

Form A-1: Population and Vital Statistics – Population, Live Births and Deaths

Please provide information regarding the scheme for the collection of respective statistic data.

Name of the law and regulations providing basis for collecting statistics *	Resident Population	Number of Live Births	Number of Deaths
<p>The 'estimated resident population' (ERP) is the official measure of the population of Australia. The base population from which the ERP is derived is provided by the five-yearly Census of Population and Housing which is conducted by the Australian Bureau of Statistics (ABS) under the authority of the <i>Census and Statistics Act 1905</i>. Inter-censal estimates of the resident population are then made by adjusting the Census population counts for subsequent births, deaths, overseas and interstate migration. These data are collected by the ABS under the authority of the same Act. The <i>Census and Statistics Act 1905</i> requires the Australian Statistician to compile and publish population estimates on a quarterly basis. The population estimates are used for a number of highly important purposes, including electoral determinations and the distribution of Commonwealth funds to the States.</p>	<p>The collection of births statistics is the joint responsibility of the State and Territory Registrars of Births, Deaths and Marriages and the Australian Bureau of Statistics (ABS). The Registrars have the responsibility for administering the registration process, and the ABS for producing live birth statistics from this administrative data. The ABS statistical collection is conducted under the authority of the <i>Census and Statistics Act 1905</i>. Each State/Territory maintains its own system of registration of births governed by independent legislation. 'Model legislation' aimed at providing a high degree of consistency at the national level is progressively being introduced by various States.</p>	<p>The collection of deaths statistics is the joint responsibility of the State and Territory Registrars of Births, Deaths and Marriages and the Australian Bureau of Statistics (ABS). The Registrars have the responsibility for administering the registration process, and the ABS for producing deaths statistics from this administrative data. The ABS statistical collection is conducted under the authority of the <i>Census and Statistics Act 1905</i>. Each State/Territory maintains its own system of registration of deaths governed by independent legislation. 'Model legislation' aimed at providing a high degree of consistency at the national level is progressively being introduced by various States.</p>	<p>Deaths statistics are produced annually by the ABS.</p>
<p>Time interval between consecutive surveys</p>	<p>The Census of Population and Housing is conducted every five years. Inter-censal estimated resident population statistics are produced quarterly.</p>	<p>Births statistics from the Registrars' collections are produced annually by the ABS.</p>	<p>The latest calendar year is 2000.</p>
<p>Year of the latest survey</p>	<p>The 2001 Census was conducted in August 2001 and is expected to provide population statistics in July 2002. The latest quarterly estimated resident population statistics are for the June quarter 2001.</p>	<p>The latest calendar year is 2000.</p>	<p>The latest calendar year is 2000.</p>

<p>Criteria for the survey (all residents or only those who have the country's citizenship)</p>	<p>The estimated resident population includes all people, regardless of nationality or citizenship, who usually live in Australia, with the exception of foreign diplomatic personnel and their families. It includes usual residents of Australia who are overseas for less than twelve months. It excludes overseas visitors who are in Australia for less than twelve months.</p>	<p>All births occurring in, or en route to, Australia are registered and included in the statistics, regardless of the citizenship status of the mother. Births to Australian residents which occur overseas are excluded. Births to overseas visitors to Australia which occur in Australia are included.</p>	<p>All deaths occurring in or en route to Australia are registered and included in the statistics, regardless of the citizenship status of the deceased. Deaths of Australian residents which occur overseas are excluded. Deaths of overseas visitors to Australia which occur in Australia are included.</p>
<p>Government branches/offices responsible for the survey</p>	<p>The Australian Bureau of Statistics is the sole agency responsible for conducting the Census. The ABS produces quarterly ERP figures from administrative data collected by a number of other Commonwealth and State/Territory government agencies (see below).</p>	<p>The Australian Bureau of Statistics.</p>	<p>The Australian Bureau of Statistics.</p>
<p>Other agencies, local and/or central, involved in the implementation of the survey **</p>	<p>The production of quarterly ERP figures by the ABS involves the following agencies: State and Territory Registrars of Births, Deaths and Marriages, which provide births and deaths data through the registration process. The Commonwealth Department of Immigration and Multicultural Affairs (DIMA) which collects data on permanent and long-term (twelve months or more) overseas arrivals and departures through incoming and outgoing passenger cards, matched with passport, visa and other data sources. The Health Insurance Commission (a Commonwealth Statutory Authority in the Health and Ageing portfolio) which provides interstate migration statistics from change of address information collected in the process of administering Medicare, Australia's universal public health insurance scheme.</p>	<p>State and Territory Registrars of Births, Deaths and Marriages provide administrative source data through the registration process to the ABS.</p> <p>Birth registration forms are supplied by the Registrars to hospitals and maternity clinics for distribution to parents. Most parents return completed registration forms to the Registrar, however some hospitals and clinics arrange for dispatch of completed forms to the Registrars. Some hospitals and clinics notify Registrars regularly of births which occur in those institutions. Mid-wives and doctors are required to report births which they deliver away from hospitals and maternity clinics.</p>	<p>State and Territory Registrars of Births, Deaths and Marriages provide administrative source data through the registration process to the ABS.</p> <p>The law requires the medical practitioner who attended a deceased person before his or her death, or who examined the body after death, to sign a certificate of cause of death and to forward this certificate to the Registrar either directly or indirectly through the funeral directors or through the person responsible for completing the death registration form (person acquainted with the deceased e.g. relative, an official of the institution where the death occurred, etc). In all cases, registration of a death is not complete and the disposal of the body not permitted without a medical certificate or a document or order from the coroner.</p>

<p>Problems, if any, technical or other, of the survey; plans for future change</p>	<p>The accuracy of population estimates is dependent on (1) the quality of population census data, (2) the degree of census undercount and (3) the components of population change which are used to update the census year population.</p> <p>(1) Non-response to Census questions on age and sex is less than 3% and this missing information is imputed by the ABS.</p> <p>(2) The level of coverage of the Australian Census is considered to be excellent, and compares favourably with censuses in other countries. For the purpose of producing inter-censal population estimates, however, adjustments are made to compensate for undercounting in the Census (people who did not complete a Census form or who were missed in the Census). Census undercounting is measured by the Post-Enumeration Survey, a sample survey conducted immediately after the Census.</p> <p>Under-enumeration was 1.6% for the 1996 Census.</p> <p>(3) (a) Births and deaths. See the comments opposite on births and deaths.</p> <p>(3) (b) Overseas migration. There are five possible causes of error in the overseas migration data which can contribute to inaccuracies in population estimates:</p> <ul style="list-style-type: none"> • Mis-statement of the State of usual residence by permanent and long-term departures. The extent of this type of error is believed to be small. • Mis-statement of State of intended residence by permanent and long-term arrivals. • Errors in the estimates of 'category jumping' (where the duration of a person's journey differs from that originally indicated on the arrival/departure card at the beginning of the journey. When updating population estimates, an estimated adjustment is made to net permanent and long-term migration to compensate for 	<p>Some parents delay or fail to register the birth of their child. For those births known to Registrars (through the notification system and from other sources) but not registered within a prescribed time period, the Registrars remind the parent(s) or other qualified informants of their duty to register the birth. If there is no response, the Registrar may register the birth with the information available. This reminder system together with the general recognition among the population that a birth certificate is an essential identification document, ensures almost complete registration of births.</p> <p>The estimated coverage of Indigenous birth registrations is 92% for Australia, the propensity of one or both parents to identify as Indigenous being less than the estimated total number of Indigenous parents.</p>	<p>Although it is considered likely that most Indigenous deaths are registered, a proportion of these deaths are not registered as Indigenous. This is because propensity to identify as Indigenous is less than the estimated Indigenous population.</p>
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	<p>category jumping between the short-term and long-term/permanent categories.</p> <ul style="list-style-type: none"> • Failures to match passenger cards to other data sources. • Errors from unrecorded arrivals and departures. These are movements which have not been recorded by any immigration control mechanism. The numbers are believed to be insignificant although it is not possible to fully quantify them. <p>3 (c) Interstate migration. Unlike overseas migration, interstate migration in Australia is unregulated. When updating the populations of the States/Territories, it is therefore necessary to estimate interstate arrivals and departures. Whilst Medicare theoretically covers all Australian usual residents as well as those non-Australian residents granted temporary Medicare registration, there are a range of Australian usual residents who do not access the Medicare system, primarily due to access to alternative health services. Such people include some Indigenous persons, defence force personnel, prisoners and persons eligible for Department of Veterans' Affairs health services. Furthermore, there are also those individuals who do not register their change of address with Medicare when they move, even though they continue to access the Medicare system. As such, Medicare data on interstate movers will have a degree of undercoverage.</p> <p><u>Plans for future change</u></p> <ul style="list-style-type: none"> • Overseas migration – unauthorised arrivals. Unauthorised arrivals are those who attempt entry into Australia, either by air or by sea, without going through the official immigration procedures. When 		
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intercepted, these people are usually found to either have no travel documents or to have documents that are fraudulent. Unless they are granted visas to remain in Australia, unauthorised arrivals are removed as soon as practicable. Although unauthorised arrivals held in detention on Census night in either 1996 or 2001, or who had been released into the community during this intercensal period, were counted as part of the resident population in the Census and subsequently included in population estimates, unauthorised arrivals are currently not counted in post-censal overseas arrivals statistics and therefore are not generally incorporated into post-censal population estimates, irrespective of whether they remain in Australia for 12 months or more.

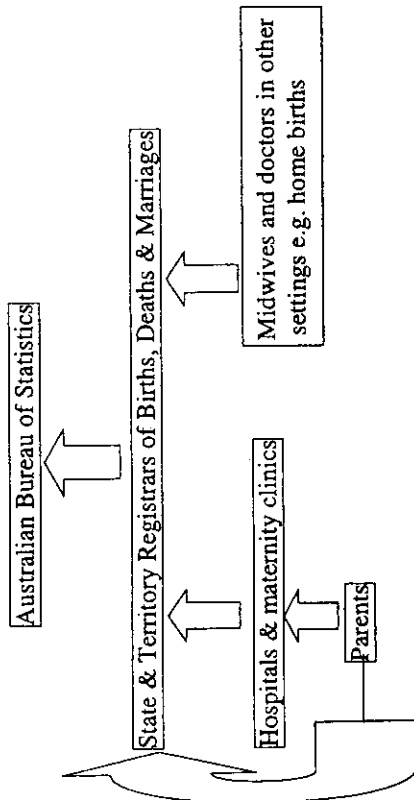
Given the number of such arrivals, and in the interest of maintaining the accuracy of population estimates, it is proposed to commence incorporating unauthorised arrivals into population estimates based on the 2001 Census. Unauthorised arrivals are proposed to be included after they have been in Australia for 12 months, or at the time of their release (or escape) into the community, whichever is earlier. Unauthorised arrivals who are removed from Australia within 12 months of their date of initial detention will not be included in population estimates. While the number of unauthorised arrivals is relatively small, there has been a sharp increase in such arrivals in recent years. During 1996-97, 739 unauthorised arrivals were detained, compared with 5,918 in 1999-2000 and 4,428 in 2000-01. Their inclusion in population estimates will assist in maintaining the accuracy of these estimates.

*: In original language with its English or French translation.

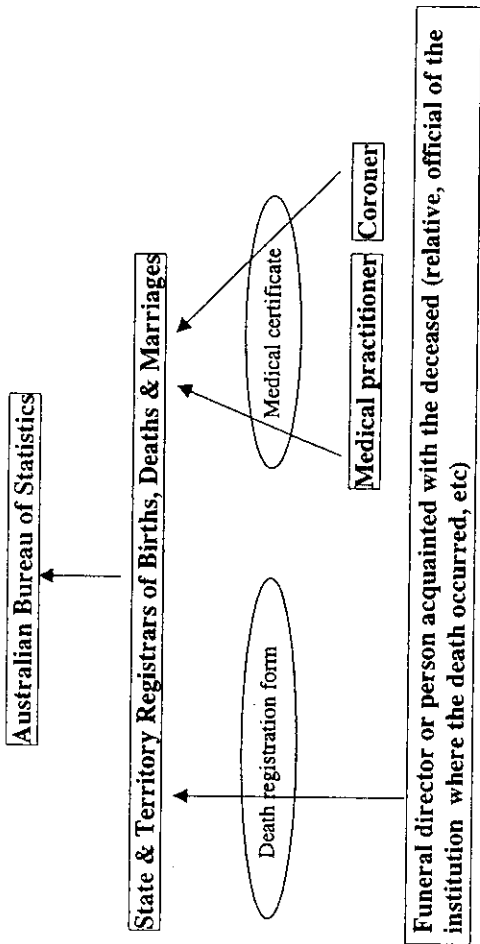
** : Please provide on the next sheet A-2 a flow chart of the administrative structures through which information is collected and transmitted upwards.

Form A-2: Population and Vital Statistics (continued)
Please provide a flow chart of the administrative structures through which vital health information is collected and transmitted upwards

LIVE BIRTHS



DEATHS



Form B-1: Health Personnel Statistics

Please provide information regarding the scheme for the survey or reporting of numbers of medical doctors, dentists, pharmacists and nurses (those professionally active and/or licensees).

Name of the law and regulations providing for collecting statistics *	Number of medical doctors	Number of dentists	Number of pharmacists	Number of nurses
<ul style="list-style-type: none"> The AIHW medical labour force survey which uses data from the annual renewal of registration by medical practitioners with State/Territory medical registration boards (Australian Institute of Health and Welfare Act 1987). The Health Insurance Commission (HIC) which collects administrative data from its Medicare database on medical practitioners providing services for rebate under Medicare (Health Insurance Commission Act 1973). Each working day the HIC passes to the Commonwealth Department of Health and Ageing details of claims processed on the previous working day from which the Department collates Medicare service provider statistics (Health 	<p>Information is available from:</p> <ul style="list-style-type: none"> The AIHW dental labour force collection using State/Territory dental board registrations (Australian Institute of Health and Welfare Act 1987). The ABS Census (Census and Statistics Act 1905) 	<p>Information is available from:</p> <ul style="list-style-type: none"> The AIHW pharmacy labour force collection using State/Territory pharmacy board registrations (Australian Institute of Health and Welfare Act 1987). The ABS Census (Census and Statistics Act 1905) 	<p>Information is available from:</p> <ul style="list-style-type: none"> The AIHW nursing labour force collection using State/Territory nurses' registration board information (Australian Institute of Health and Welfare Act 1987). The ABS Census (Census and Statistics Act 1905) 	

	<ul style="list-style-type: none"> Insurance Act 1973). The ABS Census (<i>Census and Statistics Act 1905</i>) 			
Time interval between consecutive surveys	<ul style="list-style-type: none"> AIHW: annual HIC: quarterly ABS: five years 	<ul style="list-style-type: none"> AIHW: – no regular schedule ABS: five years 	<ul style="list-style-type: none"> AIHW: annual ABS: five years 	<ul style="list-style-type: none"> AIHW: two yearly ABS: five years
Year of the latest survey	<ul style="list-style-type: none"> AIHW: 1998 HIC: June quarter 2001 ABS: 2001 (data available from November 2002) 	<ul style="list-style-type: none"> AIHW: 1994 ABS: 2001 (data available from November 2002) 	<ul style="list-style-type: none"> AIHW: 1999 ABS: 2001 (data available from November 2002) 	<ul style="list-style-type: none"> AIHW: 1999 ABS: 2001 (data available from November 2002)
Modality of survey (self reporting, board registration, etc.)	<ul style="list-style-type: none"> AIHW: A survey questionnaire is sent to all medical practitioners as part of the annual registration renewal process conducted by State and Territory medical registration boards. HIC: Data generated from administration of Medicare payments ABS: self-report 	<ul style="list-style-type: none"> AIHW: A survey questionnaire is sent to dental practitioners as part of the annual registration renewal process conducted by State and Territory dental registration boards. ABS: self-report 	<ul style="list-style-type: none"> AIHW: A survey questionnaire is sent to pharmacists as part of the annual registration renewal process conducted by all State and Territory pharmacy registration boards (except the Northern Territory, which does not require annual renewal of registration – NT data is estimated by the AIHW). ABS: self-report 	<ul style="list-style-type: none"> AIHW: A survey questionnaire is sent to nurses as part of the annual registration renewal process conducted by all State and Territory nurses' registration boards. ABS: self-report
Criteria for survey (all licensees or only those professionally active)	<ul style="list-style-type: none"> AIHW: all medical practitioners registered with the medical registration board in each State and Territory and eligible to practise. Coverage in some States may exclude medical practitioners who 	<ul style="list-style-type: none"> AIHW: all dental practitioners registered with the dental board in each State and Territory and eligible to practise. ABS: all persons employed in the week before Census night 	<ul style="list-style-type: none"> AIHW: all pharmacists registered with the dental board in each State and Territory and eligible to practise. Not all States and Territories collect data on practitioners who were on extended leave of three months or more. 	<ul style="list-style-type: none"> AIHW: all nurses registered with the nurses' registration board in each State and Territory and eligible to practise. The coverage may exclude nurses who registered for the first time during the year. These nurses may not be required to renew their registration at the standard renewal date if the initial registration in that

	<p>registered for the first time during the current year. Practitioners with a conditional registration, usually for a fixed term, are also excluded in many States. These conditional registrants include interns and temporary resident doctors, who are not required to renew their registration at the standard renewal date. In some States, practitioners known to the boards to be not practising because they were retired, overseas or had moved interstate are not included. Not all States and Territories collect data on practitioners who are on extended leave of three months or more.</p> <ul style="list-style-type: none"> HIC: excluded are practitioners providing services other than on a 'fee-for-service' basis under Medicare eg resident medical officers in public hospitals, practitioners providing services solely to repatriation beneficiaries or defence personnel, etc. ABS: all persons employed in the week before Census night 	<p>(unemployed or retired persons with current dental board registration are therefore not included)</p>	<ul style="list-style-type: none"> ABS: all persons employed in the week before Census night (unemployed or retired persons with pharmacy board registration are therefore not included) 	<p>State or Territory had occurred during the preceding 12 months. Not all States and Territories collect data on nurses who were on extended leave of three months or more.</p> <ul style="list-style-type: none"> ABS: all persons employed in the week before Census night (unemployed or retired persons with current nurses' board registration are therefore not included)
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	(unemployed or retired persons with current medical board registration are therefore not included)				
Government branches/offices responsible for the survey	<ul style="list-style-type: none"> • AIHW • HIC • ABS 	<ul style="list-style-type: none"> • AIHW • ABS 	<ul style="list-style-type: none"> • AIHW • ABS 	<ul style="list-style-type: none"> • AIHW • ABS 	<ul style="list-style-type: none"> • AIHW • ABS
Other agencies or bodies involved in the implementation of the survey**	<ul style="list-style-type: none"> • AIHW: State/Territory medical registration boards • HIC: The Department of Health and Ageing produces summary files from the HIC data. 	<ul style="list-style-type: none"> • AIHW: State/Territory dental registration boards 	<ul style="list-style-type: none"> • AIHW: State/Territory pharmacy registration boards 	<ul style="list-style-type: none"> • AIHW: State/Territory nurses' registration boards 	
Is the licensing/registration valid permanently or to be renewed periodically (if so what is the interval)?	<ul style="list-style-type: none"> • AIHW: registration is subject to annual renewal • HIC: annual renewal of registration with State/Territory registration boards is necessary for eligibility to provide services under Medicare • ABS: not applicable (self-report) 	<ul style="list-style-type: none"> • AIHW: registration is subject to annual renewal • ABS: not applicable (self-report) 	<ul style="list-style-type: none"> • AIHW: registration is subject to annual renewal (apart from the Northern Territory). • ABS: not applicable (self-report) 	<ul style="list-style-type: none"> • AIHW: registration is subject to annual renewal • ABS: not applicable (self-report) 	

Problems, if any, technical or other, of the survey; plans for future change				
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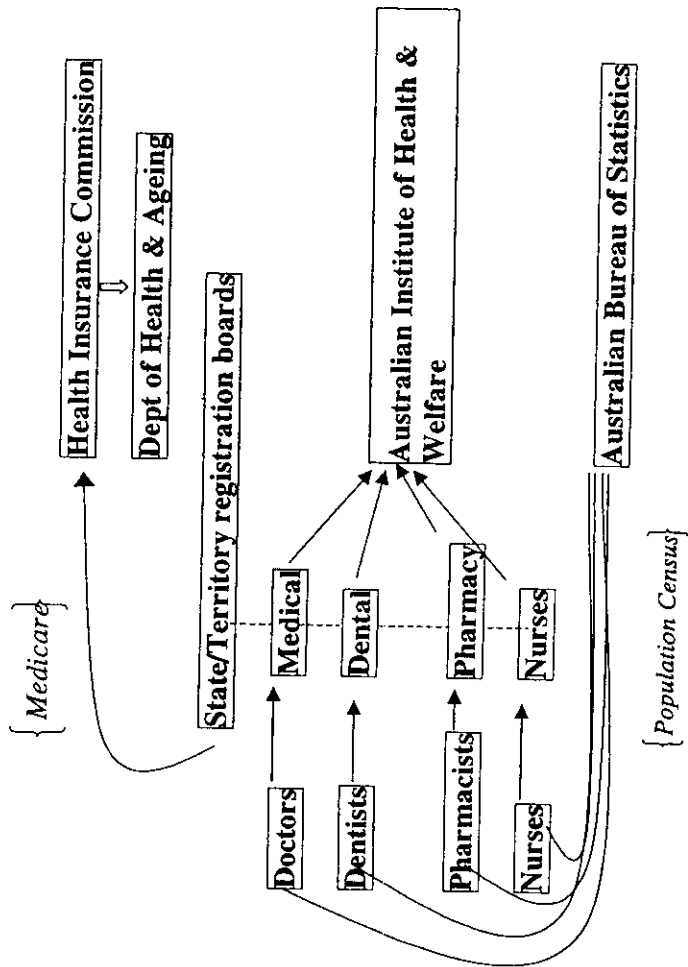
*: In original language with its English or French translation

** : Please provide on the next sheet B-2 a flow chart of the administrative structures through which information is collected and transmitted upwards.

Form B-2: Health Personnel Statistics (continued)

Please provide a flow chart of the administrative structures through which health personal information is collected and transmitted upwards.

HEALTH PERSONNEL



Form C-1: Mortality Statistics

Please provide information regarding the scheme for the survey or reporting of mortality (e.g. cause of deaths).

	Mortality
Name of the law and regulations providing basis for collecting statistics*	<p>Each State/Territory maintains its own system of registration of deaths governed by independent legislation. However, 'model legislation' aimed at providing a high degree of consistency at the national level is progressively being introduced by various States.</p> <p>The collection of deaths data is the joint responsibility of the State and Territory Registrars of Births, Deaths and Marriages and the Australian Bureau of Statistics. The Registrars have the responsibility for administering the registration process, and the Australian Bureau of Statistics for producing statistics from the data. The ABS statistical collection is conducted under the authority of the <i>Census and Statistics Act 1905</i></p> <p>Causes of death statistics are produced annually by the ABS. The latest calendar year is 2000.</p>
Year of the latest survey	
Criteria for reporting (1) (all deaths of the residents or exclusion of certain population groups)	<p>All deaths occurring in or en route to Australia are registered and included in the statistics. Deaths of Australian residents which occur overseas are excluded. Deaths of overseas visitors to Australia which occur in Australia are included.</p>
Criteria for reporting (2) (all causes of deaths or exclusion of certain causes of deaths)	<p>All causes of deaths are included in the statistics.</p>
Government branches/ offices responsible for the survey	<p>The Australian Bureau of Statistics.</p>
Other agencies or bodies involved in the implementation of the survey **	<p>State and Territory Registrars of Births, Deaths and Marriages provide administrative source data through the registration process (the Australian Bureau of Statistics produces statistics from this source data).</p> <p>The process of death registration is closely linked with the certification of cause of death and disposal of the body. The law requires the medical practitioner who attended a deceased person before his or her death or who examined the body after death, or a coroner, to sign a certificate of cause of death and to provide this certificate to the Registrar either directly or indirectly through the funeral directors or through the person responsible for completing the registration form (person acquainted with the deceased e.g. relative, an official of the institution where the death occurred, etc). In all cases, registration of a death is not complete and the disposal of the body not permitted without a medical certificate or a document or order from the coroner.</p> <p>The law requires the medical practitioner who attended a deceased person before his or her death or who examined the body after death, or a coroner, to sign a certificate of cause of death. Registration of a death is not complete and the disposal of the body not permitted without a medical certificate or a document or order from the coroner certifying cause of death.</p> <p>Other information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred.</p> <p>The cause of death certificate, and the registration form, are in paper form.</p>
Qualification of persons filling in the death registration form (hospital physician in charge, nurse, insurance employee etc.)	
Nature and format of the individual survey card (electronic, paper etc.) ***	

<p>Use and/or publication of the statistics (collected data accessible to third parties or not; if published, in parts or in total, under which forms, books or other)</p> <p>Problems, if any, technical or other, of the survey; plans for future change</p>	<p>Aggregate cause of death statistics are publicly available through an annual publication produced by the ABS. More detailed cause of death information is available upon request to the ABS, however such information may be confidentialised to prevent potential identification of deceased individuals. De-identified unit record files from the ABS are available to approved users upon application.</p> <p>Although it is considered likely that most Indigenous deaths are registered, a proportion of these deaths are not registered as Indigenous because propensity to identify as Indigenous is less than the estimated number of Indigenous persons.</p>
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*: In original language with its English or French translation.

** : Please provide on the next C- 2 a flow chart of the administrative structures through which information is collected and transmitted upwards.

***: Please provide a hardcopy of the registration forms if available

C-2: Mortality Statistics (continued)

Please provide a flow chart of the administrative structures through which mortality information is collected and Transmitted upwards.

See the flow chart for Form A2. Flow of cause of death information is the same as for information on number of deaths.

Form D-1: Morbidity Statistics

Please provide information regarding the scheme for the survey or reporting of morbidity (out-patients and/or in-patients).

Please note: The column 'Morbidity (out-patient)' is treated as morbidity in the general population (primarily measured through population-based surveys and some disease registers). There is no national data collection for hospital out-patient morbidity.

	Morbidity (out-patient)	Morbidity (in-patient)
<p>Name of the law and regulations providing basis for collecting statistics*</p>	<p>The National Health Survey (NHS) is a sample survey of the Australian population which is conducted by the Australian Bureau of Statistics (ABS) under the authority of the <i>Census and Statistics Act 1905</i>.</p> <p>In addition to this population survey, there are the following disease registers or other monitoring systems at the national level (see Form D3 for details):</p> <ul style="list-style-type: none"> • Notifiable communicable diseases (including HIV/AIDS) • Cancer • Diabetes • Creutzfeldt-Jacob Disease (CJD) • Congenital anomalies 	<p>State and Territory health authorities provide annual hospital in-patient data from their administrative data collections to the AIHW's National Hospital Morbidity Database. The State and Territory Health authorities collect the information under relevant State and Territory legislation. The AIHW compiles the information under the authority of the <i>Australian Institute of Health and Welfare Act 1987</i>.</p>
<p>Time interval between consecutive surveys</p>	<p>The NHS has been conducted every five to six years until the current, 2001, survey. The NHS will now be conducted every three years.</p>	<p>Annual.</p>
<p>Year of the latest survey</p>	<p>2001 (the 2001 NHS was conducted from February to November 2001)</p>	<p>1999-2000 financial year.</p>
<p>Description of the parent population (patients)</p>	<p>The resident population of Australia in private dwellings (house, flat, home unit, caravan, garage, tent and any other structure being used as private place of residence at the time of the survey) and in certain non-private dwellings (hotels, motels, hostels, boarding houses, caravan parks).</p> <p>Excluded are:</p> <ul style="list-style-type: none"> • the institutionalised population (in hospitals, nursing homes, prisons, reformatories, single quarters of military establishments), and • the non-resident population living in Australia (diplomatic personnel of overseas governments and non-Australian members of their households, non-Australian service personnel stationed in Australia and their dependents, overseas visitors to Australia) 	<p>All admitted in-patients separating from public and private hospitals. Data relating to admitted patients in almost all hospitals are included: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities.</p> <p>Public sector hospitals not included are those not within the jurisdiction of a State or Territory health authority (hospitals operated by the Department of Defence or correctional authorities, for example, and hospitals located in off-shore territories).</p> <p>Records are for hospital separations (discharges, transfers, deaths or changes in type of episode of care) on a separation basis (so patients who separated more than once in the year account for multiple records in the database).</p>

<p>Method of sampling (description of the mother population, sampling rates etc.)</p>	<p>The final active sample size of the 1995 NHS was around 54,000 people (in 23,300 households in private dwellings and 500 households in non-private dwellings), representing around 1 in 310 of the non-institutionalised population of Australia. Of these households, a 91.5% response rate was obtained (allowing for refusal, non-contact or inability to respond due to illness, language problems, etc).</p> <p>The private dwelling sample was a stratified multi-stage area sample. The non-private dwelling sample was a list sample.</p> <p>Supplementation of the original base sample was implemented in certain States and Territories to provide enhanced reliability of regional estimates. Sample supplementation of the Indigenous population brought the Indigenous sample from 1,000 to 2,000 to provide reliable national estimates for the Indigenous population. After sample supplementation, sampling rates ranged from, for NSW (the largest state), 1 in 500 (metropolitan) and 1 in 550 (non-metropolitan) to, for the Northern Territory (the smallest Territory with the highest proportion of Indigenous persons), 1 in 30. Nationally, the sampling rate was around 1 in 310 people.</p> <p>ABS interviewers personally interviewed each member in the selected households aged 18 years or older and, with the consent of the parents or guardians, children aged 15-17 years. Parents or guardians were asked to answer questions in respect of their younger children.</p> <p>Households were interviewed in respect of one month (the reference period) distributed throughout the twelve month survey timeframe to allow for possible seasonal effects.</p> <p>Around 40% of the final active NHS sample were selected for the 1995 National Nutrition Survey (personality conducted by nutritionists including the taking of certain physical measurements such as height, weight, hip circumference and blood pressure).</p>	<p>The collection is a full enumeration census, not a sample survey.</p>
<p>Criteria for sampling (all patients or only those who have certain diseases)</p>	<p>The NHS sample is chosen from all residents, regardless of health or disease status, however the exclusion of people in institutions such as hospitals and nursing homes will have biased the results.</p>	<p>All in-patients are included.</p>
<p>Number of samples (if applicable)</p>		

<p>Calculation of method of prevalence of a disease</p>	<p>NHS: The population denominator is the estimated resident population, adjusted to exclude the out-of-scope survey population. The estimation procedure uses population weights derived from population benchmarks to adjust for known biases in target variables resulting from partial or non-response (such as the under-representation of young males in responding samples for surveys). The disease prevalence rate is usually expressed as a rate per 1,000 population.</p>	<p>Although data on separations from the National Hospital Morbidity Database can reflect an aspect of the burden of disease in the community, they do not usually provide measures of the incidence or prevalence of conditions. This is because not all persons with a type or degree of illness are treated in hospital and there are multiple admissions for some chronic conditions. Also, the number and pattern of hospitalisations can be affected by differing admission practices, and differing levels and patterns of service provision.</p>
<p>Calculation of method of incidence of a disease</p>	<p>The incidence rate for a disease is the number of new cases occurring in a specified time period divided by the population at risk. It is conventionally expressed as an annual rate per 100,000 estimated resident population but other denominator population units are sometimes used.</p> <p>It is not possible to derive incidence rates from the NHS (recent illness/disease relates to a two week period prior to interview and long-term illness/disease relates to a six month or longer reference period).</p> <p>Disease incidence rates can only be derived from disease registers or other monitoring systems. At the national level, these include:</p> <ul style="list-style-type: none"> • Notifiable communicable diseases (including HIV/AIDS). • Cancer. Cancer is the only major disease category for which an almost complete coverage of incidence data is possible. • Diabetes. • Congenital anomalies. • Creutzfeldt-Jacob Disease (CJD). <p>The National Health Survey is conducted by the ABS.</p>	<p>Although data on separations from the National Hospital Morbidity Database can reflect an aspect of the burden of disease in the community, they do not usually provide measures of the incidence or prevalence of conditions. This is because not all persons with a type or degree of illness are treated in hospital and there are multiple admissions for some chronic conditions. Also, the number and pattern of hospitalisations can be affected by differing admission practices, and differing levels and patterns of service provision.</p>
<p>Government branches/offices responsible for the survey</p> <p>Other agencies or bodies involved in the implementation of the survey **</p>	<p>NHS: None</p>	<p>The AIHW</p> <p>State and Territory health authorities (source administrative data).</p>

<p>Qualification of persons filling in the individual survey cards (hospital physician in charge, nurse, insurance employee etc.)</p>	<p>NHS - self-report by survey sample population. No qualifications required. The associated National Nutrition Survey is conducted by qualified nutritionists.</p>	<p>Qualified medical practitioners providing services to in-patients.</p>
<p>Nature and format of the morbidity survey form (electronic, paper etc.) ***</p>	<p>NHS - paper</p>	<p>Electronic records.</p>
<p>Use and/or publication of the statistics (collected data accessible to third parties or not; if published, in parts or in total, under which forms, books or other)</p>	<p>Aggregate statistics are publicly available through publications produced by the ABS. More detailed information from the survey is available upon request to the ABS. A de-identified unit record file is available to approved users upon application. Publications from the disease registers and monitoring systems noted above are available from the AIHW Internet website (http://www.aihw.gov.au/publications/health.html). Detailed cancer incidence information is also provided through an interactive datacube on the AIHW Internet website at (http://www.aihw.gov.au/cancer/datacubes/index.html). Additional data is also available on request to the relevant authorities (subject to appropriate peer review and ethics committee protocol approvals where necessary).</p>	<p>The AIHW produces an annual publication in hard-copy and in electronic format. An interactive datacube provides detailed morbidity statistics via the AIHW's Internet website at (http://www.aihw.gov.au/hospitaldata/datacubes/index.html).</p>
<p>Problems, if any, technical or other, of the survey; plans for future change</p>	<p>The NHS is a self-report survey and the information obtained may differ from that which could be obtained from medically verified diagnoses.</p>	<p>Not all private hospital separations are included in the National Hospital Morbidity Database so the counts of private hospital separations are likely to be underestimates of the actual counts.</p>

*: In original language with its English or French translation.

** : Please provide on the next sheet D-2 a flow chart of the administrative structures through which information is collected and transmitted upwards.

***: Please provide a hardcopy of the survey forms if available.

Form D-2: : Morbidity Statistics(continued)

Please provide a flow chart of the administrative structures through which morbidity information is collected and transmitted upwards.

HOSPITAL IN-PATIENT MORBIDITY

