Zealand Dialysis and Transplant Registry.

Figure 1.09.3: Age-standardised incidence rates of treated End Stage Renal Disease by Indigenous status, Queensland and Australia, 1991–2008

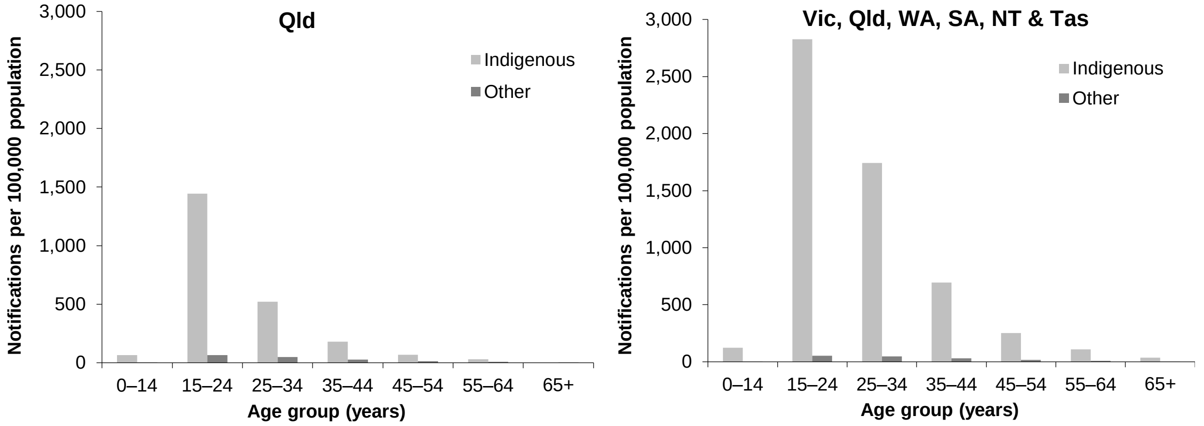
1.11 Hepatitis C and sexually transmissible infections

The rate of notified sexually transmissible infections for chlamydia, donovanosis, gonorrhoea, syphilis, and hepatitis C for Aboriginal and Torres Strait Islander people expressed as a rate by age group, gender, age-standardised rate and ratio

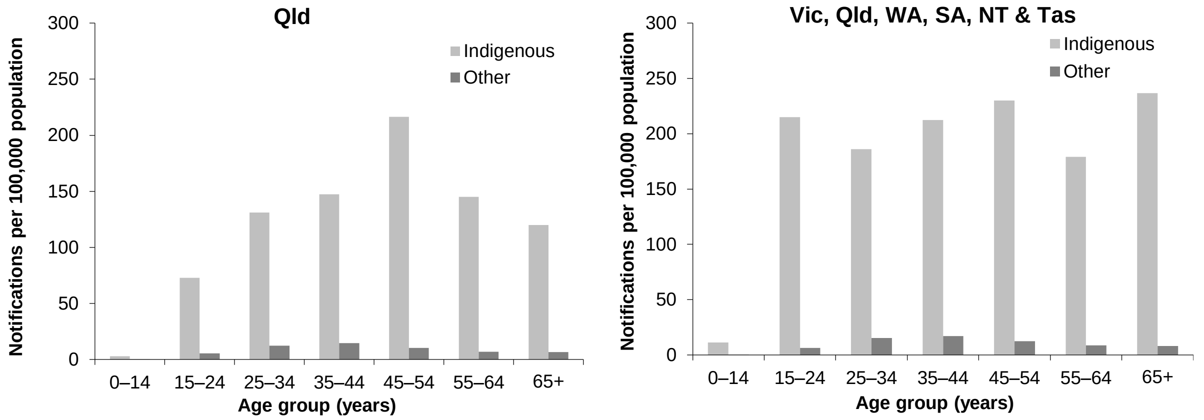
Notifications by age

- Between 2006 and 2008 in Queensland, notification rates for gonorrhoea and syphilis were generally higher among Indigenous people than among other people.
- For Indigenous people in Queensland, notification rates for gonorrhoea were highest among those aged 15–24 and for syphilis were highest among those aged 45–54.
- The greatest difference in rates between Indigenous and other people in Queensland was in the 45–54 year age group for syphilis and the 0–14 year age group for gonorrhoea.
- Notification rates for syphilis and gonorrhoea for Indigenous people in Queensland were lower than for Indigenous people in Victoria, Queensland, Western Australia, South Australia, Northern Territory and Tasmania combined, for all age groups.

Gonorrhoea



Syphilis



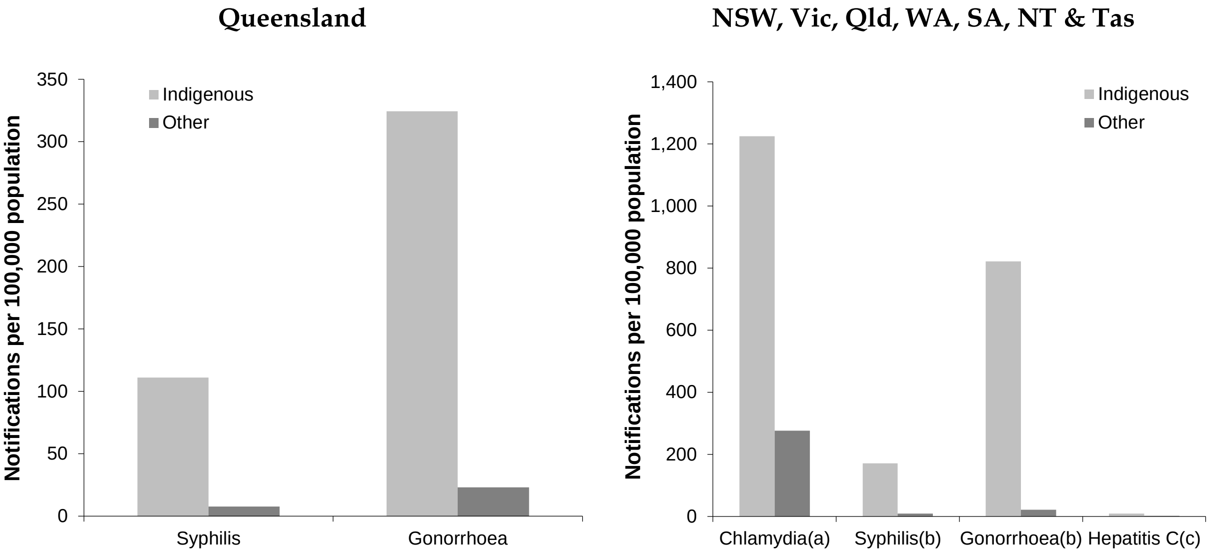
Note: Data for Gonorrhoea and Syphilis refer to Victoria, Queensland, Western Australia, South Australia, Northern Territory and Tasmania only.

Source: AIHW analyses of National Notifiable Disease Surveillance System (NNDSS).

Figure 1.11.1: Age specific notification rates per 100,000 for chlamydia, gonorrhoea, syphilis and hepatitis C, by Indigenous status, Qld and Vic, Qld, WA, SA, NT and Tas combined, 2006–08

Notifications by Indigenous status

- Between 2006 and 2008, notification rates for syphilis and gonorrhoea were higher for Aboriginal and Torres Strait Islander people than other people in Queensland.
- Syphilis notification rates among Indigenous people in Queensland were 15 times higher than rates for other people, and for gonorrhoea 14 times the rates among other people.
- Between 2006 and 2008, syphilis and gonorrhoea were more common among Aboriginal and Torres Strait Islander people than other people in Victoria, Queensland, Western Australia, South Australia, the Northern Territory and Tasmania combined.
- Notification rates for syphilis and gonorrhoea for Indigenous people were lower in Queensland than in Victoria, Queensland, Western Australia, South Australia, Tasmania and the Northern Territory combined.



(a) Data are for WA, SA, NT and Tas.

(b) Data are for Tas, NT, Qld, SA, Vic and WA.

(c) Data are for NSW, Vic, WA, SA, Tas and NT.

Source: AIHW analyses of NNDSS.

Figure 1.11.2: Age-standardised notification rates per 100,000 for chlamydia, syphilis, gonorrhoea and Hepatitis C, by Indigenous status, Queensland and NSW, Vic, Qld, WA, SA, NT & Tas combined, 2006–2008

1.12 Children's hearing loss

This indicator includes a number of measures of children's hearing including prevalence rates and hospitalisation rates for diseases of the ear and mastoid process, and rates of ear and hearing problems managed at consultations with general practitioners

Self-reported prevalence

- In 2004–05 in Queensland, about 9% of Indigenous children aged 0–14 years had ear or hearing problems compared with 4% of non-Indigenous children the same age.
- The prevalence was slightly lower than among Indigenous children nationally (9% compared with 10%), while the prevalence among non-Indigenous children was slightly higher in Queensland than Australia (4% compared with 3%).
- In Queensland, diseases of the ear and mastoid were more prevalent among Indigenous children aged 5–14 years than Indigenous children aged 0–4 years (11% compared with 4%).
- Complete/partial deafness or hearing loss and otitis media were more prevalent among Indigenous children than non-Indigenous children both in Queensland and nationally.
  - In Queensland, about 5% of Indigenous children aged 0–14 years reported complete or partial hearing loss or deafness compared with 1% of non-Indigenous children, and 3% of Indigenous children reported otitis media compared with 2% of non-Indigenous children.

Table 1.12.1: Diseases of the ear and mastoid reported for children aged 0-14 years, by Indigenous status, Queensland and Australia, 2004-05

	0-4 years		5-14 years		Total 0-14 years	
	Indig.	Non-Indig.	Indig.	Non-Indig.	Indig.	Non-Indig.
	%	%	%	%	%	%
			Queensland			
Complete/ partial deafness or hearing loss	1.4	0.4	6.2	1.9	4.6	1.4
Otitis media	3.0	1.2	3.4	2.2	3.2	1.9
Other diseases of the ear and mastoid	0.4	0.4	2.0	0.5	1.4	0.5
Total	**3.9**	**2.0**	**10.8**	**4.4**	**8.5**	**3.6**
			Australia			
Complete/ partial deafness or hearing loss	1.8	0.5	5.9	1.6	4.5	1.2
Otitis media	3.6	1.8	4.7	1.4	4.4	1.5
Other diseases of the ear and mastoid	0.4	0.1	1.5	0.5	1.2	0.4
Total	**5.5**	**2.3**	**11.5**	**3.4**	**9.5**	**3.0**

Source: ABS and AIHW analyses of NATSIHS 2004–05 and NHS 2004–05.

- In Queensland in 2004–05, prevalence of diseases of the ear and mastoid were similar among Indigenous males and females aged 0–14 (around 8% to 9%).
- The prevalence was higher among Indigenous children aged 0–14 years in remote areas in Queensland (11% males and 9% females) than in non-remote areas (9% males and 7% females). Similarly, prevalence was higher in remote Australia (12% for males and 13% for females) than in non-remote Australia (9% for males and 8% for females).

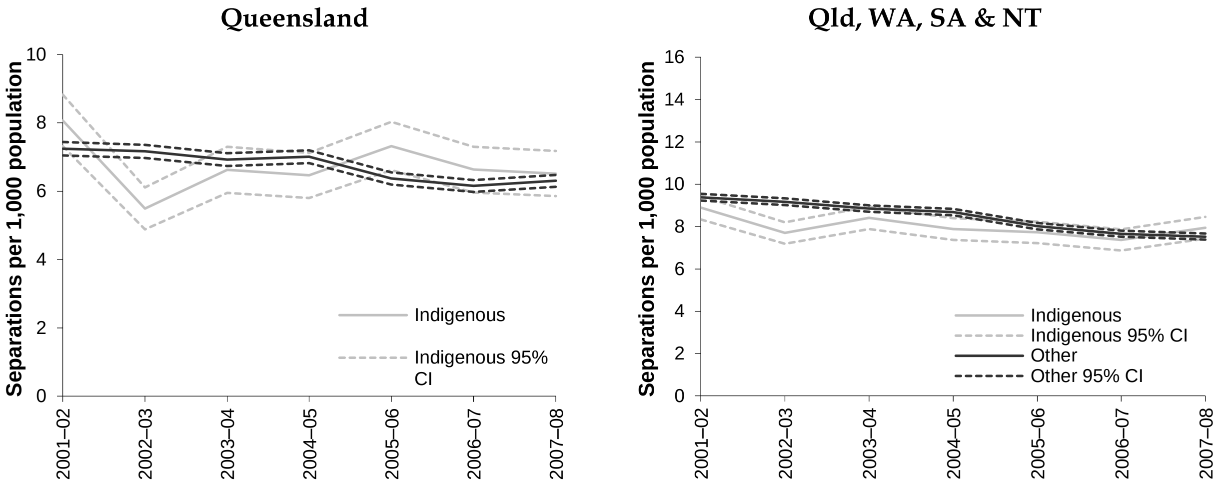
Table 1.12.2: Diseases of the ear and mastoid reported for Aboriginal and Torres Strait Islander children aged 0-14 years, by sex and remoteness area, Queensland and Australia, 2004-05

	Queensland		Australia	
	Males	**Females**	**Males**	**Females**
	Per cent		**Per cent**	
Remote	11	9	12	13
Non-remote	9	7	9	8
Total	**9**	**8**	**10**	**9**

Source: ABS and AIHW analyses of NATSIHS 2004–05.

Hospitalisation trends

- From 2001–02 to 2007–08 in Queensland, there were no significant changes in hospitalisation rates for diseases of the ear and mastoid process among Indigenous children aged 0–14.
- There were no significant changes in the rate ratio and rate difference for Indigenous and other children aged 0–14 years.
- Over the same period in Queensland, Western Australia, South Australia and the Northern Territory combined, hospitalisation rates for diseases of the ear and mastoid process among Indigenous children aged 0–14 but there was a significant decline among other children (average yearly decline of 0.3 hospitalisations per 1,000).



Source: AIHW analyses of NHMD.

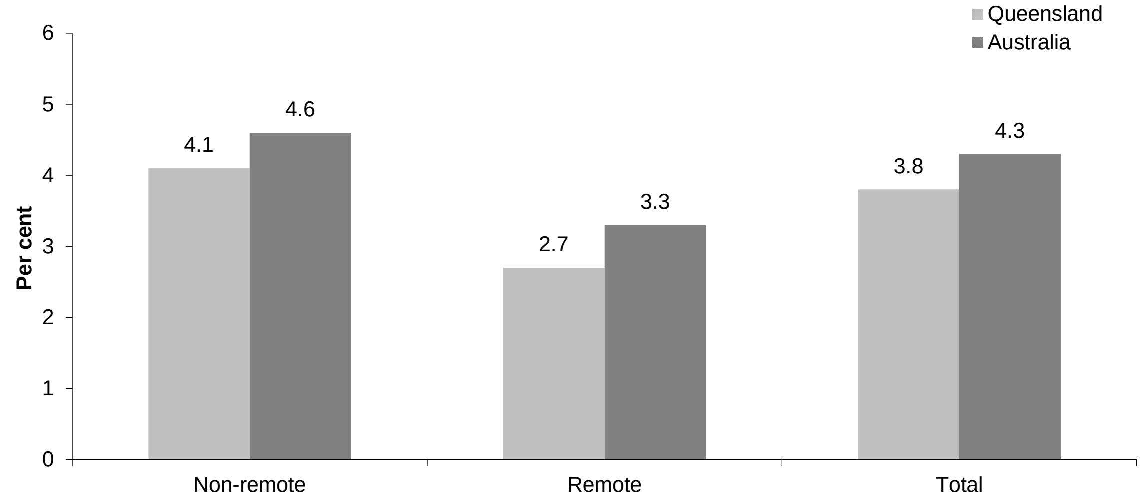
Figure 1.12.1: Hospitalisation rates for Indigenous and other children aged 0-14 years for diseases of the ear and mastoid, Queensland and Qld, WA, SA & NT combined, 2001–02 to 2007–08

1.13 Disability

The prevalence of disability among Aboriginal and Torres Strait Islander people, including children with special needs

Self-reported prevalence

- In 2006, the proportion of Indigenous people who needed assistance with one or more core activities in the areas of self-care, mobility and communication, was around 4% in Queensland and 4% in Australia.
- Indigenous people living in non-remote areas were more likely to report a core activity need for assistance than Indigenous people in remote areas (4% compared with 3% in Queensland).



Source: ABS & AIHW 2008.

Figure 1.13.1: Proportion of people with a core activity need for assistance, Indigenous Australians, Queensland and Australia, 2006

1.14 Community functioning

Analyses of factors associated with community functioning for Indigenous Australians

Community and individual aspects contributing to community functioning scores

The following statements refer to Table 1.14.1 which presents data for variables contributing to community functioning as collected in the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS).

Power to control choices and options

- In 2002 in Queensland, over three-quarters (82%) of Indigenous people reported no stressors related to discrimination or racism and 58% could visit their homelands.
- More than one quarter (26%) reported involvement with an Aboriginal and Torres Strait Islander organisation and 91% had support in a time of crisis.

Connectedness to family land and history

- About 73% of Indigenous people in Queensland reported recognition of their homeland.
- About 92% of Indigenous people aged 15 years and over reported they were not removed from their natural family and 45% reported that their relatives were not removed from their natural family.

Health, chronic disease and substance use

- About 43% of Indigenous people aged 15 years and over reported excellent or very good health
- About 84% of Indigenous people had not drunk alcohol at risky/high risk levels in the last 12 months and 74% had not used illicit substances in the last 12 months.

Culture

- The majority (75%) of Indigenous people in Queensland participated in at least one cultural event in the last 12 months and 15% spoke an Aboriginal or Torres Strait Islander language.

Identity

- Around 56% of Indigenous people identified with a tribal group or clan.

Continuing employment

- In 2002, about 12% of Indigenous people in Queensland were employed in Community Development Employment Projects (CDEP) and a further 34% were employed (not in CDEP).

Education

- About 24% of Indigenous people aged 15 years and over completed Year 12 and 31% of Indigenous people aged 25–64 years had a post-school qualification.

Infrastructure and community

- About 64% of Indigenous people in Queensland were living in a dwelling that had no major structural problems and 74% in a dwelling that was not overcrowded.
- About 74% of Indigenous people had a working telephone, 58% had used a computer in the last 12 months and 41% had used the internet in the last 12 months.
- More than half (54%) of Indigenous people aged 15 and over had access to a motor vehicle.

Coping within the internal world and external world

- About 25% of Indigenous people in Queensland reported no community problems and 14% reported experiencing no stressors in the last 12 months.
- Around three-quarters reported they were not a victim of physical violence in the last 12 months and did not need legal services in the last 12 months.

Structure and routine

- About 65% reported living in only one dwelling in the last 12 months.
- About 41% reported they did not have a cash flow problem.

Income

- Around one quarter (27%) of Indigenous people aged 15 years and over in Queensland were in the third quintile or above of equivalised household income.
- About 44% reported that government support was not the main source of income during the last 2 years and 42% could raise $2,000 within a week.

Table 1.14.1: Variables contributing to community functioning, Indigenous people aged 15 years and over, Queensland and Australia 2002

	Qld	Australia
Themes and community infrastructure	**Per cent**	
Power to control choices and options		
No stressors reported for discrimination/racism	81.9	82.3
Can visit homelands	57.8	46.2
Has support in a time of crisis	91.0	90.4
Involvement with Aboriginal/Torres Strait Islander organisation	26.3	26.1
Work allows for cultural responsibilities - can meet responsibilities	20.5	22.3
Used strategies to meet living expenses	47.2	48.5
Connectedness to family land and history		
Access to traditional lands		
Recognition of homelands	72.7	69.6
Lives in homelands	13.6	21.9
Removal		
Respondent not removed from natural family	91.9	87.2
Relatives not removed from natural family	44.6	44.4
Health, chronic disease and substance use		
Self-assessed health status excellent or very good	43.2	44.1
Has no disability or long term health condition	65.0	63.5
Not a regular smoker(a)	50.8	50.7
Has not drunk alcohol in last 12 months at risky/high risk levels(b)	84.4	84.1
Has not used substances illicitly in last 12 months(c)	73.7	70.7
Culture		
Protection and maintenance of culture:		
Main language spoken at home is Aboriginal language/ Torres Strait Islander Language	5.6	12.0
Speaks an Aboriginal/Torres Strait Islander language	15.2	21.1
Participating in cultural events		
Attended Aboriginal and Torres Strait Islander cultural event in last 12 months		
Attended funeral	46.9	46.6
Attended ceremony	27.9	23.5
Attended sports carnival	35.2	29.8
Attended festival/carnival involving arts, crafts, music or dance	44.6	35.7
Subtotal attended in last 12 months	74.5	68.1
Identity		
Identification with tribal group or language group/clan	56.2	54.1
Continuing employment		
Employed in CDEP	11.8	12.1
Employed not in CDEP	33.9	34.1

(continued)

Table 1.14.1 (continued): Variables contributing to community functioning, Indigenous people aged 15 years and over, Queensland and Australia, 2002

	Qld	Aust
Themes and community infrastructure		**Per cent**
Education		
Year 12 highest year of school completed(d)	24	18
Subtotal people 15 years and over not at school	*100*	*100*
Has a post-school qualification(e)	31	32
Subtotal people aged 25-64 years	100.0	100.0
Having a role		
Has done volunteer work for an organisation in the last 12 months	28.7	27.6
Expected to have the same employment in 12 months	39.8	40.6
Infrastructure of community		
Housing		
Living in a dwelling that has no major structural problems	64.3	60.4
Living in a dwelling that is not overcrowded (Canadian Occupancy standard)	74.0	74.0
Working household facilities for:		
washing people	99.0	98.6
washing clothes and bedding	99.1	98.1
Storing/preparing foods	97.1	92.3
Sewerage facilities	97.9	98.1
Communication services		
Has working telephone	74.3	71.3
Used computer in last 12 months	57.8	55.5
Used internet in last 12 months	41.4	41.0
Transport		
Access to motor vehicles	53.8	54.6
Can easily get to places needed	68.5	70.1
Main reasons for not using public transport:		
Prefer to use own transport	27.7	29.2
No service available	26.7	29.1
No service available/convenient time	*5	4.3
Cost considerations	*1	1.2
Other(f)	7.6	6.9
Coping within the internal world and external world/ role models		
Community problems		
No community problems reported	24.5	25.3
Community problems reported, but less than three types	27.9	28.8
No problems reported for theft	56.9	57.0
No problems reported for alcohol	63.4	66.5

(continued)

Table 1.14.1 (continued): Variables contributing to community functioning, Indigenous aged 15 years and over, Queensland and Australia, 2002

	Qld	Aust
Themes and community infrastructure		**Per cent**
No problems reported for illicit drugs	63.6	67.7
No problems reported for family violence	73.6	78.8
No problems reported for assault	79.0	80.1
No problems reported for sexual assault	87.2	91.9
Subtotal no. of people who reported a community problem	74.4	73.6
Stressors		
No stressors reported in last 12 months	14.0	17.7
Less than three types of stressors reported in the last 12 months[(g)]	51	56
No stressors reported for death of a family member or close friend	51.3	54.3
No stressors reported for serious illness of disability	65.6	69.2
No stressors reported for not able to get a job	68.7	73.0
No stressors reported for witness to violence	81.3	84.3
No stressors reported for member of family sent to jail/currently in jail	79.4	80.5
Subtotal no. of people who reported a stressor	86.0	82.3
Crime and Justice		
Not a victim of physical or threatened violence in the last 12 months	73.5	75.7
Did not need legal services in the last 12 months	75.9	77.1
Did not use legal services in the last 12 months	79.5	80.2
Not arrested by police in the last 5 years	85.7	83.6
Not incarcerated in the last 5 years	93.8	92.9
Structure and routine		
Has no difficulties communicating with service providers in English[(h)]	88.7	86.9
In the last 12 months has lived in only one dwelling	65.2	69.1
No days without money for basic living expenses in the last 12 months[(i)]	55.7	56.3
No days without money for basic living expenses in the last 2 weeks[(i)]	68.3	68.2
Did not have a cash flow problem[(i)]	40.8	45.9
Income		
Equivalised gross household income		
3rd quintile or above	27.1	24.6
Main current source of personal income		
CDEP	9.6	10.3
Other wages/salaries	28.8	29.0
Government pensions and allowances	49.2	50.2
Total in labour force	61.4	60.0
Other sources[(j)]	3.9	3.1
Government support was not the main source of income during the last 2 years	44.1	40.0

(continued)

Table 1.14.1 (continued): Variables contributing to community functioning, Indigenous people aged 15 years and over, Queensland and Australia, 2002

	Qld	Aust
Themes and community infrastructure	**%**	**%**
Household financial stress and cash flow problems		
Has a bank account	95.3	94.2
Could raise $2,000 within a week	42.4	40.6
Total people aged 15 years and over	**76,045**	**282,205**

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

(a) Excludes regular smoker and not stated.
(b) Excludes high risk, medium risk and not status.
(c) Excludes non response, not stated and has used substance in the last 12 months.
(d) Proportion of subtotal people aged 15 years and over, but not at school.
(e) Proportion of subtotal people aged 25-64 years.
(f) Includes takes too long, concerned about own personal safety, racial discrimination and other.
(g) Includes values of zero to less than three.
(h) Excludes with assistance.
(i) Non community responses only.
(j) Excludes not stated.

Source: AIHW and ABS analyses of NATSISS 2002.

Discrete Indigenous communities

Characteristics contributing to community functioning

Table 1.14.2 below presents data on characteristics contributing to community functioning in discrete Indigenous communities as collected in the 2006 Community Housing and Infrastructure Needs Survey (CHINS).

Housing

- In 2006, about 26% of permanent dwellings managed by Indigenous Housing Organisations in Queensland needed major repair.
- In 2006, 96% of the discrete Indigenous communities in Queensland reported having an organised water supply, 75% an organised sewerage supply and 96% an organised electricity supply.

Health and medical services

- About 38% of discrete Indigenous communities were located less than 100 kilometres from the nearest hospital and 56% less than 100 kilometres from the nearest Aboriginal primary health care centre.
- About 40% of communities had access to medical emergency air services.

Educational services

- About 28% of discrete Indigenous communities had a primary school. Only 3% of Indigenous communities in Queensland had a secondary school up to Year 12, but 13% had a secondary school located less than 50km away.

Communication services

- About 45% of discrete Indigenous communities in Queensland (representing 77% of the population) had access to a public telephone and 53% had access to the internet.

Transport

- In 2006, 79% of communities reported road as the main mode of transport to the nearest town with major services.

Community services

- About 68% had visitor accommodation facilities, 16% had disability accommodation, 29% aged care, and 34% women's refuge accommodation facilities.
- About 61% had an arts/cultural centre and 61% a child care centre.
- About two-thirds (68%) had sports grounds.

Community priority needs plan

- In 2006, around one-half (55%) of discrete Indigenous communities in Queensland had a community priority needs plan and 37% were developing a community priority needs plan.
- Of those with a plan, 95% identified more housing, 67% identified upgraded sewerage, 71% identified sports facilities and 48% identified health care facilities as main planning priorities.

Table 1.14.2: Proportion[(a)] of discrete Indigenous communities by characteristics contributing to community functioning, Queensland and Australia, 2006

	Queensland		Australia	
Community Infrastructure	**Dwellings**	**Reported usual population**	**Dwellings**	**Reported usual population**
Housing	%	%	%	%
Condition of permanent dwellings managed by Indigenous Housing Organisations				
needing minor or no repairs	67.8	n.a.	69.5	n.a.
needing major repairs	26.3	n.a.	23.4	n.a.
needing replacement	5.9	n.a.	7.2	n.a.
Total dwellings	**100.0**	**n.a.**	**100.0**	**n.a.**
	Communities	**Reported usual population**	**Communities**	**Reported usual population**
No-one in community living in temporary dwellings	48.7	55.4	65.3	64.5
Population living in temporary dwellings	n.a.	4.3	n.a.	4.4
No-one in community requiring permanent dwelling	49.6	56.6	68.2	68.5
Population requiring permanent housing	n.a.	4.3	n.a.	4.2
Access to clean water				
Organised water supply[(b)]	95.6	99.9	96.4	99.2
No organised water supply	4.4	n.p.	3.6	0.8
Drinking water failed testing in last 12 months[(c)]	16.7	11.1	29.3	24.1
Drinking water not sent away for testing[(d)]	30.8	12.1	21.5	8.7
Experienced 5 or more water interruptions over last 12 months[(d)]	21.1	11.1	18.9	25.7
Experienced interruptions to water supply greater than 24 hours[(d)]	23.7	13.6	21.9	18.9
Access to sewerage				
Organised sewerage supply[(e)]	75.2	99.3	83.8	97.1
No organised system	24.8	0.7	16.2	2.9
Experienced overflows or leakage[(d)]	47.4	30.2	39.3	36.5
Over a 12 month period 10 or more overflows[(d)]	7.9	2.8	8.6	6.5
Overflows or leakages longer than 48 hours [(d)]	28.9	18.4	22.4	17.4
Not all dwellings connected[(d)]	47.7	6.9	18.8	4.5
Access to electricity				
Organised electricity supply	95.5	100.0	97.0	99.7
no organised supply	4.5	n.p.	3.0	0.3
20 or more interruptions in the last 12 months[(d)]	10.5	7.1	11.2	16.1
At least one interruption greater than 24 hours in last 12 months[(d)]	36.8	32.4	26.2	29.0
Not all dwellings connected	5.3	3.3	3.3	1.9

(continued)

Table 1.14.2 (continued): Proportion[(a)] of discrete Indigenous communities by characteristics contributing to community functioning, Queensland and Australia, 2006

	Queensland		Australia	
Community Infrastructure	**Communities**	**Reported usual population**	**Communities**	**Reported usual population**
	%	%	%	%
Access to rubbish disposal				
Community has organised rubbish collection[(d)]	100.0	100.0	92.1	96.9
Community does not have organised rubbish disposal[(d)]	0.0	0.0	7.9	3.1
Health and medical services				
Aboriginal primary health care centre				
Located within community	14.7	64.4	10.2	47.0
Located less than 100km	56.0	11.0	50.3	24.0
Located 100km or more	29.4	24.6	39.6	28.9
Total stated	100.0	100.0	100.0	100.0
Hospital				
Located within community	6.2	48.6	0.9	15.3
Located less than 100km	38.1	27.8	29.0	28.3
Located 100km or more	55.8	23.6	70.0	56.4
Total stated	100.0	100.0	100.0	100.0
Other (state funded) community health centre				
Located within community	19.8	67.7	9.9	42.9
Located less than 100km	51.9	14.4	54.8	29.2
Located 100km or more	28.3	17.9	35.4	28.0
Total stated	100.0	100.0	100.0	100.0
Emergency services[(f)]				
Access to medical emergency air services	40.2	96.7	32.3	75.2
No access to medical emergency air services	59.8	3.3	67.7	24.8
Whether health professionals visiting or working in the community[(f)]				
Male Indigenous health worker daily, weekly, fortnightly	64.0	82.1	42.4	64.2
Male Indigenous health worker monthly or longer	24.0	11.7	9.0	6.0
No male Indigenous health worker	12.0	6.2	48.6	29.8
Female Indigenous health worker daily, weekly, fortnightly	96.0	99.6	55.2	79.7
Female Indigenous health worker monthly or longer	0.0	0.0	7.3	3.7
No female Indigenous health worker	4.0	0.4	37.5	16.5
Doctor daily, weekly, fortnightly	60.0	74.7	41.0	60.9
Doctor monthly or longer	36.0	24.8	25.7	25.9

(continued)

Table 1.14.2 (continued): Proportion[(a)] of discrete Indigenous communities by characteristics contributing to community functioning, Queensland and Australia, 2006

	Queensland		Australia	
Community Infrastructure	**Communities**	**Reported usual population**	**Communities**	**Reported usual population**
	%	%	%	%
No doctor	4.0	0.4	33.3	13.1
Registered nurse daily, weekly, fortnightly	88.0	96.5	63.9	86.5
Registered nurse monthly or longer	8.0	3.0	9.4	4.5
No registered nurse	4.0	0.4	26.7	9.0
Educational services				
Primary				
Located within community	28.3	87.1	22.6	72.8
Located less than 50km	43.4	12.0	49.2	22.5
Located 50km or more	28.3	0.9	28.2	4.7
Total stated	100.0	100.0	100.0	100.0
Secondary school up to Year 10				
Located within community	4.5	36.9	4.7	30.8
Located less than 50km	39.1	28.8	39.4	34.7
Located 50km or more	56.4	34.3	55.9	34.5
Total stated	100.0	100.0	100.0	100.0
Secondary school up to Year 12				
Located within community	2.7	22.7	3.7	23.0
Located less than 50km	13.3	34.4	27.3	28.1
Located 50km or more	84.1	43.0	69.0	48.9
Total stated	100.0	100.0	100.0	100.0
Access to educational services other than school				
Pre-primary	57.9	61.0	34.4	56.1
Homework centre	7.9	3.3	7.9	10.1
TAFE courses	31.6	53.9	19.1	37.4
Other adult education	5.3	5.2	13.7	21.4
Other educational services	7.9	8.1	4.9	7.0
No other educational services	34.2	29.2	54.1	28.5
Communication services				
Public access to community telecommunication facilities				
Public telephones	45.1	76.7	58.1	84.0
Satellite dish	76.3	67.2	49.2	67.8
Radio	100.0	100.0	92.1	96.2
Television	100.0	100.0	95.4	98.6

(continued)

Table 1.14.2 (continued): Proportion[(a)] of discrete Indigenous communities by characteristics contributing to community functioning, Queensland and Australia, 2006

Community Infrastructure	Queensland Communities	Queensland Reported usual population	Australia Communities	Australia Reported usual population
	%	%	%	%
Internet	52.6	62.4	37.2	57.8
Community has no access to a public telephone	54.9	23.3	41.9	16.0
Community has no access to internet	47.4	37.6	62.8	42.2
Transport				
Access to community not located in town				
Main mode of transport				
Road	78.9	69.7	88.0	78.0
Air	9.2	20.8	9.4	18.9
Sea	11.9	9.5	2.7	3.1
Usual method of transport[(d)]				
Private	61.8	67.2	85.8	78.7
Public	32.4	30.5	8.6	17.7
Community owned vehicle	5.9	2.2	4.3	2.2
Other	0.0	0.0	1.3	1.4
Whether transport services available to/from community[(d)]				
Public	50.0	56.9	17.8	32.6
Community	35.3	41.1	23.8	25.1
Road access[(d)]				
Road access not cut	44.4	32.4	42.6	29.7
Road access cut 5 or more times	27.8	36.3	13.9	16.8
Inaccessible by road	51.4	30.9	11.5	23.1
Airstrip[(d)]				
airstrip located in community	58.8	61.8	48.5	69.1
airstrip open all year round	70.0	61.8	74.1	75.9
airstrip not open all year round	30.0	41.8	25.9	24.1
Community services[(d)]				
Accommodation facilities				
Visitor	68.4	66.8	32.5	56.8
Camping	23.7	16.0	14.2	13.0
Single men’s	21.1	24.5	13.1	19.7
Single women’s	10.5	18.5	6.8	13.0
Hostel	2.6	0.7	2.2	2.6
Contract workers	68.4	70.9	23.2	53.8

(continued)

Table 1.14.2 (continued): Proportion[(a)] of discrete Indigenous communities by characteristics contributing to community functioning, Queensland and Australia, 2006

	Queensland		Australia	
Community Infrastructure	**Communities**	**Reported usual population**	**Communities**	**Reported usual population**
	%	%	%	%
Disability	15.8	21.5	6.3	13.7
Aged	28.9	62.8	12.0	34.4
Women's refuge	34.2	66.8	8.7	34.9
Other	2.6	5.6	1.1	3.2
No accommodation facilities	5.3	1.8	48.6	20.4
Public facilities				
Hall/meeting area	86.8	91.9	56.8	75.8
Administration building	92.1	95.1	61.2	85.5
Store	80.0	91.7	47.8	80.0
Library	47.4	58.7	12.0	37.6
Arts/cultural centre	60.5	74.9	31.1	56.5
Women's centre	31.6	49.6	30.9	55.6
Child care centre	60.5	73.0	29.5	58.3
Youth centre	34.2	59.3	19.4	43.9
Canteen	36.8	51.1	12.8	34.9
Broadcasting facilities	73.7	73.1	30.9	63.2
Other	13.2	24.9	10.7	16.5
No public facilities	2.6	0.2	24.3	6.7
Recreation facilities				
Sports grounds	68.4	86.7	46.2	78.9
Outdoor basketball/netball courts	65.8	77.3	48.4	72.4
Indoor or covered sporting facilities	44.7	66.2	12.6	39.2
Swimming pools	18.4	37.3	7.4	23.4
Other buildings used for sport	28.9	40.3	15.6	36.8
Other community sporting facilities	5.3	8.8	6.0	10.2
No sporting facilities	7.9	3.2	38.5	12.1
Community priority needs plan[(d)]				
Communities with a community priority needs plan	55.3	48.5	51.6	58.9
Of those with plan needs identified include:				
More housing	95.2	98.4	89.9	93.9
Upgrade water supply	57.1	61.4	45.5	46.8
Upgrade electricity supply	28.6	20.3	37.6	32.2
Upgrade sewerage	66.7	75.5	43.4	46.2

(continued)

Table 1.14.2 (continued): Proportion[(a)] of discrete Indigenous communities by characteristics contributing to community functioning, Queensland and Australia, 2006

	Queensland		Australia	
Community Infrastructure	**Communities**	**Reported usual population**	**Communities**	**Reported usual population**
	%	%	%	%
Rubbish collection/disposal	42.9	27.3	45.0	40.1
Transport	42.9	21.2	40.7	40.3
Communication facilities	38.1	27.4	27.0	33.0
Education facilities	42.9	46.5	31.2	37.3
Sports facilities	71.4	53.0	55.6	62.9
Health care facilities	47.6	48.7	41.8	47.3
Animal control	47.6	47.8	38.6	50.8
Broadcasting capabilities	38.1	35.7	27.0	35.4
Other	19.0	8.7	25.4	26.9
Communities developing a community priority needs plan	36.8	46.0	35.2	34.3
No community priority needs plan being developed	7.9	5.5	13.1	6.9
Total no. of communities	**120**	**27,349**	**1,187**	**92,960**

(a) All proportions were calculated excluding not stated from denominator.

(b) Excluding communities with carted and other organised water supply.

(c) Percentage calculated as a proportion of all discrete Indigenous communities with a reported usual population of 50 people or more, and communities which have a reported usual population of less than 50 people but which are not administered by a larger discrete Indigenous community or Resource Agency, excluding communities where water not sent away for testing and communities connected to town supply.

(d) Percentage calculated as a proportion of all discrete Indigenous communities with a reported usual population of 50 people or more, and communities which have a reported usual population of less than 50 people but which are not administered by a larger discrete Indigenous community or Resource Agency.

(e) Excluding communities who reported pit and pan toilets as the main sewerage system type.

(f) Percentage calculated as a proportion of all discrete Indigenous communities with a reported usual population of 50 people or more, and communities which have a reported usual population of less than 50 people but which are not administered by a larger discrete Indigenous community or Resource Agency, and are located 10 kilometres or more from a hospital.

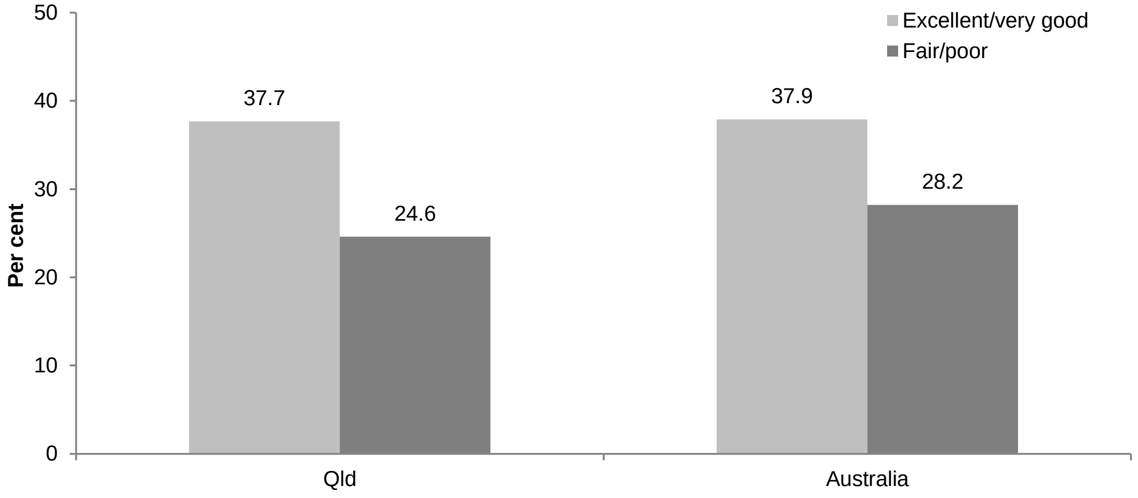
Source: AIHW analyses of Community Housing and Infrastructure Needs Survey (CHINS) 2006.

1.15 Perceived health status

Self-reported, self-assessed health status of Aboriginal and Torres Strait Islander Australians

Self-assessed health status

- The proportion of Indigenous people aged 15 and over reporting fair or poor health was lower in Queensland than for Australia (25% compared with 28%).
- In both Queensland and nationally, 38% of Indigenous people aged 15 years and over reported excellent or very good health.

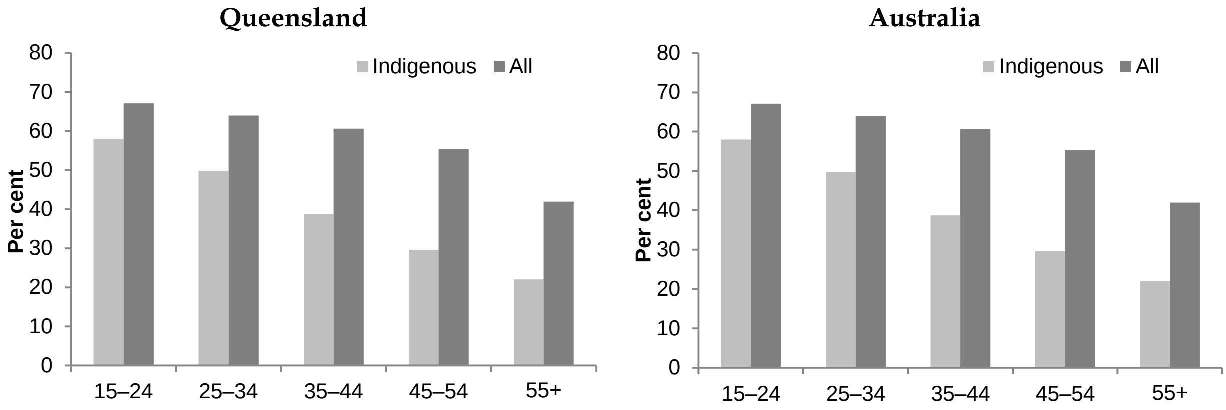


Source: ABS and AIHW analysis of 2008 NATSISS and NHS 2007–08.

Figure 1.15.1: Self-assessed health status, Indigenous people aged 15 years and over, Queensland and Australia, 2007–08

Self-assessed health status by age

- In both Queensland and nationally, across all age groups, Indigenous people were less likely to report excellent or very good health than non-Indigenous people.
- In Queensland, the proportion of Indigenous people reporting excellent or very good health decreased with age being highest among those aged 15–24 years (57%) and lowest among those aged 55 years and over (20%).

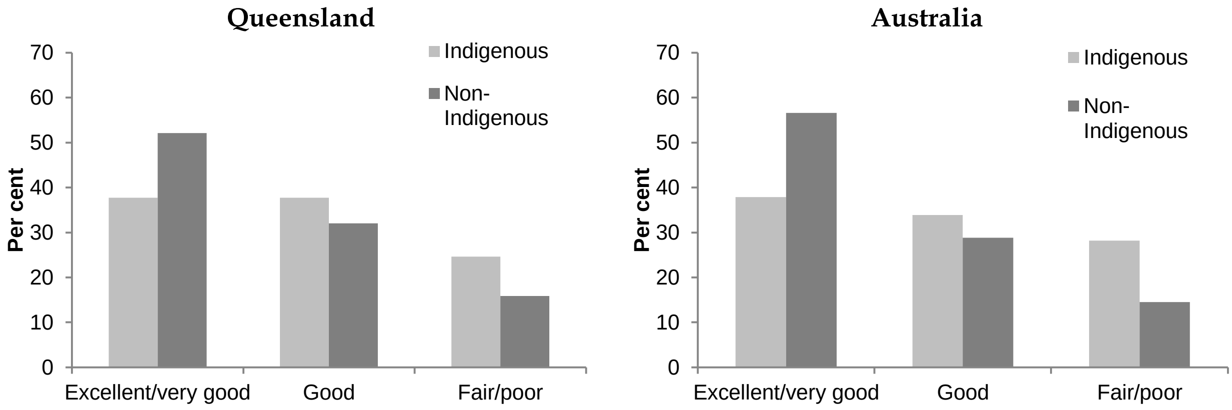


Source: AIHW analyses of NATSISS 2008 and NHS 2007–08.

Figure 1.15.2: Self-assessed health status reported as 'Very Good' or Excellent' by age group, Indigenous people and all Australians, Queensland and Australia, 2007–08

Self-assessed health status by Indigenous status (age standardised)

- In 2007–08, after adjusting for differences in age structure between the Indigenous and non-Indigenous populations, about 38% of the Indigenous population in Queensland aged 15 or over reported their health as very good or excellent, 38% reported their health as good and 25% reported their health as fair or poor. A higher proportion of non-Indigenous people reported their health as very good or excellent (52%), and a lower proportion reported their health as good (32%) or fair or poor (16%).

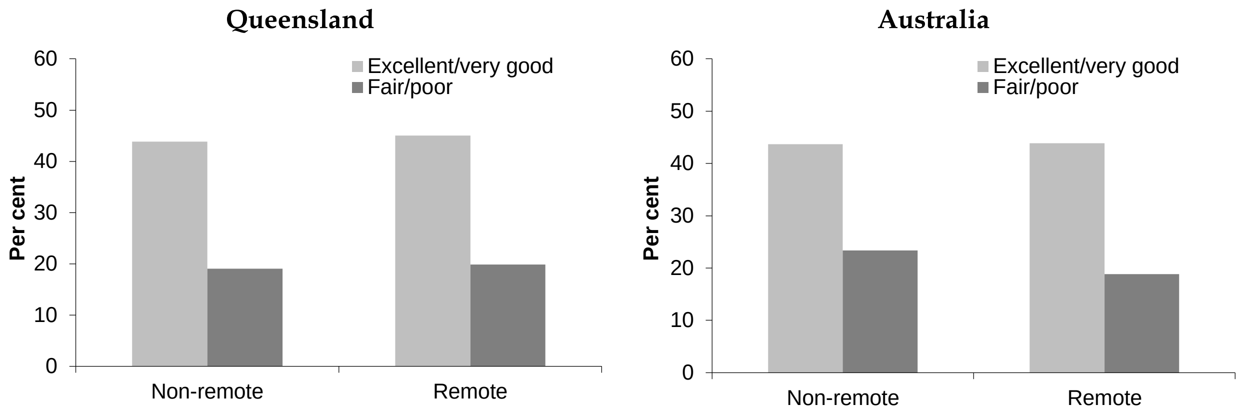


Source: ABS and AIHW analysis of NATSISS 2008 and NHS 2007–08.

Figure 1.15.3: Self-assessed health status (age-adjusted), people aged 15 years and over, by Indigenous status, Queensland and Australia, 2007–08

Self-assessed health status by remoteness

- A slightly lower proportion of Indigenous people aged 15 years and over in non-remote Queensland reported fair or poor health (19%) than Indigenous people in remote Queensland (20%).
- Nationally, a higher proportion of Indigenous people in non-remote areas reported fair or poor health (23%) than Indigenous people in remote areas (19%).



Source: AIHW analyses of NATSISS 2008.

Figure 1.15.4: Self-assessed health, Indigenous Australians aged 15 years and over, by remoteness area, Queensland and Australia, 2008

1.16 Social and emotional wellbeing

The social and emotional wellbeing of Aboriginal and Torres Strait Islander people expressed as a percentage by age group, age-standardised rate and ratio

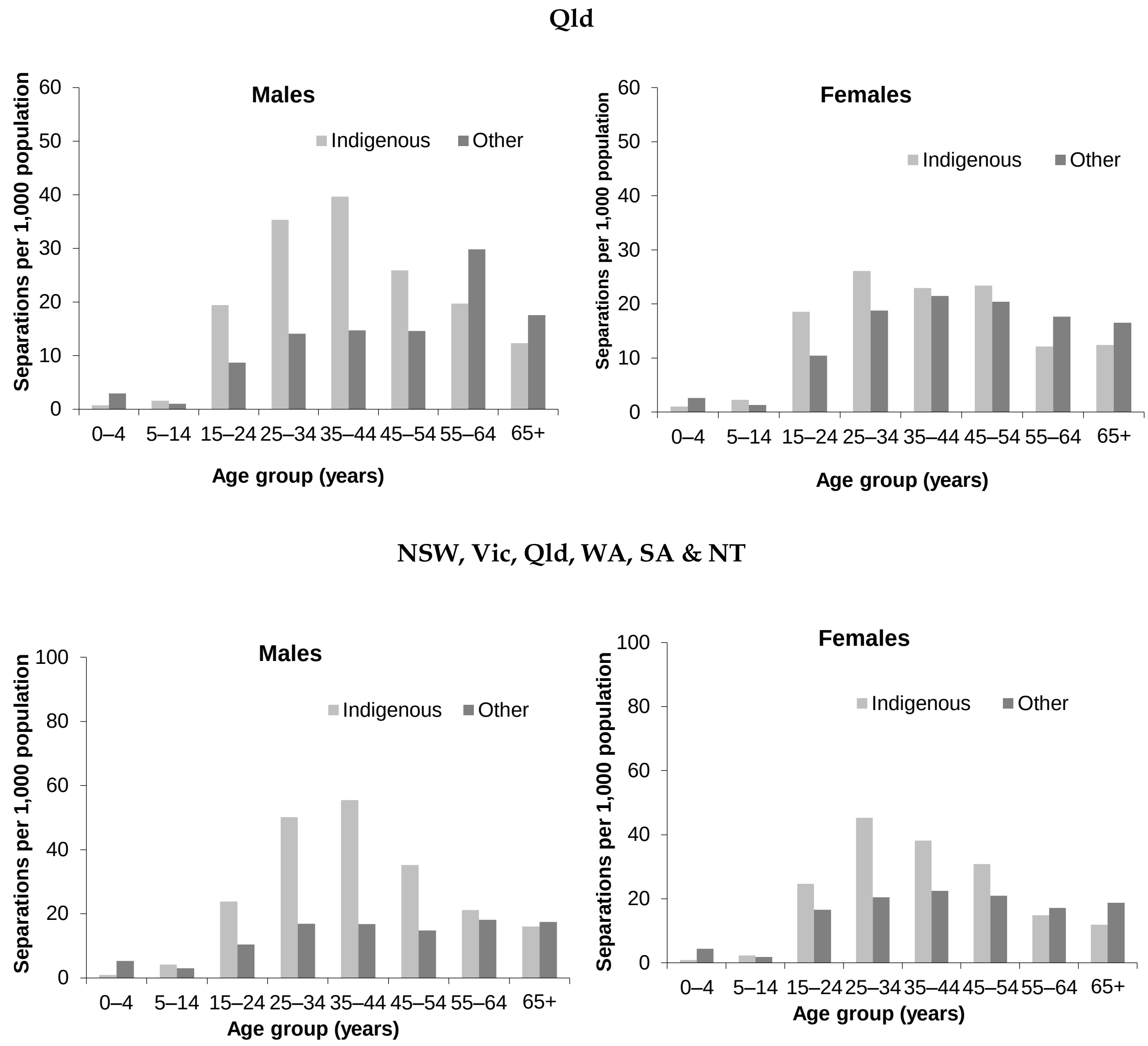
Hospitalisations

Hospitalisations by age and sex

- Between July 2006 and June 2008 in Queensland, Indigenous males and females had higher hospitalisation rates for mental health-related conditions than other males and females across all age groups exception of the 0–4, 55–64 and 65+ years age groups (Figure 1.16.1).
- For Indigenous males in Queensland, the hospitalisation rate for mental health-related conditions was highest among those aged 35–44 years. For Indigenous females, in Queensland the hospitalisation was highest among those aged 25–34 years. A similar pattern was evident for Indigenous males and females in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, however hospitalisation rates were generally higher in the 6 jurisdictions.
- The greatest difference in hospitalisation rates for mental health-related conditions between Indigenous males and other males in Queensland was in 25-34 and 35-44 year age groups where Indigenous males were more than 2.5 times as likely to be hospitalised as other males. Between Indigenous and other females in Queensland, the greatest difference was in the 5-14 and 15–24 year age groups where Indigenous females were around twice as likely to be hospitalised for mental health-related conditions as other females.

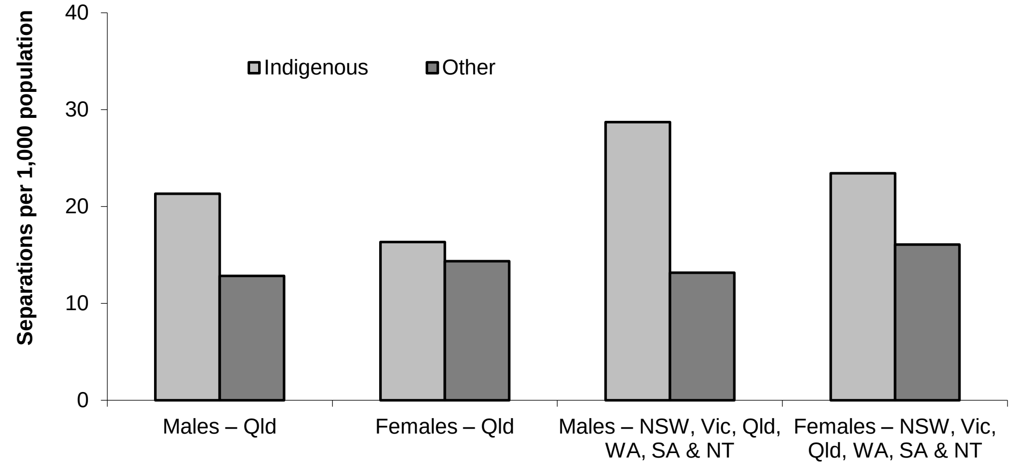
Hospitalisations by Indigenous status

- Between July 2006 and June 2008 in Queensland, Indigenous males were 1.7 times as likely as other males, and Indigenous females were 1.1 times as likely as other females, to be hospitalised for mental health-related conditions (Figure 1.16.2).
- In New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, Indigenous males were twice as likely and Indigenous females 1.5 times as likely as other males and females to be hospitalised for mental health-related conditions.



Source: AIHW analyses of NHMD.

Figure 1.16.1: Age-specific hospitalisation rates for mental health-related conditions, by Indigenous status, Queensland and NSW, Vic, Qld, WA, SA & NT combined, July 2006 to June 2008

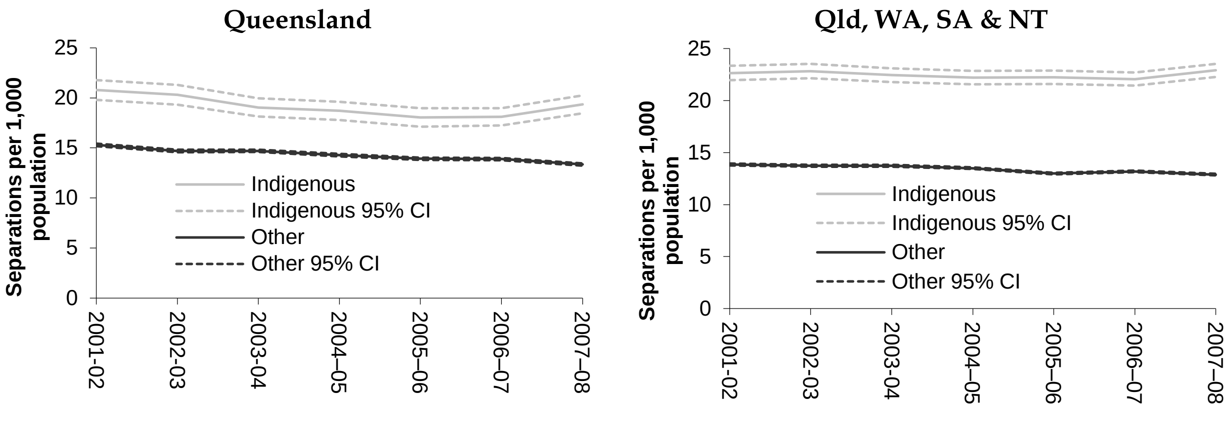


Source: AIHW analyses of NHMD.

Figure 1.16.2: Age-standardised hospitalisation rates for mental health-related conditions, by Indigenous status and sex, Queensland and NSW, Vic, Qld, WA, SA & NT combined, July 2006 to June 2008

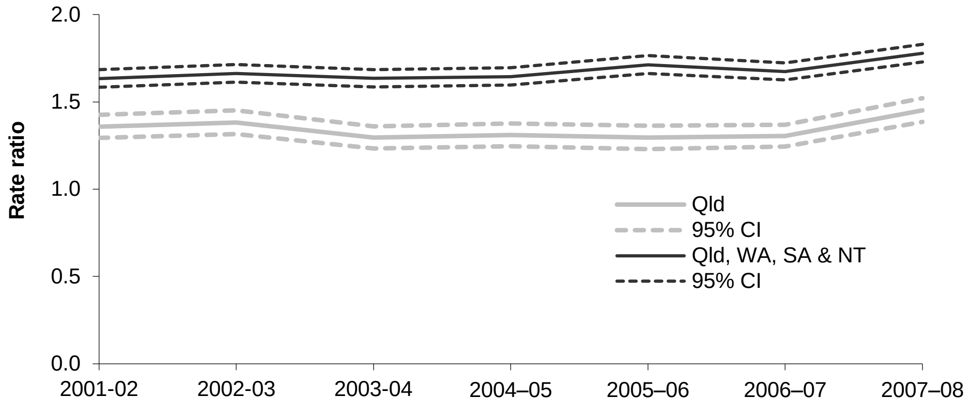
Hospitalisation trends

- There were significant decreases in hospitalisation rates for mental health-related conditions among Indigenous and other people in Queensland from 2001–02 to 2007–08. There was an average yearly decrease in the rate of 0.3 hospitalisations per 1,000 population for Indigenous people and 0.3 per 1,000 for others (Figure 1.16.3).
- In Queensland, Western Australia, South Australia and the Northern Territory combined, there was no significant change in hospitalisation rates for mental health-related conditions among Indigenous people over the same period. The hospitalisation rate of other people decreased significantly, with an average yearly decline of 0.2 per 1,000.
- There were no significant changes in the hospitalisation rate ratios between Indigenous and other people for mental health-related conditions in Queensland. In the four jurisdictions combined, the rate ratio increased significantly (Figure 1.16.4).



Source: AIHW analyses of NHMD.

Figure 1.16.3: Hospitalisation rates from mental health-related conditions by Indigenous status, Queensland and Qld, WA, SA & NT combined, 2001–02 to 2007–08



Source: AIHW analyses of NHMD.

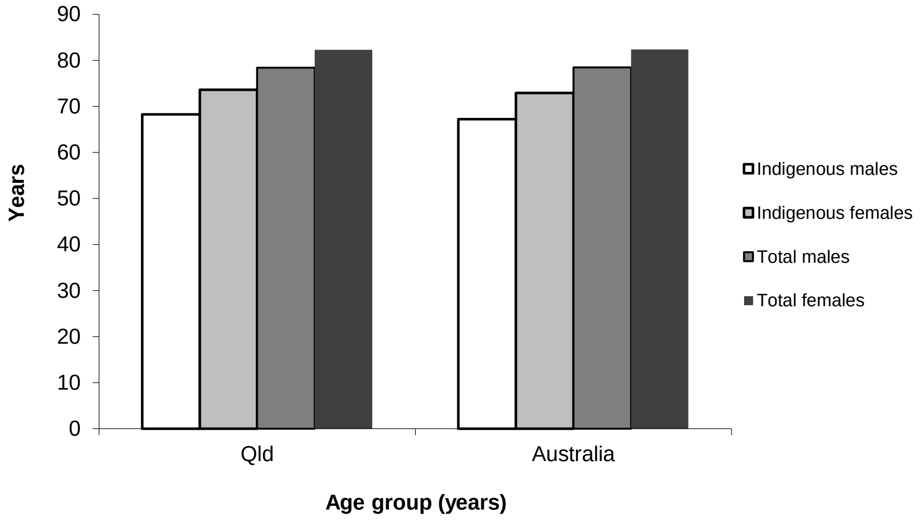
Figure 1.16.4: Hospitalisation rate ratios between Indigenous and other Australians from mental health-related conditions, Queensland and Qld, WA, SA & NT combined, 2001–02 to 2007–08

1.17 Life expectancy at birth

The life expectancy of Aboriginal and Torres Strait Islander males and females for a given period

Life expectancy by sex and Indigenous status

- Between 2005 and 2007, the life expectancy at birth for Indigenous people in Queensland was 68.3 years for males and 73.6 years for females. Life expectancy was considerably higher for all males (78.4 years) and all females (82.3 years) in Queensland.
- Life expectancy was slightly higher for Indigenous males and females in Queensland than nationally, and slightly lower for all males and females in Queensland than nationally. (Table 1.17.1).



Source: ABS 2009.

Figure 1.17.1: Life expectancy at birth, Indigenous and total population 2005–2007, by sex, Queensland and Australia

Table 1.17.1: Life expectancy at birth, Indigenous and total population 2005–2007, Queensland and Australia

	Indigenous		Total population	
	Males	**Females**	**Males**	**Females**
Queensland	68.3	73.6	78.4	82.3
Australia	**67.2**	**72.9**	**78.5**	**82.4**

Source: ABS 2009.

1.18 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

- From 2004 to 2008 in Queensland, the median age at death for Indigenous males was 53 years and for Indigenous females it was 59 years. This compared with 76 years for non-Indigenous males and 83 years for non-Indigenous females (Table 1.18.1).
- The median age at death for Indigenous males and females in Queensland was higher than for Indigenous males and the same for Indigenous females in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined (Table 1.18.1).

Table 1.18.1: Median age at death by Indigenous status and sex, Queensland and NSW, Qld, WA, SA & NT combined, 2004-2008

	Indigenous		**Non-Indigenous**	
	Male	**Female**	**Male**	**Female**
Queensland	53	59	76	83
NSW, Qld, WA, SA & NT combined	**52**	**59**	**77**	**83**

Source: AIHW analyses of National Mortality Database.

1.19 Infant mortality

The number of Aboriginal and Torres Strait Islander people who die in the first year of life, expressed as a rate (per 1,000 live births) for that period

- From 1999 to 2001 in Queensland, there were 111 deaths of Indigenous infants. The infant mortality rate was 12 per 1,000 live births for Indigenous compared with about 6 per 1,000 live births for non-Indigenous infants.
- From 2002 to 2004, there were 111 deaths of Aboriginal and Torres Strait Islander infants. The infant mortality rate was 11 per 1,000 live births compared with about 5 per 1,000 live births for non-Indigenous infants.
- From 2005 to 2006, there were 81 deaths of Aboriginal and Torres Strait Islander infants. The infant mortality rate was around 11 per 1,000 live births compared with 5 per 1,000 live births for non-Indigenous infants.
- From 2007 to 2008, there were 61 deaths of Aboriginal and Torres Strait Islander infants. The infant mortality rate was around 7 per 1,000 live births compared with 5 per 1000 live births for non-Indigenous infants.
- The infant mortality rate for Indigenous infants was lower in Queensland than in Queensland, Western Australia, South Australia and the Northern Territory combined during the periods 1999–2001, 2002–2004 and 2005–2006. In 2007–2008, the rate in Queensland was lower than in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined (Table 1.19.1).

Time series

- From 2001 to 2007 in Queensland, Indigenous infant mortality rates declined by 35% while the decline was 9% for non-Indigenous infants (Figure 1.19.1).
- Over the same period, there were significant declines in mortality rates for Indigenous infants in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined. The fitted trend implies an average yearly decline of around 0.4 per 1,000 births for Indigenous infants (equivalent to a 21% reduction in the rate over the period). There were no significant changes in mortality rates for non-Indigenous infants in the five jurisdictions combined (Figure 1.19.1).

Table 1.19.1: Infant mortality rates per 1,000 live births, by Indigenous status, Queensland and Qld, WA, SA & NT combined, 1999–2001, 2002–2004 and 2005–2006, 2007–2008(a)(b)(c)(d)(e)(f)(g)

	Indigenous				Non-Indigenous				
	Deaths	Rate per 1,000(h)	LCL 95%(i)	UCL 95%(j)	Deaths	Rate per 1,000(h)	LCL 95%(i)	UCL 95%(j)	Rate ratio(k)
					1999–2001				
Queensland	111	11.7	9.5	13.9	721	5.5	5.1	5.9	2.1*
Qld, WA, SA & NT(a)	**296**	**14.2**	**12.6**	**15.8**	**1,228**	**4.7**	**4.5**	**5.0**	**3.0***
					2002–04				
Queensland	111	10.9	8.9	12.9	643	4.7	4.4	5.1	2.3*
Qld, WA, SA & NT(a)	**270**	**12.5**	**11.0**	**14.0**	**1,088**	**4.2**	**3.9**	**4.4**	**3.0***
					2005–06				
Queensland	81	11.4	8.9	13.9	452	4.6	4.2	5.1	2.4*
Qld, WA, SA & NT(a)	**185**	**12.1**	**10.4**	**13.8**	**803**	**4.3**	**4.0**	**4.6**	**2.8***
					2007-2008(l)				
Queensland	61	6.9	5.2	8.6	533	4.7	4.3	5.1	1.5*
NSW, Qld, WA, SA & NT	**219**	**8.4**	**7.3**	**9.5**	**1,545**	**4.0**	**3.8**	**4.2**	**2.1***

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the $p < 0.05$ level.

(a) Data are reported for Queensland, Western Australia, South Australia and the Northern Territory only. These jurisdictions are considered to have adequate levels of Indigenous identification in mortality data for these periods. They do not represent a quasi-Australian figure.

(b) A subtotal for Queensland, Western Australia, South Australia and the Northern Territory has not been provided for 1996–1998, as Indigenous mortality data for Queensland are reliable only from 1998 onwards.

(c) Data are presented in 3- and 2-year groupings because of small numbers each year.

(d) Data exclude 90 registered infant deaths where Indigenous status was not stated for 1996–2006 in Queensland, Western Australia, South Australia and the Northern Territory combined.

(e) Although most deaths of Indigenous Australians are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these statistics are likely to underestimate the Indigenous infant deaths and, depending on the under-identification in births, may either underestimate or overestimate the rates. The ABS calculated the completeness of identification of Indigenous deaths for 2002–2006 using population estimates as 51% for Queensland, 72% for Western Australia, 62% for South Australia and 90% for the Northern Territory. The completeness of Indigenous identification for infant mortality may differ from the estimates for 'all causes'.

(f) Because of changes in the level of accuracy of Indigenous identification in the births and deaths data over time, caution should be used in interpreting changes in Indigenous infant mortality rates. It is also difficult to exactly identify the difference between the Indigenous and non-Indigenous infant mortality rates because of these data quality issues.

(g) Deaths are by year of registration and state/territory of usual residence.

(h) No. per 1,000 live births.

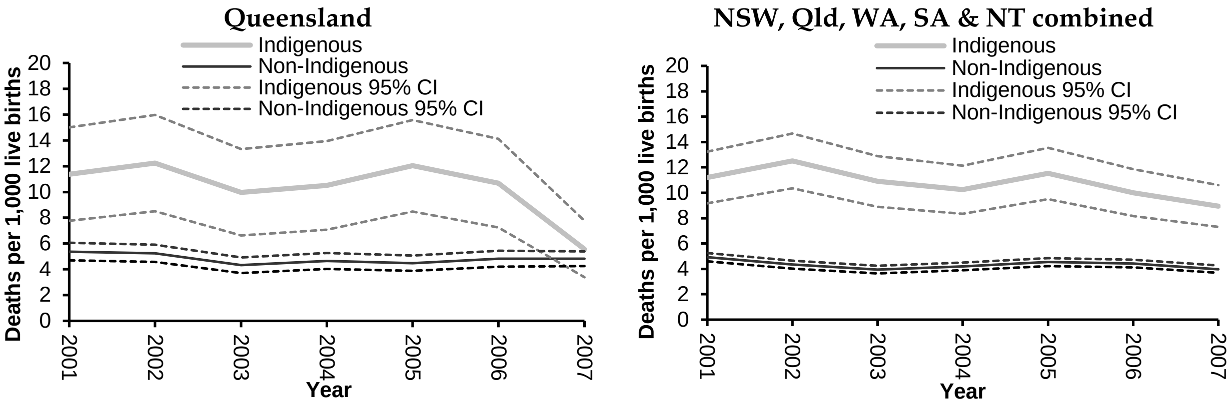
(i) LCL = lower confidence limit.

(j) UCL = upper confidence limit.

(k) Rate ratio Indigenous: non-Indigenous.

(l) Preliminary data from ABS.

Source: ABS and AIHW analysis of ABS Mortality Database.



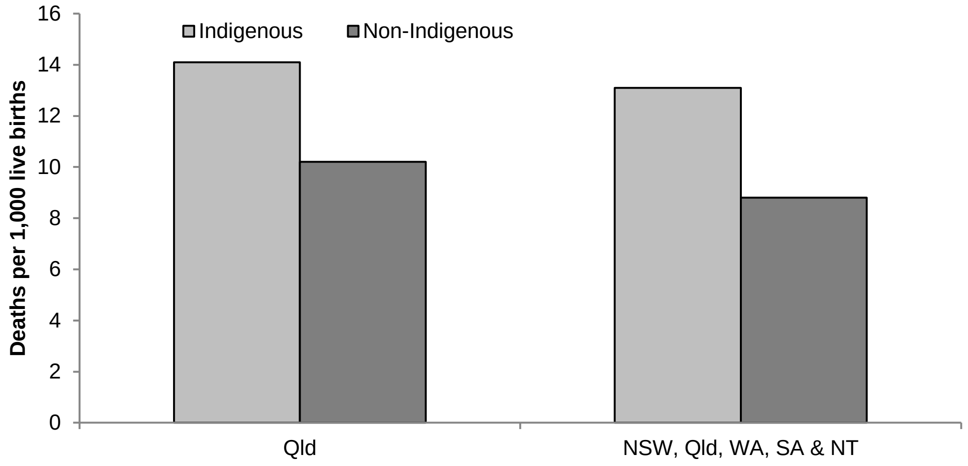
Source: AIHW analyses of National Mortality Database.

Figure 1.19.1: Mortality rates, Aboriginal and Torres Strait Islander infants and other infants, Queensland and NSW, Qld, WA, SA & NT combined, 2001 to 2007

1.20 Perinatal mortality

The number of Aboriginal and Torres Strait Islander babies who die in the perinatal period, expressed as a rate (per 1,000 births).

- From 2004 to 2008, the perinatal mortality rate for Indigenous babies in Queensland was 14 per 1,000 births compared with 10 per 1,000 births for non-Indigenous babies. These rates were higher than those for Indigenous and non-Indigenous babies in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined (13 and 9 per 1,000 births) (Figure 1.20.1).
- Over the same period, the perinatal mortality rate for Indigenous babies in the 5 jurisdictions combined was 13.1 per 1,000 births and for other babies it was 8.8 per 1,000 births (Figure 1.20.1).



Notes

1. Perinatal deaths are all foetal deaths (at least 20 weeks gestation or at least 400 grams birth weight) plus all neonatal deaths.
2. Deaths before 2007 are by year of registration and state/territory of usual residence. Deaths from 2007 onwards are by reference year and state/territory of usual residence. Registration year before 2007 is equivalent to reference year from 2007 onwards.
3. 2008 data have been subject to process improvements which have increased the quality of these data.
4. Causes of death data for 2007 have been revised and are subject to further revisions.
5. Data are reported for New South Wales, Queensland, Western Australia, South Australia and the Northern Territory. These jurisdictions are considered to have adequate levels of Indigenous identification in mortality data. They do not represent a quasi-Australian figure.

Source: ABS Deaths Registration Database.

Figure 1.20.1: Perinatal mortality rates by Indigenous status, Queensland and NSW, Qld, WA, SA & NT combined, 2004–2008

Time series

- In Queensland, there were 257 perinatal deaths of Indigenous babies from 1999 to 2003 and 276 perinatal deaths of Indigenous babies from 2004 to 2008.
- Between 1999–2003 and 2004–2008, there was a drop in the Indigenous perinatal mortality rate from 15.7 to 14.1 per 1,000 births. For other babies in Queensland, this rate was about 10 per 1,000 births.
- Over the same period, for NSW, Qld, WA, SA and NT combined, the Indigenous perinatal mortality rate dropped from 16.2 per 1,000 births to 13.1 per 1,000 births.
- Between 1999–2003 and 2004–2008 in Queensland, there was a significant decrease in the Indigenous to other Australians rate ratio of perinatal deaths from 1.6 to 1.4. Similarly, for NSW, Qld, WA, SA and NT combined, this rate ratio decreased from 1.7 to 1.5 (Table 1.20.1).

Table 1.20.1: Foetal, neonatal and perinatal mortality rates[a][b][c][d] per 1,000 births, by Indigenous status, Queensland and NSW, Qld, WA, SA and NT combined, 1999–2003 to 2004–2008[e][f][g][h][i]

	1999–2003[e][i]					2004–2008[e][f][g][h][i]				
	No.	No. per 1,000[d]	LCL 95%[j]	UCL 95%[k]	Rate ratio[l]	No.	No. per 1,000[d]	LCL 95%[j]	UCL 95%[k]	Rate ratio[l]
						Foetal deaths[a]				
Queensland										
Indigenous	151	9.2	7.7	10.7	1.4*	160	8.2	6.9	9.5	1.2*
Other[m]	1,479	6.6	6.3	6.9	. .	1,777	6.8	6.5	7.1	. .
NSW, Qld, WA, SA & NT[n]										
Indigenous	477	9.3	8.5	10.1	1.5*	448	7.5	6.8	8.2	1.3*
Other[m]	5,223	6.1	5.9	6.3	. .	5,499	6.0	5.8	6.2	. .
						Neonatal deaths[b]				
Queensland										
Indigenous	106	6.5	5.3	7.7	1.9*	116	6.0	4.9	7.1	1.8*
Other[m]	775	3.5	3.3	3.7	. .	874	3.4	3.2	3.6	. .
NSW, Qld, WA, SA & NT[n]										
Indigenous	355	7.0	6.3	7.7	2.1*	329	5.6	5.0	6.2	1.9*
Other[m]	2,774	3.3	3.2	3.4	. .	2,783	3.0	2.9	3.1	. .
						Perinatal deaths[c]				
Queensland										
Indigenous	257	15.7	13.8	17.6	1.6*	276	14.1	12.4	15.8	1.4*
Other[m]	2,254	10.1	9.7	10.5	. .	2,651	10.2	9.8	10.6	. .
NSW, Qld, WA, SA & NT[n]										
Indigenous	832	16.2	15.1	17.3	1.7*	777	13.1	12.2	14.0	1.5*
Other[m]	7,997	9.4	9.2	9.6	. .	8,282	9.0	8.8	9.2	. .

* Represents results with statistically significant differences in the Indigenous/Other comparisons at the $p < 0.05$ level.

(a) Foetal deaths of at least 20 weeks gestation or with a birth weight of at least 400 grams

(b) Neonatal death is death of a live-born baby within 28 days of birth.

(c) Perinatal deaths are all foetal deaths (at least 20 weeks gestation or at least 400 grams birth weight) plus all neonatal deaths.

(d) Foetal death rates and perinatal death rates are calculated per 1,000 all births for the calendar year. Neonatal death rates are calculated per 1,000 live births for the calendar year.

(e) Deaths prior to 2007 are by year of registration and state/territory of usual residence. Deaths from 2007 onwards are by reference year and state/territory of usual residence. Registration year prior to 2007 is equivalent to reference year from 2007 onwards.

(f) 2008 data have been subject to process improvements which have increased the quality of these data.

(g) Causes of death data for 2007 have been revised and are subject to further revisions.

(h) Causes of death data for 2008 are preliminary and subject to a revisions process.

(i) Data are presented in 5-year groupings due to volatility of the small numbers involved.

(j) LCL = lower confidence limit.

(k) UCL = upper confidence limit.

(l) Rate ratio Indigenous: Other.

(m) Other includes non-Indigenous and Indigenous status not stated.

(n) Data are reported for New South Wales, Queensland, Western Australia, South Australia and the Northern Territory. These jurisdictions are considered to have adequate levels of Indigenous identification in mortality data. They do not represent a quasi-Australian figure.

Source: ABS Deaths Registration Database.

1.21 Sudden infant death syndrome

The number of Aboriginal and Torres Strait Islander infants aged less than 12 months who die from sudden infant death syndrome (SIDS), expressed as a rate (per 1,000 live births) for that period

- From 2004 to 2008 in Queensland, the mortality rate from SIDS for Indigenous infants was 0.5 per 1,000 live births compared with 0.2 per 1,000 live births for non-Indigenous infants.
- The mortality rate from SIDS for Indigenous infants was lower in Queensland than in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined (0.7 per 1,000 live births) and the same for non-Indigenous infants (0.2 per 1,000 live births) (Table 1.21.1).

Table 1.21.1: SIDS mortality rates per 1,000 live births, by Indigenous status, Queensland and NSW, Qld, WA, SA & NT combined, 2004–2008(a)(b)(c)(d)(e)(f)(g)(h)(i)

	Indigenous		Non-Indigenous		
	Deaths	Rate(j)(k)	Deaths	Rate(j)(k)	Rate ratio(l)
Queensland	10	0.5	61	0.2	2.2*
NSW, Qld, WA, SA & NT	**39**	**0.7**	**206**	**0.2**	**2.9***

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the p<0.05 level.

(a) SIDS - Sudden Infant Death Syndrome, ICD-10 code: R95. SIDS data in this table is for deaths under 1 year of age.

(b) Data are reported for New South Wales, Queensland, Western Australia, South Australia and the Northern Territory only. These 5 jurisdictions are considered to have adequate levels of Indigenous identification in mortality data. They do not represent a quasi-Australian figure.

(c) Data exclude 10 registered infant deaths where Indigenous status was not stated for 2004–2008 in NSW, Queensland, Western Australia, South Australia and the Northern Territory combined.

(d) Data are presented in 5-year groupings because of small numbers each year.

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

(f) Deaths before 2007 are by year of registration and state/territory of usual residence. Deaths from 2007 onwards are by reference year and state/territory of usual residence. Registration year before 2007 is equivalent to reference year from 2007 onwards.

(g) Causes of death data for 2007 have been revised and are subject to further revisions. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 2: Revisions Process for further information.

(h) 2008 data have been subject to a process improvement which has increased the quality of these data. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 1: 2008 COD Collection - Process Improvement for further information.

(i) Causes of death data for 2008 are preliminary and subject to a revisions process. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 2: Revisions Process for further information.

(j) Rates have been directly age–standardised using the 2001 Australian standard population.

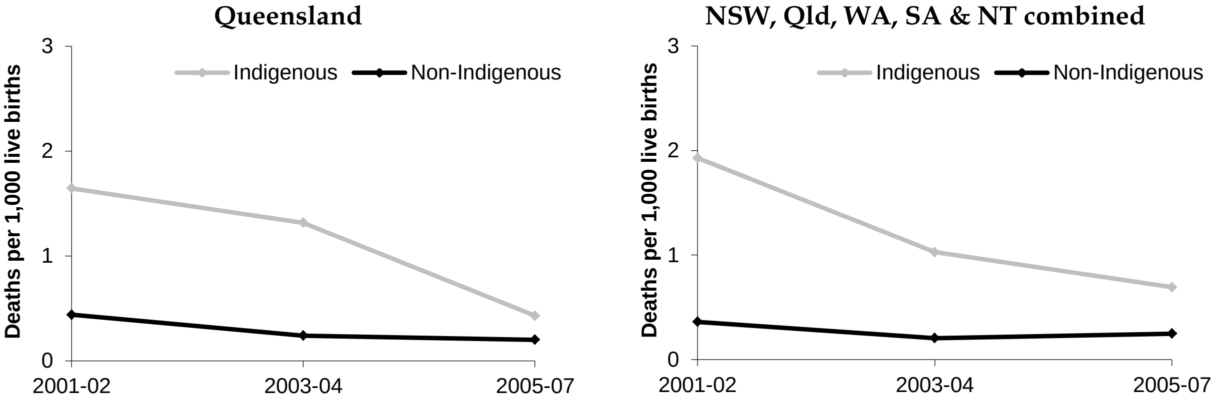
(k) No. per 1,000 live births.

(l) Rate ratio Indigenous: non-Indigenous.

Source: AIHW and ABS analysis of ABS Mortality Database.

Time series

- Over the period 2001–2002 to 2005–2007 in Queensland, the SIDS mortality rate for Indigenous infants decreased significantly from 1.6 to 0.4 deaths per 1,000 live births. For non-Indigenous infants, it also decreased significantly, from 0.4 to 0.2 per 1,000 live births.
- Over the same period, there was a significant decrease in mortality rates from SIDS for Indigenous infants in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined, while there were no significant changes in the rates for non-Indigenous infants.



Note: Figures shows a break in series between 1994-96 and 1997-99 due to a change in disease classification coding from ICD9 to ICD10 between 1996 and 1997. Rates before 1997 should therefore not be strictly compared with rates from 1997 onwards.

Source: AIHW analyses of National Mortality Database.

Figure 1.21.1: SIDS mortality rates per 1,000 live births, Aboriginal and Torres Strait Islander and other Australian infants, Queensland and NSW, Qld, WA, SA & NT combined, 2001–02 to 2005–2007

1.22 All-causes age-standardised death rate

The number of Aboriginal and Torres Strait Islander Australian deaths, expressed as a rate by age group, age-standardised rate and rate ratio

- From 2004 to 2008 in Queensland, the all-cause mortality rate for Indigenous people was nearly twice that of non-Indigenous people (Table 1.22.1).
- The age standardised mortality rate for Indigenous people was lower than that for Indigenous people in New South Wales Queensland, Western Australia, South Australia and the Northern Territory combined (1,063 compared with 1,184 per 100,000).
- From 2003 to 2007, Indigenous males and females had higher mortality rates than non-Indigenous males and females across all age groups (Figure 1.22.1). The greatest difference in rates was in the 35–44 and 45–54 year age groups where Indigenous people died at around 4 times the rate of non-Indigenous people. In the 5 jurisdictions combined, the greatest difference in rates was in the 35–44 year age group, followed by those aged 25–34 and 45–54 years.

Table 1.22.1: All-causes mortality, by Indigenous status, Queensland and NSW, Qld, WA, SA & NT combined, 2004–2008(a)(b)(c)(d)(e)

	Number			Rate per 100,000(f)		
State/territory	**Indigenous**	**Non-Indigenous**	**Not stated**	**Indigenous**	**Non-Indigenous**	**Ratio(g)**
Queensland	2,838	120,913	1,956	1,062.9	609.3	1.7
NSW, Qld, WA, SA & NT(a)	**10,840**	**467,252**	**5,030**	**1,184.2**	**609.3**	**1.9**

(a) Data are reported for New South Wales, Queensland, Western Australia, South Australia and the Northern Territory only. These 5 jurisdictions are considered to have adequate levels of Indigenous identification in mortality data. They do not represent a quasi-Australian figure.

(b) Data are presented in 5-year groupings because of small numbers each year.

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

(d) Deaths before 2007 are by year of registration and state/territory of usual residence. Deaths from 2007 onwards are by reference year and state/territory of usual residence. Registration year before 2007 is equivalent to reference year from 2007 onwards.

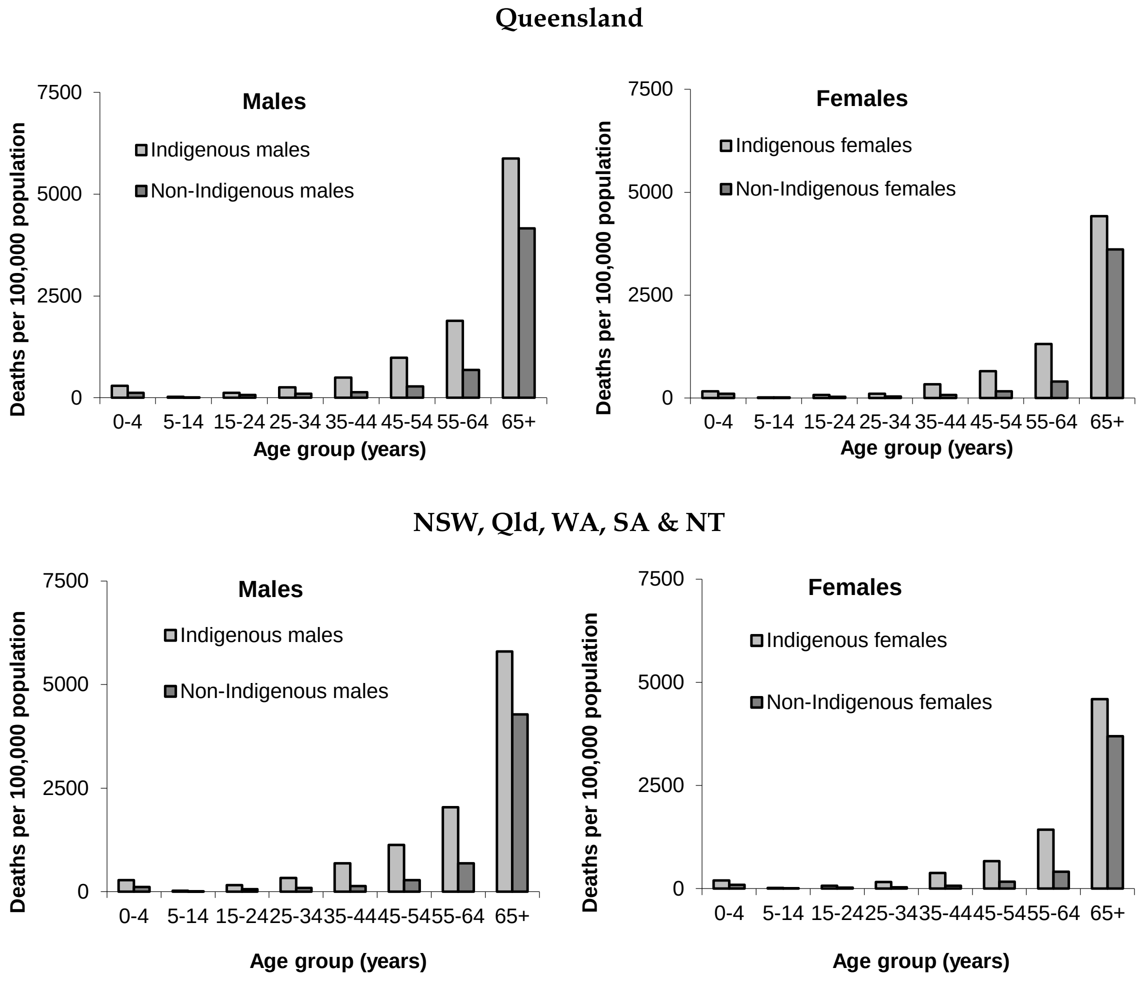
(e) Rates exclude 7,665 registered deaths where the Indigenous status is not stated.

(f) 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 people in the Australian population at 30 June 2001. SDRs are expressed per 100,000 people. Age standardised rates in this table have been calculated using the direct method, age standardised by 5 year age group to 75+. These rates exclude 7,665 registered deaths where the Indigenous status is not stated.

(g) Rate ratio Indigenous:non-Indigenous.

Note: 2007 and 2008 mortality data preliminary.

Source: Unpublished ABS analysis.

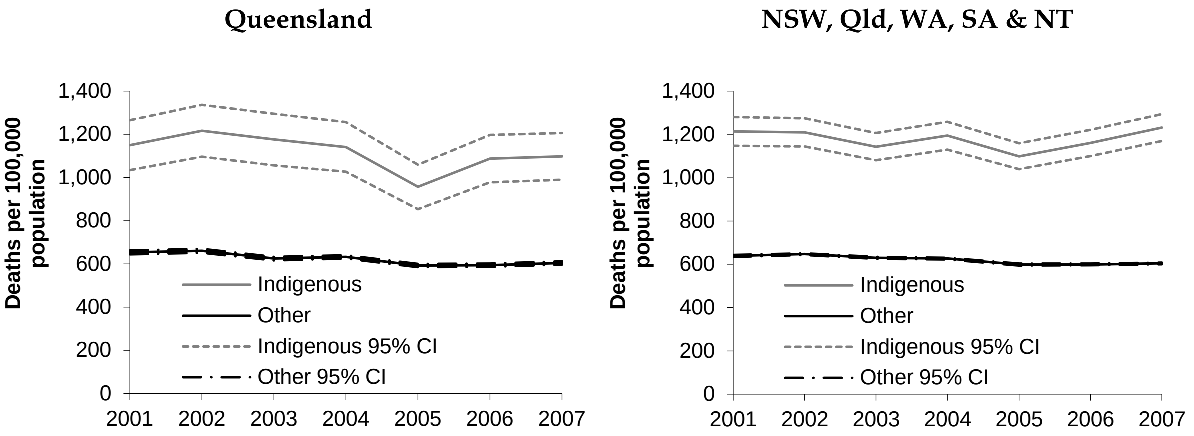


Source: AIHW analyses of National Mortality Database.

Figure 1.22.1: Mortality rates by age group, sex and Indigenous status, Queensland and NSW, Qld, WA, SA & NT combined, 2003–2007

Time series analyses

- From 2001 to 2007 in Queensland, there were no significant changes in all-cause mortality rates for Indigenous people but there were significant declines in all-cause mortality rates for non-Indigenous people. Mortality rates for non-Indigenous people declined by 7 per 100,000 population per year.
- Over the same period in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined, there were no significant changes in all-cause mortality rates for Indigenous people, but for non-Indigenous people all-cause mortality rates declined by 8 per 100,000 population per year.



Source: AIHW analyses of National Mortality Database.

Figure 1.22.2: Age standardised mortality rates by Indigenous status, Queensland and NSW, Qld, WA, SA & NT combined, 2001 to 2007

1.23 Leading causes of mortality

Causes of death of Aboriginal and Torres Strait Islander Australians, expressed as a rate by age group, age-standardised rate and rate ratio

- From 2003 to 2007 in Queensland, the most common cause of death among Indigenous people was circulatory diseases (27%), followed by cancer (19%). Indigenous people died from circulatory diseases at nearly twice (1.7 times) the rate of non-Indigenous people (Table 1.23.1).
- Over the same period, Indigenous people died from diabetes at 8.5 times the rate of non-Indigenous Australians.
- Over the same period in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined, the most common cause of mortality for Indigenous people was circulatory diseases (27%), followed by cancer (18%).

Excess deaths

Deaths higher than the expected number are referred to as 'excess deaths'. Excess deaths are calculated by subtracting the number of expected Indigenous deaths based on the age, sex and cause-specific rates of non-Indigenous Australians, from the number of actual cause-specific deaths in the Indigenous population. This is then expressed as a proportion of excess deaths from all causes.

Diseases of the circulatory system accounted for the highest proportion of excess deaths among Indigenous Australians in Queensland from 2003 to 2007 (29% of male excess deaths and 28% of female excess deaths). Other major causes were external causes (injury and poisoning), endocrine, metabolic & nutritional diseases (including diabetes), and cancer (Table 1.23.2).

Table 1.23.1: Causes of mortality, by Indigenous status, Queensland and NSW, Qld, WA, SA & NT combined, 2003–2007(a)(b)(c)

	Number		Per cent		Rate per 100,000(d)		
Underlying cause of death	**Indig.**	**Non-Indig.**	**Indig.**	**Non-Indig.**	**Indig.**	**Non-Indig.**	**Ratio(e)**
Queensland							
Circulatory diseases	779	42,028	27.4	35.9	363.0	219.7	1.7*
External causes	405	7,325	14.2	6.2	73.7	38.0	1.9*
Cancer	527	34,659	18.5	29.6	222.1	178.0	1.2*
Endocrine, metabolic & nutritional disorders	287	4,027	10.1	3.4	139.5	21.0	6.6*
Diabetes(f)	247	2,785	8.7	2.4	123.5	14.5	8.5*
Respiratory diseases	205	10,038	7.2	8.6	98.0	52.6	1.9*
Digestive diseases	147	3,966	5.2	3.4	51.7	20.5	2.5*
Conditions originating in perinatal period	89	563	3.1	0.5	6.2	3.0	2.0*
Nervous system diseases	57	3,860	2.0	3.3	16.2	20.2	0.8
Kidney diseases	57	1,816	2.0	1.5	26.1	9.5	2.7*
Infectious & parasitic diseases	58	1,310	2.0	1.1	21.6	6.8	3.2*
Other causes(g)	234	7,631	8.2	6.5	71.4	39.9	1.8*
All causes	**2,845**	**117,223**	**100.0**	**100.0**	**1,089.5**	**609.3**	**1.8***
NSW, Qld, WA, SA & NT(h)(i)							
Circulatory diseases	2,865	164,345	27.4	35.9	383.7	217.7	1.8*
External causes	1,543	26,086	14.7	5.7	86.2	36.1	2.4*
Cancer	1,828	135,559	17.5	29.6	231.4	180.8	1.3*
Endocrine, metabolic & nutritional disorders	838	15,554	8.0	3.4	111.6	20.7	5.4*
Diabetes (f)	*720*	*10,826*	*6.9*	*2.4*	*97.7*	*14.4*	*6.8**
Respiratory diseases	863	39,644	8.2	8.6	119.3	52.7	2.3*
Digestive diseases	626	15,372	6.0	3.4	59.1	20.5	2.9*
Conditions originating in perinatal period	263	1,872	2.5	0.4	6.0	2.8	2.1*
Nervous system diseases	262	16,146	2.5	3.5	26.3	21.5	1.2*
Kidney diseases	245	7,898	2.3	1.7	33.9	10.5	3.2*
Infectious & parasitic diseases	222	6,543	2.1	1.4	23.2	8.7	2.7*
Other causes(g)	915	29,333	8.7	6.4	86.1	39.3	2.2*
All causes	**10,470**	**458,352**	**100.0**	**100.0**	**1,166.8**	**611.3**	**1.9***

(continued)

Table 1.23.1 (continued): Causes of mortality, by Indigenous status, Queensland and NSW, Qld, WA, SA & NT combined, 2003–2007(a)(b)(c)

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the P<.05 level.

(a) Deaths are by year of registration of death and state/territory of usual residence.

(b) Data are presented in 5-year groupings because of small numbers each year.

(c) Although most deaths of Indigenous Australians are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these statistics are likely to underestimate the Indigenous all-causes mortality rate. It is also difficult to exactly identify the difference between the Indigenous and non-Indigenous mortality rates because of these data quality issues.

(d) Directly age standardised using the Australian 2001 standard population.

(e) Rate ratio Indigenous:non-Indigenous.

(f) Data for diabetes are a subset of data presented for all endocrine, metabolic and nutritional disorders in this table.

(g) Includes: diseases of the blood and blood-forming organs and certain disorders involving the immune system, mental & behavioural disorders, diseases of the eye and adnexa, diseases of the ear and mastoid process, diseases of the skin & subcutaneous tissue, diseases of the musculoskeletal system and connective tissue, diseases of the genitourinary system (excluding kidney diseases), pregnancy, childbirth & the puerperium, congenital malformations, deformations and chromosomal abnormalities, symptoms, signs and abnormal clinical findings not elsewhere classified.

(h) Data are reported for New South Wales, Queensland, Western Australia, South Australia and the Northern Territory only. These 4 states and territories are considered to have adequate levels of Indigenous identification in mortality data. They do not represent a quasi-Australian figure.

(i) Rates exclude 5,756 registered deaths where the Indigenous status is not stated.

Source: AIHW analyses of National Mortality Database.

Table 1.23.2: Main causes of excess Indigenous deaths, by sex, Queensland and NSW, Qld, WA, SA & NT combined, 2003–2007(a)(b)

	Males			Females		
Underlying cause of death	**Observed**	**Excess**	**% excess**	**Observed**	**Excess**	**% excess**
	No.	**No.**	**%**	**No.**	**No.**	**%**
			Queensland			
Circulatory diseases	432	271	29.3	347	191	27.7
External causes	281	150	16.3	124	77	11.2
Respiratory diseases	126	85	9.2	79	41	6.0
Cancer	265	73	7.8	262	96	13.9
Digestive diseases	87	65	7.1	60	42	6.1
Endocrine, metabolic & nutritional disorders	138	120	12.9	149	131	19.0
Kidney diseases	27	21	2.3	30	23	3.3
Infectious & parasitic diseases	32	23	2.5	26	19	2.8
Nervous system diseases	37	17	1.9	20	0	-0.1
Conditions originating in perinatal period	56	32	3.5	33	13	1.9
Other causes(c)	124	66	7.2	110	57	8.3
All causes	**1,605**	**925**	**100.0**	**1,240**	**691**	**100.0**
			NSW, Qld, WA, SA & NT(d)			
Circulatory diseases	1,614	1,062	28.4	1,251	728	27.2
External causes	1,097	702	18.8	446	299	11.2
Respiratory diseases	481	344	9.2	382	253	9.5
Cancer	969	319	8.5	859	284	10.6
Digestive diseases	342	267	7.2	284	225	8.4
Endocrine, metabolic & nutritional disorders	400	337	9.0	438	380	14.2
Kidney diseases	116	94	2.5	129	104	3.9
Infectious & parasitic diseases	125	88	2.4	97	71	2.7
Nervous system diseases	168	99	2.6	94	20	0.8
Conditions originating in perinatal period	158	90	2.4	105	49	1.8
Other causes(c)	493	333	8.9	422	259	9.7
All causes	**5,963**	**3,736**	**100.0**	**4,507**	**2,673**	**100.0**

(a) Deaths are by year of registration of death and state/territory of usual residence.

(b) Data are presented in 5-year groupings because of small numbers each year.

(c) Includes: diseases of the blood and blood-forming organs and certain disorders involving the immune system, mental & behavioural disorders, diseases of the eye and adnexa, diseases of the ear and mastoid process, diseases of the skin & subcutaneous tissue, diseases of the musculoskeletal system and connective tissue, diseases of the genitourinary system (excluding kidney diseases), pregnancy, childbirth & the puerperium, congenital malformations, deformations and chromosomal abnormalities, symptoms, signs and abnormal clinical findings not elsewhere classified.

(d) Data are reported for New South Wales, Queensland, Western Australia, South Australia and the Northern Territory only. These jurisdictions are considered to have adequate levels of Indigenous identification in mortality data. They do not represent a quasi-Australian figure.

Note: Different causes of death may have levels of completeness of identification of Indigenous deaths that differ from the all-cause under-identification (coverage) estimates.

Source: AIHW analyses of National Mortality Database.

1.25 Avoidable and preventable deaths

The number of deaths of Aboriginal and Torres Strait Islander people aged 0–74 years from avoidable and preventable conditions, expressed as a standardised rate and rate ratio

Avoidable and preventable mortality refers to deaths from certain conditions that are considered avoidable given timely and effective health care. This also includes deaths amenable to legal measures, such as traffic safety.

- The most common types of avoidable conditions causing death among Aboriginal and Torres Strait Islander people in Queensland was ischaemic heart disease (21%), followed by cancer (17%) (in particular lung cancer 7%), diabetes (11%), suicide (10%), alcohol-related disease (5%), and cerebrovascular disease (5%). Indigenous people died from cancer, suicide and road traffic accidents at twice the rate of non-Indigenous people; and from ischaemic heart disease and diabetes at 4 and 15.5 times the rate of non-Indigenous people respectively (Table 1.25.1).
- These rate ratios in Queensland were similar to those observed in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined.

Table 1.25.1: Avoidable mortality, by cause of death and Indigenous status, people aged 0–74 years, Queensland and NSW, Qld, WA, SA & NT combined, 2003–2007[(a)(b)(c)(d)]

	Number[(e)]		Per cent		Age standardised rate per 100,000[(f)]		
Cause of death	**Indig.**	**Non-Indig.**	**Indig.**	**Non-Indig.**	**Indig.**	**Non-Indig.**	**Ratio[(g)]**
				Queensland			
Ischaemic heart disease	362	5,714	21.0	19.3	122.5	30.9	4.0*
Cancer	294	11,292	17.0	38.1	105.2	60.1	1.8*
Lung cancer[(h)]	114	4,002	6.6	13.5	45.9	21.3	2.2*
Diabetes	190	901	11.0	3.0	75.8	4.9	15.5*
Suicide	165	2,114	9.6	7.1	26.0	11.6	2.2*
Road traffic injuries	82	1,279	4.8	4.3	12.8	7.0	1.8*
Alcohol-related disease	93	801	5.4	2.7	23.1	4.2	5.5*
Selected invasive bacterial and protozoal infections	63	645	3.7	2.2	18.9	3.5	5.3*
Cerebrovascular disease	87	1,827	5.0	6.2	33.7	10.0	3.4*
Chronic obstructive pulmonary disease	71	1,475	4.1	5.0	30.2	8.1	3.7*
Nephritis and nephrosis	52	284	3.0	1.0	17.8	1.6	11.3*
Violence	25	134	1.4	0.5	4.0	0.7	5.4*
Birth defects	44	522	2.6	1.8	4.6	2.9	1.6*
Complications of perinatal period	41	271	2.4	0.9	3.0	1.6	1.9*
Rheumatic and other valvular heart disease	23	64	1.3	0.2	5.0	0.4	14.1*
Other[(i)]	133	2,319	7.7	7.8	34.0	12.6	2.7*
Total avoidable	**1,725**	**29,642**	**100.0**	**100.0**	**516.6**	**160.1**	**3.2***

(continued)

Table 1.25.1 (continued): Avoidable mortality, by cause of death and Indigenous status, people aged 0–74 years, Queensland and NSW, Qld, WA, SA & NT combined, 2003–2007[(a)(b)(c)(d)]

	Number[(e)]		Per cent		Age standardised rate per 100,000[(f)]		
Cause of death	**Indig.**	**Non-Indig.**	**Indig.**	**Non-Indig.**	**Indig.**	**Non-Indig.**	**Ratio[(g)]**
				NSW, Qld, WA, SA & NT[(j)]			
Ischaemic heart disease	1,253	21,319	19.8	19.5	123.7	30.9	4.0*
Cancer	1,006	41,029	15.9	37.6	107.6	58.8	1.8*
Lung cancer[(h)]	*398*	*14,227*	*6.3*	*13.0*	*45.8*	*20.4*	*2.2**
Diabetes	585	3,403	9.2	3.1	65.1	4.9	13.2*
Suicide	469	6,896	7.4	6.3	22.0	10.3	2.1*
Road traffic injuries	397	4,341	6.3	4.0	20.2	6.5	3.1*
Alcohol-related disease	394	2,867	6.2	2.6	29.8	4.1	7.3*
Selected invasive bacterial and protozoal infections	259	2,677	4.1	2.5	20.6	3.9	5.2*
Cerebrovascular disease	321	6,754	5.1	6.2	34.2	9.9	3.5*
Chronic obstructive pulmonary disease	290	5,164	4.6	4.7	36.3	7.5	4.8*
Nephritis and nephrosis	206	1,347	3.2	1.2	21.2	2.0	10.7*
Violence	132	563	2.1	0.5	6.7	0.8	7.9*
Birth defects	143	1,705	2.3	1.6	4.8	2.7	1.8*
Complications of perinatal period	145	959	2.3	0.9	3.5	1.5	2.3*
Rheumatic and other valvular heart disease	100	281	1.6	0.3	7.4	0.4	17.9*
Other[(i)]	643	9,913	10.1	9.1	47.8	14.6	3.3*
Total avoidable	**6,343**	**109,218**	**100.0**	**100.0**	**550.9**	**159.0**	**3.5***

(continued)

Table 1.25.1 (continued): Avoidable mortality, by cause of death and Indigenous status, people aged 0–74 years, Queensland and NSW, Qld, WA, SA & NT combined, 2003–2007(a)(b)(c)(d)

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons at the p<.05 level.

(a) Data are reported for Queensland, Western Australia, South Australia and the Northern Territory only. These 4 jurisdictions are considered to have adequate levels of Indigenous identification in mortality data. They do not represent a quasi-Australian figure.

(b) Data are presented in 5-year groupings because of small numbers each year.

(c) While most deaths of Indigenous Australians are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these statistics are likely to underestimate the Indigenous all causes mortality rate. It is also difficult to exactly identify the difference between the Indigenous and non-Indigenous mortality rates due to these data quality issues.

(d) Deaths are by year of occurrence except the latest year which is based on year of registration.

(e) It should be noted that different causes of death may have different levels of completeness of identification of Indigenous deaths that differ from the ‘all cause’ under-identification (coverage) estimates.

(f) Directly age standardised using the Australian 2001 standard population.

(g) Rate ratio Indigenous:non-Indigenous.

(h) Data for lung cancer are a subset of data for all cancers presented in this table.

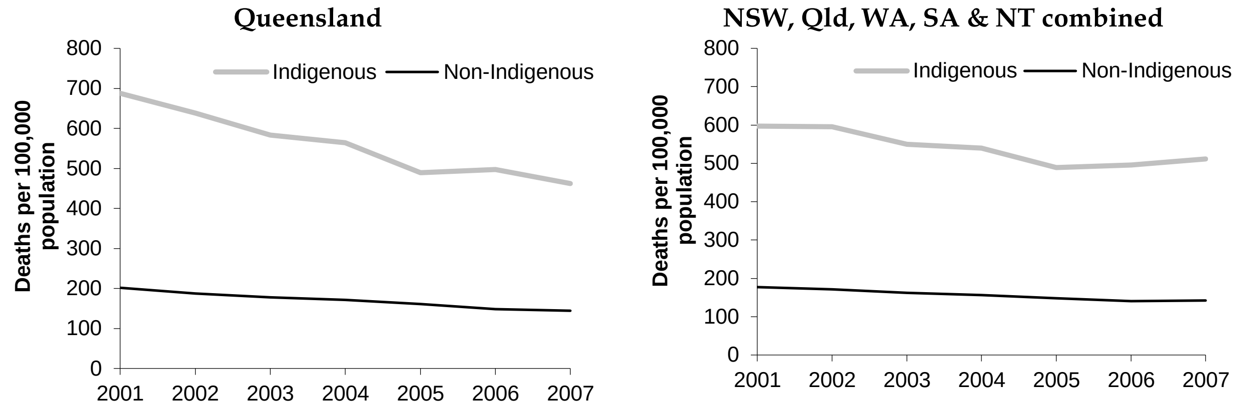
(i) Other includes: tuberculosis, hepatitis, HIV/AIDS, viral pneumonia and influenza, thyroid disorders, illicit drug disorders, epilepsy, hypertensive heart disease, aortic aneurysm, obstructive uropathy & prostatic hyperplasia, deep vein thrombosis with pulmonary embolism, asthma, peptic ulcer disease, acute abdomen/appendicitis/intestinal obstruction/cholecystitis/lithiasis/pancreatitis/hernia, chronic liver disease, falls, fires/burns, accidental poisonings, drownings.

(j) Data are reported for Queensland, Western Australia, South Australia and the Northern Territory only. These 4 jurisdictions are considered to have adequate levels of Indigenous identification in mortality data. They do not represent a quasi-Australian figure.

Source: AIHW analysis of AIHW National Mortality Database.

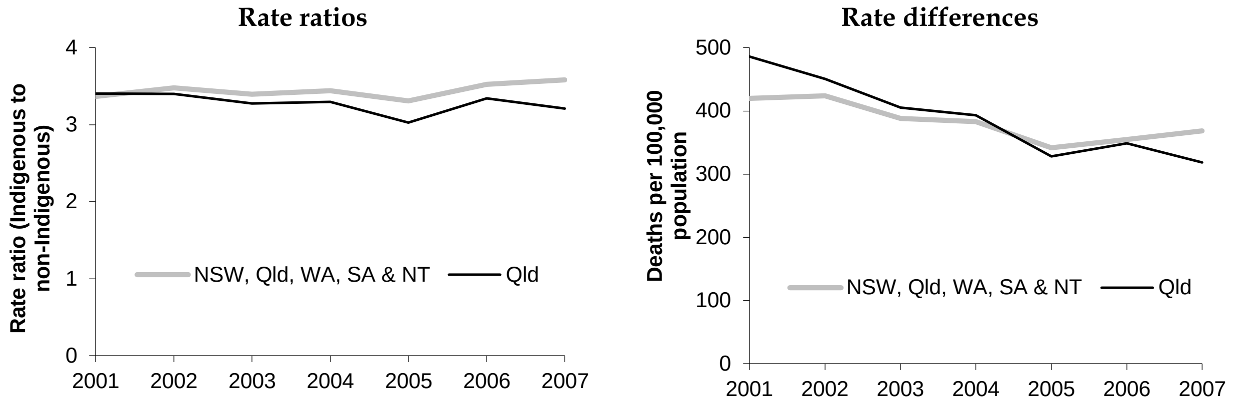
Time series

- From 2001 to 2007 in Queensland, there were significant declines in mortality rates from avoidable causes of death among both Indigenous and other people aged 0–74. For Indigenous people, there was an average yearly decrease in the rate of around 37 per 100,000 which is equivalent to a 33% reduction in the rate over the period. For non-Indigenous people, there was an average yearly decline in the rate of around 10 per 100,000 which is equivalent to a 29% reduction.
- Over the same period in New South Wales, Queensland, Western Australia, South Australia and the Northern Territory combined, there were significant declines in mortality rates from avoidable causes among Indigenous and non-Indigenous people aged 0–74.
- From 2001 to 2007 in Queensland, there was no significant change in the rate ratio between Indigenous and non-Indigenous mortality from avoidable causes. (Figure 1.25.2).



Source: AIHW analyses of National Mortality Database.

Figure 1.25.1: Mortality rates for avoidable causes of death, Indigenous and non-Indigenous Australians aged 0–74 years, Queensland and NSW, Qld, WA, SA & NT combined, 2001–2007



Source: AIHW analyses of National Mortality Database.

Figure 1.25.2: Mortality rates ratios and rate differences for avoidable causes of death, Indigenous and non-Indigenous Australians aged 0–74 years, Queensland and NSW, Qld, WA, SA & NT combined, 2001–2007

Determinants of health (Tier 2)

2.01 Access to functional housing with utilities

Connection to water, sewerage and electricity services in Indigenous communities and functionality of Indigenous housing facilities required to support healthy living practices

Discrete Indigenous communities

- Of the 19 discrete Indigenous communities in Queensland that were not connected to a town water supply and that sent their drinking water for testing in the 12 months before the 2006 CHINS, 3 (or 16%) provided samples that failed testing, 9 (47%) provided samples that did not fail testing and for 7 (37%) the test result was not known (Table 2.01.1).
- Of the 164 total Indigenous communities in Australia that were not connected to town water supply and that sent their drinking water for testing, 29% provided water samples that failed testing.
- In 2006 in Queensland, 27% of discrete Indigenous communities experienced a sewerage overflow or leakage that lasted longer than 48 hours. Nationally, 22% of Indigenous communities experienced a sewerage overflow or leakage lasting longer than 48 hours (Figure 2.01.1).

Table 2.01.1: Testing of drinking water in discrete Indigenous communities, Queensland and Australia, 2006(a)(b)(c)

	Queensland		Australia			
	Number of communities	%	Number of communities	%	Reported usual pop'n.	%
Did not fail testing(d)	9	47.4	100	61.0	29,104	58.2
Failed testing(d)	3	15.8	48	29.3	12,059	24.1
Test result not known	7	36.8	16	9.7	8,880	17.7
Total communities water sent away for testing(e)	**19**	**65.5**	**164**	**78.1**	**50,043**	**n.a.**
Not tested(e)	8	27.6	45	21.4	4,796	n.a.
Total communities(b)	**27**	**100.0**	**209**	**100.0**	**54,839**	**100.0**

(a) In the 12 months before the survey.

(b) Excludes communities connected to town supply.

(c) All discrete Indigenous communities for which water testing data were collected.

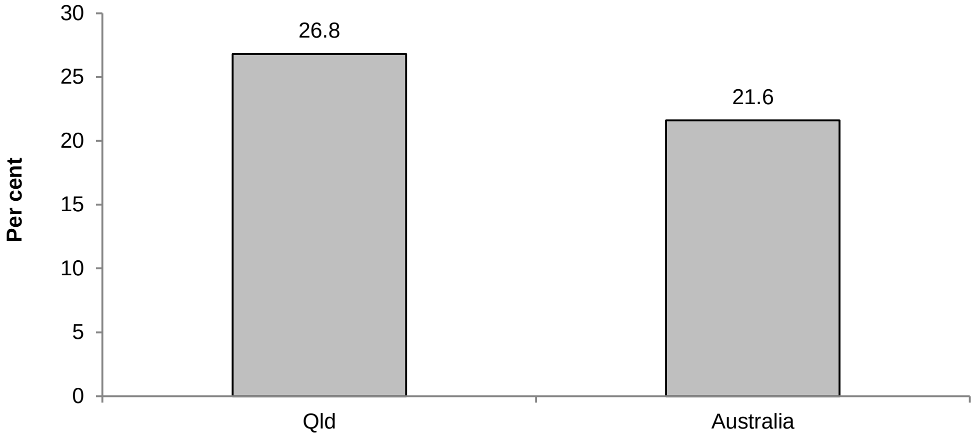
(d) Testing means water was sent away for testing. Proportion calculated in relation to total communities not connected to a town supply where water was sent away for testing.

(e) Testing means water was sent away for testing. Proportion calculated in relation to total communities not connected to a town supply.

Source: ABS 2007; FaHCSIA and AIHW analyses of CHINS 2006.

Health living practices

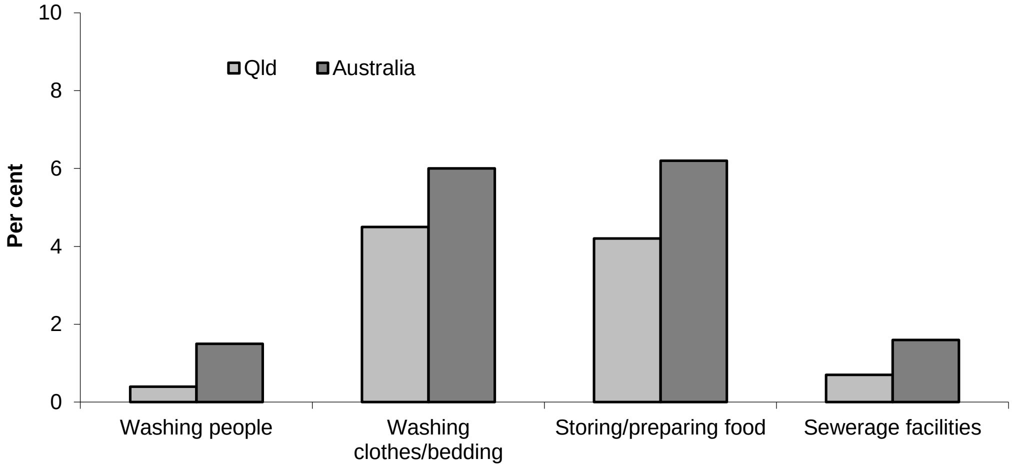
- In 2008 in Queensland, 0.4% of Indigenous households did not have working facilities for washing people, 4.5% did not have facilities for washing clothes/bedding, 4.2% did not have facilities for storing/preparing food, and 0.7% did not have working sewerage systems. These proportions were lower than those nationally (1.5% of Indigenous households reported that they did not have working facilities for washing people, 6% did not have facilities for washing clothes/bedding, 6.2% did not have facilities for storing/preparing food, and 1.6% did not have working sewerage systems) (Figure 2.01.2).



Note: Percentages calculated as a proportion of all discrete Indigenous communities with a reported usual population of 50 people or more, and communities which have a reported usual population of less than 50 people but which are not administered by a larger discrete Indigenous community or Resource Agency.

Source: FaHCSIA and AIHW analyses of CHINS 2006.

Figure 2.01.1: Percentage of discrete Indigenous communities experiencing sewerage overflows or leakages for longer than 48 hours, Queensland and Australia, 2006



Note: Excludes households for which information about working facilities was not reported.

Source: AIHW analyses of NATSISS 2008.

Figure 2.01.2: Percentage of Indigenous households reporting lack of working facilities for each of the first 4 health living practices, Queensland and Australia, 2008

2.02 Overcrowding in housing

The proportion of Aboriginal and Torres Strait Islander people living in overcrowded households

Data presented for this indicator are based on the Canadian National Occupancy Standard of housing overcrowding, the measure most widely used in Australia. This standard specifies the number of bedrooms required in a dwelling based on the numbers, age, sex and relationships of household members. Households that require one more bedroom to meet the standard are considered to experience 'a moderate degree of overcrowding', whereas households requiring two or more additional bedrooms are said to experience a 'high degree of overcrowding'.

The Canadian National Occupancy Standard states that:

- there should be no more than two persons per bedroom
- a household of one unattached individual may reasonably occupy a bed-sit (that is, have no bedroom)
- parents or couples may share a bedroom
- children younger than 5 years of age of different sexes may reasonably share a bedroom
- children 5 years of age or over of the opposite sex should not share a bedroom
- children younger than 18 years of age and of the same sex may reasonably share a bedroom
- single household members aged 18 years or over should have a separate bedroom (AIHW 2005).

- In 2008 in Queensland, about 26% of Indigenous people aged 15 years and over were living in overcrowded households compared with 3% of non-Indigenous people. The proportion of Indigenous people living in overcrowded households was similar in Queensland and nationally (26% and 25%, respectively) (Figure 2.02.1).
- In 2006 in Queensland, overcrowding varied by tenure type with 33% of Indigenous households in housing co-operative, community or church group housing overcrowded and 22% of Indigenous households in state or territory housing authority housing overcrowded. This compared with 13% of private and other renters and 8% of home owners or buyers (Table 2.02.1).

Table 2.02.1: Number and proportion of overcrowded households by Indigenous status, by tenure type, Queensland and Australia, 2006

	Indigenous		Non-Indigenous	
Tenure type	**Queensland**	**Australia**	**Queensland**	**Australia**
No. of overcrowded Indigenous households				
Home owner/buyer	1,081	3,687	14,395	94,314
Renter				
State or territory housing authority	1,511	4,970	1,877	12,692
Housing co-operative/community/church group	1,253	5,567	215	1,188
Private and other[(a)]	1,997	5,337	14,355	81,134
Not stated	91	233	219	1,091
Total rented	*4,852*	*16,107*	*16,666*	*96,105*
Other tenure types[(b)]	246	752	1,022	5,086
Total dwellings[(c)]	**6,232**	**20,734**	**32,418**	**198,151**
Proportion of overcrowded households[(d)] (%)				
Home owner/buyer	7.9	6.9	1.7	2.0
Renter				
State or territory housing authority	21.5	15.9	4.9	4.9
Housing co-operative/community/church group	33.0	39.9	3.9	3.6
Private and other[(a)]	12.8	11.4	4.4	5.6
Not stated	24.1	19.0	5.7	6.3
Total rented	*18.1*	*17.3*	*4.5*	*5.5*
Other tenure types[(b)]	20.7	18.1	3.5	3.5
Total dwellings[(c)]	**14.8**	**13.6**	**2.5**	**3.0**

(a) Includes dwellings being rented from a real estate agent, parent/other relative or other person, dwellings being rented through a 'Residential park (includes caravan parks and marinas)', 'Employer-government (includes Defence Housing Authority)' and 'Employer-other employer' (private).

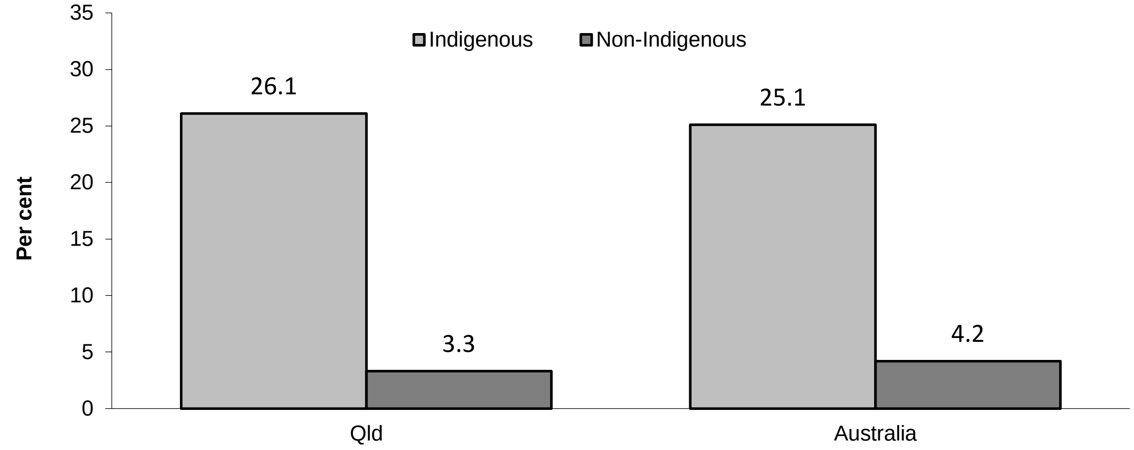
(b) Includes dwellings being purchased under a rent/buy scheme, occupied rent-free, occupied under a life tenure type and other tenure type.

(c) Includes tenure type not stated.

(d) Proportions have been calculated on all occupied private dwellings excluding those where number of bedrooms was not stated.

Note: Households are considered overcrowded if one or more additional bedroom is required to satisfy the Canadian National Occupancy Standard.

Source: ABS and AIHW analyses of 2006 Census data.



(a) Based on Canadian National Occupancy Standard for Housing Appropriateness.

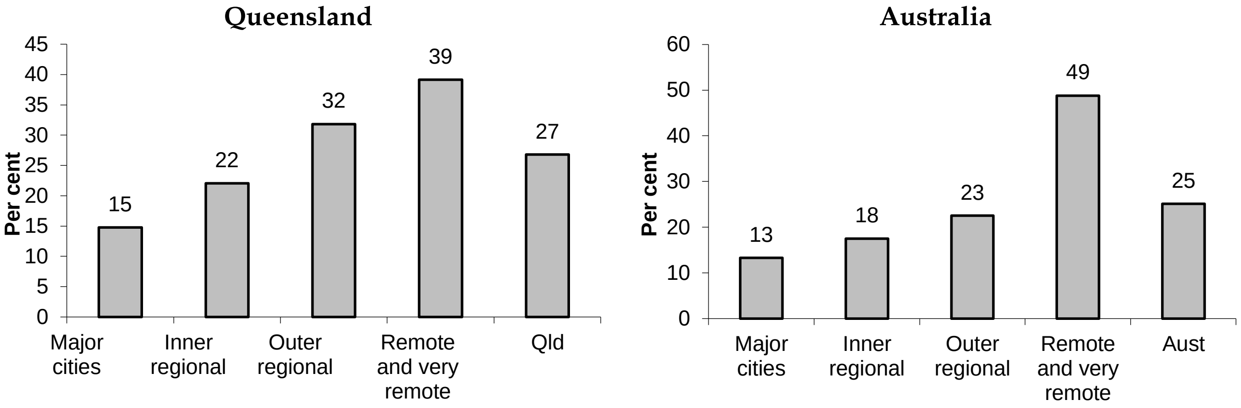
(b) People in households for which housing utilisation could be determined.

Source: NATSISS 2008, Survey of Income and Housing (SIH) 2007-08.

Figure 2.02.1: Proportion of people aged 15 years and over living in overcrowded housing[a][b], by Indigenous status, Queensland and Australia, 2008

Overcrowding by remoteness

- In 2008 in Queensland, the proportion of Indigenous people aged 15 and over living in overcrowded households was much higher in *Remote and very remote* areas (39%) than for Indigenous people living in *Major cities* (15%). The difference was greater nationally with 49% of Indigenous people living in overcrowded households in *Remote and very remote* areas, and 13% in *Major cities*.



Source: AIHW analyses of NATSISS 2008.

Figure 2.02.2: Proportion of Indigenous people aged 15 years and over living in overcrowded housing, based on the Canadian Occupancy Standard, by remoteness, Queensland and Australia, 2008

2.03 Environmental tobacco smoke

The number and proportion of Aboriginal and Torres Strait Islander children aged 0–14 years who live in households with regular smokers

Children living in households with smokers

- In 2007–08 in Queensland, about 64% of Indigenous children aged 0–14 years lived in households with a daily smoker, compared with 35% of non-Indigenous children the same age (Table 2.03.1).
- In the same period nationally, around 65% of Indigenous children aged 0–14 lived in households with a daily smoker, compared with 32% of non-Indigenous children.
- About 22% of Indigenous children aged 0–14 years in Queensland were living in households with a daily smoker who smoked at home indoors compared with 9% of non-Indigenous children of the same age. The proportions nationally were 22% for Indigenous children and 7% for non-Indigenous children of the same age.

Table 2.03.1: Children aged 0–14 years living in households with smokers, by Indigenous status of children, Queensland and Australia, 2008 and 2007–08

			Queensland	Australia
Proportion of children living with daily smoker(s)[(a)]	Indigenous	%	63.9	65.1
	Non-Indigenous	%	35.3	32.2
	Rate ratio		1.8*	2.0*
Proportion of children with daily smoker who smokes at home indoors in household[(a)]	Indigenous	%	21.6	21.6
	Non-Indigenous	%	8.6	6.6
	Rate ratio		2.5*	3.3*
Total number of children aged 0-14 years[(b)]	**Indigenous**	**No.**	**56,785**	**193,249**
	Non-Indigenous	**No.**	**792,573**	**3,907,621**

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons.

(a) Proportions exclude not stated responses.

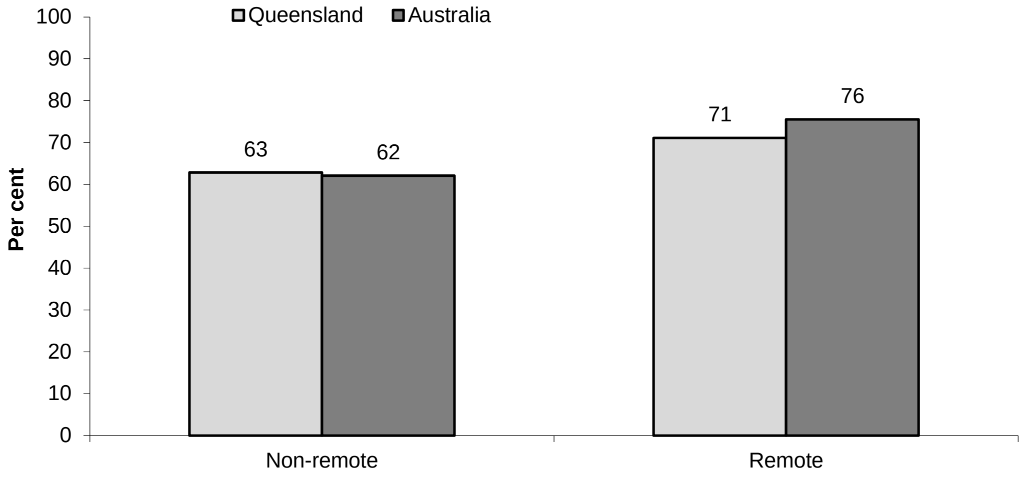
(b) Includes households in which the smoking status of members was not stated.

Source: ABS and AIHW analysis of NATSISS 2008 and NHS 2007–08.

Children living in households with smokers by remoteness

- A higher proportion of Indigenous children aged 0–14 years in remote (including very remote) areas of Queensland lived in households with a regular smoker (71%) than non-remote areas of Queensland (63%). This same pattern was evident nationally (Figure 2.03.1).
- The proportion of Indigenous children aged 0–14 years who lived in households with a regular smoker who smoked at home indoors was lower in remote areas of Queensland (18%) than in non-remote areas (23%). This is different from the national trend where a higher proportion of Indigenous children in remote areas lived in households with a

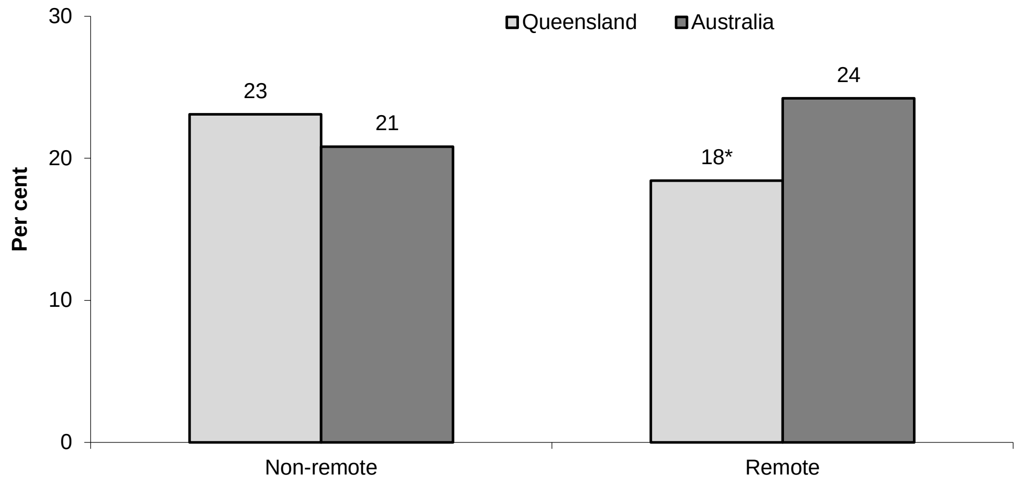
regular smoker who smoked at home indoors (24%) than in non-remote areas (21%) (Figure 2.03.2).



Note: Proportions exclude not stated responses.

Source: AIHW analyses of NATSISS 2008.

Figure 2.03.1: Indigenous children aged 0–14 years in households with a daily smoker in the household, by remoteness, Queensland and Australia, 2008



* Estimate has an RSE between 25% and 50% and should be used with caution.

Note: Proportions exclude not stated responses.

Source: AIHW analyses of NATSISS 2008.

Figure 2.03.2: Indigenous children aged 0–14 years in households with a regular smoker who smokes at home indoors, by remoteness, Queensland and Australia, 2008

2.04 Years 3, 5 and 7 literacy and numeracy

The proportion of Year 3, 5 and 7 students achieving national benchmarks for literacy and numeracy achievement

Reading

- In Queensland in 2009, about 77% of Indigenous students achieved the Year 3 reading benchmark compared with 93% of non-Indigenous students; 66% the Year 5 reading benchmark compared with 91% of non-Indigenous students; 74% the Year 7 benchmark compared with 94% of non-Indigenous students; and 65% the Year 9 benchmark compared with 92% of non-Indigenous students. These proportions were similar to those for Indigenous students nationally.

Writing

- In Queensland in 2009, about 80% of Indigenous students achieved the Year 3 writing benchmark compared with 95% of non-Indigenous students; 69% the Year 5 benchmark compared with 92% of non-Indigenous students; 72% the Year 7 benchmark compared with 93% of non-Indigenous students; and 60% the Year 9 benchmark compared with 87% of non-Indigenous students. These proportions were similar to those for Indigenous students nationally.

Spelling

- In Queensland in 2009, about 71% of Indigenous students achieved the Year 3 spelling benchmark compared with 90% of non-Indigenous students; 74% the Year 5 benchmark compared with 91% of non-Indigenous students; 78% the Year 7 spelling benchmark compared with 93% of non-Indigenous students; and 68% the Year 9 benchmark compared with 90% of non-Indigenous students. These proportions were similar to those for Indigenous students nationally.

Grammar and punctuation

- In Queensland in 2009, about 70% of Indigenous students achieved the Year 3 grammar and punctuation benchmark compared with 91% of non-Indigenous students; 65% the Year 5 benchmark compared with 91% of non-Indigenous students; 67% the Year 7 benchmark compared with 93% of non-Indigenous students; and 62% the Year 9 benchmark compared with 91% of non-Indigenous students. These proportions were similar to those for Indigenous students nationally.

Numeracy

- In Queensland in 2009, about 74% of Indigenous students achieved the Year 3 numeracy benchmark compared with 94% of non-Indigenous students; 74% the Year 5 benchmark compared with 94% of non-Indigenous students; 79% the Year 7 benchmark compared with 96% of non-Indigenous students; and 77% the Year 9 benchmark compared with 96% of non-Indigenous students. These proportions were similar to those for Indigenous students nationally.

Ratio and difference of proportions

- Compared with the proportion of non-Indigenous students achieving educational benchmarks, the relative reading, writing, spelling, grammar and punctuation, and numeracy achievements of Indigenous students in Queensland were generally slightly higher than those of Indigenous students across Australia.
- Compared with non-Indigenous students, achievement levels of Indigenous students were lowest for writing and grammar/punctuation in Year 9 for Queensland (ratio of 0.68 for both, and rate difference of -28% and -29% respectively). A similar pattern was also observed for Indigenous students in Australia (ratio of 0.66 for both writing and grammar/punctuation in Year 9, and difference of -30% and -31% for writing and grammar/punctuation in Year 9 respectively).

Table 2.04.1: Proportion of Year 3, 5, 7 and 9 students at or above the national minimum standard for reading, writing, spelling, grammar & punctuation, and numeracy, by Indigenous status, Queensland and Australia, 2008–2009[(a)]

	Queensland									
	Indigenous					Non-Indigenous				
	Reading	Writing	Spelling	Grammar & punctuation	Numeracy	Reading	Writing	Spelling	Grammar & punctuation	Numeracy
Year 3										
2008	66.2	77.2	68.4	62.9	75.5	88.7	93.6	88.9	88.3	93.3
2009	77.1	80.2	71.1	69.8	74.0	93.1	94.8	90.2	90.9	93.6
Year 5										
2008	62.9	72.0	72.6	65.7	69.5	88.8	90.8	89.4	90.6	92.0
2009	65.7	68.9	73.7	64.8	73.9	90.6	91.5	91.1	91.3	94.0
Year 7										
2008	74.8	72.3	76.2	65.9	81.8	94.3	91.2	91.3	91.9	95.9
2009	74.0	71.8	77.8	66.6	78.5	94.2	92.7	93.0	92.7	95.9
Year 9										
2008	70.0	61.8	70.5	62.7	73.2	92.0	85.3	88.8	90.0	93.8
2009	64.5	59.5	68.4	61.6	76.5	91.7	87.1	89.8	90.9	95.7

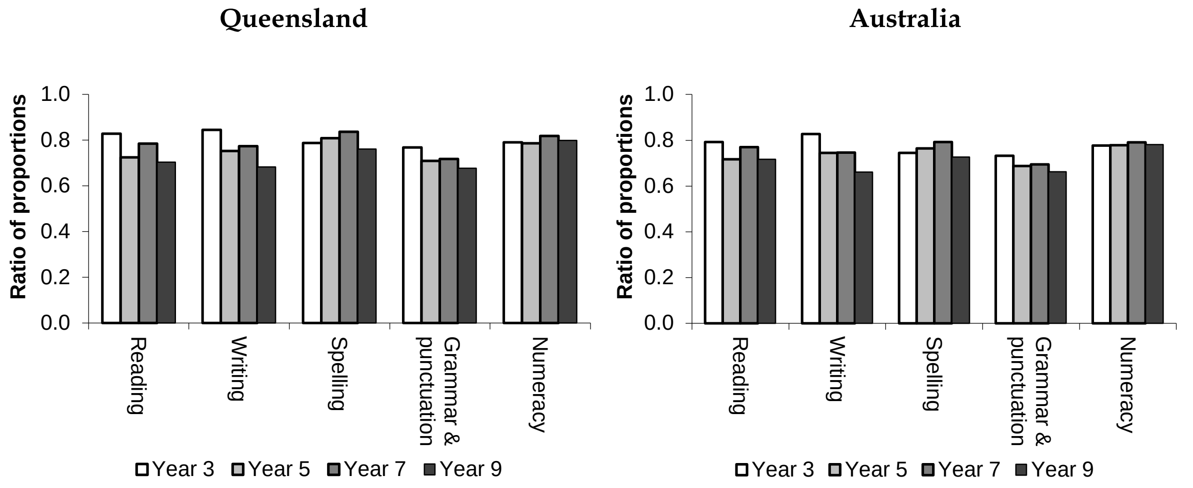
(continued)

Table 2.04.1 (continued): Proportion of Year 3, 5, 7 and 9 students at or above the national minimum standard for reading, writing, spelling, grammar & punctuation, and numeracy, by Indigenous status, Queensland and Australia, 2008–2009(a)

	Australia									
	Indigenous					Non-Indigenous				
	Reading	Writing	Spelling	Grammar & punctuation	Numeracy	Reading	Writing	Spelling	Grammar & punctuation	Numeracy
Year 3										
2008	68.3	78.8	69.2	65.3	78.6	93.5	96.4	93.9	93.3	96.0
2009	75.1	79.9	69.6	68.7	74.0	94.8	96.6	93.5	93.8	95.2
Year 5										
2008	63.4	69.7	69.7	64.1	69.2	92.6	93.9	93.0	93.5	94.0
2009	66.7	70.1	71.5	64.3	74.2	93.1	94.2	93.6	93.6	95.3
Year 7										
2008	71.9	67.9	71.8	62.7	78.6	95.4	93.2	93.6	93.2	96.4
2009	73.2	69.9	74.3	64.9	75.8	95.0	93.7	93.8	93.5	95.8
Year 9										
2008	70.7	59.7	67.8	60.7	72.5	94.2	88.8	91.0	91.5	94.8
2009	67.0	59.0	66.1	60.8	75.0	93.5	89.2	90.9	91.8	96.0

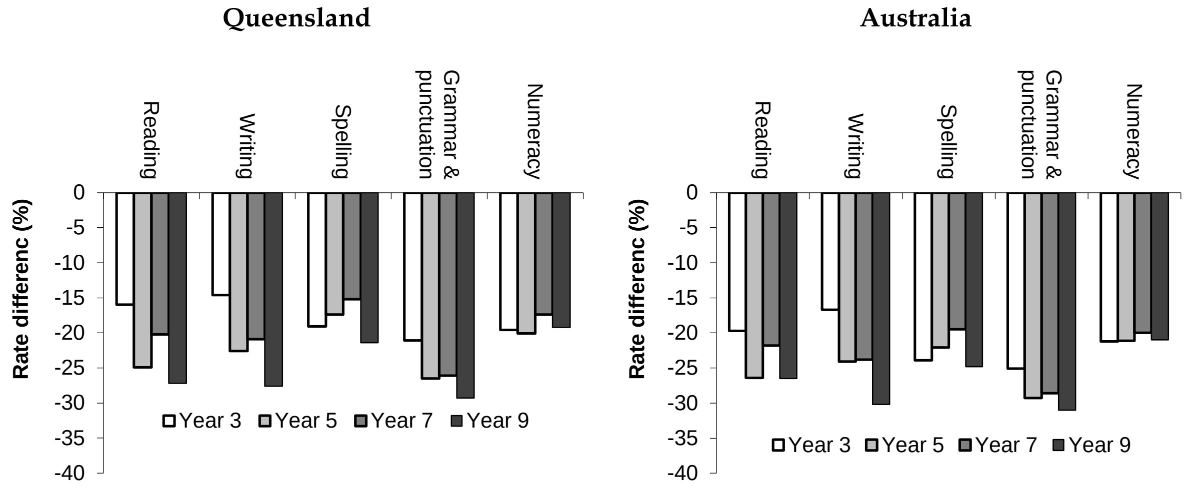
(a) Equating the 2008 NAPLAN results with the 2009 results is a complex procedure and involves some degree of statistical error. For this reason, there may be minor fluctuations in the average NAPLAN test results from year to year when, in reality, the level of student achievement has remained essentially the same. It is only when there is a meaningful change in the results from one year to the next, or when there is a consistent trend over several years, that statements about improvement or decline in levels of achievement can be made confidently. Some caution is required when interpreting changes in the performance across 2008 and 2009 (MCEECDYA 2009).

Source: Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA) 2008; MCEECDYA 2009.



Source: AIHW analyses of MCEECDYA 2009.

Figure 2.04.1: Ratio of proportion of Indigenous students achieving literacy and numeracy benchmarks to corresponding proportion of non-Indigenous students, Queensland and Australia, 2009



Source: AIHW analyses of MCEECDYA 2009.

Figure 2.04.2: Difference between proportion of Indigenous students and non-Indigenous students achieving literacy and numeracy benchmarks, Queensland and Australia, 2009

2.05 Years 10 and 12 retention and attainment

Years 10 and 12 retention rates and Year 12 attainment rates for Aboriginal and Torres Strait Islander people

Apparent retention rates are the percentage of full-time students of a given cohort group who continue from the beginning of secondary schooling to a specified year level. The term apparent is used as the retention rate does not account for students repeating a year of school or migrating in or out of the Australian school student population or between states/territories. All full-time students enrolled at a school, including 'VET in Schools' students are included in retention calculations.

Year 10 and 12 apparent retention rates

- Year 10 students as a proportion of the corresponding cohort from the first year of secondary schooling (Year 7/8);
- Year 12 students as a proportion of the corresponding cohort from the first year of secondary schooling (Year 7/8) or as a proportion of the corresponding cohort from Year 10.

Year 12 attainment rate

- The proportion of Year 11 students who went on to achieve a Year 12 certificate.

Apparent retention rates and attainment rates

- In 2009 in Queensland, the apparent retention rate of full-time Indigenous students from Year 7/8 to Year 10 was 96% for males and 99% for females compared with 101% for non-Indigenous males and 103% for non-Indigenous females.
- The apparent retention rate from Year 7/8 to Year 11 was 80% for males and 84% for females, compared with 93% and 98% for non-Indigenous males and females respectively.
- The apparent retention rate from Year 7/8 to Year 12 was much lower than for non-Indigenous students—54% for Indigenous males and 63% for Indigenous females compared with 78% for non-Indigenous males and 85% for non-Indigenous females.
- The apparent retention rate from Year 10 to Year 12 was also much lower for Indigenous (56% for males and 65% for females compared with 77% and 83% for non-Indigenous males and females).
- In 2009, 73% of Indigenous male Year 11 students and 77% of Indigenous female Year 11 students went on to achieve a Year 12 certificate in Queensland. This compared with 87% and 88% of non-Indigenous male and female Year 11 students.
- Apparent retention and attainment rates for Indigenous students in Queensland were higher than the national rates for Indigenous students.

Table 2.05.1: Apparent retention and attainment rates, by Indigenous status and sex, Queensland and Australia, 2009[(a)(b)(c)]

	Queensland		Australia	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
	%	%	%	%
Year 7/8 to Year 10[(d)]				
Males	96.3	100.7	89.6	99.2
Females	99.4	102.8	92.3	101.1
Year 7/8 to Year 11[(d)]				
Males	80.3	93.0	67.5	88.9
Females	83.5	98.4	71.6	94.8
Year 7/8 to Year 12[(d)]				
Males	53.6	77.5	41.5	72.1
Females	62.5	84.5	49.5	82.7
Year 10 to Year 12[(e)]				
Males	56.3	76.8	46.1	73.1
Females	64.9	83.0	54.3	82.5
Year 11 to Year 12[(f)]				
Males	73.4	86.7	64.2	83.7
Females	77.2	88.3	69.6	88.5

(a) Although most students are recorded, it is likely that some are not accurately identified as Indigenous. Therefore, these statistics are likely to underestimate the number of Aboriginal and Torres Strait Islander students. In addition, the standard Indigenous status question has not yet been implemented in some jurisdictions.

(b) The following factors have not been taken into account in these statistics: students repeating a year of education, migration and other net changes to the school population, enrolment policies (including year starting high school which contributes to different age/grade structures between states and territories), inter-sector transfer and interstate movements of students.

(c) The inclusion or exclusion of part-time students can also have a significant effect on apparent retention rates.

(d) Retention rate = Year 10, 11 or 12 students as a proportion of the corresponding cohort from the first year of secondary schooling (Year 7/8).

(e) Retention rate = Year 12 students as a proportion of the corresponding cohort from Year 10.

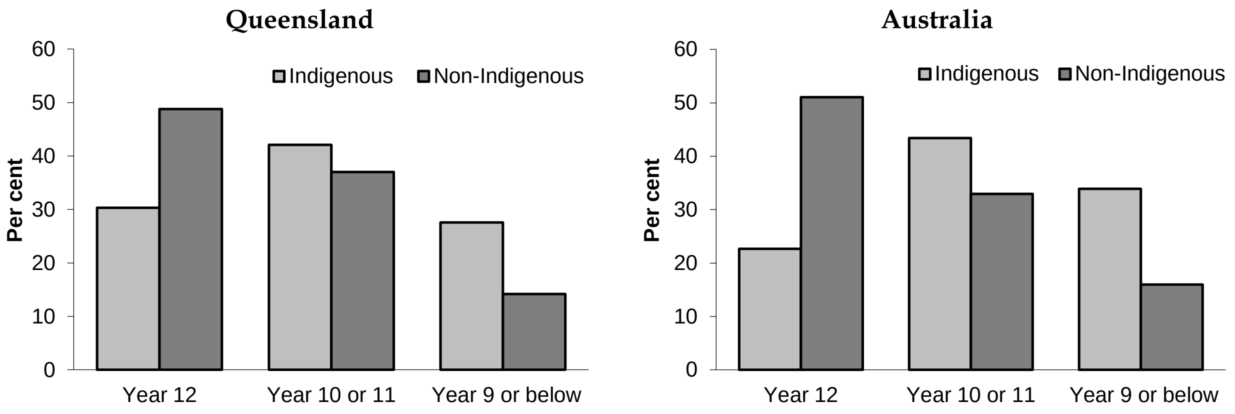
(f) Retention rate = Year 12 students as a proportion of the corresponding cohort from Year 11.

Source: ABS 2010; ABS and AIHW analysis of National Schools Statistics Collection (NSSC).

2.06 Educational participation and attainment of Aboriginal and Torres Strait Islander adults

Educational participation (people undertaking formal education or training) and educational attainment (people who have completed a particular level of school education or post-school qualification)

- In 2008 in Queensland, a higher proportion of Indigenous Australians aged 15 and over was currently studying than non-Indigenous Australians (19% compared with 16%). These rates are similar nationally (Table 2.06.1).
- A higher proportion of Indigenous people from Queensland and nationally attended secondary school or a technical institution in 2008 than non-Indigenous people, but the proportion of Indigenous people who attended a university or other higher education was less than half that of non-Indigenous people (Table 2.06.1).
- In 2008 in Queensland, non-Indigenous people aged 18 and over were more likely than Indigenous people to have completed Year 12 (49% compared with 30%). In contrast, a higher proportion of Indigenous adults than non-Indigenous adults reported that the highest year of school completed was Year 9 or below (28% compared with 14%). The proportion of Indigenous people who completed Year 12 was higher in Queensland than nationally (30% compared with 23%) (Figure 2.06.1).
- In 2008 in Queensland, 40% of Indigenous people aged 25-64 had a post-school qualification compared with 60% of non-Indigenous people. The most commonly held qualification was for a certificate course for both Indigenous and non-Indigenous people (Table 2.06.2).



Note: Year 9 or below includes people who never attended school.

Source: ABS and AIHW analysis of NATSISS 2008.

Figure 2.06.1: Highest level of school completed, by Indigenous status, people aged 18 years and over, Queensland and Australia, 2008

Table 2.06.1: Educational institution currently attended, by Indigenous status, people aged 15 years and over, Queensland and Australia, 2008

	Educational participation		Secondary school	TAFE/technical college /business college /industry skills centre	University/other higher education	Total currently studying(a)	Not studying	Total(a)	Total number
Queensland	Indigenous	%	8.4*	5.8	2.5*(b)	18.9	81.1	100.0	90,587
	Non-Indigenous	%	3.8*	4.5	6.6*	15.8	84.2	100.0	3,192,880
	Rate ratio(c)		2.2	1.3	0.4	1.2	1.0	. .	. .
Australia	Indigenous	%	8.4*	6.0*	2.7*	19.0*	81.0*	100.0	327,101
	Non-Indigenous	%	4.2*	4.6*	5.6*	15.6*	84.4*	100.0	16,374,202
	Rate ratio(c)		2.0	1.3	0.5	1.2	1.0	. .	. .

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons.

(a) Includes other educational institution, not further defined.

(b) Estimate has a relative standard error of between 25% and 50% and should be used with caution.

(c) Indigenous rate divided by non-Indigenous rate.

Source: ABS and AIHW analysis of NATSISS 2008.

Table 2.06.2: Whether has a post-school qualification, by Indigenous status, people aged 25–64 years, Queensland and Australia, 2008

	Highest post-school qualification(a)		Bachelor degree or above(b)	Advanced diploma/ diploma	Certificate	*Total with post-school qualification(c)*	Does not have a post-school qualification	Total	Total number of people
Queensland	Indigenous	%	6.8*	5.5*	23.9	39.7*	60.4*	100.0	57,638
	Non-Indigenous	%	20.8*	9.4*	27.7	60.0*	40.0*	100.0	2,160,365
	Rate ratio		0.3	0.6	0.9	0.7	1.5	. .	. .
Australia	Indigenous	%	6.5*	5.6*	24.7	40.2*	59.9*	100.0	207,342
	Non-Indigenous	%	24.9*	9.8*	24.9	61.4*	38.6*	100.0	10,997,331
	Rate ratio		0.3	0.6	1.0	0.7	1.6	. .	. .

* Represents results with statistically significant differences in the Indigenous/non-Indigenous comparisons.

(a) As classified to the ABS Classification of Qualifications.

(b) Includes bachelor degree, doctorate, masters, graduate diploma and graduate certificate.

(c) Includes people with a post-school qualification undetermined.

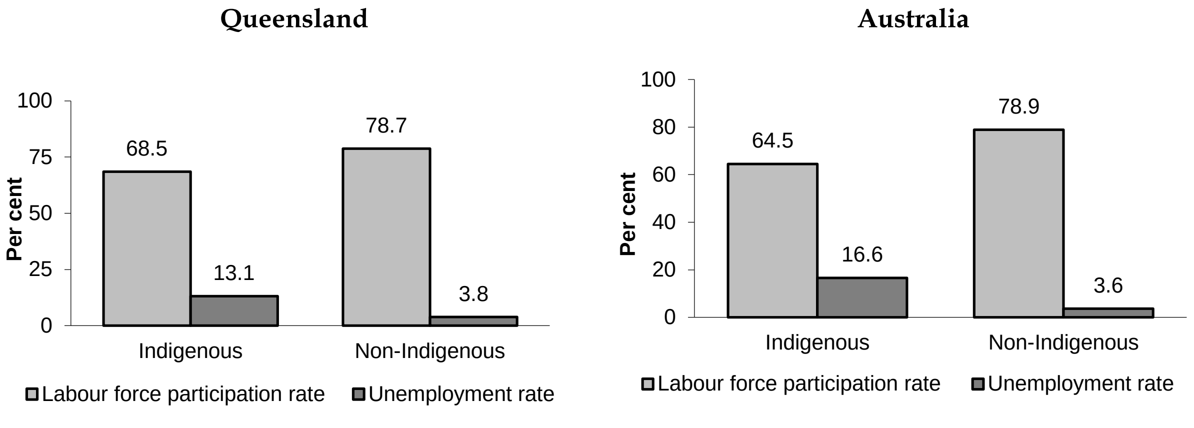
Source: NATSISS 2008 and NHS 2007–08.

2.07 Employment status including Community Development Employment Projects (CDEP) participation

The employment status of Aboriginal and Torres Strait Islander people aged 15–64 years

The CDEP program helps Indigenous job seekers gain the skills, training and capabilities to find sustainable employment and improves the economic and social well-being of communities.

- In 2008 in Queensland, the labour force participation rate for Indigenous people aged 15–64 years was estimated to be 69%, with 13% of those in the labour force unemployed and looking for full or part-time work. In comparison, the labour force participation rate for non-Indigenous people was 79%, with 4% of non-Indigenous participants unemployed (Figure 2.07.1).
- In 2008 across Australia, the labour force participation rate for Indigenous people aged 15–64 years was estimated to be 65%, with 17% of those in the labour force unemployed. The labour force participation rate nationally was 79% for non-Indigenous people, with 4% of participants unemployed.
- In 2008 in Queensland, about 60% of Indigenous people aged 15–64 were employed (4% in CDEP and 55% in non-CDEP) and 9% were unemployed. Of the non-Indigenous population, 76% were employed and 3% were unemployed (Table 2.07.1).
- In 2008 across Australia, around 54% of Indigenous people aged 15–64 years were employed (6% in CDEP and 48% in non-CDEP) and 11% were unemployed. Of the non-Indigenous population, 76% were employed and 3% were unemployed.



Source: NATSISS 2008 and NHS 2007–08.

Figure 2.07.1: Unemployment and labour force participation rates, people aged 15-64 years, by Indigenous status, Queensland and Australia, 2008

Table 2.07.1: Labour force status of people aged 15–64 years, by Indigenous status, Queensland and Australia, 2008

	Queensland		Australia	
	Indig.	**Non-Indig.**	**Indig.**	**Non-Indig.**
	%	%	%	%
In the labour force				
Employed CDEP	*4.1	. .	5.6	. .
Employed non-CDEP	55.4	. .	48.2	. .
Total employed	59.5	75.7	53.8	76.0
Unemployed	9.0	3.0	10.7	2.9
Not in the labour force	31.5	21.3	35.5	21.1
Total	**100.0**	**100.0**	**100.0**	**100.0**

* Estimate has a relative standard error between 25% and 50% and should be used with caution.

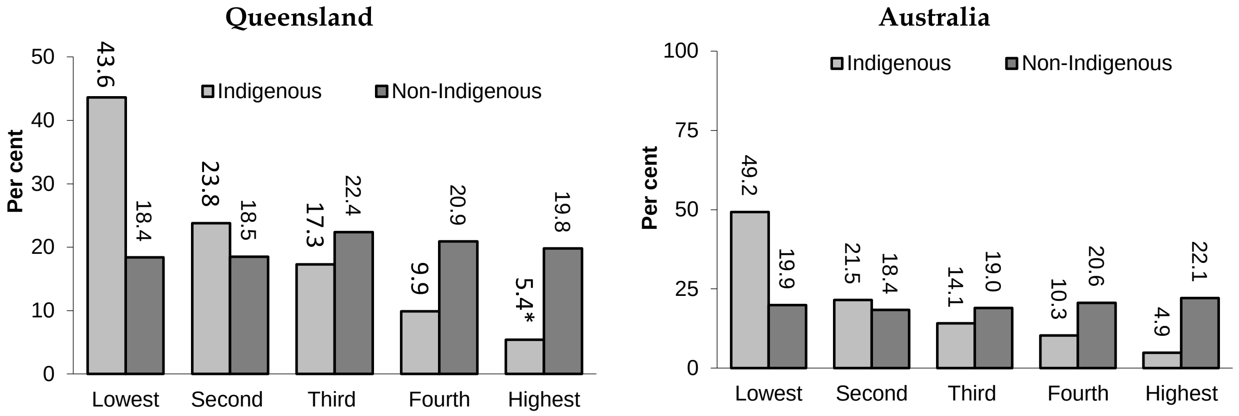
Source: NATSISS 2008 and NHS 2007–08.

2.08 Income

Equivalised gross household and individual income of Aboriginal and Torres Strait Islander people

Equivalised income is the amount of income available per person after adjusting for household size.

- In 2008 in Queensland, 44% of Indigenous people aged 18 and over were in the lowest quintile of equivalised gross weekly household income and 5% were in the highest quintile. The proportion of non-Indigenous people was similar across all five quintiles, with 18% in the lowest quintile and 20% in the highest (Figure 2.08.1).
- This same pattern was evident nationally, with 50% of Indigenous people aged 18 years and over in the lowest quintile of equivalised gross weekly household income and 5% in the highest. Twenty per cent of non-Indigenous people were in the lowest quintile and 22% in the highest.
- In 2008 in Queensland, the mean equivalised gross weekly household income for Indigenous people aged 18 and over was $607 per week compared with $980 per week for non-Indigenous people. Nationally, the mean equivalised gross weekly household income for Indigenous people aged 18 and over was $580 compared with $983 for non-Indigenous people (Figure 2.08.2).



* Estimate has a relative standard error between 25% and 50% and should be used with caution.

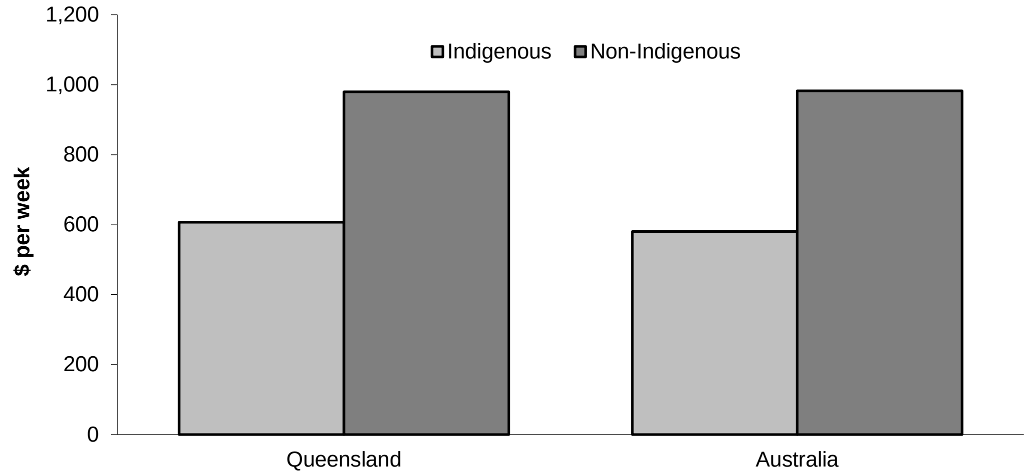
(a) Equivalised gross household income quintile boundaries for Indigenous Australians are: first (0 to $435); second ($436 to $686); third ($687 to $952); fourth ($953 to $1,380); and fifth ($1,381 or more).

(b) Equivalised gross household income quintile boundaries for non-Indigenous Australians are: first (0 to $423); second ($424 to $666); third ($667 to $925); fourth ($926 to $1,341); and fifth ($1,342 or more).

(c) Proportions excluding people whose gross household income is not stated.

Source: NATSISS 2008 and SIH 2007–08.

Figure 2.08.1: Proportion of people aged 18 years and over in each equivalised gross weekly household income quintile[(a)(b)(c)], by Indigenous status, Queensland and Australia, 2008



Source: NATSISS 2008 and SIH 2007–08.

Figure 2.08.2: Mean equivalised gross household income ($ per week), by Indigenous status, people aged 18 years and over, Queensland and Australia, 2008

2.09 Housing tenure type

The tenure status of a person's occupancy of a residence: owning without a mortgage; owning with a mortgage; renting public housing; renting community housing; and renting privately

- In 2008 in Queensland, about 26% of Indigenous people aged 18 years and over owned or were buying their own home, 35% were private and other renters, and 38% were renters of some form of social housing (state or territory housing authority/housing cooperative or church group/Indigenous housing organisation or community housing). This compared with 65% of non-Indigenous people aged 18 years and over who owned or were buying their home, 29% private and other renters, and 2% renters of some form of social housing (Table 2.09.1).
- A slightly lower proportion of Indigenous households in Queensland were home owners or buyers than Indigenous households nationally (29% compared with 33%) and a similar proportion were renters of Indigenous housing organisation or community housing (10% in Queensland and nationally).

Table 2.09.1: Proportion of households and people[a], by tenure type and Indigenous status, Queensland and Australia, 2008

	Queensland		Australia	
	Indigenous	**Non-Indigenous**	**Indigenous**	**Non-Indigenous**
		People[a]		
Home owners				
Owned without a mortgage	7.3	26.9	8.7	27.3
Being bought	18.8	37.5	20.5	37.9
Total home owners	*26.1*	*64.5*	*29.2*	*65.2*
Renters				
Private and other renter[b]	34.9	28.5	29.3	25.3
State/territory housing authority	20.4	2.0	23.2	2.9
Housing co-operative or church group	**^1.4	**^0.1	^0.6	^0.3
Indigenous Housing Organisation/ Community housing	15.7		15.9	
Total renters[c]	72.7	30.6	69.2	28.5
Other tenure types[d]	*1.2	5.0	1.6	6.3
Total[e]	**100.0**	**100.0**	**100.0**	**100.0**
Total number[e]	**79,662**	**3,040,931**	**289,327**	**15,553,828**
		Households		
Home owners				
Owned without a mortgage	7.9	27.2	9.9	29.3
Being bought	21.2	2.8	22.6	36.5
Total home owners	*29.2*	*0.1*	*32.5*	*65.8*
Renters				
Private and other renter[b]	40.0	30.0	33.4	25.0
State/territory housing authority	17.5	36.0	21.7	3.9
Housing co-operative or church group	**^1.0	**^0.1	^0.6	^0.4
Indigenous Housing Organisation/ Community housing	10.3	. .	9.6	
Total renters[c]	*69.3*	*30.1*	*65.5*	*29.4*
Other tenure types[d]	*1.5	3.9	2.0	4.8
Total[e]	**100.0**	**100.0**	**100.0**	**100.0**
Total number[e]	**47,928**	**1,560,980**	**175,981**	**7,973,429**

* Estimate has a relative standard error between 25% and 50% and should be used with caution.

** Estimate has a relative standard error greater than 50% and is generally unreliable for use.

^ Difference between rates for Indigenous and non-Indigenous Australians are NOT statistically significant for these categories.

(a) People aged 18 years and over.

(b) Includes real estate agents, unrelated people, relatives, owner/managers of caravan parks, employers and other landlords.

(c) Includes landlord type not stated.

(d) Includes people living under life tenure schemes, those living in rent-free schemes and other tenure types nfd.

(e) Excludes tenure type not stated.

Source: NATSISS 2008 and NHS 2007–08.

2.10 Index of disadvantage

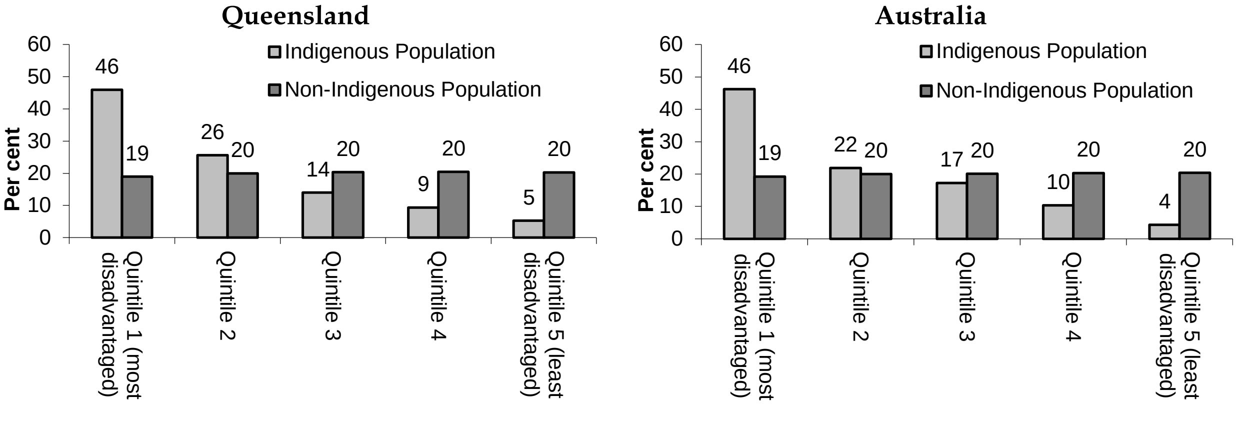
An analysis of the relative disadvantage within the Aboriginal and Torres Strait Islander population compared with the non-Indigenous population.

The ABS has developed an index to allow measurement of relative socio-economic status at a small area level. Known as Socio-Economic Indexes for Areas (SEIFA), it summarises a range of socio-economic variables associated with disadvantage. The index of advantage/disadvantage is a continuum of advantage to disadvantage and is available for both urban and rural areas. Low values indicate areas of disadvantage, and high values indicate areas of advantage. It takes into account variables such as the proportion of families with high incomes, people with a tertiary education, and employees in skilled occupations.

Note that this SEIFA index is assigned to areas, not to individuals. This means that not all members of the population in a relatively disadvantaged area are equally disadvantaged.

SEIFA analysis can be done based at the geographic (which mean the collection districts or CDs are split into the five quintiles based on the SEIFA of the CDs) or population level (which means the members of each population are split into quintiles and the SEIFA quintiles are then based on the populations which fit into each quintile). SEIFA analyses based on the geographic level are presented in this report.

- In 2006 in Queensland, a greater proportion of the Indigenous population was in the most disadvantaged quintile of socioeconomic status than the non-Indigenous population (46% compared with 19%) (Figure 2.10.1). Only 5% of the Indigenous population was in the least disadvantaged quintile compared with 20% of the non-Indigenous population.
- Compared with the Indigenous population nationally, Queensland had a similar proportion of Indigenous people in the most disadvantaged quintile of socioeconomic status (about 46%) and a higher proportion of Indigenous people in the least disadvantaged quintile (5% compared with 4%).



Source: AIHW analyses of 2006 Census data.

Figure 2.10.1: Population distribution by SEIFA advantage/disadvantage quintiles, by Indigenous status, Queensland and Australia, 2006

2.11 Dependency ratio

The **dependency ratio** is expressed as a percentage derived as follows:

$$\frac{\text{Percentage of population aged under 15 years + percentage of population aged 65 years and over}}{\text{Percentage of population aged 15–64 years}}$$

It is used as a proxy for the ratio between those who are not economically active (and therefore dependent) and those who are economically active.

The youth and aged dependency ratios can be calculated separately if required:

Youth dependency ratio

$$\frac{\text{Percentage of population aged under 15 years}}{\text{Percentage of population aged 15–64years}}$$

Aged dependency ratio

$$\frac{\text{Percentage of population aged 65 years and over}}{\text{Percentage of population aged 15–64 years}}$$

- The Indigenous population has a younger age structure than the non-Indigenous population. In 2010 in Queensland, 37% of Indigenous people were younger than 15 years compared with 19% of non-Indigenous people. People aged 65 years and over comprised 3% of the Indigenous population and 13% of the non-Indigenous population.
- Nationally in 2010, 35% of Indigenous people and 19% of non-Indigenous people were younger than 15 years. People aged 65 years and over comprised 3% of the Indigenous population and 14% of the non-Indigenous population.
- In 2010 in Queensland, the dependency ratio for Indigenous people was 0.66 compared with 0.48 for non-Indigenous people. The youth dependency ratio for Indigenous people was higher than for non-Indigenous people (0.61 compared with 0.28), whereas the aged dependency ratio was lower (0.05 for Indigenous people compared with 0.20 for non-Indigenous people) (Table 2.11.1).
- This same pattern was evident nationally where the dependency ratio was 0.63 for Indigenous people compared with 0.48 for non-Indigenous people, the youth dependency ratio was 0.57 for Indigenous people compared with 0.27 for non-Indigenous people, and the aged dependency ratio was 0.05 for Indigenous people compared with 0.21 for non-Indigenous people.

Table 2.11.1: Total, youth and aged dependency ratios, by Indigenous status, Queensland and Australia, 2010

	Queensland	Australia
Indigenous		
Dependency ratio	0.66	0.63
Youth dependency ratio	0.61	0.57
Aged dependency ratio	0.05	0.05
Non-Indigenous		
Dependency ratio	0.48	0.48
Youth dependency ratio	0.28	0.27
Aged dependency ratio	0.20	0.21

Source: AIHW analyses of ABS population estimates based on 2006 Census.

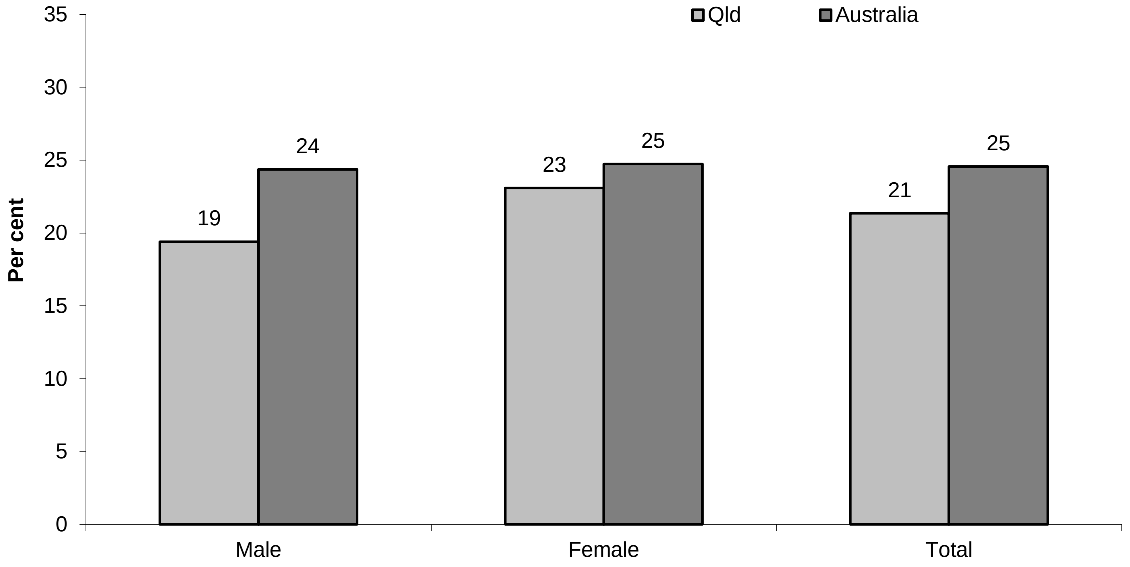
2.13 Community safety

Three parameters of community safety are considered for this measure:

1. *experience of personal injury or death as a result of violence*
2. *experience of threatened violence or a social setting in which violence is common*
3. *experience of a social setting where there is a lack of security and a perception of danger, for example, where crimes against property or disorderly behaviour are common.*

Victim of physical or threatened violence

- In 2008 in Queensland, a lower proportion of Indigenous males than Indigenous females aged 15 years and over reported being a victim of physical or threatened violence in the last 12 months (19% and 23%, respectively) (Figure 2.13.1).
- The proportion of Indigenous people aged 15 years and over that reported being a victim of physical or threatened violence in the last 12 months was slightly lower in Queensland than nationally (21% and 25%, respectively).
- In Queensland, Indigenous people aged 18 years and over were 1.2 times as likely as non-Indigenous people to report being victims of physical or threatened violence in the last 12 months (Table 2.13.1).



Note: Proportions exclude people who refused to answer either the question on victimisation of physical violence or the question on victimisation of threatened violence.

Source: AIHW analyses of NATSISS 2008.

Figure 2.13.1: Percentage of Indigenous people aged 15 years and over reporting they were a victim of physical or threatened violence in last 12 months, by sex, Queensland and Australia, 2008

Stressors

- In 2008 in Queensland, about 80% of Indigenous people aged 18 and over or their family members and close friends, experienced at least one stressor in the previous 12 months compared with 51% of non-Indigenous people. The most common stressors for Indigenous people were death of a family member or close friend (42%) and alcohol or drug-related problems (23%).
- In Queensland and nationally, a similar proportion of Indigenous people aged 18 and over felt overcrowding at home was a stressor, as did their family members and close friends (14% and 13%, respectively).

Table 2.13.1: Issues of community safety, people aged 18 years and over, by Indigenous status, Queensland and Australia, 2008

	Queensland		**Australia**	
	Indig.	**Non-Indig.**	**Indig.**	**Non-Indig.**
	%	**%**	**%**	**%**
Victim of physical or threatened violence in last 12 months[(a)]	16.8	13.5	20.5*	10.8*
Stressors experienced by individual, family members and/or close friends in last 12 months[(b)]				
Mental illness	16.5*	10*	17.1*	8.8*
Death of family member or close friend	42.1*	20.2*	40.4*	19.4*
Alcohol or drug-related problems	23.0*	6.6*	24.2*	5.7*
Abuse or violent crime	5.8*	2.6*	7.6*	2.4*
Witness to violence	6.9*	2.6*	9.0*	2.2*
Trouble with the police	12.9*	3.4*	14.7*	2.6*
One or more of the above stressors	*61.0**	*32.5**	*59.1**	*30.2**
You, a family member or friend spent time in gaol	10.9	. .	12.8	. .
Overcrowding at home	14.0	. .	12.7	. .
Treated badly / discrimination	9.6	. .	10.2	. .
Total experienced stressors[(c)(d)]	*80.4**	*51.2**	*79.0**	*49.1**
No stressors reported	19.6*	48.8*	21.0*	50.9*
Total	**100.0**	**100.0**	**100.0**	**100.0**

* Represents statistically significant differences in the Indigenous/non-Indigenous comparisons.

. . Data not collected for non-Indigenous Australians

(a) For this variable only, non-Indigenous comparison has been sourced from General Social Survey 2006 (GSS06).

(b) In the 2008 NATSISS, Indigenous Australians were asked about 24 separate stressors, and in the 2007-08 NHS, non-Indigenous Australians were asked about 14 separate stressors.

(c) Sum of components may exceed total, as people may have reported more than one type of stressor.

(d) Includes all other types of stressors not listed here.

Note: Excludes stressors not stated.

Source: NATSISS 2008 and NHS 2007-08.

Neighbourhood community problems

- Of Indigenous people aged 15 years and over in Queensland, 71% reported neighbourhood/community problems present compared with 74% nationally.
- Dangerous/noisy driving and alcohol were most commonly reported as a neighbourhood/community problem in Queensland (44% for dangerous/noisy driving and 38% for alcohol). Nationally, dangerous/noisy driving and theft were most commonly reported as a neighbourhood/community problem (46% for dangerous/noisy driving and 43% for theft).

Table 2.13.2: Neighbourhood/community problems, Indigenous Australians aged 15 years and over, Queensland and Australia, 2008

	Queensland	Australia
	%	%
Neighbourhood/community problem present		
Theft[(a)]	36.6	42.5
Problems involving youth	33.0	34.4
Prowlers/loiterers	17.9	19.1
Vandalism/graffiti/damage to property	27.8	35.3
Dangerous or noisy driving	44.4	46.1
Alcohol	38.0	41.3
Illegal drugs	33.1	36.4
Family violence	19.8	24.8
Assault	18.0	22.7
Sexual assault	10.9	11.7
Problems with neighbours	13.8	15.4
Levels of neighbourhood conflict	15.4	14.1
Level of personal safety day or night	10.8	13.8
Total with neighbourhood/community problems	*70.9*	*74.2*
No neighbourhood/community problems reported	29.2	25.8
Total	**100.0**	**100.0**
Total number	**90,328**	**327,101**

(a) Excludes unknown responses.

Source: AIHW analysis of NATSISS 2008.

2.14 Contact with the criminal justice system

The prevalence of Aboriginal and Torres Strait Islander people in prison custody, other contact with the criminal justice system, including police custody and juvenile justice, and relationships with health and social factors

People in prison custody

- As at 30 June 2009, there were 1,576 Indigenous and 4,091 non-Indigenous people in prison custody in Queensland. Nationally, there were 7,386 Indigenous and 21,554 non-Indigenous people in prison custody (Table 2.14.1).
- The age standardised rate of imprisonment for Indigenous people in Queensland was 1,427 per 100,000, which was 11 times the rate for non-Indigenous people (129 per 100,000).
- Imprisonment rates were lower in Queensland than the national rates for both Indigenous and non-Indigenous Australians.
- A much higher proportion of Indigenous and total prisoners were males than females (93% males in Queensland and 92% males in Australia).
- Between 2000 and 2009 in Queensland, the crude imprisonment rate of Indigenous people increased significantly, by an average yearly amount of around 23 per 100,000. The national rate for Indigenous people also increased significantly, with an average yearly increase of around 73 per 100,000 (Figure 2.14.1).

Table 2.14.1: People in prison custody, by Indigenous status and sex, Queensland and Australia, 30 June 2009

	Indigenous					
	Number					
	Males	**Females**	**People(a)**	**Crude rate(b)**	**Age- standardised rate(c)**	
Qld	1,460	116	1,576	1,732.9	1,427.2	
Aust	**6,783**	**603**	**7,386**	**2,309.8**	**1,890.7**	
	Non-Indigenous					
	Number					
	Males	**Females**	**People(a)**	**Crude rate(b)**	**Age standardised rate(c)**	**Age standardised rate ratio(d)**
Qld	3,791	300	4,091	124.5	128.5	11.1
Aust	**20,063**	**1,493**	**21,554**	**130.9**	**135.6**	**13.9**

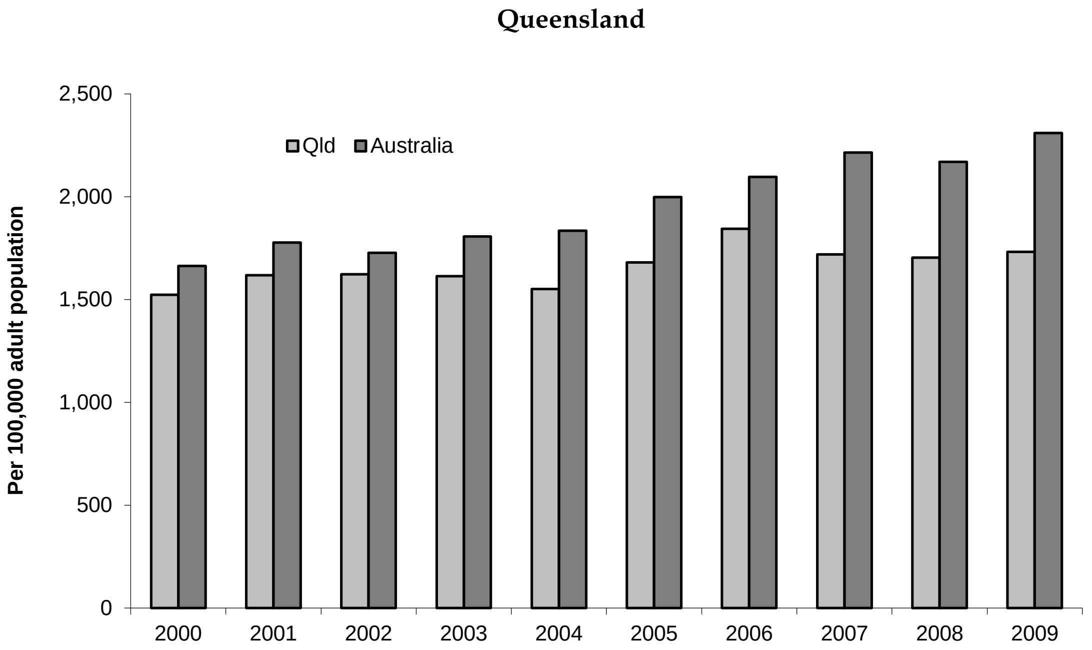
(a) Includes sex not stated.

(b) Number per 100,000 adult population.

(c) Number per 100,000 adult population directly age standardised to 2001 Australian standard population.

(d) The ratio of Indigenous to non-Indigenous imprisonment is calculated by dividing the Indigenous age-standardised rate by the non-Indigenous age-standardised rate.

Source: ABS 2009.

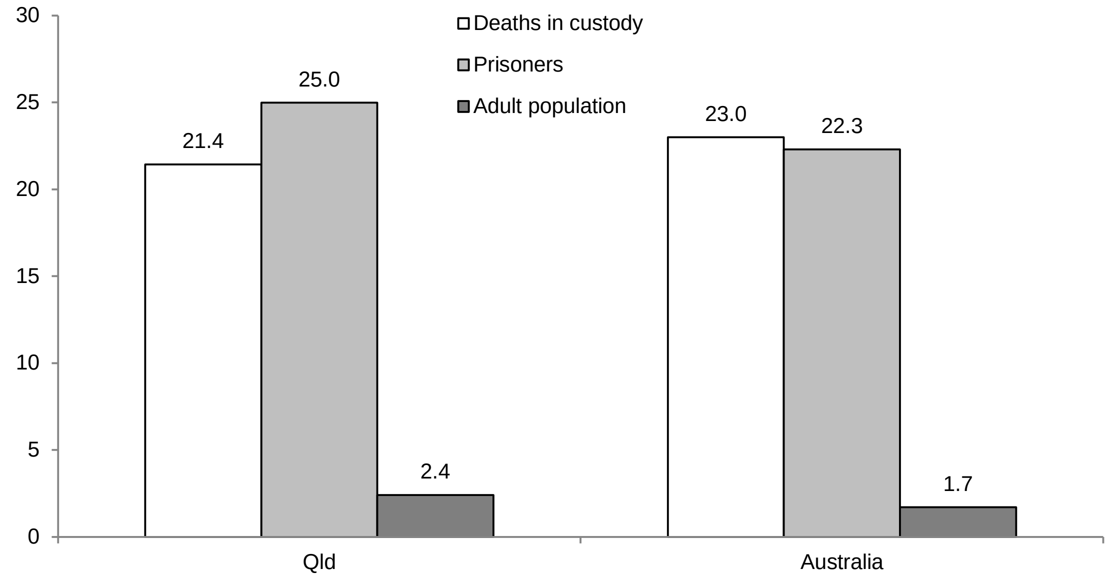


Source: Australian Bureau of Statistics Prisoners in Australia (cat. No. 4517.0).

Figure 2.14.1: Crude imprisonment rates of Indigenous Australians, Queensland and Australia, 2000-2009

Deaths in prison custody

In 2004-06 in Queensland, Indigenous people represented about 21% of deaths in custody (police and prison), 25% of the prisoner population and 2.4% of the adult population. This compares with 23% of deaths in custody, 22% of prisoners and 1.7% of the adult population nationally.



Source: AIHW analyses of Australian Institute of Criminology (AIC) National Deaths in Custody Program (NDICP).

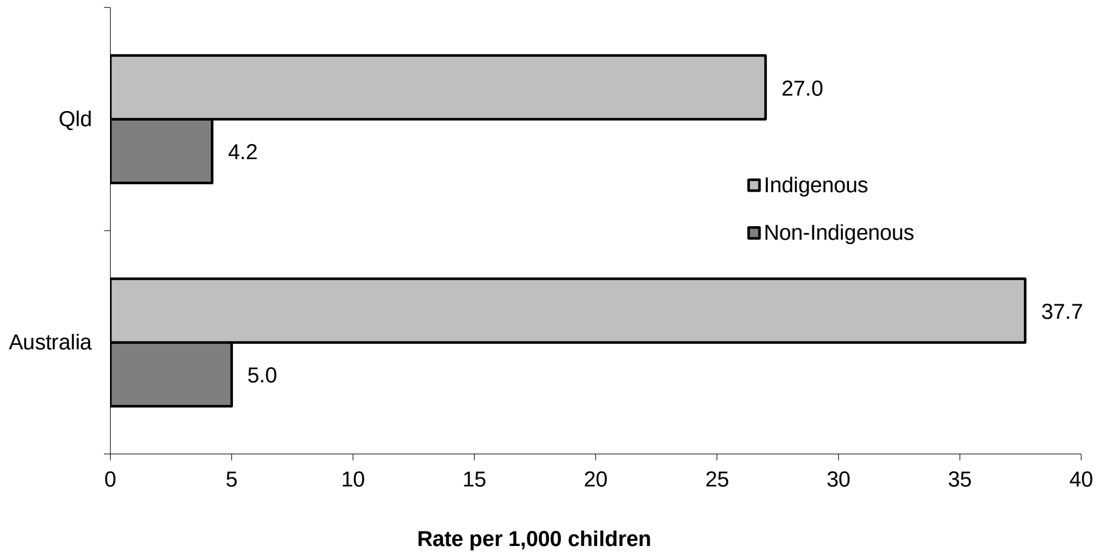
Figure 2.14.2: Aboriginal and Torres Strait Islander people as a proportion of deaths in custody (police and prison), prisoner population and total adult population (18 years and over), Queensland and Australia, 2004-06

2.15 Child protection

Aboriginal and Torres Strait Islander children in substantiations, on care and protection orders and in out-of-home care

Substantiations refer to child protection notifications made to relevant authorities during the year ended 30 June 2009, which were investigated and the investigation was finalised by 31 August 2009, and it was concluded that there was reasonable cause to believe that the child had been, was being or was likely to be abused or neglected or otherwise harmed.

- In 2008–09 in Queensland, Indigenous children aged 0–16 years were more likely to be the subject of substantiations than other children aged 0–16 years (27 per 1,000 compared with 4 per 1,000) (Figure 2.15.1).
- Substantiation rates for both Indigenous children and non-Indigenous children were lower in Queensland than across Australia.
- The proportion of Aboriginal and Torres Strait Islander children in Queensland who were subjects of substantiations increased from 20 per 1,000 in 2004–05 to 27 per 1,000 in 2008–09 (Table 2.15.1).
- The proportion of other children in Queensland who were subjects of substantiations decreased in recent years (Table 2.15.1).
- As at 30 June 2009, 58% of Aboriginal and Torres Strait Islander children in out-of-home care in Queensland were placed with relative/kin, other Indigenous caregivers or Indigenous residential care (Table 2.15.2).



Source: AIHW 2010.

Figure 2.15.1: Children aged 0-16 years who were the subjects of substantiations: rate per 1,000 children, by Indigenous status, Queensland and Australia, 2008–09

Table 2.15.1: Number and rates of Aboriginal and Torres Strait Islander and other children aged 0–16 years who were the subject of substantiation, Queensland and Australia, 1998–99 to 2008–09

	Queensland[a]		Australia[b]	
Year	**Indigenous**	**Other**	**Indigenous**	**Other**
		Number of children		
1998–99	492	3,880	n.a.	n.a.
1999–00	502	4,303	n.a.	n.a.
2000–01	680	5,690	n.a.	n.a.
2001–02	795	6,553	n.a.	n.a.
2002–03	881	8,104	n.a.	n.a.
2003–04	1,192	11,481	n.a.	n.a.
2004–05	1,186	11,700	n.a.	n.a.
2005–06	1,340	8,737	6,033	28,322
2006–07	1,725	7,053	7,076	26,784
2007-08	1,617	5,660	7,313	24,602
2008-09	1,747	4,849	8,135	24,343
		Rate per 1,000 children		
1998–99	9.9	4.8	n.a.	n.a.
1999–00	9.9	5.4	n.a.	n.a.
2000–01	13.1	7.0	n.a.	n.a.
2001–02	14.3	7.9	n.a.	n.a.
2002–03	15.9	9.7	n.a.	n.a.
2003–04	20.8	13.6	n.a.	n.a.
2004–05	20.4	13.7	n.a.	n.a.
2005–06	23.0	10.1	29.4	6.5
2006–07	29.2	7.9	34.3	6.1
2007-08	n.a.	n.a.	35.3	5.5
2008-09	27.0	4.2(c)	37.7	5.0(c)

(a) Australia data were not available before 2005–06.

(b) 2008-09 rates are for non-Indigenous children and exclude those children of unknown Indigenous status

Note: Improvements in the quality of the data on Indigenous status are one of the major issues to be considered when analysing trends for Aboriginal and Torres Strait Islander children. Increases in the rates of Aboriginal and Torres Strait Islander children in the child protection system over time may be due to improvements in the quality of the data.

Source: AIHW 1999; 2000; 2001; 2002; 2003; 2004; 2005; 2006; 2007; 2008; 2009; 2010.

Table 2.15.2: Aboriginal and Torres Strait Islander children in out-of-home care: Indigenous status and relationship of carer, Queensland, 30 June 2009

Relationship	Queensland
	Per cent
Indigenous relative/kin	23.8
Other Indigenous caregiver	22.8
Other relative/kin	10.7
Indigenous residential care	1.0
Total placed with relative/kin, other Indigenous caregivers or Indigenous residential care	*58.2*
Other caregiver	37.3
Other residential care	4.5
Total not placed with relative/kin, other Indigenous caregivers or Indigenous residential care	*41.8*
Total	**100.0**

Notes

1. This table does not include Indigenous children who were living independently or whose living arrangements were unknown.
2. Percentages in tables may not add to 100 due to rounding.
3. Children in family group homes are reported as in residential care.

Source: AIHW 2010.

2.16 Transport

The use of transport, including walking, access to motor vehicles and perceived difficulty with transport among Aboriginal and Torres Strait Islander people

Motor vehicle access

- In 2006 in Queensland, 75% of Indigenous households and 89% of other households had at least one vehicle, compared with 72% of Indigenous households and 87% of other households nationally.
- The ratio of people to vehicles was higher for Indigenous households with at least one registered vehicle, with 1.56 people per vehicle in Queensland, compared with 1.14 people per vehicle for other households. Nationally the ratio was 1.59 for Indigenous households and 1.19 for others.

Table 2.16.1: Households with at least one registered vehicle, by Indigenous status, Queensland and Australia, 2006

	Ratio of people 17 years and over in occupied private dwellings to vehicle[(a)]			Proportion of households[(b)] with at least one vehicle		
	Indigenous[(c)]	Other[(d)]	Total	Indigenous[(c)]	Other[(d)]	Total
State/territory						
Qld	1.56	1.14	1.15	74.5	89.2	88.7
Australia[(e)]	1.59	1.19	1.19	71.9	87.2	86.9

(a) Excludes motorbikes.

(b) Defined as all households (excluding visitor households), in an occupied private dwelling, being Australian usual residents.

(c) An Indigenous household is defined where a family within the household contains one or more people of Aboriginal or Torres Strait Islander origin or where a lone person is of Aboriginal or Torres Strait Islander origin.

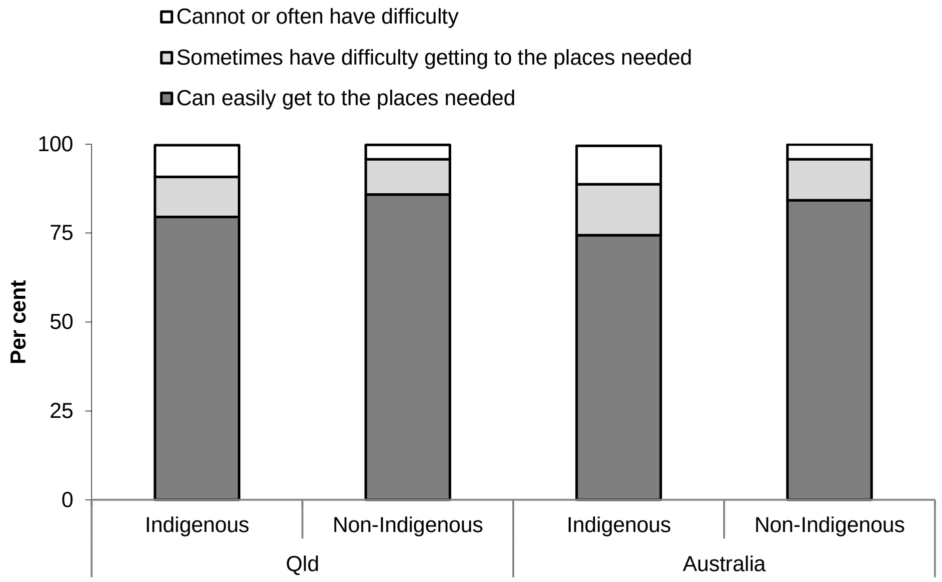
(d) Includes households where Indigenous status was 'not stated'.

(e) Includes Territories of Christmas Island and Cocos Islands.

Source: ABS and AIHW analysis of 2006 Census data.

Transport access, difficulty and use

- Indigenous people in Queensland and nationally were more likely than non-Indigenous people to have difficulty getting to the places they needed to. In 2008, 20% of Indigenous people living in Queensland reported that they sometimes or often have difficulty, or cannot get to places needed compared with 14% of non-Indigenous people. A similar pattern was observed nationally (25% for Indigenous and 16% for non-Indigenous).



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Source: ABS and AIHW analyses of NATSISS 2008 and General Social Survey (GSS) 2006.

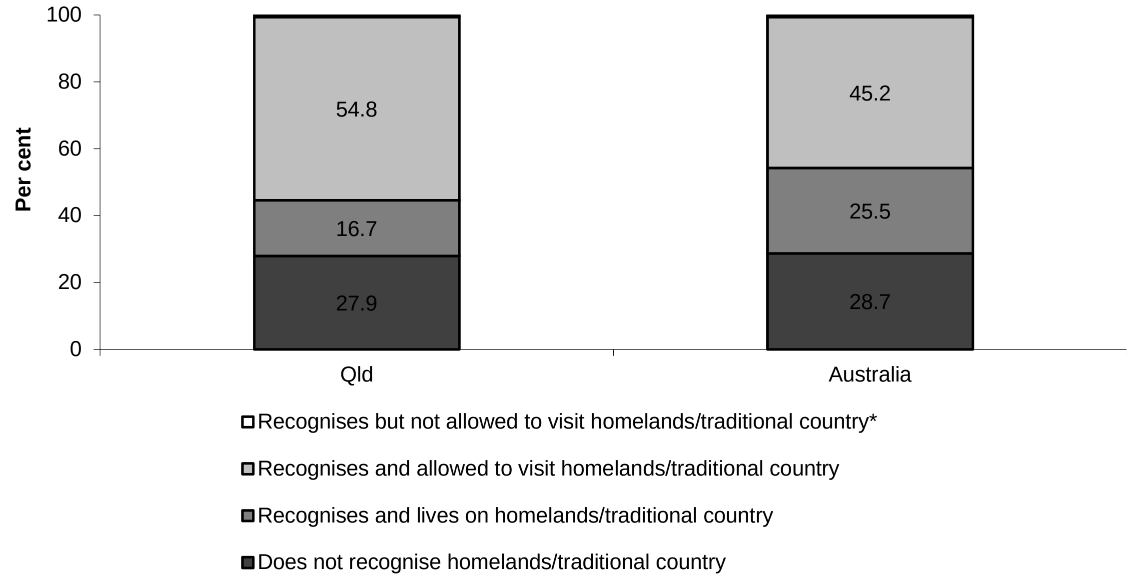
Figure 2.16.1: Difficulty with transport, by Indigenous status, Queensland and Australia, people aged 18 years and over, 2008

2.17 Indigenous people with access to their traditional lands

The proportion of Aboriginal and Torres Strait Islander people living on or visiting traditional areas of land with which they have ancestral and/or cultural links

Access to traditional lands

- In 2008 in Queensland, 55% of Indigenous people aged 15 and over recognised and were allowed to visit their homelands/traditional country. Nationally, 45% of Indigenous people recognised their homelands and were allowed to visit (Figure 2.17.1).
- About 17% of Indigenous people in Queensland and 26% of Indigenous people nationally lived on their homeland.
- About 28% of Indigenous people in Queensland reported they did not recognise their homelands and 0.7% reported they were not allowed to visit their homelands. This compared with 29% and 0.6% for Indigenous people nationally.
- In 2008 in Queensland, Indigenous people who did not recognise their homelands/traditional country were slightly more likely to report excellent/very good/good health (81%) than those who did recognise their homelands/traditional country (80%). The data for Australia showed similar patterns though the difference was more apparent (81% compared with 77%) (Figure 2.17.2).
- Indigenous people in Queensland who recognised their homelands/traditional country were more likely to report presence of neighbourhood/community problems than Indigenous people who did not recognise their homelands/traditional country (72% and 64%, respectively) (Figure 2.17.3).

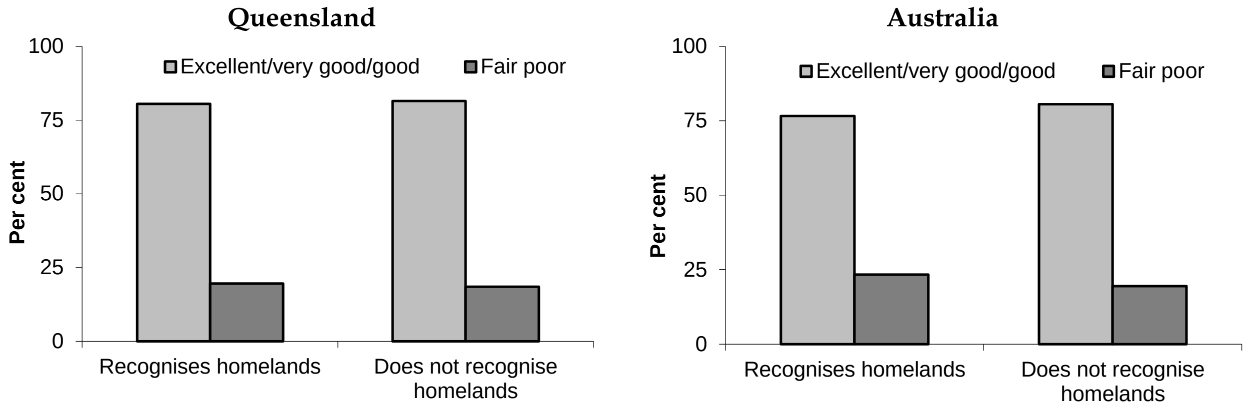


* The proportion of Indigenous Australians aged 15 and over who recognise but are not allowed to visit their homeland/traditional country was 0.7% for Qld and 0.6% Australia.

Note: Proportions and numbers exclude not stated responses.

Source: AIHW analyses of NATSISS 2008.

Figure 2.17.1: Access to homelands/traditional country, Indigenous Australians aged 15 years and over, Queensland and Australia, 2008



Source: AIHW analyses of NATSISS 2008.

Figure 2.17.2: Self-assessed health status by whether Indigenous people recognise/do not recognise homelands/traditional country, Queensland and Australia, 2008

2.18 Tobacco use

The proportion of Indigenous Australians who are current regular smokers

Smoking status

Smoking prevalence data presented below are from the 2008 NATSISS, with non-Indigenous comparisons from the 2007-08 National Health Survey.

- In 2008 in Queensland, about 46% of Indigenous people aged 18 and over were current daily smokers, 2% were smokers who smoked weekly or less than weekly; 22% were ex-smokers and 31% had never smoked (Table 2.18.1)
- Indigenous people in Queensland were more than twice as likely to be daily smokers as non-Indigenous people (Table 2.18.1).

Table 2.18.1 Smoking rates for people aged 18 years and over, by Indigenous status (a), 2008 and 2007–08, QLD

Smoker status (%)	Indigenous	Non-Indigenous	Rate ratio	Rate difference
Current smoker				
Daily(b)	45.6	21.1	2.2	24.5
Other(c)	*1.8	1.6	1.1	0.2
Total smokers(b)	*47.4*	*22.7*	*2.1*	*24.7*
Ex-smoker(d)	22.0	30.9	0.7	-8.9
Never smoked(e)	30.6	46.4	0.7	-15.8
Total	**100.0**	**100.0**		

* Estimate has a relative standard error between 25% and 50% and should be used with caution.

(a) Data for Indigenous people are from the 2008 National Aboriginal and Torres Strait Islander Social Survey. Data for non-Indigenous people are from the 2007-08 National Health Survey

(b) Difference between 2008 Indigenous rate and 2007-08 non-Indigenous rate is statistically significant for all jurisdictions

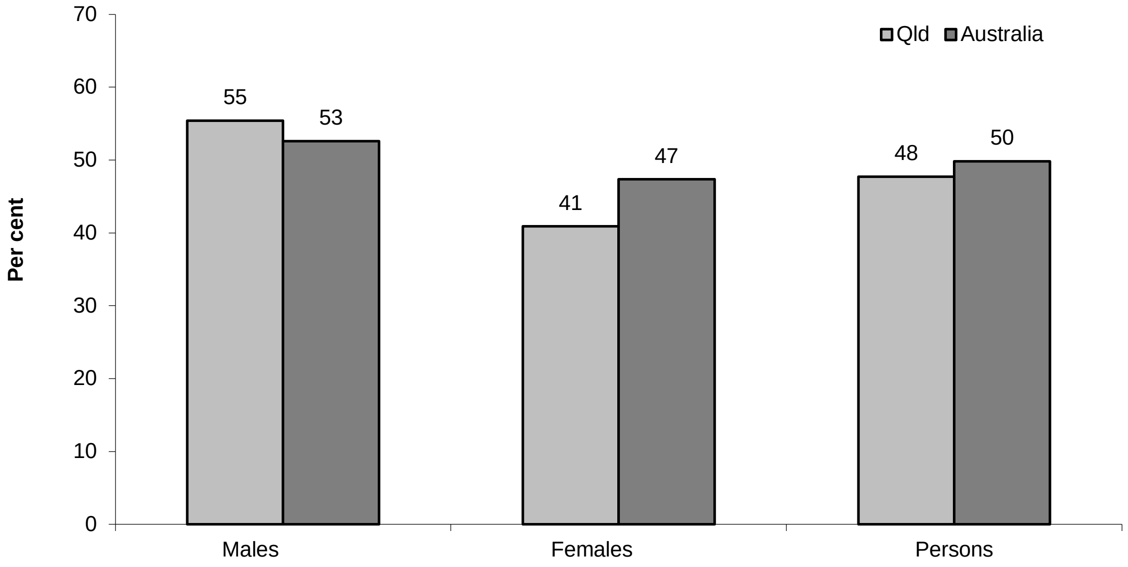
(c) Comprises people who smoked at least once a week, but not daily, and those who smoked less than weekly

(d) Difference between 2008 Indigenous rate and 2007-08 non-Indigenous rate is statistically significant for all jurisdictions except the ACT.

(e) Difference between 2008 Indigenous rate and 2007-08 non-Indigenous rate is statistically significant for all jurisdictions except the NT.

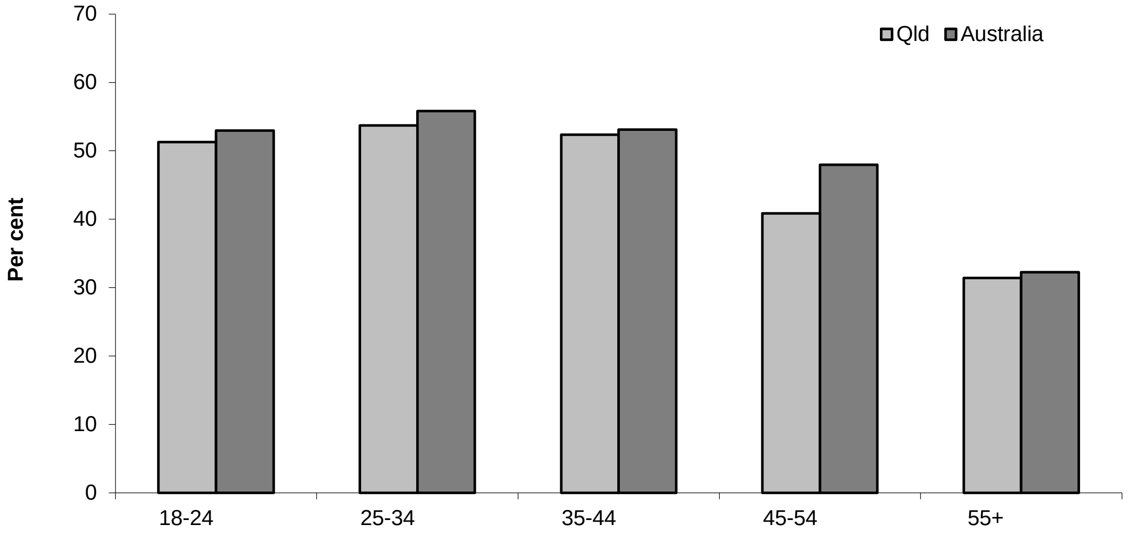
Smoking status by sex and age group

- In 2008 in Queensland, about 55% of Indigenous males and 41% of Indigenous females aged 18 years and over were current smokers, compared with53% of Indigenous males and 47% of Indigenous females nationally (Figure 2.18.1).
- In Queensland, Indigenous adults aged 25–34 and 35–44 years were most likely to report being current smokers (54% and 52% respectively). Nationally, the data showed different features, with Indigenous adults aged 18–24, 25–34 and 35–44 most likely to report being current smokers (53%, 59% and 53% respectively) (Figure 2.18.2).



Source: AIHW analyses NATSISS 2008.

Figure 2.18.1: Indigenous people aged 18 years and over reporting they are a current smoker, by sex, Queensland and Australia, 2008

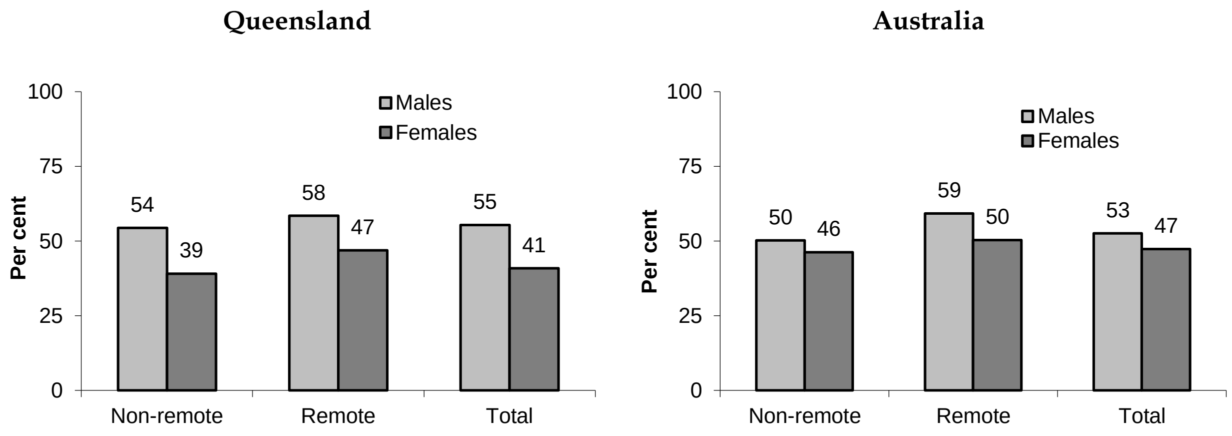


Source: AIHW analyses of NATSISS 2008.

Figure 2.18.2: Indigenous people aged 18 years and over reporting they are a current smoker, by age, Queensland and Australia, 2008

Smoking status by remoteness

- Indigenous adults in remote (including very remote) Queensland were more likely to be current smokers (58% for males and 47% for females) than Indigenous adults in non-remote Queensland (54% for males and 39% for females). A similar pattern was evident nationally (Figure 2.18.3).



Source: AIHW analyses of NATSISS 2008.

Figure 2.18.3: Indigenous people aged 18 years and over reporting they are a current smoker, by sex and remoteness, Queensland and Australia, 2008

2.19 Tobacco smoking during pregnancy

The proportion of Indigenous mothers who smoked during pregnancy

- In Queensland in 2007, Aboriginal and Torres Strait Islander mothers were almost three times as likely as non-Indigenous mothers to report smoking during pregnancy. This was less than the national ratio of 3.4 (Table 2.19.1).
- In Queensland in 2007, 52% of Indigenous mothers and 17% of non-Indigenous mothers smoked during pregnancy, compared with 51% of Indigenous mothers and 15% of non-Indigenous mothers nationally (Table 2.19.1).

Table 2.19.1: Tobacco smoking status of mothers during pregnancy, by Indigenous status, Queensland and NSW, Qld, WA, SA, Tas, ACT & NT combined, 2007[(a)(b)]

Smoking status	Queensland		NSW, Qld, WA, SA, Tas, ACT & NT combined	
	Indigenous	**Non-Indigenous**	**Indigenous**	**Non-Indigenous**
		Number		
Smoked	1,676	10,008	5,273	30,821
Did not smoke	1,478	45,779	4,682	176,004
Not stated	16	231	234	1,044
Total	**3,170**	**56,018**	**10,189**	**207,869**
		Proportion(c)		
Smoked	51.6	17.2	50.5	14.8
Did not smoke	47.8	82.3	47.4	84.7
Total(d)	**100.0**	**100.0**	**100.0**	**100.0**
		Ratio(e)		
Smoked	3.0		3.4	
Did not smoke	0.6		0.6	

(a) Excludes births where the mother's Indigenous status was not stated.

(b) State-level data are based on place where birth occurred, not place of usual residence. Cross-border issues need to be considered here, for example, a high proportion of births in ACT hospitals are for mothers resident in NSW.

(c) Proportions are directly age standardised using the Australian female population aged 15–44 years who gave birth in 2007.

(d) Includes mothers for whom smoking status was not stated.

(e) Rate ratio is the rate for Indigenous mothers divided by the rate for non-Indigenous mothers.

Notes

1. Data not available for Victoria.
2. Because of differences in definitions and methods used for data collection, care must be taken when comparing across jurisdictions. Mother's tobacco smoking status during pregnancy is self-reported.

Source: AIHW National Perinatal Data Collection.

2.20 Risky and high-risk alcohol consumption

The proportion of Aboriginal and Torres Strait Islander people who consume alcohol at risky or high-risk levels

The consumption of alcohol at risky and high-risk levels was defined as alcohol consumption which exceeds the National Health and Medical Research Council (NHMRC) guidelines for low risk drinking in the short or long term. These guidelines are outlined below:

Risky/high-risk drinking

Short-term risky drinking is consumption of more than 6 but fewer than 11 standard drinks on any one day for males, and more than 4 but fewer than 7 standard drinks for females.

Short-term high-risk drinking is consumption of 11 or more standard drinks on any one day for males, and more than 7 standard drinks for females.

Long-term risky drinking is average consumption of more than 4 but fewer than 6 standard drinks per day (amounting to 29 but fewer than 42 per week) for males, and more than 2 but fewer than 5 standard drinks per day (amounting to 15 but fewer than 28 per week) for females.

Long-term high-risk drinking is average consumption of more than 6 standard drinks per day (amounting to 43 or more per week) for males, and more than 4 standard drinks per day (amounting to 29 or more per week) for females.

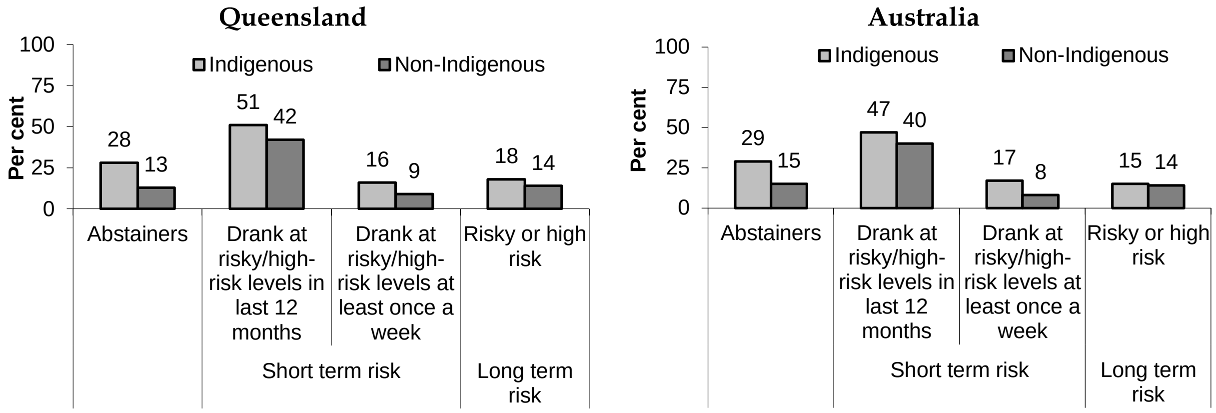
Self-reported alcohol consumption and risk levels

In 2004–05 in Queensland, Indigenous adults were more likely than non-Indigenous adults to report having abstained from alcohol consumption in the last 12 months (28% compared with 13%) (Figure 2.20.1).

About 51% of Indigenous adults drank at short-term risky/high-risk levels in the last 12 months, and 16% reported drinking at short-term risky/high-risk levels at least once a week. This compared with 42% of non-Indigenous adults who reported drinking at short-term risky/high-risk levels in the last 12 months and 9% who reported drinking at this level at least once a week.

About 18% of Indigenous adults drank at long-term risky/high risk levels in the last 12 months compared with 14% of non-Indigenous adults.

In Queensland and nationally, the proportions of Indigenous people who drank at short-term risky/high-risk levels at least once a week were similar (Figure 2.20.2).

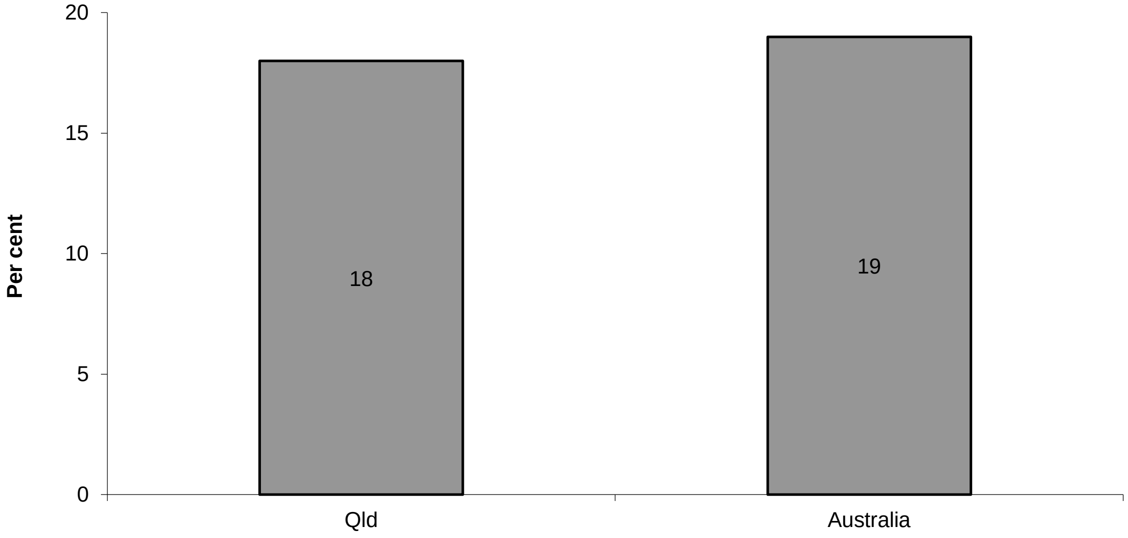


Notes

1. Risk level based on Australian Alcohol Guidelines 2000.
2. Based on responses to questions in 2004–05 National Health Survey/NATSIHS about frequency of consumption of specified number of drinks in previous year. The number of drinks was based on the NHMRC guidelines for risky and high-risk short-term alcohol consumption for males and females.
3. Long term risk level based on consumption in week prior to interview.

Source: ABS and AIHW analyses of NATSIHS 2004–05 and NHS 2004–05.

Figure 2.20.1: Alcohol risk levels by Indigenous status, people aged 18 years and over, age standardised, Queensland and Australia, 2004-05



Notes

1. Risk level based on Australian Alcohol Guidelines 2000.
2. Short term risk level based on responses to questions in 2004-05 NHS/NATSIHS about frequency of consumption of specified number of drinks in previous year. The number of drinks was based on the National Medical and Health Research Council (NMHRC) guidelines for risky and high risk short-term alcohol consumption for males and females.

Source: ABS and AIHW analyses of NATSIHS 2004-05.

Figure 2.20.2: Aboriginal and Torres Strait Islander adults who drank at short term risky/high risk levels at least once a week, Queensland and Australia, 2004-05

2.21 Drug and other substance use including inhalants

The use of drugs and other substances, including substances inhaled for psychoactive effects, among Aboriginal and Torres Strait Islander people

Substance use by sex

- In 2008 in Queensland, a higher proportion of Indigenous males aged 18 years and over reported illicit substance use in the last 12 months (27%) than Indigenous females (14%) the same age. Nationally, Indigenous males (30%) were also more likely to report substance use in the last 12 months than Indigenous females (18%).
- In Queensland, about 50% of Indigenous males and 35% of Indigenous females aged 18 and over reported that they had ever used substances. These proportions were lower than those nationally (54% and 38% respectively).
- Marijuana, hashish and cannabis resin were the most commonly reported type of substance used by Indigenous adults. In 2008, 15% of Indigenous adults in Queensland used marijuana, hashish or cannabis resin, slightly lower than the rate nationally (18%) (Table 2.21.1)

Table 2.21.1: Substance use, Indigenous Australians aged 18 years and over, by sex, Queensland and Australia, 2008

	Queensland			Australia		
	Males	**Females**	**People**	**Males**	**Females**	**People**
	%	%	%	%	%	%
Used substances in last 12 months						
Marijuana, hashish or cannabis resin	22.4	8.8	15.0	24.3	11.6	17.6
Amphetamines or speed	3.9	1.8	2.8	6.1	2.8	4.3
Ecstasy or designer drugs	4.9	2.9	3.8	4.8	2.1	3.4
LSD or synthetic hallucinogens	1.7	0.4	1.0	1.5	0.5	0.9
Pain killers or analgesics for non-medical purposes	5.9	4.7	5.3	5.3	4.5	4.8
Naturally occurring hallucinogens	1.2	0.4	0.7	1.1	0.2	0.6
Cocaine	1.7	0.6	1.1	1.2	0.5	0.8
Other analgesics	0.6	–	0.3	0.6	0.2	0.4
Volatile solvents	–	–	–	0.6	0.2	0.4
Tranquillisers or sleeping pills for non-medical purposes	0.6	0.4	0.5	1.8	1.2	1.5
Kava	1.6	–	0.7	1.8	0.7	1.2
Total used substance in last 12 months	**27.3**	**14.2**	**20.2**	**29.8**	**17.6**	**23.3**
Used substance but not in last 12 months	23.1	20.5	21.7	24.4	19.8	22.0
Total used substance[(a)]	**50.4**	**34.7**	**41.9**	**54.3**	**37.5**	**45.3**
Never used substance	49.2	63.3	56.8	45.4	61.7	54.1
Not stated	0.4	2.0	1.3	0.3	0.8	0.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Includes 'whether used in last 12 months' not known.

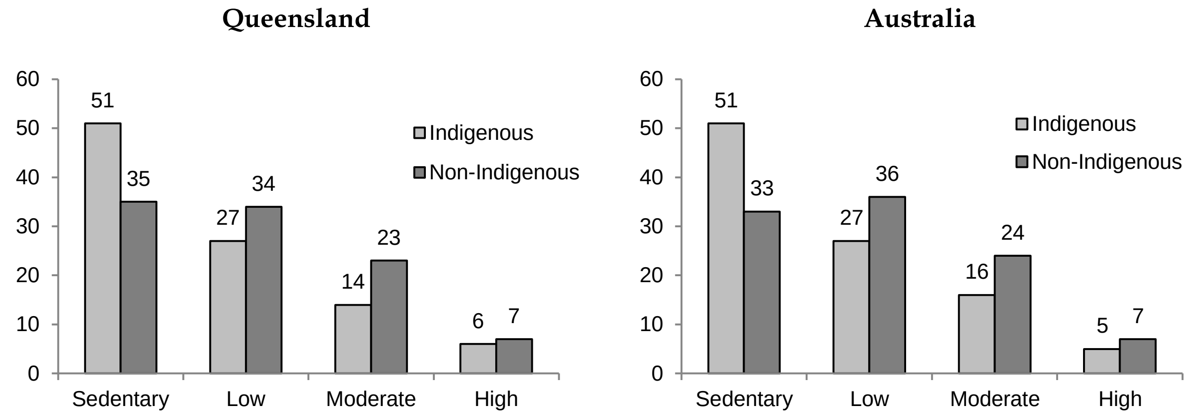
Source: AIHW analyses of NATSISS 2008.

2.22 Level of physical activity

The proportion of the Aboriginal and Torres Strait Islander adult population classified as having sedentary, low, moderate or high physical activity levels

Physical activity by Indigenous status

- A higher proportion of Indigenous than non-Indigenous people in non-remote areas of Queensland reported their exercise level as sedentary in 2004–05. After adjusting for differences in age structure between the Indigenous and non-Indigenous populations, about 51% of Indigenous people aged 15 years and over reported their exercise level as sedentary in the two weeks before the survey, 27% as low, 14% as moderate and 6% as high. This compared with 35% of non-Indigenous people who reported their exercise level as sedentary, 34% as low, 23% as moderate and 7% as high (Figure 2.22.1).
- This same pattern is evident nationally, with 51% of Indigenous Australians reporting their exercise level as sedentary, 27% as low, 16% as moderate and 5% as high.

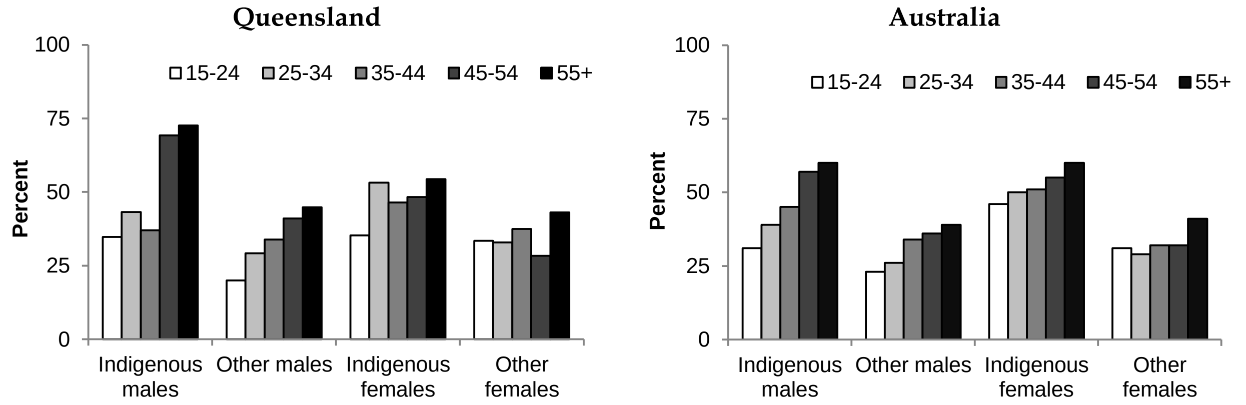


Source: ABS and AIHW analyses of NATSIHS 2004–05 and NHS 2004–05.

Figure 2.22.1: People aged 15 years and over, level of physical activity, non-remote areas, by Indigenous status, Queensland and Australia, 2004-05

Physical activity by age and sex

- In non-remote areas of Queensland, across all age groups, Indigenous people were more likely than non-Indigenous people to report a sedentary level of physical activity (Figure 2.22.2).
- Indigenous males aged 25–44 years were less likely than Indigenous females the same age to report sedentary levels of exercise, while the opposite was true for those aged 45 years and over.
- Indigenous and non-Indigenous Australians were generally more likely to report their level of physical activity was sedentary with increasing age. In Queensland, Indigenous people aged 15–24 years were least likely (35% for males and females), and those aged 55 years and over were most likely, to report a sedentary level of physical activity (73% for males and 54% for females). This same pattern was evident nationally.

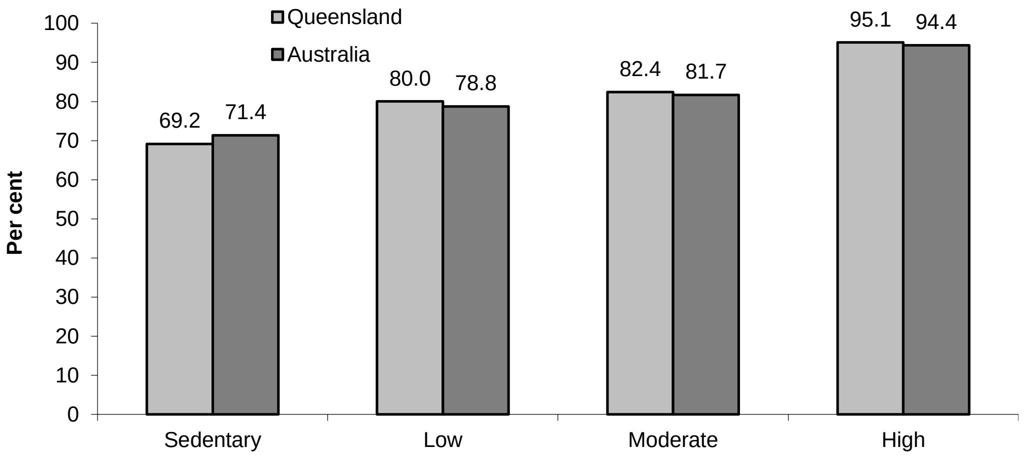


Source: AIHW analyses of NATSIHS 2004-05 and NHS 2004–05.

Figure 2.22.2: People aged 15 years and over reporting a sedentary level of physical activity by Indigenous status, sex and age group, non-remote areas, Queensland and Australia, 2004-05

Physical activity by selected health characteristics

- In non-remote areas of Queensland, about 69% of Indigenous people with a sedentary level of exercise reported excellent/very good/good health status compared with 95% of Indigenous people with high physical activity (Figure 2.22.3). A similar pattern was observed nationally.



Source: AIHW analyses of NATSIHS 2004-05 and NHS 2004–05.

Figure 2.22.3: Indigenous Australians aged 15 years and over reporting excellent, very good or good health status, by level of physical activity, non-remote areas, Queensland and Australia, 2004-05

2.23 Dietary behaviour

The dietary behaviour of Aboriginal and Torres Strait Islander people including fruit and vegetable consumption, type of milk consumed and salt intake

Dietary habits

- In 2004–05, both in Queensland and nationally, 95% of Indigenous and 99% of non-Indigenous people aged 12 years and over ate vegetables daily.
- In 2004–05, both in Queensland and nationally, 86% of Indigenous and 93% of non-Indigenous people aged 12 years and over ate fruit daily.
- In Queensland, a higher proportion of Indigenous people aged 12 years and over drank milk (98%) than they did nationally (96%). In both Queensland and nationally, 95% of non-Indigenous people drank milk, most commonly whole milk.
- The proportion of Indigenous people who usually added salt after cooking was similar in Queensland and nationally (47% and 46% respectively).
- Indigenous people living in remote areas of Queensland were less likely than those in non-remote areas to eat vegetables and fruit daily and more likely to add salt after cooking and consume whole milk as opposed to low-fat milk (Table 2.23.1).

Table 2.23.1: Selected dietary habits, by sex, remoteness and Indigenous status, people aged 12 years and over, Queensland and Australia, 2004-05

	Queensland				Australia			
	Indigenous			Non-Indigenous	Indigenous			Non-Indigenous
Dietary behaviours	**Remote**	**Non-remote**	**Total Indig.**	**Total non-Indig.**	**Remote**	**Non-remote**	**Total Indig.**	**Total non-Indig.**
	%	**%**	**%**	**%**	**%**	**%**	**%**	**%**
Vegetable intake								
Eats vegetables daily	85	98	95	99	84	98	95	99
Does not eat vegetables daily	15	2	5	1	15	2	5	1
Total[(a)]	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Fruit intake								
Eats fruit daily	80	88	86	93	80	88	86	93
Does not eat fruit daily	20	12	14	7	20	12	14	7
Total[(a)]	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Usual type of milk consumed								
Whole	84	81	82	49	87	76	79	45
Low/reduced fat	5	11	9	29	4	14	11	31
Skim	2	5	4	11	2	5	5	13
Total drinks milk[(b)]	*96*	*98*	*98*	*95*	*95*	*97*	*96*	*95*
Does not drink milk	4	2	2	5	5	3	4	5
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Salt added after cooking								
Never/rarely	18	31	28	. .	16	35	30	. .
Sometimes	30	24	25	. .	30	23	25	. .
Usually	52	45	47	. .	53	43	46	. .
Total	**100**	**100**	**100**	**. .**	**100**	**100**	**100**	**. .**

(a) Includes ‘whether eats fruit/vegetables’ not known.

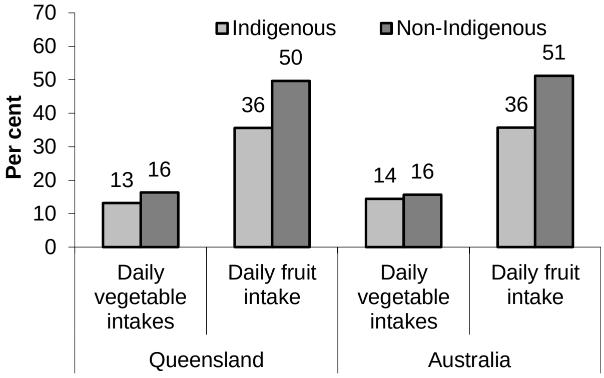
(b) Includes 'soy milk' and other types of milk.

Source: ABS and AIHW analyses of NATSIHS 2004–05 and NHS 2004–05.

Fruit and vegetable intake

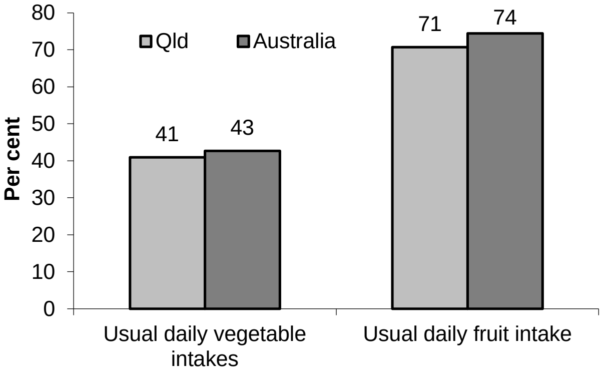
The National Health and Medical Research Council guidelines recommend a minimum of 5 serves of vegetables per day and 2 serves of fruit per day for adults aged 19 years and over. The guidelines also recommend the minimum daily intake of vegetables and fruit for children and adolescents according to age. For those aged 4–7 years, the recommended daily intake is 2serves of vegetables and 1 serve of fruit; for those aged 8–11years it is 3 serves of vegetables and 1 serve of fruit; for those aged 12–18, it is 4 serves of vegetables and 3 of fruit.

- In 2004–05 in Queensland, 13% of Indigenous people aged 12 years and over living in non-remote areas reported having the recommended daily intake of vegetables and 36% reported having the recommended daily intake of fruit. A slightly higher proportion of non-Indigenous people in in non-remote areas reported having the recommended daily intake of vegetables (16%) and a much higher proportion the recommended daily intake of fruit (50%) (Figure 2.23.1).
- A similar pattern was observed across non-remote areas of Australia—a slightly higher proportion of non-Indigenous people having the recommended daily intake of vegetables and a much higher proportion the recommended daily intake of fruit, when compared with Indigenous Australians (Figure 2.23.1).
- In 2008, 41% of Indigenous children aged 4 to 14 living in non-remote areas of Queensland reported having the recommended daily intake of vegetables and 71% the recommended daily intake of fruit. These percentages were slightly lower than those reported for non-remote areas of Australia (43% and 74%, respectively) (Figure 2.23.2).



Source: AIHW analyses of NATSIHS 2004–05 and NHS 2004–05.

Figure 2.23.1: Percentage of Australians aged 12 years and over who had the recommended daily intake of vegetables and fruit, by Indigenous status, non-remote areas, Queensland and Australia, 2004-05



Source: AIHW analyses of NATSISS 2008.

Figure 2.23.2: Percentage of Indigenous children aged 4–14 years who had the recommended daily intake of vegetables and fruit, non-remote areas, Queensland and Australia, 2008

2.24 Breastfeeding practices

The breastfeeding status of Aboriginal and Torres Strait Islander infants, breastfeeding duration, breastfeeding and other sources of food and reasons why mothers stopped breastfeeding

Breastfeeding status

- In 2008 in Queensland, about approximately 80% of Indigenous infants aged 0–3 years had ever been breastfed compared with 77% of Indigenous infants the same age nationally; about 18% of Indigenous infants aged 0–3 years in Queensland were currently being breastfed compared with 21% nationally; and the median age at which Indigenous children stopped being completely breastfed was 17 weeks in both Queensland and across Australia.

Table 2.24.1: Breastfeeding status, Indigenous infants aged 0–3 years, Queensland and Australia, 2008

Breastfeeding measure	Queensland	Australia
	Proportion (%)	
Child breastfed		
Currently breastfeeding	17.8	20.7
Not currently breastfeeding		
Age child stopped being completely breastfed		
Less than 6 months	36.0	33.7
Between 6 and 12 months	*10.7	10.4
12 months or older	14.9	11.6
Total[(a)]	*62.4*	*56.6*
Ever breastfed	80.3	77.3
Never breastfed	19.7	22.7
Total©	**100.0**	**100.0**
Total People	**16,385**	**52,648**
Median age at which child stopped being completely breastfed (weeks)	17	17
Mean age at which child stopped being completely breastfed (weeks)	29	27

* Estimate has a relative standard error between 25% and 50% and should be used with caution.

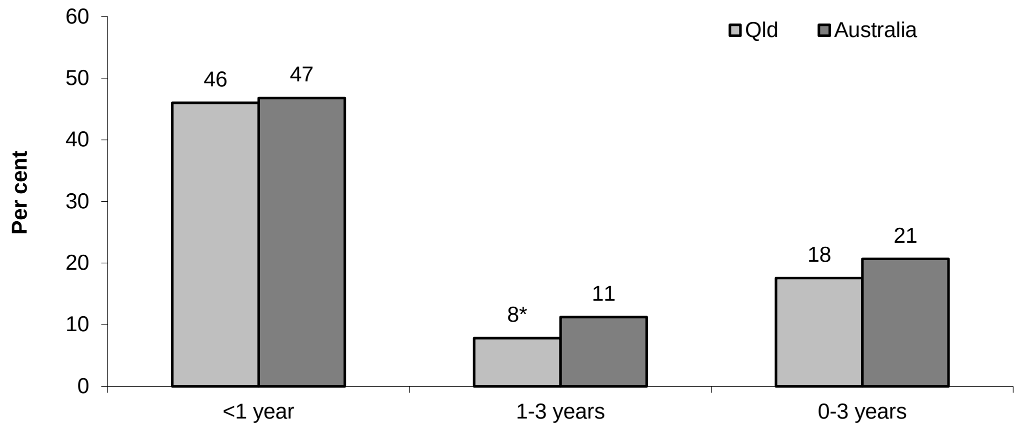
(a) Includes age at which child stopped breastfeeding not stated.

(b) Excludes children for whom breastfeeding status was not known.

Source: NATSISS 2008.

Breastfeeding status by age

- In 2008, 46% Indigenous infants under 1 year old in Queensland were currently breastfed, similar to the rate nationally (47%).



* Estimate has an RSE between 25% and 50% and should be used with caution.

Note: Excludes children for whom breastfeeding status was not known.

Source: AIHW analysis of NATSISS 2008.

Figure 2.24.1: Aboriginal and Torres Strait Islander children aged 0-3 years currently breastfeeding, by age, Queensland and Australia, 2008

Age at which first given solid food

- In 2008 in Queensland, among Indigenous infants aged 0–3 years, 47% were first regularly given solid food when they were between 3 and 6 months old, and 26% when they were between 6 and 9 months old. Nationally, 43% were first regularly given solid food when they were between 3 and 6 months old, and 30% when they were between 6 and 9 months old.
- A smaller proportion of Indigenous infants aged 0–3 years in Queensland were regularly given solid food compared with Indigenous infants the same age across Australia (81% and 91%, respectively).

Table 2.24.2: Age at which first regularly given solid food, Indigenous infants aged 0–3 years, Queensland and Australia, 2008

	Queensland	Australia
Less than 3 months	7.6*	4.7
3 to <6 months	47.4	43.1
6 to <9 months	26.3	30.1
9 months or more	7.5	8.1
Age not known	2.7*	4.9
Total given solid food[(a)]	*81.2*	*90.9*
Solid food not given	8.5*	9.1
Total[(b)]	**100.0**	**100.0**

* Estimate has an RSE between 25% and 50%, and should be used with caution.

(a) Children who have been given solid food regularly.

(b) Excludes whether given solid food 'unknown'.

Source: AIHW analysis of NATSISS 2008.

2.25 Unsafe sexual practices

Proportion of Aboriginal and Torres Strait Islander people engaging in unsafe sexual practices

Teenage pregnancies

Teenage pregnancy is one proxy indicator of unsafe sexual practices. Not all unsafe sexual practices result in teenage pregnancy and not all teenage pregnancies would be unplanned. So this proxy measure overestimates unplanned pregnancies and underestimates all cases of unsafe sexual practices.

- In 2005–07, there were 1,711 women in Queensland who gave birth aged less than 20 years who identified as Aboriginal or Torres Strait Islander. This represented 19% of all Indigenous mothers and was a rate of 45 per 1,000 women aged 12–20. In comparison, 5% of all non-Indigenous mothers were aged less than 20 years at a rate of 12 per 1,000 women.
- The rate of Indigenous women aged less than 20 years who gave birth in Queensland was slightly lower than the national rate (45 compared with 47 per 1,000 women).

Table 2.25.1: Women aged less than 20 years who gave birth, by Indigenous status, Queensland[(a)(b)] and Australia[(c)], 2005–07

	Number		Per cent		Rate per 1,000 women aged 12 to <20 years		
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Ratio
Queensland	1,711	7,729	18.8	4.8	44.8	12.2	3.7
Australia	**6,396**	**29,243**	**20.7**	**3.6**	**46.9**	**9.2**	**5.1**

(a) Based on state/territory of usual residence.

(b) Excludes missing, non-Australian resident and not stated Australia residents.

(c) Includes missing, non-Australian resident, and not stated Australia residents.

Note: Excludes not stated Indigenous status.

Source: AIHW analyses of NPSU National Perinatal Data Collection.

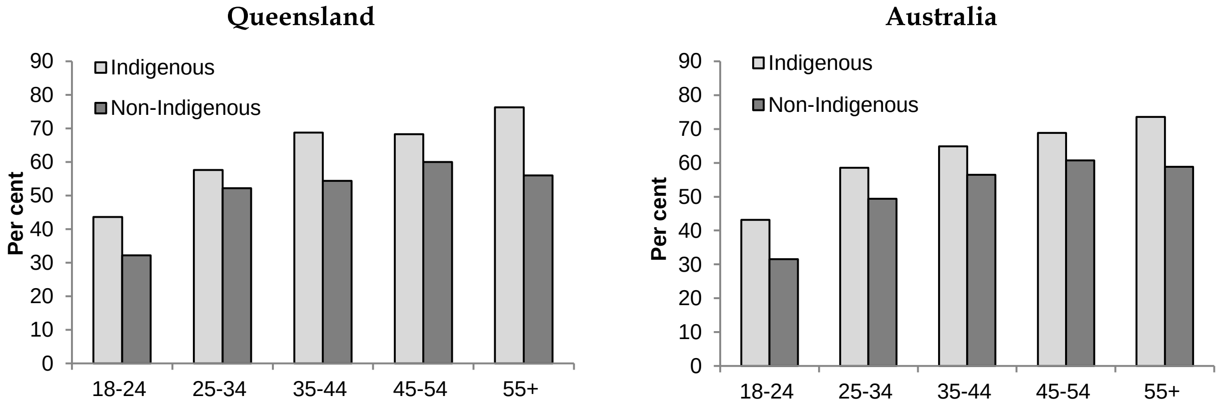
2.26 Prevalence of overweight and obesity

The prevalence of overweight and obesity among Aboriginal and Torres Strait Islander adults and children

Body Mass Index (BMI), which is calculated by dividing weight in kilograms by height in metres squared, is used in assessing overweight and obesity. The normal range of BMI is between 18.5 and 25. A person is underweight if his/her BMI is less than 18.5, or overweight if the BMI is equal to or over 25. A person is obese if the BMI is equal to or over 30.

Prevalence of overweight and obesity

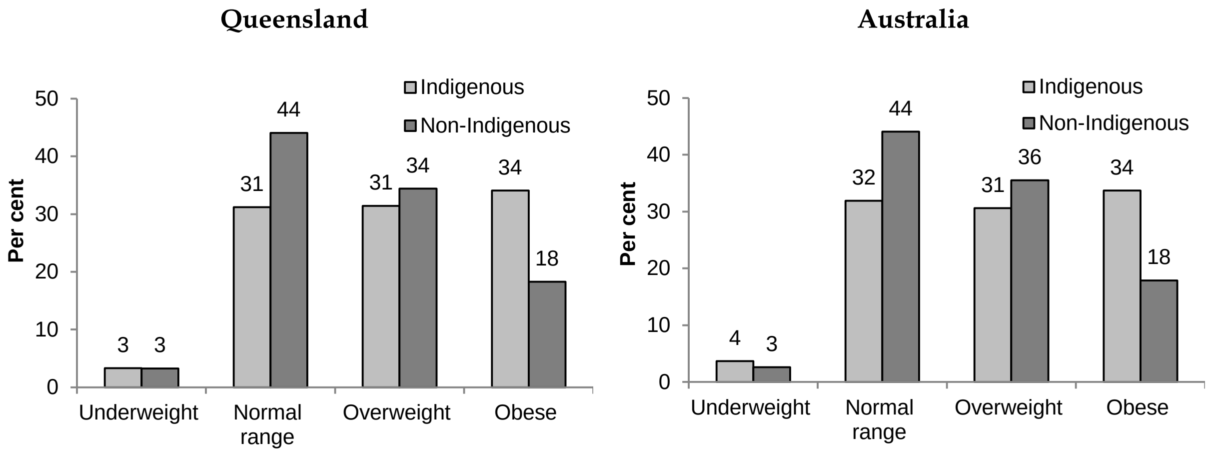
- In 2004-05, a higher proportion of Indigenous adults were overweight or obese than non-Indigenous adults across all age groups (Figure 2.26.1).
- In Queensland, Indigenous adults aged 55 years and over were most likely to be overweight or obese (76%) while non-Indigenous adults aged 45–54 years were most likely to be overweight or obese (60%).
- After adjusting for differences in age structure, about 3% of Indigenous adults in Queensland whose BMI was known were underweight, 31% were of acceptable weight, 31% were overweight but not obese, and 34% were obese. This compared with 3%, 44%, 34% and 18% for non-Indigenous adults in Queensland in these BMI categories respectively (Figure 2.26.2).
- Similar proportions of Indigenous adults in Queensland and nationally were overweight and obese.



Note: Excludes those with an unknown Body Mass Index.

Source: AIHW analyses of NATSIHS 2004-05 and NHS 2004–05.

Figure 2.26.1: Proportion of adults overweight and obese, by age group, by Indigenous status, Queensland and Australia, 2004-05



Queensland

Australia

Note: Excludes those with an unknown Body Mass Index.

Source: AIHW analyses of NATSIHS 2004-05.

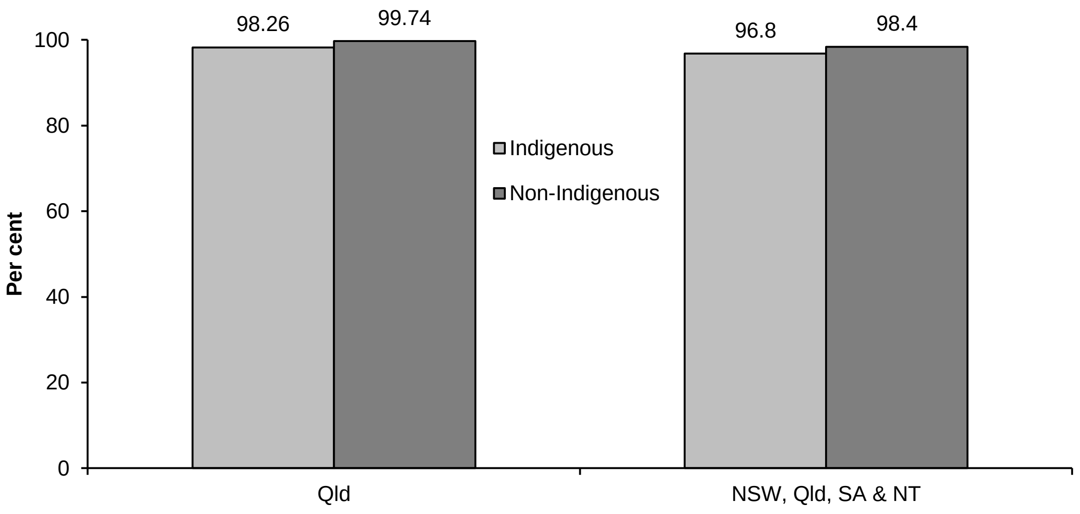
Figure 2.26.2: Proportion of Indigenous adults who are underweight, normal weight, overweight and obese, age standardised, by Indigenous status, Queensland and Australia, 2004-05

Health system performance (Tier 3)

3.01 Antenatal care

Number, rate and percentage of Indigenous women who utilised antenatal care provided by skilled birth attendants for reasons related to pregnancy at least once during pregnancy among all women who gave birth whether resulting in a live or still birth, if the birthweight is at least 400 grams or the gestational age is 20 weeks or more

- In 2007 in Queensland, about 98% of Indigenous mothers and almost 100% of non-Indigenous mothers attended at least one antenatal care session during pregnancy. These proportions were slightly higher than those reported for New South Wales, Queensland, South Australia and the Northern Territory combined (97% for Indigenous, 98% for non-Indigenous) (Figure 3.01.1).
- Indigenous mothers were less likely to have attended five or more antenatal care sessions during pregnancy than non-Indigenous mothers (78% compared with 94%). This same pattern was evident in Queensland, South Australia and the Northern Territory combined (75% compared with 93%) (Figure 3.01.2).
- Between 1998 and 2007 in Queensland, there was no significant increase in the rate of Indigenous mothers who attended at least one antenatal care session during pregnancy, while the rate of non-Indigenous mothers increased by 0.2% (Figure 3.01.3).
- Over the same period in New South Wales, Queensland and South Australia combined, the rates of Indigenous mothers and of non-Indigenous mothers who attended at least one antenatal care session during pregnancy increased by 3.1% and 1.6% respectively.

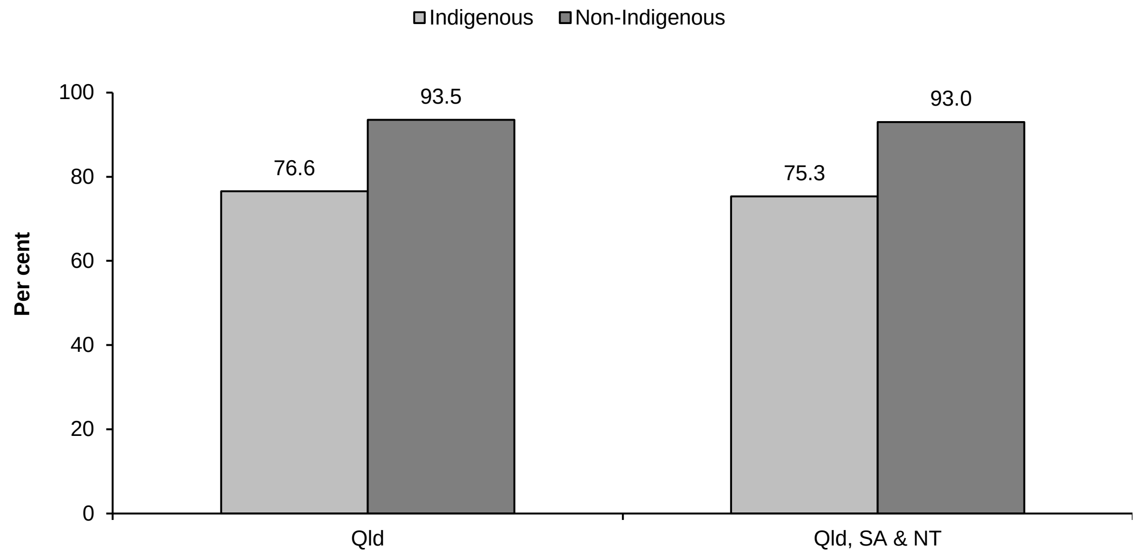


Notes

1. Indigenous and non-Indigenous data exclude births where the mother's Indigenous status is not stated.
2. Jurisdiction-level data are based on place where birth occurred, not place of usual residence.
3. Data not available from the Australian Capital Territory, Victoria, Western Australia and Tasmania.

Source: AIHW analyses of State and Territory Perinatal Collections.

Figure 3.01.1: Mothers who attended at least one antenatal care session, by Indigenous status, Queensland and NSW, Qld, SA & NT combined, 2007

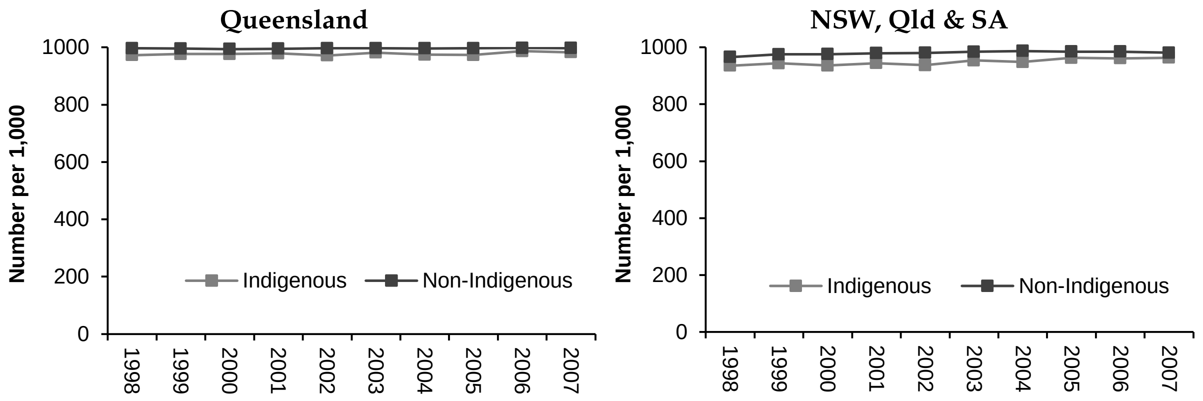


Notes

1. Indigenous and non-Indigenous data exclude births where the mother's Indigenous status is not stated.
2. Jurisdiction-level data are based on place where birth occurred, not place of usual residence.
3. Data not available from the Australian Capital Territory, Victoria, Western Australia and Tasmania. Data on number of antenatal care sessions attended not collected in NSW.

Source: AIHW analyses of States and Territories Perinatal Collections.

Figure 3.01.2: Mothers who attended 5 or more antenatal care sessions, by Indigenous status, Queensland and Qld, SA & NT combined, 2007



Notes

1. Indigenous and non-Indigenous data exclude births where the mother's Indigenous status is not stated.
2. Jurisdiction-level data are based on place where birth occurred, not place of usual residence. Data not available from the Australian Capital Territory, Victoria, Western Australia and Tasmania. Time series data for the Northern Territory is not included due to a system error in 1998, 1999 and 2002 which resulted in no antenatal care data reported for these years.
3. Rate per 1,000 women who gave birth in the period, whether resulting in a live or still birth, if the birthweight is at least 400grams or the gestational age is 20 weeks or more.

Source: AIHW analyses of State and Territory Perinatal Collections.

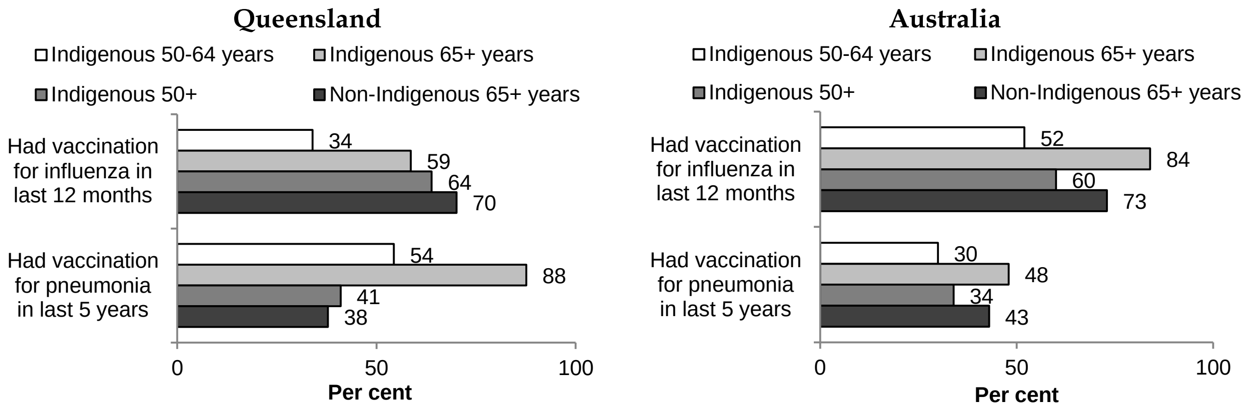
Figure 3.01.3: Mothers who attended at least one antenatal care session, by Indigenous status, Queensland and NSW, Qld & SA combined, 1998–2007

3.02 Immunisation

Vaccination coverage rates among Indigenous Australian children and adults

Adult immunisation

- In 2004–05, about 64% of Indigenous people aged 50 years and over in Queensland had been vaccinated against influenza in the previous 12 months and 41% had been vaccinated against pneumonia in the previous 5 years. These proportions were higher than those nationally (60% and 34% respectively).
- In Queensland, a higher proportion (88%) of Indigenous people aged 65 years and over had been vaccinated against influenza in the last 12 months than non-Indigenous people of the same age group (70%). A similar pattern was observed nationally (84% for Indigenous people and 73% for non-Indigenous people).
- In Queensland, a higher proportion (59%) of Indigenous people aged 65 years and over had been vaccinated against pneumonia in the last 5 years than non-Indigenous people of the same age group (38%). This corresponded to the pattern nationally where a slightly higher proportion (48%) of Indigenous people aged 65 years and over had been vaccinated against pneumonia than non-Indigenous people (43%).



Source: ABS and AIHW analyses of NATSIHS 2004–05 and NHS 2004–05.

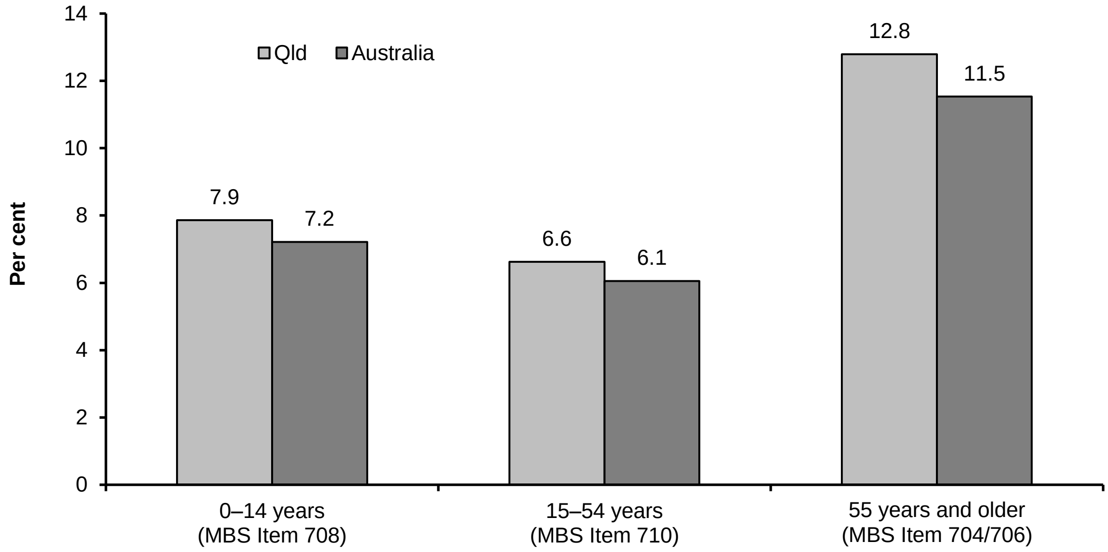
Figure 3.02.1: Indigenous people aged 50 years and over and other people aged 65 years and over: immunisation status, Queensland and Australia, 2004–05

3.03 Early detection and early treatment of disease

The early detection and early treatment of disease among the Indigenous population measured by the health assessment and disease screening of Aboriginal and Torres Strait Islander people

Medicare Benefits Schedule health assessments/checks

- In Queensland from July 2008 to June 2009:
  - 8% of Indigenous children aged 0–14 years had an annual child health check
  - 7% of Indigenous people aged 15–54 years had a two-yearly health check
  - 13% of Indigenous people aged 55 years and older had an annual health assessment
  - 26% of all people aged 75 years and over had an annual health assessment.
- The proportion of Indigenous people in Queensland undertaking health checks and health assessments at age 0–14, 15–54, and 55 years and over was higher than for Indigenous people nationally (Figure 3.03.1).



Source: AIHW analyses of Medicare data.

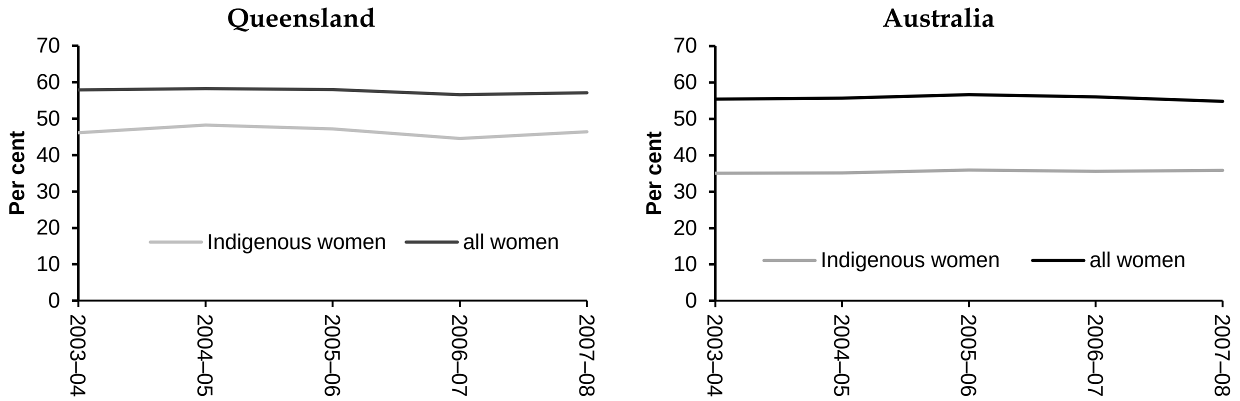
Figure 3.03.1: Medicare Benefits Schedule Health Assessments and Health Checks for Indigenous people, Queensland and Australia, July 2008 to June 2009

Breast screening

- In 2007–08 in Queensland, the proportion of Indigenous women aged 50–69 participating in the BreastScreen Australia program was markedly lower than the rate for all women in that age group (46% compared with 57%). Nationally, 36% of Indigenous women and 55% of all women aged 50–69 years participated in the BreastScreen Australia program.
- From 2003–04 to 2007–08 in Queensland, the proportion of Indigenous women who participated in the BreastScreen Australia program had no significant decrease but

varied between 45% and 48%. The proportion of all women who participated in the program decreased by 2.3% (Figure 3.03.2).

- Over the same period nationally, the proportion of Indigenous women aged 50–69 years participating in the BreastScreen Australia program increased by 2.3%, while there was no significant change in the proportion for all women.



Source: Steering Committee for the Review of Government Service Provision (SCRGSP) 2010.

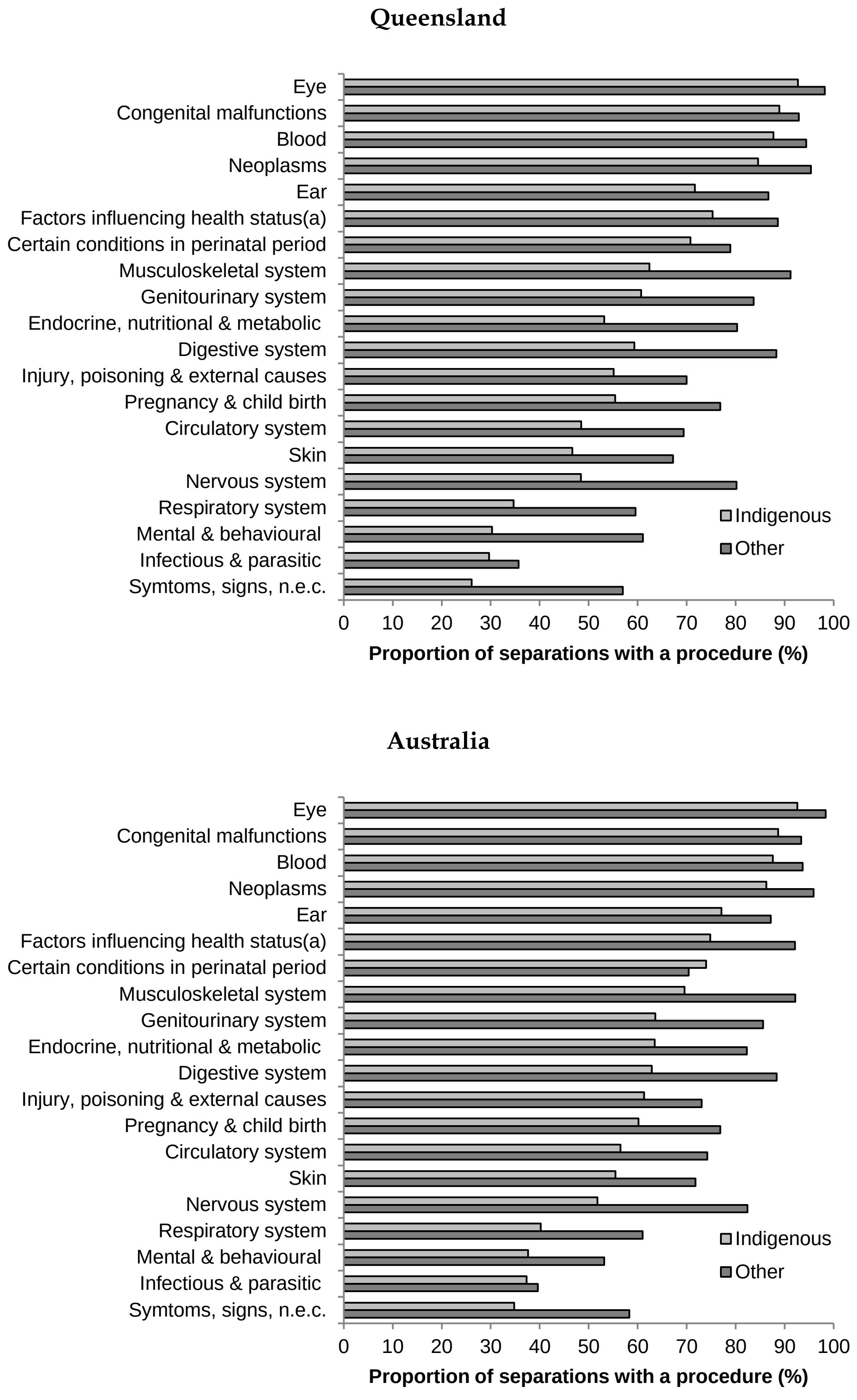
Figure 3.03.2: Participation rates for BreastScreen Australia Programs of women aged 50–69 years, Indigenous women and all women, Queensland and Australia, 2003–04 to 2007–08

3.05 Differential access to key hospital procedures

The key hospital procedure differentials between Aboriginal and Torres Strait Islander people and other Australians as measured through standardised rates, ratios and rate differences for hospitalisations with the same principal diagnosis

Studies have shown that while Aboriginal and Torres Strait Islander people are more likely to be hospitalised than other people, they are less likely to receive a medical or surgical procedure while in hospital (ABS & AIHW 2008).

- Between July 2006 and June 2008 in Queensland, 54% of hospitalisations of Indigenous people had a procedure reported compared with 80% of hospitalisations of other people. Nationally, these proportions were 59% and 81% respectively.
- In Queensland, the proportion of hospitalisations with a procedure reported by principal diagnosis was lower for Indigenous patients than for other patients for all of the diagnosis chapters. The rate ratio for Indigenous patients to other patients varied between 0.46 and 0.96. For example, for mental and behavioural disorders, 30% of hospitalisations for Indigenous patients had a procedure reported, compared with 61% for other patients (rate ratio 0.5), while the rate ratio was 0.96 for congenital malformations (Figure 3.05.1).
- Nationally, there was a similar pattern to Queensland.



Source: AIHW analyses of NHMD.

Figure 3.05.1: Per cent (age standardised) of hospital episodes with a procedure reported, selected principal diagnoses, by Indigenous status, Queensland and Australia, 2006–07 to 2007–08

3.06 Ambulatory care sensitive hospital admissions

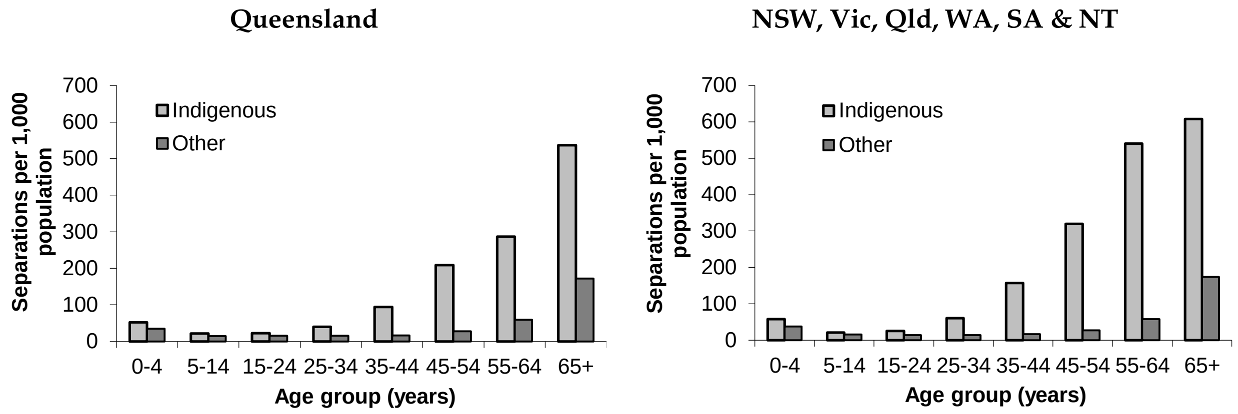
The number of hospital admissions for ambulatory care sensitive conditions for Aboriginal and Torres Strait Islander people expressed as a rate by age group, age–standardised rate and ratio

Ambulatory care sensitive conditions can be broken down into three categories:

1. vaccine-preventable conditions, including influenza, pneumonia, tetanus, measles, mumps, rubella, diphtheria, pertussis and polio
2. acute conditions, including dehydration, gastroenteritis, kidney infection, perforated ulcer, cellulitis, pelvic inflammatory disease, ear, nose and throat infections, and dental conditions
3. chronic conditions, including diabetes, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease.

Hospitalisations by age

- Between July 2006 and June 2008 in Queensland, Indigenous people were hospitalised for ambulatory care sensitive conditions at 3.6 times the rate of other people (154 compared with 42 per 1,000 population). This was lower than the rate ratio of 5 for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined (212 to 42 per 1,000).
- Over the same period, across all age groups, Indigenous people had higher hospitalisation rates than other people for ambulatory care sensitive conditions. Differences were particularly marked in the 45–54 year age groups, where Indigenous people were hospitalised at 7.5 times of the rate of other people (Figure 3.06.1).
- The hospitalisation rate for ambulatory care sensitive conditions among Indigenous people was lower in Queensland than in the 6 jurisdictions combined for most age groups, except 5–14 years, which had the same rate in both Queensland and the 6 jurisdictions combined.



Source: AIHW analyses of NHMD.

Figure 3.06.1: Age-specific hospitalisation rates for ambulatory care sensitive hospital admissions, by Indigenous status and sex, Queensland and NSW, Vic, Qld, WA, SA & NT combined, July 2006 to June 2008

Hospitalisations by diagnosis

- Between July 2006 and June 2008 in Queensland, diabetes complications were the most common type of ambulatory care sensitive condition among Indigenous people (107 per 1,000 population); followed by chronic obstructive pulmonary disease (COPD) (11 per 1,000) and pyelonephritis (7.3 per 1,000). Indigenous people were hospitalised at 5.4 times the rate of other people for diabetes complications, at 4.2 times the rate for COPD and 3.3 times the rate for pyelonephritis (Table 3.06.1).
- In New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, the most common type of ambulatory care sensitive conditions among Indigenous people were diabetes complications (165 per 1,000), COPD (12 per 1,000), and convulsions and epilepsy (7 per 1,000).
- In Queensland, Indigenous people were hospitalised
  - for chronic conditions, at 4.5 times the rate of other Australians,
  - for acute conditions and vaccine preventable conditions, at over twice (2.3 and 2.5 times respectively) the rate of other Australians (Figure 3.06.2).
- The hospitalisation rates for Indigenous people for chronic conditions and for vaccine preventable conditions were lower in Queensland than in the 6 jurisdictions combined, whilst hospitalisation rates for acute conditions were similar in Queensland and the 6 jurisdictions combined.

Table 3.06.1: Top 10 ambulatory care sensitive hospital admissions, by Indigenous status, Queensland and NSW, Vic, Qld, WA, SA and NT combined, July 2006 to June 2008[(a)(b)(c)(d)]

	Number		**Rate per 1,000[(e)]**		
	Indigenous	**Other[(f)]**	**Indigenous**	**Other[(f)]**	**Ratio[(g)]**
			Queensland		
Diabetes complications	13,482	166,383	107.1	20.0	5.4*
Convulsions and epilepsy	1,539	11,470	5.9	1.4	4.2*
Chronic obstructive pulmonary disease	1,127	22,560	11.4	2.7	4.2*
Ear, nose and throat infections	1,141	13,209	2.9	1.7	1.8*
Dental problems	1,248	21,354	3.0	2.7	1.1*
Cellulitis	1,185	13,412	5.2	1.6	3.2*
Asthma	1,010	11,852	3.3	1.5	2.2*
Pyelonephritis	1,152	17,722	7.3	2.2	3.3*
Angina	867	20,119	6.8	2.4	2.8*
Congestive cardiac failure	749	15,704	7.0	1.9	3.6*
Subtotal	*23,500*	*313,785*	*159.9*	*38.1*	*4.2**
Total[(h)]	**23,731**	**348,086**	**154.1**	**42.4**	**3.6***
			NSW, Vic, Qld, WA, SA & NT		
Diabetes complications	82,788	863,248	165.2	20.3	8.1*
Convulsions and epilepsy	6,034	57,173	7.0	1.5	4.8*
Chronic obstructive pulmonary disease	4,928	108,919	11.8	2.5	4.6*
Ear, nose and throat infections	4,171	62,769	3.1	1.6	1.9*
Dental problems	4,115	105,302	3.1	2.7	1.1*
Cellulitis	3,911	63,349	4.6	1.5	3.0*
Asthma	3,850	67,979	3.7	1.8	2.1*
Pyelonephritis	3,793	90,787	6.1	2.2	2.8*
Angina	2,534	73,118	5.2	1.7	3.0*
Congestive cardiac failure	2,480	84,418	5.9	2.0	3.0*
Subtotal	*118,604*	*1,577,062*	*215.7*	*37.9*	*5.7**
Total[(h)]	**120,308**	**1,749,006**	**212.3**	**42.2**	**5.0***

* Represents results with statistically significant differences in the Indigenous/other comparisons at the $p<0.05$ level.

(a) Data are from public and most private hospitals. Data exclude private hospitals in the Northern Territory.

(b) Categories are based on the ICD-10-AM (National Centre for Classification in Health 2006).

(c) Financial year reporting.

(d) Data are reported by state/territory of usual residence of the patient hospitalised and are for New South Wales, Victoria, Queensland, Western Australia, South Australia, and the Northern Territory only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these six jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

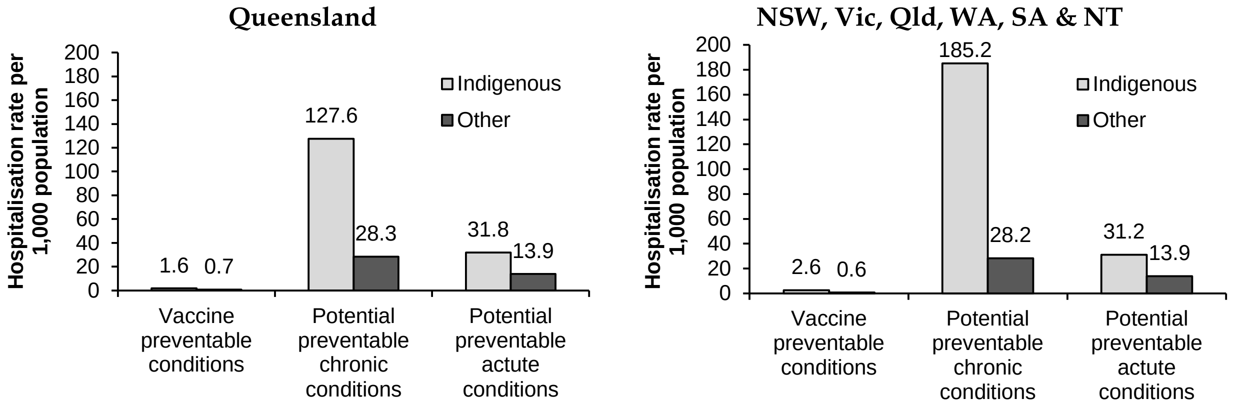
(e) Directly age standardised using the Australian 2001 Standard population.

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

(g) Ratio - Indigenous:Other.

(h) All ambulatory care sensitive hospital admissions. Note that the sum of the number of hospitalisations for each condition exceeds the total as more than one ambulatory care sensitive condition can be diagnosed for each hospital separation.

Source: Analyses of AIHW NHMD.



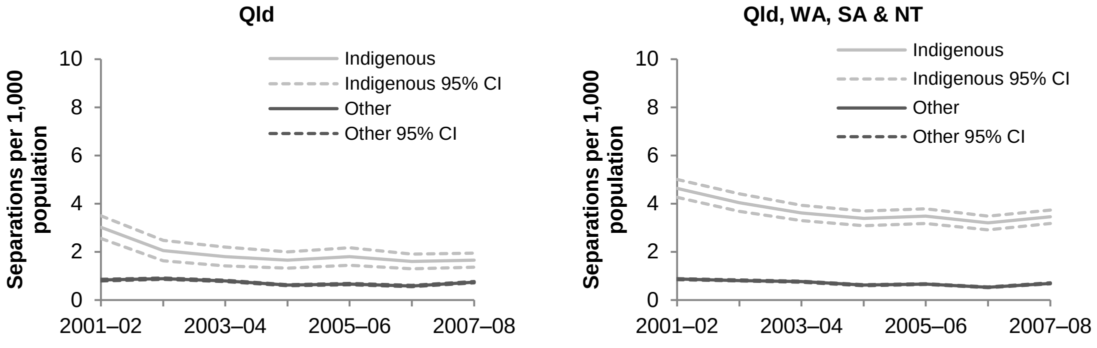
Source: AIHW analyses of NHMD.

Figure 3.06.2: Age standardised hospitalisation rates for ambulatory care sensitive hospital admissions, by Indigenous status, Queensland and NSW, Vic, Qld, WA, SA & NT combined, July 2006 to June 2008

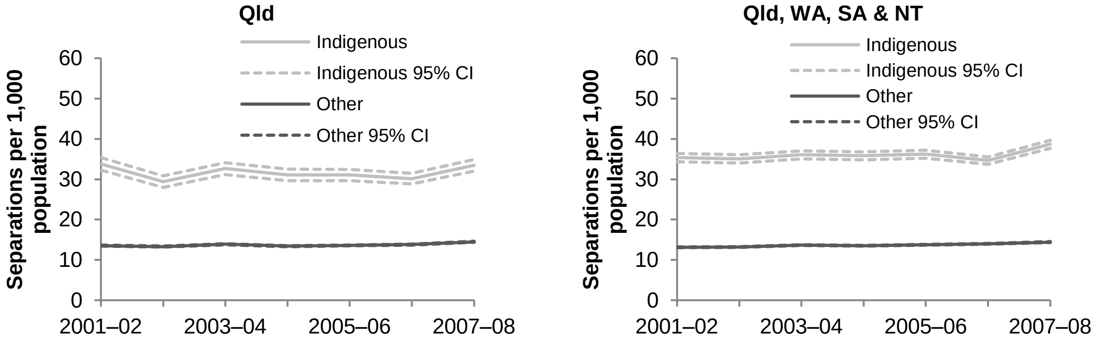
Hospitalisation trends

- Over the period 2001–02 to 2007–08 in Queensland for Indigenous Australians:
  - there were significant declines in the hospitalisation rate for vaccine preventable conditions. The average yearly decrease was 0.2 per 1,000 population, equivalent to a 35% decline over the whole period.
  - there were no significant changes in the hospitalisation rate for acute conditions.
  - there were significant increases in the hospitalisation rate for chronic conditions. The average yearly increase was 10.7 per 1,000, equivalent to a 87% increase over the period.
  - Over the same period in Queensland for other people:
  - there were significant declines in the hospitalisation rate for vaccine preventable conditions. The average yearly decrease was 0.04 per 1,000, equivalent to a 26% decline.
  - there were significant increases in the hospitalisation rate for acute conditions. The average yearly increase was 0.1 per 1,000, equivalent to a 6% increase.
  - there were significant increases in the hospitalisation rate for chronic conditions. The average yearly increase was 2.2 per 1,000, equivalent to a 77% increase.
- Over this period in Queensland, Western Australia, South Australia and the Northern Territory combined:
  - there were significant declines in hospitalisation rates for vaccine preventable conditions among both Indigenous people and other people.
  - there were no significant changes in the hospitalisation rate for acute conditions among Indigenous people but the rate for other people increased significantly.
  - there were significant increases in hospitalisation rates for potentially preventable chronic conditions among both Indigenous people and other people.

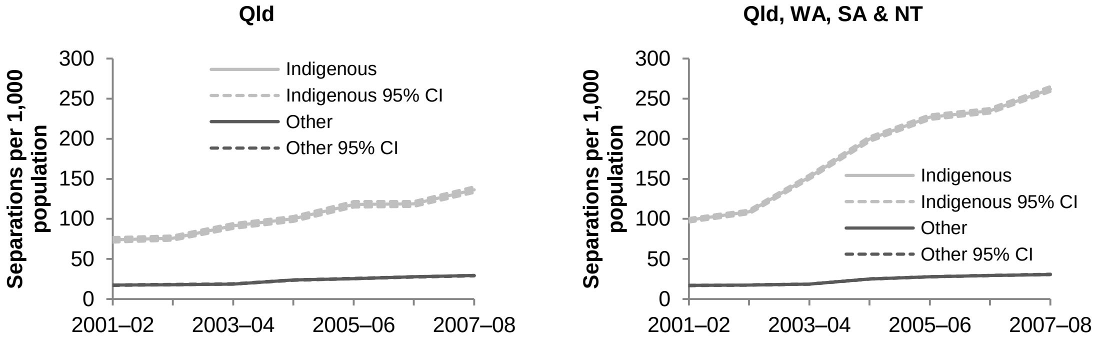
Vaccine preventable conditions



Acute conditions



Chronic conditions



Source: AIHW analyses of NHMD.

Figure 3.06.3: Age-standardised hospitalisation rates for ambulatory care sensitive hospital admissions, by Indigenous status, Queensland and Qld, WA, SA & NT combined, 2001–02 to 2007–08

3.07 Health promotion

Interventions provided by clinicians and health promotion initiatives funded by governments and provided by a range of health professionals in the wider community for the Aboriginal and Torres Strait Islander population

Indigenous communities

The Community Housing and Infrastructure Needs Survey (CHINS) collects data from all Aboriginal and Torres Strait Islander housing organisations and discrete Aboriginal and Torres Strait Islander communities in Australia. The latest CHINS was enumerated from 1 March to 30 June 2006. In the 2006 CHINS, a community questionnaire collected detailed infrastructure information from all discrete Indigenous communities with a reported usual population of 50 or more, as well as for communities that had a reported usual population of fewer than 50 but which were not administered by a larger discrete Indigenous community or Resource Agency (375 communities). The 812 other communities had reported usual populations of fewer than 50 and were asked a subset of questions from the community questionnaire form: the short community questionnaire (ABS 2007).

For the 2006 CHINS, data on health promotion programs were only collected from communities which completed the long community questionnaire. The health promotion questions in the CHINS do not collect information on the extent or quality of these activities, only that they have occurred. These data are therefore limited in their contribution to our understanding of the health-promotion activities occurring in these discrete Indigenous communities.

- In 2006, around 89% of discrete Indigenous communities in Queensland reported that one or more health promotion programs had been conducted in the community, with women's health programs reported by 85%, immunisation programs by 74%, well babies programs by 70%, and sexual health programs by 70% of communities (Table 3.07.1, Figure 3.07.1).
- Queensland had a higher proportion of Indigenous communities with health programs than overall Australia (89% compared with 67%).

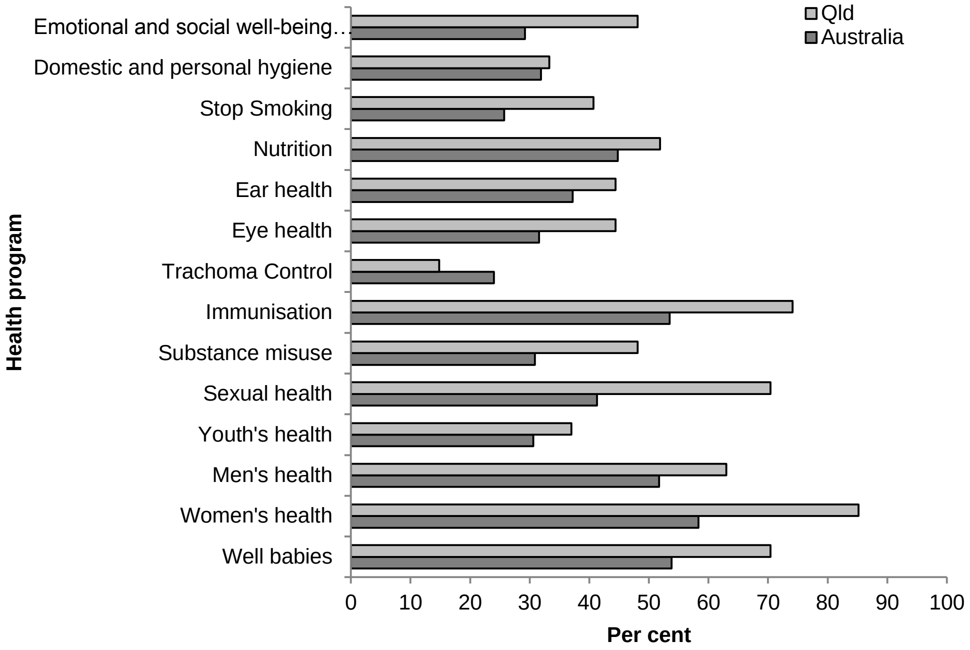
Table 3.07.1: Discrete Indigenous Communities[(a)] located 10 kilometres or more from a hospital: Selected health promotion programs conducted in community, Queensland and Australia, 2006

Health promotion program	**Qld**		**Australia**	
	No.	**%**	**No.**	**%**
Well babies	19	70.4	155	53.8
Women's health	23	85.2	168	58.3
Men's health	17	63.0	149	51.7
Youth's health	10	37.0	88	30.6
Sexual health	19	70.4	119	41.3
Substance misuse	13	48.1	89	30.9
Immunisation	20	74.1	154	53.5
Trachoma control	4	14.8	69	24.0
Eye health	12	44.4	91	31.6
Ear health	12	44.4	107	37.2
Nutrition	14	51.9	129	44.8
Stop Smoking	11	40.7	74	25.7
Domestic and personal hygiene	9	33.3	92	31.9
Emotional and social well-being or mental health	13	48.1	84	29.2
Subtotal with at least one health promotion program	*24*	*88.9*	*194*	*67.4*
Subtotal with no health promotion programs	*2*	*7.4*	*93*	*32.3*
Not stated	1	3.7	1	0.3
Total[(b)]	**27**	**100.0**	**288**	**100.0**

(a) With a population of 50 or more, or a reported usual population of less than 50 but which were not linked to a parent community or resource agency.

(b) Excludes communities where distance to nearest hospital was not stated.

Source: AIHW analyses of ABS CHINS 2006.



Source: AIHW analyses of ABS CHINS 2006.

Figure 3.07.1: Discrete Indigenous Communities located 10 kilometres or more from a hospital: Selected health promotion programs conducted in community, Queensland and Australia, 2006

3.08 Discharge against medical advice

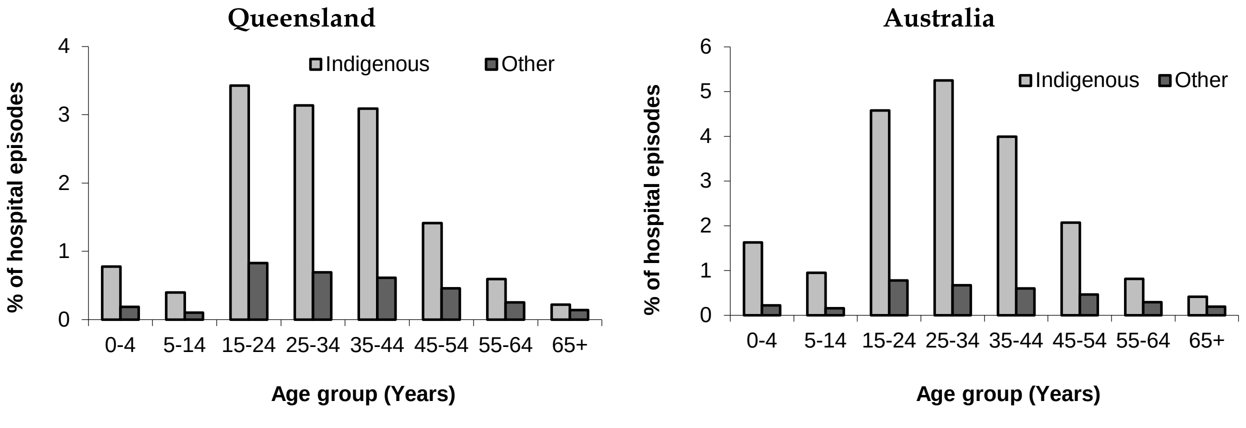
The rate at which Aboriginal and Torres Strait Islander people leave hospital against medical advice or are discharged at their own risk

Data for this measure come from the AIHW's National Hospital Morbidity Database. Hospitalisations for mental and behavioural disorders are excluded.

- Between July 2006 and June 2008, about 1.7% of hospitalisations of Indigenous people in Queensland ended with discharge against medical advice. This proportion was lower than that for Indigenous people nationally (2.5%).
- After adjusting for differences in age structure, Indigenous people in Queensland were more than 4 times as likely as other people to discharge against medical advice. Nationally, the rate ratio was 5.9.

Hospitalisations by age

- Between July 2006 and June 2008, across all age groups, Indigenous people in Queensland were much more likely to discharge from hospital against medical advice than other people. This same pattern was evident nationally.
- In Queensland, out of all the age groups, Indigenous people aged 15–24 years were most likely to discharge from hospital against medical advice (3.4%). In this age group, Indigenous people were 4 times as likely as other people to discharge from hospital against medical advice. The greatest disparity between the proportions for Indigenous and other people to discharge from hospital against medical advice was in the 35–44 year age group with a rate ratio of 5.1.
- Nationally, Indigenous people aged 25–34 years were most likely to discharge from hospital against medical advice (5.2%). In this age group, Indigenous people were 7.8 times as likely as other people to discharge from hospital against medical advice (Figure 3.08.1).

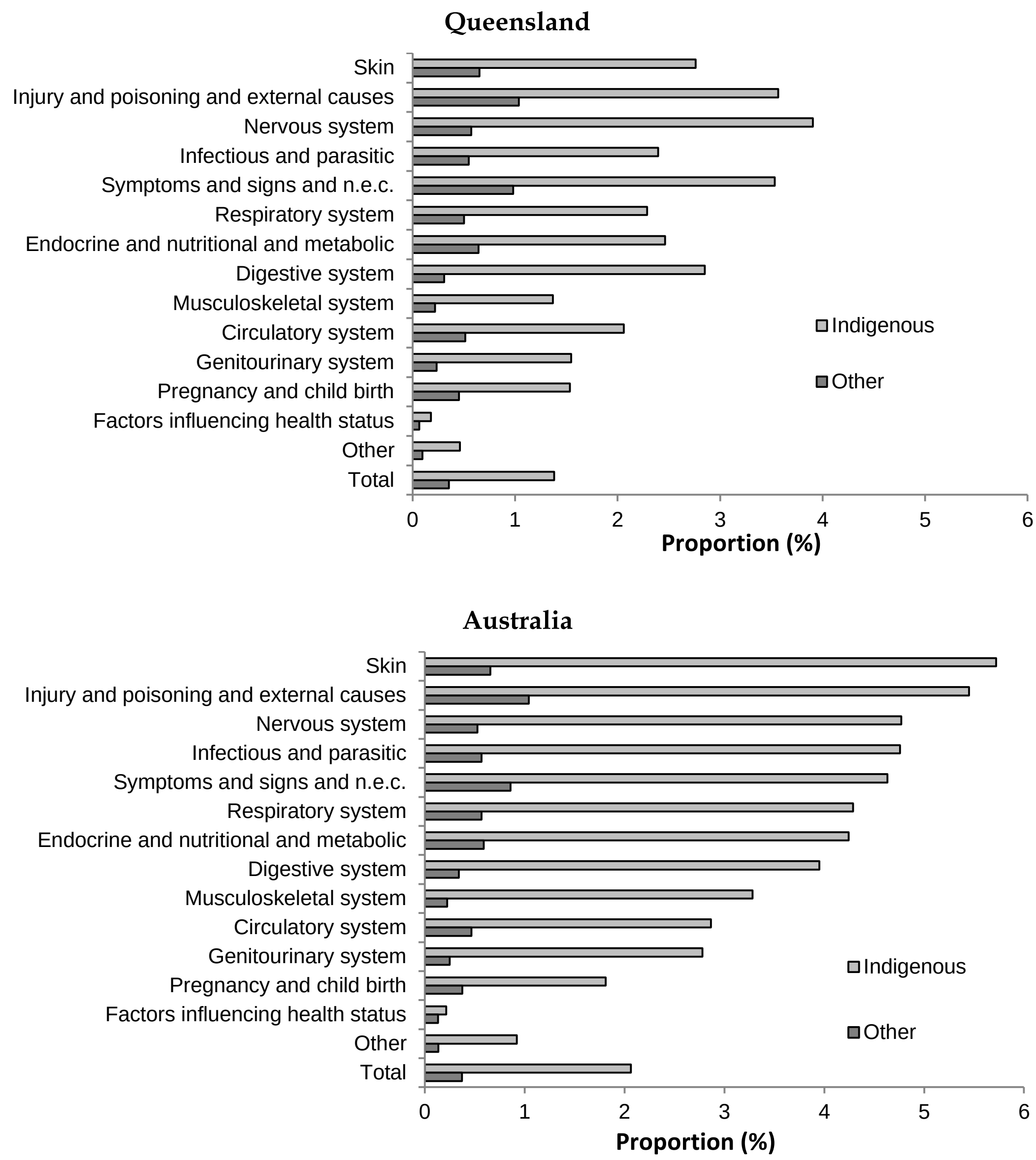


Source: AIHW analyses of NHMD.

Figure 3.08.1: Per cent of hospital episodes in which patients were discharged against medical advice, by Indigenous status and age group (excluding Mental and Behavioural Disorders), Queensland and Australia, July 2006 to June 2008

Hospitalisations by diagnosis

- The most common principal diagnoses for hospitalisations for which Indigenous people in Queensland discharged against medical advice were diseases of the nervous system (3.9%) followed by injury and poisoning and external causes (3.6%). Indigenous people discharged from hospital against medical advice at 6.8 times the rate of other people for diseases of the nervous system, and at 3.4 times the rate of other people for injury and poisoning and external causes (Figure 3.08.2).
- In Queensland, the greatest disparity between proportions of hospitalisations involving discharge against medical advice for Indigenous and other people were for hospitalisations with a principal diagnoses of digestive system diseases (ratio of 9.3) followed by diseases of the nervous system (ratio of 6.8).
- Hospitalisation rates for Indigenous people who discharged from hospital against medical advice were lower in Queensland than in Australia for all principal diagnosis categories.



Note: n.e.c. not elsewhere classified

Source: AIHW analyses of NHMD.

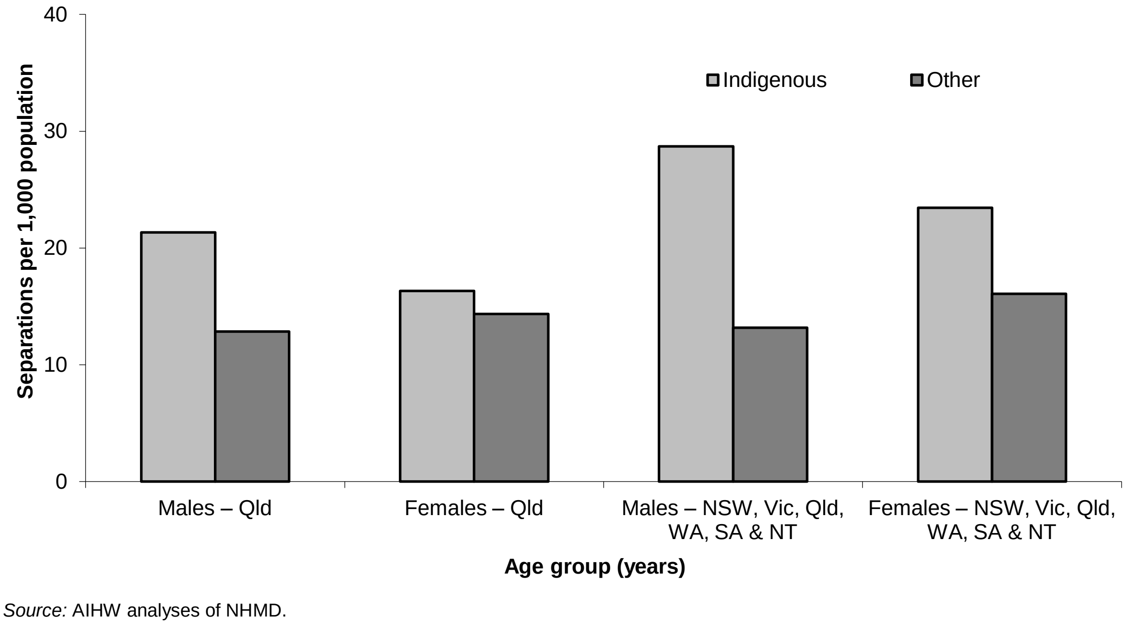
Figure 3.08.2: Per cent (age-standardised) of hospital episodes in which patients were discharged against medical advice, by Indigenous status and principal diagnosis (excluding Mental and Behavioural Disorders), Queensland and Australia, July 2006 to June 2008

3.09 Access to mental health services

Access to mental health care services such as hospitals, community mental health care, doctors and Aboriginal and Torres Strait Islander Primary Health Care Services by Aboriginal and Torres Strait Islander people

Hospitalisations

- Between July 2006 and June 2008 in Queensland, there were 4,633 hospitalisations of Indigenous people with a principal diagnosis of mental health-related conditions.
- Indigenous males and females were hospitalised for mental health-related conditions at a higher rate than other males and females in Queensland. Indigenous males were hospitalised at 1.7 times the rate of other males, and Indigenous females were hospitalised at 1.1 times the rate of other females.
- In New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, Indigenous males were hospitalised for mental health related conditions at over twice the rate of other males, while the rate for Indigenous females was one and a half times the rate of other females.
- Indigenous males and females in Queensland were hospitalised for mental health-related conditions at lower rates (21 and 16 per 1,000) than Indigenous males and females in the six jurisdictions combined (29 and 24 per 1,000).

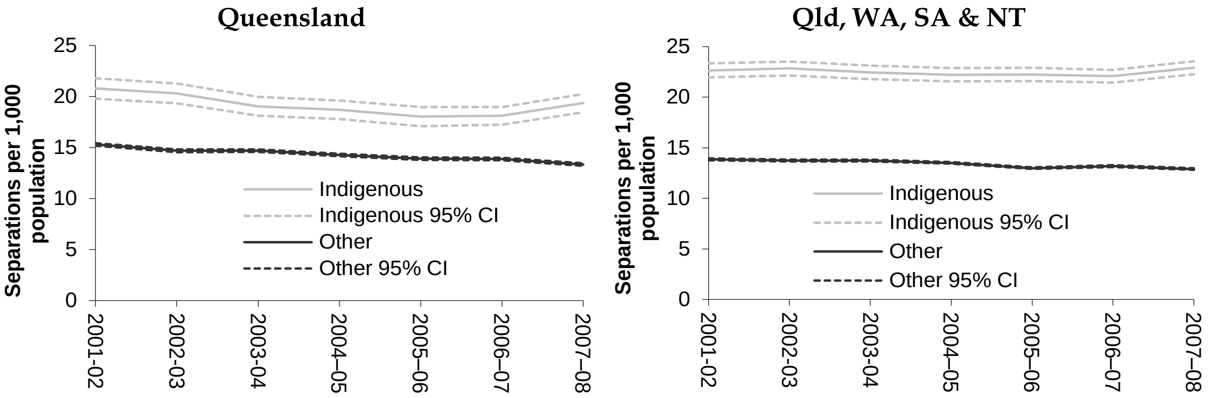


Source: AIHW analyses of NHMD.

Figure 3.09.1: Age standardised hospitalisation rates for principal diagnosis of mental health-related conditions by Indigenous status and sex, Queensland and Qld, WA, SA & NT combined, July 2006 to June 2008

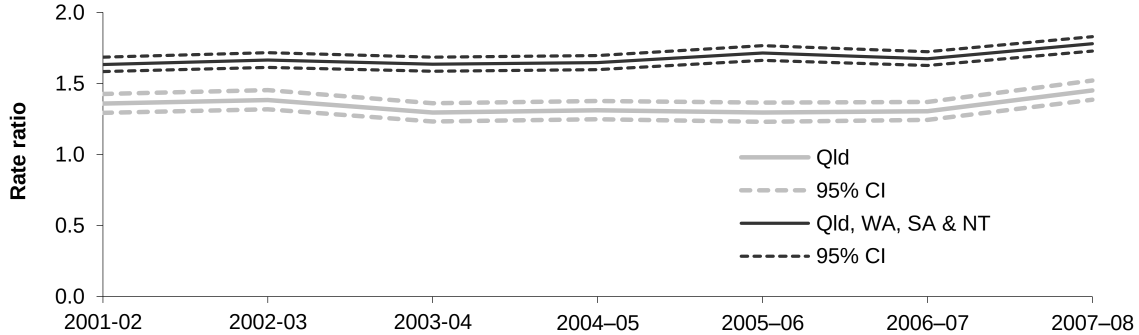
Hospitalisation trends

- From 2001–02 to 2007–08 in Queensland there were significant decreases in hospitalisation rates for mental health-related conditions among Indigenous and other people. There was an average yearly decrease of 0.3 hospitalisations per 1,000 population for Indigenous people and 0.3 per 1,000 for other people (Figure 3.09.2).
- In Queensland, Western Australia, South Australia and the Northern Territory combined, there was no significant change in hospitalisation rates for mental health-related conditions among Indigenous people over the same period. The hospitalisation rate of other people decreased significantly, with an average yearly decrease of 0.2 per 1,000.
- There were no significant changes in the hospitalisation rate ratios between Indigenous and other Australians for mental health-related conditions in Queensland over the same period. In the 4 jurisdictions combined, the rate ratio increased significantly (Figure 3.09.3).



Source: AIHW analyses of NHMD.

Figure 3.09.2: Hospitalisation rates for mental health-related conditions by Indigenous status, Queensland and Qld, WA, SA & NT combined, 2001–02 to 2007–08



Source: AIHW analyses of NHMD.

Figure 3.09.3: Hospitalisation rate ratios between Indigenous and other Australians from mental health-related conditions, Queensland and Qld, WA, SA & NT combined, 2001–02 to 2007–08

Community mental health care services

- In 2007–08 in Queensland, there were 94,153 client contacts with community mental health care services for people who identified as Aboriginal or Torres Strait Islander (8.1% of total service contacts in Queensland).
- Indigenous people in Queensland were 2.6 times as likely as non-Indigenous people to be clients of a community mental health service (679 compared with 266 per 1,000 population) (Table 3.09.1).
- Nationally, Indigenous people were 2.5 times as likely as non-Indigenous people to have contact with community mental health care services (737 compared with 294 per 1,000), and the number of service contacts per 1,000 population was slightly higher than in Queensland (737 compared with 679 for Indigenous, 294 compared with 266 for other people).

Table 3.09.1: Community mental health care service contacts per 1,000 population, by Indigenous status, Queensland and Australia, 2007–08

	Qld	Australia
	Number	
Indigenous	94,153	362,429
Non-Indigenous	1,066,035	5,577,420
Not stated	2,369	434,418
Total	**1,162,557**	**6,374,267**
	Number per 1,000 population[(a)]	
Indigenous	679	737
Other Australians[(b)]	266	294
Ratio[(c)]	2.6	2.5
Total	**280**	**304**

(a) Rates were directly age-standardised using the Australian 2001 Standard population.

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

(c) Rate ratio Indigenous:other.

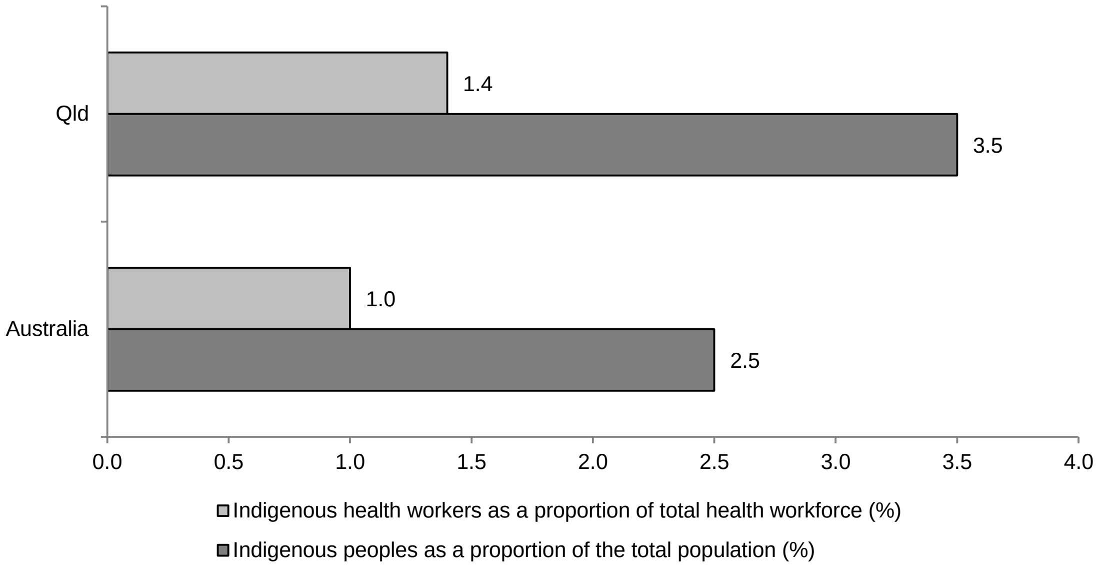
Note: Shading indicates that the Indigenous identification in the National Community Mental Health Care Database (NCMHCD) is in need of improvement. This is based on information provided by state and territory health authorities on the quality of their data in the NCMHCD. Data from these states and territories should be interpreted with caution due to likely under identification of Indigenous Australians.

Source: AIHW National Community Mental Health Care Database (NCMHCD).

3.10 Aboriginal and Torres Strait Islander Australians in the health workforce

Number and proportion of Aboriginal and Torres Strait Islander Australians in the health workforce

- In 2006, there were 1,343 people aged 15 years and over in Queensland who identified as Aboriginal or Torres Strait Islander who were employed in the health workforce. They accounted for 1.4% of the total health workforce, which was lower than the proportion of the Queensland population that is Indigenous (3.5%).
- Nationally, Aboriginal and Torres Strait Islander people aged 15 years and over accounted for 1.0% of the total health workforce, which is lower than the proportion of the total Australian population that is Indigenous (2.5%).



Source: ABS and AIHW analyses of 2006 Census of Population and Housing.

Figure 3.10.1: Aboriginal and Torres Strait Islander people aged 15 years and over in the health workforce as a proportion of the total health workforce, Queensland and Australia, 2006

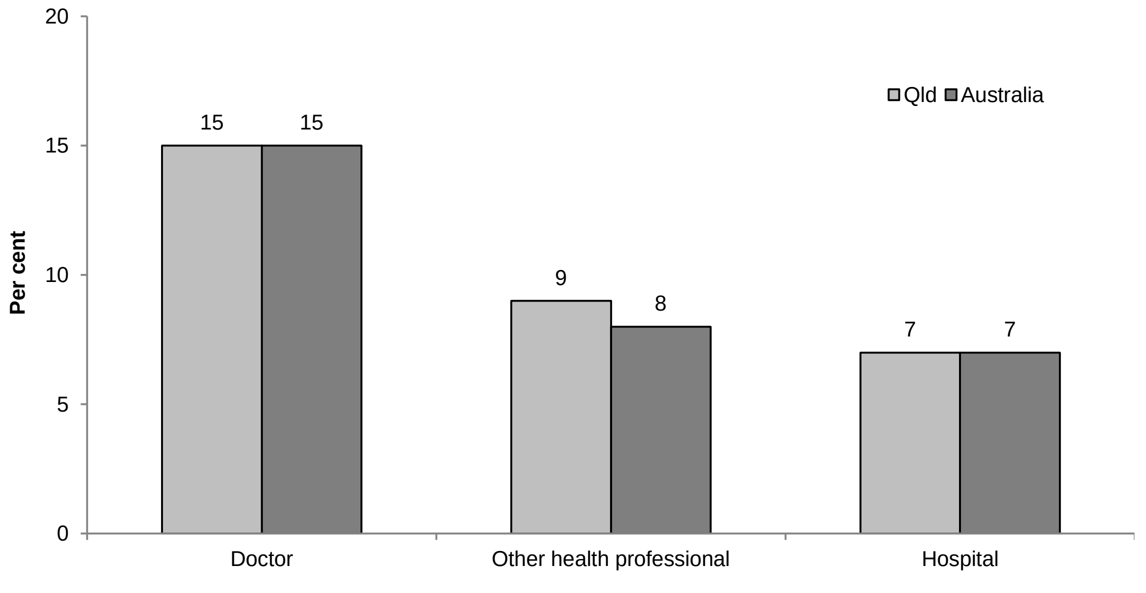
3.11 Competent governance

Measures of competent governance in mainstream and Indigenous-specific health services, including management of service delivery, compliance and accountability of services, and cultural responsiveness of service delivery for Indigenous clients

Experiences of not visiting a health professional when required

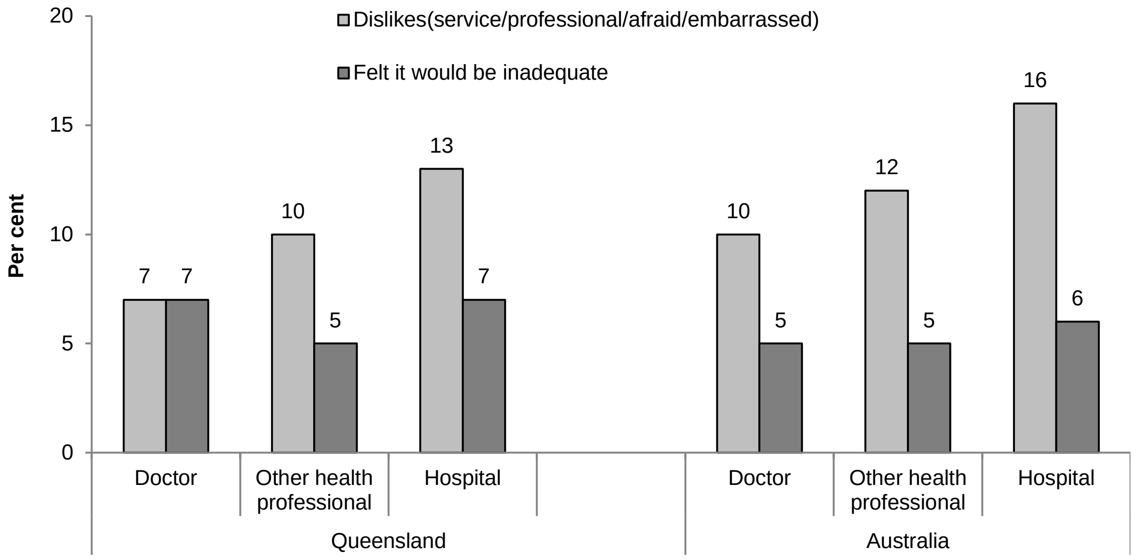
The 2004–05 National Aboriginal and Torres Strait Islander Health Survey collected data on the reasons why Indigenous Australians did not visit a doctor or other health professional in the previous 12 months when they needed to.

- In 2004–05 in Queensland, 15% of Indigenous people reported that they did not visit a doctor when they needed to in the previous 12 months. Over the same period, 9% of Indigenous people did not visit other health professionals when needed and 7% did not visit a hospital when needed. These proportions are similar to those for Indigenous people nationally (Figure 3.11.1).
- Of those Indigenous people who needed to visit a doctor but didn't, about 7% reported that they did not go due to dislikes of the service/professional, felt embarrassed or afraid; and 7% did not go because they felt the service would be inadequate (Figure 3.11.2). Among Indigenous people who needed to visit other health professionals but didn't, 10% reported that they did not go due to dislikes of the service/professional, felt embarrassed or afraid; and 5% did not go because they felt the service would be inadequate. Among Indigenous people who needed to visit a hospital but didn't, the proportions were 13% and 7% respectively.



Source: AIHW analyses of NATSIHS 2004–05.

Figure 3.11.1: Proportion of Indigenous people who did not attend a GP service/hospital/other health professional when needed, Queensland and Australia, 2004–05



Source: AIHW analyses of NATSIHS 2004–05.

Figure 3.11.2: Indigenous people who did not attend a GP service/hospital/other health professional when needed, by reason they did not attend, Queensland and Australia, 2004–05

Aboriginal and Torres Strait Islander representation on health/hospital boards

Queensland Health is divided into three zones containing 38 Health Service Districts, each with a District Health Service Council. The role of the Council is to work in cooperation with the relevant Health Service District to ensure the needs of the community are represented and reflected in the health services provided and to monitor the performance of the District against a service agreement. The Council should act as a direct link between the public and Queensland Health.

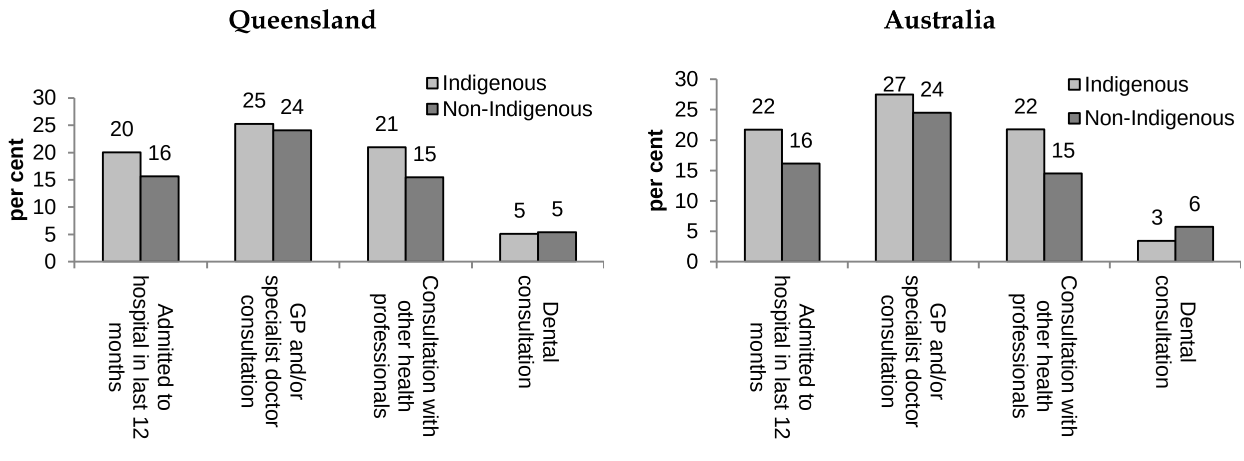
District Health Service Councils are to facilitate community input into the planning, delivery, monitoring and evaluation of hospital and community-based health services. The Councils are established in legislation, with a direct reporting relationship to the Minister, and consist of up to 10 members with equitable community representation. Members are not elected, but are appointed by the Governor-in-Council for a term of 3 to 4 years. All District Health Service Councillors are ministerial appointments. There is no requirement mandated by the terms of reference for Indigenous representation, nor is there a requirement for appointees to record Indigenous status. However, currently there are 26 Indigenous members serving on 11 of the District Health Service Councils.

3.12 Access to services by types of service compared with need

Access to services by types of service compared with need (for example, primary care, hospital, dental and allied health and post-acute care and palliative care)

Self-reported access to health care

- After adjusting for differences in age structure, a higher proportion (20%) of Indigenous people aged 15 years and over in Queensland reported that they were admitted to hospital in the previous 12 months than non-Indigenous people of the same age (16%).
- In the 2 weeks before the NATSIHS, a higher proportion of Indigenous people than non-Indigenous people aged 15 years and over in Queensland reported that they consulted other health professionals (21% compared with 15%).
- A similar proportion of Indigenous and non-Indigenous people aged 15 years and over in Queensland consulted a dentist (around 5% for each) and a GP and/or specialist doctor (25% and 24% respectively) in the previous two weeks.
- The above trends were also observed nationally except for access to a dentist for which Indigenous people were twice as likely as non-Indigenous people to report a consultation within the previous 2 weeks.

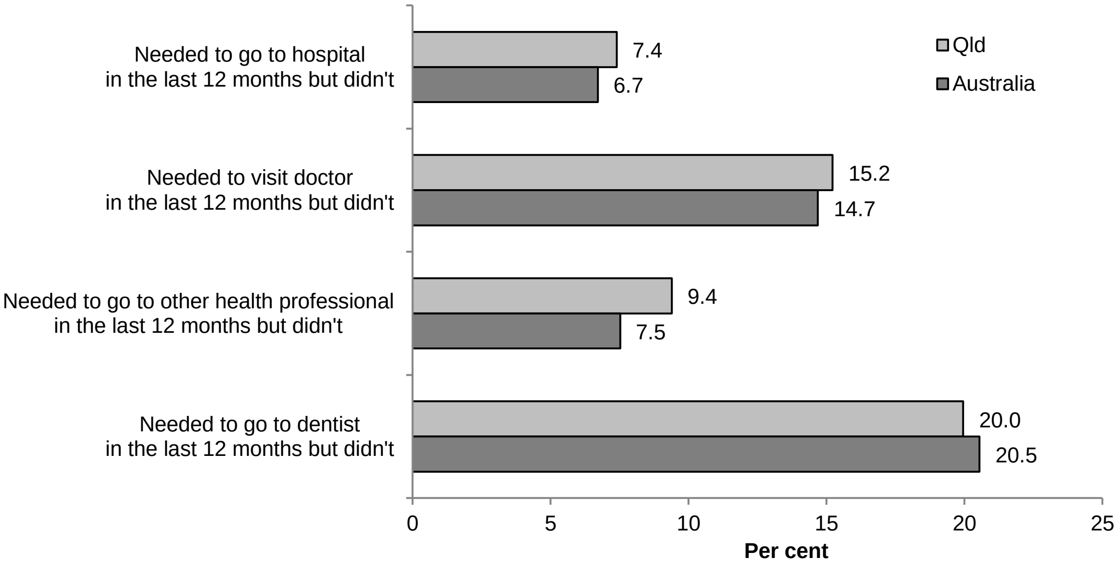


Source: ABS and AIHW analyses of NATSIHS 2004–05 and NHS 2004–05.

Figure 3.12.1: Per cent of people aged 15 years and over who accessed health care, by type of health care, within the last 12 months (hospital) or the last 2 weeks (other health care), by Indigenous status, age standardised, Queensland and Australia, 2004–05

Whether needed to access health care and reasons why didn't

- In 2004–05 in Queensland, about 20% of Indigenous people reported they needed to go to a dentist in the last 12 months but didn't, 15% needed to go to a doctor but didn't, 9% needed to go to other health professionals but didn't and 7% needed to go to hospital but didn't.
- The most common reason why Indigenous people did not go to a dentist when needed was waiting time too long or not available at the time required (27%), followed by cost (26%) and feeling afraid, embarrassed or a dislike of the service (24%). These were also the three most common reasons why Indigenous people nationally did not visit a dentist when needed.
- The most common reason why Indigenous people in Queensland did not go to a doctor when needed was too busy (30%), followed by deciding not to seek care (24%).
- The most common reasons why Indigenous people in Queensland and nationally did not go to other health professionals when needed was cost (31% and 28% respectively) and too busy (30% and 25% respectively).
- The most common reasons why Indigenous people in Queensland did not visit a hospital when needed were too busy (25%), waiting time too long or not available at time required (22%), and deciding not to seek care for their health problem (22%). In comparison, the most common reasons for Indigenous people nationally were that they decided not to seek care (25%) and transport/distance issues (19%).



Source: ABS and AIHW analyses of NATSIHS 2004–05.

Figure 3.12.2: Per cent of Aboriginal and Torres Strait Islander people who needed a health service at least once in the last 12 months but did not access the service, Queensland and Australia, 2004–05

Table 3.12.1: Whether needed to go to a doctor, hospital, dentist or other health professional, by reasons didn't go, Aboriginal and Torres Strait Islander people, Queensland and Australia, 2004–05

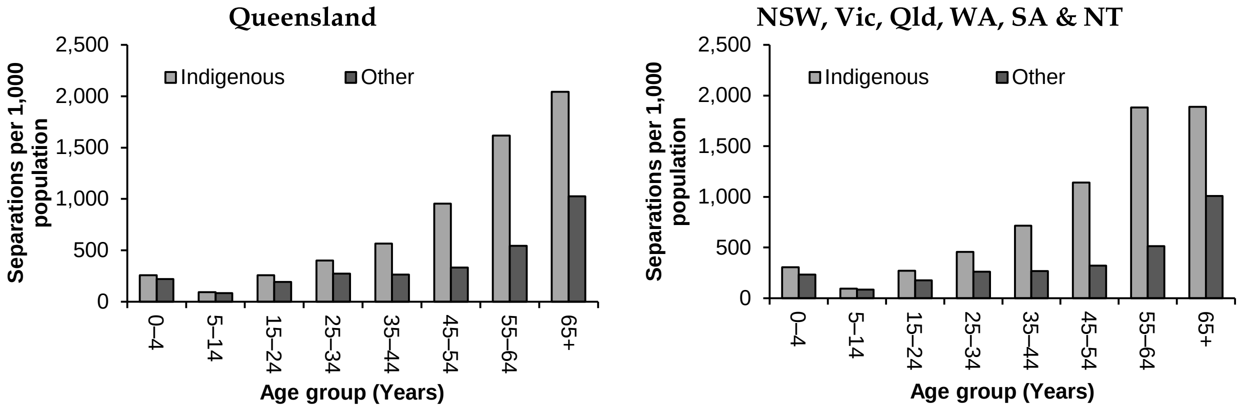
	Doctor		Hospital		Dentist		Other health professional	
	Qld	Aust.	Qld	Aust.	Qld	Aust.	Qld	Aust.
	%	%	%	%	%	%	%	%
Needed to go to service in the last 12 months but didn't	15	15	7	7	20	21	9	8
Reasons didn't visit								
Cost	15	12	4	4	26	29	31	28
Transport/distance	14	14	18	19	8	11	12	8
Waiting time too long or not available at time required	12	14	22	16	27	22	13	9
Not available in area	4	4	2	3	6	8	7	7
Too busy (including work, personal or family responsibilities)	30	24	25	16	18	14	30	25
Dislikes (service/professional/afraid /embarrassed)	7	10	13	16	24	21	10	12
Felt it would be inadequate	7	5	7	6	1	2	5	5
Decided not to seek care	24	26	22	25	11	13	14	17
Other	7	11	13	15	7	9	9	12

Source: ABS and AIHW analyses of NATSIHS 2004–05.

Hospitalisations

Hospitalisations by age

- Between July 2006 and June 2008, Indigenous people in Queensland and in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, had higher hospitalisation rates than other people across all age groups.
- In Queensland, hospitalisation rates were highest among those aged 65 years and over for both Indigenous (2,043 per 1,000) and other people (1,027 per 1,000).
- In Queensland, the greatest difference in hospitalisation rates between Indigenous and other people was in the 45–54 and 55–64 year age groups, where Indigenous people were hospitalised at around 2.9 and 3.0 times, respectively, the rate of other people. A similar pattern was evident in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, but the difference in rates was higher. Indigenous people in the 45–54 year and 55–64 year age groups were hospitalised at 3.5 and 3.7 times, respectively, the rate of other people.



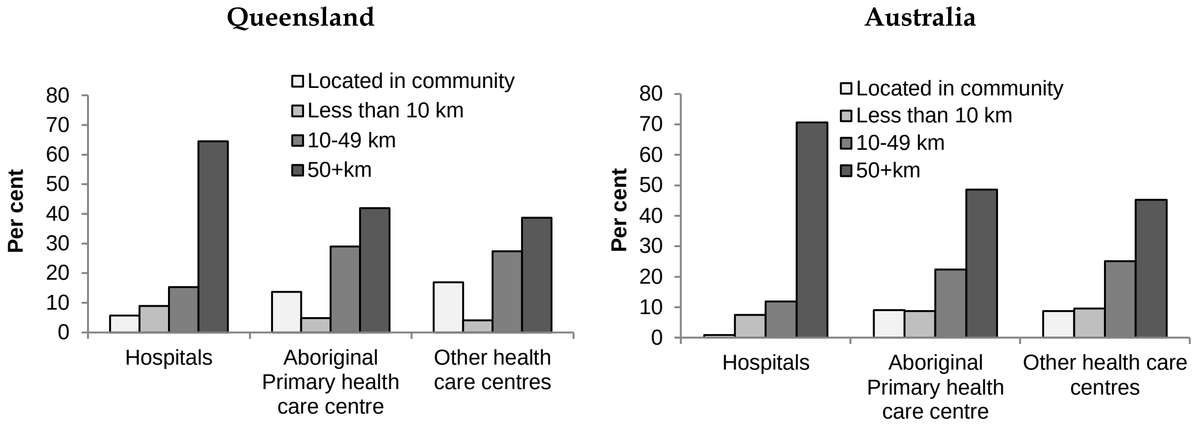
Source: AIHW analyses of NHMD.

Figure 3.12.3: Age specific hospitalisation rates, by Indigenous status, Queensland and NSW, Vic, Qld, WA, SA & NT combined, July 2006 to June 2008

Access to services - discrete Indigenous communities

The 2006 Community Housing and Infrastructure Needs Survey collected information on access to hospitals, Aboriginal Primary Health Care Centres and other (state funded) health care centres.

- In 2006 in Queensland, the majority of discrete Indigenous communities were located 50km or more from the nearest hospital, Aboriginal Primary Health Care Centre and other health care centres. Around 9% of communities had a hospital and 8% had a hospital within 10km. Around 14% had an Aboriginal Primary Health Care Centre and 5% had an Aboriginal Primary Health Care Centre within 10km. Approximately 17% had other health care centres in the community and 4% had other health care centres within 10km.
- This was different from the pattern for Indigenous communities nationally, where only 1% of discrete Indigenous communities had a hospital and 7% had a hospital within 10km; 9% had an Aboriginal Primary Health Care Centre and 9% had an Aboriginal Primary Health Care Centre within 10km; and 9% of communities had other health care centres located within the community and 10% had other health care centres within 10km.



Source: ABS cat no. 4710.0.

Figure 3.12.4: Proportion of discrete Indigenous communities with access to health services, by distance to health services, Queensland and Australia, 2006

3.14 Access to after-hours primary care

Access to after-hours primary health care by Aboriginal and Torres Strait Islander people

After hours primary medical care relates to 'medical care provided at any time outside 8am to 6pm on weekdays (that are not public holidays) and 8am to 1pm on a Saturday'

Emergency department episodes

There are many reasons why people present at after-hours emergency departments including difficulties accessing primary care during school and work hours.

- From 2006–07 to 2007–08 in Queensland, there were 868,662 episodes of care provided after hours in emergency departments, 48,452 (5.6%) of which were for patients identified as Aboriginal or Torres Strait Islander. Almost half of all presentations to emergency departments were for after-hours care (47% for Indigenous and for non-Indigenous) (Table 3.14.1).
- There were 453,597 episodes of after-hours care provided by emergency departments for triage categories 4 (semi-urgent) and 5 (non-urgent), 28,948 (6.4%) of which were for patients identified as Aboriginal and Torres Strait Islander. For Indigenous people, about 44% of episodes to emergency departments for triage categories semi-urgent and non-urgent were after hours, compared with 46% for non-Indigenous people.
- About 60% of Indigenous presentations to emergency departments after hours in Queensland were for semi-urgent or non-urgent triage categories.

Table 3.14.1: Presentations to emergency departments after hours by Indigenous status of the patient, Queensland and Australia, 2006–07 to 2007–08

	Semi-urgent & non-urgent		Total presentations	
	Qld	**Australia**	**Qld**	**Australia**
After hours presentations				
Indigenous	28,948	139,703	48,452	225,183
Non-Indigenous	417,873	2,711,173	804,306	4,703,231
Not stated	6,758	119,030	15,904	214,801
Total	**453,579**	**2,969,907**	**868,662**	**5,143,215**
Total emergency department presentations				
Indigenous	66,005	302,457	104,034	467,115
Non-Indigenous	911,018	5,889,981	1,698,134	9,915,822
Not stated	14,927	246,337	34,096	432,767
Total	**991,950**	**6,438,775**	**1,836,264**	**10,815,704**
Proportion of after hours presentations out of all presentations to ED				
Indigenous	43.9	46.2	46.6	48.2
Non-Indigenous	45.9	46.0	47.4	47.4
Not stated	45.3	48.3	46.6	49.6
Total	**45.7**	**46.1**	**47.3**	**47.6**

Notes

1. After hours is defined by the MBS definition (excluding consideration of public holidays): on Sunday, before 8am or after 1pm on a Saturday, or at any time other than 8am to 8pm on a weekday.
2. Caution should be used in the interpretation of these data because the identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions.
3. The Non-admitted Patient Emergency Department Care data is required to be reported for hospitals categorised as peer group A or B in the previous year's Australian hospital statistics. In addition, data are provided for some smaller hospitals by some states and territories.
4. The coverage of the National Non-admitted Patient Emergency Department Care Database is estimated at about 78% of records for 2006–07 and for 2007–08. Therefore this data will only cover a sub-set of after-hours emergency episodes of care.

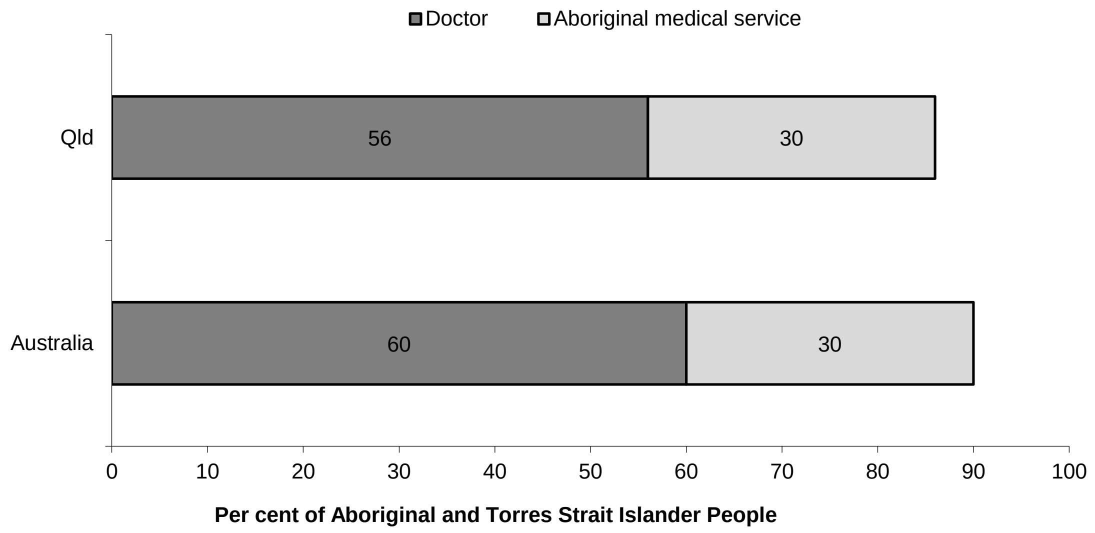
Source: AIHW analyses of National Non-admitted Patient Emergency Department Care Database (NAPEDCD).

3.15 Extent to which individuals have a regular GP or health service

Number and proportion of individuals who have a regular general practitioner (GP) or health service

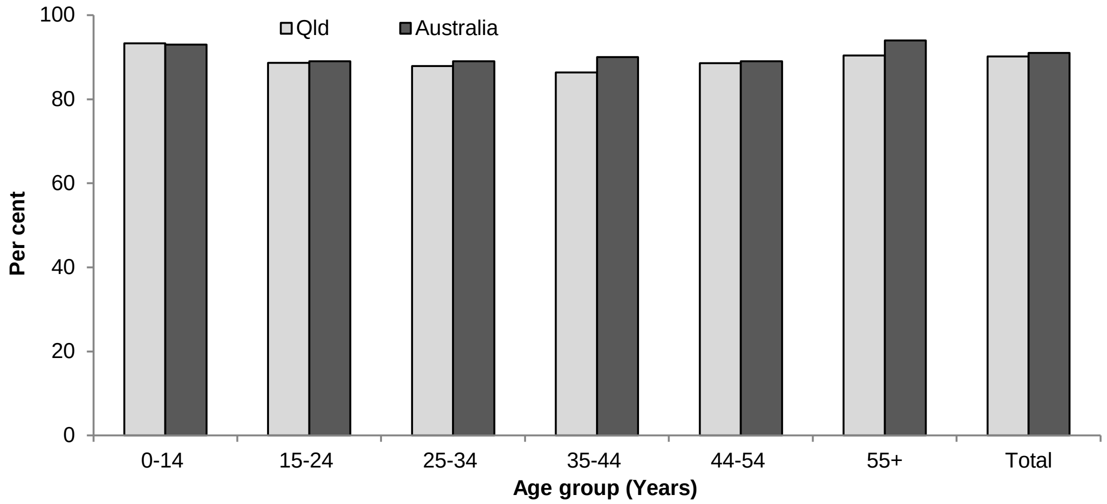
Whether visited same doctor/health service

- In 2004–05 in Queensland, 56% of Indigenous people usually went to a doctor if they had a problem with their health, and 30% went to an Aboriginal medical service (Figure 3.15.1).
- Nationally, 60% of Indigenous people went to a doctor if they had a problem with their health, and 30% went to an Aboriginal medical service.
- In 2004–05 in Queensland, Indigenous people aged 0–14 years were most likely to report that they usually went to the same doctor or health service (93%), followed by those aged 55 years and over (90%) (Figure 3.15.2).
- Similar proportions of Indigenous people in Queensland and in Australia usually went to the same doctor or medical service (90% and 91%).



Source: ABS and AIHW analyses of NATSIHS 2004–05.

Figure 3.15.1: Where usually go if problem with health, Aboriginal and Torres Strait Islander people, Queensland and Australia, 2004–05

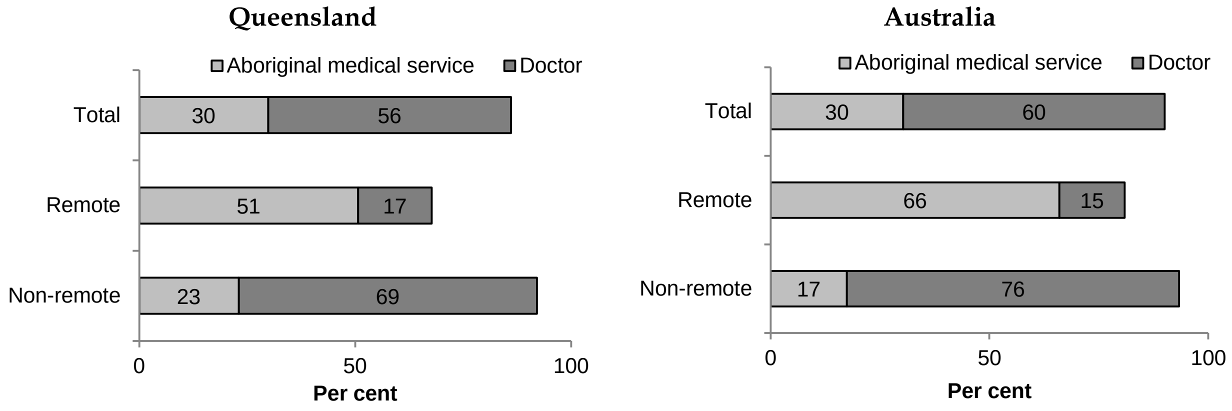


Source: ABS and AIHW analyses of NATSIHS 2004–05.

Figure 3.15.2: Whether usually goes to the same GP/medical service, by age group, Aboriginal and Torres Strait Islander people, Queensland and Australia, 2004–05

Whether visited same doctor/health service by remoteness

- The proportion of Indigenous people in Queensland using Aboriginal medical services for their regular health care increased with remoteness from 23% in non-remote areas to 51% in remote areas. The proportion of Indigenous people using a doctor for their regular health care decreased with remoteness from 69% in non-remote areas to 17% in remote areas (Figure 3.15.3).
- In non-remote areas, Indigenous people in Queensland were more likely to use Aboriginal medical services for their regular health care (23%) than Indigenous people nationally (17%). In contrast, in remote areas, Indigenous people in Queensland were less likely to use Aboriginal medical services for their regular health care (51%) than Indigenous people in Australia (66%).



Source: AIHW analyses of NATSIHS 2004–05.

Figure 3.15.3: Where usually go if problem with health, by remoteness area, Aboriginal and Torres Strait Islander people, Queensland and Australia, 2004–05

3.16 Care planning for clients with chronic diseases

The use of care planning for the management of chronic disease among the Aboriginal and Torres Strait Islander population

Asthma plans

- In 2004–05 in Queensland, about 12% of Indigenous people in non-remote areas reported having asthma as a long-term health condition compared with 6% of non-Indigenous people. This was lower than the national prevalence of asthma reported by Indigenous and non-Indigenous people (18% and 10% respectively) (Table 3.16.1).
- Of people with asthma in non-remote areas, 22% of Indigenous people in Queensland had a written asthma plan compared with 20% of non-Indigenous people in Queensland. These proportions were slightly lower than those for Indigenous and non-Indigenous people with asthma in Australia (25% and 22% respectively).
- The proportion of Indigenous people in Queensland with asthma who had a written asthma plan was highest among those aged 0–4 years and 55 years and over (48% and 44% respectively) (Figure 3.16.1).

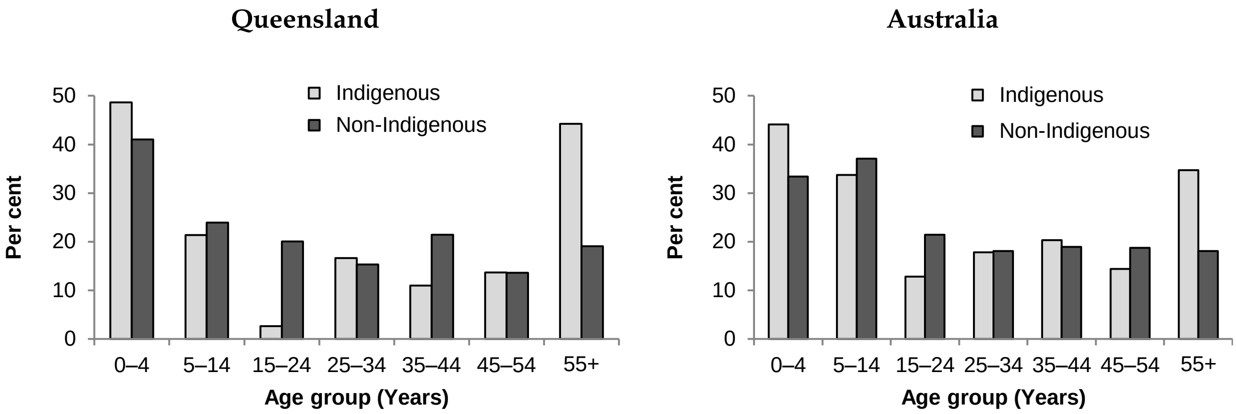
Table 3.16.1: Whether person(s) in non-remote areas have a written asthma action plan by Indigenous status, Queensland and Australia, 2004–05

Jurisdiction	Does have a written asthma action plan	Does not have a written asthma action plan	Never heard of a written asthma action plan	Total[(a)]	Total with asthma	Total people with asthma
	%	%	%	%	%	No.
Queensland						
Indigenous	22.3	69.6	5.1	100.0	11.5	16,150
Non-Indigenous	20.4	73.6	5.6	100.0	6.1	390,422
Rate ratio	1.1	0.9	0.9	. .	1.9	. .
Australia						
Indigenous	24.7	66.9	6.9	100.0	17.7	59,777
Non-Indigenous	22.4	71.9	5.2	100.0	10.2	1,939,245
Rate ratio	1.1	0.9	1.3	. .	1.7	. .

(a) Includes 'not known if has a written asthma action plan', which represents 1.5% of Indigenous people and 0.5% of non-Indigenous people with asthma in non-remote areas.

Note: Data have been directly age standardised using the 2001 Australian Standard population.

Source: AIHW analyses of NATSIHS 2004–05 and NHS 2004–05.



Source: AIHW analyses of NATSIHS 2004–05 and NHS 2004–05.

Figure 3.16.1: Proportion of people with asthma in non-remote areas who have a written asthma action plan, by Indigenous status and age group, Queensland and Australia, 2004–05

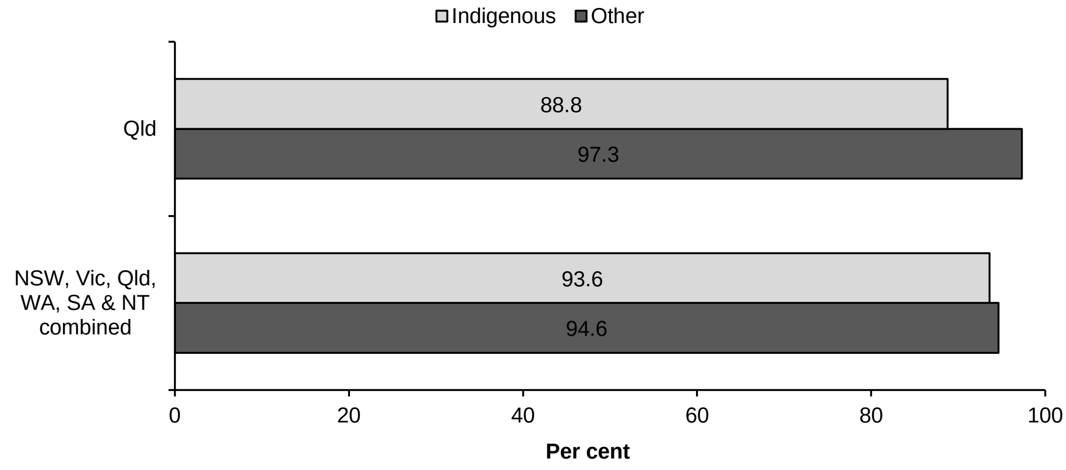
3.17 Accreditation

The proportion of:

- *Aboriginal and Torres Strait Islander separations and patient days in accredited public hospital as a percentage of all Aboriginal and Torres Strait Islander separations and patient days in public hospitals*
- *accredited general medical practice service establishments by proportion of Indigenous populations in Divisions of General Practice*

Hospital accreditation

- Between July 2006 and June 2008 in Queensland, 89% of hospital admitted episodes for Indigenous people occurred in accredited hospitals compared to 97% of episodes for other people (Figure 3.17.1).
- In New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, 94% of hospital admitted episodes for Indigenous people occurred in accredited hospitals compared with 95% of episodes for other people.



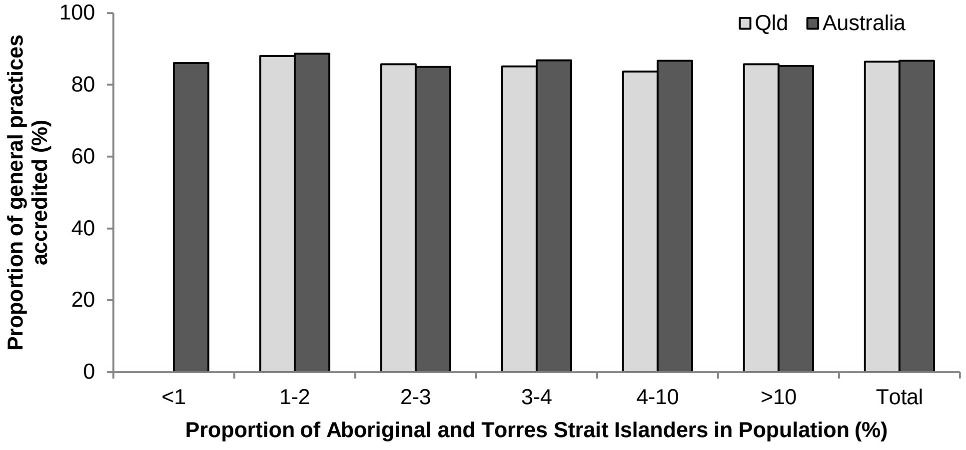
Source: AIHW analyses of National Public Hospitals Establishements Database.

Figure 3.17.1: Per cent of hospital admitted patent episodes in accredited hospitals, by Indigenous status, Queensland and NSW, Vic, Qld, WA, SA & NT combined, July 2006 to June 2008

General practice accreditation

- In 2008–09 in Queensland, 879 general practice divisions were accredited and 138 divisions were registered but not yet accredited. The proportion of accredited divisions among all the registered divisions was 86%, compared with 87% in Australia.
- In Queensland, the proportion of accredited general practice divisions ranged from 84% in areas where 4–10% of the population was Indigenous to 88% in areas where 1–2% or greater than 10% of the population was Indigenous. Note that there were no general practice divisions in Queensland where less than 1% of the population was Indigenous (Figure 3.17.2).

- In Australia, the proportion of accredited general practice divisions ranged from 85% in areas where 2–3% of the population was Indigenous to 89% in areas where 1–2% of the population was Indigenous.



Source: AIHW analyses of Australian General Practice Accreditation Limited (AGPAL) and General Practice Accreditation Plus (GPA+) data.

Figure 3.17.2: Proportion of General Practices accredited, by proportion of Aboriginal and Torres Strait Islander people in population for Divisions of General Practice, Queensland and Australia, 2008–09

3.18 Aboriginal and Torres Strait Islander people training for health-related disciplines

The proportion of Aboriginal and Torres Strait Islander Australians in tertiary education for health-related disciplines

Higher education sector

- In 2008 in Queensland:
  - there were 259 enrolments in health-related courses by Indigenous undergraduate students. This made up 1.8% of total undergraduate enrolments.
  - there were 31 completions in health-related courses by Indigenous undergraduate students. This made up 1.1% of total undergraduate completions in health-related courses (Table 3.18.1).
- Nationally, enrolments in health-related courses by Indigenous undergraduate students made up 1.6% of total undergraduate enrolments in health-related courses. Completions in health-related courses by Indigenous undergraduate students made up 1.0% of total undergraduate completions in health-related courses.
- In Queensland, the most common type of health-related courses in which Indigenous students were enrolled or had completed in 2008 was nursing (188 enrolled and 19 completed). Nationally, nursing was also the most common health-related course in which Indigenous students were enrolled or had completed.

Table 3.18.1: Number of undergraduate students enrolled and completed health-related courses in the Tertiary Education sector, by qualification type, Queensland and Australia, 2008

	Enrolled			Completed		
	Aboriginal & Torres Strait Islander	Total	Per cent Aboriginal & Torres Strait Islander (%)	Aboriginal & Torres Strait Islander	Total	Per cent Aboriginal & Torres Strait Islander (%)
			Queensland			
Medical studies	29	2,619	1.1	n.p.	376	n.p.
Nursing	188[(b)]	6,458[(b)]	2.9	19[(b)]	1,341[(b)]	1.4
Pharmacy	n.p.	1,257	n.p.	0	238	0.0
Dental studies	n.p.	643	n.p.	n.p.	155	n.p.
Optical science	0	154	0.0	0	44	0.0
Public health	18	673	2.7	n.p.	111	n.p.
Radiography	1	353	0.3	n.p.	84	n.p.
Rehabilitation therapies	18	2,283	0.8	n.p.	421	n.p.
Total[(a)]	**259**	**14,381**	**1.8**	**31**	**2,762**	**1.1**
			Australia			
Medical studies	128	12,165	1.1	13	2,024	0.6
Nursing	582	32,807	1.8	71	7,453	1.0
Pharmacy	n.p.	4,643	n.p.	n.p.	964	n.p.
Dental studies	20	2,330	0.9	n.p.	503	n.p.
Optical science	n.p.	547	n.p.	0	133	0.0
Public health	298	4,486	6.6	47	754	6.2
Radiography	n.p.	1,883	n.p.	n.p.	435	n.p.
Rehabilitation therapies	73	12,273	0.6	12	2,365	0.5
Total[(a)]	**1,120**	**70,953**	**1.6**	**152**	**14,601**	**1.0**

(a) The data takes into account the coding of Combined Courses to two fields of education. As a consequence, counting both fields of education for Combined Courses means that the totals may be less than the sum of all fields of education.

(b) The numbers of enrollments and completions for nursing in Queensland might be under reported as nationally there were certain numbers of enrolments (Indigenous 16, total 2,188) and completions (Indigenous 4, total 461) in nursing classified as "multi-states".

Source: AIHW analyses of Department of Education, Employment and Workplace Relations (DEEWR) Higher Education Statistics Collection.

Vocational education and training (VET) sector

- In 2008 in Queensland, there were 2,313 Indigenous students enrolled in health-related courses in the VET sector and 46 Indigenous students who completed a health-related course in the VET sector. This made up 11% and 4.7% of total VET enrolments and completions in health-related courses respectively (Table 3.18.2).
- In 2008 in Australia, there were 6,143 Indigenous students enrolled in health-related courses in the VET sector, and 395 Indigenous students who completed a health-related course in the VET sector. This made up 6.4% and 3.8% of total VET enrolments and completions in health-related courses respectively.

- In Queensland, the most common type of health-related course in which Indigenous VET students were enrolled was public health (1,835 enrolled and 24 completed). Nationally, public health was also the most common type of health-related course in which Indigenous VET students were enrolled or had completed.

Table 3.18.2: Vocational education and training (VET) sector students enrolled and completed health-related courses, Queensland and Australia, 2008

	Enrolled			Completed		
	Aboriginal & Torres Strait Islander	Total	Per cent Aboriginal & Torres Strait Islander (%)	Aboriginal & Torres Strait Islander	Total	Per cent Aboriginal & Torres Strait Islander (%)
			Queensland			
Medical studies	0	71	0.0	0	17	0.0
Nursing	94	4,534	2.1	n.p.	58	n.p.
Pharmacy	0	0	. .	0	0	. .
Dental studies	17	823	2.1	5	237	2.1
Optical science	0	40	0.0	0	0	. .
Public health	1,835	10,587	17.3	24	344	7.0
Rehabilitation therapies	0	0	. .	0	0	. .
Complementary therapies	8	656	1.2	n.p.	197	n.p.
Other health	359	4,501	8.0	11	131	8.4
Total	**2,313**	**21,212**	**10.9**	**46**	**984**	**4.7**
			Australia			
Medical studies	n.p.	507	n.p.	0	n.p.	0.0
Nursing	421	19,503	2.2	98	3,090	3.2
Pharmacy	0	68	0.0	0	n.p.	0.0
Dental studies	70	3,886	1.8	11	1,307	0.8
Optical science	n.p.	969	n.p.	0	109	0.0
Public health	4,094	38,045	10.8	182	2,592	7.0
Rehabilitation therapies	11	661	1.7	n.p.	159	n.p.
Complementary therapies	59	3,221	1.8	n.p.	866	n.p.
Other health	1,483	29,734	5.0	94	2,268	4.1
Total	**6,143**	**96,594**	**6.4**	**395**	**10,426**	**3.8**

Source: AIHW analyses of National Centre for Vocational Education Research (NCVER), National VET Provider Collection 2008.

3.19 Expenditure on Aboriginal and Torres Strait Islander health compared with need

Expenditure on health for Aboriginal and Torres Strait Islander people

- In 2006–07 in Queensland, the State Government was estimated to have spent, on average, $3,460 per Indigenous person compared with $1,549 per non-Indigenous person. This represents an Indigenous/non-Indigenous expenditure ratio of 2.2:1 (Table 3.19.1).
- Throughout Australia, state/territory governments were estimated to have spent, on average, $3,846 per Indigenous people compared with $1,651 per non-Indigenous person, equating to an Indigenous/non-Indigenous expenditure ratio of 2.3:1.
- The Queensland Government spent more per person for Aboriginal and Torres Strait Islander people than for non-Indigenous people for all types of health goods and services.
- The highest expenditure per person for Indigenous and non-Indigenous people in Queensland was for public hospital services ($2,553 and $1,163 respectively) followed by admitted patient services within public hospitals ($2,059 and $965).

Table 3.19.1: Estimated state/territory health expenditure per person for Indigenous and non-Indigenous people, by program, Queensland and Australia, 2006–07

	Expenditure per person ($)			
	Queensland		**Australia**	
Health good or service type	**Indigenous**	**Non-Indigenous**	**Indigenous**	**Non-Indigenous**
Public hospital services				
Admitted patient services[(a)]	2,059	956	2,102	1,000
Non-admitted patients	494	207	627	282
Subtotal	*2,553*	*1,163*	*2,728*	*1,282*
Patient transport	252	95	194	76
Community health	502	184	665	174
Public health	78	55	155	55
Dental	45	34	59	26
Research	10	9	16	16
Health administration n.e.c.	21	9	. .	. .
Total	**3,460**	**1,549**	**3,846**	**1,651**
Indigenous: Non-Indigenous ratio	**2.2**	. .	**2.3**	. .

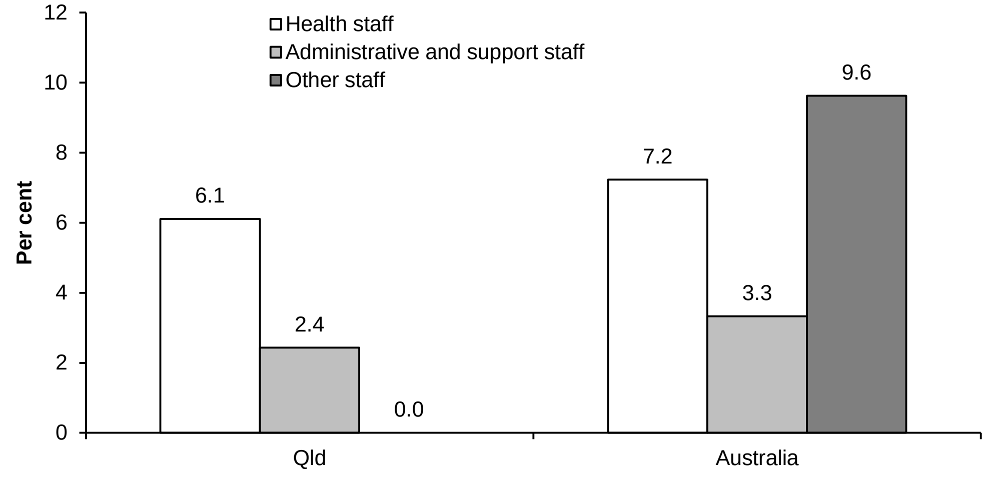
(a) Admitted patient expenditure adjusted for Aboriginal and Torres Strait Islander people under-identification, except for Tasmania.

Source: AIHW 2009.

3.20 Recruitment and retention of clinical and management staff (including GPs)

The recruitment and retention of qualified clinical and management staff to provide effective health care to meet Aboriginal and Torres Strait Islander health care needs

- As at 30 June 2008 in Queensland, 32 (6.1%) of full-time equivalent (FTE) health staff positions, 5.5 (2.4%) of administrative and support staff positions and no other staff positions in Aboriginal health care services funded by the Australian Government were vacant.
- Nationally, 7.2% of the FTE Australian Government funded health staff positions, 3.3% of administrative and support staff positions and 9.6% of other staff positions were vacant.



Source: AIHW analyses of OSR data 2010.

Figure 3.20.1: Vacancies as a percentage of total positions (FTE) in Aboriginal health care services, Queensland and Australia, as at 30 June 2008

Appendix 1 Data sources and quality

Australia and New Zealand Dialysis and Transplant Registry (ANZDATA)

The data reported here on Indigenous people with end-stage renal disease (ESRD) have been supplied by ANZDATA. The interpretation and reporting of these data are the responsibility of the authors and in no way should be seen as an official policy or interpretation of the registry.

In Australia, people who develop ESRD and undertake dialysis or kidney transplantation are registered with ANZDATA. The registry is the most comprehensive and reliable source of information on people treated for ESRD. It compiles data on incidence and prevalence, renal complications, co-morbidities and patient deaths. The current registry began in 1977 and is coordinated by the Queen Elizabeth Hospital in Adelaide. All relevant hospitals and related satellite units in Australia and New Zealand participate.

Data quality issues relating to reporting of Indigenous Australians

Indigenous status question

Patients in the registry are identified according to 'racial origin'. Aboriginal people and Torres Strait Islanders are identified separately, but separate results are not always published for Torres Strait Islanders because of small numbers of patients.

Under-identification

The completeness of identification of Indigenous people in the registry is not known. However the nature of the illness means that treatment centres have prolonged contact with patients and, therefore, have a considerable opportunity to collect accurate information (Disney et al. 1997).

Indigenous identification is based on self-identification and discussion with the treating nurse or physician. There is often significant concern about the quality of Indigenous identification in morbidity, mortality and demographic data sets. However, racial identification in the ANZDATA registry is reported to be good. A survey form is completed for all patients at the commencement of haemodialysis; this survey has a question about 'Racial origin' and includes a prompt regarding Indigenous status. ESRD patients have regular contact with renal services from the time of diagnosis, through intensive maintenance therapy until death. There is heightened awareness of renal disease in Indigenous Australians and multiple opportunities exist to reconfirm data accuracy (Cass et al. 2001).

Selected other data quality issues

ANZDATA

Data sets provided for analysis in this report are de-identified. Data is collected from all dialysis and transplant units in Australia and New Zealand at 31 December. This encompasses virtually all patient events that have occurred in the previous 12 months as well as a "snapshot" of all dialysis and transplants patients on that date.

For 2010 HPF in indicators:

- 1.09 End stage renal disease

Community Housing and Infrastructure Needs Survey

The Community Housing and Infrastructure Needs Survey (CHINS) collects data from all Aboriginal and Torres Strait Islander housing organisations and discrete Aboriginal and Torres Strait Islander communities in Australia. The latest CHINS was enumerated from 1 March to 30 June 2006. The data were collected through personal interviews with key community and Indigenous Housing Organisation (IHO) representatives knowledgeable about housing and infrastructure issues. The Australian Bureau of Statistics (ABS) conducted the 2006 CHINS on behalf of, and with full funding from, the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). Information collected includes:

- details of current housing stock, dwelling management practices and selected income and expenditure arrangements of Indigenous organisations that provide housing to Aboriginal and Torres Strait Islander people
- details of housing and related infrastructure, such as water, electricity, sewerage, drainage, rubbish collection and disposal, as well as other facilities such as transport, communication, education, sport and health services, available in discrete Aboriginal and Torres Strait Islander communities.

The 2006 information was collected on 496 Indigenous housing organisations which managed a total of 21,854 permanent dwellings. The majority of those dwellings were located in the Northern Territory (6,448), Queensland (6,230), New South Wales (4,176) and Western Australia (3,462). Information was also collected on 1,187 discrete Indigenous communities with a combined population of 92,960. Most of these communities were in *Very remote* regions of Australia, with 73% (865) having a population fewer than 50 (ABS 2007a).

In the 2006 CHINS, a community questionnaire collected detailed infrastructure information from all discrete Indigenous communities with a reported usual population of 50 or more as well as for communities which had a reported usual population of less than 50 but which were not administered by a larger discrete Indigenous community or Resource Agency. There were 375 communities of this type. The 812 other communities had reported usual populations of less than 50 and were asked a subset of questions from the community questionnaire form: the short community questionnaire (ABS 2007a).

Results from this survey were published in August 2007. FaHCSIA and the ABS jointly hold the CHINS data.

Selected other data quality issues

Community Housing and Infrastructure Needs Survey (CHINS)

The estimates are not subject to sampling error because the CHINS was designed as a complete enumeration of discrete Indigenous communities. However, data could not be obtained from a small number of communities. In addition, the community population was often estimated by community representatives without reference to records. Therefore, the data is subject to non-sampling error.

Non- sampling errors which may affect the CHINS result include errors in reporting on the part of both respondents and interviewers due to a lack of knowledge of the data required, inability to provide accurate information or mistakes in recording responses to interview questions and errors arising during data processing.

In addition to the survey instrument and methodology testing conducted before the previous CHINS in 1999 and 2001, national, state and territory, and regional aggregate data from the 2006 CHINS have been compared with those collected in 2001. Various checks were conducted on related data items for consistency for the 2006 CHINS.

Further information on the CHINS can be found in the publication Housing and infrastructure in Aboriginal and Torres Strait Islander communities (ABS 2007a).

For 2010 HPF in indicators:

- 1.14 Community functioning
- 2.01 Access to functional housing with utilities
- 3.07 Health Promotion
- 3.12 Access to services by types of service compared with need

National Community Mental Health Care Database

Information on the use of community mental health services by Indigenous people is available from the AIHW National Community Mental Health Care Database (NCMHCD). The NCMHCD is a collation of data on specialised mental health services provided to non-admitted patients, in both government-operated community and hospital-based ambulatory care services e.g. community mental health services, outpatient clinics and day clinics. Information collected in the database is a nationally agreed set of common data elements collected by service providers based on the National Minimum Data Set for Community Mental Health Care.

In 2006-2007, 4.9% of service contacts of community mental health care services were for Aboriginal and/or Torres Strait Islander people.

The quality of Indigenous identification in this database varies by jurisdiction. In 2006–07, Queensland, Western Australia, Tasmania, the Northern Territory and the Australian Capital Territory reported that the quality of their data was suitable for analysis.

As with hospitalisation data, service contacts for which the Indigenous status of the client was not reported have been included with hospitalisations for non-Indigenous people under the 'other' category.

Data quality issues relating to reporting of Indigenous Australians

Indigenous status question

All states and territories use the standard ABS question of Indigenous status.

However, there may be some quality issues regarding the coding of more specific details (that is, 'Aboriginal', 'Torres Strait Islander', 'Both Aboriginal and Torres Strait Islander'). Queensland, Western Australia, Tasmania, the Northern Territory and the Australian Capital Territory reported that the quality of their data was suitable for analysis. South Australia indicated that there has been limited analysis of the quality of Indigenous status data. Therefore, the quality of the data is uncertain at this stage.

Under-identification

The quality of the Indigenous identification in this database varies by jurisdiction and should be interpreted with caution.

The number of service contacts per 1,000 population for Aboriginal and Torres Strait Islander people varies among the states and territories.

The 'other Australians' category includes contacts where Indigenous status was missing or not reported (around 7% of all contacts).

All state and territory health authorities provided information on the quality of the data for the NCMHCD 2006–2007. The Northern Territory estimates that there could be a deficit of 25 -35% of service contact records. Coverage for most other jurisdictions is estimated to be 95-100% (AIHW METeOR).

The numerator includes people who receive a service in one jurisdiction but normally live in another. There will be some mismatch between numerator and denominator in areas with cross-border flows.

For 2010 HPF in indicators:

- 3.09 Access to mental health services

DEEWR Higher Education Statistics Collection

The Australian Government Department of Education, Employment and Workplace Relations (DEEWR) is responsible for the Higher Education Statistics Collection, which includes information from higher education institutions such as universities and colleges of advanced education. The collection contains statistics relating to students enrolled in higher education courses between 1 January and 31 December of each year.

Although universities design and produce their own enrolment forms, DEEWR has provided institutions with suggested wording for questions relating to Indigenous status (ABS 2003).

Higher education data could not be provided by remoteness area because DEEWR does not collect information on where a student comes from. Postcode of home location is often used as a substitute, but it is a poor measure because many students report the campus postcode as their home postcode. Since most campuses are in major cities, using this variable results in participation rates that are incorrectly biased towards major cities at the expense of regional and remote areas.

Selected other data quality issues

DEEWR Higher Education Schools Statistics Collection

The Higher Education Schools Statistics Collection only includes information from higher education institutions in Australia as determined under the Higher Education Funding Act 1988. This includes:

- institutions that receive block operating grant funding for teaching and research activities
- other public higher education institutions that receive some level of operating grant funding
- the Australian Film, Television and Radio School, the National Institute of Dramatic Art and the Australian Defence Force Academy.

Private institutions are not required to report statistical data to DEEWR and are therefore outside the scope of the collection (ABS 2003).

Institutions receive an electronic help file detailing what information is required to be furnished. . Universities design and produce their own statistical information (enrolment) forms to collect the required information from students. DEEWR has provided institutions with suggested wording for questions relating to Indigenous status, language spoken at home and disability (ABS 2003).

About 3% of students in this data collection have a 'not stated' Indigenous status. At the moment these are recorded as non-Indigenous, although plans are under way to record the 'not stated' responses separately.

For 2010 HPF in indicators

- 3.18 Aboriginal and Torres Strait Islander people training for health-related disciplines

National Non-admitted Patient Emergency Department Care Database

The National Non-admitted Patient Emergency Department Care Database (NAPEDCD) is a national collection of de-identified data on emergency department episodes. The database is held at the AIHW and includes episode-level data on non-admitted patients treated in the emergency departments of public hospitals. These hospitals are classified in the public hospital peer groups of principal referral and specialist women's and children's hospitals and large hospitals.

The NAPEDCD includes data on the type and length of emergency department visit, triage category, waiting times, patient demographics, arrival mode and departure status.

Data quality issues relating to reporting of Indigenous Australians

Indigenous status question

This data set includes the standard Indigenous status question.

Under-identification

The quality of the data provided for Indigenous status in 2007–08 for emergency department presentations varied by jurisdiction. Most states and territories advised that the Indigenous status data collected in an emergency department setting could be less accurate than the data collected for admitted patients; the data should therefore be used with caution (AIHW 2008a).

Selected other data quality issues

National Minimum Data Set—non-admitted patient emergency department care

The non-admitted patient emergency department care data are required to be reported for hospitals categorised as peer group A or B in the previous year's Australian hospital statistics. In addition, data are provided for some smaller hospitals by some states and territories.

The coverage of the National Non-admitted Patient Emergency Department Care Database is estimated at about 78% of records for 2006–07 and for 2007–08. Therefore these data will only cover a subset of emergency episodes of care.

The identification of Indigenous patients varies among jurisdictions and is not considered complete. The level of coverage for Indigenous occasions of service is likely to be overestimated because proportionally more Indigenous Australians live in rural and remote areas. Therefore these data may not be indicative of the level of use of emergency department services by Indigenous people nationally (AIHW 2008a).

It is recommended that these data only be reported as numbers, not rates, because the denominator would include Indigenous Australians not covered in this collection.

For 2010 HPF in indicators:

- 3.14 Access to After-Hours Primary Health Care

National Centre for Vocational Education Research

The National Centre for Vocational Education Research is Australia's main provider of vocational education and training (VET) sector research and statistics. VET is a national system designed to give workers the skills for particular occupations and industries. The VET sector includes providers that receive public VET funding, such as technical and further education organisations, higher education institutions, other government providers (for example, agricultural colleges), community education providers, government-funded private registered training organisations, schools funded through government allocations for VET, and all other Commonwealth and state recurrent and specific-purpose funded VET, regardless of the location of the training organisation.

Selected other data quality issues

National Centre for Vocational Education Research data

This collection gathers information from providers (in receipt of public VET funding) about activity of the VET system in Australia. The collection encompasses all delivery funded wholly or in part from public funds.

Non-identification rates for Indigenous students in these data are high. Care also needs to be taken when comparing data across jurisdictions for load pass rates, as average module durations vary across jurisdictions (SCRGSP 2005b).

For 2010 HPF in indicators:

- 3.18 Aboriginal and Torres Strait Islander people training for health-related disciplines

National Notifiable Diseases Surveillance System

A set of 65 diseases and conditions are notifiable nationally to the National Notifiable Diseases Surveillance System (NNDSS), which is managed by the Australian Government Department of Health and Ageing.

Identification of Indigenous notifications in all states and territories is incomplete, with the level of completeness varying across diseases as well as jurisdictions. The NNDSS provided the AIHW with data on Indigenous status completeness by disease and jurisdiction. Using a cut-off of 50% completeness of Indigenous status, Western Australia, South Australia, Tasmania and the Northern Territory were assessed to have adequate identification for chlamydia, syphilis, gonorrhoea and hepatitis C. Queensland and Victoria had insufficient Indigenous identification for chlamydia, but adequate identification for syphilis, gonorrhoea and hepatitis C; New South Wales only had adequate identification for hepatitis C and the Australian Capital Territory did not have adequate identification for any of the STIs. Only Queensland and the Northern Territory had adequate identification for donovanosis.

Current period data (2006–2008) for this indicator was extracted by the NNDSS in April 2010.

Although data on hepatitis C is included in this indicator, sexual transmission is not considered the main route of transmission as hepatitis C primarily occurs among those with a history of injecting drug use. Data for hepatitis C included in this indicator are for newly acquired notifications only (excluding Queensland, as hepatitis C data are reported in a separate category).

All categories of syphilis (including infectious, latent and unknown duration) have been included in the analysis in this indicator.

Detailed accounts of the methods of data collection and methods used by the National Notifiable Disease Surveillance System (NNDSS) within the Department of Health and Ageing can be found here <http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-nndss-nndssintro.htm>.

Data quality issues relating to reporting of Indigenous Australians

Under-identification

The incompleteness of Indigenous identification means the numbers of notifications recorded as Indigenous are likely to be under-estimates of Aboriginal and Torres Strait Islander notifications rates. In 2007-08, Indigenous status was not reported in 54% cases of chlamydia, 25% cases of syphilis, 29% of cases of gonorrhoea and 13% of cases of hepatitis C (newly acquired).

The completeness of Indigenous identification in notifiable disease registries varies between the states and territories. Information on the occurrence of sexually transmitted infections is included in this indicator if information on Indigenous status was reported for at least 50% of diagnoses in a state or territory health jurisdiction for the period 2007-08.

Selected other data quality issues

National Notifiable Diseases Surveillance System

Notifications

Notification statistics do not necessarily capture the mode of transmission, NNDSS data on the diseases discussed in this indicator are known to include infections acquired through non-sexual modes of transmission. For example, although data on hepatitis C is included in this indicator, sexual transmission is not considered the main route of transmission as hepatitis C primarily occurs among those with a history of injecting drug use.

Notification statistics do not measure the incidence or prevalence of these infections in the community. Under-reporting of these infections can occur at a number of stages:

- a person infected may not have symptoms
- a person may not seek medical care
- no testing performed
- a false negative result may occur
- there may be a positive test result but for some reason a notification may not occur
- the case may not be reported to the NNDSS (for more information see Figure 1 in NNDSS 2008).

The level of under-reporting can vary by disease, jurisdiction and by time. The method of surveillance can vary between jurisdictions with different requirements for notification by medical practitioners, laboratories and hospitals. These can also change over time.

Notification statistics do not necessarily capture the mode of transmission, NNDSS data on the diseases discussed in this indicator are known to include infections acquired through non-sexual modes of transmission. For example, although data on hepatitis C is included in this indicator, sexual transmission is not considered the main route of transmission as hepatitis C primarily occurs among those with a history of injecting drug use.

For 2010 HPF in indicators:

- 1.11 HIV/AIDS, hepatitis C and sexually transmissible infections

National Perinatal Data Collection

Data for this measure come from the Australian Institute of Health and Welfare (AIHW) National Perinatal Epidemiology and Statistics Unit National Perinatal Data Collection (NPDC).

Data on birthweight is collected as part of the Perinatal National Minimum Data Set. Each state and territory has a perinatal collection based on birth notifications completed by midwives and other staff, using information obtained from mothers and from hospital and other records. Some of these data are provided in electronic format annually to the AIHW National Perinatal Epidemiology and Statistics Unit. Perinatal notification forms are completed in Australia for all births of 20 weeks or more gestation, or a birthweight of 400 grams or more.

All jurisdictions collect the Indigenous status of the mother of the baby. However, this data element does not provide the Indigenous status of the baby.

Data from earlier years are not available for Tasmania, as the 'not stated' category for Indigenous status was unable to be distinguished from the 'non-Indigenous' until 2005.

Data on mothers for whom Indigenous status was 'not stated' have been excluded from analysis. In 2007, there were 282 births with a 'not stated' Indigenous status (0.1%) in the NPDC.

The World Health Organization (WHO) defines low birthweight as less than 2,500 grams.

Data quality issues relating to reporting of Indigenous Australians

Indigenous status question

A standard data item for Indigenous status is specified in the Perinatal National Minimum Data Set. However, not all states and territories use this standard wording for the Indigenous status question on their forms. This affects the quality and comparability of the data collected (ABS & AIHW 2003).

Under-identification

All states and territories have a data item to record Indigenous status on their perinatal form, although there are some differences among the jurisdictions. This separately identifies mothers as those of Aboriginal and Torres Strait Islander origin, and non-Indigenous mothers. No information is collected about the father's or baby's Indigenous status.

Since 2005, all jurisdictions collect information on Indigenous status of the mothers in accordance with the NMDS. All jurisdictions are working towards improving the ascertainment of Indigenous status in their perinatal collection. In 2007, the NPESU, in collaboration with the AIHW's Aboriginal and Torres Strait Islander Health and Welfare Unit, released a report on Indigenous mothers and their babies in each state and territory. This report was based on a survey which was sent to the midwifery managers across Australia to determine how many hospitals in each jurisdiction use admission records to obtain Indigenous status information of mothers giving birth and how many collect this information independently. The assessment also involved analysis of the variability in the number and proportion of mothers recorded as Indigenous in the perinatal data collection over time and across jurisdictions from 1991–2004. The outcomes of this assessment showed that Indigenous status data from New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory are suitable for trends analysis. Perinatal data from Tasmania, although improving, were deemed to be of insufficient quality. This project included an assessment of Indigenous status data quality. (AIHW: Leeds et al. 2007)

All jurisdictions are working towards improving the quality of the Indigenous status data. Data on Indigenous status are not reported for Tasmania before 2005 because the 'not stated' category for Indigenous status was included with the non-Indigenous category. The 'not stated' category for birthweight was found to be small nationally in the evaluation of the Perinatal National Minimum Data Set (Laws & Sullivan 2009). Therefore, the exclusion of 'not stated for birthweight will not have a significant impact on these data.

Selected other data quality issues

Perinatal data

Births

Birth notification forms are completed for all births of 20 weeks or more gestation, or a birthweight of 400 grams or more. The Perinatal National Minimum Data Set includes all births in Australia in hospitals, birth centres and the community.

The state/territory of birth is provided for all births. Tabulated data in this report are based on births in each state and territory in 2007 meeting the criteria for inclusion in the NPDC. Each state and territory has its own form and/or electronic system for collecting perinatal data. Unless otherwise stated, the data in this report relate to the state or territory of occurrence of births in 2007 rather than to the state or territory of usual residence of the mother. The Australian Capital Territory data contain a relatively high proportion of New South Wales residents who gave birth in the Australian Capital Territory. There are a small number of Aboriginal and Torres Strait Islander mothers who give birth in the Australian Capital Territory, and the proportion fluctuates from year to year, making this jurisdiction less comparable with other jurisdictions. In 2007, 24.1% of Aboriginal or Torres Strait Islander women who gave birth in the Australian Capital Territory were not Australian Capital Territory residents. When interpreting the data it is important to note that these births to non-residents may include a disproportionate number of high risk and multi-fetal pregnancies associated with poorer perinatal outcomes. Therefore, percentages or rates such as those for preterm birth and perinatal deaths may be inflated for births that occur in the Australian Capital Territory. Because of this and the small numbers involved, care should be taken in interpreting data from the Australian Capital Territory (Laws et al. 2007).

The Perinatal NMDS does not include neonatal or perinatal death data items of information on cause of death. However, this information is collected as part of the NPDC. The data are incomplete. In some jurisdictions, neonatal deaths for babies transferred to another hospital or readmitted to hospital and those dying at home may not be included. Neonatal deaths for the Northern Territory are considered to be incomplete for 2007 as data do not include deaths occurring outside the Northern Territory. Due to the small number of deaths, interpretation can be limited as to whether differences in mortality rates are due to statistical fluctuations or differential ascertainment.

For 2010 HPF in indicators:

- 1.01 Low birthweight infants
- 2.19 Tobacco smoking during pregnancy
- 2.25 Unsafe sexual practices

National Aboriginal and Torres Strait Islander Health Survey

The 2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) collected information from 10,439 Indigenous Australians of all ages. This sample was considerably larger than the supplementary Indigenous samples in the 1995 and 2001 National Health Surveys. The survey was conducted in remote and non-remote areas of Australia and collected a range of information from Indigenous Australians. This included information on health-related actions, health risk factors, health status, socioeconomic circumstances and women's health. The survey provides comparisons over time in the health of Indigenous Australians. It is planned to repeat the NATSIHS at 6-yearly intervals, with the next NATSIHS to be conducted in 2011–12. Selected non-Indigenous comparisons are available through the 2004–05 National Health Survey (NHS).

Selected other data quality issues

National Aboriginal and Torres Strait Islander Health Survey

The NATSIHS uses the standard Indigenous status question. The NATSIHS sample was specifically designed to select a representative sample of Aboriginal and Torres Strait Islander Australians. It has therefore overcome the problem inherent in most national surveys with small and unrepresentative Indigenous samples. As with other surveys, the NATSIHS is subject to sampling and non-sampling errors. Calculations of standard errors and significance testing help to identify the accuracy of the estimates and differences.

Information recorded in this survey is essentially 'as reported' by respondents. The ABS makes every effort to collect accurate information from respondents, particularly through careful questionnaire design, pre-testing of questionnaires, use of trained interviewers and assistance from Indigenous facilitators. Nevertheless, some responses may be affected by imperfect recall or individual interpretation of survey questions.

Non-Indigenous comparisons are available through the National Health Survey (NHS). The NHS was conducted in *Major cities*, *Inner and outer regional* areas and *Remote and very remote* areas, but *Very remote* areas were excluded from the sample. Time series comparisons are available through the 1995 and 2001 NHS.

In *Remote and very remote* communities there were some modifications to the NATSIHS content in order to accommodate language and cultural appropriateness in traditional communities and help respondents understand the concepts. Some questions were excluded and some reworded. Also, paper forms were used in communities in remote areas and computer-assisted interview (CAI) instruments were used in non-remote areas. The CAI process included built-in edit checks and sequencing.

Further information on NATSIHS data quality issues can be found in the NATSIHS 2004–05 publication (ABS 2006b).

For 2010 HPF in indicators:

- 1.05 Circulatory disease
- 1.07 High blood pressure
- 1.08 Diabetes
- 1.12 Children's hearing loss
- 1.15 Perceived health status
- 2.20 Risky and high-risk alcohol consumption
- 2.22 Level of physical activity
- 2.23 Dietary behaviour
- 2.26 Prevalence of overweight and obesity
- 3.02 Immunisation (child and adult)
- 3.11 Competent Governance
- 3.12 Access to services by types of service compared with need
- 3.15 Regular GP or health service
- 3.16 Care planning for clients with chronic diseases

National Aboriginal and Torres Strait Islander Social Survey

The Australian Bureau of Statistics (ABS) conducted the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) between August 2002 and April 2003. The 2008 NATSISS was conducted between August 2008 and April 2009. The survey provides information about the Aboriginal and Torres Strait Islander populations of Australia for a wide range of areas of social concern including health, education, culture and labour force participation. The 2008 NATSISS included for the first time children aged under 15. The NATSISS will be conducted every 6 years, with the next survey planned for 2014.

The 2008 NATSISS collected information by personal interview from 13,300 Indigenous Australians across all states and territories, including those living in remote areas. The sample covered people aged 15 years and over who are usual residents in selected private dwellings. It collected information on a wide range of subjects including family and culture, health, education, employment, income, financial stress, housing, and law and justice.

Selected other data quality issues

National Aboriginal and Torres Strait Islander Social Survey

The NATSISS is conducted in all states and territories and includes remote and non-remote areas. The 2008 sample was 13,300 people in 6900 households, with a response rate of 82% of households. Up to three randomly selected Indigenous people were chosen from selected households to participate in the survey. Trained ABS interviewers conducted the survey using face-to-face interviews. In non-remote areas interviewers used a notebook computer to record responses, while in remote areas a paper questionnaire was used. Interviewers obtained the consent of a parent or guardian before interviewing those aged 15 to 17. Indigenous people usually resident in non-private dwellings such as hotels, motels, hostels, hospitals, short-stay caravan parks, prisons and other correctional facilities were excluded.

The NATSISS uses the standard Indigenous status question. The NATSISS sample was specifically designed to select a representative sample of Aboriginal and Torres Strait Islander Australians.

Information recorded in this survey is 'as reported' by respondents, and may differ from information available from other sources or collected using different methodologies.

Data on health related indicators have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the states and territories and the Indigenous and non-Indigenous population.

Time series comparisons for the 2008 survey are available through the 1994 National Aboriginal and Torres Strait Islander Survey and the 2002 NATSISS. However not all data elements align across the three (1994, 2001 and 2008) NATSISS surveys, hence care is required when reviewing results across the three surveys. There are no strictly comparable non-Indigenous results available for the 2008 NATSISS because the latest General Social Survey (which has been used in the past to compare with Indigenous results from the NATSISS) was run in 2006, with the next run in 2010. Data from other ABS surveys run in 2008 may, however, be used to obtain rough non-Indigenous comparisons for some data items. Where possible, the ABS provided recommendations for non-Indigenous data comparisons have been adopted in this report.

The 2008 NATSISS has a relatively large level of under-coverage when compared with other ABS surveys. There was also an increase in under-coverage compared with previous ABS Indigenous surveys. For example, the estimated under-coverage in the 2004-05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) was 42%. The overall under-coverage rate for the 2008 NATSISS is about 53% of the in-scope population at the national level. This rate varies across the states and territories (ABS 2010a).

Further information on NATSISS data quality issues can be found in the 2008 NATSISS User's guide (ABS 2010a).

For 2010 HPF in indicators:

- 1.14 Community functioning
- 1.15 Perceived health status
- 2.01 Access to functional housing with utilities
- 2.02 Overcrowding in housing
- 2.03 National Aboriginal and Torres Strait Islander Health Survey
- 2.06 Educational participation
- 2.07 Employment status including CDEP participation
- 2.08 Income
- 2.09 Housing tenure type
- 2.13 Community safety
- 2.16 Transport
- 2.17 Indigenous people with access to their traditional lands
- 2.18 Tobacco use
- 2.21 Drug and other substance use
- 2.23 Dietary behaviour
- 2.24 Breastfeeding practices

National Child Protection Australia

Data for this measure come from three national child protection data collections:

- child protection notifications, investigations and substantiations
- children on care and protection orders
- children in out-of-home care.

These data are collected each year by the AIHW from the relevant departments in each state and territory. Most of the data presented here cover the 2008–09 financial year and have been published in the AIHW report, Child protection Australia 2008–09 (AIHW 2010c). Some data on trends in child protection are also included.

Each state and territory has its own legislation, policies and practices in relation to child protection, which accounts for some of the differences between jurisdictions in the data provided. Australian totals have not been provided for those data that are not comparable across the states and territories.

The practices used to identify and record the Indigenous status of children vary across states and territories, with some jurisdictions recording large numbers of unknowns. No state or territory can validate the data on Aboriginal and Torres Strait Islander children by other means and the quality of the data is therefore unknown.

In this collection, children are counted as Indigenous if they are identified as such in the state and territory collections. Children whose Indigenous status is recorded as 'unknown' are excluded, where possible, from calculations of rates and proportions. The counts for Aboriginal and Torres Strait Islander children are therefore likely to be under-estimates of the actual number of Aboriginal and Torres Strait Islander children in the child protection system.

Note that Tasmania and the Australian Capital Territory have very small numbers, and statistics from these jurisdictions are susceptible to random fluctuations.

Reported rates for Aboriginal and Torres Strait Islander children in the child protection system for 2008–09 cannot be compared directly with those from previous years in earlier AIHW Child protection Australia publications. In previous years, rates were calculated using ABS Indigenous population data from the 1996 and 2001 Census; the latter projections are based on the data from the 2006 Census. For time series analyses presented in this measure, rates have been reported as they were in the corresponding referenced publications.

Selected other data quality issues

Child protection data

Reported rates for Aboriginal and Torres Strait Islander children in the child protection system for 2008-09 cannot be compared directly with previous years' data published in AIHW Child protection in Australia reports. In previous years, rates were calculated using ABS Indigenous population denominators from the 1996 and 2001 Census, while the 2008-09 projections are based on the 2006 census population data. For time series analyses presented in this measure, rates were taken from the published reports and they have not been re-calculated using recent Indigenous population estimates based on 2006 Census.

State/territory comparisons

As each state or territory has a different legal regime and different human services policies around child protection, the states and territories cannot be compared with each other, and national totals should not be used. Tasmania and the Australian Capital Territory have very small numbers, and statistics from these jurisdictions are susceptible to random fluctuations.

Child protection is an area in which legislation and human services practice changes. Often notification rates vary owing to public awareness of child abuse, and practices in relation to the intensity of follow-up of notifications which are affected by a number of factors. For these reasons, time series comparisons may not be statistically valid.

In addition, one-off global changes may occur in the legal and procedural regime of a particular jurisdiction, which may make comparisons between time series data from before and after such change invalid.

Child abuse

Child protection policies and practices are continually under development. As such, they impact on the number of children in the child protection system in different ways. Therefore, trends in child protection numbers should be interpreted carefully.

The definition of what constitutes child abuse and neglect has changed and broadened over time (AIFS: Bromfield &Holzer 2008). Naturally, any broadening of the definition of child abuse and neglect is likely to increase notifications and substantiations. The focus of child protection in many jurisdictions has shifted away from the identification and investigation of narrowly defined incidents of child abuse and neglect. Instead, the focus has moved towards a broader assessment of whether a child or young person has suffered harm.

Care and protection orders

For the 2008–09 financial year, Indigenous children are counted only once, even if they were admitted to or discharged from more than one order or were on more than one order at 30 June 2009. If a child is on more than one order at 30 June, 2009, then they are counted as being on the order that implies the highest level of intervention by the department (with guardianship or custody orders being the most interventionist, and interim and temporary orders the least) (AIHW 2010c).

Substantiations

Since 1997, the number of substantiated notifications of child abuse across Australia has increased significantly. Therefore, interpretation of the figures for Indigenous children should be in the light of the increasing number of all children subject to these substantiated notifications.

The practices used to identify and record the Indigenous status of children vary across states and territories, with some jurisdictions recording large numbers of unknowns. No state or territory can validate the data on Aboriginal and Torres Strait Islander children by other means and the quality of the data is therefore unknown. In this collection, children are counted as Indigenous if they are identified as such in the state and territory collections. For information regarding the 2008-09 financial year, children whose Indigenous status is recorded as ‘unknown’ are excluded, where possible, from calculations of rates and proportions. The counts for Aboriginal and Torres Strait Islander children are therefore likely to be under-estimates of the actual number of Aboriginal and Torres Strait Islander children in the child protection system.

During 1998–99, a new method for counting Indigenous status was implemented in New South Wales, which improved the accuracy of this information. The apparent increase in the rate of Indigenous clients was a reflection of the improved recording of Indigenous status rather than an increase in the number of Indigenous clients. Western Australia also introduced new practices to improve the identification of Indigenous clients in 2001–02.

For 2010 HPF in indicators:

- 2.15 Child protection

National Mortality Database

The National Mortality Database is a national collection of de-identified unit record level data. It comprises most of the information recorded on death registration forms and medical (cause of death) certificates, including Indigenous status. The database is maintained by the Australian Institute of Health and Welfare (AIHW). Information on the characteristics and causes of death of the deceased is provided by the Registrars of Births, Deaths and Marriages and coded nationally by the Australian Bureau of Statistics (ABS). Information on the cause of death is supplied by the medical practitioner certifying the death, or by a coroner. The data are updated each calendar year and are presented by state/territory of usual residence rather than state/territory where death occurs.

It is considered likely that most deaths of Aboriginal and Torres Strait Islander people are registered. However, a proportion of these deceased are not reported as Aboriginal or Torres Strait Islander by the family, health worker or funeral director during the death registration process. That is, while data are provided to the ABS for the Indigenous status question for 99% of all deaths, there are concerns regarding the accuracy of the data. The Indigenous status question is not always directly asked of relatives and friends of the deceased by the funeral director. Detailed breakdowns of Aboriginal and Torres Strait Islander deaths are therefore only provided for 5 jurisdictions—New South Wales, Queensland, South Australia, Western Australia and the Northern Territory (AIHW 2010a).

Deaths for which the Indigenous status of the deceased was not reported have been excluded from the analysis.

Additional revised 2007 and preliminary 2008 mortality data for this indicator was supplied by the ABS from the ABS Cause of Death database. For further information see *Causes of Death, Australia, 2008 (ABS 2010b).*

Data have been combined for the 5-year period 2004–2008 because of the small number of deaths from some conditions each year. Data have been analysed using the year of registration of death for all years. Note that the 2006 edition of this report used year of occurrence of death for all years of analysis except for the latest year of available data for which year of registration of death was used. Data published in this report may therefore differ slightly from those published in the previous edition for comparable years of data.

Data quality issues relating to reporting of Indigenous Australians

Indigenous status question

All jurisdictions comply with the standard wording for the Indigenous status question and categories for their death registration forms. However, although data are provided to the ABS for the Indigenous status question for 99% of all deaths, there are concerns regarding the accuracy of the data. The Indigenous status question is not always directly asked. Detailed breakdowns of Indigenous deaths are therefore provided for only five jurisdictions—New South Wales, Queensland, South Australia, Western Australia and the Northern Territory.

Indigenous status information from the two sources is kept in the database, although this may not be consistent for an individual.

In 2004, a new range of codes were introduced as part of the effort to standardise and improve indigenous identification in data collection nationally.

Indigenous Mortality Quality Study

The ABS conducted a number of quality studies based on the 2006 Census of Population and Housing and other data sets as part of the Census Data Enhancement (CDE) project (ABS 2008b). The CDE Indigenous Mortality Quality Study linked Census records with death registration records and examined differences in the reporting of Indigenous status across the two data sets.

There were 106,945 registered death records available to be linked in the study. Of these, 1,800 (1.7%) were identified as Indigenous. Of the total registered deaths, 98,898 (92%) were linked to a Census record. However, a much lower linkage rate was achieved for Indigenous deaths, with more than one quarter of all Indigenous death registrations (26% or 473) unable to be linked to a Census record. As a result, Indigenous death records were over-represented in the unlinked death registrations.

As well as this, unlinked Indigenous death records had different characteristics to linked Indigenous death registrations. Indigenous death records with older ages at death and from non-remote regions were more likely to be linked.

Under-identification

Almost all deaths in Australia are registered. However, the Indigenous status of the deceased is not always recorded or recorded correctly. The incompleteness of Indigenous identification means the number of deaths registered as Indigenous is an under-estimate of deaths occurring in the Aboriginal and Torres Strait Islander population (ABS 2009). As a result, the observed differences between Indigenous and non-Indigenous mortality are under-estimates of the true differences.

Longer term mortality trend data are limited to three jurisdictions (Western Australia, South Australia and the Northern Territory) with 10 years of adequate identification of Indigenous deaths in their recording systems (ABS & AIHW 2005). The quality of the time series data is also influenced by the late inclusion of a 'not stated' category for Indigenous status in 1998. Before this time, the 'not stated' responses were probably included with the non-Indigenous.

The ABS calculated the implied coverage (identification) of Indigenous deaths for 2002–2006 using population estimates: New South Wales 45%, Victoria 32%, Queensland 51%, South Australia 62%, Western Australia 72%, Northern Territory 90%, Tasmania and the Australian Capital Territory were not calculated because of small numbers, Australia 55% (ABS 2007c).

Note that different causes may have levels of under-identification that differ from the all-cause coverage estimates. Note also that the quality of the cause of death data depends on every step of the process of recording and registering deaths (including the documentation available at each step of the process) from certification to coding of cause of death.

There are also concerns about data quality for causes of death, especially relating to external causes of death of all Australians (not just Indigenous) (ABS 2006c).

Problems associated with identification result in an underestimation of deaths and hospital separations for Indigenous people.

Selected other data quality issues

Mortality data

Deaths

The mortality rate for Indigenous Australians can be influenced by identification of Indigenous deaths, late registration of deaths, and changes to death forms and/or processing systems. Because of the small size of the Indigenous population, these factors can significantly affect trends over time and between jurisdictions. At present, there is considerable variation across the states and territories in the completeness of mortality and hospital data for Indigenous people.

For 2010 HPF in indicators:

- 1.18 Median age at death
- 1.19 Infant mortality
- 1.21 Sudden infant death syndrome
- 1.22 All causes age-standardised death rates
- 1.23 Leading causes of mortality
- 1.25 Avoidable and preventable deaths

ABS Deaths Registration Database

The ABS Deaths Registration Database contains details of all deaths registered in Australia. This includes information on foetal (stillbirths) and neonatal deaths (deaths occurring in live births up to 28 days of age), by age of the baby, sex, state/territory of birth, Indigenous status and cause of death (ICD-10).

Data from the ABS Deaths Registration Database have been used in this measure, as cause of death can be ascertained and neonatal deaths are more comprehensively captured in this database.

Data are presented by state/territory of usual residence rather than state/territory of death. Although identification of Indigenous deaths is incomplete in all state and territory registration systems, 4 jurisdictions (Queensland since 1998, Western Australia, South Australia and the Northern Territory) have been assessed by the ABS and the AIHW as having adequate identification. These represent about 60% of the Indigenous population of Australia.

Several years of data have been combined because of the small number of deaths from some conditions each year. The latest year for which mortality data are currently available is 2008.

The perinatal mortality rate is defined by the ABS as the number of foetal deaths (babies of at least 400 grams birthweight or a gestational age of at least 20 weeks) and neonatal deaths (death of a live birth which occurs during the first 28 days of life), and is expressed as number of deaths per 1,000 live births during a given period. This definition of perinatal mortality is used in this report.

Data quality issues relating to reporting of Indigenous Australians

Indigenous status question

All jurisdictions comply with the standard wording for the Indigenous status question and categories for their death registration forms. However, New South Wales, Victoria, South Australia, the Northern Territory and the Australian Capital Territory all have slightly different wording from the national standard for the instruction on those with both Aboriginal and Torres Strait Islander origin (ABS & AIHW 2005). Although the wording is only slightly different, it would be ideal to have all jurisdictions asking the question in exactly the same way. The National Perinatal Data Collection has more significant problems with compliance with the standard wording.

Under-identification

Almost all deaths in Australia are registered. However, the Indigenous status of the deceased is not always recorded or recorded correctly. The incompleteness of Indigenous identification means the number of deaths registered as Indigenous is an under-estimate of deaths occurring in the Aboriginal and Torres Strait Islander population (ABS 1997). As a result, the observed differences between Indigenous and non-Indigenous mortality are under-estimates of the true differences.

Although the identification of Indigenous deaths is incomplete in all state and territory registration systems, 4 jurisdictions (Queensland, Western Australia, South Australia and the Northern Territory) have been assessed by the ABS and the AIHW as having adequate identification. Longer term mortality trend data are limited to 3 jurisdictions (Western Australia, South Australia and the Northern Territory) with over 10 years of adequate identification of Indigenous deaths in their recording systems. The quality of the time series data is also influenced by the late inclusion of a 'not stated' category for Indigenous status in 1998. Before this time, the 'not stated' responses were probably included with the non-Indigenous. The ABS calculated the implied coverage (identification) of Indigenous deaths for 2002–2006 using population estimates: New South Wales 45%, Victoria 32%, Queensland 51%, South Australia 62%, Western Australia 72%, the Northern Territory 90%, Tasmania and the Australian Capital Territory were not calculated because of small numbers, Australia 55% (ABS 2007b).

Note that different causes may have levels of under-identification that differ from the all-cause coverage estimates. Note also that the quality of the cause of death data depends on every step of the process of recording and registering deaths (including the documentation available at each step of the process) from certification to coding of cause of death.

There are also current concerns about data quality for causes of death especially relating to external causes of death of all Australians (not just Indigenous) (ABS 2006a).

Indigenous mortality rate for NSW is lower than the non-Indigenous mortality rate due to quality issue with Indigenous data for this state (ABS 2010c)

Selected other data quality issues

ABS Deaths Registration Database

Deaths

The mortality rate for Indigenous Australians can be influenced by late registration of deaths, identification of Indigenous deaths and changes to death forms and/or processing systems. Because of the small size of the Indigenous population, these factors can significantly affect trends over time and between jurisdictions.

Numerator and denominator

The perinatal mortality rate also relies on birth registration data. Unfortunately, as with deaths, some Indigenous births are not correctly identified as Indigenous. The estimated identification of births as Indigenous in 2002–06 was 95%. Identification for the states and territories ranged from 83% for the Australian Capital Territory to 107% for the Northern Territory (ABS 2007c). Given that the identification is higher in births than deaths, it is likely that Indigenous perinatal mortality rates are under-estimated.

The numerator and denominator are not based on the same collection or the same method of collection. Births are registered by the parents whereas death registration forms are completed by doctors and funeral directors. Therefore there would be inconsistency of Indigenous identification between the numerator and denominator.

Cause of death coding

Causes of death are based on the 10th revision of the International Classification of Diseases (ICD-10). Mortality coding using ICD-10 was introduced into Australia on 1 January 1997.

International data

International data are available for New Zealand, the United States and Canada using the WHO definition of perinatal mortality. However, the WHO definition differs markedly from the Australian definition of the perinatal period (see above) which was developed to be relevant for the Australian context. Therefore, Australian data include babies of at least at 400 grams (at least 20 weeks if birthweight is unavailable) whereas the WHO definition starts at 500 grams (22 weeks if birthweight is unavailable). In addition, the WHO defines perinatal deaths as less than 7 days whereas Australia includes deaths up to 28 days (Laws & Sullivan 2004). It would be possible to analyse Australian data on the WHO definitional basis, but it is not recommended for this performance measure.

For 2010 HPF in indicators:

- 1.20 Perinatal mortality

Census of Population and Housing

The Australian Bureau of Statistics (ABS) Census of Population and Housing is conducted by the ABS at 5-yearly intervals, with 2006 being the most recent, and is designed to include all Australian households. The Census uses the ABS standard Indigenous status question for each household member.

Although the Census data are adjusted for undercount at the person level to arrive at the estimated resident population, no such adjustment is done at the household level. This affects the accuracy of the person counts at the household level to provide adjusted household estimates.

Selected other data quality issues

Census of Population and Housing

The Census uses the *National health data dictionary* standard Indigenous status question and it is asked for each household member. Measures that are drawn from Census data are subject to broad data concerns relating to the unexplainable growth in the Aboriginal and Torres Strait Islander population since the 1991 Census, and the limitations of self-identification. Other Census data issues relate to the accuracy of the Census count itself; for example, whether people are counted more than once, or are undercounted (ABS 1996).

For the 2002 NATSISS, it was estimated that there were 165,700 Indigenous households compared with 144,700 enumerated in the 2001 Census. Although the Census data are adjusted for undercounts at the person level to arrive at the estimated resident population, no such adjustment is done at the household level. This affects the accuracy of the person counts at the household level to provide adjusted household estimates.

For 2010 HPF in indicators:

- 2.02 Overcrowding in housing
- 2.10 Index of disadvantage
- 2.11 Dependency ratio
- 2.16 Transport
- 3.10 Aboriginal and Torres Strait Islander people in the health workforce

National Hospital Morbidity Database

The National Hospital Morbidity Database is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals in each state and territory. Information on the characteristics, diagnoses and care of admitted patients in public and private hospitals is provided annually to the AIHW by state and territory health departments.

Data are presented for the 6 jurisdictions that have been assessed by the AIHW as having adequate identification of Indigenous hospitalisations in 2006–08—New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory. These 6jurisdictions represent approximately 96% of the Indigenous population of Australia. Data are presented by state/territory of usual residence of the patient.

In 2007–08, there were 276,000 hospital separations (episodes of care for admitted patients) for Aboriginal and Torres Strait Islander patients, around 3.5% of all separations. The proportion of separations of Aboriginal and Torres Strait Islander people was higher in public hospitals (5.4% or 256,425 separations) compared with private hospitals (0.6% or 20,015 separations). Of all Aboriginal and Torres Strait Islander separations, nearly 93% occurred in public hospitals (AIHW 2009).

Hospitalisations for which the Indigenous status of the patient was not reported have been included with hospitalisations data for non-Indigenous people under the 'other' category. This is to enable consistency across jurisdictions, because public hospitals in some states and territories do not have a category for the reporting of 'not stated' or inadequately recorded/reported Indigenous status.

Hospitalisation data are presented for the period from July 2006 to June 2008. An aggregate of 2 years of data has been used, because the number of hospitalisations for some conditions is likely to be small for a single year.

The principal diagnosis is the diagnosis established to be the problem that was chiefly responsible for the patient's episode of care in hospital. The additional diagnosis is a condition or complaint either coexisting with the principal diagnosis or arising during the episode of care. The term 'hospitalisation' has been used to refer to a separation, which is the episode of admitted patient care. This can include a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change in the type of care (for example, from acute to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care.

Data quality issues relating to reporting of Indigenous Australians

Indigenous status question

Some jurisdictions have slightly different approaches to the collection and storage of the standard Indigenous status question and categories in their hospital collections (AIHW 2005).

'Not stated' responses to the Indigenous status question were around 1% in public hospitals and 4% in private hospitals in 2007–08. This is a reduction from 1998–99 when 2% of responses in public hospitals and 8% of responses in private hospitals had a 'not stated' Indigenous status (AIHW 2009).

Under-identification

The incompleteness of Indigenous identification means the number of hospital separations recorded as Indigenous is an under-estimate of hospitalisations involving Aboriginal and Torres Strait Islander people. A recent assessment of the level of Indigenous under-identification in hospital data in all states and territories implemented by the AIHW, suggests that 89% of Indigenous patients were correctly identified in Australian public hospital admission records in 2007–08 (AIHW 2010b). In other words, 11% of Indigenous patients were not identified, and the 'true' number of hospital admissions for Indigenous people was about 12% higher than reported. This assessment also indicates that all hospitals in New South Wales, Victoria, Queensland, Western Australia and South Australia and public hospitals in the Northern Territory have adequate Indigenous identification (80% or higher overall levels of Indigenous identification in public hospitals only) in their separations data.

For Tasmania and the Australian Capital Territory, the levels of Indigenous identification in hospital admission record in 2007-08 were not considered acceptable for analysis purposes. It has therefore been recommended that reporting of Indigenous hospital separations data before 2009-10 to be limited to information from New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory, individually or in aggregate. The proportion of the Indigenous population covered by these six jurisdictions is 96%. The following caveats have also been recommended for analysis of hospitalisation data from selected jurisdictions (AIHW 2010b):

- Interpretation of results should take into account the relative quality of the data from the jurisdictions included.
- Interpretation of time series analysis should take into account the possible contribution of changes over time in ascertainment of Indigenous status to changes in hospitalisation rates for Indigenous people.
- Hospitalisation data for these six jurisdictions are not necessarily representative of other jurisdictions.

From the AIHW study, it was possible to produce correction factors for the level of Indigenous under-identification in hospital data for each jurisdiction and at the national level.

Under-identification by remoteness areas

There were acceptable levels of Indigenous identification for all remoteness areas, ranging from 80% in *Major cities* to 97% in *Remote* and *Very remote* areas. The quality of data supports analyses by remoteness areas, in aggregate, across states and territories. However, the sample size was insufficient to allow assessment of the quality of Indigenous identification by remoteness area within jurisdictions.

Selected other data quality issues

Hospital separations data

Separations

The number and pattern of hospitalisations can be affected by differing admission practices among the jurisdictions and from year to year, and differing levels and patterns of service delivery.

In all states and territories, the proportion of Aboriginal and Torres Strait Islander separations in public hospitals increased over the 11-year period 1996–97 to 2007–08, from 3.7% to 5.4%. In private hospitals, it stayed around 0.2% to 0.3% until 2003–04, when there was a modest increase to 0.5%.

For 2010 HPF in indicators:

- 1.02 Top reasons for hospitalisation
- 1.03 Hospitalisation for injury and poisoning
- 1.04 Hospitalisation for pneumonia
- 1.05 Circulatory disease
- 1.07 High blood pressure
- 1.08 Diabetes
- 1.12 Children's hearing loss
- 1.16 Social and emotional wellbeing
- 3.05 Differential access to key hospital procedures
- 3.06 Ambulatory care sensitive hospital admissions
- 3.08 Discharge against medical advice
- 3.09 Access to mental health services
- 3.12 Access to services by types of service compared with need

Survey of Income and Housing (SIH)

The Survey of Income and Housing (SIH) is conducted by the ABS every two years, with the first survey beginning in 1994–95. The survey was developed in order to provide broad aggregates for households within Australia. The current survey was conducted between August 2007 and June 2008, and 9,345 households participated through a personal interview at their usual place of residence. The dwellings were selected through a stratified, multistage cluster design and the survey was conducted over 12 months to be representative of a yearly pattern. Participants were asked information regarding their household, including characteristics, costs, assets and liabilities and individual personal characteristics for residents aged over 15.

Selected other data quality issues

Survey of Income and Housing (SIH)

Survey data are subject to sampling and non-sampling errors. Non-sampling errors can occur in surveys owing to questionnaire design problems, respondent difficulty recalling information/lack of appropriate records, and errors made in the recording and processing of the data. Every effort was made to minimise non-sample errors in this survey. However, the survey in 2007-08 had a sample loss and non-response of 1,781 dwellings, 16% of the selected sample and 2,026 households having at least one imputed value in income or child care expenses.

A further limitation of the survey’s scope is that households in very remote areas were not covered. Data collected in the survey suggests that due to the small population in these areas it is likely this will have minimal impact.

For 2010 HPF in indicators:

- 2.02 Overcrowding in housing
- 2.08 Income

Australian General Practice Accreditation Limited (AGPAL) and the General Practice Accreditation Plus (GPA+)

Selected other data quality issues

AGPAL

AGPAL provides information on the total numbers of accredited practices and practices registered for accreditation. These data are published by Division of General Practice, but not SLA.

GPA+

Data on practices accredited by GPA+ have not been routinely reported, but may become available in the future.

For 2010 HPF in indicators:

- 3.17 Accreditation

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