Australian Bureau of Statistics

2001

4384.0

NATIONAL HEALTH SURVEY: INJURIES

AUSTRALIA

EMBARGO: 11.30AM (CANBERRA TIME) WED 19 NOV 2003

CONTENTS

INQUIRIES

- For further information about these and related statistics, contact the National Information and Referral Service on 1300 135 070.

NOTES

ABOUT THIS PUBLICATION

This publication presents summary results from the National Health Survey (NHS) conducted by the Australian Bureau of Statistics (ABS) from February to November 2001. Approximately 26,900 people from all states and territories and across all age groups were surveyed. The survey was designed to obtain national benchmarks on a wide range of health issues, and to enable changes in health to be monitored over time. Information was collected about:

- the health status of the population
- use of health services and other actions people had recently taken for their health
- health-related aspects of lifestyle and other health risk factors.

To maximise the range of information collected, not all residents of the sampled dwellings were included: the survey enumerated one adult, one child aged between 7 and 17 years, and all children aged less than 7 years in each dwelling.

This publication contains results from the recent injuries module and information on injury related long-term conditions. Explanatory Notes provide information about the survey design and methodology, the quality and interpretation of results, and information about the range of publications and other data services available or planned. More detailed information about the survey is contained in the *2001 National Health Survey: Users' Guide* and is available on the ABS web site <http://www.abs.gov.au>.

EFFECTS OF ROUNDING

Where estimates have been rounded, discrepancies may occur between sums of the component items and total.

ACKNOWLEDGMENTS

ABS publications draw extensively on information provided freely by individuals, businesses, governments and other organisations. Their continued cooperation is very much appreciated; without it, the wide range of statistics published by the ABS would not be available. Information received by the ABS is treated in strict confidence as required by the *Census and Statistics Act 1905*.

R.W. Edwards
Acting Australian Statistician

ABBREVIATIONS

'000	thousand
ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
Aust.	Australia
CURF	Confidentialised Unit Record File
DoHA	Department of Health and Ageing
ICD-10	International Classification of Diseases 10th Revision
n.e.c.	not elsewhere classified
NHMRC	National Health and Medical Research Council
NHS	National Health Survey
NOHSC	National Occupational Health & Safety Commission
NSW	New South Wales
NT	Northern Territory
OHP	Other health professional
Qld	Queensland
RSE	relative standard error
SA	South Australia
SE	standard error
SEIFA	Socio-Economic Indexes for Areas
Tas.	Tasmania
Vic.	Victoria
WA	Western Australia

SUMMARY OF FINDINGS

INTRODUCTION

Injury was first recognised as a national health priority for Australia in 1986 and injury prevention was one of five National Health Priority Areas (NHPA) endorsed by Australian Health Ministers in 1997 (Department of Health and Ageing (DoHA) 2003). While there has been some debate about the definition of injury, generally it involves a set of circumstances (a cause) and an adverse outcome, such as physical or mental harm (Langely and Brenner 2003). In Australia, injury is the principal cause of death in people under 45 years of age, and a leading cause of mortality, morbidity and permanent disability. Throughout the 1990s, injury was annually responsible for more than 7,000 deaths, 400,000 hospitalisations and direct medical costs of $2.6 million (National Health and Medical Research Council (NHMRC) 1999). While injuries cause a range of physical, cognitive and psychological disabilities and are a major source of health care costs, there are significant opportunities for reducing the burden of injury through the implementation of prevention strategies (Australian Institute of Health and Welfare (AIHW) & Department of Health and Family Services (DHFS) 1998).

This publication presents statistics and analysis of recent injuries reported from a four week period in 2001, as collected as part of the National Health Survey. Information on these recent injuries include where they took place, who was injured, what activity was being performed, what type of event led to the injury, the location and nature of the injury damage resulting, and what action was taken following the injury.

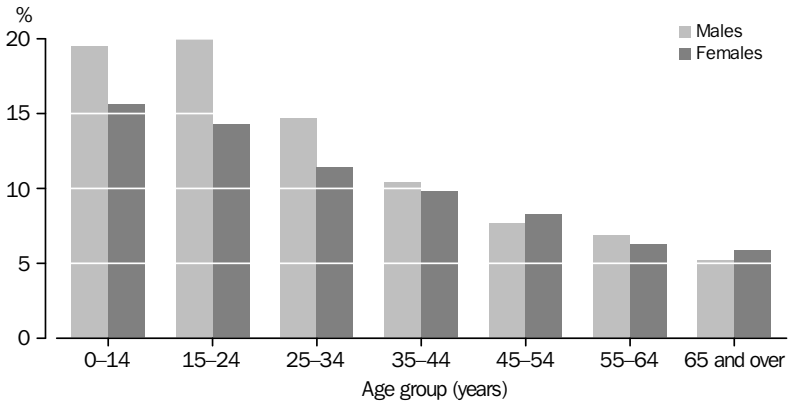
Statistics on current long-term conditions caused by injury are also presented, including the nature of the long-term condition and whether the injury was sustained at work, while playing sport, or in a motor vehicle accident. Selected risk factors, such as socioeconomic disadvantage, alcohol consumption, work-related injuries, and participation in sport and leisure are also analysed. This publication focuses on analysis of recent non-fatal injuries as reported by respondents. Information on deaths from injuries will be separately published in *Deaths From External Causes, Australia (1997 to 2002)* (cat. no. 3320.0).

PREVALENCE OF INJURIES

Recent injuries

In 2001, 12% of persons (13% of males and 11% of females) reported sustaining a recent injury in the four weeks before the interview (see Explanatory Notes for a description of the injuries module). The largest differences in rates of recent injury between males and females occurred within the 0–14 year age group (four percentage points) and the 15–24 year age group (six percentage points) (graph 1).

1 PROPORTION WHO WERE RECENTLY INJURED — 2001



Recent injuries continued

When the type of event leading to injury is considered, there were similar numbers of males and females being injured by falls. However, there were differences between the sexes for other types of event leading to injury (table 2). For example, 63% of people who reported being injured by a collision were male.

2 PERSONS REPORTING RECENT INJURY EVENTS—2001

	Males	*Females*	*Persons*
	'000	'000	'000
Type of injury event			
Falls(a)	406.4	397.9	804.3
Collisions(b)	293.3	174.5	467.8
Bite or sting	98.5	128.7	227.3
Attack by another person	37.3	17.8	55.2
Exposure to fire	23.0	32.2	55.1
Vehicle accident	33.7	16.9	50.6
Exposure to chemical	*15.1	*6.6	21.7
Other event resulting in action	452.0	357.1	809.0
Total with injury event(c)	1 222.4	1 027.7	2 250.1
Without injury	8 142.5	8 523.7	16 666.2
Total	***9 364.9***	***9 551.4***	***18 916.3***

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

(a) Includes low falls of one metre or less and high falls of over one metre.

(b) Hitting something or being hit by something.

(c) Persons may have reported more than one type of event and therefore components may not add to totals.

STATES AND THE ACT

State and territory governments have a number of responsibilities relevant to injury prevention and management. These include analysing and monitoring injury data; developing, implementing and evaluating policy; reporting against the objectives of the Commonwealth's *National Injury Prevention Plan — priorities for 2001–2003*; collaborating with local government to promote safety; and, managing state legislative frameworks and regulations (DoHA 2001). State and territory governments are also the main providers of public health services, including those related to the consequences of injury (AIHW 2002).

People from Western Australia reported the highest percentage of recent injuries, NSW the lowest (table 3). Trends across age groups were broadly consistent, with persons aged 0–14 years and 15–24 years reporting the highest prevalence rates of recent injury in all states and the ACT.

Nationally, 9% of persons reporting a recent injury attended hospital, although injured Victorians were less likely to take this action when compared to most Australians (5% of injured Victorians) (graph 4). Nationally, the events comprising the largest proportion of people attending hospital following an injury were falls (39% of people) and colliding with something or being struck by an object (27% of people). In general, this national pattern of hospital attendance following injury, was also true across the States and the ACT.

Recent injuries continued

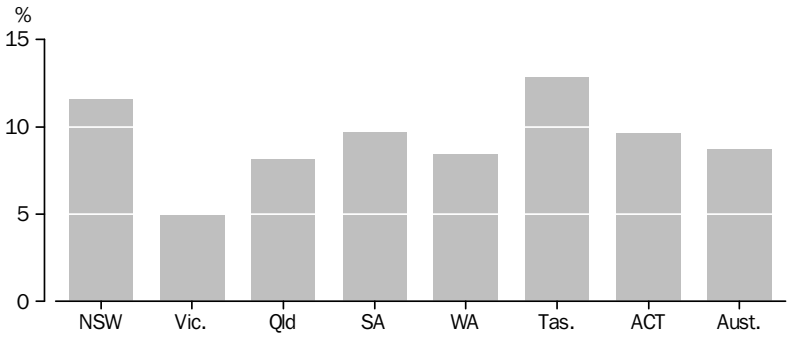
3 PROPORTION WITH INJURY EVENT, States and the ACT(a)—2001

Age group (years)	NSW %	Vic. %	Qld %	SA %	WA %	Tas. %	ACT %	Aust.(a) %
0–14	15.3	17.2	19.9	17.6	21.2	17.7	18.1	17.6
15–24	17.6	17.0	16.1	17.8	17.7	16.6	17.0	17.2
25–34	11.1	13.4	13.4	14.0	17.4	11.8	15.0	13.0
35–44	9.0	9.6	12.9	9.4	9.7	11.8	10.4	10.1
45–54	9.2	6.9	7.0	6.3	9.1	7.3	8.8	8.0
55–64	6.7	7.2	5.2	6.8	8.2	5.0	6.9	6.6
65 and over	5.1	5.5	5.9	3.9	8.1	5.9	7.8	5.6
With injury event(b)	***11.1***	***11.7***	***12.5***	***11.6***	***13.9***	***11.7***	***12.6***	***11.9***

(a) Separate estimates for the Northern Territory are not available for this survey, however Northern Territory estimates contribute to estimates for Australia.

(b) Age standardised percentages. Figures use the 2001 NHS population benchmark as the standard population.

4 RECENT INJURY(a), Attended hospital — States and the ACT(b) — 2001



(a) Age standardised percentages.
(b) State or territory of usual residence.

Long-term conditions resulting from injury

Results from the 2001 NHS indicated that 2,256,300 people in Australia have a long-term condition that was the result of an injury. This represents 15% of those with a long-term condition and 12% of the total Australian population. The rate for all Australians is slightly higher for males (14%) than females (10%). Most long-term conditions caused by an injury were diseases of the musculoskeletal system and connective tissue (65%).

Musculoskeletal disorders can cause significant pain for sufferers and can also restrict activities and functioning. The 2001 NHS showed that 24% of musculoskeletal and connective tissue disorders were caused by an injury. In particular, 44% of neck pain and problems, 40% of disc problems and 45% of arthropathies other than arthritis (such as pain or problems with the shoulder, limbs, hands or feet) were caused by an injury.

CAUSES AND OUTCOMES OF INJURY

Results from the 2001 NHS focus on recent injury and are defined in terms of some form of physical harm taking place, followed by a related action. Causes of recent injury analysed include falls, collisions, bites or stings, attacks by people, and motor vehicle accidents. In addition injuries resulting in long-term conditions which were caused by a motor vehicle accident, and statistics on the outcomes of recent injury, such as burns and scalds, can also be analysed from 2001 NHS results.

Falls

Falls are responsible for a significant number of deaths among older Australians (AIHW 2002). While the circumstances around falls are highly variable, the main factors influencing the risk of a fall relate to the characteristics of people, such as their physical ability and health, the effect of alcohol and medications, and their familiarity with an activity and the physical environment (AIHW 2002).

Results from the 2001 NHS showed that falls were the most common type of event leading to recent injury. Over 804,300 Australians of all ages (4% of all Australians) fell and injured themselves in the four weeks before interview (table 5). Most of these falls (92%) were less than one metre in height. Overall, 9% of people who fell attended hospital. However, of the 8% of people who fell more than one metre, 20% attended hospital.

5 RECENTLY INJURED BY A FALL, Age group—2001

Age group (years)	Low falls(a) '000	High falls(b) '000	Total falls '000	Proportion of persons who fell %
0–4	130.9	*6.0	135.3	10.6
5–9	160.8	*12.9	172.8	12.9
10–14	101.6	*11.0	112.6	8.5
15–19	62.2	*7.2	69.3	5.3
20–24	51.5	*7.2	58.7	4.7
25–34	56.3	*5.0	61.3	2.2
35–44	58.5	*4.7	63.3	2.2
45–54	37.5	*3.9	41.4	1.6
55–64	36.0	*3.8	39.0	2.2
65+	48.6	**2.0	50.6	2.2
Total	***743.9***	***63.7***	***804.3***	***4.3***

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

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

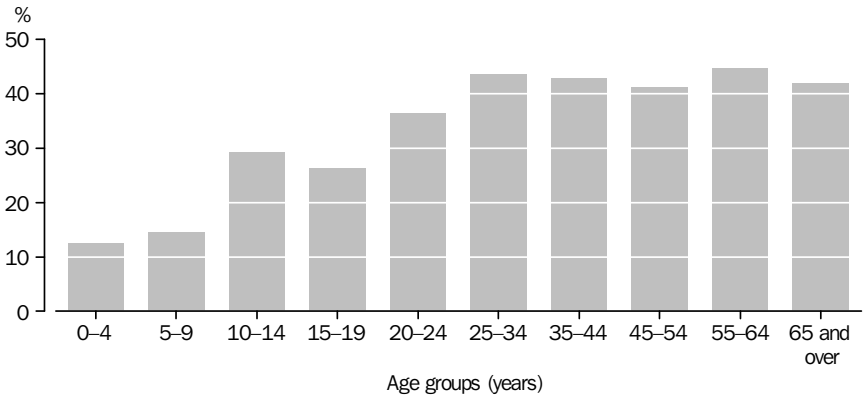
(a) Falls of one metre or less.

(b) Falls of over one metre.

While higher proportions of young children and early adolescents (persons aged 14 years or less) fell when compared to older people, as age increased, of those who fell the proportion of people visiting a doctor or other health professional as a result of their fall, also increased (graph 6).

Falls continued

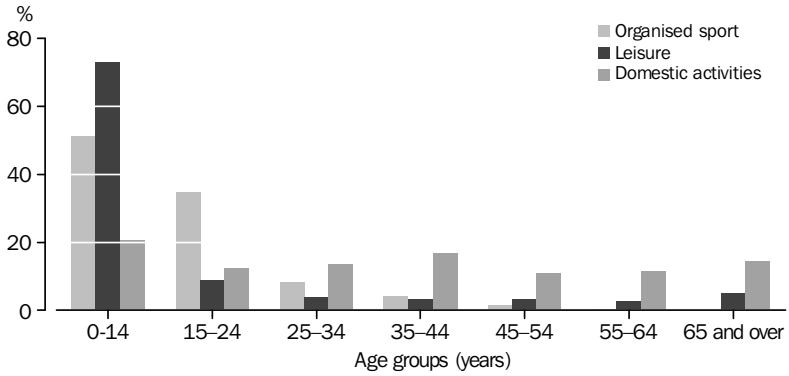
6 RECENTLY INJURED BY A FALL, Visited doctor or OHP(a) — 2001



(a) Other health professional. See Glossary.

Differences in the activity leading to a fall and injury reflect different patterns of behaviour among age groups. Results from the 2001 NHS show that most people who fell while engaged in leisure activities were children 0–14 years in age (73% of people who fell while engaged in leisure). Over half (51%) of all people injured by a fall while playing organised sport, were also 0–14 years of age (graph 7).

7 RECENTLY INJURED BY A FALL, Selected activities(a) — 2001



(a) The denominator used was all persons injured by a fall during a particular activity (i.e. three different denominators were used for the three activities presented).

Collisions (hitting something or being hit by something)

Collisions were the second most common type of recent injury. Males were injured by collisions at higher rates than females; 31 per 1,000 males compared to 18 per 1,000 females.

The types of activity being undertaken at the time of the collision differed between males and females. For example, 31% of males injured by collision were playing organised sport at the time compared to 20% of females. In contrast, an estimated 29% of females injured by collision incurred their injury engaged in domestic activity, compared to 13% of males (see table 8).

Collisions (hitting something or being hit by something) continued

8 RECENTLY INJURED BY COLLISION(a), Selected items—2001

	Males	*Females*	*Persons*
	%	%	%
Activity			
Working for an income	24.8	22.9	24.1
Sports activities	30.5	19.6	26.4
Leisure activities	21.2	17.6	19.8
Domestic activities	13.1	29.2	19.1
Type of damage			
Bruising	45.1	66.1	53.0
Open wound	44.3	32.8	40.0
Dislocations, sprains, strains, torn muscles and/or ligaments	15.7	11.2	14.0
Body part injured			
Arms and wrists	12.4	13.2	12.7
Legs and feet	34.7	38.9	36.2
Action taken			
Cut down on usual activities	31.0	22.5	27.8
Visited doctor or OHP	28.0	23.5	26.4
Attended hospital	11.4	*7.2	9.8
Had time off work/study	14.7	*7.5	12.0
Total persons with recent collision injury(b)	100.0	100.0	100.0
Proportion of population with recent collision injury	***3.1***	***1.8***	***2.5***

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

(a) Hitting something or being hit by something.

(b) Persons may have reported more than one of the items above and therefore, components may not add to totals.

For both males and females, 15–24 year olds (4%) had the highest rate of collisions. A large proportion of these were due to sporting injuries (42%). Other collisions among this age group occurred while working for an income (24%) and during leisure (10%) and domestic activities (15%).

Bite or sting

Bites or stings were the third most common recent injury (1% of all respondents) and include bites from animals such as dogs and snakes, and from some insects and spiders (see Glossary for further detail).

Most people who were bitten or stung were outside their own or someone else's home. An estimated 15% of people who were bitten or stung reported being poisoned as a result, or reported the bite or sting resulted in an open wound (14%). Most of those who were bitten or stung were injured on the legs or feet. Around 12% of those who were bitten or stung had to cut down on their usual activity (table 9).

Bite or sting continued

9 RECENTLY INJURED BY BITE OR STING, Selected items—2001

	Males	*Females*	*Persons*
	%	%	%
Location			
Inside own or someone else's home	*15.0	27.9	22.3
Outside own or someone else's home	47.4	48.2	47.8
Type of damage			
Poisoning	*15.5	14.1	14.7
Open wound	15.9	12.4	13.9
Other damage	65.7	73.0	69.8
Body part injured			
Legs and feet	42.0	51.6	47.4
Arms and wrists	26.8	28.4	27.7
Action taken			
Cut down on usual activities	*9.9	13.9	12.1
Visited doctor/other health professional	23.6	23.1	23.3
Attended hospital	*7.0	*2.7	*4.6
Had time off work/study	*7.7	*6.8	7.2
Total with bite or sting injury(a)	100.0	100.0	100.0
Proportion of the population with a recent bite or sting injury	***1.1***	***1.3***	***1.2***

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

(a) Persons may have reported more than one of the items above and therefore, components may not add to totals.

Children aged 0–14 years had the highest proportion of bites and stings (2.1%) and around half of these (51%) occurred outside their own or someone else's home.

Attack by another person

Results from the 2001 NHS show that an estimated 55,200 people (3 per 1,000) experienced recent injury as a result of an attack by another person (table 10). The age group with the highest rate of recent injury as a result of an attack were children aged 5–14 years (8 per 1,000, graph 11), and of those, most were male (77%).

Attack by another person continued

10 RECENTLY INJURED BY ATTACK(a), Selected items—2001

	Persons
	%
Location	
Inside or outside own or someone else's home	28.4
At school, college or university	35.1
Sports facility, athletics field or park	*15.0
Type of damage	
Bruising	72.0
Open wound	32.3
Body part injured	
Head(b)	46.2
Arms and wrists	33.4
Legs and feet	29.0
Action taken	
Cut down on usual activities	36.2
Visited doctor/other health professional	32.3
Attended hospital	*13.2
Had time off work/study	*22.5
Total persons with injury from an attack(a)(c)	100.0
Proportion of population with injury from an attack(a)	***0.3***

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

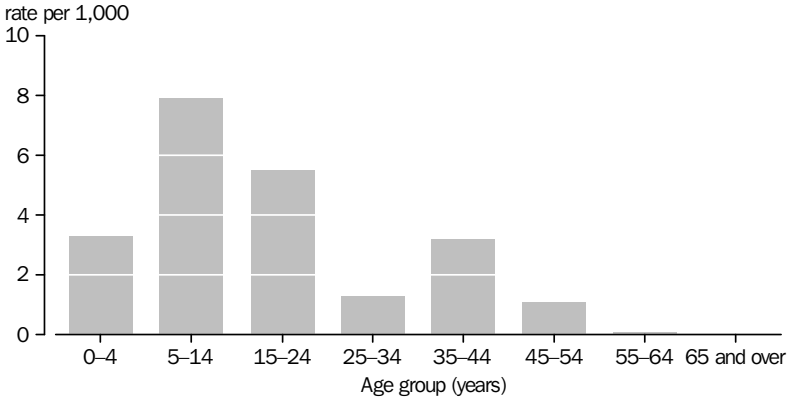
(a) Attack by another person. See Glossary.

(b) Excludes eyes.

(c) Persons may have reported more than one of the items above and therefore, components may not add to totals.

Information on the person making the attack was not collected, however, the location of an attack does provide some clues to its context and setting. For example, of those children aged 5–14 years who were recently injured by an attack, 72% reported they had been injured while at a school, college or university.

11 RECENTLY INJURED BY AN ATTACK BY ANOTHER PERSON — 2001



Vehicle accident

During the 1990s, the number of people dying as a result of injury from traffic accidents decreased (ABS 2003), however, traffic accidents remain a serious source of preventable death, injury and disability.

Vehicle accident continued

RECENT INJURY

Results from the 2001 NHS indicate that 3 in 1,000 people experienced a recent injury as a result of a vehicle accident (see Glossary).

Inexperienced road users are an acknowledged risk group in terms of the potential for death or injury from vehicle accidents (Australian Transport Council 2001). Results from the 2001 NHS showed that people aged 15–24 years experienced a higher rate of recent injury from vehicle accidents when compared to people aged 35 years and over (graph 13).

12 VEHICLE ACCIDENT INJURIES(a)(b), Selected items—2001

	Persons
	%
Location	
Street or highway	63.0
Farm	*10.3
Outside own or someone else's home	*8.8
Activity	
Leisure activities	35.8
Working for an income	*26.0
Type of damage	
Bruising	57.1
Open wound	34.4
Dislocations, sprains, strains, torn muscles/ligaments	30.8
Body part injured	
Legs/feet	47.0
Back/spine	*28.4
Arms/wrists	*24.1
Neck(c)	*22.4
Action taken	
Cut down on usual activities	55.9
Visited doctor/other health professional	51.7
Attended hospital	32.0
Had time off work/study	43.3
Total with recent vehicle accident injury(d)	100.0
Proportion of the population recently injured in a vehicle accident	***0.3***

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

(a) Includes recent injuries from both motorised and non-motorised vehicle accidents. See Glossary.

(b) As the NHS surveys households only, injured people who were in hospital at the time of the survey were not enumerated and therefore, statistics shown may be underestimated.

(c) Excludes spine.

(d) Persons may have reported more than one of the items above and therefore, components may not add to totals.

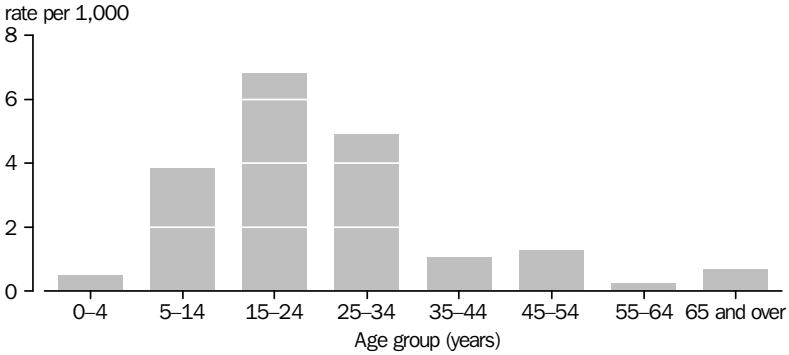
The most common type of injury damage resulting from a recent vehicle accident was bruising, followed by open wounds. Legs and feet were the body parts most frequently injured (table 12).

Vehicle accident continued

Most people reporting recent injury from a vehicle accident were located on a street or highway when injured (63%). Over half of the people recently injured from a vehicle accident (56%) cut down on their usual activities. This was greater than for other events causing recent injury. For example, 28% of people recently injured in a collision and 12% who were bitten or stung cut down on their usual activities due to their injury.

Vehicle accidents also resulted in a higher proportion of the injured visiting a doctor or other health professional (52%), or being away from work or study (43%), when compared to people recently injured through other causes. For example, of those recently injured in a low fall, 27% visited a doctor or other health professional and 12% had time off work or study.

13 RECENTLY INJURED BY VEHICLE ACCIDENT(a), Age group — 2001

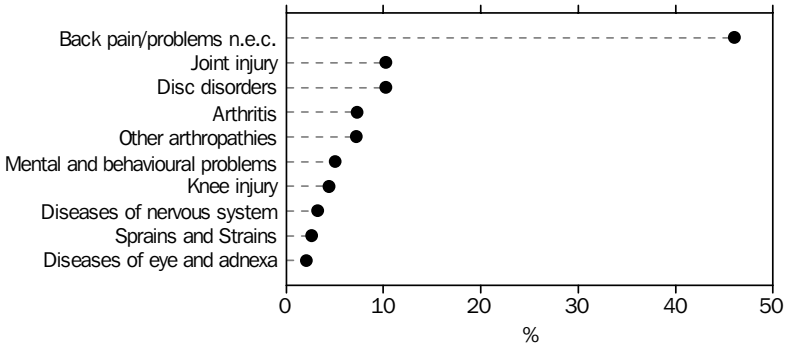


(a) Includes motorised and non-motorised vehicles. See Glossary.

LONG-TERM CONDITIONS

In 2001, an estimated 495,300 people reported having a long-term condition which was caused by a motor vehicle accident (see Glossary). Motor vehicle traffic accidents caused 22% of long-term conditions resulting from injury. Back pain and other problems were common long-term conditions and joint injuries and disc disorders where also relatively frequent (graph 14). Additionally, 5% of those with a motor vehicle traffic accident related long-term condition suffered from mental and behavioural problems. These problems involved brain damage and symptoms such as feeling depressed, nervous or anxious.

14 LONG-TERM CONDITIONS FROM INJURY, Motor vehicle accident(a) — 2001



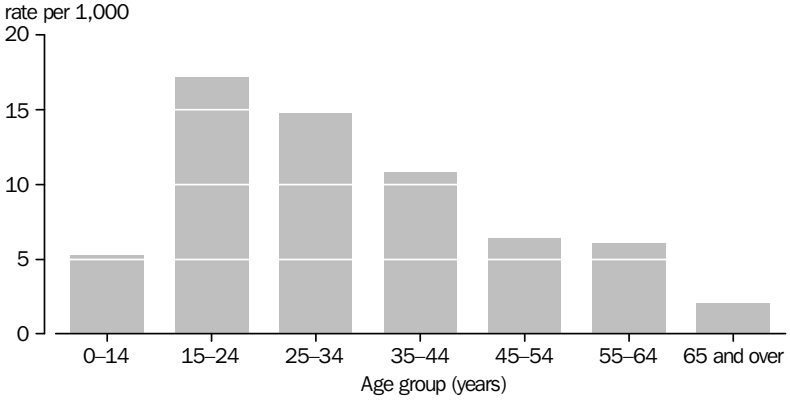
(a) Refers to motorised vehicles only. See Glossary.

Burns or scalds

The 2001 National Health Survey classified burns and scalds as injury damage (i.e. an outcome of an injury event), rather than as a cause of recent injury in itself (refer Explanatory Notes for more detail). Results from the survey indicate that 170,800 people received a recent burn or scald. This represented 8% of people reporting a recent injury and 1% of all Australians.

People aged 15–24 years reported the highest rate of burns and scalds in 2001 (graph 15). Of these, 73% were burnt or scalded while working for an income. This may reflect the type of work people from this age group undertake and the risks involved in that type of work. Occupations where burns or scalds often occurred were in food preparation, factory and mechanical work and machine operation. Labour Force Survey results showed that people aged 15–24 years made up a high proportion of the work force in these industries. For example, 15–24 year olds constituted 56% of the Food retailing work force and 33% of those working in Accomodation, cafes and restaurants (ABS 2001).

15 RECENTLY INJURED BY BURN OR SCALD, Age group — 2001



Activities that were being undertaken at the time of the injury event leading to a burn or scald varied between age group and sex. This is largely a reflection of the different activities undertaken by each age group as well as the risk associated with the activity itself. For males, in adolescence and young adulthood, working for an income was the most common activity leading up to a burn or scald. The pattern was similar for females of this age group, however, in adulthood, domestic activities was also an important activity leading to being burned or scalded. For example, a higher proportion of females aged 25–34 years old were burned or scalded while performing domestic activities when compared to males in the same age group.

Most of those who were burned or scalded were injured on the hands or fingers. Around 14% cut down on their usual activity, and 11% visited a doctor or other health professional (see table 16).

Burns or scalds continued

16 RECENT BURN OR SCALD INJURY, Selected items—2001

	Males	*Females*	*Persons*
	%	%	%
Activity			
Working for an income	51.0	31.1	39.0
Domestic activities	*20.2	50.7	38.5
Body part injured			
Arms/wrists	33.9	29.8	31.5
Hands/fingers	58.7	70.8	66.0
Action taken			
Cut down on usual activities	*13.7	*14.4	14.1
Visited doctor/other health professional	*15.7	*8.5	11.4
Attended hospital	**3.4	**0.8	*1.9
Had time off work/study	**3.9	**0.3	**1.8
Total with recent burn or scald injury(a)	100.0	100.0	100.0
Proportion of the population whose recent injury resulted in burns or scalds	***0.7***	***1.1***	***0.9***

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

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

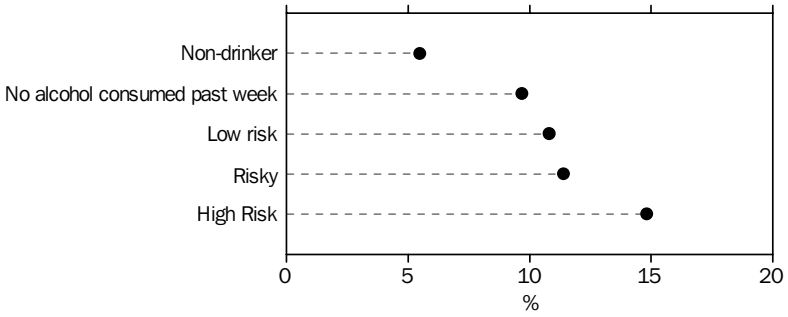
(a) Persons may have reported more than one of the items above and therefore, components may not add to totals.

SPECIAL CIRCUMSTANCES AROUND RECENT INJURY

Alcohol consumption

The consumption of alcohol at high levels (i.e. more than five standard drinks per day for men and more than three standard drinks per day for women) is a well known contributing factor in a range of health conditions (Mathers et al. 1999). In addition, there is an association between alcohol consumption and the risk of injury (NHMRC 2003). While data from the 2001 NHS does not collect information on whether alcohol was consumed directly prior to the injury event, it does collect information on general alcohol consumption (see Glossary). Results show that adults at high risk of long-term health problems due to alcohol consumption were more than twice as likely as adults who do not consume alcohol to report one or more recent injuries in the four weeks before interview.

17 RECENTLY INJURED PERSONS(a), Alcohol risk level(b) — 2001

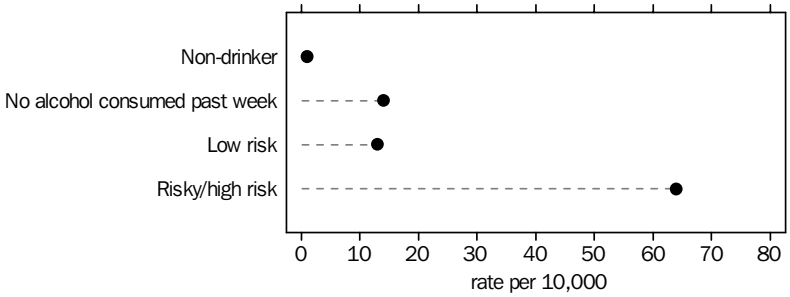


(a) Aged 18 years and over.
(b) Alcohol risk levels refer to harm in the long-term and assumes the level of alcohol consumption is typical. See Glossary.

Alcohol consumption continued

Higher levels of alcohol consumption were also associated with differences in the rate of recent injury as a result of attack from another person (graph 18). Results from the 2001 NHS indicate that 64 in 10,000 people consuming alcohol in the risky/high risk categories reported a recent injury resulting from attack, compared to 1 in 10,000 among non-drinkers.

18 RECENTLY INJURED(a) FROM ATTACK(b), Alcohol risk level(c) — 2001



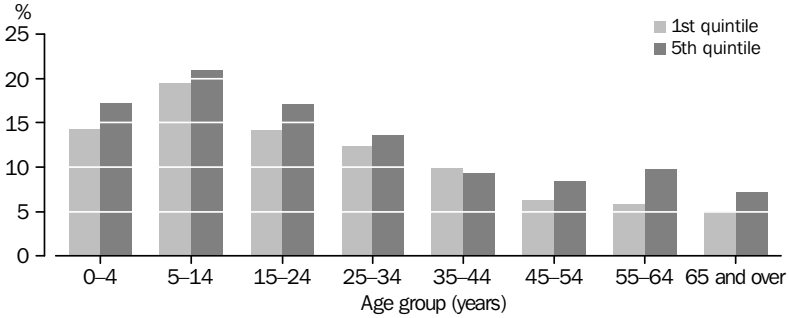
(a) Persons aged 18 years and over.
(b) Attack by another person.
(c) Alcohol risk level refers to harm in the long-term and assumes level of alcohol consumption is typical. See Glossary.

Social conditions

INDEX OF RELATIVE SOCIOECONOMIC DISADVANTAGE

The Index of relative socioeconomic disadvantage is one of five Socio-Economic Indexes for Areas (SEIFAs) (see Glossary). The rate of recent injury among those living in areas with highest and lowest levels of disadvantage are similar across age groups (graph 19). Similarities were also found between actions taken, such as attending a hospital, visiting a doctor or other health professional, cutting down on usual activity and taking days off work or study. No significant differences in rates of the various injury events were found between people in the highest and lowest areas of socioeconomic disadvantage.

19 RECENTLY INJURED,
Relative index of socioeconomic disadvantage(a) — 2001



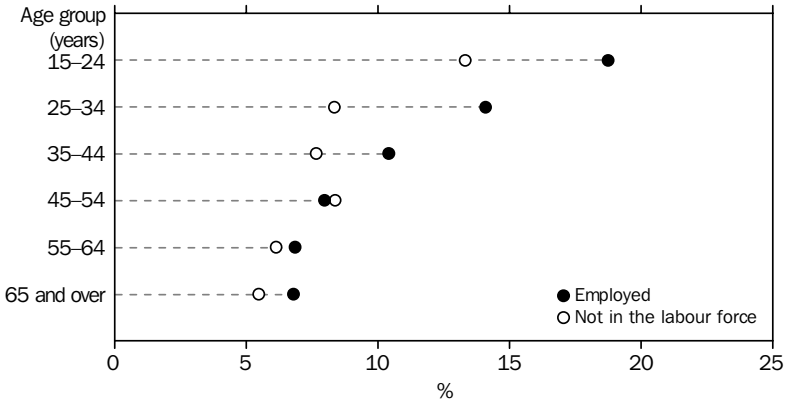
(a) Where the first quintile represents the 20% of the population living in areas with the highest level of disadvantage, and the 5th quintile, those in areas with the lowest disadvantage.

EMPLOYMENT STATUS

For the younger age groups between 15 and 34 years old, higher rates of injury were found among those employed (16%) compared to those not in the labour force (11%) (see graph 20).

Social conditions continued

20 RECENTLY INJURED, Employment status — 2001



ACTIVITY AND INJURY

Sport related injuries and exercise

RECENT INJURIES INCURRED DURING SPORT

Results from the 2001 NHS indicate that an estimated 367,200 people reported a recent injury as a result of participating in organised sport, two-thirds of whom were male (table 21). When compared to other activities resulting in recent injury, people injured participating in sport incurred a relatively high proportion of injuries to their legs or feet (61%). Dislocations, sprains, strains, torn muscles and ligaments, and bruising accounted for most of the damage resulting from organised sport participation. Injuries from participation in organised sport resulted in a relatively high proportion of people who cut down on their usual activities (46%).

21 RECENTLY INJURED IN SPORT, Selected items—2001

	Persons
	%
Sex	
Males	66.3
Females	33.7
Type of damage	
Dislocations, sprains, strains, torn muscles/ligaments	42.1
Bruising	40.0
Open wound	19.8
Body part injured	
Legs/feet	61.1
Arms/wrists	17.0
Hands/fingers	14.5
Action taken	
Cut down on usual activities	45.7
Visited doctor/other health professional	35.5
Attended hospital	10.0
Had time off work/study	16.0
Total recently injured while playing sport(a)	100.0
Proportion of the population who injured themselves playing sport	***1.9***

(a) Persons may have reported more than one type of event and therefore components may not add to totals.

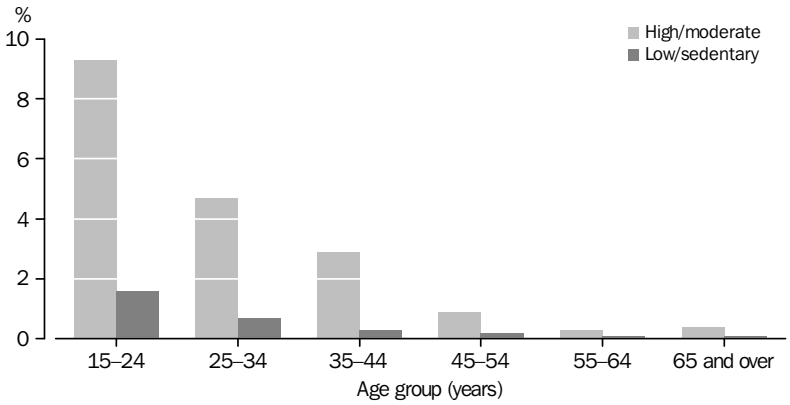
Sport related injuries and exercise continued

Exercise level

Data from the 2001 NHS does not collect information on whether general exercise was being undertaken when the recent injury was incurred as this concept differs from participation in organised sport. However, it does collect information on the general exercise level of people aged 15 years and older (see Glossary) and this can be cross-referenced with people injured participating in organised sport.

Participation in physical activity at moderate or high levels lowers the mortality rate and the incidence of ill-health (AIHW 2002). However, results from the 2001 NHS indicate that people who participate in organised sport, and exercise at high to moderate levels, had a higher rate of recent injury when compared by age to those who participate in sport and exercise at sedentary or low levels. For example, 9.3% of 15–24 year olds who exercised at high or moderate levels reported a recent injury while participating in sport, compared to 1.6% of 15–24 year olds who exercised at low levels or were sedentary (graph 22).

22 RECENTLY INJURED PARTICIPATING IN SPORT, Exercise level — 2001



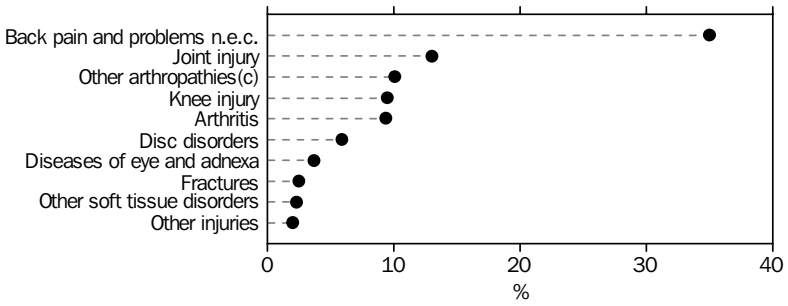
Dislocations, sprains, strains, torn muscles and ligaments resulting from sport were also more prevalent among those who exercise at the high level compared to those who were sedentary.

LONG-TERM CONDITIONS RESULTING FROM SPORT OR EXERCISE

In 2001, around 545,200 Australians reported having a long-term condition caused by a sport or exercise related injury. This represented around 24% of those who had an injury related long-term condition. Like work related injuries, the most common sport or exercise related long-term condition were back pain and other problems. Joint injuries and arthropathies were also prevalent.

Sport related injuries and exercise continued

23 LONG-TERM CONDITIONS(a) FROM INJURY, Sport and exercise(b) — 2001



(a) Includes ten most common long-term conditions.
(b) Injured during sport or exercise.
(c) Arthropathies other than arthritis or gout.

While their injuries were received playing sport or during exercise, people with sport or exercise related long-term injuries were still able to exercise. Of those who received their injury related long-term condition during sport or exercise, a higher proportion exercised at high or moderate levels in the two weeks prior to interview compared to those who received their injury in another way or those without injury.

24 SPORT OR EXERCISE RELATED LONG-TERM CONDITIONS(a), Exercise level—2001

	WITH LONG-TERM CONDITION						
	Injury received during exercise or sport	*Injury not received during exercise or sport*	*Total with injury related long-term condition*	*Total with long-term condition not caused by injury*	*Total with long-term condition*	*Without long-term condition*	*Total*
	%	%	%	%	%	%	%
High	16.1	5.0	7.7	6.1	6.3	12.6	7.1
Moderate	27.1	22.9	24.0	24.2	24.2	26.0	24.4
Low	37.5	36.2	36.2	38.0	37.9	34.9	37.5
Sedentary	19.3	35.9	32.2	31.7	31.7	26.6	31.0
Total	***100.0***	***100.0***	***100.0***	***100.0***	***100.0***	***100.0***	***100.0***

(a) For persons aged 15 years and over.

Work

Work-related injuries range in seriousness from minor cuts and bruises to major injuries and death. In addition to the adverse effects on individual health and wellbeing, the National Occupational Health and Safety Commission (NOHSC 2003b) has estimated the total economic cost of workplace injury, death and disease in Australia to be around $27 billion each year.

RECENT INJURY WHILE WORKING FOR INCOME

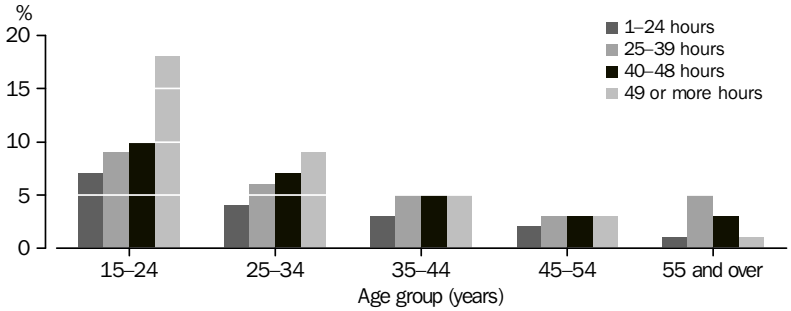
Results from the 2001 NHS indicated that 486,100 persons aged 15 years and over reported one or more recent injuries while they were working for an income. This represented 31% of recently injured people aged 15 years and over and 5% of employed persons aged 15 years and over.

Work continued

The number of hours people usually spend working for income represents one component or element of their risk of work-related injury and provides a basic measure of their exposure to potential harm while working. Other factors relevant to the risk of injury while working for income include the age and sex of workers and the type of work people do (i.e. their occupation and the industry or sector in which a person works).

Young workers (aged 15–24 years) while working for income were injured at higher rates when compared to older workers and their rates of injury rose with longer hours (graph 25). However, workers aged 15–24 years of age are employed in different occupations when compared to older workers (ABS 2001).

25 RECENTLY INJURED WHILE WORKING(a), Usual weekly hours(b) — 2001



(a) Working for an income.
(b) Number of hours usually worked each week in the job or business for which the respondent usually worked the most hours.

The occupation with the highest proportion of people recently injured while working for an income, was tradespersons and related workers (12%). Of those workers injured in the Construction and Manufacturing industry, the largest proportions worked as Tradespersons and related workers (67% and 42% of injured workers, respectively).

People employed in the construction industry reported the highest proportion of injured workers (10%) (see table 26). Those working in the Accommodation, cafes and restaurants industry also had a high rate of injury (9.7%) and 38% of those injured in this industry were Hospitality workers.

Work continued

26 EMPLOYED PERSONS(a), Injured while working(b)—2001

			PROPORTION OF EMPLOYED	
	Employed	*Working for an income*	*Proportion injured*(c)	*Proportion who had time off*(d)
	'000	'000	%	%
Industry				
Retail Trade	1 155.1	78.3	6.8	*16.6
Manufacturing	1 072.0	67.5	6.3	23.3
Construction	649.9	64.7	10.0	*14.4
Accommodation, Cafes and Restaurants	435.6	42.5	9.7	*7.2
Agriculture, Forestry and Fishing	435.9	36.9	8.5	*38.0
All other industries	5 124.6	182.5	3.6	11.5
Occupation				
Tradespersons and Related Workers	1 143.9	135.3	11.8	14.1
Intermediate Clerical, Sales and Service Workers	1 471.9	63.6	4.3	*12.5
Labourers and Related Workers	768.1	49.2	6.4	*12.4
Associate Professionals	1 043.0	46.5	4.5	*7.2
Managers and Administrators	771.5	41.5	5.4	*23.7
All other occupations	3 674.9	136.5	3.7	21.8
Total	***8 873.2***	***472.4***	***5.3***	***16.1***

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

(a) Persons aged 18 years and over.

(b) Working for an income.

(c) Proportion injured while working for an income.

(d) Proportion of those injured while working for an income who had time off as a result of the injury they received while working for an income.

An estimated 16% of recently injured workers took time off work or study as a result of their injury (table 27).

Work continued

27 RECENTLY INJURED WHILE WORKING(a)(b), Selected items—2001

	Males	*Females*	*Persons*
	%	%	%
Type of damage			
Open wound	59.8	33.5	50.9
Bruising	15.7	38.4	23.3
Dislocations, sprains, strains, torn muscles/ligaments	16.2	21.1	17.9
Action taken			
Cut down on usual activities	22.4	30.6	25.1
Visited doctor/other health professional	28.0	30.6	28.9
Attended hospital	8.6	3.2	6.8
Had time off work/study	16.2	15.0	15.8
Total recently injured while working for an income(c)	100.0	100.0	100.0
Proportion of the population recently injured while working for an income	***4.4***	***2.1***	***3.2***

(a) Persons aged 15 years and over.
(b) Working for an income.
(c) Persons may have reported on more than one of the items above and therefore, components may not add to totals.

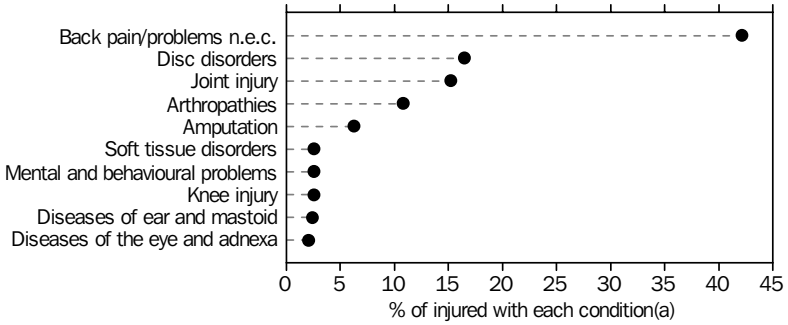
LONG-TERM CONDITIONS RELATED TO INJURY IN THE WORKPLACE

An important consequence of injury in the workplace are the longer-term adverse affects on a person's health that may result. These affects are important because in addition to the impacts on individual wellbeing, there are substantial economic costs associated with use of the health system and its services, loss of income and productivity, and ongoing costs to employers related to liability and risk (e.g. legal costs, workers' compensation and insurance).

In 2001, around 819,000 Australians aged 15 years and over reported a long-term condition which was work related and caused by an injury received while at work. This represented 5% of all persons aged 15 years and over, and 37% of people aged 15 years and over who reported having a long-term condition caused by injury. The most common long-term condition related to work and caused by an injury received while at work were back problems, with disc disorders and joint injury also prevalent when compared to other conditions (graph 28). The prevalence of back problems and pain highlighted in graph 28 is supported by the work of the NOHSC, who noted that about one-third of all workplace injuries are back injuries and that back injuries also account for about one-third of all workers' compensation costs (NOHSC 2003a). A further 73,500 people aged 15 years and over reported a long-term condition which was work related, but indicated the injury was not received while at work. Most of these people (65%) reported diseases of the musculoskeletal system and connective tissue (e.g. back problems).

Work continued

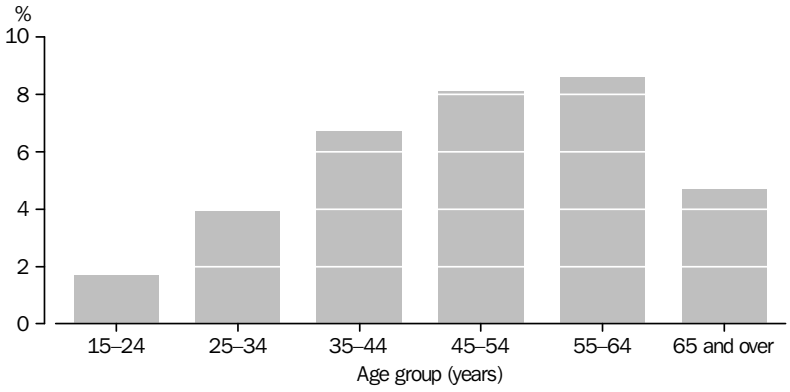
28 WORK-RELATED LONG-TERM CONDITIONS(a) FROM INJURY, While at work(b) — 2001



(a) Persons aged 15 years and over. Includes ten most common long-term conditions.
(b) Includes those injured while working offsite.

There is a steady increase with age in the proportion of people reporting work related long-term conditions received at work, until age 65 years and over, where the proportion decreases (graph 29). The decrease in long-term conditions (i.e. conditions lasting six months or more) among those aged 65 years and over (graph 29), may be the result of recovery from some conditions due to reduced participation in the workforce. For example, the most common long-term condition resulting from work-related injury was back pain/problems, with 1.3% of those aged 65 years and over reporting this condition in 2001, compared to 3.5% of those aged 35–64 years.

29 WORK-RELATED LONG-TERM CONDITIONS, Caused by injury while at work — 2001



Of the 819,000 persons aged 15 years and over who reported a long-term condition related to work and caused by an injury received while at work, 62% were employed. This was a similar proportion to the rest of the population aged 15 years and over (61%). However, higher proportions of employed persons with a long-term condition caused by workplace injury took at least one day off from work in the fortnight before interview as a result of their own ill-health (18%) when compared to the rest of the workforce (11%). Employees with long-term conditions from workplace injury who took time off for ill-health were also absent for slightly longer on average than the rest of the workforce (five days per fortnight, compared to three days per fortnight, respectively).

LIST OF TABLES

page

RECENT INJURIES

1 INJURY EVENTS(a), Australia—2001

Type of injury event	AGE GROUP (YEARS) 0–4 '000	5–14 '000	15–24 '000	25–34 '000	35–44 '000	45–54 '000	55–64 '000	65 and over '000	Total '000
Males									
Vehicle accident	np	*8.1	*12.5	*7.9	**1.7	np	np	**1.6	33.7
Low fall	74.6	142.5	60.5	25.6	20.7	*13.8	19.2	16.7	373.7
High fall	*3.5	*13.1	*7.4	np	np	np	np	np	35.4
Collisions	*13.8	64.7	75.4	52.7	37.5	21.7	*13.3	*14.1	293.3
Attack by another person	**3.0	16.1	*10.5	**2.0	*4.7	np	np	np	37.3
Exposure to fire	np	np	*6.4	*5.9	**3.0	np	np	np	23.0
Exposure to chemical	np	np	*5.4	np	np	np	np	np	*15.1
Bite or sting	*13.4	26.2	*12.7	*15.0	*8.7	*12.9	*4.6	*5.0	98.5
Other event resulting in action	16.0	45.6	112.7	104.5	82.3	47.7	27.1	16.1	452.0
Total with injury event(b)	105.5	288.7	261.4	202.3	150.0	99.5	62.5	52.6	1 222.4
Without injury event	548.7	1 081.2	1 044.5	1 176.5	1 286.1	1 197.9	839.7	968.1	8 142.5
Total	***654.2***	***1 369.9***	***1 305.9***	***1 378.8***	***1 436.0***	***1 297.3***	***902.1***	***1 020.7***	***9 364.9***
Females									
Vehicle accident	np	**2.2	*5.0	*5.8	**1.4	np	np	—	16.9
Low fall	56.3	120.0	53.1	30.6	37.8	23.6	16.8	31.9	370.2
High fall	**2.6	*10.8	*7.0	np	np	np	np	np	28.2
Collisions	*7.3	30.8	37.0	32.2	33.8	*11.5	*8.4	*13.5	174.5
Attack by another person	**1.2	*4.9	*3.6	**1.6	*4.5	np	np	np	17.8
Exposure to fire	np	np	*8.6	*7.4	*6.2	np	np	np	32.2
Exposure to chemical	np	np	—	np	np	np	np	np	*6.6
Bite or sting	16.9	27.8	16.7	16.0	*14.8	17.0	*8.8	*10.8	128.7
Other event resulting in action	*12.2	33.1	85.6	76.0	56.3	51.7	21.1	21.0	357.1
Total with injury event(b)	90.3	209.5	180.0	163.0	145.3	109.6	56.7	73.2	1 027.7
Without injury event	531.1	1 092.4	1 082.6	1 262.1	1 339.2	1 208.7	841.2	1 166.4	8 523.7
Total	***621.4***	***1 301.9***	***1 262.6***	***1 425.1***	***1 484.6***	***1 318.2***	***897.9***	***1 239.6***	***9 551.4***
Persons									
Vehicle accident	np	*10.3	17.5	*13.7	**3.1	*3.4	np	**1.6	50.6
Low fall	130.9	262.4	113.7	56.3	58.5	37.5	36.0	48.6	743.9
High fall	*6.0	23.9	*14.4	*5.0	*4.7	*3.9	np	np	63.7
Collisions	21.1	95.6	112.5	84.9	71.3	33.2	21.7	27.6	467.8
Attack by another person	*4.2	21.0	*14.1	*3.6	*9.2	**2.8	np	np	55.2
Exposure to fire	**2.0	*7.2	*15.0	*13.2	*9.2	*4.8	**0.9	**2.8	55.1
Exposure to chemical	np	**1.6	*5.4	*7.8	**2.4	**2.2	np	np	21.7
Bite or sting	30.3	53.9	29.4	31.0	23.5	29.9	*13.4	15.8	227.3
Other event resulting in action	28.2	78.7	198.2	180.5	138.6	99.4	48.3	37.1	809.0
Total with injury event(b)	195.8	498.2	441.4	365.4	295.3	209.0	119.2	125.8	2 250.1
Without injury event	1 079.8	2 173.6	2 127.1	2 438.6	2 625.3	2 406.5	1 680.8	2 134.5	16 666.2
Total	***1 275.6***	***2 671.8***	***2 568.5***	***2 803.9***	***2 920.6***	***2 615.6***	***1 800.0***	***2 260.3***	***18 916.3***

np not available for publication but included in totals where applicable, unless otherwise indicated

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

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

— nil or rounded to zero (including null cells)

(a) Event in the four weeks prior to interview which resulted in injury and consequential treatments or other action. See Glossary.

(b) Persons may have reported more than one type of event and therefore components may not add to totals.

2 INJURY DAMAGE(a), Australia—2001

Type of injury damage	AGE GROUP (YEARS) 0–4 '000	5–14 '000	15–24 '000	25–34 '000	35–44 '000	45–54 '000	55–64 '000	65 and over '000	Total '000
Males									
Fractures	*3.7	*14.8	*9.2	*7.1	*5.4	*7.2	*6.8	—	54.3
Dislocations, sprains, strains, torn muscles/ligaments	**2.3	43.4	70.4	44.4	36.8	20.3	*9.5	*8.3	235.4
Internal injury	np	np	np	np	np	np	**2.7	np	*10.1
Open wound	57.0	138.3	123.5	89.7	75.1	53.4	33.9	28.4	599.3
Bruising	48.9	121.4	72.9	50.5	29.4	18.4	*13.1	19.6	374.2
Burns and scalds	*4.7	*6.0	20.5	17.5	*10.2	*3.7	np	np	68.1
Concussion	**0.9	*3.7	np	np	np	np	np	np	23.0
Choking	np	np	np	np	np	np	np	np	*6.4
Poisoning	**2.6	*7.4	np	**3.0	**2.8	—	np	np	21.1
Other type of damage	*14.7	36.3	31.3	30.7	*14.1	*14.0	*7.8	*8.4	157.3
Total with injury damage(b)	105.5	288.7	261.4	202.3	150.0	99.5	62.5	52.6	1 222.4
Without injury damage	548.7	1 081.2	1 044.5	1 176.5	1 286.1	1 197.9	839.7	968.1	8 142.5
Total	***654.2***	***1 369.9***	***1 305.9***	***1 378.8***	***1 436.0***	***1 297.3***	***902.1***	***1 020.7***	***9 364.9***
Females									
Fractures	**0.4	*13.9	*4.0	**1.9	*5.2	*7.2	**2.5	*4.3	39.3
Dislocations, sprains, strains, torn muscles/ligaments	**1.0	31.4	59.1	28.4	36.4	24.2	*12.3	*12.1	204.8
Internal injury	np	np	np	np	np	np	—	np	*5.2
Open wound	50.3	94.5	66.6	57.6	39.7	32.9	19.2	24.1	385.0
Bruising	33.8	81.2	67.8	50.5	56.5	37.4	15.8	21.7	364.8
Burns and scalds	**2.7	*7.4	23.8	24.2	21.3	*13.2	np	np	102.6
Concussion	**0.9	**0.4	np	np	np	np	np	np	*7.2
Choking	np	np	np	np	np	np	np	np	*7.0
Poisoning	*4.0	*4.3	np	*3.7	*5.2	**2.2	np	np	23.9
Other type of damage	*14.8	35.1	18.9	25.7	*15.4	20.6	*7.0	16.2	153.7
Total with injury damage(b)	90.3	209.5	180.0	163.0	145.3	109.6	56.7	73.2	1 027.7
Without injury damage	531.1	1 092.4	1 082.6	1 262.1	1 339.2	1 208.7	841.2	1 166.4	8 523.7
Total	***621.4***	***1 301.9***	***1 262.6***	***1 425.1***	***1 484.6***	***1 318.2***	***897.9***	***1 239.6***	***9 551.4***
Persons									
Fractures	*4.1	28.7	*13.1	*9.0	*10.6	*14.3	*9.3	*4.3	93.6
Dislocations, sprains, strains, torn muscles/ligaments	*3.3	74.8	129.5	72.8	73.2	44.5	21.7	20.4	440.2
Internal injury	np	np	np	**0.7	**2.0	np	**2.7	np	*15.3
Open wound	107.4	232.8	190.1	147.3	114.8	86.4	53.1	52.6	984.3
Bruising	82.7	202.5	140.8	101.0	85.9	55.9	28.9	41.3	739.0
Burns and scalds	*7.4	*13.4	44.2	41.6	31.5	16.9	*10.9	*4.7	170.8
Concussion	**1.8	*4.1	*10.4	**2.5	np	np	np	np	30.2
Choking	np	np	np	**2.1	np	**1.2	np	np	*13.3
Poisoning	*6.7	*11.7	*3.2	*6.8	*8.1	**2.2	**2.0	*4.3	44.9
Other type of damage	29.5	71.4	50.2	56.4	29.4	34.6	*14.7	24.7	311.0
Total with injury damage(b)	195.8	498.2	441.4	365.4	295.3	209.0	119.2	125.8	2 250.1
Without injury damage	1 079.8	2 173.6	2 127.1	2 438.6	2 625.3	2 406.5	1 680.8	2 134.5	16 666.2
Total	***1 275.6***	***2 671.8***	***2 568.5***	***2 803.9***	***2 920.6***	***2 615.6***	***1 800.0***	***2 260.3***	***18 916.3***

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

— nil or rounded to zero (including null cells)

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

np not available for publication but included in totals where applicable, unless otherwise indicated

(a) Event in the four weeks prior to interview which resulted in injury and consequential treatments or other action. See Glossary.

(b) Persons may have reported more than one type of injury damage and therefore components may not add to totals.

3 ACTIVITY AT THE TIME OF INJURY EVENT(a), Australia—2001

Activity	AGE GROUP (YEARS) 0–4 '000	5–14 '000	15–24 '000	25–34 '000	35–44 '000	45–54 '000	55–64 '000	65 and over '000	Total '000
Males									
Working for an income	—	np	95.5	103.7	61.3	44.7	*14.0	np	322.1
Working as a volunteer	—	np	np	**1.9	*3.2	**2.1	np	np	18.0
Sports activities	**2.5	87.3	88.2	31.8	22.2	np	**2.4	np	243.5
Leisure activities	63.5	147.5	36.5	21.7	22.2	16.8	*13.0	*14.3	335.6
Resting, sleeping, eating or other personal activities	*12.1	*9.9	*5.5	*7.9	*7.8	*5.2	*4.3	*6.6	59.2
Being nursed or cared for	**2.7	np	np	np	np	np	np	np	*5.3
Attending school/college/university	*12.2	46.1	*10.2	np	np	np	—	—	69.7
Domestic activities	17.8	*10.9	27.9	34.0	31.0	22.0	19.3	22.9	185.7
Other activity	*5.7	*7.6	*7.5	*7.6	*6.7	*4.4	*7.3	np	48.9
Total with injury event(b)	105.5	288.7	261.4	202.3	150.0	99.5	62.5	52.6	1 222.4
Without injury event	548.7	1 081.2	1 044.5	1 176.5	1 286.1	1 197.9	839.7	968.1	8 142.5
Total	***654.2***	***1 369.9***	***1 305.9***	***1 378.8***	***1 436.0***	***1 297.3***	***902.1***	***1 020.7***	***9 364.9***
Females									
Working for an income	—	np	55.5	36.7	43.9	17.5	*8.7	np	164.0
Working as a volunteer	—	np	np	**2.5	*4.3	*5.1	np	np	17.3
Sports activities	**2.2	47.5	34.9	24.7	*7.3	np	**1.0	np	123.7
Leisure activities	56.7	107.5	22.0	22.3	16.9	21.4	*12.8	21.4	281.2
Resting, sleeping, eating or other personal activities	*10.0	*10.7	21.8	*10.2	*11.2	*6.9	**2.2	*14.1	87.1
Being nursed or cared for	*3.6	np	np	np	np	np	np	np	*8.3
Attending school/college/university	*8.4	36.9	*9.7	np	np	np	—	—	57.0
Domestic activities	*8.2	*12.9	45.6	64.7	53.4	46.9	24.5	29.8	285.9
Other activity	*4.6	*5.8	*10.2	*11.4	*9.9	*8.4	*6.6	np	62.7
Total with injury event(b)	90.3	209.5	180.0	163.0	145.3	109.6	56.7	73.2	1 027.7
Without injury event	531.1	1 092.4	1 082.6	1 262.1	1 339.2	1 208.7	841.2	1 166.4	8 523.7
Total	***621.4***	***1 301.9***	***1 262.6***	***1 425.1***	***1 484.6***	***1 318.2***	***897.9***	***1 239.6***	***9 551.4***
Persons									
Working for an income	—	np	151.0	140.4	105.2	62.1	22.7	np	486.1
Working as a volunteer	—	np	np	*4.4	*7.5	*7.2	np	*5.4	35.3
Sports activities	*4.7	134.8	123.1	56.6	29.5	*10.5	*3.4	*4.7	367.2
Leisure activities	120.2	254.9	58.5	44.1	39.1	38.3	25.8	35.8	616.8
Resting, sleeping, eating or other personal activities	22.1	20.7	27.3	18.0	18.9	*12.1	*6.5	20.7	146.4
Being nursed or cared for	*6.3	np	np	np	np	np	np	np	*13.6
Attending school/college/university	20.6	83.0	19.9	np	np	np	—	—	126.8
Domestic activities	25.9	23.8	73.5	98.7	84.3	68.9	43.8	52.7	471.6
Other activity	*10.3	*13.4	17.7	19.0	16.7	*12.8	*14.0	*7.7	111.5
Total with injury event(b)	195.8	498.2	441.4	365.4	295.3	209.0	119.2	125.8	2 250.1
Without injury event	1 079.8	2 173.6	2 127.1	2 438.6	2 625.3	2 406.5	1 680.8	2 134.5	16 666.2
Total	***1 275.6***	***2 671.8***	***2 568.5***	***2 803.9***	***2 920.6***	***2 615.6***	***1 800.0***	***2 260.3***	***18 916.3***

— nil or rounded to zero (including null cells)

np not available for publication but included in totals where applicable, unless otherwise indicated

* estimate has a relative standard error of between 25% and 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) Event in the four weeks prior to interview which resulted in injury and consequential treatments or other action. See Glossary.

(b) Persons may have reported more than one type of event and therefore components may not add to totals.

4 LOCATION AT THE TIME OF INJURY EVENT, Australia—2001

Location	AGE GROUP (YEARS) 0–4 '000	5–14 '000	15–24 '000	25–34 '000	35–44 '000	45–54 '000	55–64 '000	65 and over '000	Total '000
Males									
Inside own or someone else's home	42.4	38.5	26.2	38.5	23.3	21.9	17.5	21.6	230.0
Outside own or someone else's home	47.7	89.3	34.3	23.5	34.4	24.4	20.4	19.7	293.7
At school, college or university	*15.1	82.4	17.2	*3.2	**2.3	**1.3	np	np	121.5
Residential institution	—	np	np	np	np	np	np	np	*3.2
Health care facility	np	—	np	np	np	np	np	np	*5.0
Sports facility, athletics field or park	*3.5	63.8	85.3	34.5	28.5	*5.8	*6.4	*4.4	232.3
Street or highway	**2.3	21.7	19.4	*11.4	*8.7	**2.9	np	np	69.2
Commercial place	np	np	43.8	27.8	22.2	*9.2	*5.6	np	112.0
Industrial place	—	—	38.1	np	16.8	21.6	*3.6	—	122.3
Farm	np	np	np	*12.2	*7.7	*7.7	*3.9	np	41.0
Other	*4.0	*13.5	16.0	16.0	*9.0	*5.2	*4.9	np	72.4
Total with injury event	105.5	288.7	261.4	202.3	150.0	99.5	62.5	52.6	1 222.4
Without injury	548.7	1 081.2	1 044.5	1 176.5	1 286.1	1 197.9	839.7	968.1	8 142.5
Total	***654.2***	***1 369.9***	***1 305.9***	***1 378.8***	***1 436.0***	***1 297.3***	***902.1***	***1 020.7***	***9 364.9***
Females									
Inside own or someone else's home	32.5	41.2	48.7	67.0	55.8	50.0	21.4	36.2	352.8
Outside own or someone else's home	43.5	68.7	28.0	24.7	25.3	25.6	*14.4	19.9	250.3
At school, college or university	*11.4	68.3	*12.9	*4.0	*4.9	**1.9	np	np	105.7
Residential institution	—	np	np	np	np	np	np	np	*5.8
Health care facility	np	—	np	np	np	np	np	np	*12.2
Sports facility, athletics field or park	*4.7	33.6	37.5	22.4	*12.5	*7.3	**2.4	**1.8	122.1
Street or highway	**1.3	*4.8	*12.6	16.1	*9.5	*6.4	np	np	65.2
Commercial place	np	np	49.8	24.4	23.9	*8.2	**1.7	np	119.8
Industrial place	—	—	*4.0	np	*5.8	**1.1	**1.2	—	*12.9
Farm	np	np	np	*5.4	**3.0	*3.5	—	np	16.0
Other	**2.8	*5.8	*6.9	*7.6	*7.2	*6.3	**2.7	np	40.3
Total with injury event	90.3	209.5	180.0	163.0	145.3	109.6	56.7	73.2	1 027.7
Without injury	531.1	1 092.4	1 082.6	1 262.1	1 339.2	1 208.7	841.2	1 166.4	8 523.7
Total	***621.4***	***1 301.9***	***1 262.6***	***1 425.1***	***1 484.6***	***1 318.2***	***897.9***	***1 239.6***	***9 551.4***
Persons									
Inside own or someone else's home	74.9	79.7	74.9	105.5	79.2	71.9	38.9	57.8	582.8
Outside own or someone else's home	91.3	158.0	62.3	48.2	59.8	50.0	34.8	39.6	543.9
At school, college or university	26.5	150.7	30.1	*7.2	*7.1	*3.2	np	np	227.2
Residential institution	—	np	np	**2.0	np	**1.9	np	np	*8.9
Health care facility	np	—	np	**2.3	np	*3.3	*3.9	np	17.2
Sports facility, athletics field or park	*8.2	97.4	122.8	56.9	41.0	*13.1	*8.7	*6.3	354.4
Street or highway	*3.6	26.5	32.0	27.5	18.2	*9.3	*9.5	*7.8	134.4
Commercial place	np	np	93.6	52.1	46.1	17.3	*7.4	*9.6	231.7
Industrial place	—	—	42.1	43.1	22.6	22.7	*4.8	—	135.3
Farm	np	*5.3	*3.4	17.6	*10.7	*11.2	*3.9	np	57.0
Other	*6.8	19.2	23.0	23.6	16.2	*11.5	*7.6	*4.7	112.8
Total with injury event	195.8	498.2	441.4	365.4	295.3	209.0	119.2	125.8	2 250.1
Without injury	1 079.8	2 173.6	2 127.1	2 438.6	2 625.3	2 406.5	1 680.8	2 134.5	16 666.2
Total	***1 275.6***	***2 671.8***	***2 568.5***	***2 803.9***	***2 920.6***	***2 615.6***	***1 800.0***	***2 260.3***	***18 916.3***

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

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

np not available for publication but included in totals where applicable, unless otherwise indicated

— nil or rounded to zero (including null cells)

5 BODY PART INJURED(a), Australia—2001

Body part injured	AGE GROUP (YEARS) 0–4	5–14	15–24	25–34	35–44	45–54	55–64	65 and over	Total
	'000	'000	'000	'000	'000	'000	'000	'000	'000
Males									
Eyes	**2.5	*5.0	np	np	**3.0	*4.3	np	np	31.2
Head(b)	48.7	44.9	24.7	16.8	16.6	*10.7	*9.5	*8.6	180.4
Neck(c)	np	*6.3	*13.9	*4.4	*4.9	**2.3	np	**1.6	37.7
Shoulder and collar bone	np	*6.6	29.9	*6.0	*7.7	**1.6	*6.4	np	60.7
Arms and wrists	15.8	61.5	56.7	33.3	23.2	16.8	*12.6	*15.3	235.3
Hands and fingers	18.5	48.5	99.8	98.0	60.6	47.4	25.8	*14.9	413.6
Back and spine	**2.0	*13.4	24.3	*12.0	*5.3	*7.0	*5.4	*3.8	73.4
Trunk(d)	*4.7	16.8	22.9	*14.3	*8.0	*6.7	*5.4	*3.3	82.0
Hip	np	*7.2	15.6	np	np	np	np	**1.0	37.3
Legs and feet	46.4	179.2	101.9	66.7	52.0	25.1	26.2	20.8	518.4
Whole body	**1.7	**1.3	np	**1.4	np	np	np	np	*9.8
Total with injured body part(e)	104.5	287.6	259.6	201.0	147.7	98.8	62.5	52.6	1 214.3
Without injury	654.2	1 369.9	1 305.9	1 378.8	1 436.0	1 297.3	902.1	1 020.7	9 364.9
Total	***654.2***	***1 369.9***	***1 305.9***	***1 378.8***	***1 436.0***	***1 297.3***	***902.1***	***1 020.7***	***9 364.9***
Females									
Eyes	*3.4	**1.4	np	np	*3.5	**2.9	np	np	16.5
Head(b)	29.7	21.7	*14.3	*8.8	*12.8	*9.8	*6.0	*3.8	106.9
Neck(c)	np	**2.2	*3.4	*3.1	*7.4	*6.0	np	**1.5	27.3
Shoulder and collar bone	np	*6.6	*3.7	**1.4	*8.4	*3.1	**1.6	np	30.1
Arms and wrists	*10.3	46.4	37.6	28.2	21.2	*14.4	*13.0	*15.0	186.2
Hands and fingers	*8.4	34.4	60.7	73.0	50.1	40.5	23.8	20.2	311.1
Back and spine	*3.2	*6.9	18.2	*9.0	*12.0	*13.2	**2.2	*3.6	68.3
Trunk(d)	**1.9	*11.2	*7.9	*10.8	*10.5	*9.8	*5.8	*5.9	63.7
Hip	np	*5.2	*4.4	np	np	np	np	*4.5	26.3
Legs and feet	51.0	130.8	81.6	65.9	62.1	45.7	18.8	37.4	493.3
Whole body	**2.7	**2.6	np	**2.8	np	np	np	np	*11.7
Total with injured body part(e)	89.3	209.5	179.5	163.0	145.3	109.0	56.2	72.6	1 024.4
Without injury	621.4	1 301.9	1 262.6	1 425.1	1 484.6	1 318.2	897.9	1 239.6	9 551.4
Total	***621.4***	***1 301.9***	***1 262.6***	***1 425.1***	***1 484.6***	***1 318.2***	***897.9***	***1 239.6***	***9 551.4***
Persons									
Eyes	*5.9	*6.4	*14.4	*3.2	*6.4	*7.3	np	np	47.8
Head(b)	78.4	66.6	38.9	25.7	29.4	20.4	*15.6	*12.4	287.3
Neck(c)	**1.8	*8.5	17.3	*7.5	*12.3	*8.4	*6.0	*3.1	65.0
Shoulder and collar bone	**1.8	*13.2	33.6	*7.4	16.1	*4.7	*8.0	*6.0	90.8
Arms and wrists	26.2	107.9	94.3	61.5	44.5	31.2	25.6	30.3	421.5
Hands and fingers	27.0	82.9	160.5	171.0	110.7	87.9	49.6	35.1	724.7
Back and spine	*5.2	20.4	42.6	21.0	17.3	20.2	*7.6	*7.4	141.7
Trunk(d)	*6.6	28.0	30.8	25.1	18.4	16.5	*11.2	*9.1	145.7
Hip	**1.4	*12.4	20.0	*6.4	*9.1	*3.8	*5.0	*5.5	63.6
Legs and feet	97.4	310.0	183.5	132.7	114.1	70.8	45.0	58.2	1 011.7
Whole body	*4.3	*4.0	**2.3	*4.1	**2.9	**2.5	np	np	21.4
Total with injured body part(e)	193.8	497.1	439.0	364.1	293.0	207.8	118.7	125.2	2 238.7
Without injury	1 275.6	2 671.8	2 568.5	2 803.9	2 920.6	2 615.6	1 800.0	2 260.3	18 916.3
Total	***1 275.6***	***2 671.8***	***2 568.5***	***2 803.9***	***2 920.6***	***2 615.6***	***1 800.0***	***2 260.3***	***18 916.3***

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

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

np not available for publication but included in totals where applicable, unless otherwise indicated

(a) Event in the four weeks prior to interview which resulted in injury and consequential treatments or other action. See Glossary.

(b) Excludes eyes.

(c) Excludes spine.

(d) Includes chest, internal organs, groin, and buttocks.

(e) Persons may have reported more than one body part injured and therefore components may not add to totals.

EXPLANATORY NOTES

INTRODUCTION

1 This publication presents results from the National Health Survey (NHS) which was conducted throughout Australia from February to November 2001. This is the fifth in the series of health surveys conducted by the ABS; previous surveys were conducted in 1977–78, 1983, 1989–90 and 1995.

2 The survey collected information about:

- the health status of the population, including long-term medical conditions experienced and recent injuries
- use of health services such as consultations with health practitioners and visits to hospital and other actions people have recently taken for their health
- health related aspects of people's lifestyles, such as smoking, diet, exercise and alcohol consumption
- demographic and socioeconomic characteristics.

3 The statistics presented in this publication are a selection of the information available.

4 A supplementary health survey of Aboriginal and Torres Strait Islander people was conducted in association with the 2001 NHS. Information about that survey, together with summary results is published separately in *National Health Survey: Aboriginal and Torres Strait Islander Results, Australia, 2001* (cat. no. 4715.0).

SCOPE OF THE SURVEY

5 The NHS was conducted in a sample of 17,918 private dwellings across Australia. Both urban and rural areas in all states and territories were included, but sparsely settled areas of Australia were excluded. Non private dwellings such as hotels, motels, hostels, hospitals, nursing homes and short-stay caravan parks were not included in the survey.

6 Within each selected household, a random sub-sample of usual residents was selected for inclusion in the survey as follows:

- one adult (18 years of age and over)
- all children aged 0–6 years
- one child aged 7–17 years.

7 Sub-sampling of respondents enabled more information to be collected from each respondent than would have been possible had all usual residents of selected dwellings been included in the survey.

8 The following groups were excluded from the survey:

- certain diplomatic personnel of overseas governments, customarily excluded from the census and estimated resident population figures
- persons whose usual place of residence was outside Australia
- members of non-Australian defence forces (and their dependants) stationed in Australia
- visitors to private dwellings.

DATA COLLECTION

9 Trained ABS interviewers conducted personal interviews with selected residents of sampled dwellings. One person aged 18 years and over in each dwelling was selected and interviewed about their own health characteristics. An adult resident, nominated by the household, was interviewed about all children aged 0–6 years and one selected child aged 7–17 years in the dwelling. Adult female respondents were invited to complete a small additional questionnaire covering supplementary women's health topics.

SAMPLE DESIGN

Sample size and selection

10 Dwellings were selected at random using a multi-stage area sample of private dwellings. The initial sample selected for the survey consisted of approximately 21,900 dwellings; this reduced to a sample of approximately 19,400 after sample loss (e.g. households selected in the survey which had no residents in scope for the survey, vacant or derelict buildings, buildings under construction). Of those remaining dwellings, around 92% were fully responding, yielding a total sample for the survey of 26,863 persons.

11 To take account of possible seasonal effects on health characteristics, the sample was spread throughout the 10 months enumeration period. Conduct of the survey was suspended during the six weeks from 28 July to 10 September during the 2001 Census of Population and Housing enumeration period.

12 At the request of the relevant health authorities:

- the sample in the Northern Territory (NT) was reduced to a level such that NT records contribute appropriately to national estimates but cannot support reliable estimates for the NT. This was requested to enable a larger NT sample to be used in the General Social Survey conducted by the ABS in 2002. As a result, estimates for NT are not shown separately in this publication.
- the sample in the Australian Capital Territory was increased by around 60% to improve the reliability of estimates.

WEIGHTING, BENCHMARKING AND ESTIMATION

Weighting

13 Weighting is the process of adjusting results from a sample survey to infer results for the total population. To do this, a 'weight' is allocated to each sample unit. The weight is a value which indicates how many population units are represented by the sample unit.

14 The first step in calculating weights for each person was to assign an initial weight, which was equal to the inverse of the probability of being selected in the survey. For example, if the probability of a person being selected in the survey was 1 in 600, then the person would have an initial weight of 600 (that is, they represent 600 others).

Benchmarking

15 The weights were calibrated to align with independent estimates of the population of interest, referred to as 'benchmarks', in designated categories of sex by age by area of usual residence categories. Weights calibrated against population benchmarks compensate for over or under-enumeration of particular categories of persons and ensure that the survey estimates conform to the independently estimated distribution of the population by age, sex and area of usual residence, rather than to the distribution within the sample itself.

16 The survey was benchmarked to the estimated population living in private dwellings in non-sparsely settled areas at 30 June 2001 based on results from the 2001 Census of Population and Housing. Hence the benchmarks relate only to persons living in private dwellings, and therefore do not (and are not intended to) match estimates of the total Australian resident population (which include persons living in non-private dwellings, such as hotels) obtained from other sources.

Estimation

17 Survey estimates of counts of persons are obtained by summing the weights of persons with the characteristic of interest. Estimates of non-person counts (e.g. days away from work) are obtained by multiplying the characteristic of interest with the weight of the reporting person and aggregating.

Standardisation

18 Many health characteristics are age-related and to enable comparisons across population groups (e.g. between states) the age profile of the populations being compared needs to be considered. The age standardised percentages are those which would have prevailed should the actual population have the standard age composition. In this publication the standard population is the benchmark population; i.e. the population at 30 June 2001 based on the 2001 Census of Population and Housing, adjusted for the scope of the survey. It should be noted that minor discrepancies in totals may occur between standardised and non-standardised estimates or percentages, as a result of the standardisation process.

RELIABILITY OF ESTIMATES

19 The estimates provided in this publication are subject to sampling and non-sampling error.

Sampling error

20 Sampling error is the difference between the published estimates, derived from a sample of persons, and the value that would have been produced if all persons in scope of the survey had been included. For more information refer to the Technical Notes. In this publication, estimates with a relative standard error of 25% to 50% are preceded by an asterisk (e.g. *3.4) to indicate that the estimate should be used with caution. Estimates with a relative standard error over 50% are indicated by a double asterisk (e.g. **0.6) and should be considered unreliable for most purposes.

Non sampling error

21 Non-sampling error may occur in any data collection, whether it is based on a sample or a full count such as a census. Sources of non-sampling error include non-response, errors in reporting by respondents or recording of answers by interviewers, and errors in coding and processing data.

22 Non-response occurs when people cannot or will not cooperate, or cannot be contacted. Non-response can affect the reliability of results and can introduce a bias. The magnitude of any bias depends upon the rate of non-response and the extent of the difference between the characteristics of those people who responded to the survey and those who did not.

23 The following methods were adopted to reduce the level and impact of non-response:

- face-to-face interviews with respondents
- the use of interviewers who could speak languages other than English where
- necessary
- follow-up of respondents if there was initially no response
- weighting to population benchmarks to reduce non-response bias.

24 By careful design and testing of questionnaires, training of interviewers, asking respondents to refer to records where appropriate, and extensive editing and quality control procedures at all stages of data processing, other non-sampling error has been minimised. However, the information recorded in the survey is essentially 'as reported' by respondents, and hence may differ from information available from other sources, or collected using different methodology. In particular it should be noted that:

- information about medical conditions was not medically verified and most were not necessarily based on diagnosis by a medical practitioner. Conditions which have a greater effect on people's wellbeing or lifestyle, or those which were specifically mentioned in survey questions are expected in general to have been better reported than others.

CLASSIFICATIONS

DEFINITION

Recent injuries module

25 The recent injuries module refers to selected events occurring in the four weeks prior to interview which resulted in injury, and which in turn resulted in medical consultation or treatment, or a reduction in usual activities. The types of events included were:

Recent injuries module continued

- accidents (e.g. a fall, vehicle accident, hitting or being hit by something)
- harmful incidents (e.g. bites and stings, attack by another person, near drowning)
- exposures to harmful factors (e.g. poisoning (other than food poisoning), electric shock, loud sounds)
- other events resulting in injuries such as cuts, scalds, dislocations, sprains, fractures, etc.

26 The topic aimed to cover all injuries, from minor scrapes and cuts through to serious injuries such as broken bones and burns, and included birth injuries if these occurred in the previous four weeks. Detailed information was collected about those events resulting in injury for which some action was taken. Food poisoning and minor insect bites were not regarded as an injury for the purposes of this survey.

27 The data items included in the NHS module on recent injuries are based on the National Minimum Data Set for Injury Surveillance in the National Health Data Dictionary. They include items describing the event, the type of injury and its bodily location, the place of occurrence and the activity when injured.

METHODOLOGY

28 Respondents were asked (with the aid of prompt cards) whether any of the events listed above had happened to them in the previous four weeks and if so, whether those events had resulted in the respondent taking one or more of the following actions:

- consulting a health professional
- seeking medical advice
- receiving medical treatment
- reducing usual activities
- treating the injury themselves, such as using a bandage, applying an ice-pack, taking medication, bed rest, etc.

29 For those who reported an event for which one or more of those actions was taken, information was collected to establish the number and types of event(s) which had occurred in that period. Further information was then collected about each of the three most recent events in that four-week period. This information covered details of the event (activity at the time of the injury, and location of event) and consequences of the event (type and bodily location of injury, medical treatment and days of reduced activity resulting from the injury). Prompt cards were used to assist respondents in reporting type of injury, activity at time of event, location of event, and medical consultation arising from the event.

30 Respondents reporting an injury while working for an income were asked if this was in the same occupation as previously reported in the interview; that is, occupation in the main job the respondent had at the time of the survey. For those not in the labour force, not currently employed, or who have changed occupation since their injury, details of the occupation at the time of the injury were not recorded.

31 A small number of cases were recorded in the survey where after the initial screening questions, it was found that no injury had resulted from the reported event. In these cases no further information about the event or consequences of the event were recorded. These are included in counts of events, but not in counts of injuries or injury events; see diagram later in this section.

POPULATION

32 Information was collected for all persons in scope of the survey.

DATA ITEMS

33 Items available for reported events:

- whether had event resulting in defined action(s) being taken
- type of event

Recent injuries module continued

- number of events in the four weeks prior to interview

34 Items available for reported injury events separately for each of most recent/second most recent/and third most recent event which resulted in injury —

- type of injury event:
  - vehicle accident
  - low fall (one metre or less)
  - high fall (more than one metre)
  - hitting or being hit by something
  - attack by another person
  - near drowning
  - exposure to fire
  - exposure to chemicals
  - bite or sting
  - other event requiring action
- type(s) of injury:
  - fractures, internal injury, dislocations, sprains, strains, torn muscles/ligaments
  - open wounds
  - bruising
  - burns and scalds
  - concussion
  - choking poisoning
  - other
- part(s) of body injured:
  - eyes
  - head (excluding eyes)
  - neck (excluding spine)
  - shoulder (including collar bone)
  - arms (including wrists)
  - hands/fingers
  - back/spine
  - hip
  - trunk (including chest, internal organs, groin and buttocks)
  - legs/feet
  - whole body
- whether injury received while working (for income or as volunteer):
  - occupation at time of injury (some events only)
  - activity at time of event
  - sports
  - leisure
  - resting, sleeping, eating or other personal activities
  - being nursed or cared for
  - attending school/college/university
  - domestic activities
  - other
- Place of occurrence:
  - inside own/someone else's home
  - outside own/someone else's home
  - at school/college/university
  - residential institution
  - health-care facility
  - sports facility, athletics field/park
  - street/highway
  - commercial place

Recent injuries module continued

  - industrial place
  - farm
  - other
- type of hospital attendance
- type of medical professional consulted
- whether had days away from work or school/study resulting from injury
- whether cut down on usual activities as a result of injuries.

INTERPRETATION

35 Points to be considered in interpreting data for this topic include the following:

- As respondents may report more than one event, and each event can result in more than one injury, care should be taken to ensure that the data used are appropriate to the purpose for which they are intended; in particular to ensure that data relate to events, injury events or injuries as required, and that the units used (e.g. events or persons) are appropriate. The diagram below illustrates the relationship between the various concepts.
- The identification of events and injury events was entirely at the discretion of respondents and reflected their perceptions of the elements of intent, neglect, etc. which may have been factors in the occurrence and their willingness to identify such occurrences. For example, although inter-personal violence was conceptually within the scope of the topic, it is expected such occurrences will be under-reported in this survey.
- Similarly, although all events in the previous four weeks resulting in injury were within scope of the topic, events resulting in minor injuries, and particularly those occurring earlier in the reference period, were less likely to be reported than other events. The degree to which events resulting in minor injuries were reported could also be expected to differ between population groups.
- While the survey identified those injury events which in the respondent's opinion occurred while they were working, the data are not necessarily indicative of injuries which would be considered work-related under workers' compensation provisions.
- In 2001, no respondents reported a 'near drowning' event. This result is most likely to reflect the relative rarity of this event. For example, in 1997–98 the estimated incident number of near drowning cases requiring hospitalisation was 721 (AIHW 2002).

Long-term medical conditions

36 All reported long-term medical conditions were coded to a list of approximately 1,000 condition categories which was prepared for this survey. Information about medical conditions classified at this level of detail will not generally be available for output from the survey; however, they can be regrouped in various ways for output. Three standard output classifications developed by the ABS for this survey are available:

- a classification based on the International Classification of Diseases, 10th revision (ICD-10)
- a classification based on the 2 plus edition of the International Classification of Primary Care (ICPC)
- a classification based on the International Classification of Diseases, 9th revision (ICD-9), which is similar to the classification of conditions used in the 1995 NHS.

37 In this publication, medical conditions data from the 2001 NHS are shown classified to the ICD-10-based classification, or variants of that classification.

Long-term conditions: reported cause

DEFINITION

38 This topic refers to the cause; work-related or as a result of an injury (including injury at work) of current long-term conditions, as reported by respondents.

METHODOLOGY

39 Respondents who earlier in the survey had reported one or more current long-term conditions were asked whether that/any of the condition(s) was work related , and whether that/any of the condition(s) was the result of an injury. The type of condition was recorded in either case; provision was made to record up to five conditions as work-related and five conditions as due to an injury. The same condition may have been reported and recorded as both work related and due to an injury.

40 Respondents who reported one or more conditions as due to an injury were asked, in respect of each condition, whether the injury was received while at work (for those aged 15 years and over) or at school (for those aged under 15 years), in a motor vehicle accident or during exercise or sport.

POPULATION

41 Information was collected in respect of all persons for whom one or more current long-term condition had been reported.

DATA ITEMS

- whether any long-term condition was work related
- type of long-term condition(s) work related
- whether any long-term condition was due to an injury
- type of long-term condition experienced due to an injury
- whether received injury at work/school, in motor vehicle accident, during exercise or sport.

INTERPRETATION

42 Points to be borne in mind in interpreting data from the survey relating to the reported cause of long-term conditions:

- The data are self-reported, and reflect the respondent's view of causality and responsibility. Conditions identified as work related or due to an injury at work are not necessarily consistent with those which might be deemed to be work related for workers compensation purposes.
- The questions were asked only in respect of conditions which had previously been reported during the survey interview. To the extent that respondents had failed to previously report a condition the work related or injury cause was not established. Some work-related conditions, or conditions resulting from an injury may not be identified in the survey as a result.
- The injury component was asked following the work-related question, and although conceptually separate, some respondents may not have reported a condition as due to an injury if they had just reported it as work-related. The extent to which this may have occurred is not known. Where it has occurred, conditions due to injuries will be under-estimated.

Geographic characteristics

43 In this publication, survey results are shown compiled for Australia, individual states and the ACT.

RESULTS OF THE SURVEY

Comparability with previous National Health Surveys

44 Summary results of the three NHSs were published in *National Health Survey: Summary of Results, 1989–90*, *1995* and *2001* (cat. no. 4364.0). A range of other publications was also released from each of these surveys; see paragraph 51.

Comparability with previous National Health Surveys continued

45 The 2001 NHS is similar in many ways, particularly to the 1995 NHS, however there are important differences in sample design and coverage, survey methodology and content, definitions and classifications. These will affect the degree to which data are directly comparable between the surveys.

46 The main differences between the 1995 and 2001 NHSs which may affect comparability of data presented in this publication with previous publications are shown below. Differences in the recent injuries module and long-term conditions caused by injury or injury event meant that comparability between the 1995 and 2001 NHSs was not possible. For example:

- For the reported cause of long-term conditions, in addition to the different scopes of the topic in each survey, data for this topic are not directly comparable between surveys for methodological reasons, as outlined below:
  - in the 1995 NHS respondents were initially asked about previously reported conditions caused by an accident, incident or exposure. Of those reported as due to accident, incident or exposure respondents were asked which were work related i.e. work related conditions was a subset of conditions caused by accident, incident or exposure.
  - in contrast the 2001 survey asked respondents initially about conditions which were work related, then about conditions due to injury (without mention of accident, incident or exposure).
- Work-related conditions were therefore much more narrowly defined in 1995 than 2001, and while the injuries were conceptually the same, the specific reference in 1995 to the accident, incident or exposure coverage of the question could be expected to have elicited a different response to that obtained by the more generic 'injury' terminology used in 2001.
- Data are not available for remote areas in the 1995 NHS so time series comparisons are only possible for non-remote areas. For other general comparability issues between 1995 NHS and the 2001 NHS(I) refer to Chapter 7 of the *National Health Survey: Users' Guide* (cat. no. 4363.0.55.001), published on the ABS web site <http://www.abs.gov.au>.
- For the recent injuries module, data obtained in the 2001 NHS related to injury events occurring in the four weeks prior to interview. In the 1995 survey injuries data referred to injuries current at the time of the survey irrespective of how long ago they occurred. As a result of these conceptual differences injuries data from the 2001 survey are not comparable with 1995 data.

47 Other issues for comparability between the 1995 and 2001 NHSs included the following:

- While the number of dwellings sampled was slightly smaller in 2001, sub-sampling of persons within households has meant the number of persons sampled in 2001 was about half that in 1995 (in which several states purchased additional sample). This has reduced the reliability of some estimates.
- The sample for the 1995 survey included some non-private dwellings and covered sparsely settled areas. The 2001 NHS survey included private dwellings in urban and rural areas only. However, both the sparsely settled and special dwelling populations are quite small and hence their exclusion in 2001 is regarded as having minimal impact on comparability, particularly at the data levels shown in this publication.
- All persons in sampled dwellings were included in the 1995 survey, and only records from fully responding households were retained on the data file. In contrast the 2001 survey sub-sampled persons within households (one adult, all children 0–6 years, one child 7–17 years). To the extent that some health characteristics may be clustered within households, the different sampling approaches may impact slightly on comparability between surveys.

Comparability with previous National Health Surveys continued

- The 2001 survey was effectively enumerated over about a ten-month period, compared with a 12-month period for the 1995 survey. The 2001 survey was not enumerated in December or January, nor during a 6 week period mid-winter (coinciding with conduct of the 2001 Census of Population and Housing).
- Data relating to asthma, cancer and cardiovascular conditions were collected in detailed topic-specific question modules in 2001, whereas in 1995 the topics were covered in the context of general long-term conditions. There is expected to be a greater tendency among respondents to report conditions in response to direct questions rather than in response to more general questions.
- The coding systems and classifications used for long-term conditions and alcohol consumption differed between surveys.
- The coverage of other health professionals (OHPs) has expanded with each NHS. Data about consultations with audiologists, hypnotherapists, occupational therapists and speech therapists were first collected in the 1995 survey. Aboriginal health worker (n.e.c.), accredited counsellor and alcohol and drug worker (n.e.c.) consultations were introduced in 2001. As a result data for consultations with OHPs at the aggregate level are not directly comparable although the expanded coverage in part reflects expanded use of OHPs.

48 Further information about comparability between surveys is contained in *National Health Survey, Users' Guide, Australia, 2001* and the *Occasional Paper: Long-term Health Conditions — A Guide To Time Series Comparability From The National Health Survey,* (cat. no. 4816.0.55.001). Both the User's Guide and the Occasional Paper are available through the ABS web site <*http://www.abs.gov.au*>. In addition, the ABS can offer advice, if required, on the comparison of the 2001 survey results with those from the 1995 or earlier surveys.

HEALTH PRODUCTS AND SERVICES

Microdata

49 Users wishing to undertake more detailed analysis of the survey data may apply for access to either the BASIC or EXPANDED NHS Confidentialised Unit Record Files (CURFs). All clients wishing to access the NHS CURFs should refer to the 'Access to ABS CURFs' section located on the ABS web site, and read the Responsible Access to ABS Confidentialised Unit Record Files (CURFs) Training Manual, and other relevant information, before downloading the Application and Undertaking to apply for access. Any queries relating to Conditions of Sale should be referred to curf.management@abs.gov.au

Special tabulations

50 Special tabulations are available on request. Subject to confidentiality and sampling variability constraints, tabulations can be produced from the survey incorporating data items, populations and geographic areas selected to meet individual requirements. These can be provided in printed or electronic form. A list of data items available from the survey is available free of charge on the ABS web site <http://www.abs.gov.au>. Further information about the survey and associated products is available from the National Information and Referral Service. Details are listed at the front of this publication.

Related publications

51 Other ABS thematic publications and web-based papers which may be of interest are shown below. Most of these are available at <www.abs.gov.au>:

Thematic publications

National Health Survey, Summary of Results, 1989–90, 1995 and 2001, cat. no. 4364.0

National Health Survey, Summary Results, Australian States and Territories, 1995 and 2001, cat. no. 4368.0

National Health Survey, Users' Guide, 1989–90, 1995 and 2001, cat. no. 4363.0

National Health Survey, Private Health Insurance, Australia, 1995, cat. no. 4334.0

Related publications *continued*

National Health Survey: Diabetes, Australia, 1995, cat. no. 4371.0
National Health Survey: Cardiovascular and Related Conditions, Australia, 1995, cat. no. 4372.0
National Health Survey: Asthma and Other Respiratory Conditions, Australia, 1995, cat. no. 4373.0
National Health Survey: Injuries, Australia, 1995, cat. no. 4384.0
National Health Survey: SF36 Population Norms, Australia, 1995, cat. no. 4399.0
Mental Health and Wellbeing of Adults: Profile of Adults, Australia, 1997, cat. no. 4326.0
National Survey of Mental Health and Wellbeing of Adults: Users' Guide, 1997, cat. no. 4327.0
National Nutrition Survey: Selected Highlights, Australia, 1995, cat. no. 4802.0
National Nutrition Survey: Foods Eaten, Australia, 1995, cat. no. 4804.0
National Nutrition Survey: Nutrient Intakes and Physical Measurements, Australia, 1995, cat. no. 4805.0
National Nutrition Survey: Users' Guide, 1995, cat. no. 4801.0
Children's Health Screening, 1995, cat. no. 4337.0
Children's Immunisation Survey, Australia, 1995, cat. no. 4352.0
Disability, Ageing and Carers, Australia: Summary of Findings, 1998, cat. no. 4430.0

Web-based papers

Breastfeeding in Australia, cat. no. 4810.0.55 .001
Occasional Paper: Vaccination Coverage in Australian Children — ABS Statistics and the Australian Childhood Immunisation Register (ACIR), cat. no. 4813.0.55.001
Occasional Paper: Measuring Dietary Habits in the 2001 National Health Survey, Australia, cat. no. 4814.0.55.001
National Health Survey: Private Health Insurance, Australia, cat. no. 4815.0.55.001
Occasional Paper: Long-term Health Conditions — A Guide to Time Series Comparability From The National Health Survey, Australia, cat. no. 4816.0.55.001
Information Paper: Use of the Kessler Psychological Distress Scale in ABS Health Surveys, Australia, cat. no. 4817.0.55.001

52 Current publications and other products released by the ABS are listed in the *Catalogue of Publications and Products* (cat. no. 1101.0). The Catalogue is available from any ABS office or the ABS web site <http://www.abs.gov.au>. The ABS also issues a daily Release Advice on the web site which details products to be released in the week ahead.

RELIABILITY OF ESTIMATES

Measuring sampling variability

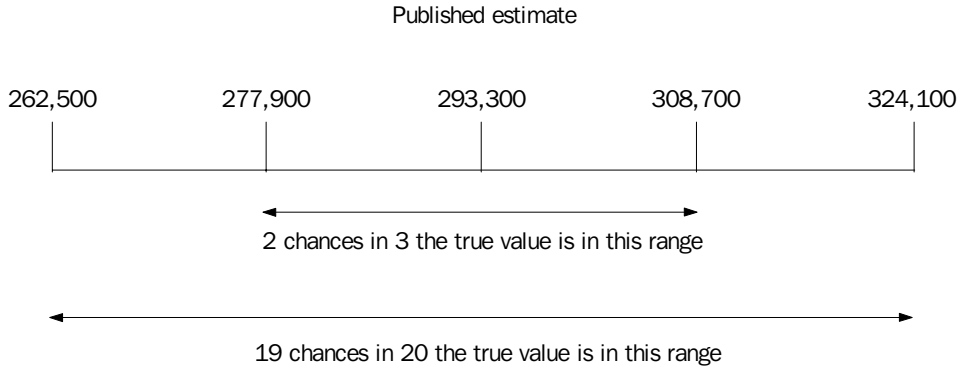
1 Since the estimates in this publication are based on information obtained from a sub-sample of usual residents of a sample of dwellings, they are subject to sampling variability; that is, they may differ from those that would have been produced if usual residents of all dwellings had been included in the survey. One measure of the likely difference is given by the standard error (SE), which indicates the extent to which an estimate might have varied by chance because only a sample of dwellings was included. There are about two chances in three that a sample estimate will differ by less than one SE from the number that would have been obtained if all dwellings had been included, and about 19 chances in 20 that the difference will be less than two SEs. Another measure of the likely difference is the relative standard error (RSE), which is obtained by expressing the SE as a percentage of the estimate.

2 Space does not allow for the separate indication of the SEs of all estimates in this publication. A table of SEs and RSEs for estimates of numbers of persons appears at the end of these Technical Notes. These figures will not give a precise measure of the SE for a particular estimate but will provide an indication of its magnitude.

CALCULATION OF STANDARD ERRORS

3 An example of the calculation and the use of SEs in relation to estimates of persons is as follows. Consider the estimate for Australia of males who reported being recently injured by a collision (293,300). Since this estimate is between 200,000 and 300,000 in the SE table, the SE will be between 13,200 and 15,600 and can be approximated by linear interpolation as 15,400 (rounded to the nearest 100). Therefore, there are about two chances in three that the value that would have been produced if all dwellings had been included in the survey will fall in the range 277,900 to 308,700 and about 19 chances in 20 that the value will fall within the range 262,500 to 324,100. This example is illustrated in the diagram below:

$$SE = RSE \times Estimate$$



4 As can be seen from the SE table at the end of this Technical Note, the smaller the estimate, the higher the RSE. Very small estimates are thus subject to such high SEs (relative to the size of the estimate) as to detract seriously from their value for most reasonable uses. In the tables in this publication, only estimates with RSEs of less than 25% and percentages based on such estimates are considered sufficiently reliable for most purposes. However, estimates with larger RSEs have been included and are preceded by an asterisk (e.g. *3.4) to indicate that they are subject to high SEs and should be used with caution. Estimates with RSEs greater than 50% are preceded by a double asterisk (e.g.**2.1) to indicate that they are considered too unreliable for general use.

PROPORTIONS AND PERCENTAGES

5 Proportions and percentages formed from the ratio of two estimates are also subject to sampling errors. The size of the error depends of the accuracy of both the numerator and denominator. A formula to approximate the RSE of a proportion is given below:

$$RSE(\tfrac{x}{y}) = \sqrt{[RSE(x)]^2 - [RSE(y)]^2}$$

6 Using this formula, the RSE of the estimated proportion or percentage will be lower than the RSE estimate of the numerator. Therefore an approximation for SEs of proportions or percentages may be derived by neglecting the RSE of the denominator — i.e. obtaining the RSE of the number of persons corresponding to the numerator of the proportion or percentage and then applying this figure to the estimated proportion or percentage. This approach has been adopted in this publication for the purposes of assigning the * or ** to indicate a 25% or 50% RSE threshold.

7 Published estimates may also be used to calculate the difference between two survey estimates (numbers or percentages). Such an estimate is subject to sampling error. The sampling error of the difference between the two estimates depends on their SEs and the relationship (correlation) between them. An approximate SE of the difference between two estimates (x-y) may be calculated by the following formula:

$$SE(x-y) = \sqrt{[SE(x)]^2 + [SE(y)]^2}$$

8 While this formula will only be exact for differences between separate and uncorrelated characteristics of subpopulations, it is expected to provide a reasonable approximation for all differences likely to be of interest in this publication.

9 The imprecision due to sampling variability, which is measured by the SE, should not be confused with inaccuracies that may occur because of imperfections in reporting by respondents and recording by interviewers, and errors made in coding and processing data. Inaccuracies of this kind are referred to as non-sampling error, and they may occur in any enumeration, whether it be a full count or a sample. Every effort is made to reduce non-sampling error to a minimum by careful design of questionnaires, intensive training and supervision of interviewers, and efficient operating procedures.

PROPORTIONS AND PERCENTAGES *continued*

STANDARD ERRORS OR PERSON ESTIMATES

	STANDARD ERROR							AUSTRALIA	
	NSW	*Vic.*	*Qld*	*SA*	*WA*	*Tas.*	*ACT*	*Standard error*	*Relative standard error*
Size of estimate	no.	no.	no.	no.	no.	no.	no.	no.	%
500	520	488	499	404	438	342	268	468	93.7
1,000	848	782	777	647	686	526	397	750	75.0
1,500	1 113	1 019	997	839	880	666	492	978	65.2
2,000	1 342	1 222	1 184	1 002	1 046	780	570	1 174	58.7
2,500	1 548	1 403	1 350	1 145	1 190	880	635	1 350	54.0
3,000	1 734	1 566	1 500	1 272	1 320	969	693	1 512	50.4
3,500	1 904	1 718	1 638	1 390	1 439	1 047	742	1 659	47.4
4,000	2 064	1 860	1 764	1 496	1 548	1 120	788	1 800	45.0
4,500	2 219	1 989	1 881	1 598	1 652	1 184	832	1 930	42.9
5,000	2 360	2 115	1 995	1 690	1 745	1 245	870	2 055	41.1
6,000	2 622	2 346	2 202	1 866	1 920	1 362	942	2 286	38.1
8,000	3 088	2 752	2 568	2 160	2 232	1 552	1 056	2 696	33.7
10,000	3 500	3 100	2 880	2 420	2 490	1 710	1 160	3 060	30.6
20,000	5 040	4 440	2 060	3 340	3 460	2 260	1 480	4 440	22.2
30,000	6 180	5 400	4 920	3 960	4 140	2 610	1 680	5 490	18.3
40,000	7 080	6 160	5 600	4 440	4 680	2 880	1 840	6 320	15.8
50,000	7 850	6 800	6 200	4 850	5 100	3 100	1 950	7 050	14.1
100,000	10 600	9 100	8 300	6 200	6 600	3 800	2 300	9 700	9.7
200,000	13 800	12 000	10 800	7 600	8 400	4 400	2 600	13 200	6.6
300,000	16 200	13 800	12 600	8 400	9 600	4 800	3 000	15 600	5.2
400,000	17 600	15 200	14 000	8 800	10 400	5 200	2 800	17 600	4.4
500,000	19 000	16 500	15 000	9 500	11 000	. .	. .	19 000	3.8
1,000,000	23 000	20 000	19 000	11 000	13 000	. .	. .	24 000	2.4
2,000,000	28 000	24 000	22 000	. .	. .	. .	. .	30 000	1.5
5,000,000	35 000	. .	. .	. .	. .	. .	. .	40 000	0.8
10,000,000	. .	. .	. .	. .	. .	. .	. .	50 000	0.5
20,000,000	. .	. .	. .	. .	. .	. .	. .	60 000	0.3

. . not applicable

ESTIMATES WITH RELATIVE STANDARD ERRORS OF 25% AND 50%

	NSW	*Vic.*	*Qld*	*SA*	*WA*	*Tas.*	*ACT*	*Aust.*
Size of estmate	no.	no.	no.	no.	no.	no.	no.	no.
Estimate with 25% RSE	20 353	15 693	13 348	9 352	9 940	4 978	2 577	15 563
Estimate with 50% RSE	4 337	3 343	2 996	2 009	2 224	1 131	588	3 059

GLOSSARY

Alcohol risk level

The adult was divided into risk levels determined by their estimated average daily alcohol consumption in the seven days prior to interview. Average daily consumption in the previous seven days was estimated using two components:

- the number of days on which the respondent reported consuming alcohol in the previous week
- the quantity consumed on the three most recent days on which they consumed alcohol. For people who drank on no more than three days in the last week, their daily average was simply the total consumed divided by seven.

Risk levels are based on the NHMRC risk levels for harm in the long-term, and assumes the level of alcohol consumption is typical. The average daily consumption of alcohol associated with the risk levels is as follows:

ALCOHOL RISK LEVEL

	Males	*Females*
Low risk	50 ml or less	25 ml or less
Risky	More than 50 ml, up to 75 ml	More than 25 ml, up to 50 ml
High risk	More than 75 ml	More than 50 ml

Drinking status information was also collected for those who did not consume any alcohol in the seven days prior to interview:

- last consumed more than one week to less than 12 months ago
- last consumed two months or more ago
- never consumed.

Attack by another person

Includes attacks where an injury was incurred and a health action was taken for that injury. Excludes verbal attacks or threats where no injury was received, and actual attacks where no injury was received.

Bite or sting

Dog bites, spider, insect or other animal bites causing pain and swelling were included. Mosquito bites and other minor insect bites were not included as injuries even if some action was taken as a result.

Burns and scalds

Included were burns from swallowed chemicals, boiling water, etc.

Collisions

Refers to hitting something or being hit by something.

Domestic activities

These include housework, working in the backyard, household maintenance, shopping and cooking.

Exercise level

Information was collected on respondents aged 15 years and over. Exercise level was based on frequency, intensity (i.e. walking, moderate execise and vigorous exercise) and duration of exercise (for recreation, sport or fitness) in the two weeks prior to interview. From these components, an exercise score was derived using factors to represent the intensity of the exercise. Scores were grouped for output as follows:

EXERCISE LEVEL

Sedentary	Less than 100 (includes no exercise)
Low	100 to less than 1600
Moderate	1,600–3,200, or more than 3,200 but less than 2 hours of vigorous exercise
High	More than 3,200 and 2 hours or more of vigorous exercise

Exposure to chemicals

An injury event which involves swallowing poison, drug overdose, chemical burns and inhaled chemical fumes where included. Food poisoning was excluded.

Exposure to fire

As well as burns from fire, also included were general burns such as from a hot plate or smoke inhalation.

Falls

Both injuries from low and high falls were collected. A low fall included a fall of one metre or less. As well as falling — slipping or tripping was also included. Any falls of over one metre such as from a window ledge or climbing frame were excluded.

A high fall included any fall of over one metre such as from a window ledge or climbing frame. Excluded all falls classified as low falls.

Index of relative socioeconomic disadvantage

One of five of Socio-Economic Indexes for Areas (SEIFAs) compiled by the ABS following each population census. Each of the indexes summarise different aspects of the socioeconomic condition of areas; the index of relative socioeconomic disadvantage includes attributes such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations. The index refers to the area (the Census Collector's District) in which a person lives, not to the socioeconomic situation of the particular individual. The index used in this publication were those compiled following the 1996 census. For further information about the SEIFAs see *Information Paper: 1996 Census of Population and Housing — Socio-Economic Indexes for Areas, Australia, 1996* (cat. no. 2039.0).

Injury related long-term condition

Included were long-term conditions which were caused by an injury such as trauma, poisoning, or other conditions resulting rapidly and directly from external factors such as accidents, violence and exposure to poisons or harmful chemicals.

Internal injury

Included injuries to organs in the chest, abdomen or pelvis, and brain damage.

Leisure activities

These included activities such as swimming for leisure, reading, watching movies or videos, playing games, and non-organised sport such as backyard cricket. Sports activities undertaken for competition or as part of an organised routine were excluded.

Long-term conditions resulting from injury

Respondents were asked if any current long-term conditions had been caused by injury. Unlike recent injuries, these injuries may have occurred at any point in a person's life and were reported only if they resulted in a condition lasting, or expected to last, longer than six months.

Motor vehicle accident

For long-term conditions caused by an injury which was acquired in a motor vehicle accident, only accidents caused by motorised vehicles were included. Non-motorised vehicles such as bicycles were excluded. However, statistics presented on recent injuries included both motorised and non-motorised vehicles (see Glossary entry for vehicle accidents).

Open wounds

Included cuts, scrapes, amputations, dog or other animal bites and any other injuries where the skin is broken.

Other health professional

Comprises:

- Aboriginal health worker (n.e.c.)
- Accredited counsellor
- Acupuncturist
- Alcohol and other drug worker (n.e.c.)
- Audiologist/audiometrist
- Chemist (for advice)
- Chiropodist/podiatrist
- Chiropractor
- Dietitian/nutritionist
- Herbalist
- Hypnotherapist
- Naturopath
- Nurse
- Occupational therapist
- Optician/optometrist
- Osteopath
- Physiotherapist/hydrotherapist
- Psychologist

Other health professional *continued*

- Social worker/welfare officer
- Speech therapist/pathologist

Other type of recent injury received

Included here were injuries not otherwise covered such as crushing injuries, injuries caused by foreign bodies and self-inflicted injuries.

Poisoning

A type of damage caused by an injury event. Included was drug overdose, illness or other harmful effects of swallowed poison and toxic effects of substances. Snake and spider bites were also included.

Recent injury event

A recent injury event is an event meeting the following criteria:

- the event was an accident, harmful incident, exposure to harmful factors or other incident
- occurred in the four weeks prior to interview
- resulted in an injury
- resulted in one or more of the following actions being taken
  - consulting a health professional
  - seeking medical advice
  - recieving medical treatment
  - reducing usual activities
  - other treatment of injury such as taking medications, or using a bandage or band aid or heat or ice pack.

Excluded were food poisoning and minor insect bites (e.g. mosquito bites) regardless of action taken by the respondent.

Sports activities

Sporting activities (as defined in the recent injuries module) included training for or competing in organised team or individual sport such as football, running, cycling, skating. Sports activities that are undertaken as leisure activities such as non-competative swimming, walking, darts, or non-organised team sport, such as backyard cricket were excluded.

Type of recent injury event

The type of events resulting in injury were reported by respondents against the following categories:

- Vehicle accident
- Low fall (one metre or less)
- High fall
- Hitting something or being hit by something (collisions)
- Attack by another person
- Near drowning
- Exposure to fire
- Exposure to chemicals
- Bite or sting
- Other event requiring action.

For further details on definitions of these categories, refer to individual glossary entries.

Type of injury damage

The type of injury received as a result of an injury event were reported by respondents against the following categories:

- Fractures
- Dislocations, sprains and strains, torn mucles or ligaments
- Internal injury
- Open wound
- Bruising
- Burns and scalds
- Concussion
- Choking
- Poisoning
- Other type of injury damage.

For further details on definitions of these categories, refer to individual Glossary entries.

Usual weekly hours Number of hours usually worked each week in the job or business for which the respondent usually worked the most hours.

Vehicle accident For recent injuries, all vehicle accidents were included whether occurring on or off road. Vehicles included cars, motorbikes, trains, boats, bicycles, or any other type of vehicle. However, statistics presented on long-term conditions caused by a vehicle accident related to motor vehicles only (see Glossary entry for motor vehicle accidents).

Work-related conditions Refers to conditions which — in the respondent's view — were caused or exacerbated by their employment conditions while in paid work. Domestic activities or volunteer work were excluded.

BIBLIOGRAPHY

Australian Bureau of Statistics (ABS) 2001, *Labour Force, Australia, Detailed — Electronic Delivery, August Quarter*, cat. no. 6291.0.55.001

Australian Bureau of Statistics (ABS) 2003, *Year Book Australia, 2003*, cat. no. 1301, ABS, Canberra

Australian Institute of Health and Welfare (AIHW) and Commonwealth Department of Health and Family Services (DHFS) 1998, *National Health Priority Areas Report, Injury Prevention and Control*, AIHW Cat. No. PHE 3, Canberra, AIHW and DHFS

Australian Insitute of Health and Welfare (AIHW) 2002, *Australia's Health 2002: the eighth biennial health report of the Australian Institute of Health and Welfare*, AIHW Cat. No. AUS 25, AIHW, Canberra

Australian Transport Council (ATC) 2001, *National Road Safety Strategy 2001–2010*, Commonwealth Department of Transport and Regional Services, Canberra

Commonwealth Department of Health and Ageing (DoHA), *Overview of Injury in Australia,* last viewed 9 September 2003, <http://www.health.gov.au/pubhlth/strateg/injury/index.htm>

Commonwealth Department of Health and Ageing (DoHA) 2001, *National Injury Prevention Plan, Priorities for 2001—2003: Falls in Older People, Falls in Children, Drowning and Near Drowning, Poisoning Among Children*, DoHA, Canberra

Langley, J & Brenner, R 2003, *What is an injury in Proceedings of the International Collaborative Effort on Injury Statistics Volume IV*, U.S. Department of Health and Human Servives (DHHS), DHHS Publication No. PHS 2003–1026, Maryland, U.S.A

Mathers, C, Vos, T & Stevenson, C 1999, *The burden of disease and injury in Australia*, AIHW, Canberra

National Health and Medical Research Council (NHMRC) 1999, *Paradigm Shift, Injury: from problem to solution, new research directions*, Canberra, NHMRC

National Health and Medical Research Council (NHMRC) 2001, *Australian Alcohol Guidelines*, NHMRC, Canberra

National Occupational Health and Safety Commision (NOHSC), *Managing Back Pain*, last viewed 15 September 2003 <http://www.nohsc.gov.au/OHSInformation/NOHSCPublications/factsheets/backp1.htm>

National Occupational Health and Safety Commision (NOHSC), *Workplace Health and Safety Responsibilities*, last viewed 24 September 2003 <http://www.nohsc.gov.au/OHSInformation/NOHSCPublications/factsheets/rspon1.htm>

FOR MORE INFORMATION . . .

INTERNET	**www.abs.gov.au** the ABS web site is the best place to start for access to summary data from our latest publications, information about the ABS, advice about upcoming releases, our catalogue, and Australia Now—a statistical profile.
LIBRARY	A range of ABS publications is available from public and tertiary libraries Australia-wide. Contact your nearest library to determine whether it has the ABS statistics you require, or visit our web site for a list of libraries.
CPI INFOLINE	For current and historical Consumer Price Index data, call 1902 981 074 (call cost 77c per minute).
DIAL-A-STATISTIC	For the latest figures for National Accounts, Balance of Payments, Labour Force, Average Weekly Earnings, Estimated Resident Population and the Consumer Price Index call 1900 986 400 (call cost 77c per minute).

INFORMATION SERVICE

Data already published that can be provided within five minutes will be free of charge. Our information consultants can also help you to access the full range of ABS information—ABS user pays services can be tailored to your needs, time frame and budget. Publications may be purchased. Specialists are on hand to help you with analytical or methodological advice.

PHONE	1300 135 070
EMAIL	client.services@abs.gov.au
FAX	1300 135 211
POST	Client Services, ABS, GPO Box 796, Sydney NSW 2001

WHY NOT SUBSCRIBE?

ABS subscription services provide regular, convenient and prompt deliveries of ABS publications and products as they are released. Email delivery of monthly and quarterly publications is available.

PHONE	1300 366 323
EMAIL	subscriptions@abs.gov.au
FAX	03 9615 7848
POST	Subscription Services, ABS, GPO Box 2796Y, Melbourne Vic 3001

2438400001019
ISBN 0 642 47919 4

RRP $23.00