

National Aboriginal and Torres Strait Islander Health Survey 2004–05



National Aboriginal and Torres Strait Islander Health Survey

Australia

2004–05

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AUSTRALIAN BUREAU OF STATISTICS

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PREFACE

This publication presents summary results from the 2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) conducted from August 2004 to July 2005. This survey provides information about the health circumstances of Indigenous Australians from remote and non-remote areas across Australia, and about how these circumstances have changed compared with results from Indigenous components of the 1995 and 2001 National Health Surveys (NHS(I)). In this publication summary health status and health risk characteristics are also compared with results from the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS). The NATSIHS also provides for comparison with results for non-Indigenous Australians from the 2001 and 2004–05 NHSs.

The 2004–05 NATSIHS collected information from 10,439 Indigenous Australians. It is planned to repeat the NATSIHS at six-yearly intervals as part of a cycle of Indigenous household surveys. Together with the six-yearly NATSISS, conducted between each NATSIHS cycle, this will provide a wide range of regular information about the health circumstances and outcomes of Aboriginal and Torres Strait Islander peoples.

The 2004–05 NATSIHS was developed with the assistance of an advisory group comprised of experts in Indigenous information, research and health issues. Members of the advisory group were drawn from Indigenous health organisations, peak Indigenous information bodies, Commonwealth and state/territory government agencies with Indigenous health program responsibilities, and relevant academic research institutions. The valuable conceptual and methodological contributions made by members of the survey advisory group are greatly appreciated.

Results presented in this publication include:

- health status measures;
- health service use and other actions people had recently taken for their health;
- health related aspects of lifestyle and other health risk factors;
- summary women's health characteristics.

The statistics presented in this publication are indicative of the extensive range of data available from the survey and demonstrate the analytical potential of the survey results.

The publication also provides information to assist users in interpreting and using the results of the survey, including descriptions of the survey design and methodology, and notes on the quality of estimates and their comparability with other ABS data.

The success of the 2004–05 NATSIHS was dependent on the very high level of cooperation received from Indigenous Australians and their communities. Their continued cooperation is very much appreciated; without it, the range of Indigenous statistics published or planned by the ABS would not be possible. Information received by the ABS is treated in strict confidence as required by the *Census and Statistics Act 1905*.

Dennis Trewin
Australian Statistician

ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ARIA	Accessibility/Remoteness Index of Australia
ASGC	Australian Standard Geographical Classification
BMI	body mass index
CAI	computer assisted interviewing
CD	Collection District
CDEP	Community Development Employment Projects
CHINS	Community Housing and Infrastructure Needs Survey
CIF	Community Information Forms
CURF	Confidentialised Unit Record File
GP	General Medical Practitioner
GSS	General Social Survey
Hib	Haemophilus influenzae (type B)
ICD-10	International Classification of Diseases 10th Revision
ICF	Indigenous Community Frame
NAGATSIHID	National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NDSHS	National Drug Strategy Household Survey
NHMRC	National Health and Medical Research Council
NHS	National Health Survey
NHS(I)	National Health Survey (Indigenous)
NSW	New South Wales
NT	Northern Territory
OHP	Other health professional
PAPI	pen-and-paper interview
Qld	Queensland
RADL	Remote Access Data Laboratory
RSE	relative standard error
SA	South Australia
SE	standard error
SF-36	Medical Outcome Short Form Health Survey
Tas.	Tasmania
Vic.	Victoria
WA	Western Australia
WHO	World Health Organization

SUMMARY OF FINDINGS

INTRODUCTION

The 2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) is the largest health survey of Indigenous Australians conducted by the Australian Bureau of Statistics (ABS). The sample size was 10,439 persons (or about one in 45 of the total Indigenous population), considerably larger than the supplementary Indigenous samples in the 1995 and 2001 National Health Surveys (NHS(I)). This survey, which was conducted in remote and non-remote areas throughout Australia, was designed to collect a range of information from Indigenous Australians about health related issues, including health status, risk factors and actions, and socioeconomic circumstances.

The survey aims were to:

- provide broad information about the health of Indigenous Australians, by remoteness, and at the national and state/territory levels;
- allow for the relationships across the health status, risk factors and health related actions of Indigenous Australians to be explored;
- provide comparisons over time in the health of Indigenous Australians; and
- provide comparisons with results for the non-Indigenous population from the 2001 and 2004–05 National Health Survey (NHS).

It should be noted that all results presented in this publication are based on information reported by respondents and may therefore differ from information collected using other methods or sources. For further information on data quality refer to the Explanatory Notes and the Technical Note.

This summary of findings represents only some of the insights that can be obtained from the 2004–05 NATSIHS. Readers interested in undertaking further analysis of the data are referred to the *National Health Survey and the National Aboriginal and Torres Strait Islander Health Survey 2004–05: Data Reference Package* (cat. no. 4363.0.55.002) available on the ABS web site <www.abs.gov.au> or on request from the contact officer listed at the front of this publication.

POPULATION CONTEXT

The Aboriginal and Torres Strait Islander population at 30 June 2001 was estimated to be 458,500, or 2.4% of the total Australian population. In the 2001 Census of Population and housing, 96% of Indigenous people were counted in private dwellings and 4% in non-private dwellings such as hotels/motels, health care facilities and correctional institutions. The Indigenous population in private dwellings was projected for the survey to be 474,310 at 31 December 2004, around the midpoint of the 2004–05 NATSIHS enumeration period.

In 2001, around 90% of the Indigenous population were identified as being of Aboriginal origin, 6% were identified as being of Torres Strait Islander origin and 4% were identified as being of both Aboriginal and Torres Strait Islander origin. Around one in four Indigenous people (26%) were living in remote areas compared with only one in fifty non-Indigenous people (2%).

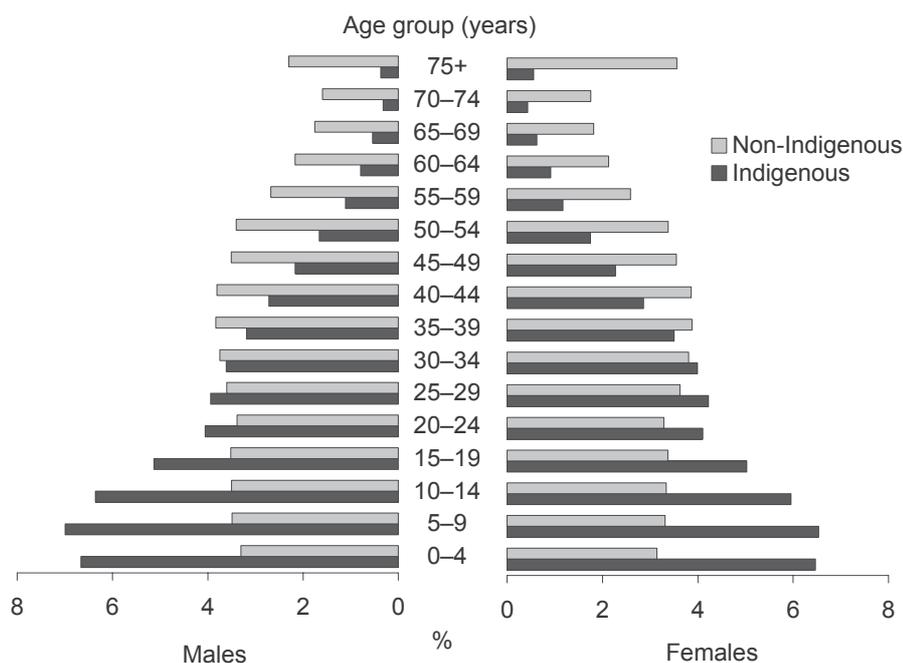
In 2001, the largest proportions of the Indigenous population were living in New South Wales (134,900 people or 29% of the total Indigenous population), Queensland (125,900 people or 27%) and Western Australia (65,900 people or 14%). Indigenous people in 2001 represented less than 4% of the total populations in all states and territories, except the Northern Territory where they comprised 29% of the population.

SUMMARY OF FINDINGS *continued*

POPULATION CONTEXT

continued

The Indigenous population is relatively young, with a median age of 21 years compared to 36 years for the non-Indigenous population. As age is closely associated with health, care should be taken when comparing information for these two populations. To account for differences in the age structure, comparisons between Indigenous and non-Indigenous people are presented by age group or by using age standardised rates as appropriate. For further information on the size, structure and distribution of the Indigenous population, see *Population Characteristics, Aboriginal and Torres Strait Islander Australians, 2001* (cat. no. 4713.0).



HEALTH STATUS

Self assessed health

Self assessed health status provides an indicator of overall health; it reflects an individual's perception of his or her own health. This measure is dependent on an individual's awareness and expectations regarding their health, and may be influenced by factors such as access to health services and health information.

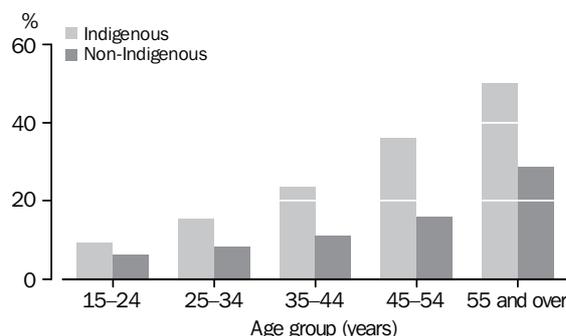
In 2004-05, just over three-quarters (78%) of the Indigenous population reported their health as either good, very good or excellent (similar to the 77% recorded in the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) and up slightly on the 73% recorded in the 2001 NHS(I)) and 22% reported their health as fair or poor (consistent with 23% in the 2002 NATSISS) (table 1 and the *National Aboriginal and Torres Strait Islander Social Survey 2002*, cat. no. 4714.0).

Self assessed health is shown to vary with age. The proportion of people aged 15-24 years reporting fair or poor health was 9%, compared with 50% of people aged 55 years and over (table 7). After adjusting for differences in age structure between the Indigenous and non-Indigenous populations, Indigenous people overall were almost twice as likely as non-Indigenous people to report their health as fair or poor (table 6). This relative difference is apparent across most broad age groups (table 7).

SUMMARY OF FINDINGS *continued*

Self assessed health continued

FAIR OR POOR SELF ASSESSED HEALTH, Persons aged 15 years and over



Social and emotional wellbeing

The 2004–05 NATSIHS collected information on the social and emotional wellbeing of Indigenous adults (aged 18 years and over) using selected questions from the SF-36 and the Kessler Psychological Distress Scale. Questions were also asked regarding feelings of anger, the impact of psychological distress, stressors, and cultural identification. As this was the first time that these types of questions were asked as part of an ABS Indigenous survey, further analytical work is being undertaken to assess their suitability for understanding wellbeing for Indigenous people (see Glossary/Explanatory Notes for more information).

In response to questions (from the SF-36) about feelings of happiness and energy levels, more than half the adult Indigenous population reported being happy (71%), calm and peaceful (56%), and/or full of life (55%) all or most of the time, while just under half (47%) said they had a lot of energy all or most of the time. Indigenous people in remote areas were more likely to report having had these positive feelings all or most of the time, than were Indigenous people living in non-remote areas (table 11).

Responses to questions from the Kessler Psychological Distress Scale showed that almost one in ten Indigenous adults (9%) reported feeling nervous all or most of the time. When asked how often they felt without hope, 7% said that they had this feeling all or most of the time. Similarly, 7% said that they felt so sad that nothing could cheer them up, all or most of the time. A higher proportion of the Indigenous population reported feeling restless (12%) and/or that everything was an effort all or most of the time (17%) (table 12).

Long term health conditions

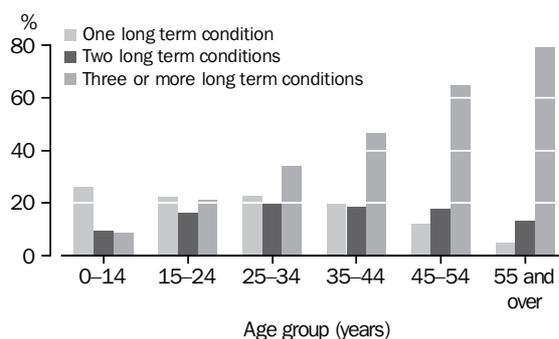
Around two-thirds (65%) of Indigenous people reported at least one long term health condition. Indigenous people in remote areas were less likely to report a long term health condition than those in non-remote areas (57% compared with 68%) (table 1).

The proportion of Indigenous people with at least one long term health condition varied markedly with age, from 44% of Indigenous children aged 0–14 years to 97% of older Indigenous people (aged 55 years and over). The reporting of multiple conditions also varied with age—with 9% of children aged 0–14 years compared to 79% of older Indigenous people reporting more than one long term condition (table 9).

SUMMARY OF FINDINGS *continued*

Long term health conditions *continued*

NUMBER OF LONG TERM HEALTH CONDITIONS, Indigenous persons



A higher proportion of Indigenous Australians than non-Indigenous Australians reported more than one long term health condition in age groups between 25–54 years. Young people (aged 0–24 years) and older people (aged 55 years and over) in both populations had similar rates (table 9).

After adjusting for age differences between the two populations, Indigenous and non-Indigenous Australians were equally likely to report a long term health condition (table 6).

Consistent with results from the 2001 survey, eye/sight problems (30%), asthma (15%), back and disc disorders (13%), heart/circulatory diseases (12%) and ear/hearing problems (12%) were the most commonly reported long term health conditions among Aboriginal and Torres Strait Islander people in 2004–05. In addition, 6% of Indigenous people reported diabetes and 2% reported kidney disease (table 1).

Results from the 2004–05 NATSIHS show that high proportions of Indigenous adults who reported a long term condition reported stressors experienced by themselves, family or friends (including death of a family member or close friend, alcohol and drug problems, divorce or separation, and discrimination/racism). For example, 81% of those with kidney disease, 77% of those with back problems and 75% of those with diabetes reported a stressor (other than serious illness or disability). Of adults who did not report a long term condition, 65% had also experienced a stressor (other than serious illness or disability) (table 10).

ASTHMA

Consistent with results from 2001, asthma was reported by around one in seven Indigenous Australians (15%) in 2004–05 (table 1). After adjusting for age differences between the two populations, Indigenous people were 1.6 times more likely to report asthma as a long term health condition than were non-Indigenous people (table 6). Within the Indigenous population, asthma was reported almost twice as often in non-remote areas (17%) as in remote areas (9%) (table 1).

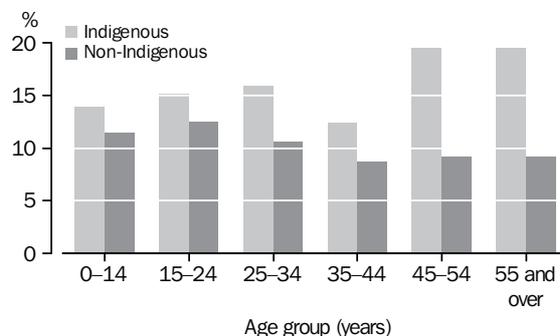
Asthma was most prevalent for Indigenous people aged 45 years and over (19%). For the younger age groups the prevalence of asthma ranged from 12% to 16% (table 9).

SUMMARY OF FINDINGS *continued*

Long term health
conditions *continued*

ASTHMA *continued*

PREVALENCE OF ASTHMA



HEART AND CIRCULATORY PROBLEMS/DISEASES

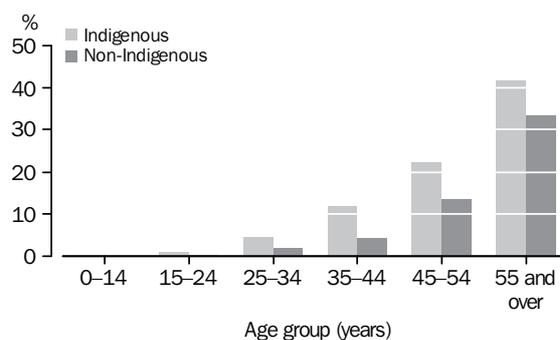
In 2004–05, around one in eight Indigenous Australians (12%) reported a long term health condition associated with the circulatory system, such as heart disease or hypertensive disease, consistent with the 11% reported in 2001. In 2004–05, these long term conditions were more prevalent in remote (14%) than non-remote (11%) areas (table 1). After adjusting for age differences between the two populations, Indigenous people were 1.3 times more likely than non-Indigenous people to report heart disease and/or circulatory problems (table 6).

Heart and circulatory diseases/problems tend to develop over the course of a lifetime. Results from the 2004–05 NATSIHS show a marked increase in the prevalence of these conditions among Indigenous people from around 35 years of age onwards, some 10 years earlier than in the non-Indigenous population. Within the Indigenous population, the rate for people aged 35–44 years (21%) was almost double the rate for those aged 25–34 years (11%). More than half (54%) of those aged 55 years and over reported heart and circulatory problems/disease (table 9).

Hypertensive disease (high blood pressure) was the most commonly reported heart and circulatory condition among Aboriginal and Torres Strait Islander people in 2004–05, affecting 22% of those aged 35 years and over (table 9 and Technical Note: table 2).

Overall, there was no change in the reported level of hypertensive disease between 2001 and 2004–05 (7%) (table 8).

PREVALENCE OF HYPERTENSIVE DISEASE



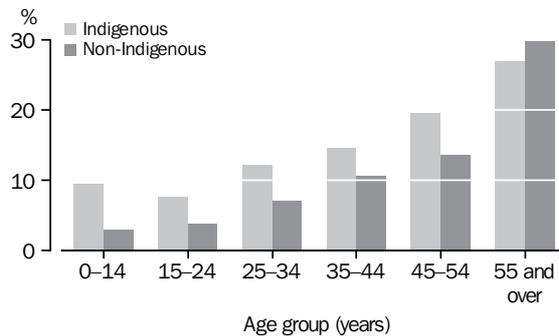
SUMMARY OF FINDINGS *continued*

Long term health conditions *continued*

HEARING LOSS AND DISEASES OF THE EAR

Around one in eight Aboriginal and Torres Strait Islander people (12%) reported ear diseases and/or hearing problems in 2004–05, compared to 15% reported in 2001 (table 1). The 2004–05 rate is consistent with reporting by non-Indigenous people in the NHS (13%) (table 9 and Technical Note: table 1). Rates of hearing loss were higher among Indigenous people than non-Indigenous people in all age groups up to 55 years of age. The prevalence of ear/hearing problems, including total/partial hearing loss and otitis media (middle ear infection), was much higher among Indigenous children aged 0–14 years (10%) than non-Indigenous children (3%) (table 9).

PREVALENCE OF HEARING LOSS/DISEASES OF THE EAR

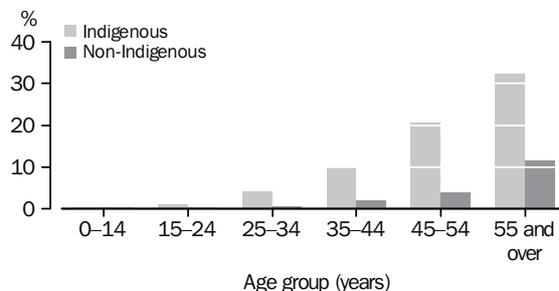


DIABETES

Diabetes (including high sugar levels) continues to be a significant health issue among Indigenous Australians, with an overall prevalence of 6% in 2004–05 (table 1). After adjusting for age differences between the two populations, Indigenous people were more than three times as likely as non-Indigenous people to report some form of diabetes (table 6).

Consistent with results from 2001, diabetes was almost twice as prevalent among Indigenous people in remote areas (9%) as it was in non-remote areas (5%) in 2004–05 (table 1). For diabetes, the pattern of onset by age is very similar to that for hypertensive disease, increasing markedly from around 35 years of age onwards and with a prevalence of 32% for Indigenous Australians aged 55 years and over (table 9).

PREVALENCE OF DIABETES (a)



(a) Includes persons who reported high sugar levels.

SUMMARY OF FINDINGS *continued*

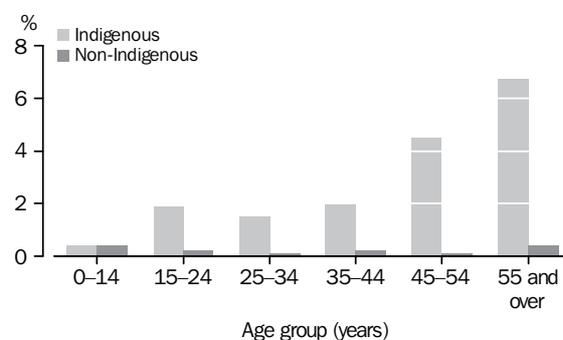
Long term health conditions *continued*

KIDNEY DISEASE

The 2004–05 NATSIHS collected information from private dwellings only and not from health care facilities. Since the treatment of kidney disease accounts for around one-third of all hospital admissions of Indigenous people (see *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005*, ABS cat. no. 4704.0) and persons in hospital are not in scope of the NATSIHS, results may underestimate the prevalence of kidney disease in the Indigenous population.

In 2004–05, kidney disease was reported by 2% of Indigenous people overall (3% in remote areas and 1% in non-remote areas) (table 1). Kidney disease increased with age, from less than 1% of Indigenous children aged 0–14 years to 7% of Indigenous Australians aged 55 years and over (table 9).

PREVALENCE OF KIDNEY DISEASE



After adjusting for age differences, rates of kidney disease were much higher in the Indigenous population than in the non-Indigenous population (table 6).

HEALTH RELATED ACTIONS

An individual's health related actions, and access to health professionals and services are important factors in the successful prevention and management of health conditions. Apart from visits to a dentist, Indigenous people were more likely than non-Indigenous people to have taken at least one of the surveyed health related actions in 2004–05 (table 6).

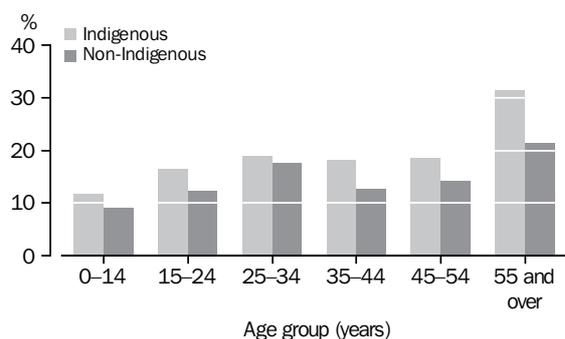
Hospital admissions

Around one in six Indigenous people (16%) had been admitted to hospital in the 12 months prior to the 2004–05 survey (table 1). After adjusting for age differences between the two populations, Indigenous people were 1.3 times more likely than non-Indigenous people to have been hospitalised in the 12 months prior to interview (table 6). Indigenous Australians were admitted to hospital more often than non-Indigenous Australians across all age groups (apart from people aged 25–34 years where rates were similar). Hospital admissions were most common among older Indigenous people (aged 55 years and over) at 31% (table 14).

SUMMARY OF FINDINGS *continued*

Hospital admissions *continued*

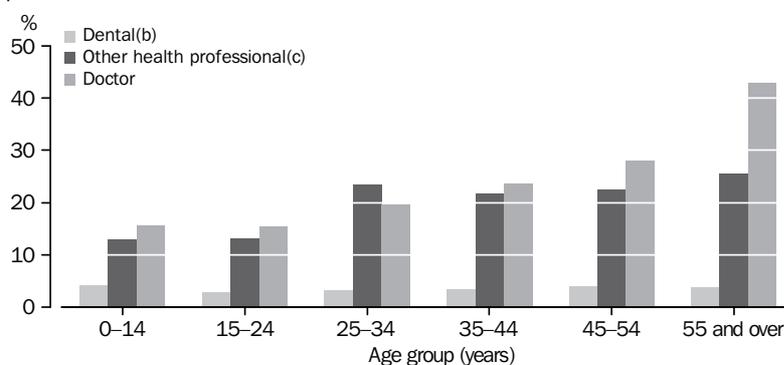
HOSPITAL ADMISSIONS IN LAST 12 MONTHS



Consultations with health professionals

In 2004–05, the rates of consultation by Indigenous people with health professionals were similar to those reported in 2001. One in five Indigenous people (20%) reported having visited a doctor (GP or specialist) in the two weeks prior to interview, 17% had consulted an 'other' health professional (e.g. Aboriginal health worker or nurse), 5% had visited the casualty or outpatients department of a hospital, and 4% (of people aged two years and over) had seen a dentist. The proportion of Indigenous Australians consulting health professionals was higher among the older age groups (table 15). Indigenous people in remote areas were around twice as likely as those in non-remote areas to have consulted an Aboriginal health worker, nurse or other health professional (27% compared with 14%) (table 1).

CONSULTATIONS WITH HEALTH PROFESSIONALS (a), Indigenous persons



(a) In the two weeks prior to interview.

(b) Persons aged 2 years and over.

(c) See Glossary.

After adjusting for age differences between the two populations, Indigenous people were equally as likely as non-Indigenous people to have visited a doctor, one-and-a-half times more likely to have consulted an 'other' health professional and more than twice as likely to have visited the casualty or outpatients department of a hospital in the two weeks before the survey. Indigenous people were around half as likely as non-Indigenous people to have seen a dentist during that period (table 6).

SUMMARY OF FINDINGS *continued*

Oral health

In the 2004–05 NATSIHS, the ABS collected information for the first time about the oral health of Indigenous people, in addition to the information on recent visits to health professionals. Of Indigenous people aged 15 years and over, 11% had never visited a dentist or other health professional about their teeth. This proportion was 24% for Indigenous people in remote areas compared with 6% in non-remote areas (table 15).

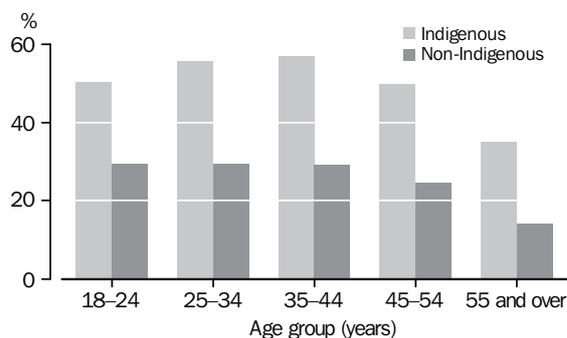
While more than three-quarters (78%) of all Indigenous people aged 15 years and over had lost fewer than five adult teeth in their lifetime, the proportion who had lost five or more teeth ranged from around 1% of people aged 15–24 years to 61% of those aged 55 years and over. Of people aged 55 years and over, almost half (47%) had lost 10 or more adult teeth. While older people in non-remote areas reported a higher level of tooth loss and greater use of dentures than those in remote areas, a higher proportion of people aged 55 years and over in remote areas (19%) than in non-remote areas (10%) said they required dentures but did not have them (table 15).

HEALTH RISK FACTORS

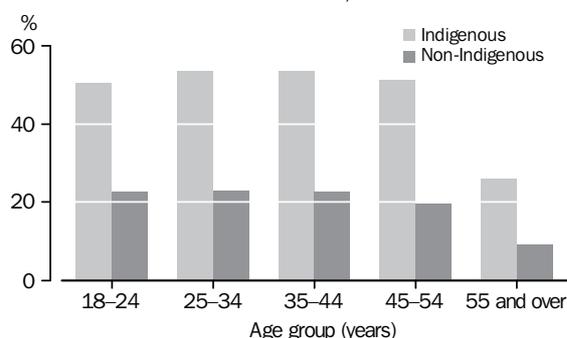
Smoking

In 2004–05, half the adult Indigenous population (50%) were current daily smokers, that is, people who smoked one or more cigarettes per day, on average. ABS health surveys record little change in the rate of smoking by Indigenous people since 1995 (table 1). For both men and women, smoking was more prevalent among Indigenous than non-Indigenous adults in every age group (table 18).

CURRENT DAILY SMOKERS, Males



CURRENT DAILY SMOKERS, Females



After adjusting for age differences between the two populations, Indigenous adults were still more than twice as likely as non-Indigenous adults to be current daily smokers (table 6).

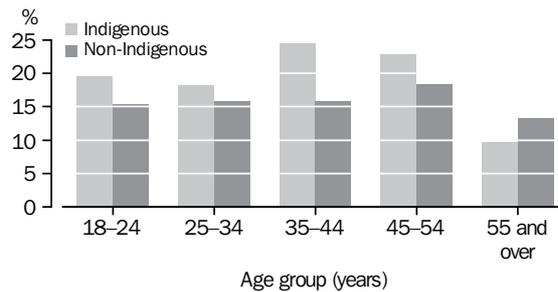
SUMMARY OF FINDINGS *continued*

Alcohol consumption

In 2004–05, around half of all Indigenous adults (49%) reported having consumed alcohol in the week prior to interview, of whom one-third (16%) reported drinking at risky/high risk levels (table 17). When compared with results from 2001, the proportion of Indigenous adults who reported drinking at risky/high risk levels in 2004–05 was about three percentage points higher overall (five points higher in non-remote areas and two points lower in remote areas) (table 1). After adjusting for age differences, the proportion of Indigenous adults who reported drinking at risky/high risk levels (15%) was similar to that of non-Indigenous adults (14%) (table 6). For information on alcohol risk levels, see Glossary.

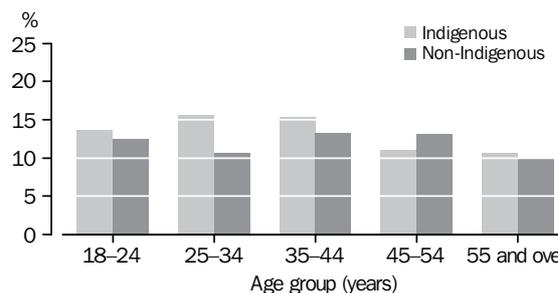
The patterns of risky/high risk alcohol consumption were different for men and women. A higher proportion of Indigenous men than women had consumed alcohol at risky/high risk levels in the week before the survey, except among those aged 55 years and over where the rate was similar for males and females, at about 10%. Indigenous women had their highest rates of risky/high risk consumption at an earlier age (25–34 years) than Indigenous men (35–44 years). The highest rate of risky/high risk consumption for non-Indigenous women also occurred for a lower age group (35–44 years) than for men (45–54 years) (table 19).

RISKY/HIGH RISK ALCOHOL CONSUMPTION (a), Males



(a) In the week prior to interview. See Glossary.

RISKY/HIGH RISK ALCOHOL CONSUMPTION (a), Females



(a) In the week prior to interview. See Glossary.

Substance use

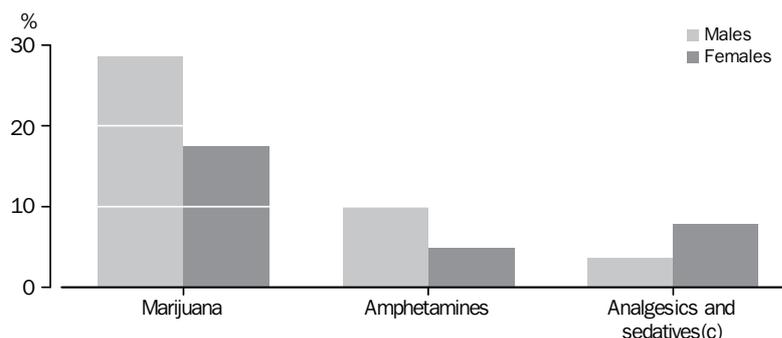
Illicit substance use can be divided into two categories: use of substances which are illegal to possess (e.g. heroin) and non-medical use of substances which are legally available (e.g. petrol inhalation and misuse of prescription drugs). Information on illicit substance use by Indigenous people aged 15 years and over in non-remote areas is available from both the 2004–05 NATSIHS and the 2002 NATSISS.

SUMMARY OF FINDINGS *continued*

Substance use *continued*

For Indigenous people aged 18 years and over who accepted the substance use form, reported rates of illicit substance use (in the 12 months prior to the survey) were 25% in 2002 and 28% in 2004–05 (table 20). In addition, in 2004–05 a further 22% reported illicit substance use at least once in their lifetime. The substances most commonly used in the last 12 months were marijuana (23%), amphetamines (7%) and analgesics/sedatives (for non-medical purposes) (6%) (table 20).

SELECTED ILLICIT SUBSTANCES(a), Indigenous persons aged 18 years and over in non-remote areas(b)



(a) Used in the 12 months prior to the survey. People may have reported more than one substance.

(b) People who accepted the substance use form.

(c) Used for non-medical purposes.

Diet and exercise

Many of the principal causes of ill-health among Aboriginal and Torres Strait Islander people are nutrition related diseases, such as heart disease, Type II diabetes and renal disease (see *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005*, ABS cat. no. 4704.0). While a diet high in saturated fats and refined carbohydrates increases the likelihood of developing these diseases, regular exercise and intake of fibre-rich foods, such as fruit and vegetables, can have a protective effect against disease. The National Health and Medical Research Council guidelines recommend a minimum of five serves of vegetables per day and two serves of fruit per day. For more information, see Glossary.

FRUIT AND VEGETABLES

In 2004–05, the majority of Indigenous people aged 12 years and over reported eating vegetables (95%) and/or fruit (86%) daily (table 22). Fruit and vegetables may be less accessible to Indigenous people in remote areas, of whom one in five (20%) reported no usual daily fruit intake compared with one in eight (12%) in non-remote areas. The disparity was even greater for vegetables, where 15% of people in remote areas reported no usual daily intake compared with 2% in non-remote areas (table 1). Of people in non-remote areas, 42% were eating the recommended daily intake of fruit and 10% the recommended daily intake of vegetables (table 23 and Technical Note: table 2). Indigenous people in remote areas were not asked to specify how many serves of vegetables or fruit they usually ate on a daily basis.

In non-remote areas, the intake of vegetables was broadly similar between Indigenous and non-Indigenous people. Indigenous people generally reported eating less fruit than non-Indigenous people (table 23).

SUMMARY OF FINDINGS *continued*

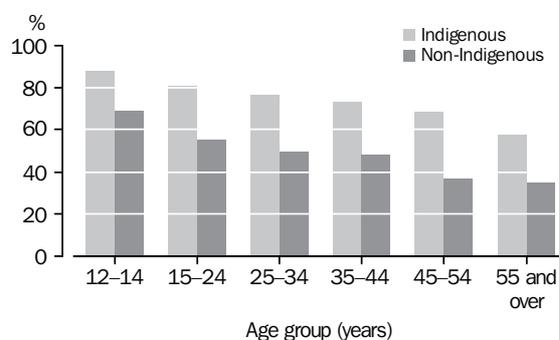
Diet and exercise continued

SALT AND MILK

In 2004–05, around seven in ten Indigenous people either sometimes (25%) or usually (46%) added salt after cooking. Indigenous people in remote areas (83%) were more likely than those in non-remote areas (65%) to report sometimes or usually adding salt after cooking (table 22).

Over three-quarters (79%) of Indigenous people usually drank whole (full cream) milk in 2004–05, with 16% reporting reduced fat or skim milk. Those in remote areas (87%) were more likely to drink whole milk (including full cream powdered milk) than those living in non-remote areas (76%) (table 22). In non-remote areas, Indigenous people were much more likely to drink full cream milk than non-Indigenous people, regardless of age (table 23).

WHOLE MILK CONSUMPTION IN NON-REMOTE AREAS



EXERCISE

The 2004–05 NATSIHS collected information relating to the frequency, intensity and duration of exercise undertaken by Indigenous Australians living in non-remote areas. The proportion of Indigenous people in non-remote areas who were sedentary or engaged in low level exercise in the two weeks prior to interview was higher in 2004–05 (75%) than in 2001 (68%) (table 1).

Body mass

The proportion of people that are overweight or obese within a given population can be determined by first calculating an individual's Body Mass Index (BMI) score (from reported information on height and weight) and then grouping people into BMI categories. In the 2004–05 NATSIHS and NHS, self reported height and weight measurements were collected for people aged 15 years and over. An option to have height and weight measured was provided in some remote areas. Height and weight information could not be obtained for 17% of Indigenous people and 8% of non-Indigenous people (table 21 and Technical Note: table 2). For more information on the BMI, see Glossary.

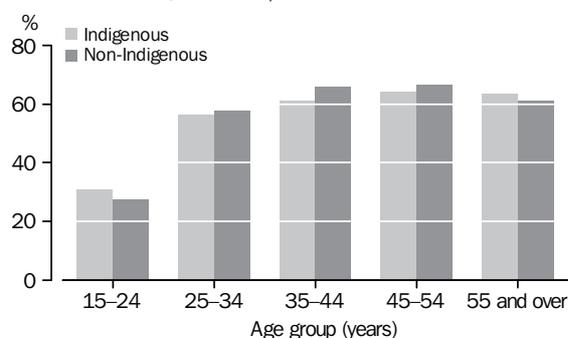
Just under one-third (31%) of Indigenous people aged 15 years and over were recorded as being in the normal or healthy weight range in 2004–05, with a further 23% in the overweight category and 24% classified as obese (table 21 and Technical Notes: table 2). After adjusting for non-response, the proportion of Indigenous people in non-remote areas who were overweight or obese in 1995 was 48% increasing to 56% in 2004–05, although this difference was not statistically significant (table 1). After adjusting for age differences between the two populations and non-response, Indigenous Australians were

SUMMARY OF FINDINGS *continued*

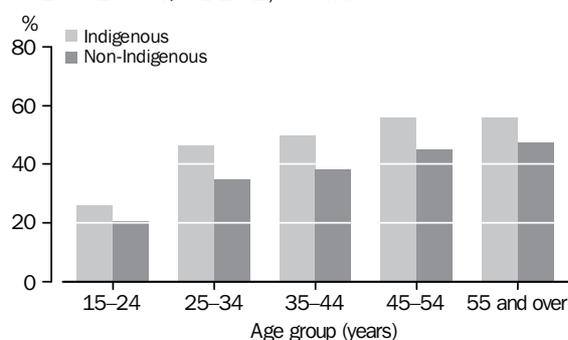
Body mass continued

1.2 times more likely to be overweight/obese than non-Indigenous Australians (table 6). In each age group the disparity between Indigenous and non-Indigenous people was greater for females than for males (table 21).

OVERWEIGHT/OBESE, Males



OVERWEIGHT/OBESE, Females



Breastfeeding

In 2004–05, the majority of Indigenous women aged 18–64 years who had had children, reported having breastfed them (84%), consistent with results from 2001 (86%). The proportion of women who breastfed their children was higher in remote areas (92%) than non-remote areas (80%) (table 27). Similarly, 79% of Indigenous children under four years of age had been breastfed for at least some period, of which 13% were being breastfed at the time of the survey (table 24).

Immunisation

EARLY CHILDHOOD IMMUNISATION

In 2004–05, around nine in ten Indigenous children under seven years of age in non-remote areas were reported as being fully immunised against diphtheria, tetanus, whooping cough, polio, hepatitis B, measles, mumps, rubella and haemophilus influenza type B (HIB). Among children for whom immunisation records were available, vaccination rates ranged from 73% for HIB to 85% for the combined Measles/Mumps/Rubella vaccine (table 26).

IMMUNISATION OF OLDER PEOPLE

In addition to information on a range of early childhood vaccinations, the 2004–05 NATSIHS also collected data on vaccinations against influenza and pneumonia among Indigenous people aged 15 years and over. These vaccinations are especially targeted at older people.

SUMMARY OF FINDINGS *continued*

Immunisation continued

IMMUNISATION OF OLDER PEOPLE *continued*

More than half (60%) of Indigenous people aged 50 years and over reported that they had been vaccinated for influenza in the 12 months before the survey and 34% for pneumonia in the last five years. Older Indigenous people in remote areas were more likely (80%) than those in non-remote areas (52%) to have been recently vaccinated for influenza, and were more than twice as likely to have received a vaccination against pneumonia (56% compared with 26%) (table 25).

WOMEN'S HEALTH

Information on mammograms has been collected for Indigenous women aged 18 years and over in both the 2001 and 2004–05 surveys. While the proportion of Indigenous women aged 40 years and over reporting regular mammograms was lower in 2004–05 (32%) than in 2001 (39%), this difference was not statistically significant (table 27).

Consistent with results from 2001, just over half of Indigenous women aged 18 years and over reported having had regular pap smear tests (52% in 2004–05 and 53% in 2001). Over this period, the proportion of women who reported regular pap smear tests increased in remote areas (from 56% to 65%) and decreased in non-remote areas (from 52% to 47%, although this difference is not statistically significant) (table 27).

Contraception

Reported use of common contraceptives by Indigenous women aged 18–49 years has changed very little since 2001. In 2004–05, condoms (21%) were most commonly reported, followed by the contraceptive pill (14%) and contraceptive injection (DepoProvera) (8%). In addition, 13% of Indigenous women in remote areas and 5% of those in non-remote areas reported using a contraceptive implant (Implanon), which can prevent pregnancy for up to three years (table 27).

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	1995	2001			2004–05		
	Non-remote	Remote	Non-remote	Total	Remote	Non-remote	Total
	%	%	%	%	%	%	%
Self assessed health status(b)							
Excellent/very good	43	(c)35	(c)42	(d)40	(e)41	(e)44	(d)43
Good	30	43	30	(d)33	40	33	(d)35
Fair/poor	27	22	28	26	19	23	22
Long term conditions(f)							
Arthritis	6	4	9	(d)8	6	10	(d)9
Asthma	20	11	19	(d)16	9	17	(d)15
Back pain/problems nec, disc disorders	np	12	17	(d)15	(e)12	(e)13	(d)13
Diabetes/high sugar levels	4	7	4	(d)5	9	5	(d)6
Ear/hearing problems	9	(c)16	(c)14	15	(e)13	(e)12	12
Eye/sight problems	28	20	33	(d)29	25	32	(d)30
Heart and circulatory problems/diseases	15	(c)12	(c)10	(d)11	14	11	(d)12
Kidney disease	*2	(c)2	*(c)1	1	3	1	2
Neoplasms/cancer	*1	** (c)—	** (c)1	** (d)1	*—	1	(d)1
Osteoporosis	*1	np	*—	*—	*—	1	1
No long term condition	35	42	30	(d)33	43	32	(d)35
Health related actions(g)							
Admitted to hospital	na	(c)20	(c)18	19	20	15	16
Visited casualty/outpatients	7	9	5	(d)6	6	4	(d)5
Consulted GP/specialist	22	(c)19	(c)23	(d)22	(e)19	(e)20	(d)20
Consulted dentist(h)	4	8	5	6	(e)4	(e)4	4
Consulted other health professional	10	24	13	(d)16	27	14	(d)17
Days away from work/study(i)	13	(c)13	(c)12	(d)12	(e)14	(e)14	(d)14
Other days of reduced activity(j)	na	na	13	na	(e)13	(e)13	13
Risk behaviour							
Current daily smoker(k)	50	57	48	(d)51	(e)52	(e)49	(d)50
Risky/high risk alcohol consumption(k)(l)	14	(c)17	(c)12	13	(e)15	(e)17	16
Sedentary/low level exercise(b)(l)	70	na	68	na	na	75	na
Overweight/obese(b)(l)(m)	48	(c)54	(c)57	(d)56	(e)58	(e)56	(d)57
No usual daily fruit intake(n)	na	na	11	na	20	12	14
No usual daily vegetable intake(n)	na	na	*1	na	15	2	5

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

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

— nil or rounded to zero (including null cells)

na not available

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

(a) Data for 1995 are only available for non-remote areas.

(b) Persons aged 15 years and over.

(c) Difference between remote and non-remote 2001 data is not statistically significant.

(d) Difference between 2001 and 2004–05 data is not statistically significant.

(e) Difference between remote and non-remote 2004–05 data is not statistically significant.

(f) ICD–10 based output classification. See Explanatory Notes and Glossary for further details.

(g) Hospital admissions relate to the 12 months prior to interview. All other health related actions relate to the two weeks prior to interview.

(h) Persons aged 2 years and over.

(i) Persons aged 5–64 years.

(j) Persons aged 5 years and over.

(k) Persons aged 18 years and over.

(l) See Glossary for definitions.

(m) Proportions are calculated excluding 'Body Mass Index' not known.

(n) Persons aged 12 years and over.

	REMOTENESS AREA (a)					AUSTRALIA
	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Total
	%	%	%	%	%	%
Self assessed health status (b)						
Excellent/very good	44	43	45	38	43	43
Good	32	34	33	38	41	35
Fair/poor	25	23	21	24	16	22
Long term conditions (c)						
Arthritis	10	12	9	6	5	9
Asthma	19	18	15	13	8	15
Back pain/problems nec, disc disorders	15	13	11	14	12	13
Diabetes/high sugar levels	5	5	6	8	10	6
Ear/hearing problems	12	12	12	12	14	12
Eye/sight problems	32	33	30	30	23	30
Heart and circulatory problems/diseases	11	12	10	15	14	12
Kidney disease	2	*1	2	*3	3	2
Neoplasms/cancer	*1	*1	*1	*1	*—	1
Osteoporosis	1	*1	*1	*1	**—	1
No long term condition	30	29	38	36	47	35
Health related actions (d)						
Admitted to hospital	14	17	15	18	21	16
Visited casualty/outpatients	3	5	6	8	6	5
Consulted GP/specialist	20	21	20	16	21	20
Consulted dentist (e)	4	4	4	*5	4	4
Consulted other health professional	12	17	13	16	32	17
Days away from work/study (f)	15	14	14	11	15	14
Other days of reduced activity (g)	13	13	12	13	12	13
Risk behaviours						
Current daily smoker (h)	49	48	51	51	52	50
Risky/high risk alcohol consumption (h) (i)	16	19	18	18	13	16
Sedentary/low level exercise (b) (i)	75	74	75	na	na	na
Overweight/obese (b) (i) (j)	55	56	58	62	56	57
No usual daily fruit intake (k)	10	13	11	*9	26	14
No usual daily vegetable intake (k)	*1	*2	*2	*4	21	5

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

** estimate has a relative standard error greater than 50% and is considered too unreliable for general use
— nil or rounded to zero (including null cells)

na not available

(a) See Glossary for information on Remoteness Area categories.

(b) Persons aged 15 years and over.

(c) ICD-10 based output classification. See Explanatory Notes and Glossary for further details.

(d) Hospital admissions relate to the 12 months prior to interview. All other health related actions relate to the two weeks prior to interview.

(e) Persons aged 2 years and over.

(f) Persons aged 5–64 years.

(g) Persons aged 5 years and over.

(h) Persons aged 18 years and over.

(i) See Glossary for definitions.

(j) Proportions are calculated excluding 'Body Mass Index' not known.

(k) Persons aged 12 years and over.

	STATE/TERRITORY								AUSTRALIA
	NSW	Vic.	Qld	SA	WA	Tas.	NT	ACT	Total
	%	%	%	%	%	%	%	%	%
Self assessed health status(a)									
Excellent/very good	43	48	42	42	36	50	51	49	43
Good	34	30	35	35	42	27	34	34	35
Fair/poor	23	22	23	23	22	23	16	17	22
Long term conditions(b)									
Arthritis	12	11	7	10	8	14	4	9	9
Asthma	17	20	15	15	14	19	8	18	15
Back pain/problems nec, disc disorders	13	15	13	14	15	15	10	14	13
Diabetes/high sugar levels	5	4	6	8	9	*2	8	*4	6
Ear/hearing problems	12	12	11	12	14	11	14	14	12
Eye/sight problems	34	33	30	30	29	33	22	38	30
Heart and circulatory problems/diseases	12	15	10	12	12	11	13	10	12
Kidney disease	*1	2	1	*1	3	*1	3	**1	2
Neoplasms/cancer	*1	*1	*1	np	*1	*2	*1	np	1
Osteoporosis	*1	*1	1	*1	*2	*2	np	**1	1
No long term condition	31	25	37	36	38	28	48	27	35
Health related actions(c)									
Admitted to hospital	15	14	15	18	19	14	22	13	16
Visited casualty/outpatients	4	3	6	5	7	3	4	**2	5
Consulted GP/specialist	20	28	19	18	19	22	21	13	20
Consulted dentist(d)	3	3	5	4	3	*4	4	5	4
Consulted other health professional	14	15	16	17	16	11	34	16	17
Days away from work/study(e)	12	21	15	16	15	10	14	18	14
Other days of reduced activity(f)	12	14	14	11	12	15	12	14	13
Risk behaviours									
Current daily smoker(g)	51	50	50	53	44	50	54	41	50
Risky/high risk alcohol consumption(g)(h)	17	16	19	17	19	13	8	11	16
Overweight/obese(a)(h)(i)	59	48	58	64	59	54	50	58	57
No usual daily fruit intake(j)	12	11	14	13	15	12	19	*6	14
No usual daily vegetable intake(j)	*2	*3	5	5	6	*2	17	*2	5

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** 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) Persons aged 15 years and over.

(b) ICD-10 based output classification. See Explanatory Notes and Glossary for further details.

(c) Hospital admissions relate to the 12 months prior to interview. All other health related actions relate to the two weeks prior to interview.

(d) Persons aged 2 years and over.

(e) Persons aged 5–64 years.

(f) Persons aged 5 years and over.

(g) Persons aged 18 years and over.

(h) See Glossary for definitions.

(i) Proportions are calculated excluding 'Body Mass Index' not known.

(j) Persons aged 12 years and over.

	TORRES STRAIT ISLANDER PERSONS (a)					ABORIGINAL PERSONS (a)		
	Torres Strait Area	Balance of Queensland	Queensland	Australia excluding Torres Strait Area	Australia	Queensland	Australia	
	%	%	%	%	%	%	%	
Self assessed health status (b)								
Excellent/very good	46	41	42	44	(c)44	42	(c)43	
Good	38	36	37	32	(c)33	35	(c)35	
Fair/poor	16	23	21	24	(c)23	24	(c)22	
Long term conditions (d)								
Arthritis	6	*5	5	7	(c)7	7	(c)9	
Asthma	*5	15	13	14	(c)13	16	(c)15	
Back pain/problems nec, disc disorders	10	12	11	12	(c)12	13	(c)13	
Diabetes/high sugar levels	11	*5	*6	*5	(c)5	6	(c)6	
Ear/hearing problems	*9	9	9	11	(c)11	12	(c)12	
Eye/sight problems	31	23	24	26	(c)26	30	(c)30	
Heart and circulatory problems/diseases	11	6	7	8	9	11	12	
Kidney disease	*3	*1	*2	*1	*1	*1	2	
Neoplasms/cancer	np	np	**—	np	*(c)1	*1	(c)1	
Osteoporosis	—	**1	**1	*1	*(c)1	1	(c)1	
No long term condition	47	43	44	39	40	36	35	
Health related actions (e)								
Admitted to hospital	15	13	13	15	(c)15	15	(c)17	
Visited casualty/outpatients	**5	*5	*5	5	(c)5	6	(c)5	
Consulted GP/specialist	15	20	19	21	(c)20	19	(c)20	
Consulted dentist (f)	*6	*6	6	5	(c)5	5	(c)4	
Consulted other health professional	*18	14	15	13	(c)14	16	(c)17	
Days away from work/study (g)	13	21	20	17	(c)17	15	(c)14	
Other days of reduced activity (h)	9	13	12	13	(c)12	15	(c)13	
Risk behaviours								
Current daily smoker (i)	38	47	44	51	(c)49	52	(c)50	
Risky/high risk alcohol consumption (i) (j)	*9	*9	*9	14	(c)13	20	(c)17	
Overweight/obese (b) (j) (k)	86	61	66	58	(c)61	55	(c)56	
No usual daily fruit intake (l)	26	*10	13	11	(c)13	14	(c)14	
No usual daily vegetable intake (l)	26	**6	*10	**4	*(c)7	*4	(c)5	

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** 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)

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

(a) Includes persons identified as being of both Torres Strait Islander and Aboriginal origin.

(b) Persons aged 15 years and over.

(c) Difference between Aboriginal and Torres Strait Islander persons is not statistically significant.

(d) ICD-10 based output classification. See Explanatory Notes and Glossary for further details.

(e) Hospital admissions relate to the 12 months prior to interview. All other health related actions relate to the two weeks prior to interview.

(f) Persons aged 2 years and over.

(g) Persons aged 5–64 years.

(h) Persons aged 5 years and over.

(i) Persons aged 18 years and over.

(j) See Glossary for definitions.

(k) Proportions are calculated excluding 'Body Mass Index' not known.

(l) Persons aged 12 years and over.

	EMPLOYED			Unemployed	Labour Force	Not in the Labour Force
	CDEP	Non-CDEP	Total			
	%	%	%	%	%	%
Self assessed health status						
Excellent/very good	45	50	49	46	48	36
Good	42	35	37	36	37	32
Fair/poor	12	15	14	18	15	31
Selected long term conditions(a)						
Arthritis	9	12	12	*7	11	20
Asthma	11	16	15	14	15	17
Back pain/problems nec, disc disorders	20	23	23	15	21	20
Diabetes/high sugar levels	12	6	7	*7	7	13
Ear/hearing problems	12	13	13	10	13	16
Eye/sight problems	33	43	41	34	40	48
Heart and circulatory problems/diseases	14	15	14	10	14	24
Kidney disease	4	1	2	**2	2	4
Neoplasms/cancer	np	2	1	**1	1	1
Osteoporosis	**1	*1	*1	**1	*1	2
No long term condition	35	18	22	33	23	22
Health related actions(b)						
Admitted to hospital	21	13	15	15	15	25
Visited casualty/outpatients	8	4	5	5	5	7
Consulted GP/specialist	22	20	20	17	20	27
Consulted dentist	3	4	4	*5	4	2
Consulted other health professional	25	18	20	15	19	21
Days away from work/study(c)	22	18	19	*4	17	3
Other days of reduced activity	12	10	11	14	11	20
Risk behaviours						
Current daily smoker(d)	58	42	45	66	48	53
Risky/high risk alcohol consumption(d)(e)	21	19	19	20	19	12
Overweight/obese(e)(f)	58	59	59	51	58	55
No usual daily fruit intake	24	12	14	14	14	16
No usual daily vegetable intake	18	2	5	*4	5	7

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

(a) ICD-10 based output classification. See Explanatory Notes and Glossary for further details.

(b) Hospital admissions relate to the 12 months prior to interview. All other health related actions relate to the two weeks prior to interview.

(c) Persons aged 15–64 years.

(d) Persons aged 18 years and over.

(e) See Glossary for definitions.

(f) Proportions are calculated excluding 'Body Mass Index' not known.

	2001			2004–05		
	Indigenous	Non-Indigenous	Rate Ratio(a)	Indigenous	Non-Indigenous	Rate Ratio(a)
	%	%	%	%	%	%
Self assessed health status(b)						
Excellent/very good	34	52	0.7	36	57	0.6
Good	(c)32	(c)30	(c)1.1	35	28	1.3
Fair/poor	34	18	1.9	29	15	1.9
Long term conditions(d)						
Arthritis	(c)16	(c)14	(c)1.2	18	15	1.2
Asthma	17	11	1.5	16	10	1.6
Back pain/problems nec, disc disorders	(c)22	(c)21	(c)1.0	18	16	1.2
Diabetes/high sugar levels	11	3	3.3	12	4	3.4
Ear/hearing problems(e)	np	np	np	np	np	np
Eye/sight problems	47	52	0.9	(f)47	(f)51	(f)0.9
Heart and circulatory problems/diseases	(c)19	(c)17	(c)1.1	22	17	1.3
Kidney disease	2	—	5.3	3	—	10.0
Neoplasms/cancer	** (c)1	(c)2	0.7	1	2	0.7
Osteoporosis	*1	2	0.4	2	3	0.7
No long term condition	(c)22	(c)22	(c)1.0	(f)24	(f)24	(f)1.0
Health related actions(g)						
Admitted to hospital	20	12	1.7	20	15	1.3
Visited casualty/outpatients	6	3	2.4	6	3	2.3
Consulted GP/specialist	(c)27	(c)25	(c)1.1	(f)25	(f)23	(f)1.1
Consulted dentist(h)	(c)5	(c)6	(c)0.9	4	6	0.6
Consulted other health professional	18	13	1.4	20	13	1.5
Days away from work/study(i)	(c)10	(c)10	(c)1.0	12	10	1.3
Other days of reduced activity(j)	na	12	na	15	11	1.4
Risk behaviours						
Current daily smoker(k)	49	22	2.2	46	21	2.2
Risky/high risk alcohol consumption(k)(l)	(c)12	(c)11	(c)1.1	(f)15	(f)14	(f)1.1
Overweight/obese(b)(l)(m)	60	48	1.3	62	51	1.2
No usual daily fruit intake(n)	na	6	na	13	7	2.0
No usual daily vegetable intake(n)	na	1	na	5	1	6.6

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

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

— nil or rounded to zero (including null cells)

na not available

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

(a) See Glossary for information on Rate Ratios.

(b) Persons aged 15 years and over.

(c) Difference between 2001 Indigenous and non-Indigenous data is not statistically significant.

(d) ICD–10 based output classification. See Explanatory Notes and Glossary for further details.

(e) Statistical testing indicates that this data item is not suitable for age standardisation. See Technical Note for further details.

(f) Difference between 2004–05 Indigenous and non-Indigenous data is not statistically significant.

(g) Hospital admissions relate to the 12 months prior to interview. All other health related actions relate to the two weeks prior to interview.

(h) Persons aged 2 years and over.

(i) Persons aged 5–64 years.

(j) Persons aged 5 years and over.

(k) Persons aged 18 years and over.

(l) See Glossary for definitions.

(m) Proportions are calculated excluding 'Body Mass Index' not known.

(n) Persons aged 12 years and over.

PERSONS AGED 15 YEARS AND OVER: SELF ASSESSED HEALTH STATUS, by Indigenous status and age, Australia—2001, 2002 and 2004–05

Self assessed health status	15–24 YEARS(a)		25–34 YEARS		35–44		45–54		55 YEARS AND OVER	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
	%	%	%	%	%	%	%	%	%	%
2001										
Excellent	21	25	15	24	*11	19	*12	17	*5	12
Very good	33	39	33	37	19	37	19	32	13	24
Good	33	26	33	28	40	31	25	32	29	33
Fair	12	7	14	9	21	10	28	14	36	22
Poor	*1	2	5	2	8	3	*16	5	*16	9
Total(b)	100	100	100	100	100	100	100	100	100	100
2002(c)										
Excellent	28	34	18	36	14	30	10	23	6	14
Very good	31	41	32	38	25	37	22	34	11	25
Good	33	18	33	19	34	24	30	27	29	31
Fair	6	6	13	6	20	7	26	12	34	20
Poor	2	*2	3	*1	7	2	11	4	20	10
Total(b)	100	100	100	100	100	100	100	100	100	100
2004–05										
Excellent	23	31	12	24	10	22	7	19	5	13
Very good	36	39	37	40	28	40	18	36	14	28
Good	32	24	36	28	38	27	38	29	32	30
Fair	8	6	12	7	18	9	24	11	31	19
Poor	*1	1	3	2	6	2	12	5	19	9
Total(b)	100	100	100	100	100	100	100	100	100	100

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

(a) Information for some persons aged 15–17 years was provided by a parent or guardian.

(b) Includes persons who did not report their health status.

(c) Data from the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) and the 2002 General Social Survey (GSS).

Type of condition	2001			2004–05		
	Remote	Non-remote	Total Indigenous	Remote	Non-remote	Total Indigenous
	%	%	%	%	%	%
Infectious and parasitic diseases	5	*1	2	2	1	1
Neoplasms/cancer	**—	**1	**1	*—	1	1
Diseases of the blood and blood forming organs						
Anaemia	**—	*1	1	1	2	1
Other diseases of the blood and blood forming organs	—	**—	**—	**—	*—	*—
Total(a)	**—	1	1	1	2	2
Endocrine, nutritional and metabolic diseases						
Diabetes/high sugar levels	7	4	5	9	5	6
High cholesterol	2	3	3	3	3	3
Other endocrine nutritional and metabolic diseases	*—	*—	*—	1	2	2
Total(a)	9	7	7	12	8	9
Diseases of the nervous system						
Epilepsy	*1	*1	*1	*—	1	1
Migraine	4	7	6	3	7	6
Other diseases of the nervous system	3	*1	2	*1	1	1
Total(a)	8	8	8	4	9	8
Diseases of the eye and adnexa						
Cataract	2	2	2	1	1	1
Short sighted/myopia	6	13	11	7	12	10
Long sighted/hyperopia	9	14	13	16	16	16
Blindness (complete/partial)	3	3	3	3	3	3
Other diseases of the eye and adnexa	*4	8	7	3	7	6
Total(a)	20	33	29	25	32	30
Diseases of the ear and mastoid						
Deafness (complete/partial)	10	10	10	9	9	9
Otitis media	5	*1	2	4	2	2
Other diseases of the ear and mastoid	3	3	3	2	2	2
Total(a)	16	14	15	13	12	12
Diseases of the circulatory system						
Hypertensive disease	8	6	7	10	6	7
Other diseases of the heart and circulatory system	6	6	6	7	7	7
Total(a)	12	10	11	14	11	12
Diseases of the respiratory system						
Bronchitis	2	5	4	1	4	3
Asthma	11	19	16	9	17	15
Chronic sinusitis	*2	9	7	2	9	7
Other diseases of the respiratory system	9	14	12	8	14	12
Total(a)	21	33	29	17	30	27
Diseases of the digestive system	*2	5	4	2	5	4
Diseases of the skin and subcutaneous tissue	3	2	2	3	3	3

* estimate has a relative standard error of 25% to 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

(a) Sum of components may be more than total as persons may have reported more than one type of condition.

8

INDIGENOUS PERSONS: WHETHER HAD LONG TERM MEDICAL CONDITIONS, by selected type and number of conditions, by remoteness, Australia—2001 and 2004–05 *continued*

Type of condition	2001			2004–05		
	Remote	Non-remote	Total Indigenous	Remote	Non-remote	Total Indigenous
	%	%	%	%	%	%
Diseases of the musculoskeletal system and connective tissue						
Arthritis	4	9	8	6	10	9
Back pain/problems nec, disc disorders	12	17	15	12	13	13
Osteoporosis	np	*—	*—	*—	1	1
Other diseases of the musculoskeletal system and connective tissue	4	6	6	5	6	5
Total(a)	17	26	23	19	23	22
Diseases of the genito-urinary system						
Kidney disease	2	*1	1	3	1	2
Other diseases of the genito-urinary system	*2	2	2	1	2	1
Total(a)	4	3	3	4	3	3
Congenital malformations deformations & chromosomal abnormalities						
	*1	*1	1	1	1	1
Symptoms, signs and conditions not elsewhere classified						
Injuries	*2	*3	*3	2	3	3
Other symptoms, signs and conditions not elsewhere classified	3	9	7	4	8	7
Total(a)	5	11	9	6	11	10
Total persons who reported a long term condition(a)						
	58	70	67	57	68	65
Number of conditions						
One	24	22	23	21	21	21
Two	14	16	16	13	15	14
Three or more	20	31	28	22	32	29
Total persons with one or more long term conditions	58	70	67	57	68	65
Reported a condition						
As a result of an injury or accident	6	13	11	10	11	11
Not as a result of an injury or accident(b)	52	57	56	47	56	54
Total persons who did not report a long term condition						
	42	30	33	43	32	35
Total persons						
	100	100	100	100	100	100
Total persons who reported a long term condition ('000)						
	71	224	295	71	235	307

* estimate has a relative standard error of 25% to 50% and should be used with caution
 — nil or rounded to zero (including null cells)
 np not available for publication but included in totals where applicable, unless otherwise indicated

(a) Sum of components may be more than total as persons may have reported more than one type of condition.
 (b) Includes 'whether a result of an injury' not known.

PERSONS: WHETHER HAD LONG TERM MEDICAL CONDITIONS, by selected type and number of conditions, by Indigenous status and age, Australia—2004–05

Type of condition	0–14 YEARS		15–24 YEARS		25–34 YEARS	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
	%	%	%	%	%	%
Infectious and parasitic diseases	1	*—	*1	1	*1	1
Neoplasms/cancer	np	*—	**—	*—	*1	*1
Diseases of the blood and blood forming organs	*1	—	1	1	2	2
Endocrine nutritional and metabolic diseases						
Diabetes/high sugar levels	**—	*—	*1	*1	4	1
High cholesterol	np	np	**—	*—	*2	1
Other endocrine nutritional and metabolic diseases	*—	*—	*1	*1	2	2
Total(a)	*—	*1	2	2	8	4
Diseases of the nervous system						
Epilepsy	*1	*—	*2	*1	*1	*1
Migraine	1	1	7	6	9	10
Other diseases of the nervous system	*—	1	*1	*—	*1	1
Total(a)	2	2	9	7	11	11
Diseases of the eye and adnexa						
Cataract	np	**—	np	np	*—	np
Short sighted/myopia	2	4	9	18	12	23
Long sighted/hyperopia	4	4	10	9	9	9
Blindness (complete/partial)	*1	1	2	2	4	3
Other diseases of the eye and adnexa	3	3	4	7	*7	9
Total(a)	8	10	21	30	28	36
Diseases of the ear and mastoid						
Deafness (complete/partial)	5	1	5	3	10	5
Otitis media	4	2	*1	*—	*1	*—
Other diseases of the ear and mastoid	*1	—	*1	*1	*2	2
Total(a)	10	3	8	4	12	7
Diseases of the heart and circulatory system						
Hypertensive disease	*—	**—	*1	*—	5	2
Other diseases of the heart and circulatory system	1	1	3	3	7	6
Total(a)	2	1	3	3	11	8
Diseases of the respiratory system						
Bronchitis	2	1	*2	2	*4	2
Asthma	14	11	15	13	16	11
Chronic sinusitis	2	3	7	7	10	11
Other diseases of the respiratory system	6	9	15	20	17	22
Total(a)	19	19	28	30	31	33
Diseases of the digestive system	1	1	1	2	6	5
Diseases of the skin and subcutaneous tissue	3	3	*2	3	*3	4
Diseases of the musculoskeletal system and connective tissue						
Arthritis	*—	*—	2	1	8	4
Back pain/problems nec, disc disorders	*1	1	10	10	22	17
Osteoporosis	np	np	**—	**—	**—	*1
Other diseases of the musculoskeletal system and connective tissue	1	1	3	4	9	5
Total(a)	2	2	14	14	32	23

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** 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)

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

(a) Sum of components may be more than total as persons may have reported more than one type of condition.

9

PERSONS: WHETHER HAD LONG TERM MEDICAL CONDITIONS, by selected type and number of conditions, by Indigenous status and age, Australia—2004–05 *continued*

Type of condition	0–14 YEARS		15–24 YEARS		25–34 YEARS	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
	%	%	%	%	%	%
Diseases of the genito-urinary system						
Kidney disease	*—	*—	*2	—	*2	**—
Other diseases of the genito-urinary system	*1	1	*1	*1	*1	1
Total(a)	1	1	3	1	3	1
Congenital malformations deformations & chromosomal abnormalities	2	1	*1	1	*1	1
Symptoms, signs and conditions not elsewhere classified						
Injuries	*1	—	3	2	5	4
Other symptoms, signs and conditions not elsewhere classified	7	8	5	6	7	7
Total(a)	8	8	8	8	11	11
Total persons who reported a long term condition (a)	44	41	59	66	77	77
Number of conditions						
One	26	24	22	29	23	29
Two	9	9	16	18	20	19
Three or more	9	8	21	19	34	29
Total persons with one or more long term conditions	44	41	59	66	77	77
Reported a condition						
As a result of an injury or accident	1	1	9	6	19	12
Not as a result of an injury or accident(b)	43	40	51	60	57	66
Total persons who did not report a long term condition	56	59	41	34	23	23
Total persons	100	100	100	100	100	100
Total persons who reported a long term condition ('000)	79	1 551	54	1 738	53	2 130

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** 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) Sum of components may be more than total as persons may have reported more than one type of condition.

(b) Includes 'whether a result of an injury' not known.

Type of condition	35–44 YEARS		45–54 YEARS		55 YEARS AND OVER	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
	%	%	%	%	%	%
Infectious and parasitic diseases	*1	1	*2	1	*1	1
Neoplasms/cancer	*1	1	*2	3	*2	5
Diseases of the blood and blood forming organs	*3	3	*3	2	*1	2
Endocrine nutritional and metabolic diseases						
Diabetes/high sugar levels	10	2	21	4	32	12
High cholesterol	4	4	12	9	18	20
Other endocrine nutritional and metabolic diseases	3	3	3	4	*7	6
Total(a)	15	8	28	15	45	32
Diseases of the nervous system						
Epilepsy	*1	1	*1	1	**—	1
Migraine	12	10	12	10	5	5
Other diseases of the nervous system	*1	1	*2	1	*4	2
Total(a)	13	12	14	12	9	7
Diseases of the eye and adnexa						
Cataract	*1	*—	*2	*1	11	7
Short sighted/myopia	18	21	22	30	28	36
Long sighted/hyperopia	21	15	58	52	60	62
Blindness (complete/partial)	5	3	5	3	8	5
Other diseases of the eye and adnexa	7	12	13	19	20	26
Total(a)	44	42	83	86	91	96
Diseases of the ear and mastoid						
Deafness (complete/partial)	11	8	17	11	25	26
Otitis media	*—	*1	**—	*—	**—	*—
Other diseases of the ear and mastoid	4	2	*3	3	*3	5
Total(a)	15	11	20	14	27	30
Diseases of the heart and circulatory system						
Hypertensive disease	12	4	22	14	42	33
Other diseases of the heart and circulatory system	12	8	16	11	28	26
Total(a)	21	12	31	22	54	48
Diseases of the respiratory system						
Bronchitis	5	2	7	3	6	4
Asthma	12	9	19	9	19	9
Chronic sinusitis	14	11	12	12	12	11
Other diseases of the respiratory system	15	21	18	20	16	16
Total(a)	32	33	35	32	38	30
Diseases of the digestive system	9	6	10	9	10	15
Diseases of the skin and subcutaneous tissue	*4	4	*4	4	*5	4
Diseases of the musculoskeletal system and connective tissue						
Arthritis	16	10	29	20	44	44
Back pain/problems nec, disc disorders	30	22	28	23	24	24
Osteoporosis	*1	1	3	2	6	11
Other diseases of the musculoskeletal system and connective tissue	9	8	14	10	14	15
Total(a)	42	33	49	41	57	63

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** 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) Sum of components may be more than total as persons may have reported more than one type of condition.

9

PERSONS: WHETHER HAD LONG TERM MEDICAL CONDITIONS, by selected type and number of conditions, by Indigenous status and age, Australia—2004–05 *continued*

Type of condition	35–44 YEARS		45–54 YEARS		55 YEARS AND OVER	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
	%	%	%	%	%	%
Diseases of the genito-urinary system						
Kidney disease	2	*—	4	**—	7	*—
Other diseases of the genito-urinary system	*2	3	3	4	5	7
Total(a)	*3	3	8	4	11	7
Congenital malformations deformations & chromosomal abnormalities						
	*1	1	*1	1	**—	1
Symptoms, signs and conditions not elsewhere classified						
Injuries	5	4	5	4	*4	4
Other symptoms, signs and conditions not elsewhere classified	6	8	9	8	10	10
Total(a)	11	11	13	12	14	13
Total persons who reported a long term condition (a)						
	84	81	95	95	97	99
Number of conditions						
One	19	24	12	18	5	7
Two	18	20	18	21	13	12
Three or more	46	37	65	56	79	80
Total persons with one or more long term conditions	84	81	95	95	97	99
Reported a condition						
As a result of an injury or accident	24	15	24	17	16	15
Not as a result of an injury or accident(b)	60	67	71	78	81	84
Total persons who did not report a long term condition						
	16	19	5	5	3	1
Total persons						
	100	100	100	100	100	100
Total persons who reported a long term condition ('000)						
	50	2 355	37	2 570	32	4 507

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** 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) Sum of components may be more than total as persons may have reported more than one type of condition.

(b) Includes 'whether a result of an injury' not known.

Types of stressors experienced by self, family or friends	TYPE OF CONDITION						
	Arthritis	Asthma	Back pain/problems nec, disc disorders	Diabetes/high sugar levels	Ear/hearing problems/diseases	Eyes/sight problems	Heart and circulatory problems/diseases
	%	%	%	%	%	%	%
Serious illness or disability	32	36	38	32	33	31	34
Other stressors							
Serious accident	8	12	12	10	12	9	10
Death of family member or close friend	47	44	50	48	42	44	45
Member of family sent to jail/currently in jail	18	24	22	22	25	19	21
Overcrowding at home	15	17	19	21	20	15	17
Divorce or separation	10	11	13	9	14	11	12
Not able to get a job	14	21	21	15	19	17	18
Involuntary loss of job	7	10	11	*6	10	7	8
Alcohol and drug problems	26	29	30	26	32	24	29
Witness to violence	13	18	18	15	16	14	17
Abuse or violent crime	12	14	15	10	13	11	12
Trouble with the police	17	17	21	18	20	16	18
Gambling problem	12	15	16	14	15	13	15
Discrimination/racism	10	14	16	12	16	12	13
Total (a)	74	74	77	75	75	71	74
Total experienced stressors(a)	80	81	83	82	80	79	81
No stressors reported	19	19	16	18	19	21	18
Total (b)	100	100	100	100	100	100	100

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

(a) Sum of components may be more than total as persons may have reported more than one type of stressor.
 (b) Includes 'types of stressors experienced' not known.

INDIGENOUS PERSONS AGED 18 YEARS AND OVER: TYPES OF PERSONAL STRESSORS IN
LAST 12 MONTHS, by selected long term medical conditions, Australia—2004–05

10

continued

TYPE OF CONDITION *continued*

Types of stressors experienced by self, family or friends	TYPE OF CONDITION <i>continued</i>			
	Kidney disease	Neoplasms/cancer	Osteoporosis	No long term condition
	%	%	%	%
.....				
Serious illness or disability	45	51	32	19
Other stressors				
Serious accident	*10	*6	*10	7
Death of family member or close friend	51	42	43	38
Member of family sent to jail/currently in jail	29	*13	*8	17
Overcrowding at home	22	*17	*15	17
Divorce or separation	*14	*11	*18	7
Not able to get a job	19	*15	*20	13
Involuntary loss of job	*8	*11	*5	3
Alcohol and drug problems	34	*32	37	19
Witness to violence	18	*10	*14	13
Abuse or violent crime	19	*13	*14	7
Trouble with the police	23	*24	*15	14
Gambling problem	*13	*14	*4	12
Discrimination/racism	15	*17	*11	6
Total(a)	81	73	74	65
Total experienced stressors(a)	87	88	79	68
No stressors reported	*13	*12	*20	31
Total(b)	100	100	100	100
.....				

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

(a) Sum of components may be more than total as persons may have reported more than one type of stressor.

(b) Includes 'types of stressors experienced' not known.

Type of feeling(a)(b)			Total
	Remote	Non-remote	Indigenous
	%	%	%
Calm and peaceful			
All of the time/most of the time	60	55	56
Some of the time	25	26	26
A little of the time	8	13	12
None of the time	4	5	5
Total(c)	100	100	100
Happy			
All of the time/most of the time	75	70	71
Some of the time	17	19	19
A little of the time	5	7	7
None of the time	1	2	2
Total(c)	100	100	100
Full of life			
All of the time/most of the time	62	52	55
Some of the time	23	28	27
A little of the time	8	12	11
None of the time	4	7	6
Total(c)	100	100	100
Lot of energy			
All of the time/most of the time	56	44	47
Some of the time	28	31	30
A little of the time	10	16	14
None of the time	4	8	7
Total(c)	100	100	100

- (a) Responses to questions from the SF-36. See Glossary.
- (b) Relates to the four week period prior to interview.
- (c) Includes not known and not stated responses and refusals.

INDIGENOUS			
	Remote	Non-remote	Total Indigenous
Type of feeling (a)(b)	%	%	%
Nervous			
All of the time/most of the time	6	10	9
Some of the time	22	19	20
A little of the time	18	28	25
None of the time	52	42	44
Total(c)	100	100	100
Without hope			
All of the time/most of the time	6	8	7
Some of the time	15	12	13
A little of the time	15	16	16
None of the time	60	64	62
Total(c)	100	100	100
Restless or jumpy			
All of the time/most of the time	8	14	12
Some of the time	20	20	20
A little of the time	17	27	24
None of the time	52	38	42
Total(c)	100	100	100
That everything was an effort			
All of the time/most of the time	13	18	17
Some of the time	22	20	21
A little of the time	17	25	23
None of the time	44	36	38
Total(c)	100	100	100
So sad that nothing could cheer you up			
All of the time/most of the time	8	7	7
Some of the time	18	12	13
A little of the time	14	17	16
None of the time	59	64	62
Total(c)	100	100	100

(a) Questions from the Kessler Psychological Distress Scale. See Glossary.

(b) Relates to 4 week period prior to interview.

(c) Includes not known and not stated responses and refusals.

Type of condition	MALES		FEMALES	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
	%	%	%	%
.....				
Infectious and parasitic diseases	*1	1	1	1
Neoplasms/cancer	1	2	1	2
Diseases of the blood and blood forming organs				
Anaemia	*1	—	2	2
Other diseases of the blood and blood forming organs	**—	—	*—	—
Total(a)	*1	1	3	3
Endocrine, nutritional and metabolic diseases				
Diabetes/high sugar levels	12	4	13	3
High cholesterol	6	7	7	6
Other endocrine nutritional and metabolic diseases	*1	1	5	5
Total(a)	16	11	20	12
Diseases of the nervous system				
Epilepsy	1	1	1	1
Migraine	4	4	10	9
Other diseases of the nervous system	1	1	*2	1
Total(a)	6	5	12	11
Diseases of the eye and adnexa				
Cataract	2	1	3	2
Short sighted/myopia	12	19	18	24
Long sighted/ hyperopia	24	24	31	29
Blindness (complete/partial)	5	3	4	3
Other diseases of the eye and adnexa	9	14	9	13
Total(a)	41	48	52	54
Diseases of the ear and mastoid				
Deafness (complete/partial)(b)	np	np	np	np
Otitis media	1	1	2	1
Other diseases of the ear and mastoid	3	3	2	2
Total(a)(b)	np	np	np	np
Diseases of the circulatory system				
Hypertensive disease	14	10	16	10
Other diseases of the heart and circulatory system	9	8	15	12
Total(a)	18	16	25	19
Diseases of the respiratory system				
Bronchitis	3	2	5	3
Asthma	12	9	20	11
Chronic sinusitis	7	8	11	11
Other diseases of the respiratory system	13	16	15	18
Total(a)	25	27	35	31
Diseases of the digestive system	6	7	6	6
Diseases of the skin and subcutaneous tissue	3	4	4	4
Diseases of the musculoskeletal system and connective tissue				
Arthritis	16	13	19	17
Back pain/problems nec, disc disorders	19	16	18	16
Osteoporosis	*2	1	2	5
Other diseases of the musculoskeletal system and connective tissue	9	8	7	7
Total(a)	32	29	33	31
Diseases of the genito-urinary system				
Kidney disease	3	*—	3	—
Other diseases of the genito-urinary system	1	2	3	4
Total(a)	5	2	5	4

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** 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)

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

(a) Sum of components may be more than total as persons may have reported more than one type of condition.

(b) Statistical testing indicates that this data item is not suitable for age standardisation. See Technical Note for further details.

continued

<i>Type of condition</i>	MALES		FEMALES	
	<i>Indigenous</i>	<i>Non-Indigenous</i>	<i>Indigenous</i>	<i>Non-Indigenous</i>
	%	%	%	%
Congenital malformations deformations & chromosomal abnormalities	1	1	1	1
Symptoms, signs and conditions not elsewhere classified				
Injuries	4	3	3	3
Other symptoms, signs and conditions not elsewhere classified	8	7	7	9
Total(a)	12	10	10	11
Total persons who reported a long term condition(a)	74	75	78	77
Number of conditions				
One	19	22	16	20
Two	16	16	15	16
Three or more	38	37	47	42
Total persons with one or more long term conditions	74	75	78	77
Reported a condition				
As a result of an injury or accident	19	13	11	9
Not as a result of an injury or accident(b)	54	62	67	69
Total persons who did not report a long term condition	26	25	22	23
Total persons	100	100	100	100
Total persons who reported a long term condition ('000)	171	7 200	188	7 502

(a) Sum of components may be more than total as persons may have reported more than one type of condition.

(b) Includes 'whether a result of an injury' not known.

continued

Type of condition	PERSONS		RATE RATIO(a)		
	Indigenous	Non-Indigenous	Males	Females	Persons
	%	%	%	%	%
Infectious and parasitic diseases	1	1	1.1	1.8	1.3
Neoplasms/cancer	1	2	0.6	0.7	0.7
Diseases of the blood and blood forming organs					
Anaemia	2	1	1.3	1.0	1.1
Other diseases of the blood and blood forming organs	*—	—	1.0	0.3	0.5
Total(b)	2	2	1.2	1.0	1.1
Endocrine, nutritional and metabolic diseases					
Diabetes/high sugar levels	12	4	2.9	4.1	3.4
High cholesterol	6	7	0.8	1.2	1.0
Other endocrine nutritional and metabolic diseases	3	3	0.8	1.0	1.0
Total(b)	18	11	1.5	1.6	1.6
Diseases of the nervous system					
Epilepsy	1	1	1.7	1.1	1.3
Migraine	7	7	0.9	1.1	1.1
Other diseases of the nervous system	2	1	1.2	1.8	1.5
Total(b)	9	8	1.1	1.2	1.2
Diseases of the eye and adnexa					
Cataract	3	2	1.7	1.6	1.6
Short sighted/myopia	15	22	0.6	0.7	0.7
Long sighted/ hyperopia	28	26	1.0	1.1	1.1
Blindness (complete/partial)	4	3	1.7	1.3	1.5
Other diseases of the eye and adnexa	9	13	0.7	0.7	0.7
Total(b)	47	51	0.9	1.0	0.9
Diseases of the ear and mastoid					
Deafness (complete/partial)(c)	np	np	np	np	np
Otitis media	1	1	2.6	2.5	2.8
Other diseases of the ear and mastoid	2	2	1.0	1.0	1.0
Total(b)(c)	np	np	np	np	np
Diseases of the circulatory system					
Hypertensive disease	15	10	1.4	1.5	1.5
Other diseases of the heart and circulatory system	12	10	1.0	1.3	1.2
Total(b)	22	17	1.2	1.3	1.3
Diseases of the respiratory system					
Bronchitis	4	2	1.4	2.0	1.8
Asthma	16	10	1.4	1.7	1.6
Chronic sinusitis	9	9	0.9	1.0	1.0
Other diseases of the respiratory system	14	17	0.8	0.8	0.8
Total(b)	30	29	0.9	1.1	1.1
Diseases of the digestive system	6	7	0.8	1.0	0.9
Diseases of the skin and subcutaneous tissue	4	4	0.9	1.0	0.9
Diseases of the musculoskeletal system and connective tissue					
Arthritis	17	15	1.3	1.1	1.2
Back pain/problems nec, disc disorders	18	16	1.2	1.1	1.2
Osteoporosis	2	3	1.8	0.5	0.7
Other diseases of the musculoskeletal system and connective tissue	8	7	1.2	1.1	1.1
Total(b)	33	30	1.1	1.1	1.1
Diseases of the genito-urinary system					
Kidney disease	3	—	17.5	8.3	10.0
Other diseases of the genito-urinary system	2	3	0.6	0.8	0.8
Total(b)	5	3	1.9	1.3	1.5

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(a) See Glossary for information on Rate Ratios.

(b) Sum of components may be more than total as persons may have reported more than one type of condition.

(c) Statistical testing indicates that this data item is not suitable for age standardisation. See Technical Note for further details.

continued

<i>Type of condition</i>	PERSONS		RATE RATIO(a)		
	<i>Indigenous</i>	<i>Non-Indigenous</i>	<i>Males</i>	<i>Females</i>	<i>Persons</i>
	%	%	%	%	%
Congenital malformations deformations & chromosomal abnormalities	1	1	1.1	0.9	1.0
Symptoms, signs and conditions not elsewhere classified					
Injuries	4	3	1.3	1.0	1.2
Other symptoms, signs and conditions not elsewhere classified	8	8	1.1	0.8	1.0
Total(b)	11	11	1.2	0.9	1.0
Total persons who reported a long term condition(b)	76	76	1.0	1.0	1.0
Number of conditions					
One	17	21	0.9	0.8	0.8
Two	15	16	1.0	0.9	1.0
Three or more	43	39	1.0	1.1	1.1
Total persons with one or more long term conditions	76	76	1.0	1.0	1.0
Reported a condition					
As a result of an injury or accident	15	11	1.5	1.3	1.4
Not as a result of an injury or accident(c)	61	66	0.9	1.0	0.9
Total persons who did not report a long term condition	24	24	1.1	1.0	1.0
Total persons	100	100	..	..	..
Total persons who reported a long term condition ('000)	359	14 702	..	..	..

.. not applicable

(a) See Glossary for information on Rate Ratios.

(b) Sum of components may be more than total as persons may have reported more than one type of condition.

(c) Includes 'whether a result of an injury' not known.

	0–14 YEARS		15–24 YEARS		25–34 YEARS	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
	%	%	%	%	%	%
Admitted to hospital(a)	12	9	16	12	19	18
Visited casualty/outpatients	3	2	5	2	6	2
Consulted GP/specialist	16	15	15	17	19	20
Consulted dentist(b)	5	7	3	6	3	4
Consulted other health professional(c)						
Aboriginal health worker	4	np	4	—	6	np
Nurse	5	2	3	*—	6	1
Chemist	2	3	3	3	7	5
Social worker/welfare officer	1	*—	*2	*—	*2	*1
Traditional healer	*—	*—	*—	np	*1	*—
Other	3	4	4	7	8	10
Total(d)	13	9	13	11	23	15
Days away from work/study(e)	21	15	12	12	13	10
Other days of reduced activity(f)	8	8	11	8	15	10
Total who took at least one of the listed actions(d)	42	38	44	43	53	48
Total who took no action	58	62	56	57	47	52
Total	100	100	100	100	100	100

* estimate is subject to sampling variability too high for most practical purposes
 — nil or rounded to zero (including null cells)
 np not available for publication but included in totals where applicable, unless otherwise indicated
 (a) Hospital admissions relate to the 12 months prior to interview. All other health related actions relate to the two weeks prior to interview.

(b) Persons aged 2 years and over.
 (c) For information on other health professionals see Glossary.
 (d) Sum of components may be more than total as persons may have reported more than one type of other health professional or action.
 (e) Persons aged 5–64 years.
 (f) Persons aged 5 years and over.

	35–44 YEARS		45–54 YEARS		55 YEARS AND OVER	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
	%	%	%	%	%	%
Admitted to hospital(a)	18	13	19	14	31	21
Visited casualty/outpatients	4	2	7	2	9	4
Consulted GP/specialist	24	20	28	23	43	37
Consulted dentist(b)	3	5	*4	6	*4	6
Consulted other health professional(c)						
Aboriginal health worker	6	np	8	—	10	—
Nurse	6	1	6	1	8	2
Chemist	6	4	5	4	4	4
Social worker/welfare officer	*2	*—	*2	*—	*1	*—
Traditional healer	*1	*—	*1	*—	*1	*—
Other	7	9	8	11	8	12
Total(d)	22	14	23	14	25	17
Days away from work/study(e)	12	8	11	7	*4	4
Other days of reduced activity(f)	16	10	18	11	21	15
Total who took at least one of the listed actions(d)	51	44	57	47	70	60
Total who took no action	49	56	43	53	30	40
Total	100	100	100	100	100	100

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 (a) Hospital admissions relate to the 12 months prior to interview. All other health related actions relate to the two weeks prior to interview.

(b) Persons aged 2 years and over.
 (c) For information on other health professionals see Glossary.
 (d) Sum of components may be more than total as persons may have reported more than one type of other health professional or action.
 (e) Persons aged 5–64 years.
 (f) Persons aged 5 years and over.

	15-24			25-34			35-44		
	Remote	Non-remote	Total Indigenous	Remote	Non-remote	Total Indigenous	Remote	Non-remote	Total Indigenous
<i>Oral health actions</i>	%	%	%	%	%	%	%	%	%
.....									
Last person saw about teeth									
Dentist	72	89	85	71	89	84	73	89	84
Doctor/GP	np	*2	*1	**1	4	3	*1	*2	*2
Other	np	4	4	*2	*2	*2	*1	*1	*1
Total	75	95	90	74	95	89	75	92	87
Total never visited health professional about teeth									
	24	5	9	26	5	11	24	*8	13
Number of natural teeth lost									
No teeth lost	78	80	80	55	48	50	31	26	27
1–4	21	18	18	40	41	40	49	48	48
5–9	np	*1	*1	*4	7	6	*14	17	16
10–14	—	—	—	**1	**1	*1	**3	*2	*2
15 or more	np	**1	**1	np	*2	1	*2	5	4
Dentures									
Wears dentures	**—	*1	*1	*2	2	2	*2	10	8
Requires dentures	**1	**—	*1	5	4	4	11	9	10
Doesn't require dentures	20	18	19	38	45	43	54	55	55
No teeth lost	78	80	80	55	48	50	31	26	27
Total (a)	100	100	100	100	100	100	100	100	100

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(a) Includes not known responses.

	45-54			55+			TOTAL		
	Remote	Non-remote	Total Indigenous	Remote	Non-remote	Total Indigenous	Remote	Non-remote	Total Indigenous
<i>Oral health actions</i>	%	%	%	%	%	%	%	%	%
.....									
Last person saw about teeth									
Dentist	79	91	88	72	86	82	73	89	85
Doctor/GP	*2	**2	*2	**3	*3	*3	*1	2	2
Other	**1	*2	*2	*3	*3	*3	*2	3	2
Total	81	96	92	78	93	89	76	94	89
Total never visited health professional about teeth									
	19	*4	8	22	7	11	24	6	11
Number of natural teeth lost									
No teeth lost	24	14	17	16	*5	8	47	45	45
1–4	43	35	37	27	19	22	36	31	33
5–9	19	21	21	16	13	14	9	10	9
10–14	*6	8	7	11	9	10	3	3	3
15 or more	7	18	15	23	43	37	4	9	8
Dentures									
Wears dentures	14	26	23	19	55	45	5	12	10
Requires dentures	14	12	12	19	10	13	8	6	6
Doesn't require dentures	48	49	48	45	30	34	39	37	38
No teeth lost	24	14	17	16	*5	8	47	45	45
Total (a)	100	100	100	100	100	100	100	100	100

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(a) Includes not known responses.

2001						
Consulted GP/specialist and dentist	Indigenous			Non-Indigenous		Rate
	Remote	Non-Remote	Total	Total		Ratio(a)
	%	%	%	% %		%
Consulted GP/specialist						
Visited in previous 2 weeks	24	27	27	25		1.1
2 weeks to less than 3 months	19	29	26	29		0.9
3 months to less than 6 months	10	15	13	16		0.8
6 months to less than 12 months	10	12	12	14		0.8
12 months or more	27	16	19	16		1.2
Never	7	*—	2	—		6.5
Total(b)	100	100	100	100		. .
Consulted dentist(c)						
Less than 6 months	24	21	22	30		0.7
6 months to less than 2 years	22	28	26	34		0.8
2 years or more	35	45	43	31		1.4
Never(d)	np	np	np	np		np
Total(b)	100	100	100	100		. .

2004–05						
Consulted GP/specialist and dentist	Indigenous			Non-Indigenous		Rate
	Remote	Non-Remote	Total	Total		Ratio(a)
	%	%	%	% %		%
Consulted GP/specialist						
Visited in previous 2 weeks	23	26	25	23		1.1
2 weeks to less than 3 months	25	26	26	28		0.9
3 months to less than 6 months	12	15	14	17		0.8
6 months to less than 12 months	12	14	14	16		0.9
12 months or more	24	18	19	16		1.2
Never	3	1	1	—		—
Total(b)	100	100	100	100		. .
Consulted dentist(c)						
Less than 6 months	18	21	20	29		0.7
6 months to less than 2 years	24	31	29	37		0.8
2 years or more	32	37	36	29		1.2
Never(d)	np	np	np	np		np
Total(b)	100	100	100	100		. .

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. . not applicable

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(a) See Glossary for information on Rate Ratios.

(b) Includes 'time since last consultation' not known.

(c) Persons aged 2 years and over.

(d) Statistical testing indicates that this data item is not suitable for age standardisation. See Technical Note for further details.

	Remote	Non-remote	Total
	%	%	%
.....			
MALES			
Smoker status			
Current smoker			
Daily	58	49	51
Other	3	*2	2
Exsmoker	16	22	20
Never smoked	23	28	26
Total(a)	100	100	100
Alcohol risk(b)(c)			
Low risk	26	43	38
Risky	7	9	8
High risk	9	12	11
Last consumed alcohol			
1 week to less than 12 months ago	27	23	24
12 months or more ago	20	10	13
Never consumed alcohol	8	3	5
Total(d)	100	100	100
.....			
FEMALES			
Smoker status			
Current smoker			
Daily	47	50	49
Other	3	*2	*2
Exsmoker	16	20	19
Never smoked	34	28	30
Total(a)	100	100	100
Alcohol risk(b)(c)			
Low risk	17	30	27
Risky	7	9	8
High risk	7	5	6
Last consumed alcohol			
1 week to less than 12 months ago	21	31	28
12 months or more ago	19	15	16
Never consumed alcohol	28	9	14
Total(d)	100	100	100
.....			
PERSONS			
Smoker status			
Current smoker			
Daily	52	49	50
Other	3	2	2
Exsmoker	16	21	20
Never smoked	29	28	28
Total(a)	100	100	100
Alcohol risk(b)(c)			
Low risk	21	36	32
Risky	7	9	8
High risk	8	9	8
Last consumed alcohol			
1 week to less than 12 months ago	24	27	26
12 months or more ago	19	12	14
Never consumed alcohol	18	6	10
Total(d)	100	100	100

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(a) Includes 'smoker status' not known.

(b) Risk level based on Australian Alcohol Guidelines, October 2001. See Glossary.

(c) Risk level based on consumption in week prior to interview.

(d) Includes 'time since last consumed alcohol' and alcohol risk level not known.

Smoker status	18-24 YEARS		25-34 YEARS		35-44 YEARS		45-54 YEARS		55 YEARS AND OVER	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
	%	%	%	%	%	%	%	%	%	%
MALES										
Current smoker										
Daily	50	29	56	29	57	29	50	25	35	14
Other	*3	4	*1	3	*2	2	*2	2	**1	*1
Ex-smoker	13	13	15	24	15	28	30	37	43	55
Never smoked	34	54	28	43	25	41	19	36	21	30
Total(a)	100	100	100	100	100	100	100	100	100	100
FEMALES										
Current smoker										
Daily	51	23	54	23	54	23	51	20	26	9
Other	*1	*2	*1	3	*5	2	**1	*1	*1	1
Ex-smoker	12	14	18	24	19	25	19	29	33	29
Never smoked	36	62	27	50	22	50	29	50	40	62
Total(a)	100	100	100	100	100	100	100	100	100	100
PERSONS										
Current smoker										
Daily	50	26	55	26	55	26	50	22	30	12
Other	*2	3	1	3	*4	2	*1	2	*1	1
Ex-smoker	12	13	16	24	17	27	24	33	37	41
Never smoked	35	58	28	47	24	45	24	43	32	46
Total(a)	100	100	100	100	100	100	100	100	100	100

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(a) Includes 'smoker status' not known.

Alcohol risk level and consumption	18–24 YEARS		25–34 YEARS		35–44 YEARS	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
	%	%	%	%	%	%
MALES						
Alcohol risk(a)(b)						
Low risk	38	50	45	56	38	59
Risky	12	7	8	8	8	7
High risk	8	9	10	8	17	9
Last consumed alcohol						
1 week to less than 12 months ago	30	24	25	19	23	17
12 months or more ago	*5	3	7	4	11	4
Never consumed alcohol	*6	7	*4	5	*3	4
Total(c)	100	100	100	100	100	100
FEMALES						
Alcohol risk(a)(b)						
Low risk	29	44	28	45	30	45
Risky	*7	9	*8	7	10	10
High risk	*7	3	7	3	5	3
Last consumed alcohol						
1 week to less than 12 months ago	36	30	31	28	24	26
12 months or more ago	8	5	15	6	15	6
Never consumed alcohol	12	8	9	9	14	10
Total(c)	100	100	100	100	100	100
PERSONS						
Alcohol risk(a)(b)						
Low risk	33	47	36	51	34	52
Risky	9	8	8	7	9	8
High risk	7	6	9	6	10	6
Last consumed alcohol						
1 week to less than 12 months ago	33	27	28	24	24	21
12 months or more ago	7	4	12	5	13	5
Never consumed alcohol	9	8	7	7	9	7
Total(c)	100	100	100	100	100	100

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

(b) Risk level based on consumption in week prior to interview.

(c) Includes 'time since last consumed alcohol' not known and alcohol risk level not known.

(a) Risk level based on Australian Alcohol Guidelines, October 2001. See Glossary.

Alcohol risk level and consumption	45–54 YEARS		55 YEARS AND OVER	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
	%	%	%	%
MALES				
Alcohol risk(a)(b)				
Low risk	35	55	28	55
Risky	**7	9	*5	7
High risk	16	9	*5	6
Last consumed alcohol				
1 week to less than 12 months ago	17	16	23	16
12 months or more ago	19	5	32	9
Never consumed alcohol	*4	5	5	6
Total(c)	100	100	100	100
FEMALES				
Alcohol risk(a)(b)				
Low risk	27	45	14	39
Risky	7	10	*7	7
High risk	*4	3	*4	3
Last consumed alcohol				
1 week to less than 12 months ago	23	21	19	20
12 months or more ago	20	7	25	11
Never consumed alcohol	17	12	28	19
Total(c)	100	100	100	100
PERSONS				
Alcohol risk(a)(b)				
Low risk	31	50	21	47
Risky	*7	10	*6	7
High risk	10	6	4	5
Last consumed alcohol				
1 week to less than 12 months ago	20	18	21	18
12 months or more ago	20	6	28	10
Never consumed alcohol	11	8	17	12
Total(c)	100	100	100	100

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(a) Risk level based on Australian Alcohol Guidelines, October 2001. See Glossary.

(b) Risk level based on consumption in week prior to interview.

(c) Includes 'time since last consumed alcohol' not known and alcohol risk level not known.

Substance use	2002(a)			2004-05		
	Males	Females	Persons	Males	Females	Persons
	%	%	%	%	%	%
Used substances						
Used substances in last 12 months						
Analgesics and sedatives for non-medical use(b)	5	7	6	4	8	6
Amphetamines or speed	5	5	5	10	5	7
Marijuana, hashish or cannabis resin	25	16	20	29	17	23
Kava	*1	*1	*1	*2	**—	*1
Total used substances in last 12 months(c)(d)	29	22	25	32	24	28
Used substances but not in last 12 months						
Total(e)	19	18	19	22	21	22
Never used substances	51	59	55	42	53	48
Not stated(f)	**1	*—	*—	*2	*2	2
Total(g)	100	100	100	100	100	100
Substance use form status						
Form accepted	93	92	93	78	83	80
Form non-response(h)	7	8	7	9	7	8
Form status not known(i)	..	..	..	13	10	12
Total	100	100	100	100	100	100

* estimate has a relative standard error of 25% to 50% and should be used with caution
 ** estimate has a relative standard error greater than 50% and is considered too unreliable for general use
 .. not applicable
 — nil or rounded to zero (including null cells)
 (a) Data from the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS).
 (b) Includes pain killers, tranquilisers and sleeping pills.
 (c) Includes heroin, cocaine, petrol, LSD/synthetic hallucinogens, naturally occurring hallucinogens, ecstasy/designer drugs, and other inhalants. Includes methadone in 2004–05.
 (d) Sum of components may be more than total as persons may have reported more than one type of substance used in last 12 months.
 (e) Includes 'whether used substances in last 12 months' not known.
 (f) Includes 'whether ever used substances' not known.
 (g) People who accepted the substance use form.
 (h) Includes refusals.
 (i) See Explanatory Notes regarding this category.

Body Mass Index	15–24 YEARS		25–34 YEARS		35–44 YEARS	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
	%	%	%	%	%	%
MALES						
Underweight	7	5	*3	**1	*1	*1
Normal range(a)						
18.5 to less than 20	7	9	*2	3	*2	2
20.0 to less than 25	33	48	32	36	27	26
Overweight	19	22	34	41	28	44
Obese	12	5	22	17	33	21
Not known	22	10	7	4	9	6
Total	100	100	100	100	100	100
FEMALES						
Underweight	10	11	*4	4	*5	3
Normal range(a)						
18.5 to less than 20	8	14	4	9	*2	7
20.0 to less than 25	33	42	27	43	22	42
Overweight	14	14	18	22	20	24
Obese	12	6	28	13	30	15
Not known	24	12	18	9	21	9
Total	100	100	100	100	100	100
PERSONS						
Underweight	8	8	3	3	*3	2
Normal range(a)						
18.5 to less than 20	8	12	3	6	2	4
20.0 to less than 25	33	45	29	39	24	34
Overweight	17	18	26	31	24	34
Obese	12	6	25	15	31	18
Not known	23	11	13	6	15	8
Total	100	100	100	100	100	100

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

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

(a) Normal range is split into two categories to enable reporting against both World Health Organisation (WHO) and National Health and Medical Research Council (NHMRC) guidelines. See Glossary for more information.

Body Mass Index	45–54 YEARS		55 YEARS AND OVER	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
	%	%	%	%
MALES				
Underweight	*3	**—	*1	1
Normal range(a)				
18.5 to less than 20	**1	2	*3	2
20.0 to less than 25	23	26	18	31
Overweight	34	43	33	43
Obese	29	23	30	18
Not known	9	6	15	5
Total	100	100	100	100
FEMALES				
Underweight	*3	2	*2	3
Normal range(a)				
18.5 to less than 20	*3	5	*3	4
20.0 to less than 25	21	38	16	34
Overweight	22	27	23	29
Obese	34	18	33	18
Not known	17	11	23	12
Total	100	100	100	100
PERSONS				
Underweight	*3	1	*2	2
Normal range(a)				
18.5 to less than 20	*2	3	*3	3
20.0 to less than 25	22	32	17	33
Overweight	28	35	28	36
Obese	32	21	32	18
Not known	13	8	19	9
Total	100	100	100	100

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

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

— nil or rounded to zero (including null cells)

(a) Normal range is split into two categories to enable reporting against both World Health Organisation (WHO) and National Health and Medical Research Council (NHMRC) guidelines. See Glossary for more information.

	Remote	Non-remote	Total Indigenous
<i>Dietary behaviours</i>	%	%	%
Eats vegetables daily	84	98	95
Does not eat vegetables daily	15	2	5
Total(a)	100	100	100
Eats fruit daily	80	88	86
Does not eat fruit daily	20	12	14
Total(a)	100	100	100
Usual type of milk			
Whole	87	76	79
Low/reduced fat	4	14	11
Skim	2	5	5
Soy	*—	1	1
None of the above(b)	*1	*1	*1
Total drinks milk	95	97	96
Does not drink milk	5	3	4
Total(c)	100	100	100
Salt added after cooking			
Never/rarely	16	35	30
Sometimes	30	23	25
Usually	53	43	46
Total(d)	100	100	100

* estimate is subject to sampling variability too high for most practical purposes

— nil or rounded to zero (including null cells)

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

(b) Includes 'evaporated or sweetened condensed milk'.

(c) Includes 'usual type of milk' not known.

(d) Includes 'frequency salt is added after cooking' not known.

	12–14 YEARS		15–24 YEARS		25–34 YEARS	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
	%	%	%	%	%	%
Usual daily intake of vegetables						
Does not eat vegetables	*2	*1	*2	1	*1	1
1 serve or less	20	23	24	27	27	24
2–4 serves	66	67	65	63	63	65
5 serves or more	12	9	8	9	9	11
Total	100	100	100	100	100	100
Usual daily intake of fruit						
Does not eat fruit	*5	5	14	10	13	8
1 serve or less	41	39	46	44	48	45
2–4 serves	51	51	37	43	37	43
5 serves or more	*2	5	*3	4	*2	3
Total	100	100	100	100	100	100
Usual type of milk						
Whole	88	69	81	55	76	49
Low/reduced fat	8	22	11	25	12	28
Skim	**1	4	4	11	6	13
Soy	np	np	**—	3	*2	4
None of the above(a)	np	np	**—	*1	*—	1
Total drinks milk	98	98	97	95	96	96
Does not drink milk	*2	*2	3	5	3	4
Total(b)	100	100	100	100	100	100

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

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

— nil or rounded to zero (including null cells)

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

(a) Includes 'evaporated or sweetened condensed milk'.

(b) Includes 'usual type of milk' not known.

	35–44 YEARS		45–54 YEARS		55 YEARS AND OVER	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
	%	%	%	%	%	%
Usual daily intake of vegetables						
Does not eat vegetables	*1	1	*2	*—	*2	—
1 serve or less	21	20	21	18	16	13
2–4 serves	65	66	66	65	71	67
5 serves or more	13	13	11	16	11	19
Total	100	100	100	100	100	100
Usual daily intake of fruit						
Does not eat fruit	12	8	12	6	*7	3
1 serve or less	53	42	43	38	37	32
2–4 serves	32	46	41	52	53	58
5 serves or more	*2	4	*4	4	*4	6
Total	100	100	100	100	100	100
Usual type of milk						
Whole	73	48	68	37	58	35
Low/reduced fat	17	29	16	38	24	35
Skim	7	13	6	13	11	17
Soy	np	4	**2	5	*2	5
None of the above(a)	np	1	**3	1	**1	1
Total drinks milk	98	95	96	94	95	94
Does not drink milk	*2	5	4	6	*5	6
Total(b)	100	100	100	100	100	100

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

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

— nil or rounded to zero (including null cells)

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

(a) Includes 'evaporated or sweetened condensed milk'.

(b) Includes 'usual type of milk' not known.

PERSONS AGED 0–3 YEARS IN NON-REMOTE AREAS: BREASTFEEDING STATUS, by Indigenous status—2001 and 2004–05

	2001		2004–05	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
	%	%	%	%
Child has been breastfed				
For less than 1 month	*9	9	10	11
For 1 month to less than 6 months	30	26	23	25
For 6 month to less than 12 months	12	19	19	22
For 12 months or more	12	16	11	14
Total(a)	64	71	66	72
Child currently being breastfed	13	16	13	16
Child has never been breastfed	23	12	21	12
Total(b)	100	100	100	100

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

(a) Includes 'length of time child has been breastfed' not known.

(b) Includes 'breastfeeding status' not known.

Immunisation status	2001				2004–05				
	Indigenous			Non-Indigenous	Indigenous			Non-Indigenous	
	Remote	Non-remote	Total	Total	Remote	Non-Remote	Total	Total	
	%	%	%	%	%	%	%	%	
MALES									
Had vaccination for influenza in last 12 months	75	39	46	45	81	49	58	43	
Had vaccination for influenza but not in last 12 months	**5	*14	*12	12	*8	18	15	15	
Never had vaccination for influenza	*19	46	40	42	10	32	26	41	
Total(a)	100	100	100	100	100	100	100	100	
Had vaccination for pneumonia in last 5 years	58	*16	24	13	53	23	31	18	
Had vaccination for pneumonia but not in last 5 years	np	**8	**6	1	—	np	np	1	
Never had vaccination for pneumonia	*34	74	66	84	38	70	61	79	
Total(b)	100	100	100	100	100	100	100	100	
FEMALES									
Had vaccination for influenza in last 12 months	74	51	56	49	80	54	61	49	
Had vaccination for influenza but not in last 12 months	**6	*9	*8	10	*8	17	15	14	
Never had vaccination for influenza	*13	40	34	41	12	28	24	37	
Total(a)	100	100	100	100	100	100	100	100	
Had vaccination for pneumonia in last 5 years	39	22	26	15	59	28	37	23	
Had vaccination for pneumonia but not in last 5 years	—	np	np	1	—	**1	**1	1	
Never had vaccination for pneumonia	41	76	68	83	36	65	56	75	
Total(b)	100	100	100	100	100	100	100	100	
PERSONS									
Had vaccination for influenza in last 12 months	75	45	51	47	80	52	60	46	
Had vaccination for influenza but not in last 12 months	*6	11	10	11	8	18	15	14	
Never had vaccination for influenza	*16	43	37	41	11	30	25	39	
Total(a)	100	100	100	100	100	100	100	100	
Had vaccination for pneumonia in last 5 years	48	19	25	14	56	26	34	20	
Had vaccination for pneumonia but not in last 5 years	np	**4	**3	1	—	*1	*1	1	
Never had vaccination for pneumonia	38	75	67	84	37	67	58	77	
Total(b)	100	100	100	100	100	100	100	100	
* estimate has a relative standard error of 25% to 50% and should be used with caution					np	not available for publication but included in totals where applicable, unless otherwise indicated			
** estimate has a relative standard error greater than 50% and is considered too unreliable for general use					(a)	Includes 'influenza vaccination status' not known.			
— nil or rounded to zero (including null cells)					(b)	Includes 'pneumonia vaccination status' not known.			

	2001	2004-05
<i>Immunisation status</i>	%	%
.....		
SELF REPORTED STATUS		
Immunisation records not available		
Fully immunised	89	88
Partially immunised	*6	*7
Not immunised	**3	*3
Not known if immunised	**2	*3
Total	100	100
Immunisation records available		
Fully immunised	94	93
Partially immunised	*4	*7
Not immunised	np	—
Not known if immunised	np	—
Total	100	100
STATUS FOR SELECTED VACCINATIONS^{(a) (b)}		
Diphtheria, Tetanus		
Fully immunised	79	79
Partially immunised	19	16
Not immunised	**1	**—
Total(c)	100	100
Whooping cough		
Fully immunised	75	74
Partially immunised	24	23
Not immunised	**1	*1
Total(c)	100	100
Hepatitis B^(d)		
Fully immunised	79	83
Partially immunised	*17	12
Not immunised	—	**1
Total(c)	100	100
Polio		
Fully immunised	88	79
Partially immunised	*9	17
Not immunised	**2	*2
Total(c)	100	100
HIB		
Fully immunised	67	73
Partially immunised	16	14
Not immunised	*13	7
Total(c)	100	100
Measles, Mumps, Rubella		
Fully immunised	88	85
Partially immunised	*5	*9
Not immunised	*6	*4
Total(c)	100	100

.....

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** 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)

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

(a) Children who had immunisation records available.

(b) Status is derived based on schedule started.

(c) Includes 'immunisation status' not known.

(d) Introduced in the recommended immunisation schedule from 1 May 2000 and therefore only applies to children born from that date.

	2001			2004–05		
	Remote	Non-remote	Total Indigenous	Remote	Non-remote	Total Indigenous
	%	%	%	%	%	%
Mammograms(a)						
Has regular mammograms						
At least annually	na	*18	na	7	8	8
Between 1 and 2 years apart	na	22	na	23	21	21
More than 2 years apart	na	np	na	5	*3	3
Total(b)	32	41	39	35	32	32
Does not have regular mammograms(c)	*11	22	20	21	24	23
Never had a mammogram	45	22	27	38	28	31
Total(d)	100	100	100	100	100	100
Total women aged 40 years and over ('000)	10	37	47	15	37	52
Pap smear test(e)						
Has regular pap smear test						
At least annually	na	24	na	14	15	15
Between 1 and 2 years apart	na	26	na	46	29	34
More than 2 years apart	na	*1	na	*5	4	4
Total(f)	56	52	53	65	47	52
Does not have regular pap smear test(c)	14	28	25	17	26	23
Never had pap smear test	22	9	12	14	11	12
Total(d)	100	100	100	100	100	100
Total women aged 18 years and over ('000)	33	92	125	39	99	138
Breast feeding history(g)						
Had children						
Children breastfed	72	58	62	72	51	57
Children not breastfed	*5	12	10	6	12	11
Total(h)	76	70	72	78	64	68
Has not had children	19	18	18	17	21	20
Total(i)	100	100	100	100	100	100
Total women aged 18–64 years (‘000)	31	89	120	37	94	131
Contraception currently used(j)						
Contraceptive pill	*6	17	14	*5	18	14
Condoms	13	21	19	10	26	21
Contraceptive injection (DepoProvera)	18	*8	11	14	6	8
Contraceptive implant (Implanon)	na	na	na	13	5	7
Total(k)	100	100	100	100	100	100
Total women aged 18–49 years (‘000)	27	73	100	31	80	111

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

na not available

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

(a) Women aged 40 years and over.

(b) Includes frequency of regular mammograms not known.

(c) Includes those women who have only ever had one mammogram or pap smear test.

(d) Includes whether ever had a mammogram or pap smear test not known.

(e) Women aged 18 years and over.

(f) Includes frequency of pap smear tests not known.

(g) Women aged 18–64 years.

(h) Includes whether breastfed child not known.

(i) Includes whether had a child not known.

(j) Women aged 18–49 years.

(k) Includes women who use other forms of contraception or don't use or not known if used contraception.

EXPLANATORY NOTES

INTRODUCTION

1 This publication presents selected summary information about the health of Indigenous Australians from the 2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). While the publication has a focus on results for 2004–05, it also includes data from the Indigenous components of the 1995 and 2001 National Health Surveys (referred to in this publication as NHS(I)) and the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) to allow comparisons over time to be made. Some data are also presented at the state and territory level and for remote and non-remote areas at a national level. Where estimates have been rounded, discrepancies may occur between sums of the component items and totals. Results for the non-Indigenous population from the 2001 and 2004–05 National Health Survey (NHS) are also included for comparison purposes. See also *National Health Survey: Summary of Results, 2004–05* (cat. no. 4364.0).

2 Throughout this publication, the term 'Indigenous' refers to all persons identified as being of Aboriginal, Torres Strait Islander, or both Aboriginal and Torres Strait Islander origin. Information presented on Aboriginal persons includes data on persons identified as having both Aboriginal and Torres Strait Islander origin. Similarly, information on Torres Strait Islander persons also includes persons identified as having both Aboriginal and Torres Strait Islander origin.

SCOPE

3 The 2004–05 NATSIHS sample covered usual residents of private dwellings only. Private dwellings are houses, flats, home units and any other structures used as private places of residence at the time of the survey. Usual residents are those people who usually live in a particular dwelling and regard it as their own or main home. Usual residents of 'special' dwellings such as hotels, motels, hostels and hospitals were not included in the survey. Visitors to private dwellings were also excluded from the survey as well as persons whose usual place of residence was outside Australia.

4 Non-Indigenous people were not eligible for selection in the NATSIHS, although if they were a parent or guardian of an Indigenous child they may have been involved as a spokesperson for the child (see below for further details).

5 A total of 10,044 Aboriginal and Torres Strait Islander adults and children from across Australia were surveyed in the NATSIHS, which was conducted from August 2004 to July 2005. In addition, 395 Indigenous Australians were enumerated in the 2004–05 NHS sample of 25,906 persons. The Indigenous results included in this publication are based on the combined sample of 10,439 Indigenous Australians, comprising 5,757 adults and 4,682 children.

6 The estimated resident Indigenous population of Australia at 31 December 2004, excluding those living in non-private dwellings, was 474,310.

SAMPLE DESIGN

7 The NATSIHS was designed to produce reliable estimates at the national level and for each state and territory. In addition, the Torres Strait Islander population was over sampled in order to produce data for the Torres Strait Area and the remainder of Queensland.

8 The design of the NATSIHS incorporated a sample of discrete Indigenous communities (including any outstations associated with them) in Western Australia, South Australia, Queensland and the Northern Territory. The NATSIHS also incorporated a sample of dwellings in other areas of these states/territories not covered by the discrete Indigenous community sample and the remaining states/territories (referred to in this publication as 'non-community'). The samples for community areas and non-community areas each involved a multistage sampling process.

EXPLANATORY NOTES *continued*

SAMPLE DESIGN *continued*

9 The community sample was obtained from a random selection of discrete Indigenous communities and outstations across Australia from a specially developed Indigenous Community Frame (ICF). The ICF was constructed using both 2001 Census counts and information collected in the 2001 Community Housing and Infrastructure Needs Survey (CHINS). Within selected communities and outstations a random selection of dwellings was made. Within selected dwellings, up to one Indigenous adult (18 years of age or more) and up to one Indigenous child (0 to 17 years of age) were randomly selected to participate in the survey.

10 Dwellings in non-community areas were selected using a stratified multistage area sample. A sample of Census Collection Districts (CDs) was randomly selected with the likelihood of a CD's selection based on the number of dwellings containing Indigenous persons in the area as at the 2001 Census of Population and Housing. A random selection of dwellings within selected CDs were then screened to assess their usual residents' Indigenous status. After screening about 180,000 households in non-community areas, approximately 2.1% were identified. Where a dwelling contained one or more Indigenous usual residents, up to two Indigenous adults (18 years of age or more) and up to two Indigenous children (0 to 17 years of age) were randomly selected to participate in the survey.

REMOTENESS

11 The Australian Standard Geographical Classification (ASGC) is used by the ABS for the collection and dissemination of geographically classified statistics. For the purposes of the NATSIHS, the ASGC divided Australia into five Remoteness categories: Major Cities of Australia; Inner Regional Australia; Outer Regional Australia; Remote Australia; and Very Remote Australia. These categories are based on the Accessibility/Remoteness Index of Australia (ARIA) which measures the remoteness of a point based on the physical road distance to the nearest Urban Centre.

12 The 2004–05 NATSIHS publication presents a number of tables dissected by remote and non-remote categories, which are based on the remoteness categories in the ASGC. Remote is comprised of Remote Australia and Very Remote Australia, while non-remote is comprised of Major Cities of Australia, Inner Regional Australia and Outer Regional Australia. For further details see Glossary.

13 For more information about the ASGC, see *Australian Standard Geographical Classification, 2005* (cat. no. 1216.0).

DATA COLLECTION

14 Data collection was undertaken by ABS interviewers. Persons aged 18 years or more were interviewed personally, with the exception of persons who were too sick or otherwise unable to respond personally. Persons aged 15 to 17 years were interviewed with the consent of a parent or guardian. If consent wasn't obtained a parent or guardian was interviewed on their behalf. For persons aged less than 15 years, information was obtained from a person responsible for the child. Information about the dwelling, the financial situation of the household, and income for those who had not been selected was collected from a nominated household spokesperson. A total of 10,439 Indigenous persons, or about 1 in 45 of the total Indigenous population from across Australia, responded to the 2004–05 NATSIHS or the 2004–05 NHS.

15 There were a number of differences between the data collection methods used in remote communities (in Western Australia, South Australia, Queensland and the Northern Territory) and those used in other geographic areas. In remote communities, the standard household survey approaches were modified to take account of language and cultural issues. Interviews were conducted using a paper questionnaire. In addition, interviewers worked in teams of two, one male and one female, to collect the survey information. Male interviewers collected personal information from male respondents, and female interviewers collected personal information from female respondents. The interviewers were accompanied in the communities, wherever possible, by local

EXPLANATORY NOTES *continued*

DATA COLLECTION *continued*

Indigenous facilitators, preferably one male and one female, who assisted in the conduct and completion of the interviews. The Indigenous facilitators explained the purpose of the survey to respondents, introduced the interviewers, assisted in identifying the usual residents of a household and in locating residents who were not at home, and assisted respondent understanding of the questions where necessary.

16 The survey content in these remote communities excluded topics for which data of acceptable quality could not be collected. Some questions were reworded to assist respondents in understanding the concepts. Information on substance use was not collected. Only a subset of the supplementary women's health topics was collected. This was done through personal interview with adult female respondents who were informed of the potential sensitivity and voluntary nature of these questions.

17 In addition, in these communities a Community Information Form (CIF) was used to collect, from the Community Council and Health Clinic, a limited amount of community level information about CDEP, access to medical services and community health issues. Well-known community events were also identified to assist with defining time frames within the survey.

18 Interviews conducted in other geographical areas used a Computer Assisted Interviewing (CAI) questionnaire. CAI involves the use of a notebook computer to record, store, manipulate and transmit the data collected during interviews. In addition, there were two small paper questionnaires which covered substance use (for all persons aged 15 years and over) and specific supplementary women's health topics (for women aged 18 years and over). These additional questionnaires were voluntary and self-enumerated.

19 For the remote community area component of the NATSIHS, responses were received from approximately 85% of in-scope households. For the other areas, approximately 83% of in-scope households responded to the survey. In non-remote areas, the response rate for the substance use questionnaire was 78%, although a significant component of the non-response appears to reflect collection error where the substance use questionnaire may not have been offered to potential respondents. The response rate for the women's health questionnaire was 85%.

20 Because of the different collection methodologies described above not all data items are available for the total Indigenous population. The content for the NATSIHS in remote community areas is a subset (approximately 80%) of the content collected in other areas. The remote content excluded those items for which acceptable data quality levels could not be achieved. Data items not collected in the remote Indigenous communities are not released for the remote area in general. The *National Health Survey and National Aboriginal and Torres Strait Islander Health Survey, 2004–05: Data Reference Package* (cat. no. 4363.0.55.002), which is available from the ABS web site, contains a full list of data items available from the remote and non-remote components of the survey as applicable.

SURVEY CONTENT

21 The NATSIHS collected information about:

- health status, including long term medical conditions and recent injuries;
- use of health services such as consultations with health practitioners and visits to hospitals, and other health related actions;
- health related aspects of lifestyle, such as smoking, diet, exercise, substance use (non-remote only) and alcohol consumption;
- demographic and socio-economic characteristics.

22 Specific topics included in the survey were:

- self-assessed health status;

EXPLANATORY NOTES *continued*

SURVEY CONTENT *continued*

- long term medical conditions (e.g. arthritis, asthma, injuries, diabetes, cancer, cardiovascular conditions, kidney disease, osteoporosis, hearing and sight problems);
- short term injuries;
- admissions to hospitals;
- visits to casualty/outpatient facilities;
- visits to hospital day clinics (non-remote only);
- doctor consultations;
- dental consultations;
- consultations with other health professionals;
- days away from work/school due to illness or caring;
- other days of reduced activity due to illness;
- social and emotional wellbeing;
- smoking;
- alcohol consumption;
- exercise;
- body mass;
- dietary behaviours;
- adult immunisation;
- child immunisation (non-remote only);
- child breastfeeding status;
- women's health issues (e.g. mammograms, pap smear tests, breastfeeding history and use of contraceptives);
- substance use (non-remote only);
- discrimination.

WEIGHTING, BENCHMARKING AND ESTIMATION

Weighting

23 The results from a sample survey need to be inflated to relate to the total in-scope population. To do this, a 'weight' is allocated to each sample unit for each level of interest e.g. person and household. The weight is a value which indicates how many population units are represented by the sample unit.

24 The first step in calculating weights for each person or household was to assign an initial weight, which is 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 45, then the person would have an initial weight of 45 (that is, they would represent 45 people).

25 After calculating the initial weights an adjustment was incorporated into the weighting to account for Indigenous households not identified as such, as well as households that were identified as containing Indigenous residents but for which no response was obtained. Weights were further adjusted in order to optimally combine the 395 Indigenous persons from the 2004–05 NHS with the NATSIHS records.

Benchmarking

26 These adjusted initial weights were then calibrated to align with independent estimates of the Indigenous population, referred to as 'benchmarks'. Weights calibrated against Indigenous population benchmarks ensure that the survey estimates conform to the independently estimated distribution of the population rather than to the distribution within the sample itself. Calibration to population benchmarks helps to compensate for over- or under-enumeration of particular categories of persons which may occur due to either the random nature of sampling or non-response.

27 The 2004–05 NATSIHS was benchmarked to the estimated Indigenous resident population living in private dwellings in each state and territory, at 31 December 2004. These estimates were based on results from the 2001 ABS Census of Population and Housing. The 2004–05 NATSIHS estimates do not (and are not intended to) match estimates for the total Indigenous resident population (which includes persons and

EXPLANATORY NOTES *continued*

Benchmarking continued

households living in non-private dwellings, such as hotels and boarding houses) derived from the 2001 Census or from administrative data sources that cover non-private dwellings.

Estimation

28 Survey estimates of counts of persons are obtained by summing the weights of persons with the characteristic of interest. Estimates for averages, such as average equivalised gross household income, are obtained by multiplying the characteristic of interest with the weight of the respondent, and then deriving the average of the weighted estimates.

RELIABILITY OF ESTIMATES

29 All sample surveys are subject to error which can be broadly categorised as either sampling error or non-sampling error. Sampling error occurs because only a small proportion of the total population is used to produce estimates that represent the whole population. Sampling error can be reliably measured as it is calculated based on the scientific methods used to design surveys. Non-sampling errors occur when survey processes work less effectively than intended. For example, some people selected for the survey may not respond (non-response); some survey questions may not be clearly understood by the respondent; and occasionally errors can be made in processing data from the survey.

Sampling error

30 In this publication, relative standard errors (RSE) are presented to measure the sampling error of the estimates. Information on sampling error and its impact on interpreting results in this publication are presented in the Technical Notes.

Non-sampling error

31 One of the main sources of non-sampling error is non-response by persons selected in the survey. Non-response can affect the reliability of results and can introduce 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.

32 To reduce the level and impact of non-response, local Indigenous facilitators were employed to assist with interviewing in communities; respondents who initially failed to respond were followed up; and estimates were aligned with population benchmarks to ensure adequate representation of the whole population.

33 Other forms of non-sampling error included interviewer error, errors in reporting by respondents, and coding and processing errors. Every effort was made to minimise these errors by careful design and testing of questionnaires; intensive training and supervision of interviewers; and extensive editing and quality control procedures at all stages of data processing.

34 An advantage of the CAI technology used in conducting interviews in non-remote areas for the NATSIHS is that it potentially reduces non-sample error by enabling edits to be applied as the data are being collected. The interviewer is alerted immediately if information entered into the computer is either outside the permitted range for that question, or contradictory to information previously recorded during the interview. These edits allow the interviewer to query respondents and resolve issues during the interview. CAI sequencing of questions is also automated such that respondents are asked only relevant questions and only in the appropriate sequencing, eliminating interviewer sequencing errors.

INTERPRETATION OF RESULTS

35 Care has been taken to ensure that the results of this survey are as accurate as possible. All interviews were conducted by trained ABS officers. Interviewers were provided with training in the social and cultural issues affecting Aboriginal and Torres Strait Islander people and their communities, and how to communicate effectively and sensitively with Indigenous councils and people. Extensive reference material was developed for use in the field enumeration and intensive training was provided to

EXPLANATORY NOTES *continued*

INTERPRETATION OF RESULTS *continued*

interviewers in both classroom and on-the-job environments. There remain, however, other factors which may have affected the reliability of results, and for which no specific adjustments can be made. The following factors should be considered when interpreting these estimates:

- Information recorded in this survey is essentially 'as reported' by respondents, and hence may differ from information available from other sources or collected using different methodologies. Responses may be affected by imperfect recall or individual interpretation of survey questions.
- Some respondents may have provided responses that they felt were expected, rather than those that accurately reflected their own situation. Every effort has been made to minimise such bias through the development and use of culturally appropriate survey methodology.
- Reported information on long term medical conditions was not medically verified. However, for most medical conditions, respondents were asked whether they had ever been told by a doctor or nurse that they had that condition. Conditions which have a considerable effect on wellbeing or lifestyle are expected to be better reported than those which have little effect. Some people may be unaware of minor conditions, and occasionally may have serious conditions which have not been diagnosed.
- There may be some instances of under-reporting as a consequence of respondents being unwilling to talk about a particular condition at an interview. Results of previous health surveys conducted by the ABS also suggest a tendency for respondents in the general population to under-report alcohol, tobacco and substance use consumption levels, underestimate their weight, and to overestimate their height.

36 Other issues to be aware of when interpreting results from the 2004–05 NATSIHS include:

- In 2004–05 only respondents who could refer to children's immunisation records answered the full set of questions on child immunisation. Where respondents were not able to access immunisation records they were only asked a broad question regarding immunisation status rather than the full set of questions. This approach was taken because a significant number of respondents to the 2001 NHS(I) who were unable to refer to an immunisation record had difficulties answering the full set of questions (60% of these respondents could not have their overall immunisation status determined). The results for individual vaccinations are therefore representative of those who had immunisation records available, rather than of the non-remote Indigenous population. In 2004–05 data for immunisation therefore represents 41% of the Indigenous population in non-remote areas aged 0–6 years, compared with 61% in 2001.
- Different data items were collected for different time frames, e.g. health related actions taken in the 2 weeks prior to interview; whether a person was injured in the 4 weeks prior to interview; or whether a person was immunised in the 5 years prior to interview. The reliability and accuracy of data related to time frames is dependent upon the respondent's ability to recall the timing of events.
- The reliability of data on fruit and vegetable intake may be affected by the respondent's understanding of what constitutes a usual serving size.
- As noted in paragraph 19, the response rate for the substance use questionnaire was 78% in non-remote areas, reflecting in part collection error where forms may not have been offered to potential respondents. In this publication data from this survey has been compared with non-remote data available from the 2002 NATSISS where the response rate was over 90%. For the most part, the data appear to be consistent. However, the response rate difference should be considered in analysing the data.

EXPLANATORY NOTES *continued*

Age standardisation

37 Some results presented in this publication have been adjusted to account for differences in the age structure between the Indigenous and non-Indigenous populations. Data items have been age standardised on the basis that these topics are strongly related to age. Age standardisation has been undertaken using the 'direct' method (see Technical Note).

38 It is important to note that age standardised estimates are to be used for comparison purposes only. The estimates themselves do not represent any real population parameters.

39 Further information on the interpretation of results is contained in the *National Aboriginal and Torres Strait Islander Health Survey 2004–05: Users' Guide* (cat. no. 4715.0.55.004), which will be available on the ABS web site.

CLASSIFICATIONS

40 Major classifications used for items shown in this publication are:

- The broad geographical regions defined as remote and non-remote are based on the ASGC Remoteness Structure (see paragraph 11).
- All reported long term medical conditions were coded to a list of approximately 1,000 condition categories which were prepared for this survey based on the INTERNATIONAL CLASSIFICATION OF DISEASES, 10TH REVISION (ICD–10).

41 Further information about these classifications is contained in the *National Aboriginal and Torres Strait Islander Health Survey 2004–05: Users' Guide* (cat. no. 4715.0.55.004) which will be available on the ABS web site.

COMPARABILITY WITH PREVIOUS INDIGENOUS HEALTH SURVEYS

42 Summary results of the last two NHS(I)s were published in *National Health Survey: Aboriginal and Torres Strait Islander Results, 1995* (cat. no. 4806.0) and *2001* (cat. no. 4715.0). Paragraph 60 presents a range of other publications related to Indigenous health that have also been released.

43 This publication contains selected results from the Indigenous component of the 1995 and 2001 NHS(I). These results are limited to topics where a reasonable level of comparability between the three surveys is expected. As 1995 NHS(I) data are not available for remote areas, comparisons between Indigenous estimates over the three surveys are restricted to non-remote areas. Remote area data can only be compared for the 2001 NHS(I) and the 2004–05 NATSIHS.

44 Although the 2004–05 NATSIHS is similar to the 2001 NHS(I) in many ways, there are some differences in sample design and methodology, survey content, definitions, etc. which affect the degree to which data are directly comparable between the surveys.

45 Most of the differences in the sample design and methodology are minor and are not expected to have any significant impact on the comparability of the 2004–05 NATSIHS and the 2001 NHS(I). However two differences are worth noting;

- The sample size of the 2004–05 NATSIHS was significantly larger than the sample size of the 2001 NHS(I). The difference in sample sizes means that the estimates from the 2004–05 survey generally have smaller standard errors and therefore can be considered more reliable than those from the 2001 NHS(I). The increased sample size has also enabled reliable results to be produced at the state and territory level.
- In the 2001 NHS(I), selected households were screened to identify only those households where at least one adult (18 years or over) of Aboriginal and/or Torres Strait Islander origin was usually resident. This meant that Indigenous children living in households in non-remote areas where there was no Indigenous adult usually resident (up to one quarter of all Indigenous children in non-remote areas reside in such households) did not have a chance of selection. In the 2004–05 NATSIHS procedures were changed to provide for the selection of Indigenous children in households with no resident Indigenous adult.

EXPLANATORY NOTES *continued*

COMPARABILITY WITH PREVIOUS INDIGENOUS HEALTH SURVEYS *continued*

46 The main differences between the survey content of the 2004–05 NATSIHS and 2001 NHS(I), which may affect the comparability of data presented in this publication, are outlined below;

- *Osteoporosis and kidney disease*: Specific questions were asked about osteoporosis and kidney disease in the 2004–05 NATSIHS in both remote and non-remote areas. In the 2001 NHS(I) both items were listed on a prompt card in a general question about long term conditions in non-remote areas, while in remote areas kidney disease was listed as an item response in a general question relating to long term conditions and osteoporosis was not mentioned. The different approach may have led to under reporting of osteoporosis and kidney disease in the 2001 NHS(I).
- *Arthritis, rheumatism and gout*: Both the 2001 NHS(I) and the 2004–05 NATSIHS asked questions to identify cases of arthritis, rheumatism or gout. However, in the 2004–05 NATSIHS the questions initially asked respondents whether they had ever had or have the conditions and then asked whether they currently had the condition(s). In the 2001 NHS(I) respondents were asked only whether they currently had arthritis, rheumatism or gout (arthritis only in remote areas). The different approach may have effected the likelihood of these conditions being reported as current conditions. Also, in the 2004–05 NATSIHS, current cases of arthritis were assumed to be long term conditions, whereas in the 2001 NHS(I) non-remote respondents were asked whether the condition had lasted or was expected to last for 6 months or more.
- *Diabetes and high sugar levels*: In the 2001 NHS(I) respondents in non-remote areas were asked whether they had ever been told by a doctor or nurse that they had diabetes or high sugar levels and allowed for both conditions to be reported. In the 2004–05 NATSIHS non-remote respondents were not asked about high sugar levels if they reported they had been told they had diabetes. While this effects the condition status item for high sugar levels, it is expected to have had minimal impact on the long term condition data. This is because in the 2001 NHS(I) where a person reported both diabetes and high sugar levels as current conditions, only diabetes was recorded as a long term condition.
- *Child immunisation status*: In the 2004–05 NATSIHS, child immunisation status for each type of vaccination was only collected from those respondents who had immunisation records. In the 2001 NHS(I) respondents did not have to refer to immunisation records to answer the questions. In both surveys child immunisation was only collected in non-remote areas.
- *Dietary behaviours and exercise*: In the 2004–05 NATSIHS, information on dietary behaviours and exercise were collected in remote areas as well as non-remote areas. In the 2001 NHS(I) these modules were only collected in non-remote areas.
- *Household income and financial stress*: The household form in the 2004–05 NATSIHS collected information on financial stress of the household and income details for all usual residents. In the 2001 NHS(I) financial stress was not collected and income information was only collected from selected persons in the household and their spouse and, where applicable, the child proxy and their spouse.
- New modules were included in the 2004–05 NATSIHS on oral health, discrimination, unmet need for medical treatment, substance use (non-remote areas only) and social and emotional wellbeing.

47 For further information about comparability between the 2001 NHS(I) and the 2004–05 NATSIHS see the *National Aboriginal and Torres Strait Islander Health Survey 2004–05, Users' Guide* (cat. no. 4715.0.55.004) which will be available on the ABS web site.

EXPLANATORY NOTES *continued*

SOCIAL AND EMOTIONAL WELLBEING MODULE (SEWB)

48 The 2004–05 NATSIHS was the first survey to collect national data on the social and emotional wellbeing of the Aboriginal and Torres Strait Islander population. In response to a recommendation from the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID), the ABS developed a survey interview module on Social and Emotional Wellbeing (SEWB) to collect information on this National Health Priority Area. The module comprised selected questions from two established mental health surveys — the Kessler Psychological Distress Scale (including questions on the impact on normal activities); and the Medical Outcome Short Form(SF–36) Health Survey. The module also included some questions related to feelings of anger, the impact of psychological distress, cultural identification and stressors.

49 Tables 11 and 12 of this publication show responses to the individual items from the Kessler Psychological Distress Scale and the SF–36 Health Survey. Relevant entries in the Glossary provide details about the questions asked.

50 Following release of this publication, and as part of ongoing data development in this area, the ABS will be undertaking an evaluation of the SEWB module. This evaluation will be undertaken in collaboration with the Australian Institute of Health and Welfare and other stakeholders including the National Aboriginal Community Controlled Health Organisations. The ABS will then report the findings of this evaluation to NAGATSIHID.

51 A complete list of all data items from the SEWB module collected in non-remote and remote areas is available from the *National Health Survey and National Aboriginal and Torres Strait Islander Health Survey 2004–05: Data Reference Package* (cat. no. 4363.0.55.002) which is available from the ABS web site.

2004–05 NATSIHS PRODUCTS AND SERVICES

52 The information outlined below describes the range of statistical products to be made available from the 2004–05 NATSIHS. The program of publications and other releases may be subject to change. More information about the products available from the survey are available from the contact officer noted at the front of this publication.

53 Tables for each state and territory reflecting the tables presented in this publication have been released concurrently with this publication. These tables have been customised depending on the size of the sampling error. They are available in spreadsheet format on the ABS web site, released as *National Aboriginal and Torres Strait Islander Health Survey, 2004–05, State/Territory* (cat. nos. 4715.1.55.005 to 4715.8.55.005).

54 For users who wish to undertake more detailed analysis of the survey data, microdata from the 2004–05 NATSIHS will be released in the form of an expanded confidentialised unit record file (CURF), *National Aboriginal and Torres Strait Islander Health Survey, 2004–05, Expanded Confidentialised Unit Record File* (cat. no. 4715.0.55.001). The expanded CURF will only be available via the ABS Remote Access Data Laboratory (RADL), which is a secure Internet-based data query service. It will be accompanied by an Information Paper describing the content of the NATSIHS CURF (*National Aboriginal and Torres Strait Islander Health Survey, 2004–05, Expanded Confidentialised Unit Record File, Information Paper* (cat. no. 4715.0.55.002)) and is expected to be available in mid 2006.

55 Up-to-date information on the ABS RADL service, including information on pricing, 'Applications and Undertakings', and a training manual outlining obligations and responsibilities when accessing ABS microdata, is available on the ABS web site <www.abs.gov.au>. Those wishing to access 2004–05 NATSIHS microdata should contact the officer noted at the front of this publication.

EXPLANATORY NOTES *continued*

2004–05 NATSIHS
PRODUCTS AND SERVICES
continued

56 A package containing sample copies of the 2004–05 NATSIHS (and the 2004–05 NHS) questionnaire and prompt cards, together with a list of the output data items from the survey is available on the ABS web site. This package has been released as *National Health Survey and National Aboriginal and Torres Strait Islander Health Survey 2004–05: Data Reference Package* (cat. no. 4363.0.55.002).

57 The *National Aboriginal and Torres Strait Islander Health Survey 2004–05: Users' Guide* (cat. no. 4715.0.55.004) will be released on the ABS web site. It will contain detailed information about the 2004–05 NATSIHS, including the survey objectives, methods and design; survey content; data quality and interpretation; and information about comparability with previous surveys.

58 Special tabulations of 2004–05 NATSIHS data are available on request and for a fee. 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.

59 A summary booklet highlighting key results without the complex statistical analysis will be prepared for wide distribution to Indigenous communities, organisations and schools.

60 Current publications and other products released by the ABS are available from the ABS web site <www.abs.gov.au>. ABS publications which may be of interest are:

The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2005 (cat. no. 4704.0)

National Aboriginal and Torres Strait Islander Social Survey, 2002 (cat. no. 4714.0)

National Health Survey, Aboriginal and Torres Strait Islander Results, Australia, 2001 (cat. no. 4715.0)

National Health Survey: Users' Guide, 2001 (cat. no. 4363.0.55.001)

National Health Survey (Indigenous): Expanded Confidentialised Unit Record File, Information Paper, 2001 (cat. no. 4715.0.55.002)

Hospital Statistics, Aboriginal and Torres Strait Islander Australians, 1997–98 (cat. no. 4711.0)

Demography Working Paper 2004/3 - Calculating Experimental Life Tables for Use in Population Estimates and Projections of Aboriginal and Torres Strait Islander Australians, 1991 to 2001 (cat. no. 3106.0.55.003)

National Health Survey: Aboriginal and Torres Strait Islander Results, Australia, 1995 (cat. no. 4806.0)

Cigarette Smoking among Indigenous Australians, 1994 (cat. no. 4701.0)

Overweight and Obesity, Indigenous Australians, 1994 (cat. no. 4702.0)

Self-Assessed Health Status, Indigenous Australians, 1994 (cat. no. 4707.0)

Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2009 (cat. no. 3238.0)

APPENDIX 1 POPULATION ESTIMATES

INDIGENOUS PERSONS: SUMMARY HEALTH CHARACTERISTICS(a), by remoteness,
Australia(b)—1995, 2001 and 2004–05

	1995		2001		2004–05		
	Non-Remote	Remote	Non-Remote	Total	Remote	Non-Remote	Total
	no.	no.	no.	no.	no.	no.	no.
Self assessed health status(c)							
Excellent/very good	68 788	24 283	83 578	107 861	33 057	93 870	126 927
Good	47 309	29 726	58 207	87 933	32 176	70 232	102 407
Fair/poor	42 224	15 145	55 301	70 445	14 916	49 320	64 236
Long term conditions(d)							
Arthritis	16 518	5 426	30 520	35 946	7 091	36 146	43 237
Asthma	52 084	13 470	59 461	72 931	11 733	59 777	71 510
Back problems/pain nec, disc disorders	np	14 275	53 163	67 438	15 664	46 649	62 314
Diabetes/high sugar levels	11 917	8 792	14 355	23 147	11 637	17 415	29 052
Ear/hearing problems	24 690	19 293	45 367	64 660	16 885	41 170	58 055
Eye/sight problems	74 818	23 864	105 338	129 202	31 988	111 312	143 300
Heart and circulatory problems/diseases	39 324	14 992	31 649	46 641	17 737	38 116	55 853
Kidney disease	*4 242	3 020	*2 215	5 235	3 820	4 854	8 675
Neoplasms/cancer	*1 950	**442	**3 024	**3 466	*381	3 448	3 829
Osteoporosis	*1 959	np	*990	*1 151	*538	3 927	4 465
No long term condition	93 102	50 578	97 779	148 357	54 647	113 052	167 699
Health related actions(e)							
Admitted to hospital	na	24 397	58 735	83 132	25 209	52 526	77 735
Visited casualty/outpatients	17 579	10 491	15 581	26 072	8 056	14 650	22 706
Consulted GP/specialist	57 164	23 625	72 949	96 574	24 226	70 981	95 208
Consulted dentist(f)	9 187	8 917	15 725	24 642	4 880	12 122	17 003
Consulted other health professional	26 848	28 909	43 368	72 276	34 118	47 844	81 962
Days away from work/study(g)	28 918	13 473	31 799	45 271	15 072	41 957	57 029
Other days of reduced activity(h)	na	na	37 265	na	14 015	38 782	52 797
Risk behaviours							
Current daily smoker(i)	71 507	35 686	86 061	121 747	37 780	91 457	129 237
Risky/high risk alcohol consumption(i) (j)	20 588	10 381	20 611	30 991	10 740	31 775	42 515
Sedentary/low level exercise(c) (j)	110 554	na	133 174	na	na	159 471	na
Overweight/obese (j) (k)	60 973	29 566	90 114	119 680	37 825	99 698	137 522
No usual daily fruit intake(l)	na	na	24 070	na	18 043	27 561	45 604
No usual daily vegetable intake(l)	na	na	*1 540	na	13 792	4 131	17 923

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

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

na not available

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

(a) Survey estimates from the Indigenous components of the 1995 and 2001 National Health Survey and the 2004–2005 National Aboriginal and Torres Strait Islander Health Survey from which results in this publication have been derived

(b) Data for 1995 are only available for non-remote areas.

(c) Persons aged 15 years and over.

(d) ICD–10 based output classification. See Explanatory Notes and Glossary for further details.

(e) Hospital admissions relate to the 12 months prior to interview. All other health related actions relate to the two weeks prior to interview.

(f) Persons aged 2 years and over.

(g) Persons aged 5–64 years.

(h) Persons aged 5 years and over.

(i) Women aged 18 years and over.

(j) See Glossary for definitions.

(k) Proportions are calculated excluding 'Body Mass Index' not known.

(l) Persons aged 12 years and over.

APPENDIX 2 RELATIVE STANDARD ERRORS

INDIGENOUS PERSONS: SUMMARY HEALTH CHARACTERISTICS, by remoteness, Australia(a)—1995, 2001 and 2004–05

	1995		2001			2004–05		
	Non-Remote		Remote	Non-Remote	Total	Remote	Non-Remote	Total
	%		%	%	%	%	%	%
Self assessed health status(b)								
Excellent/very good	8		11	4	4	4	3	3
Good	9		8	5	4	4	4	3
Fair/poor	9		8	6	5	6	5	4
Long term conditions(c)								
Arthritis	15		15	11	10	10	6	5
Asthma	8		10	5	5	8	4	4
Back problems/pain nec, disc disorders	np		11	8	7	10	5	4
Diabetes/high sugar levels	18		14	14	10	6	8	5
Ear/hearing problems	12		9	9	6	7	5	4
Eye/sight problems	7		6	5	4	4	3	2
Heart and circulatory problems/diseases	10		10	10	6	7	6	5
Kidney disease	27		23	32	20	14	13	10
Neoplasms/cancer	37		57	57	50	29	17	15
Osteoporosis	36		np	36	32	38	16	15
No long term condition	6		5	4	3	3	3	2
Health related actions(d)								
Admitted to hospital	na		9	8	5	6	4	3
Visited casualty/outpatients	15		15	12	10	13	9	7
Consulted GP/specialist	8		10	7	5	6	4	4
Consulted dentist(e)	19		17	11	9	16	9	8
Consulted other health professional	12		10	7	5	6	6	4
Days away from work/study(f)	11		11	9	8	7	5	5
Other days of reduced activity(g)	na		na	10	na	8	6	5
Risk behaviours								
Current daily smoker(h)	7		5	5	4	3	3	2
Risky/high risk alcohol consumption(h) (i)	13		14	10	9	9	7	5
Sedentary/low level exercise(b) (i)	6		na	3	na	na	2	na
Overweight/obese(b) (i) (j)	8		7	5	4	4	3	2
No usual daily fruit intake(k)	na		na	16	na	11	8	6
No usual daily vegetable intake(k)	na		na	33	na	12	19	10

na not available

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

(a) Data for 1995 are only available for non-remote areas.

(b) Persons aged 15 years and over.

(c) ICD-10 based output classification. See Explanatory Notes and Glossary for further details.

(d) Hospital admissions relate to the 12 months prior to interview. All other health related actions relate to the two weeks prior to interview.

(e) Persons aged 2 years and over.

(f) Persons aged 5–64 years.

(g) Persons aged 5 years and over.

(h) Persons aged 18 years and over.

(i) See Glossary for definitions.

(j) Proportions are calculated excluding 'Body Mass Index' not known.

(k) Persons aged 12 years and over.

TECHNICAL NOTE

RELIABILITY OF THE ESTIMATES

1 Since the estimates in this publication are based on information obtained from a sample of persons, they are subject to sampling variability. That is, they may differ from those that would have been produced had all Indigenous persons 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 persons was included. There are about two chances in three that the sample estimate will differ by less than one SE from the number that would have been obtained if all persons had been surveyed, and about 19 chances in 20 that the difference will be less than two SEs.

2 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:

$$\text{RSE}\% = (\text{SE}/\text{estimate}) \times 100$$

3 Space does not allow for the separate indication of the SEs and/or RSEs of all the estimates in this publication. However, RSEs for all publication tables are available in spreadsheet format from the ABS web site <www.abs.gov.au>, released in *National Aboriginal and Torres Strait Islander Health Survey, Australia, 2004–05* (cat. no. 4715.0.55.005) or on request from the contact officer listed at the front of this publication. As a guide, the RSEs for Table 1 are presented at Appendix 2.

4 In the tables in this publication, only estimates (numbers and percentages) with RSEs of less than 25% are considered sufficiently reliable for most purposes. However, estimates with larger RSEs have been included and are preceded by an asterisk (e.g. *3) to indicate 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) to indicate that they are considered too unreliable for general use.

COMPARISON OF ESTIMATES

5 Published estimates may also be used to calculate the difference between two survey estimates. Such a figure is also subject to sampling error. The sampling error of the difference between 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:

$$\text{SE}(x-y) = \sqrt{|\text{SE}(x)|^2 + |\text{SE}(y)|^2}$$

While the above formula will be exact only for differences between separate and uncorrelated (unrelated) characteristics of populations, it is expected that it will provide a reasonable approximation for all differences likely to be of interest in this publication.

SIGNIFICANCE TESTING

6 The statistical significance test for comparisons between estimates was performed on some tables to determine the likelihood that there is a difference between the corresponding population characteristics. The standard error of the difference between two corresponding estimates (x and y) can be calculated using the formula in paragraph 5. This standard error is then used to calculate the following test statistics:

$$\frac{|x-y|}{\text{SE}(x-y)}$$

If the value of this test statistic is greater than 1.96 then we may say there is good evidence of a real difference in the two populations with respect to that characteristic. Otherwise, it cannot be stated with confidence that there is a real difference between the populations.

7 In this publication significance testing was undertaken for estimates in the following tables:

- Between Indigenous estimates for 2001 and 2004–05: Table 1: Indigenous persons: Summary health characteristics, by remoteness, Australia, 1995, 2001 and 2004–05.

SIGNIFICANCE TESTING
continued

- For each of 2001 and 2004–05, between remote and non-remote estimates: Table 1: Indigenous persons: Summary health characteristics, by remoteness, Australia, 1995, 2001 and 2004–05.
- Between the Aboriginal and Torres Strait Islander estimates: Table 4: Indigenous persons: Summary health characteristics, by Aboriginal and Torres Strait Islander status, Torres Strait Area, Queensland and Australia, 2004–05.
- For each of 2001 and 2004–05, between Indigenous and non-Indigenous estimates: Table 6: Persons: Summary health characteristics, by Indigenous status, age standardised rates, Australia, 2001 and 2004–05.

8 Estimates where the changes were not statistically significant have been annotated. In all other tables which do not show the results of significance testing, users should take account of RSEs when comparing estimates for different populations.

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 occur in any enumeration, whether it be a full count or 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.

AGE STANDARDISATION

10 Age standardisation techniques have been used in this publication to remove the effect of the differing age structures in the Indigenous and non-Indigenous populations. The age structure of the Indigenous population is considerably younger than that of the non-Indigenous population, and age is strongly related to many health measures. Therefore, estimates of prevalence which do not take account of age may be misleading. The age standardised estimates of prevalence are those rates that 'would have occurred' should the Indigenous and non-Indigenous populations both have the standard age composition.

11 For this publication the direct age standardisation method was used. The standard population used was the total estimated resident population of Australia as at 30 June 2001. Estimates of age standardised rates were calculated using the following formula:

$$C_{direct} = \sum_a (C_a \times P_{sa})$$

Where C_{direct} = the age standardised rate for the population of interest, a = the age categories that have been used in the age standardisation, C_a = the estimated rate for the population being standardised in age category a , and P_{sa} = the proportion of the standard population in age category a . The age categories used in the standardisation for this publication are 0 to 4 years, and then 10 year age groups to 55 years and over.

12 Age standardisation may not be appropriate for particular variables, even though the populations to compare have different age distributions and the variables in question are related to age. It is also necessary to check that the relationship between the variable of interest and age is broadly consistent across the populations. If the rates vary differently with age in the two populations then there is evidence of an interaction between age and population, and as a consequence age standardised comparisons are not valid. For this publication analysis showed that the variables 'Ear/hearing problems/diseases' and 'Never visited the Dentist' were unsuitable for age standardisation. For these variables it is necessary to compare the unstandardised prevalence for each age group.

POPULATION TABLES

13 The estimates in this publication are presented as proportions. However, the populations presented in the following tables can be used, together with unstandardised proportions, where applicable, to calculate the estimates as numbers:

TECHNICAL NOTE *continued*

POPULATION TABLES *continued*

TABLE 1 POPULATION BENCHMARKS(a), 31st DECEMBER 2004

AGE GROUP (YEARS)							
	0-14	15-24	25-34	35-44	45-54	55 and over	Total
	no.	no.	no.	no.	no.	no.	no.
INDIGENOUS							
Male	92 767	45 830	32 574	27 186	18 812	15 193	232 362
Female	87 902	46 237	37 198	31 871	20 766	17 974	241 948
Total	180 669	92 067	69 772	59 057	39 578	33 167	474 310
NON-INDIGENOUS							
Male	1 934 058	1 348 152	1 368 120	1 439 208	1 340 599	2 170 272	9 600 410
Female	1 825 952	1 288 047	1 393 234	1 460 358	1 364 981	2 359 406	9 691 977
Total	3 760 010	2 636 199	2 761 354	2 899 566	2 705 580	4 529 678	19 292 387
TOTAL (b)							
Male	2 010 877	1 376 891	1 396 464	1 468 265	1 351 290	2 184 660	9 788 447
Female	1 909 714	1 316 077	1 417 181	1 490 967	1 383 536	2 375 617	9 893 092
Total	3 920 591	2 692 967	2 813 646	2 959 232	2 734 826	4 560 277	19 681 539

- (a) Person level benchmarks are based on Estimated Resident Population (ERP) as at 31 December 2004, adjusted for the scope of the survey. Excludes persons not resident in private dwellings.
- (b) Indigenous and non-Indigenous estimates will not add to totals due to different weighting strategies.

TABLE 2 POPULATION ESTIMATES (a)

	INDIGENOUS			NON-INDIGENOUS	
	<i>Remote</i>	<i>Non-remote</i>	<i>Total</i>	<i>Non-remote</i>	<i>Total</i>
	no.	no.	no.	no.	no.
Children aged under 4 years	11 713	34 964	46 677	933 013	942 269
Children aged under 7 years	22 806	64 429	87 234	1 678 074	1 696 368
Persons aged 2 years and over	121 086	331 272	452 358	18 585 320	18 811 330
Persons aged 5 years and over	111 651	302 476	414 127	17 876 581	18 094 349
Persons aged 5-64	107 312	294 578	401 890	15 460 023	15 664 096
Persons aged 12 years and over	88 997	239 209	328 206	16 057 033	16 256 931
Persons aged 12-14 years	8 778	25 787	34 565	712 276	724 555
Persons aged 15 years and over	80 219	213 422	293 641	15 344 756	15 532 377
Persons aged 18-24	14 237	42 486	56 723	1 834 279	1 857 078
Persons aged 18 years and over	72 782	185 515	258 297	14 572 939	14 753 256
Persons aged 35 years and over	38 539	93 263	131 802	10 012 968	10 134 823
Persons aged 50 years and over	14 026	35 128	49 154	5 761 120	5 826 005
Women aged 18 years and over	38 917	98 901	137 818	7 405 749	7 495 573
Women 18-64 years	36 511	94 491	131 002	6 096 967	6 181 856
Women aged 40 years and over	14 769	37 050	51 819	4 422 772	4 474 936
All persons	125 995	348 315	474 310	19 061 481	19 292 387

- (a) Survey estimates from the 2004-05 NATSIHS and 2004-05 NHS from which results in this publication have been derived.

TECHNICAL NOTE *continued*

TABLE 3 INDIGENOUS POPULATION ESTIMATES BY STATE/TERRITORY (a)

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
	no.	no.	no.	no.	no.	no.	no.	no.
Children aged under 4 years	14 235	2 373	12 881	2 376	6 933	1 762	5 685	433
Children aged under 7 years	26 755	5 531	24 414	4 381	12 241	2 972	10 213	727
Persons aged 2 years and over	132 764	28 172	124 925	25 434	64 199	17 063	55 854	3 946
Persons aged 5 years and over	121 571	25 836	113 725	23 307	58 940	15 862	51 234	3 652
Persons aged 5–64 years	118 449	24 993	109 891	22 560	57 191	15 414	49 783	3 609
Persons aged 12 years and over	96 859	19 900	88 660	19 128	46 811	12 714	41 253	2 880
Persons aged 12–14 years	11 433	1 408	9 309	2 451	4 768	1 458	3 453	284
Persons aged 15 years and over	85 426	18 492	79 351	16 677	42 043	11 256	37 800	2 596
Persons aged 18–24 years	16 241	3 772	15 993	3 044	7 803	2 057	7 318	495
Persons aged 18 years and over	75 001	16 516	70 623	14 480	36 542	9 477	33 358	2 300
Persons aged 35 years and over	39 701	8 358	35 071	7 474	18 829	5 131	16 127	1 111
Persons aged 50 years and over	14 752	2 976	13 268	2 851	7 308	1 867	5 715	417
Women aged 18 years and over	39 900	8 667	37 910	7 783	19 923	4 846	17 590	1 198
Women aged 18–64 years	38 351	8 268	35 773	7 265	18 803	4 578	16 789	1 174
Women aged 40 years and over	14 983	3 099	14 433	3 208	7 398	1 927	6 393	378
All persons	139 570	29 334	130 856	26 534	67 548	18 072	58 234	4 162

(a) Survey estimates from the 2004–05 NATSIHS from which results in this publication have been derived.

TABLE 4 INDIGENOUS POPULATION ESTIMATES BY REMOTENESS (a)

	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Total
	no.	no.	no.	no.	no.	no.
Children aged under 4 years	14 316	9 750	10 897	3 574	8 140	46 677
Children aged under 7 years	27 268	17 802	19 359	8 338	14 468	87 234
Persons aged 2 years and over	136 408	91 460	103 405	39 760	81 326	452 358
Persons aged 5 years and over	125 005	83 203	94 268	36 909	74 743	414 127
Persons aged 5–64 years	121 501	81 315	91 762	35 451	71 861	401 890
Persons aged 12 years and over	99 512	66 258	73 438	28 074	60 923	328 206
Persons aged 12–14 years	10 163	7 886	7 739	3 618	5 160	34 565
Persons aged 15 years and over	89 350	58 372	65 700	24 456	55 763	293 641
Persons aged 18–24 years	19 114	11 023	12 348	4 218	10 020	56 723
Persons aged 18 years and over	78 705	51 445	55 364	22 097	50 685	258 297
Persons aged 35 years and over	37 044	27 428	28 791	12 928	25 611	131 802
Persons aged 50 years and over	13 266	10 197	11 665	4 477	9 549	49 154
Women aged 18 years and over	43 823	25 736	29 342	11 807	27 110	137 818
Women aged 18–64 years	42 364	24 476	27 650	11 049	25 462	131 002
Women aged 40 years and over	15 409	9 611	12 030	4 645	10 124	51 819
All persons	144 157	95 609	108 549	41 306	84 689	474 310

(a) Survey estimates from the 2004–05 NATSIHS from which results in this publication have been derived.

GLOSSARY

The definitions used in this survey are not necessarily identical to those used for similar items in other collections. Additional information about the items are contained in the *2004–05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS); Users' Guide* (cat. no. 4715.0.55.004), which will be available from the ABS web site.

Aboriginal people People who identify or are identified as being of Aboriginal origin. May also include people identified as being of both Aboriginal and Torres Strait Islander origin. See also Indigenous and Torres Strait Islander people.

Age standardisation A method of removing the influence of age when comparing populations with different age structures. Where appropriate, estimates in this publication are age standardised to the age composition of the total estimated resident population of Australia as at 30 June 2001. The age standardised rate is that which would have prevailed if the studied population had the standard age composition.

Alcohol consumption risk level Alcohol risk levels were derived from the average daily consumption of alcohol in the seven days prior to interview and are grouped into relative risk levels as defined by the National Health and Medical Research Council (NHMRC) as follows:

CONSUMPTION PER DAY

<i>Relative risk</i>	<i>Males</i>	<i>Females</i>
Low risk	less than 50ml	less than 25ml
Risky	50-70ml	25-50ml
High risk	Greater than 75ml	Greater than 50ml

Note: One standard drink contains 12.5 ml of alcohol

It should be noted that risk level as defined by the NHMRC is based on regular consumption levels of alcohol, whereas indicators derived in the NATSIHS do not take into account whether consumption in the reference week was more, less or the same as usual.

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

- Last consumed more than one week to less than 12 months ago;
- Last consumed 12 months or more ago;
- Never consumed.

Body Mass Index (BMI) Calculated from reported height and weight information, using the formula weight (kg) divided by the square of height (m). To produce a measure of the prevalence of overweight or obesity in adults, BMI values are grouped according to the table below which allows categories to be reported against both the World Health Organization and National Health and Medical Research Council guidelines.

BODY MASS INDEX

<i>2004-05</i>	<i>BMI range</i>	
Underweight		Less than 18.5
Normal range	18.5 to less than 20.0	20.0 to less than 25.0
Overweight		25.0 to less than 30.0
Obese		30.0 and greater

Breastfeeding status Refers to past or current breastfeeding status of children aged less than four years, including duration of breastfeeding. This includes children up to 47 months of age. In remote areas, only past or current breastfeeding status was collected.

GLOSSARY *continued*

Community Development Employment Projects (CDEP) scheme	The CDEP scheme enables participants (usually members of Aboriginal or Torres Strait Islander communities) to exchange unemployment benefits for opportunities to undertake work and training in activities which are managed by a local Aboriginal or Torres Strait Islander community Organisation. Participants in the program are therefore classified as employed.										
Conditions	See Type of conditions										
Contraception	The prevention of pregnancy by deliberate measures; birth control.										
Current daily smoker	A person who was smoking one or more cigarettes (or cigars or pipes) per day, on average, at the time of interview. See also Smoker status.										
Days away from work or study	Refers to days on which the respondent was away from work, school or other educational institution (as appropriate) for at least half the day. Absences included days away due to a respondent's own illness or injury, or to care for another person with illness or injury. Data in the publication refer only to days away due to own illness or injury.										
Employed	Persons aged 15 years and over who had a job or business, or who undertook work without pay in a family business for a minimum of one hour per week. Includes persons who were absent from a job or business and Community Development Employment Projects (CDEP) participants. See also Labour force status.										
Exercise level	Based on frequency, intensity (i.e. walking, moderate exercise and vigorous exercise) and duration of exercise (for recreation, sport or fitness) in the two weeks prior to the interview. From these components, an exercise score was derived using factors to represent the intensity of the exercise. Scores were grouped into the following four categories: EXERCISE LEVEL <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><i>Level</i></th> <th style="text-align: right; border-bottom: 1px solid black;"><i>Range</i></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">Sedentary</td> <td style="text-align: right; border-bottom: 1px solid black;">Less than 100 mins (includes no exercise)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Low</td> <td style="text-align: right; border-bottom: 1px solid black;">100 mins to less than 1600 mins</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Moderate</td> <td style="text-align: right; border-bottom: 1px solid black;">1600–3200 mins, or more than 3200 mins but less than 2 hours of vigorous exercise</td> </tr> <tr> <td style="border-bottom: 1px solid black;">High</td> <td style="text-align: right; border-bottom: 1px solid black;">More than 3200 mins and 2 hours or more of vigorous exercise</td> </tr> </tbody> </table> The components required to derive the exercise score were not collected in remote areas.	<i>Level</i>	<i>Range</i>	Sedentary	Less than 100 mins (includes no exercise)	Low	100 mins to less than 1600 mins	Moderate	1600–3200 mins, or more than 3200 mins but less than 2 hours of vigorous exercise	High	More than 3200 mins and 2 hours or more of vigorous exercise
<i>Level</i>	<i>Range</i>										
Sedentary	Less than 100 mins (includes no exercise)										
Low	100 mins to less than 1600 mins										
Moderate	1600–3200 mins, or more than 3200 mins but less than 2 hours of vigorous exercise										
High	More than 3200 mins and 2 hours or more of vigorous exercise										
Health related actions	Refers to specific health related action(s) respondents reported they had taken in the two weeks prior to interview (except for admitted to hospital which had a 12 month time frame), including: <ul style="list-style-type: none"> ■ Admitted to hospital; ■ Visits to casualty/emergency units at hospitals; ■ Visits to outpatients department at hospital; ■ Consultation with general practitioner (GP) and/or specialist; ■ Consultation with dentist; ■ Consultations with other health professionals (OHP): see separate reference; ■ Days away from work or study (due to own illness or injury); ■ Other days of reduced activity (days other than days away from work or school/study) due to own illness or injury. 										
Homelands/traditional country	An area of land with which Aboriginal or Torres Strait Islander people have ancestral and/or cultural links.										
Household	Consists of one or more persons usually resident in the same dwelling. In this survey, each household contained at least one identified Indigenous resident.										

GLOSSARY *continued*

Immunisation status	<p>The degree to which the recommended course of vaccinations for a particular disease has been received (as appropriate to the age of the child). The National Health and Medical Research Council Standard Childhood Vaccination Schedules were used to derive immunisation status of children. Immunisation is categorised as:</p> <ul style="list-style-type: none">■ Fully immunised;■ Partially immunised;■ Not immunised;■ Not known if fully or partially immunised;■ Not known if immunised. <p>Immunisation status for children was not collected in remote areas.</p>
Indigenous people	<p>People who identified themselves, or were identified by another household member, as being of Aboriginal and/or Torres Strait Islander origin. See also Aboriginal person and Torres Strait Islander person.</p>
International Statistical Classification of Diseases and Health Related Problems (ICD–10)	<p>The TENTH REVISION OF THE INTERNATIONAL CLASSIFICATION OF DISEASES AND HEALTH RELATED PROBLEMS (ICD–10) is the most widely used international standard to classify diseases and injuries. The ICD–10 is endorsed by the World Health Organization.</p>
Kessler Psychological Distress Scale	<p>The Kessler Psychological Distress Scale – 10 (K10) is a scale of non-specific psychological distress. It was developed by Professors Ron Kessler and Dan Mroczek, as a short dimensional measure of non-specific psychological distress in the anxiety–depression spectrum, for use in the US National Health Interview Survey.</p> <p>The K10 was first used by the ABS in the Survey of Mental Health and Well-being of Adults (SMHWP) in 1997 and has also been used in the 2001 and 2004–05 National Health Survey. The 2004–05 NATSIHS includes five questions from the K10 to provide a measure of the social and emotional wellbeing of the Indigenous population. The questions asked in the NATSIHS were:</p> <ul style="list-style-type: none">■ In the last 4 weeks, about how often did you feel nervous?■ In the last 4 weeks, about how often did you feel without hope?■ In the last 4 weeks, about how often did you feel restless or jumpy?■ In the last 4 weeks, about how often did you feel everything was an effort?■ In the last 4 weeks, about how often did you feel so sad that nothing could cheer you up?
Labour force status	<p>Identifies whether a person is employed, unemployed or not in the labour force. See also Employed, Not in the labour force and Unemployed.</p>
Long term condition	<p>A medical condition (illness, injury or disability) which has lasted at least six months, or which the respondent expects to last for six months or more. Some reported conditions were assumed to be long term, including:</p> <ul style="list-style-type: none">■ asthma;■ arthritis;■ cancer;■ osteoporosis;■ diabetes;■ rheumatic heart disease;■ heart attack;■ stroke.
Mammogram	<p>An X-ray examination of the female breast to help in the early diagnosis of breast cancer.</p>
Natural teeth	<p>Refers to the 14 teeth on the top and bottom jaws–28 in total (excluding wisdom teeth, dentures and false teeth). The definition of losing natural teeth is any time that a respondents tooth or teeth have either been removed by a dentist or dental professional, or the teeth/tooth has fallen out.</p>

GLOSSARY *continued*

Non-remote	Geographical areas within the 'Major cities of Australia', 'Inner regional Australia' and 'Outer regional Australia' categories of the Australian Standard Geographical Classification (ASGC) Remoteness structure. See Remoteness Area.
Not in the labour force	Persons who are not employed or unemployed as defined, including persons who: <ul style="list-style-type: none">■ are retired;■ no longer work;■ do not intend to work in the future;■ are permanently unable to work;■ have never worked and never intend to work.
Other health professionals	Includes consultation, for own health reasons, in the two weeks prior to interview with one or more of the following: <ul style="list-style-type: none">■ Aboriginal health worker;■ Accredited counsellor;■ Acupuncturist;■ Alcohol and drug worker;■ Audiologist/audiometrist;■ Chemist;■ Chiropract/podiatrist;■ Chiropractor;■ Dietitian/nutritionist;■ Herbalist;■ Hypnotherapist;■ Naturopath;■ Nurse;■ Occupational therapist;■ Optician/optometrist;■ Osteopath;■ Physiotherapist/hydrotherapist;■ Psychologist;■ Social worker/welfare officer;■ Speech therapist/pathologist;■ Traditional healer.
Rate Ratio	Indigenous to non-Indigenous rate ratios are calculated by dividing the proportion of Indigenous people with a particular characteristic by the proportion of non-Indigenous people with the same characteristic. A rate ratio of 1.0 indicates that the prevalence of the characteristic is the same in the Indigenous and non-Indigenous populations. Rate ratios of greater than 1.0 indicate higher prevalence in the Indigenous population and rate ratios less than 1.0 indicate higher prevalence in the non-Indigenous population. For example, the age standardised proportion of Indigenous people with asthma was 18% while the comparable proportion for non-Indigenous people was 15%. Dividing 18% by 15% produces an Indigenous to non-Indigenous age standardised rate ratio of 1.2. That is, after taking into account age differences between the populations, the asthma rate for Indigenous people is 1.2 times that of non-Indigenous people. Rate ratios produced for this publication were based on proportions to one decimal place.
Remote	Geographical areas within the 'Remote Australia' and 'Very remote Australia' categories of the Australian Standard Geographical Classification (ASGC) Remoteness structure. See Remoteness Area.
Remoteness Area	Within a state or territory, each Remoteness Area represents an aggregation of non-contiguous geographical areas which share common characteristics of remoteness, determined in the context of Australia as a whole.

GLOSSARY *continued*

- Remoteness Area *continued*** The delimitation criteria for Remoteness Areas are based on the Accessibility/Remoteness Index of Australia (ARIA) developed by the then Commonwealth Department of Health and Aged Care and the National Key Centre for Social Applications of Geographic Information Systems (GIS). ARIA measures the remoteness of a point based on the physical road distances to the nearest Urban Centre in each of the five size classes. Therefore, not all Remoteness Areas are represented in each state or territory.
- There are six Remoteness Areas in this structure:
- Major Cities of Australia (Collection Districts (CDs) with an average ARIA index value of 0 to 0.2);
 - Inner Regional Australia (CDs with an average ARIA index value greater than 0.2 and less than or equal to 2.4);
 - Outer Regional Australia (CDs with an average ARIA index value greater than 2.4 and less than or equal to 5.92);
 - Remote Australia (CDs with an average ARIA index value greater than 5.92 and less than or equal to 10.53);
 - Very Remote Australia (CDs with an average ARIA index value greater than 10.53);
 - Migratory (composed of offshore, shipping and migratory CDs).
- For more information, see *Statistical Geography Volume 1, Australian Standard Geographical Classification (ASGC), 2001* (ABS cat. no. 1216.0).
- Self assessed health status** A person's general assessment of their own health against a five point scale from excellent through to poor.
- SF-36 — Medical Outcome Short Form Health Survey** The SF-36 is a survey questionnaire designed to provide information on general health and well-being. The questionnaire is a subset of a larger set of questions used in the Medical Outcomes Study in the United States of America in the 1980s.
- The SF-36 provides an indicator across eight dimensions of health and wellbeing: physical functioning, role limitations due to physical problems, bodily pain, general health perceptions, vitality, social functioning, role limitations due to emotional problems and mental health. The 2004–05 NATSIHS includes four SF-36 questions that relate to the positive aspects of social and emotional wellbeing. The questions asked were:
- In the last 4 weeks, about how often did you feel calm and peaceful?
 - In the last 4 weeks, about how often have you been a happy person?
 - In the last 4 weeks, about how often did you feel full of life?
 - In the last 4 weeks, about how often did you have a lot of energy?
- Smoker status** The extent to which an adult was smoking at the time of interview, and refers to regular smoking of tobacco, including manufactured (packet) cigarettes, roll-your-own cigarettes, cigars and pipes, but excludes chewing tobacco and smoking of non-tobacco products. Categorised as:
- Current daily smoker (a person who was smoking one or more cigarettes (or cigars or pipes) per day, on average, at the time of interview);
 - Current smoker–other (a person who was smoking at least once a week, but not daily at the time of interview);
 - Ex-smoker (has previously smoked daily or has smoked 100+ cigarettes in lifetime or has smoked pipes/cigars etc at least 20 times);
 - Never smoked (has not previously smoked daily or smoked 100+ cigarettes in lifetime or smoked pipes/cigars etc at least 20 times).
- Stressor(s)** One or more events or circumstances which a person considers to have been a problem for themselves or someone close to them in the last 12 months. Includes:
- Serious illness;
 - Accident or disability;
 - Death of a family member or close friend;
 - Divorce or separation;
 - Inability to obtain work;

GLOSSARY *continued*

Stressor(s) <i>continued</i>	<ul style="list-style-type: none">■ Involuntary loss of a job;■ Alcohol or drug-related problems;■ Witnessing violence;■ Being the victim of abuse or violent crime;■ Trouble with the police;■ Gambling problems;■ Incarceration of self or a family member;■ Overcrowding;■ Discrimination or racism.
Substance use	The use of substances for non-medical purposes. Includes: analgesics; tranquillisers; amphetamines; marijuana; heroin; cocaine; hallucinogens (both synthetic and naturally occurring); ecstasy and other designer drugs; methadone; petrol and other inhalants; and kava. The 2004–05 NATSIHS collected information in non-remote areas on a person's substance use in the 12 months prior to interview and their substance use to date. Information on substance use was not collected in remote areas.
Torres Strait Islander people	People identified as being of Torres Strait Islander origin. May also include people identified as being of both Torres Strait Islander and Aboriginal origin. See also Indigenous and Aboriginal people.
Type of conditions	All reported long term medical conditions were coded to a classification developed by the ABS for use in the NATSIHS and NHS, which is based on the TENTH REVISION OF THE INTERNATIONAL CLASSIFICATION OF DISEASES AND HEALTH RELATED PROBLEMS (ICD–10). Further information can be found in the <i>National Aboriginal and Torres Strait Islander Health Survey: Users' Guide, 2004–05</i> (cat.no.4715.0.55.004) which will be available on the ABS web site < http://www.abs.gov.au >.
Unemployed	Persons aged 15 years and over who were not employed and actively looking for work in the four weeks prior to the survey, and were available to start work in the week prior to the survey. See also Labour force status.
Usual daily serves of fruit	Refers to the number of serves of fruit (excluding drinks and beverages) usually consumed each day, as reported by the respondent. A serve is approximately 150 grams of fresh fruit or 50 grams of dried fruit. The National Health and Medical Research Council (NHMRC) has recommended a minimum of two serves of fruit per day for adults. The number of serves of fruit consumed was not collected in remote areas. In remote areas a general question was asked regarding whether they usually eat fruit each day.
Usual daily serves of vegetables	Refers to the number of serves of vegetables (excluding drinks and beverages) usually consumed each day, as reported by the respondent. A serve is approximately half a cup of cooked vegetables or one cup of salad vegetables — equivalent to approximately 75 grams. The National Health and Medical Research Council (NHMRC) has recommended a minimum of five serves of vegetables per day for adults. The number of serves of vegetables consumed was not collected in remote areas. In remote areas a general question was asked regarding whether they usually eat vegetables each day.

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