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South Australian Aboriginal Health Survey

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SA Health

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* Peramangk Elder

** Adnyamathanha Elder

Executive Summary

The South Australian Aboriginal Health Survey (SAAHS) was developed in response to funding allocated from the South Australian Implementation Plan under the Council of Australian Governments (COAG) National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (NPA).

This report provides an overall analysis of the chronic disease prevalence, prevalence of a number of risk factors, and some protective factors, that impact upon South Australian Aboriginal and Torres Strait Islander peoples' (hereafter referred to as Aboriginal people) health outcomes. Responses relating to some of the wider determinants of health surrounding Aboriginal health outcomes are also included.

The original brief for this project was to gain a representative sample for the whole of South Australia, and as such, this includes the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands. There were a number of logistical and cultural restraints associated with data collection in this region, and the final decision of the Advisory Committee providing advice on survey content and methodology was to proceed and complete the survey without the APY Lands' involvement. An Aboriginal Impact Statement will be prepared with more details surrounding this and other issues.

Purposely trained Aboriginal interviewers used a paper questionnaire to undertake face-to-face interviews with both permanent and temporary residents from a randomly selected dwelling. A total of 399 interviews were undertaken, with a response rate calculated at 57.7%.

The following is reported for Aboriginal South Australians:

- Overall, 17.4% of respondents reported doctor diagnosed diabetes; these respondents were statistically significantly more likely to be living in a remote area of SA, where the prevalence of diabetes was reported to be 40.2%.
- Those reporting doctor diagnosed high blood pressure were statistically significantly more likely to be living in remote SA (39.8%) and statistically significantly less likely to be living in rural SA (16.9%). Overall, 20.0% of respondents reported having current doctor diagnosed high blood pressure.
- When asked if they had seen a GP or doctor in the past year, 73.2% of respondents said 'yes'. These respondents were statistically significantly more likely to be from metropolitan Adelaide (80.3%) or remote SA (81.6%) and statistically significantly less likely to be from rural SA (59.9%) when compared to those not having seen a GP.
- Overall, 7.5% of the population had seen a traditional Aboriginal healer in the past twelve months.
- Respondents living in metropolitan Adelaide or rural SA were statistically significantly more likely to identify as an Aboriginal or Torres Strait Islander if asked at a health service (90.3% and 78.3% respectively) while those living in a remote area of the state were statistically significantly less likely to do so (22.3%).

- Overall, 48.3% of the population were current smokers and 6.5% were ex-smokers. There were no statistically significant differences found when comparing the three regions or sex. Current smokers were statistically significantly more likely to be 25 to 44 years of age and statistically significantly less likely to be aged between 15 and 24 years.
- Overall, 86.5% of the population spoke English as the main language at home with 68.1% of these reporting that they spoke at least some words of an Aboriginal language.
- Recognition of an area as traditional Country or homeland was statistically significantly more likely among those living in remote areas of SA (95.9%). Overall, 83.9% recognised an area as their traditional Country, with 31.3% living on that traditional Country. Respondents living in remote areas of SA were statistically significantly more likely to be currently living on their traditional Lands (92.3%).

It is not possible for a report of this nature to meet the information needs of all potential users of population health data. The approach taken is to present information for all South Australian Aboriginal people on all the major topic areas covered by the survey, in order to give an overall picture of the health and wellbeing of Aboriginal people. Appendix A provides breakdowns by remoteness areas (metro, rural, and remote). Requests for data can be made to Population Research and Outcome Studies, The University of Adelaide.

List of Abbreviations

ABS	Australian Bureau of Statistics
AHREC	Aboriginal Health Research Ethics Committee
APY	Anangu Pitjantjatjara Yankunytjatjara
BMI	Body Mass Index
CD	Collector District
CDEP	Community development employment project
CI	Confidence Interval
cms	Centimetres
COAG	Council of Australian Governments
HM	Health Monitor
HREC	Health Human Ethics Committee
MCS	Mental Health Composite Scale
MOS	Medical Outcomes Study
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NPA	National Partnership Agreement
PCS	Physical Health Composite Scale
PROS	Population Research & Outcome Studies
SA	South Australia
SAAHS	South Australian Aboriginal Health Survey
SAMSS	South Australian Monitoring and Surveillance System
SF1	Short Form 1
SF12	Short Form 12
SPA	Sufficient Physical Activity
SPSS	Statistical Package for the Social Sciences
WC	Waist circumference

1 Introduction

The South Australian Aboriginal Health Survey (SAAHS) was developed in response to funding allocated from the South Australian Implementation Plan under the Council of Australian Governments (COAG) National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (NPA).¹

2 Aim

The aim of this survey was to produce stable estimates for a range of health and related topics for the South Australian Aboriginal and Torres Strait Islander population.

The specific objectives were to:

- determine prevalence of chronic disease and risk factors in the South Australian Aboriginal and Torres Strait Islander population;
- identify and describe protective factors surrounding this population;
- aid in evaluating COAG programs and other projects, where possible;
- identify and describe barriers to accessing health services in sub-groups of the population; and
- gain an understanding of any differences in the challenges faced by this population between urban, rural, and remote communities.

This report provides an overall analysis of the chronic disease prevalence, prevalence of a number of risk factors, and some protective factors impacting on South Australian Aboriginal and Torres Strait Islander people (hereafter referred to as Aboriginal people) health outcomes.

3 Methodology

3.1 Initial Selection

The sample was identified using a stratified, multi-stage, area sampling strategy based upon the Australian Bureau of Statistics (ABS) Census Collectors Districts (CDs). Three strata were determined using 2006 ABS Census data. At this census, the proportion of the Aboriginal and Torres Strait Islander population living in metropolitan South Australia was approximately 47%, with 31% in rural South Australia, and the remaining 22% in remote areas and discrete communities. Reflecting this ratio, 127 CDs were selected in metropolitan Adelaide; 82 CDs in rural South Australia; and 21 CDs in remote community regions.

The CDs included in the selection process were those where the number of Aboriginal people was greater than or equal to ten and the ratio of Aboriginal people to total number of dwellings was 0.05 or more for metropolitan and rural areas, and greater than zero in remote areas. Thus, a CD was more likely to be selected the higher the ratio and some CDs were selected more than once. These limitations meant that 65.3% of the total SA Aboriginal population living in private dwellings were eligible for selection: 75.8% of metro, 89.5% of rural, and 100% of remote.

3.2 Mapping

CD maps were obtained from the ABS in Adobe.pdf format and each dwelling identified on the map using Google Maps Australia. A random start point and path was assigned to each of the CDs and this order was entered onto a spreadsheet. Dwellings were then selected using a skip interval of three between dwellings, providing a list of dwellings to be contacted.

3.3 Sample Selection

It was not known which dwellings in each CD were home to people who were eligible for the survey (Aboriginal aged 15 years and over), therefore, each selected dwelling needed to be approached to ascertain eligibility. Only private dwellings (not institutions such as hospitals, private nursing homes, or prisons), where at least one Aboriginal person 15 years or over was living, were selected for possible inclusion.

A structured contact screening was designed to identify eligible dwellings. A contact sheet was kept to record each contact attempt and provide a record of which dwellings had been visited. Once a dwelling had had an initial approach, all dwellings on the list previous to this one was required to be contacted. In this way the survey kept true to the methodology which was developed to ensure the random nature of selection. Each selected dwelling was visited up to five times to establish eligibility.

To attain the sample number required and keep true to the ratio of Aboriginal people in each region, up to four eligible persons were identified per metropolitan and rural CD and ten eligible persons in each remote CD. When the required number of eligible persons was reached (regardless of whether people participated in the survey) that CD was deemed to be completed.

Where a dwelling contained more than one Aboriginal adult, all adults (15 years of age or more) were selected to participate in the survey; this included usual and temporary residents. There was no replacement made for refusals or non-contactable persons.

3.4 Eligibility

Aboriginal people aged 15 years or more living either temporarily, or permanently, in their current dwelling were eligible for participation in the survey. Usual residents were defined as having lived in the dwelling for six months or more; temporary residents were defined as those who had been living in the dwelling for more than one month but less than six months.

For each household where there was an Aboriginal resident, a household form (see Appendix II) was used to ascertain all the occupants of the dwelling and whether or not they were eligible for interview.

The occupants of each of the dwellings selected through this process were assessed using the standard question from the National Best Practice guidelines for collecting Indigenous status in health data sets², adapted slightly to include the age criteria.

Are there any Aboriginal and/or Torres Strait Islander adults living at this address who are 15 years or older?

Yes, Aboriginal;

Yes, Torres Strait Islander;

Yes, Aboriginal and Torres Strait Islander; or

No.

3.5 Questions

The questions used in the SAAHS were either sourced from other population surveys with appropriate modifications to reflect the project's outcome targets and monitoring (e.g. National Aboriginal and Torres Strait Islander Social Survey (NATSISS)³, Swiss Health Literacy Survey⁴, South Australian Monitoring and Surveillance System (SAMSS)⁵), developed specifically by the SAAHS Advisory Committee, previously validated as instruments assessing population health, or were developed by organisations to feed directly into existing programs targeting Aboriginal and Torres Strait Islander health outcomes (e.g. 'Ever Felt Like Complaining?' project⁶, Transport and Licensing⁷).

There were eighty (80) health related questions asked in the following sections:

- A. Health;
- B. Health and other Services;
- C. Social Capital;
- D. Health Literacy;
- E. Smoking;
- F. Aboriginal and Torres Strait Islander Culture;
- G. Physical Activity;
- H. Protective Factors;
- I. Housing;

- J. Food and Nutrition;
- K. Social and Emotional Wellbeing – Kessler Scale (K6);⁸
- L. General Health and Wellbeing – SF12 (v2);⁹
- M. Transport;
- N. Body Mass Index; and
- O. Other issues.

In addition, demographic questions were asked concerning the respondent's age, sex, work, education, annual household income, region or area of dwelling, and living arrangements.

3.6 Data Collection

Data were collected through personal face-to-face interviews using a paper questionnaire. The interviews were conducted in the respondent's home, unless a more suitable venue was requested. In most instances, interviewers worked in pairs; one male and one female, and all interviewers were Aboriginal. In remote communities, the standard household survey approaches were modified to take account of language and cultural issues. The interviewers were accompanied, wherever possible, by community facilitators who assisted in the conduct and completion of the interviews. These 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 the respondent's understanding of the questions where necessary and if deemed appropriate.

3.7 Data Processing

Raw data from the questionnaires were entered into Microsoft Excel and subsequently imported into SPSS for Windows for analysis. Data were entered manually and a 10% check was undertaken for quality purposes.

3.8 Weighting

Data were weighted by age, sex, and region to the ABS Census 2006 Aboriginal population. Weighting is used to correct for the disproportionality of the sample with respect to the populations of interest. The weights reflect unequal sample inclusion probabilities and compensate for differential non-response. The data were weighted using the ABS 2006 Census data so that the health estimates calculated can be representative of the Aboriginal adult populations of those areas.

It is important to note that an adequate and properly applied sampling method, together with careful weighting of the data, was used in this survey and enables extrapolation of the results to the population at large. The sample selected for each region was drawn in such a way, and is large enough, to provide independent estimates for each region and for the overall state. This means that the characteristics and views of the respondents who answered the questionnaire reflect those of each region's adult population. For example, if 10% of the people interviewed in the regional sample thought an issue was important, it can be said with confidence that this applies to 10% of the region's population. The proportions presented in each table in this report can therefore be used as reliable regional estimates.

Two weighting factors were used for this survey:

1. To provide the best estimates for overall SA; and
2. To provide the best estimates for each of the three South Australian regions: metropolitan Adelaide, rural SA and remote SA (excluding APY lands).

The use of the two separate weighting variables in this report means that regional totals do not always add to the state totals.

Regional and Area Weight

This weighting factor was used in all analyses where estimates were required for a region (three regions). The data were weighted by age and sex to each of the three regions. Thus, each region was independently weighted by age and sex to reflect the age and sex structure of the region. This weight did not take into account the overall SA state age and sex structure and was used when regional estimates were reported in the Appendix.

State Weight

This weighting factor was used in all analyses where estimates were required for the state as a whole. The state weighting factor was based on the weighted factor used for the three regions as described above. It was adjusted by the proportion of the population in the rural and metropolitan area so as to be reflective of the state.

3.9 Data Analyses

All data were analysed using SPSS version 18. Associations between demographic and socioeconomic and behavioural variables were assessed using the χ^2 test of significance using a p value of ≤ 0.05 to determine statistical significance.

Means scores for the SF-12v2 Physical Health Composite Scale (PCS) and Mental Health Composite Scale (MCS) have been used to compare groups, such as different sex and age groups. To compare between sex, and age groups, univariate t-test was used to test for statistical significance. The conventional 5% level of statistical significance was used.

3.10 Data Interpretation

The weighting of the data results in occasional rounding effects for the numbers. In all instances the percentages should be the point of reference rather than the actual numbers of respondents. For example, cell sizes presented as 1, 2 and 4 could in fact be 1.3, 2.4 and 4.4 which results in a slight variation from the totals presented (e.g. 7 vs. 8). The percentages presented in this report have been processed on the figures pre-rounding.

Caution should be exercised in the interpretation of some of the results in this report. In some of the tables presented, small cell sizes are apparent and confidence intervals around the estimates could be large.

Differences reported with ↑ or ↓ indicate that the regional estimate is statistically significantly different from the other regional estimates.

Some of the tables have headings with: % (95% CI). This means the percentage and the 95% confidence intervals of the percentage. The confidence intervals for the percentage give a range of values around the percentage where we expect the "true" (population) percentage is located (with a given level of certainty). For example, if the percentage is 23%, and the lower and upper limits of the confidence interval are 19% and 27% respectively, then you can conclude that there is a 95% certainty that the population percentage lies between 19% and 27%. Note that the width of the confidence interval depends on the sample size: this means the larger the sample size, the more reliable the estimate.

3.11 Participation Rate

For metropolitan and rural areas of the state 11,428 doors were knocked on from a total of 13,074 being initially identified in the 209 CDs selected. From this, 691 eligible persons were identified living in 345 dwellings. An overall rate of 2.6% was achieved in identifying eligible dwellings resulting in a 5.0% identification rate of eligible persons. Identification rate was not calculated for the remote areas.

3.12 Response Rate

From the initial sample of n=691 (n=306 metropolitan, n=294 rural, and n=69 remote), 399 interviews were conducted. The response rate was calculated at 57.7%. For breakdown of response rate calculation see Table 3.1.

The average time taken to complete the interview was 57 minutes, with interview times ranging from 15 minutes to 5 hours and one minute. Where the interview took longer than 2 hours, the interviewer ensured that appropriate breaks were taken.

Table 3.1: Response Rate

	n	%	(95% CI)
Refusal	134	19.4	(16.6 - 22.5)
Incapable/too ill	3	0.4	#
Moved since initial contact	20	2.9	(1.9 - 4.4)
Respondent unavailable	135	19.5	(16.8 - 22.7)
Completed interview	399	57.7	(54.0 - 61.4)
Total	691	100.0	

3.13 Ethics approval

Ethics approval for the survey was obtained from the Aboriginal Health Research Ethics Committee (AHREC) of the Aboriginal Health Council of South Australia (AHCSA) and SA Health Human Ethics Committee (HREC).

3.14 Disclaimers

A decision was made not to include the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands, for logistical and cultural reasons at this time.

4 Socioeconomic and Demographic Characteristics

Overall, data were collected for 399 adults aged 15 years and over. A demographic profile of survey respondents is shown in Table 4.1 to Table 4.6. For regional breakdowns refer to Appendix Table 4.1 to Appendix Table 4.3 in Appendix A.

Table 4.1: Demographic characteristics – age and sex

	n	%	(95% CI)
Sex			
Male	190	47.6	(42.7 - 52.5)
Female	209	52.4	(47.5 - 57.3)
Age			
15 – 24 years	124	31.0	(26.7 - 35.7)
25 – 34 years	85	21.4	(17.6 - 25.7)
35 – 44 years	81	20.2	(16.6 - 24.4)
45 – 54 years	58	14.6	(11.5 - 18.4)
55 years and over	51	12.8	(9.9 - 16.4)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

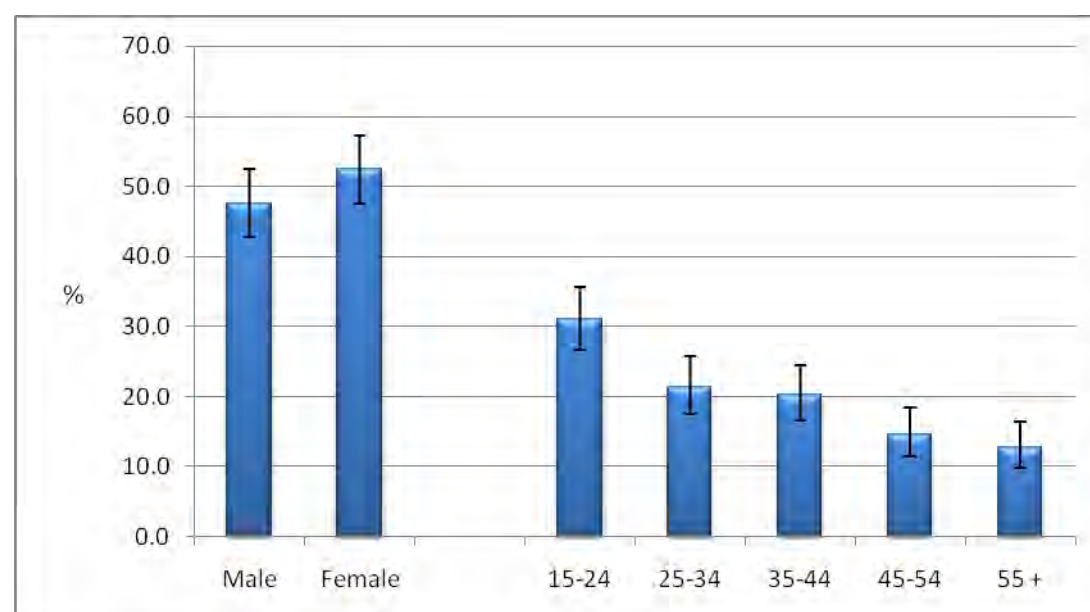
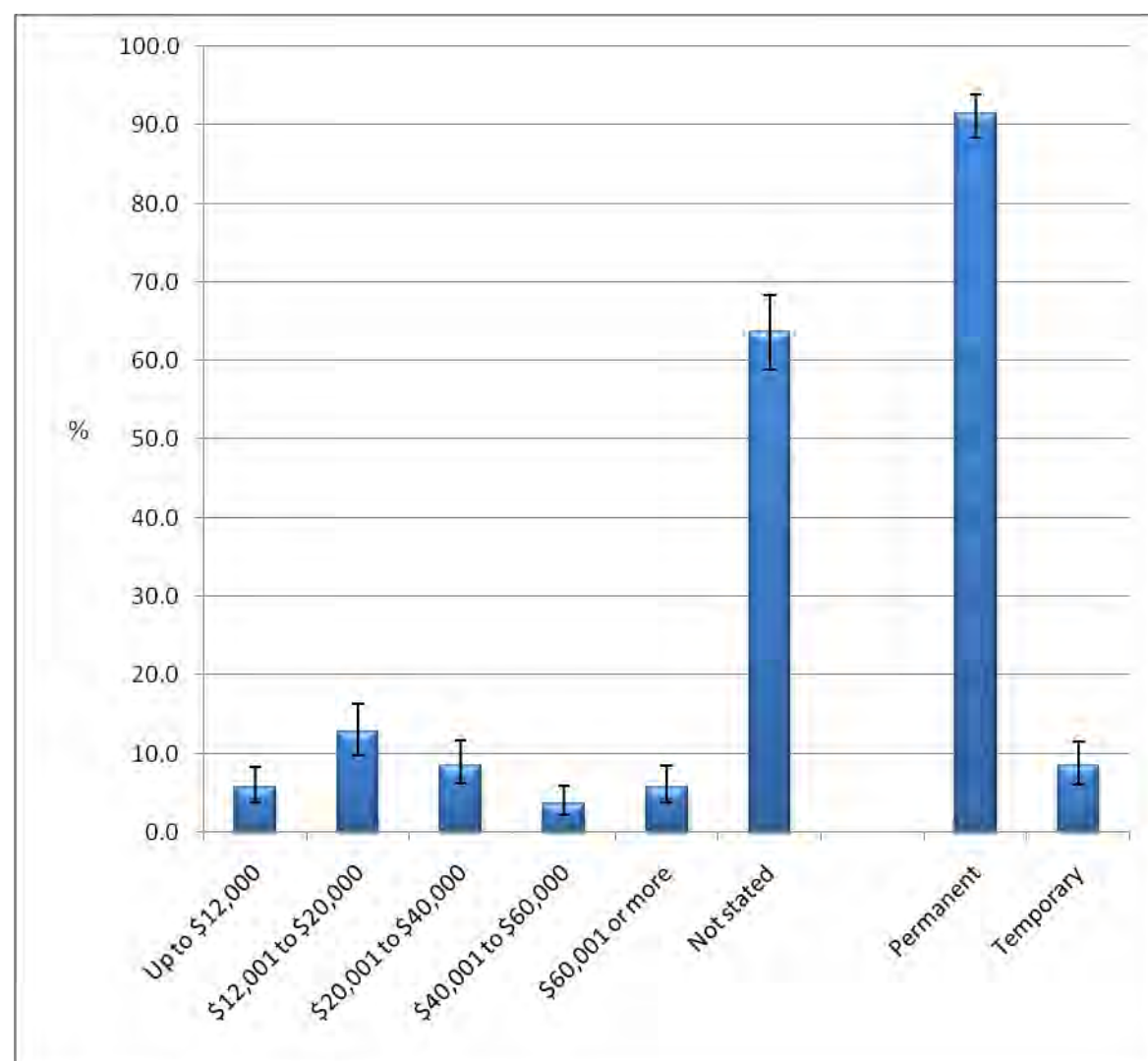


Figure 4.1: Age and sex distribution

Table 4.2: Demographic characteristics – residency and annual household income

	n	%	(95% CI)
Length of time in household			
Permanent (> 6 months)	365	91.5	(88.3 - 93.8)
Temporary (> 1 but < 6 months)	34	8.5	(6.2 - 11.7)
Total Annual Household income			
Up to \$12,000	23	5.7	(3.8 - 8.4)
\$12,001 to \$20,000	51	12.8	(9.8 - 16.4)
\$20,001 to \$40,000	34	8.5	(6.2 - 11.7)
\$40,001 to \$60,000	14	3.6	(2.2 - 5.9)
\$60,001 or more	23	5.8	(3.9 - 8.5)
Not stated	254	63.7	(58.9 - 68.3)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

**Figure 4.2: Annual household income and length of time in household**

For those respondents reporting that they were only temporarily staying at the dwelling where they were interviewed (n=34), 44.4% (95% CI 29.0-60.7) reported living permanently in metropolitan Adelaide. For breakdown of where interviews were conducted for those temporarily away from their permanent home, see Table 4.4 below.

Table 4.3: Respondents reporting region of their permanent dwelling

	n	%	(95% CI)
Metropolitan Adelaide	15	44.4	(29.0 - 60.7)
Rural SA	4	11.6	#
Remote areas of SA	3	8.5	#
Not stated	12	35.5	(21.6 - 52.2)
Total	34	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistical testing

Table 4.4: Location of interview for those in temporary living arrangements

	n	%	(95% CI)
Metropolitan Adelaide*			
Another metropolitan location	10	64.0	(39.5 - 83.2)
Rural SA	5	36.0	(17.1 - 60.8)
Total	15	100.0	
Rural SA*			
Another rural SA location	3	64.6	#
Remote area of SA	1	35.4	#
Total	4	100.0	
Remote areas of SA*			
Rural SA	2	67.4	#
Another remote area of SA	1	32.6	#
Total	3	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistical testing

*Place of permanent dwelling

Table 4.5: Demographic characteristics – employment status

	n	%	(95% CI)
Employed (wages, salary, etc)*	103	25.7	(21.7 - 30.2)
Community development employment project (CDEP)	14	3.6	(2.2 - 6.0)
Unemployed	92	23.1	(19.2 - 27.5)
Engaged in home duties	28	7.0	(4.9 - 10.0)
Student	80	20.0	(16.4 - 24.2)
Retired	31	7.8	(5.5 - 10.8)
Unable to work	34	8.4	(6.1 - 11.6)
Other	8	2.1	(1.1 - 4.1)
Don't know/Refused	9	2.2	(1.2 - 4.2)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
*includes self-employed

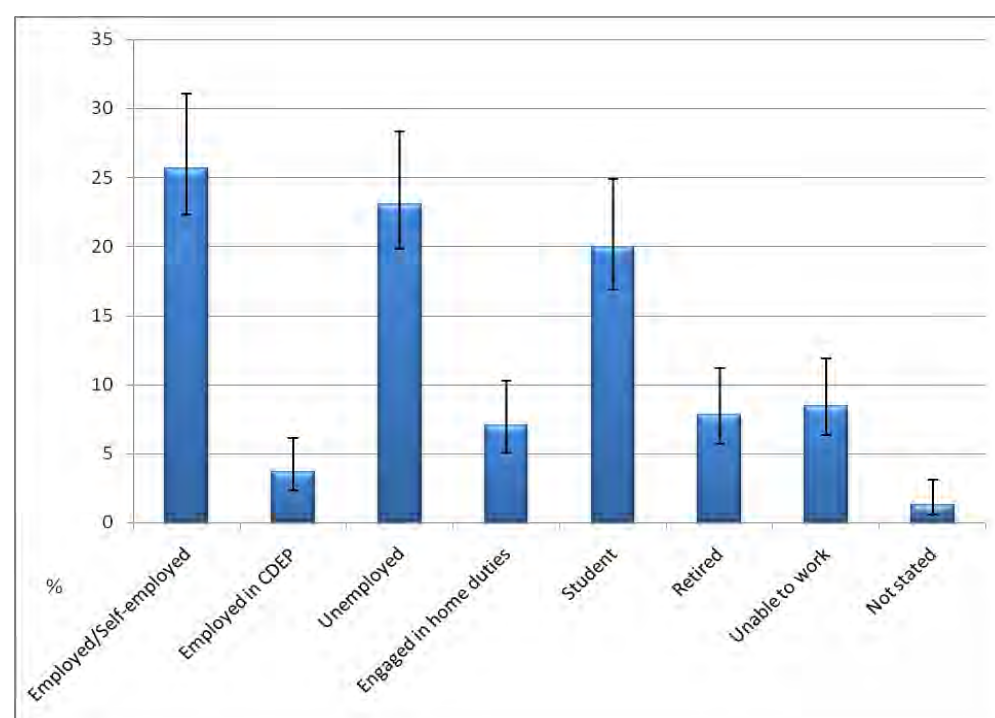


Figure 4.3: Employment status

Table 4.6: Demographic characteristics –highest educational achievement

	n	%	(95% CI)
Never been to school	5	1.3	(0.5 - 2.9)
Still at school	28	7.0	(4.9 - 9.9)
Left school at 15 years or less	72	18.0	(14.6 - 22.1)
Left school > age 15 years	92	23.2	(19.3 - 27.6)
Left school > age 15 & still studying	58	14.5	(11.4 - 18.3)
Trade qualification/apprenticeship	93	23.2	(19.3 - 27.6)
Certificate/Diploma	18	4.6	(2.9 - 7.1)
Bachelor degree or higher	7	1.7	(0.8 - 3.5)
Don't know/Refused	26	6.5	(4.5 - 9.3)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

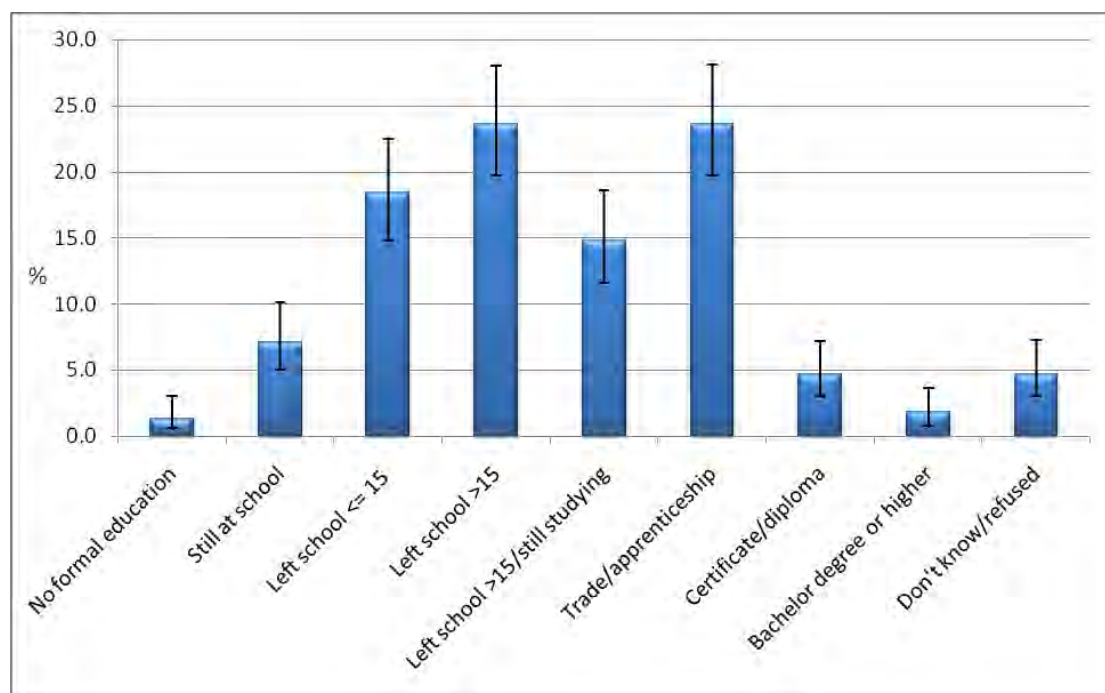


Figure 4.4: Highest educational attainment

5 Chronic conditions

One of the aims of the SAAHS was to provide stable estimates for some of the most important chronic conditions impacting on the health of the SA Aboriginal population. The conditions reported here are: diabetes; kidney disease; hearing problem; mental health condition; asthma; and high blood pressure. The respondents were also asked whether they thought that their condition impacted on their ability to perform everyday tasks.

5.1 Diabetes

Overall, 17.4% (95% CI 14.0-21.4) of respondents reported having doctor diagnosed diabetes or a 'touch of sugar', with 49.6% (95% CI 36.1-58.4) saying that their condition affected their ability to do everyday tasks. For regional breakdowns refer to Appendix Table 5.1 in Appendix A.

Respondents who had been told by their doctor that they had a sugar problem or 'touch of sugar' but had not been diagnosed as having diabetes, made up 2.9% (95% CI 1.3-4.5) of this population.

Table 5.1: Doctor diagnosed diabetes (or sugar problem) and impact on everyday tasks

	n	%	(95% CI)
Doctor diagnosed diabetes or sugar problem ('touch of sugar')			
Yes	69	17.4	(14.0 - 21.4)
Doctor diagnosed diabetes	60	14.9	(11.8 - 18.7)
Doctor diagnosed 'touch of sugar'	9	2.9	(1.3 - 4.5)
No	327	82.1	(78.0 - 85.5)
Don't know/refused	2	0.6	#
Total	399	100.0	
Impact on ability to perform tasks			
Yes	34	49.6	(36.1 - 58.4)
No	34	49.4	(35.8 - 58.1)
Don't know/refused	1	1.0	#
Total	69	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

When analysed by age and sex, respondents with doctor diagnosed diabetes or sugar problem were statistically significantly more likely to be over the age of 45 years and statistically significantly less likely to be between 25 and 34 years of age, when compared to those reporting no diabetes or sugar problem. There were no statistical significances found between the sex of people with doctor diagnosed diabetes or sugar problem.

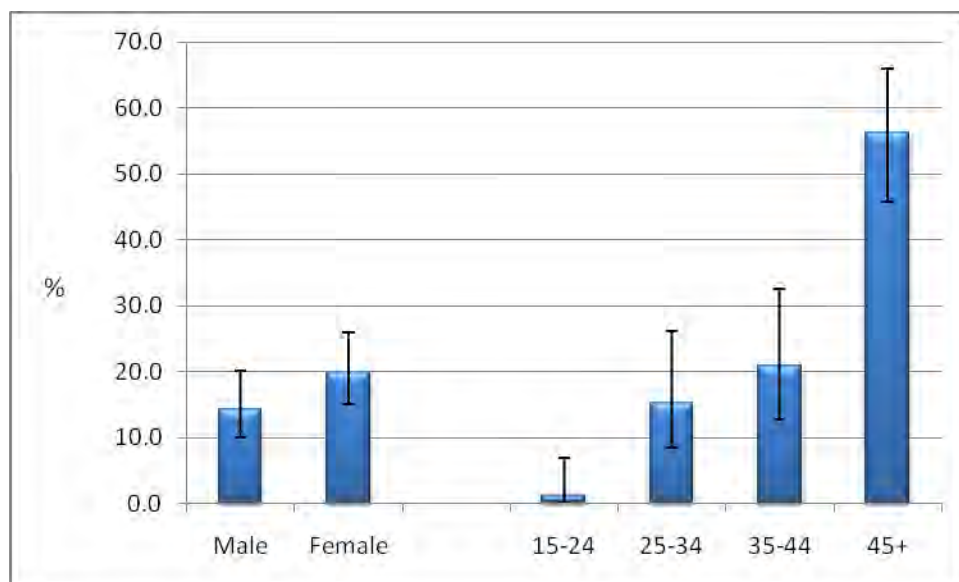


Figure 5.1: Doctor diagnosed diabetes or touch of sugar, by sex and age group

5.2 Kidney Disease

Overall, 6.1% (95% CI 4.2-8.9) of respondents reported having doctor diagnosed kidney disease, with 59.9% (95% CI 40.4-76.6) saying that their condition affected their ability to do everyday tasks. For regional breakdowns refer to Appendix Table 5.2 in Appendix A.

Table 5.2: Doctor diagnosed kidney disease and impact on everyday tasks

	n	%	(95% CI)
Doctor diagnosed kidney disease			
Yes	24	6.1	(4.2 - 8.9)
No	373	93.5	(90.7 - 95.6)
Don't know/refused	1	0.3	#
Total	399	100.0	
Impact of kidney disease on ability to perform everyday tasks			
Yes	15	59.9	(40.4 - 76.6)
No	9	35.9	(20.0 - 55.6)
Don't know/refused	1	4.3	#
Total	24	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

When analysed by age and sex, respondents with doctor diagnosed kidney disease were statistically significantly more likely to be female or over the age of 45 years and statistically significantly less likely to be male, when compared to those reporting no kidney disease.

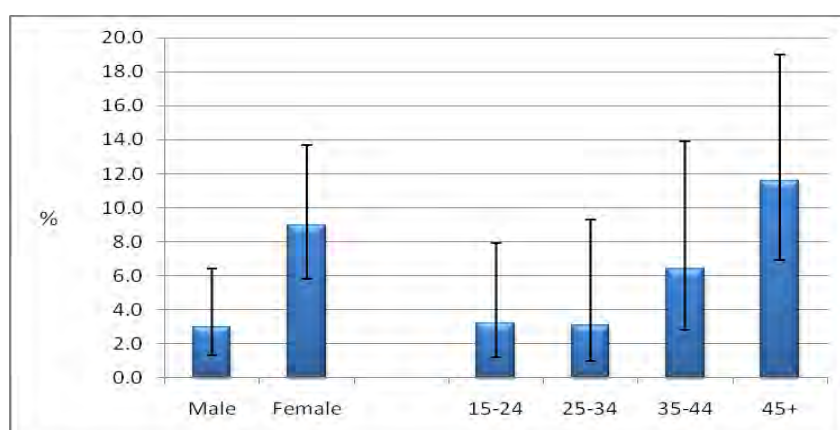


Figure 5.2: Doctor diagnosed kidney disease, by sex and age group

5.3 Hearing Problem

Overall, 9.6% (95% CI 7.1-12.9) of respondents reported having a doctor diagnosed hearing problem, with 52.7% (95% CI 37.8-68.1) saying that their condition affected their ability to do everyday tasks. For regional breakdowns refer to Appendix Table 5.3 in Appendix A.

Table 5.3: Hearing problem and impact on everyday tasks

	n	%	(95% CI)
Doctor diagnosed hearing problem			
Yes	38	9.6	(7.1 - 12.9)
No	357	89.6	(86.2 - 92.2)
Don't know/refused	3	0.8	#
Total	399	100.0	
Impact of hearing problem on ability to perform everyday tasks			
Yes	20	52.7	(37.8 - 68.1)
No	17	45.4	(31.1 - 61.3)
Don't know/refused	1	1.9	#
Total	38	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

When analysed by age and sex, respondents with a doctor diagnosed hearing problem were statistically significantly more likely to be over the age of 45 years, when compared to those reporting no hearing problem. There were no statistically significant differences found between the sex of those with doctor diagnosed hearing problem.

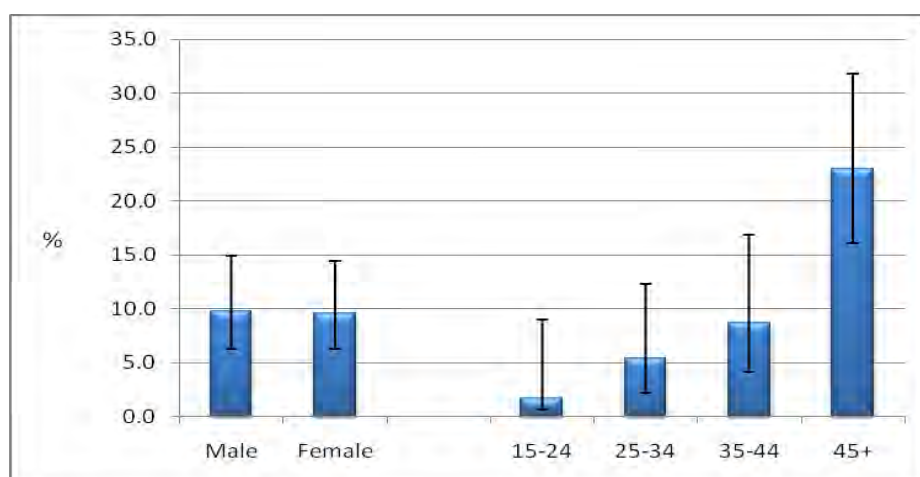


Figure 5.3: Hearing problem, by sex and age group

5.4 Mental Health

Overall, 10.3% (95% CI 7.7-13.6) of respondents reported having a doctor diagnosed mental health problem, with 63.2% (95% CI 47.9-76.2) saying that their condition affected their ability to do everyday tasks. For regional breakdowns refer to Appendix Table 5.4 in Appendix A.

Table 5.4: Doctor diagnosed mental health problem and impact on everyday tasks

	n	%	(95% CI)
Doctor diagnosed mental health problem			
Yes	41	10.3	(7.7 - 13.6)
No	357	89.4	(85.9 - 92.0)
Don't know/refused	1	0.4	#
Total	399	100.0	
Impact of mental health problem on ability to perform everyday tasks			
Yes	26	63.2	(47.9 - 76.2)
No	15	35.7	(22.8 - 51.0)
Don't know/refused	1	1.1	#
Total	41	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

When analysed by age and sex, respondents who reported having a doctor diagnosed mental health problem were statistically significantly more likely to be female and statistically significantly less likely to be male, when compared to those not reporting a doctor diagnosed mental health problem.

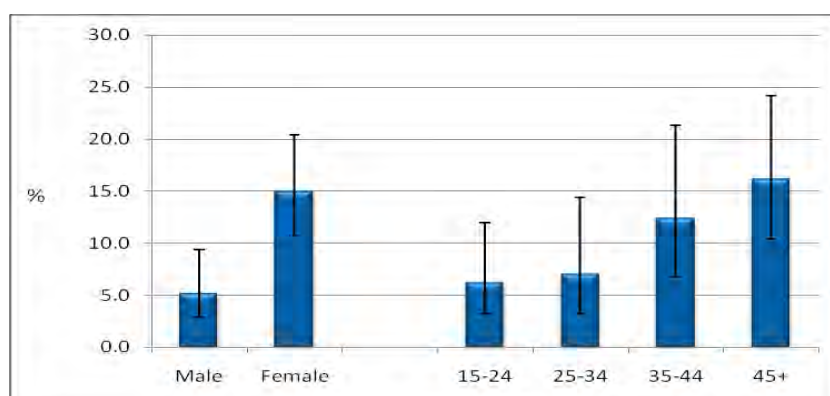


Figure 5.4: Doctor diagnosed mental health problem, by sex and age group

5.5 Asthma

Overall, 12.2% (95% CI 9.3-15.8) of SAAHS respondents reported having been told by a doctor that they had asthma, and had experienced symptoms (wheeze, shortness of breath or chest tightness) of asthma in the last 12 months or had taken treatment for asthma in the last 12 months. Furthermore, 46.0% (95% CI 30.6-57.4) said that their condition affected their ability to do everyday tasks. For regional breakdowns refer to Appendix Table 5.5 in Appendix A.

Table 5.5: Self-reported asthma and impact on everyday tasks

	n	%	(95% CI)
Asthma or symptoms of asthma			
Yes	49	12.2	(9.3 - 15.8)
No	349	87.4	(83.8 - 90.3)
Don't know/refused	2	0.4	#
Total	399	100.0	
Impact of asthma on ability to perform everyday tasks			
Yes	21	46.0	(32.8 - 59.8)
No	22	43.8	(30.9 - 57.7)
Don't know/refused/not stated	5	10.2	(4.4 - 21.8)
Total	49	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

When analysed by age and sex, respondents who self reported that they currently had asthma were statistically significantly more likely to be female or over the age of 45 years and statistically significantly less likely to be male or aged between 15 and 24 years of age, compared to those not having current asthma. There was no statistically significant differences found between sex and current asthma.

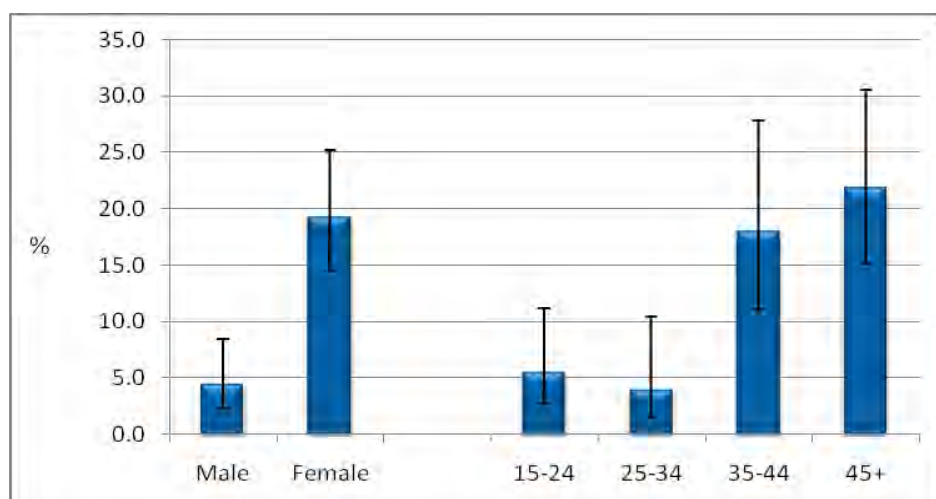


Figure 5.5: Doctor diagnosed asthma, by sex and age group

5.6 High Blood Pressure

Overall, 20.0% (95% CI 16.3-24.2) of respondents reported having current doctor diagnosed high blood pressure, with 36.3% (95% CI 26.6-47.2) saying that their condition affected their ability to do everyday tasks. For regional breakdowns refer to Appendix Table 5.6 in Appendix A.

Table 5.6: Doctor diagnosed high blood pressure and impact on everyday tasks

	n	%	(95% CI)
Doctor diagnosed high blood pressure			
Yes	80	20.0	(16.3 - 24.2)
No	314	78.8	(74.5 - 82.5)
Don't know/refused	5	1.2	(0.5 - 2.9)
Total	399	100.0	
Impact of high blood pressure on ability to perform everyday tasks			
Yes	29	36.3	(26.6 - 47.2)
No	48	59.8	(48.8 - 69.9)
Don't know/refused	3	3.9	#
Total	80	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

When analysed by age and sex, respondents who had current doctor diagnosed high blood pressure were statistically significantly more likely to be over the age of 45 years and statistically significantly less likely to be between 15 and 34 years of age, when compared to those reporting no high blood pressure. There was no statistically significant differences found between sex and doctor diagnosed high blood pressure.

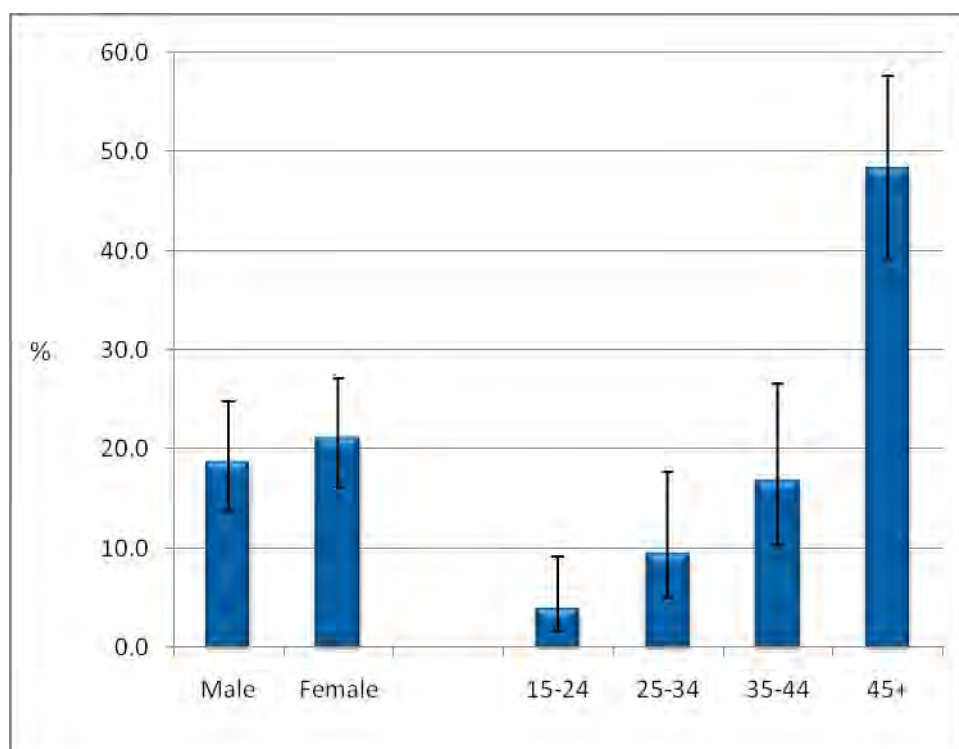


Figure 5.6: Doctor diagnosed high blood pressure, by sex and age group

5.7 Medicines

Respondents were asked questions regarding medication use, how medications are obtained, and whether or not they understand what their medication is used for. Obtaining and using medication has been highlighted as a major issue in Aboriginal health, particularly in remote areas. These data reflect the COAG SA NPA implementation target of increased support for chronic disease self-management.

Overall, 31.8% (95% CI 27.5-36.6) of respondents reported currently taking medicine, such as tablets, inhalers, creams, or injections, on a regular basis. For regional breakdowns refer to Appendix Table 5.7 in Appendix A.

Table 5.7: Taking medicines on a regular basis

	n	%	(95% CI)
Currently taking medicine on a regular basis			
Yes	127	31.8	(27.5 - 36.6)
No	272	68.2	(63.4 - 72.5)
Total	399	100.0	
Do you understand what your medicines are used for?			
Yes – all	112	87.9	(80.7 - 92.2)
Yes – some	12	9.6	(5.6 - 16.0)
No	3	2.5	#
Total	127	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

When analysed by age and sex, respondents who were currently taking medicines on a regular basis were statistically significantly more likely to be female or over the age of 45 years and statistically significantly less likely to be male or between 15 and 34 years of age, when compared to those not taking medication.

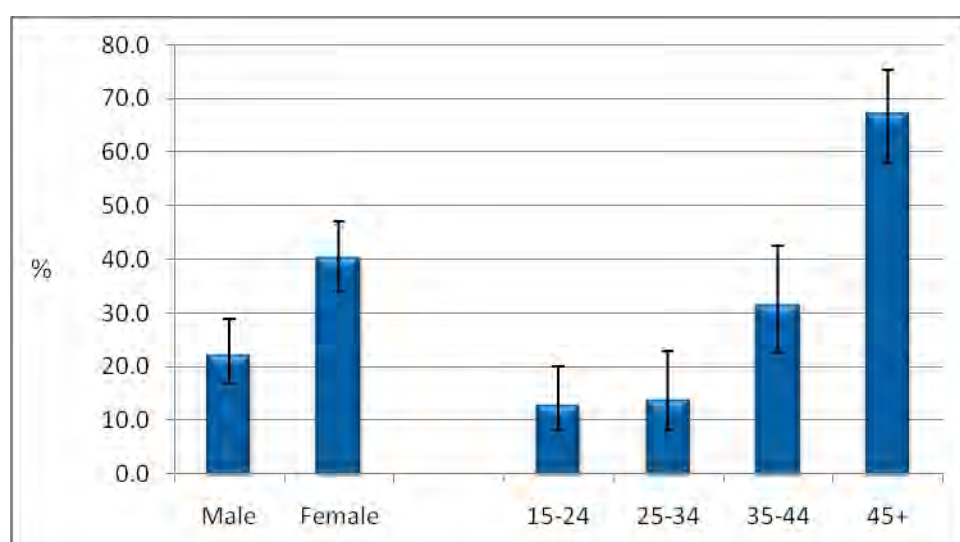


Figure 5.7: Taking and obtaining medicines, by sex and age group

Respondents taking medicines on a regular basis (n=127) were asked where they obtained their medicines from and what problems they have experienced in getting their medicines. Overall, 83.4% (95% CI 76.1-88.9) of respondents obtained their medicines from a chemist.

Table 5.8: Where do you obtain your medicines?

	n	%	(95% CI)
Chemist	106	83.4	(76.1 - 88.9)
Health Centre	14	11.1	(6.8 - 17.8)
Delivered	7	5.8	(2.9 - 11.3)

Multiple responses possible

insufficient numbers (n<5) for statistically testing

When respondents who reported taking medicines regularly (n=127) were asked if they have any problems getting their medicines 8.7% (95% CI 5.0-14.9), reported that they did. There were no statistically significant differences found between age or sex of these respondents.

Table 5.9: Do you have any problems getting your medicines?

	n	%	(95% CI)
Yes	11	8.7	(5.0 - 14.9)
No	115	90.6	(84.3 - 94.6)
Don't know/refused	1	0.7	#
Total	127	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

When asked what one thing would make it easier to get their medicines, 40.9% of respondents reported that if medicines were cheaper it would make it easier for them to obtain their medicines.

Table 5.10: What would make obtaining medicines easier?

	n	%
Closer chemist	2	19.8
Better opening hours of chemist or health centre	2	15.9
If medications could be delivered	3	23.4
If medications were cheaper	5	40.9
Total	11	100.0

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

6 Health Services Access

The COAG National Partnership Agreement on Closing the Gap highlights primary health care services as a priority, with the aim of ‘reducing the burden of chronic disease on the health system, particularly limited and costly acute services’ and ‘fixing the gaps and improving the patient journey’.

The aim of this section was to explore the range and kinds of services Aboriginal people use, any issues they may have accessing health services, and how they felt they were treated by the services they had used. These data enable us to highlight relationships between service utilisation and socio-demographic, health, and other factors, identifying gaps in and problems with service provision according to geographic area.

Respondents were asked where their most recent visit was to a GP or doctor, Aboriginal health worker, nurse or midwife, traditional Aboriginal healer, and hospital emergency department (see Table 6.1). Responses were then grouped by doctor’s surgery, home visit, SA Department of Health managed service, and Aboriginal community controlled health service. Although the intention was to distinguish between government managed health service use and Aboriginal community controlled health service use, these data need to be interpreted with care. In particular, data were not collected on whether the GP or doctor visit was at a private surgery, at a government managed health service, or at an Aboriginal community controlled health service.

Respondents were asked about a recent visit to a number of health services. Overall, 73.2% (95% CI 68.7-77.3) said they had visited a GP or doctor, 21.8% (95% CI 18.1-26.1) had seen an Aboriginal health worker, and 19.0% (95% CI 15.4-23.1) had visited a nurse or midwife, in the last twelve months.

Table 6.1: Health services access in the last 12 months

	n	%	(95% CI)
GP or doctor	292	73.2	(68.7 - 77.3)
Aboriginal Health Worker	87	21.8	(18.1 - 26.1)
Nurse or midwife	76	19.0	(15.4 - 23.1)
Traditional Aboriginal Healer	30	7.5	(5.3 - 10.5)
Hospital Emergency Department	65	16.3	(13.0 - 20.3)

Multiple responses possible

When compared by sex, respondents having visited a GP, nurse or midwife, or traditional Aboriginal healer were statistically significantly more likely to be female.

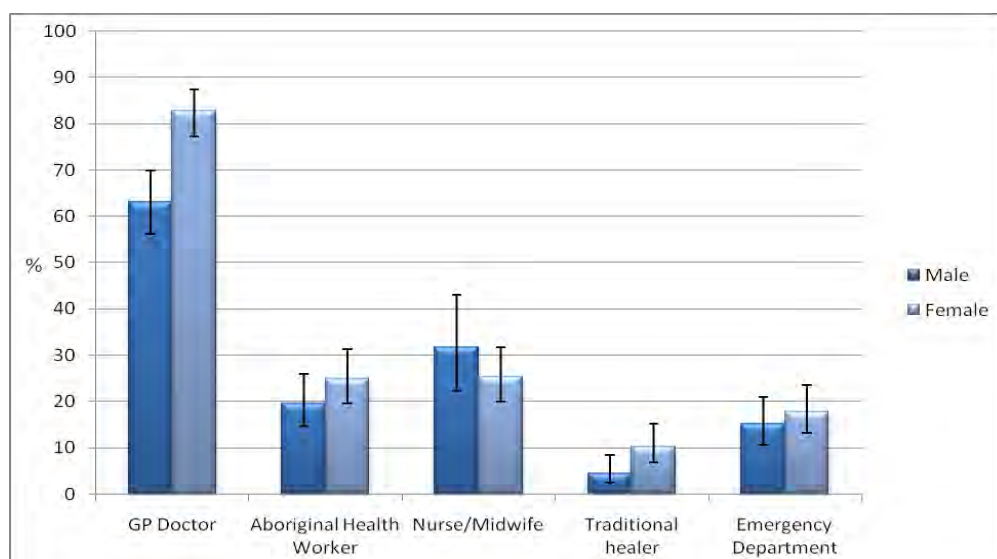


Figure 6.1: Health Service use, by sex

When comparing age group those respondents aged between 15 and 24 years were statistically significantly less likely to have seen a GP, traditional Aboriginal healer, or visited an emergency department, while those aged 45 years and over were statistically significantly more likely to have seen a GP, Aboriginal health worker, or nurse, or have visited an emergency department.

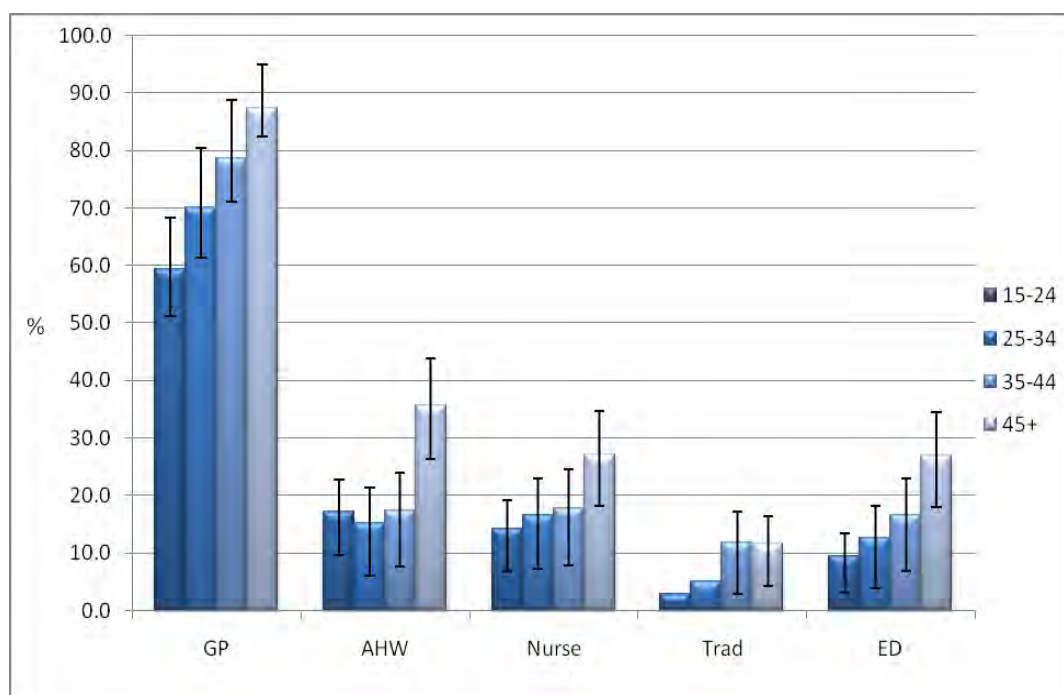


Figure 6.2: Health Service use, by age group

6.1 GP or Doctor

Overall, 73.2% (95% CI 68.7-77.3) of respondents reported having seen a GP or doctor in the last twelve months with 69.3% (95% CI 63.8-74.3) of these reporting their most recent visit to a GP/doctor was in the doctor's surgery, and 13.7% (95% CI 10.2-18.1) reporting seeing the GP/doctor most recently at an Aboriginal Community Controlled Health Service. For regional breakdowns refer to Appendix Table 6.1 in Appendix A.

Table 6.2: Visit to a GP in the last 12 months

	n	%	(95% CI)
GP or Doctor			
Yes	292	73.2	(68.7 - 77.3)
No	105	26.4	(22.3 - 30.9)
Don't know/Refused	1	0.4	#
Total	399	100.0	
Where was the most recent visit?			
Doctor's Surgery	202	69.3	(63.8 - 74.3)
Home Visit	6	1.9	(0.9 - 4.3)
SA Department of Health managed Health Service	35	11.8	(8.6 - 16.0)
Aboriginal Community Controlled Health Service	40	13.7	(10.2 - 18.1)
Don't know/Refused	10	3.3	(1.8 - 6.0)
Total	292	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

When compared by age and sex, respondents who reported having seen a GP or doctor in the last twelve months were statistically significantly more likely to be female and over the age of 45 years and statistically significantly less likely to be aged between 15 and 24 years, when compared to those who had not seen a GP or doctor in that time.

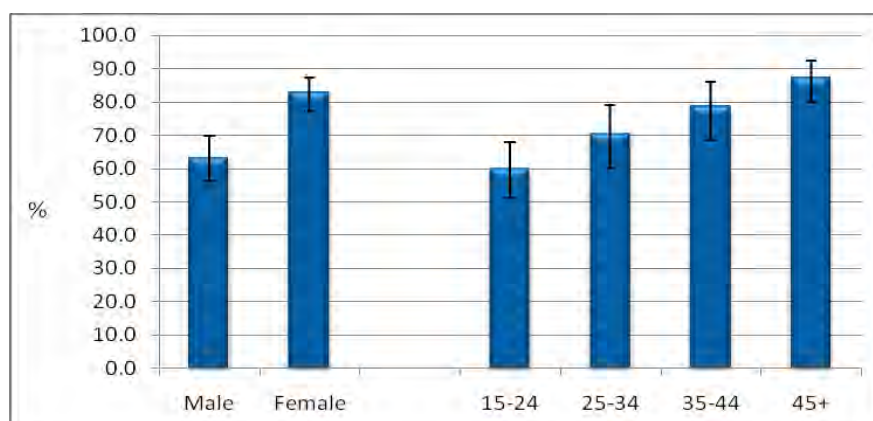


Figure 6.3: Visit to GP or doctor in last 12 months, by sex and age group

Respondents reporting a home visit (n=6) were asked why this service had been provided to them at home and if they would have used an alternative service if one had been available. Respondents stated reasons for a home visit as; walking distance, no doctor at surgery or regular doctor visit, and pregnant. When asked if they would have used an alternative service if it had been provided two respondents answered yes, two said no, and the other two were not sure.

6.2 Aboriginal Health Worker

Overall, 21.8% (95% CI 18.1-26.1) of respondents reported visiting an Aboriginal health worker in the last 12 months with 32.0% (95% CI 23.2-42.5) of these visiting an Aboriginal Community Controlled Health Service. For regional breakdowns refer to Appendix Table 6.2 in Appendix A.

Table 6.3: Visit to an Aboriginal Health Worker in the last 12 months

	n	%	(95% CI)
Aboriginal Health Worker			
Yes	87	21.8	(18.1 - 26.1)
No	300	75.2	(70.8 - 79.2)
Don't know/Refused	12	2.9	(1.7 - 5.1)
Total	399	100.0	
Where was the most recent visit?			
Doctor's Surgery	24	6.1	(19.7 - 38.3)
Home Visit	4	4.4	#
SA Department of Health managed Health Service	24	27.8	(19.5 - 38.0)
Aboriginal Community Controlled Health Service	28	32.0	(23.2 - 42.5)
Don't know/Refused	7	7.7	(3.8 - 15.3)
Total	87	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

Respondents who reported having seen an Aboriginal health worker in the last twelve months were statistically significantly more likely to be over the age of 45 years when compared to those not having seen an Aboriginal health worker in the last twelve months.

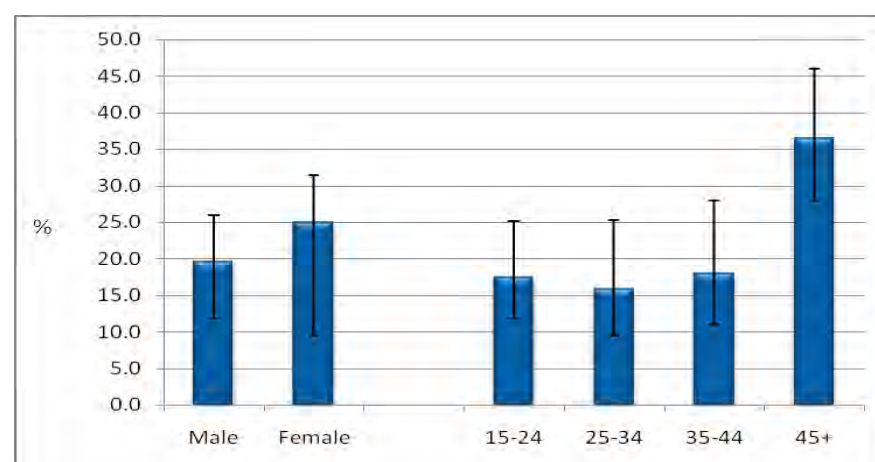


Figure 6.4: Visit to Aboriginal health worker in last 12 months, by sex and age group

Those respondents reporting that this service was provided at home (n=4) were asked why this service had been provided to them at home and if they would have used an alternative service if one had been available. There were no reasons given for having this service provided at home and two respondents said they would have used an alternative service while two refused to answer this question.

6.3 Nurse or midwife

Overall, 19.0% (95% CI 15.4-23.1) of respondents reported visiting a nurse or midwife in the last twelve months with 27.5% (95% CI 18.6-38.5) of these visiting an Aboriginal Community Controlled Health Service. For regional breakdowns refer to Appendix I: Table 6.3.

Table 6.4: Visit to a nurse or midwife in the last 12 months

	n	%	(95% CI)
Nurse or midwife			
Yes	76	19.0	(15.4 - 23.1)
No	204	51.2	(46.3 - 56.1)
Don't know/Refused	119	29.8	(25.5 - 34.4)
Total	399	100.0	
Where was the most recent visit?			
Doctor's Surgery	34	45.9	(35.0 - 57.0)
Home Visit	3	3.8	#
SA Department of Health managed Health Service	9	12.3	(6.6 - 21.6)
Aboriginal Community Controlled Health Service	21	27.5	(18.6 - 38.5)
Total	76	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

Respondents who reported having seen a nurse or midwife in the last twelve months were statistically significantly more likely to be females or aged over 45 years old and statistically significantly less likely to be males when compared to those not having seen a nurse or midwife in the last twelve months.

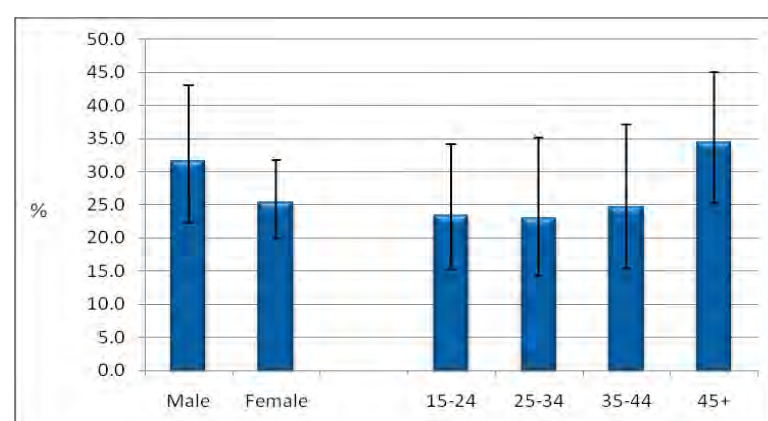


Figure 6.5: Visit to a nurse or midwife in last 12 months, by sex and age group

From those respondents reporting that they had seen a nurse or midwife at home (n=3); only one said that they would have used an alternative service if it had been available.

6.4 Traditional Aboriginal Healer

Overall, 7.5% (95% CI 5.3-10.5) of respondents reported visiting a traditional Aboriginal healer in the last twelve months. For regional breakdowns refer to Appendix Table 6.4 in Appendix A.

Table 6.5: Visit to a Traditional Aboriginal Healer in the last 12 months

	n	%	(95% CI)
Traditional Aboriginal healer			
Yes	30	7.5	(5.3 - 10.5)
No	367	91.9	(88.8 - 94.2)
Don't know/Refused	2	0.6	#
Total	399	100.0	
Where was the most recent visit?			
Healer's premises	8	28.0	(15.2 - 45.8)
Home Visit	14	47.9	(31.2 - 64.9)
Other	4	12.0	#
Don't know/Refused	4	12.2	#
Total	30	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

When compared by age and sex, respondents who reported having seen a traditional Aboriginal healer in the last twelve months were statistically significantly more likely to be females and less likely to be males when compared to those not having seen a traditional Aboriginal healer.

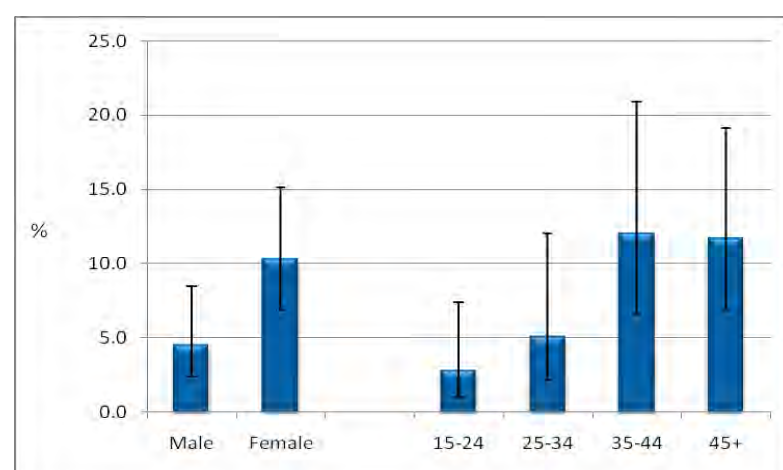


Figure 6.6: Visit to a traditional Aboriginal healer in last 12 months, by sex and age group

Those respondents reporting that this service was provided at home (n=13) were asked why this service had been provided to them at home and if they would have used an alternative service if one had been available.

Some of the reasons given for this service to be provided at home were; it is more convenient, they do it that way, traditionally home visits, and that is the way I wanted it. Only one person said that they would have used an alternative service if it was available.

6.5 Hospital Emergency Department

Overall, 16.3% (95% CI 13.0-20.3) of respondents visited an hospital emergency department in the last twelve months. For regional breakdowns refer to Appendix Table 6.5 Appendix A.

Table 6.6: Visit to an hospital emergency department in the last 12 months

	n	%	(95% CI)
Hospital emergency department			
Yes	65	16.3	(13.0 - 20.3)
No	329	82.5	(78.5 - 86.0)
Don't know/Refused	4	1.1	(0.5 - 2.7)
Total	399	100.0	
Where was the most recent visit?			
Metropolitan Adelaide	36	55.4	(43.3 - 66.8)
Wakefield	4	6.2	#
Riverland/Hills Mallee Southern	2	3.1	#
Northern & Far Eastern	7	10.8	(5.3 - 20.6)
South East	-	-	-
West	11	16.9	(9.7 - 27.8)
Interstate	2	3.1	#
Don't know/Refused	1	1.5	#
Total	65	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

When compared by age and sex, respondents who reported having been to an hospital emergency department in the last twelve months were statistically significantly more likely to be aged 45 years and over and statistically significantly less likely to be aged between 15 and 24 years when compared to those not having visited an emergency department in that time.

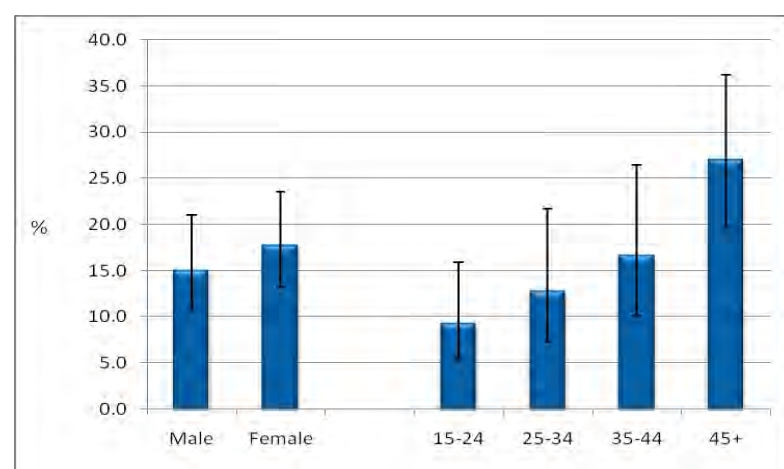


Figure 6.7: Visit to an hospital emergency department in last 12 months, by sex and age group

6.6 Dentist

Overall, 50.7% (95% CI 45.8-55.6) of respondents reported visiting a dentist or dental professional in the last twelve months. For regional breakdowns refer to Appendix Table 6.6 in Appendix A.

Table 6.7: When was the last time went to a dentist or dental professional

	n	%	(95% CI)
Less than 12 months ago	202	50.7	(45.8 - 55.6)
12 months to less than 3 years ago	103	25.8	(21.7 - 30.3)
Over 3 years ago	61	15.2	(12.0 - 19.1)
Never	11	2.7	(1.5 - 4.9)
Don't know/Refused	22	5.6	(3.7 - 8.3)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

When compared by age and sex, there were no statistically significant differences found between ages group and sex and visiting a dentist or dental professional in the last twelve months.

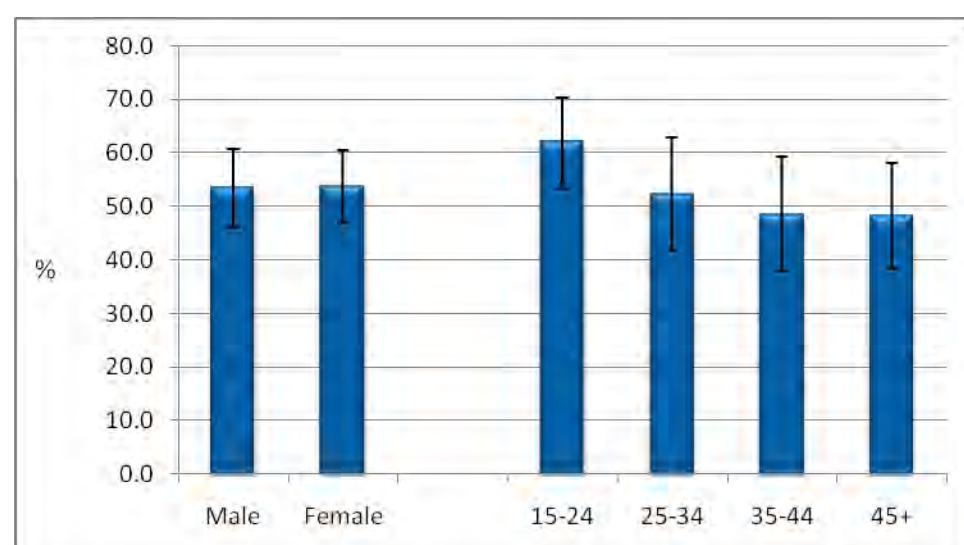


Figure 6.8: Visit to a dentist or dental professional in last 12 months, by sex and age group

6.7 General Health Service choice

Respondents were asked if they had a preference between visiting an Aboriginal specific health service or a non-specific health service. Overall, 52.1% (95% CI 47.2-56.9) of respondents reported that they would prefer an Aboriginal specific health service, while a further 36.0% (95% CI 31.5-40.8) said that they did not have a preference. For regional breakdowns refer to Appendix Table 6.7 in Appendix A.

Table 6.8: Choice of Health Service

	n	%	(95% CI)
Prefer Aboriginal specific	208	52.1	(47.2 - 56.9)
Prefer non-specific	38	9.4	(6.9 - 12.7)
No preference	144	36.0	(31.5 - 40.8)
Don't know/refused	10	2.5	(1.3 - 4.5)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

When compared to respondents preferring to attend a non-specific Aboriginal specific health service or having no preference, those preferring to visit an Aboriginal specific health service were statistically significantly more likely to be aged between 25 and 34 years and statistically significantly less likely to be aged between 15 and 24 years.

Those respondents preferring a non-specific health service were statistically significantly more likely to be aged 45 years and over and statistically significantly less likely to be aged between 15 and 24 years when compared to those without a preference combined with those preferring an Aboriginal specific health service, while respondents having no preference were statistically significantly more likely to be aged between 15 and 24 when compared to those having a preference of either an Aboriginal specific or non-specific health service or service provider.

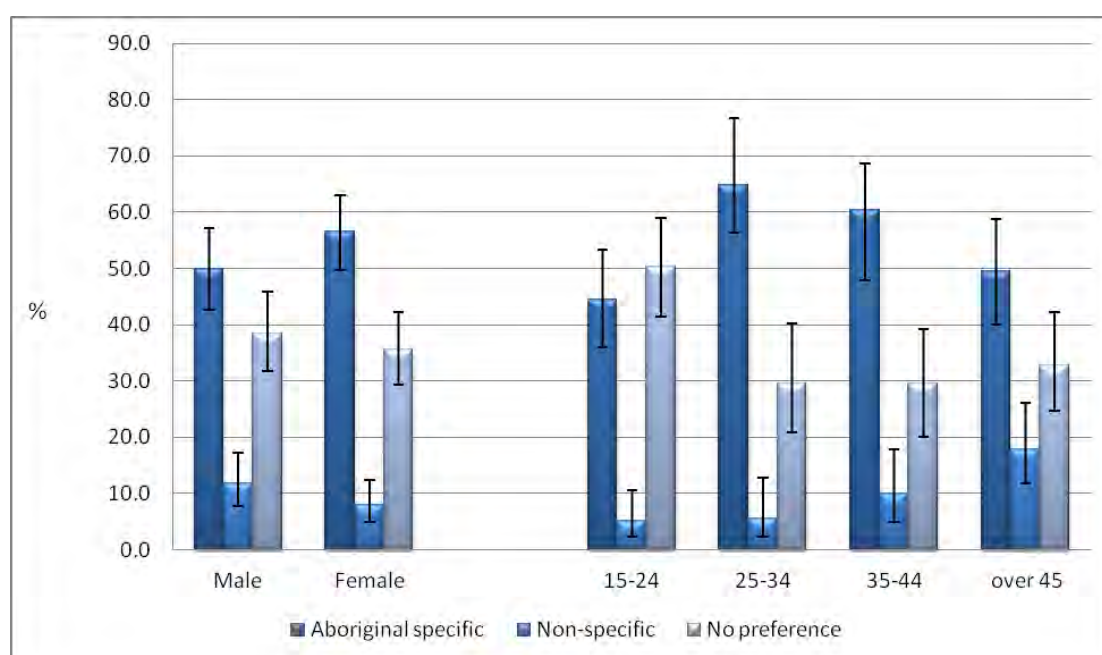


Figure 6.9: Choice of health service, sex and age group

When asked if there were any times when the respondent wanted to use one or more health service or health service providers, but did not, 17.6% (95% CI 14.2-21.6) reported that there had been times when this happened. For regional breakdowns refer to Appendix Table 6.7 in Appendix A.

Table 6.9: Time when wanted to use a health service/service provider, but did not

	n	%	(95% CI)
Yes	70	17.6	(14.2 - 21.6)
No	309	77.5	(73.1 - 81.3)
Don't know/refused	20	5.0	(3.2 - 7.6)
Total	399	100.0	
Which ones were these? *			
GP/Doctor	47	67.2	(55.7 - 77.2)
Aboriginal Health Worker	22	31.7	(22.0 - 43.4)
Traditional Aboriginal Healer	9	13.0	(0.7 - 9.6)
Hospital Emergency Department	8	11.1	(5.7 - 20.6)
Nurse or midwife	2	2.7	#
Physiotherapist or chiropractor	2	2.1	#
Other (inc. Dentist and psychologist)	10	14.0	(7.8 - 24.0)

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

* Multiple responses possible

When compared by age and sex, respondents who wanted to use a health service or health service provider and did not were statistically significantly more likely to be female and statistically significantly less likely to be male when compared to those who either used a health service or health provider in this situation, or had not been faced with this situation.

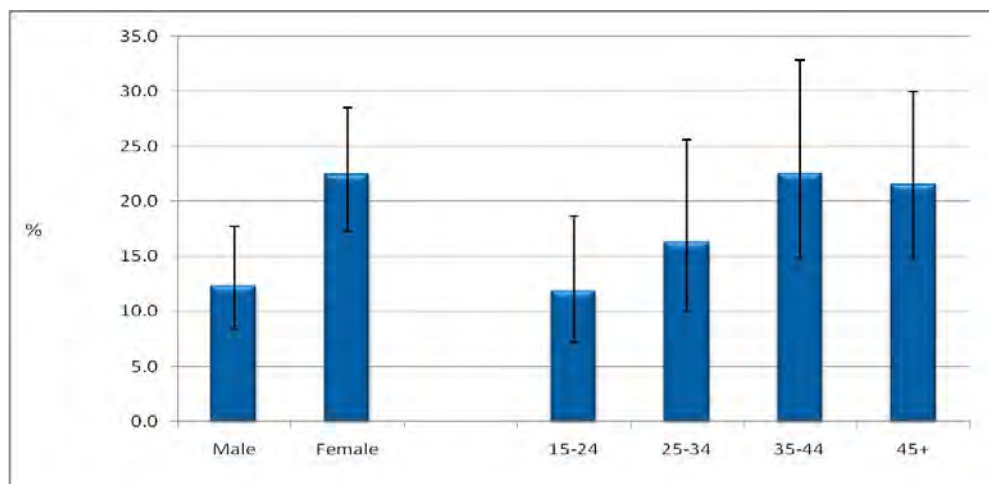


Figure 6.10: Time wanted to use one or more health services/service providers, sex and age group

Respondents who reported not using one or more health services or health service providers when they had wanted to (n=70) were asked: “For these services that you did not use, would you please tell me the reason(s) why you did not use them?” and “What would help you to use [this/these] service(s) in future?” (Table 6.10).

Table 6.10: Reasons for not using service and thing that would help in future

	n	%	(95% CI)
Not used service because ...			
Waiting time too long/not available at the time required	19	27.9	(18.6 - 39.5)
Transport	12	17.4	(10.2 - 28.0)
No services in area	10	14.4	(8.0 - 24.6)
Too busy	9	13.3	(7.1 - 23.3)
Distance	6	1.5	(3.9 - 17.6)
Cost of service	3	4.7	#
Not enough services in area	3	4.7	#
Treated badly because Aboriginal	5	7.3	(3.2 - 16.1)
Language problems	1	1.5	#
Other (inc. rather use Aboriginal service, wanted second opinion, work commitments, not part of Closing the Gap)	14	21.1	(13.1 - 32.2)
What would help?			
More services available	20	31.3	(21.0 - 43.3)
Know if and where they are available	15	24.1	(15.1 - 35.8)
Better transport	12	19.5	(11.5 - 30.8)
More culturally appropriate	10	15.4	(8.4 - 26.1)
Care given by Aboriginal people	8	12.0	(6.0 - 22.2)
Closer services	8	12.9	(6.7 - 23.2)
Cheaper services	4	6.9	#
Other (inc. After hours services, if member of Closing the Gap)	13	20.2	(12.0 - 31.5)

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

Note: Multiple responses possible

7 Aboriginal Identification

7.1 Aboriginal status

Identification as Aboriginal is a necessary, but not sufficient, condition for gaining additional health benefits. Improved effectiveness, appropriateness, efficiency, responsiveness, accessibility and safety of the health system for Aboriginal people are thought to be the major benefits of identification.¹⁰ Improving identification is important in expanding uptake of Aboriginal health checks.¹¹

Respondents were asked: “When you go to a health service, if asked, do you say you are Aboriginal?” Table 7.1 shows the proportion of Aboriginal respondents who do identify as an Aboriginal person when using a health service (77.6%: 95% CI 73.4-81.5). For regional breakdowns refer to Appendix Table 7.1 in Appendix A.

Table 7.1: If asked, do you identify as Aboriginal?

	n	%	(95% CI)
Yes	310	77.6	(73.4 - 81.5)
No	35	8.8	(6.4 - 12.0)
Never been asked	49	12.2	(9.4 - 15.9)
Don't know / Refused	5	1.4	(0.5 - 2.9)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

There were no statistically significant differences for respondents who said that they were Aboriginal if asked between sex or age groups when compared to those who said they did not identify as Aboriginal, or had never been asked.

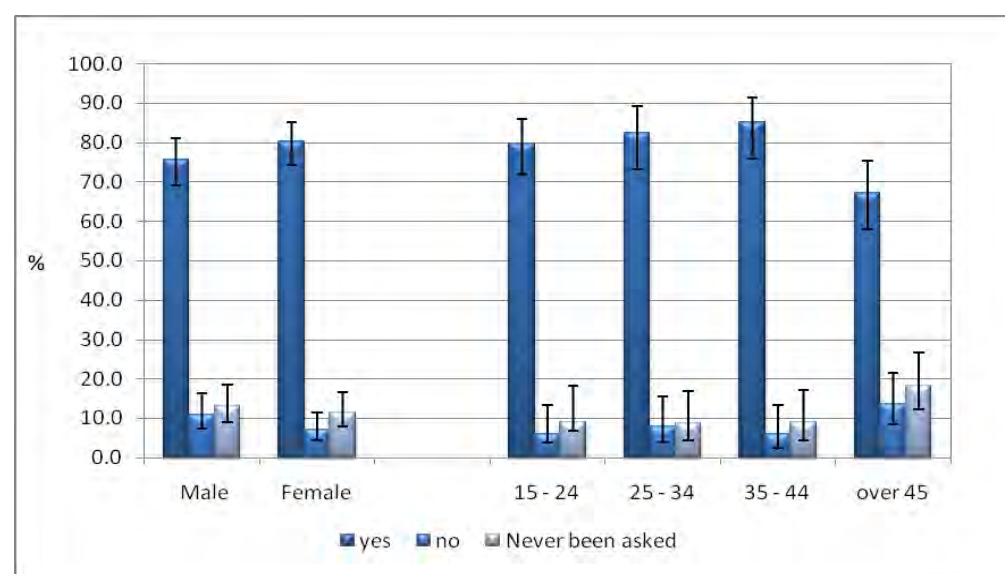


Figure 7.1: Identification as an Aboriginal person when asked, by sex and age group

All respondents, except those that had indicated that they had “never been asked” were then asked: “Thinking about the last time you used ANY health service, were you asked whether you are Aboriginal?” Overall, 49.1% (95% CI 44.2-54.0) said that they were not asked whether they were Aboriginal at their last health service visit.

Table 7.2: Method of Aboriginal/Torres Strait Islander identification at last health service visit

	n	%	(95% CI)
Yes, filled out a form	31	7.8	(5.5 - 10.8)
Yes, asked	91	22.7	(18.9 - 27.1)
Health service asked previously	19	4.7	(3.0 - 7.2)
No	196	49.1	(44.2 - 54.0)
Don't know / Refused	63	15.8	(12.5 - 19.7)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

There were no statistically significant differences between males and females in the method of identification. However, respondents 45 years and over were statistically significantly more likely to state that the health service had asked them previously when compared to the other methods of identification. Regional breakdowns are provided in Appendix Table 7.2 in Appendix A.

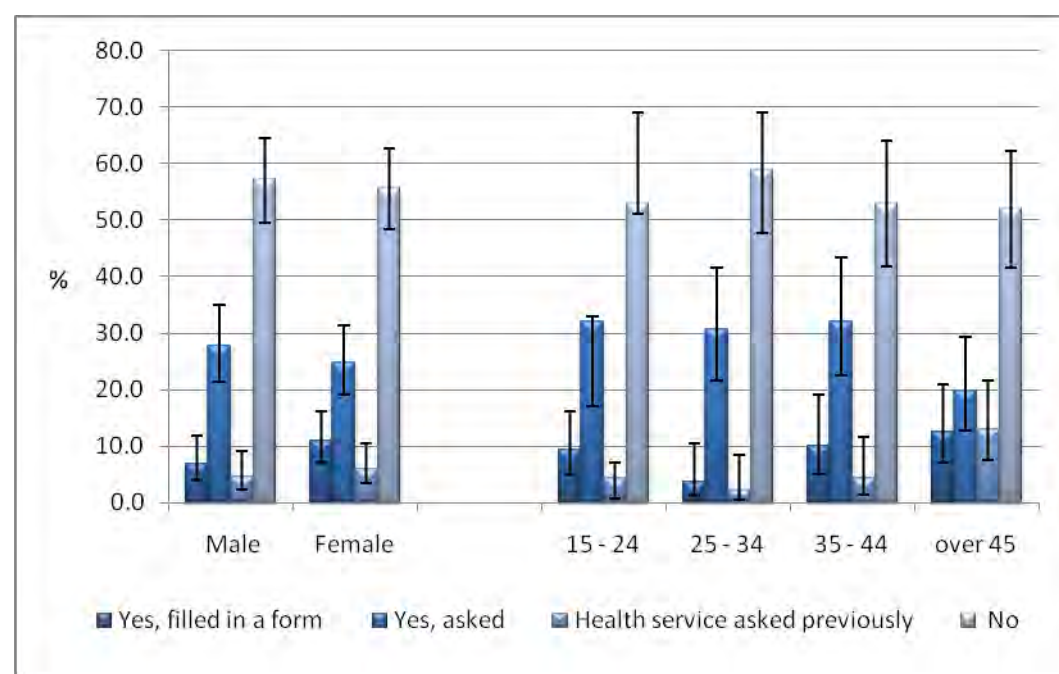


Figure 7.2: Method of Identification as an Aboriginal person when asked, by sex and age group

7.2 'Ever Felt like Complaining'

Questions about complaints were suggested to build upon work in the 'Ever Felt like Complaining?' campaign, a Health and Community Services Complaints Commissioner's Aboriginal and Torres Strait Islander Outreach Project developed as part of the Closing the Gap initiative. The campaign aims to encourage Aboriginal people to complain if they feel the service they received was inadequate or they experienced discrimination. It is known that Aboriginal people are likely to stay away from services due to bad experiences, and are unlikely to speak up about bad experiences for fear of making things worse, or because they feel complaining will not make a difference.

Respondents who indicated that they had been asked their Aboriginal status at a health service were asked: "Thinking about the last time you used ANY health service, did you feel that you were treated better or worse by the staff because you are Aboriginal?" Overall, 78.8% (95% CI 74.5-82.5) of respondents reported that there was no difference in the way they were treated because they identified as Aboriginal (Table 7.3 and Figure 7.3). Regional breakdowns are provided in Appendix Table 7.3 in Appendix A.

Table 7.3: Perceived treatment due to Aboriginal identification at last health service visit

	n	%	(95% CI)
No difference	314	78.8	(74.5 - 82.5)
Yes, better	22	5.4	(3.6 - 8.1)
Yes, worse	5	1.2	(0.5 - 2.9)
Don't know/refused	58	14.6	(11.5 - 18.4)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Respondents who reported no difference in the way they were treated were statistically significantly less likely to be aged 45 years and over, when compared to those who had reported a difference in the way that they had been treated due to their Aboriginality. Those reporting they had been treated better due to Aboriginal identification were statistically significantly less likely to be aged 15 to 24 years when compared to those finding no difference and those finding they were treated worse.

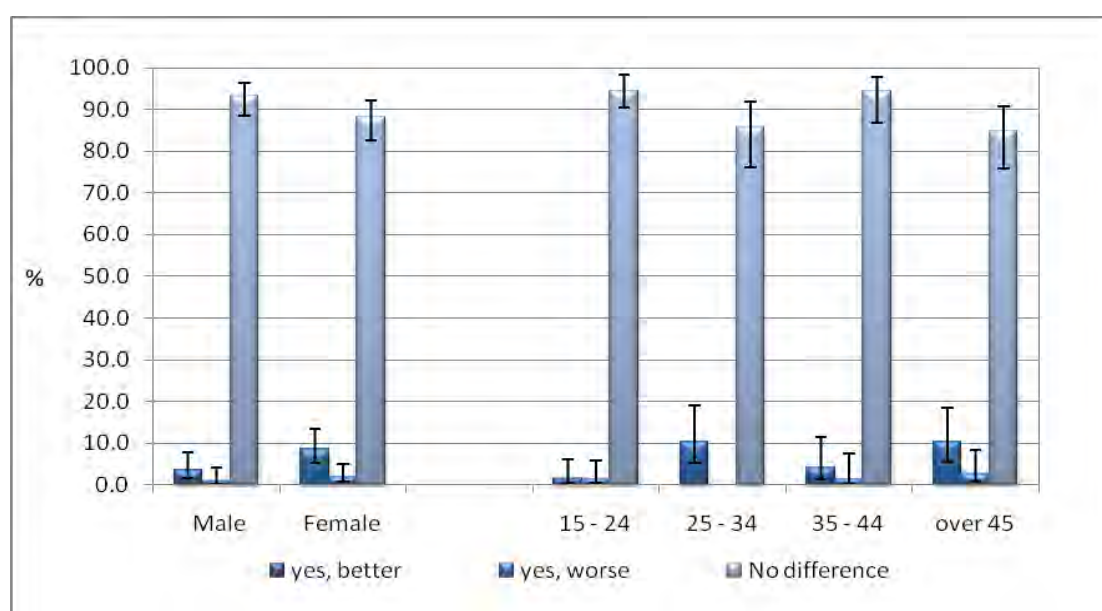


Figure 7.3: Treatment because of being an Aboriginal person, by sex and age group

Those respondents, who reported they had been treated better at a health service because they were Aboriginal, were asked: “What happened to make you feel you were treated better than the other people using the service?” (see Table 7.4). Other responses included “no different” and “not recognising me as Aboriginal”.

Table 7.4: Better treatment than other people at last health visit

	n	%	(95% CI)
Friendly attitude of service provider	11	48.9	(29.7 - 68.5)
Cultural needs were recognised	8	38.7	(21.4 - 59.4)
Seen by provider more quickly	2	7.8	#
Other	2	7.8	#
Don't know	1	4.0	#

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

Multiple responses allowed

Respondents who reported they had been treated worse at the health service because they were Aboriginal were asked: “What happened to make you feel you were treated worse than the other people using the service (see Table 7.4). Other responses included “arrangements not done”, “I had to do my own accommodation, transport” and “no problem”.

Table 7.5: Worse treatment than other people at last health visit

	n	%	(95% CI)
Staff talked down to me	2	14.9	#
Heard the staff say something bad about me	1	5.0	#
Kept me waiting	2	14.9	#
Treated other patients better	2	17.1	#
Didn't spend enough time or rushed	1	10.0	#
Didn't listen or pay attention to me	1	5.0	#
Acted negatively or disrespectfully	1	12.1	#
Staff were rude or impolite	2	17.1	#
Other	1	9.9	#
Don't know/Refused	6	53.1	(31.3 - 83.2)

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

Multiple responses allowed

If respondents believed that they had been treated worse because they were Aboriginal, they were asked "When this happened, did you formally complain either at the time or afterwards?" (Table 7.6). Overall, 69.6% (95% CI 40.8-88.4) reported that they did not formally complain at the time, or afterwards.

Table 7.6: Formal Complaint due to worse treatment at last health service visit

	n	%	(95% CI)
Yes	2	19.2	#
No	8	69.6	(40.8 - 88.4)
Don't know / refused	1	11.1	#
Total	11	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

Those respondents, who had made a complaint, were asked: "Who did you complain to?" and "Were you happy with the response you got?" Responses included "someone at another service" and "don't know". One respondent was happy, and the other respondent who answered this question answered "don't know".

Alternatively, respondents who had not complained about being treated worse because they were Aboriginal were asked: "What was the main reason you didn't complain about being treated worse?" Two respondents said "didn't know how to complain" and two answered "don't know". The other reasons included; "didn't know who to complain to", "didn't think it would make any difference" and "uncomfortable".

8 Social Capital

Social capital is widely recognised as a vital component of social and emotional wellbeing, and has been measured in many ways across many surveys and other research settings. It relates strongly to the social determinants of health, and therefore reflects the basic premise of the Closing the Gap Initiative. The COAG NPA states that overcoming Aboriginal disadvantage requires a holistic life stage approach that builds sustainable social change; understanding the level of social capital in the Aboriginal population will help to inform programs that mean to progress these aims.

Respondents reported their connectedness with their local community by answering eleven questions adapted from the questions used in the 2008 Aboriginal and Torres Strait Islander Social Survey (NATSISS).³ These questions ask about things respondents may or may not have done, in the last 12 months, for someone who is not living with them. Questions were then scored by assigning a value of one to each 'yes' answer and a value of zero to each 'no' answer and adding responses together to provide a total score out of eleven. A measure of social capital was then calculated where a score of two or less represented lowest social capital (level 1), three to five represented level 2, six to eight represented level 3, and 9 to 11 represented highest social capital (level 4) (Table 8.1). For regional breakdowns refer to Appendix Table 8.1 in Appendix A.

Table 8.1: Social Capital

	n	%	(95% CI)
Level 1 (lowest social capital)	158	39.7	(35.0 - 44.6)
Level 2	141	35.3	(30.8 - 40.1)
Level 3	58	14.6	(11.4 - 18.4)
Level 4 (highest social capital)	41	10.4	(7.7 - 13.7)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

The social capital quartiles represented below (Table 8.1) indicate a measure of the connectedness the respondent reported having with their immediate community. Lowest social capital indicating that the respondent has little interaction with those in their community that are not living with them; while highest social capital indicates a strong connection with members of their community who are not living with them.

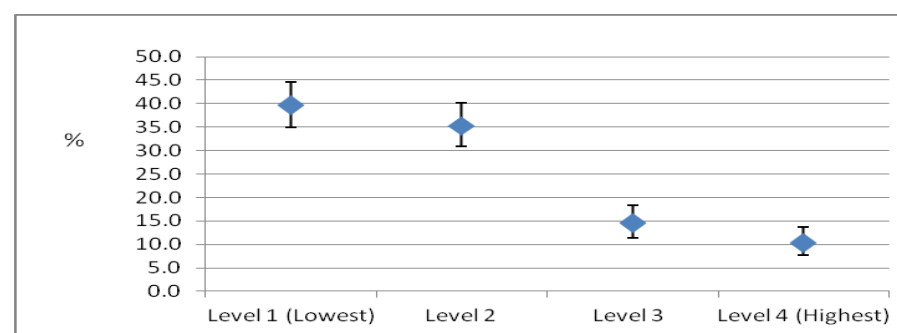


Figure 8.1: Social capital quartiles

When analysed by age and sex, respondents living with lowest social capital were statistically significantly more likely to be males and aged 15 to 24 years and statistically significantly less likely to be females and 35 to 44 years when compared to those in the low, high, and highest quintiles. Those living with high social capital were statistically significantly more likely to be females and statistically significantly less likely to be males when compared to those in the lowest, low and highest quintiles, and those living with highest social capital were statistically significantly more likely to be aged 45 years and over and statistically significantly less likely to be aged 15 to 24 years when compared to those in the high, low, and lowest quintiles.

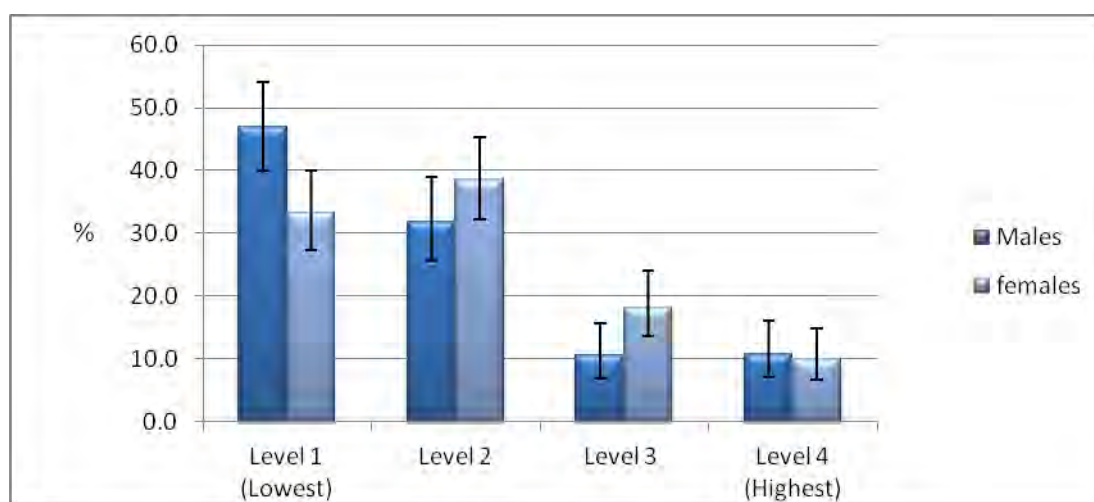


Figure 8.2: Social capital quartiles, by sex

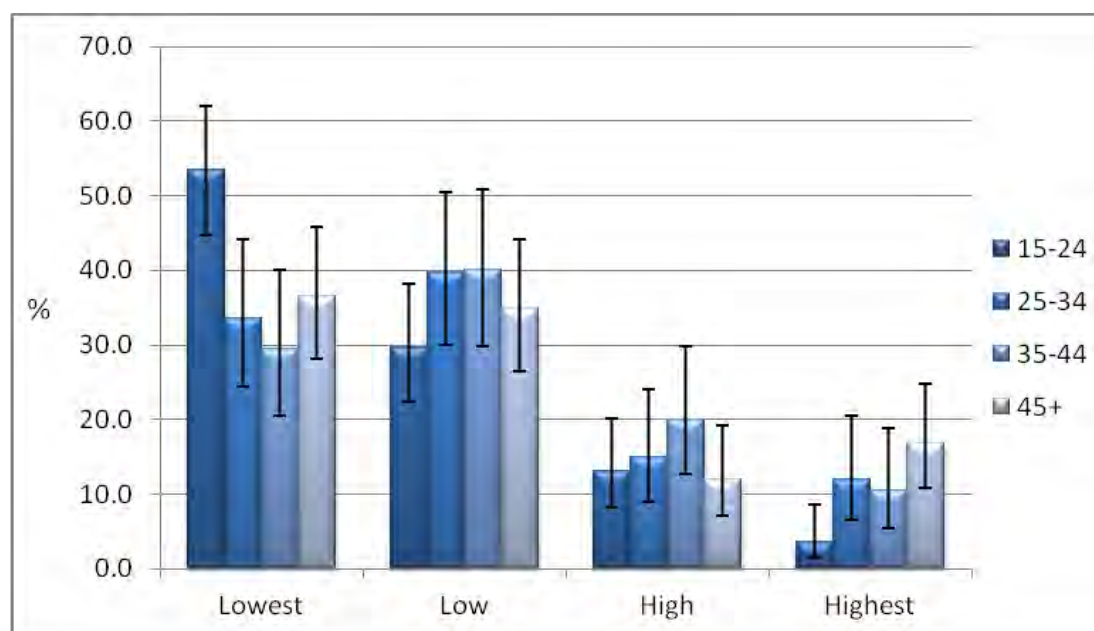


Figure 8.3: Social capital quartiles, by age group

9 Health Literacy

Functional health literacy is an individual's ability to read, calculate and act on oral and written information in health care settings. Poor functional health literacy is related to poor health outcomes including increased mortality and morbidity. Functional health literacy is growing in importance given that individuals have greater involvement with the management of their chronic conditions.⁴ It has been reported that medication compliance is a major issue in Aboriginal populations and many of the implementation programs in the COAG NPA have increased support for self-management and health promotion (such as the Aboriginal Well Health Programme).

The following questions were sourced from a series of questions formulated for the Swiss Health Literacy Survey and included in the South Australian Omnibus Survey (SAHOS)¹² in spring 2008.

9.1 Understanding information provided by doctor

When asked if respondents agreed or disagreed with the following: "If you need to take medicine, the information given to you by your doctor helps you to understand why you need to take it", 3.2% (95% CI 1.9-5.5) of respondents reported that they disagreed with this statement. For regional breakdowns refer to Appendix Table 9.1 in Appendix A.

Table 9.1: Health Literacy – information provided by doctor helps to understand medicines

	n	%	(95% CI)
Agree	370	92.8	(89.8 - 94.9)
Disagree	13	3.2	(1.9 - 5.5)
Don't know/refused	16	4.0	(2.5 - 6.4)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

When compared by age and sex, there were no statistically significant differences found between people who agreed and people who disagreed with this statement.

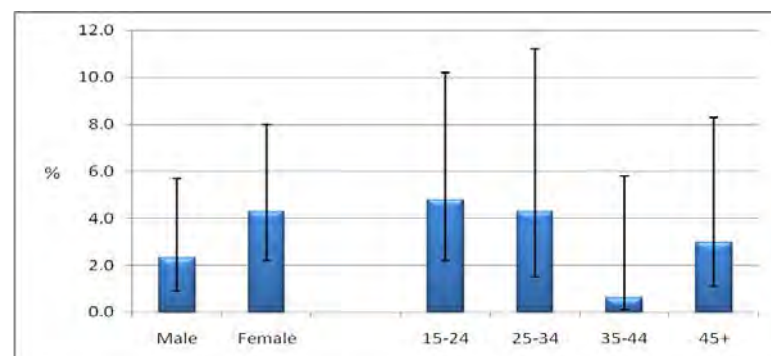


Figure 9.1: Information provided by doctor does not help to understand, by sex and age group

9.2 Reading instructions

When asked: “Thinking about the information provided with new medicines that you buy, how often do you read the instructions?”, 16.1% (95% CI (12.8-20.0) of respondents reported that they never, rarely, or occasionally read instructions when they buy medicines. For regional breakdowns refer to Appendix Table 9.1 in Appendix A.

Table 9.2: Health Literacy – reading instructions provided with medicines

	n	%	(95% CI)
Never	22	5.4	(3.7 - 8.2)
Rarely	20	5.1	(3.3 - 7.6)
Occasionally	22	5.6	(3.7 - 8.2)
Most times	135	33.9	(29.4 - 38.6)
Always	160	40.1	(35.4 - 45.0)
Don't buy medicines	30	7.6	(5.3 - 10.5)
Don't know/refused	9	2.2	(1.2 - 4.2)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Respondents reporting that they never, rarely, or occasionally read instructions when they buy medicines (n=64) were statistically significantly more likely to be aged over 45 years when compared to those to most times or always read instructions, and those who don't buy medicines.

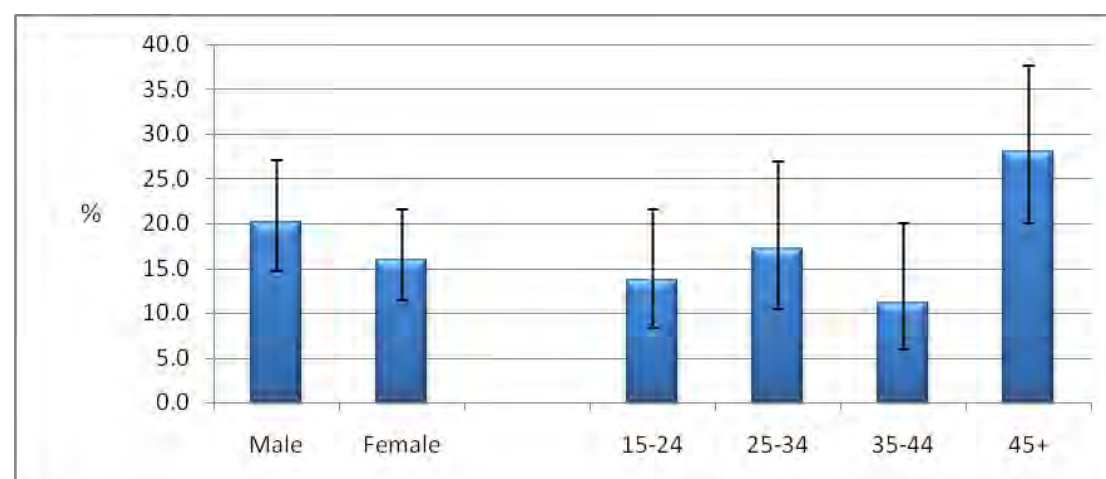


Figure 9.2: Never/rarely/occasionally read information provided with medicines, by sex and age group

9.3 Understanding information provided with medicines

When asked: “Generally speaking, how easy or difficult do you find it is to understand information provided with any medicines?” Overall, 3.8% (95% CI 2.3-6.1) of respondents said this was difficult. For regional breakdowns refer to Appendix Table 9.1 in Appendix A.

Table 9.3: Health Literacy – understanding information provided with medicines

	n	%	(95% CI)
Easy	317	79.5	(75.3 - 83.2)
Neither easy or difficult	51	12.9	(10.0 - 16.5)
Difficult	15	3.8	(2.3 - 6.2)
Don't know/refused	15	3.8	(2.3 - 6.1)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

When compared by age and sex, there were no statistically significant differences found between respondents who had difficulty understanding information provided with medicines that they buy and those that did not.

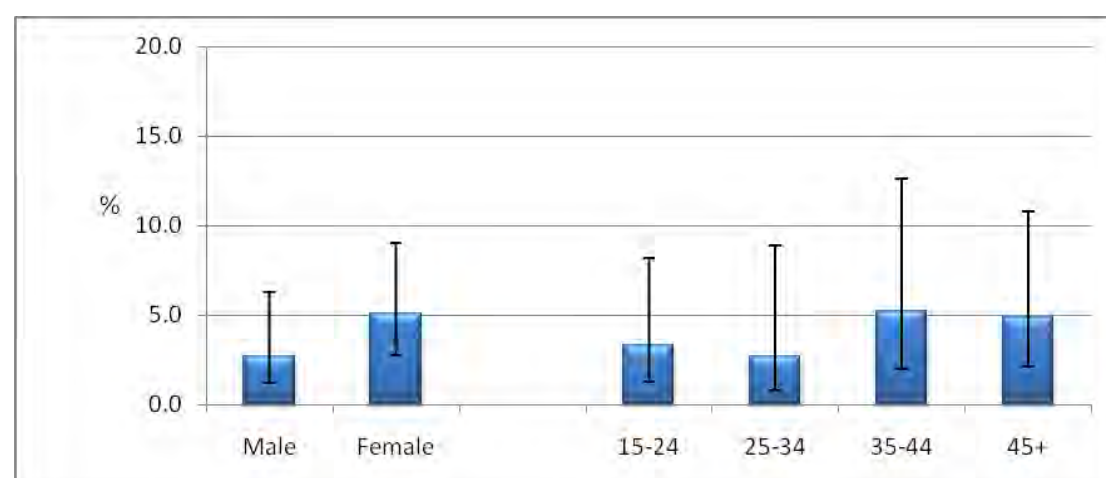


Figure 9.3: Difficulty in understanding information provided with medicines, by sex and age group

9.4 Ability to take medicine as directed

Respondents were asked: “How do you rate your ability to take medicine as directed by your doctor?” Overall, 7.2% (95% CI 5.1-10.2) of respondents rated their ability to do this as fair or poor. For regional breakdowns refer to Appendix Table 9.2 in Appendix A.

Table 9.4: Health Literacy – ability to take medicine as directed by doctor

	n	%	(95% CI)
Excellent	173	43.5	(38.6 - 48.3)
Good	186	46.7	(41.8 - 51.5)
Fair	24	6.0	(4.0 - 8.7)
Poor	5	1.2	(0.5 - 2.8)
Not applicable	3	0.9	#
Don't know/refused	8	1.8	(1.0 - 3.9)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

When compared by age and sex, there were no statistically significant differences found between respondents ability to take medicines as directed.

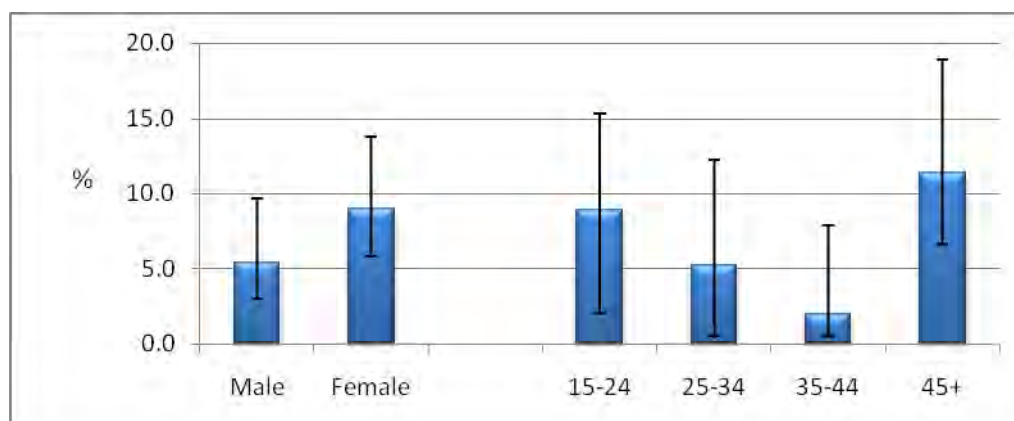


Figure 9.4: Fair/poor ability to take medicines as directed, by sex and age group

9.5 Filling out medical forms

When asked: “How confident are you that you understand how to fill out medical forms”, 9.9% (95% CI 8.5-14.7) of respondents said they were a little bit confident or not confident at all. For regional breakdowns refer to Appendix Table 9.2 in Appendix A.

Table 9.5: Health Literacy – confident in filling out medical forms

	n	%	(95% CI)
Very confident	156	39.1	(34.4 - 43.9)
Quite confident	138	34.5	(30.0 - 39.3)
Neither confident nor not confident	47	11.9	(9.1 - 15.4)
A little bit confident	18	4.6	(3.0 - 7.2)
Not confident at all	26	6.6	(4.6 - 9.5)
Don't know/refused	13	3.3	(2.0 - 5.6)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

Respondents reporting that they were a little bit confident or not confident at all when filling out medical forms (n=45) were statistically significantly more likely to be aged over 45 years and statistically significantly less likely to be aged 15 to 24 years when compared to those who were very confident, quite confident, or neither confident nor not confident.

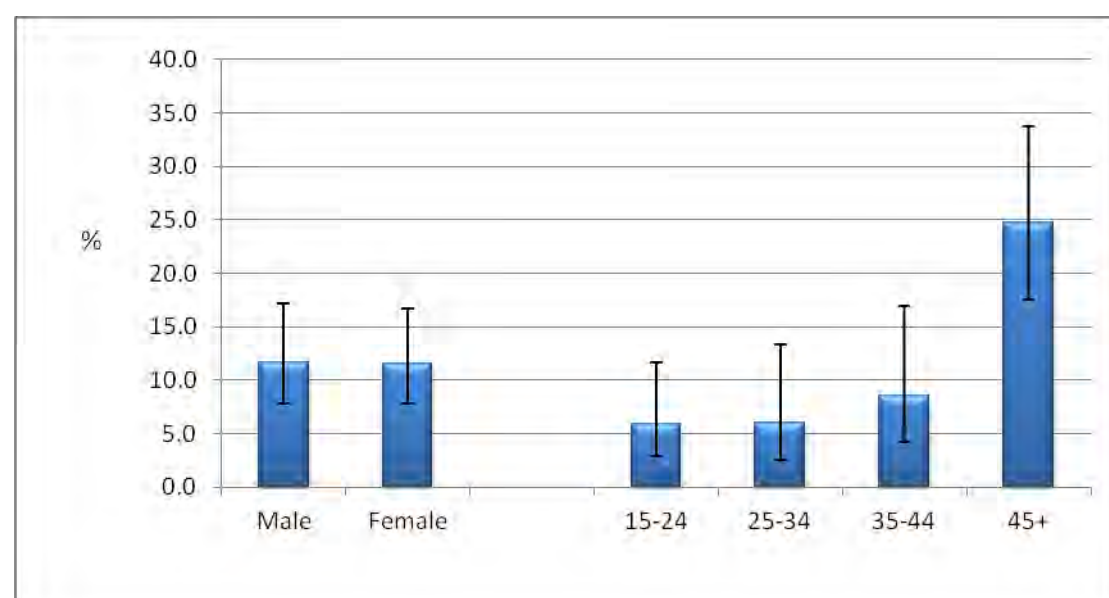


Figure 9.5: A bit confident/not confident at all to fill out medical forms, by sex and age group

10 Risk Factors

This survey aims to provide stable estimates of some of the most important risk factors for developing ill-health amongst the Aboriginal population. Questions regarding risk factors were included in the survey, as they had been highlighted by COAG as a priority in the Tackling Chronic Disease Package. The topics covered include the risk factors for the major causes of mortality (in particular cardiovascular disease). These questions also include a measure of the impact of each risk factor or condition.

10.1 Body Measurements

10.1.1 Body Mass Index

Obesity is a major health issue in Australia and collecting data on height and weight, to convert to body mass index (BMI), is routine in population health surveys. This information is part of the key health data that can be used for monitoring overweight and obesity, and its relationship with a range of other conditions, risk factors and social, economic and environmental determinants of health. BMI can be calculated by dividing weight in kilograms by the square of height in metres.¹³

However, due to differences in body proportion, BMI may not describe the same degree of unhealthy weight in populations other than Caucasian. Ranges of BMI for Aboriginal and Torres Strait Islander populations, who have relatively long legs in relation to weight—a factor known to influence BMI—are yet to be verified.¹⁴ In this report, BMI has been reported only for adults aged 18 years and over (n=353), with numbers too small to calculate BMI for the 15 to 17 year age group.

The prevalence of underweight and normal weight was 20.7% (95% CI 13.9-29.5), with 28.5% (95% CI 20.5-37.9) being classified as overweight and 50.8% (95% CI 41.0-60.2) being classified as obese. It should be noted that 65.7% (95% CI 60.6-70.5) of respondents 18 years and over, did not report their height and 62.9% (95% CI 57.7-67.8) did not report their weight (see Table 10.2). Regional breakdowns of BMI are provided in Appendix Table 10.1 in Appendix A.

Table 10.1: Body Mass Index, 18 years and over

	n	%	(95% CI)
Underweight and Normal (BMI <24.9 kg/m ²)	21	20.7	(13.9 - 29.5)
Overweight (BMI 25.0 kg/m ² - 29.9 kg/m ²)	29	28.5	(20.5 - 37.9)
Obese (BMI ≥ 30 kg/m ²)	51	50.8	(41.0 - 60.2)
Total	101	100.0	

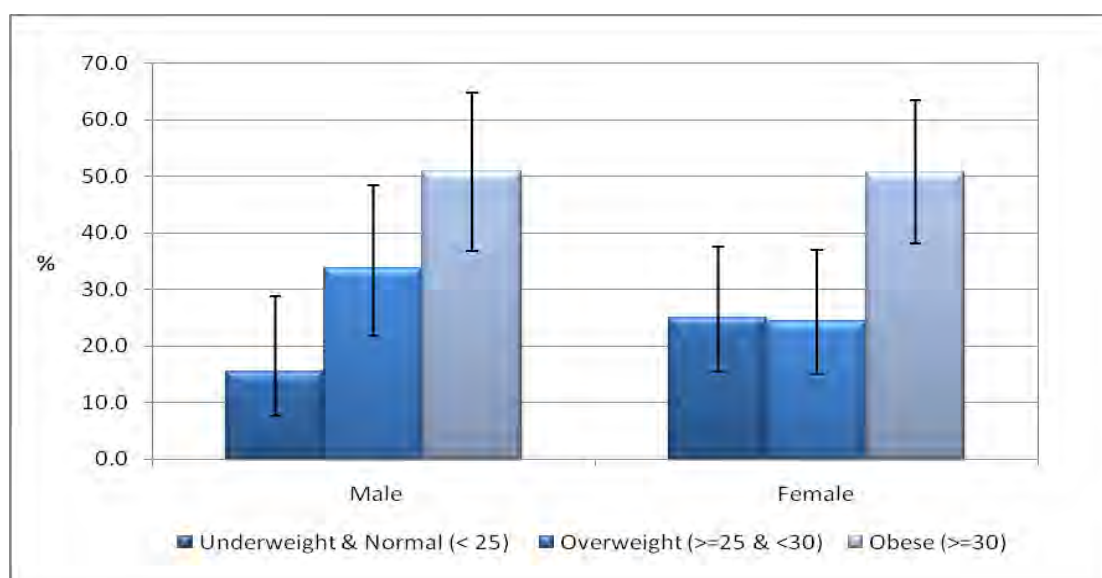
Note: The weighting of data can result in rounding discrepancies or totals not adding
Don't know/Refused categories not reported

Table 10.2: Unable to report height and weight when asked, 18 years and over

	n	%	(95% CI)
Height	232	65.7	(60.6 - 70.5)
Weight	222	62.9	(57.7 - 67.8)
Both	111	31.4	(26.8 - 36.5)

Note: The weighting of data can result in rounding discrepancies or totals not adding
Don't know/Refused categories not reported

There were no statistically significant differences between males and females in any category of BMI; however, respondents aged 18 to 24 years were statistically significantly more likely to be classified as underweight or normal weight, and those aged 45 years and over were statistically significantly more likely to be classified as obese.

**Figure 10.1: Body Mass Index, by sex**

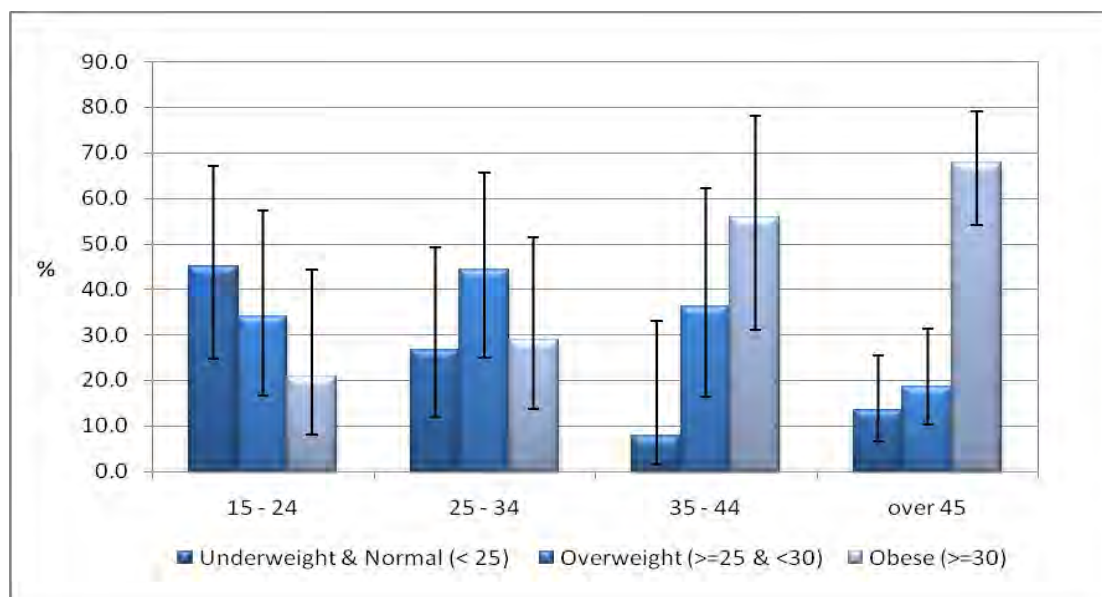


Figure 10.2: Body Mass Index, by age group

10.1.2 Central adiposity

It is recognised that there are some validity issues with self-reported weight and height, and there have been arguments that BMI is not an appropriate measure of the health impact of overweight and obese in particular population groups. For this reason, respondents were asked to measure their own waist girth as a measure of central adiposity using a standard measuring tape. Central adiposity can be measured by waist circumference (WC).

Where BMI is a summary of overall height and weight, or total adiposity, a high WC is indicative of android obesity, it is advised that no further weight should be gained if the WC is greater than or equal to 95 cm for men or 80cm for women. A waist circumference of greater than or equal to 100 cm for Caucasian males and greater than or equal to 90 cm for Caucasian and Asian females is the level at which weight reduction is advised.^{15,16}

Recommended waist measurements are yet to be determined for all ethnic groups, including Australian Aboriginal and Torres Strait Islander populations. Using the limited data available, the risk factors for Aboriginal persons appear to be similar to those in Asian populations; and the risk factors in Torres Strait Islander populations appear to be similar to those found in Pacific Islander populations.¹⁷ The waist circumferences of Aboriginal respondents are outlined in Table 10.3, and analysed by age and sex in Figure 10.3.

From the 66.2% (n=264) of respondents who agreed to take this measurement, 25.1% (95% CI 20.3-30.7) were classified as having a normal waist circumference and 74.9% (95% CI 69.3-79.7) were classified as having a high waist circumference. The remaining 33.8% (n=135) of respondents did not provide a waist measurement.

Table 10.3: Waist circumference (self measurement in cms)

	n	%	(95% CI)
Normal WC < 95cm (men) and < 80cm (women)	66	25.1	(20.3 - 30.7)
High WC ≥ 95cm (men) and ≥ 80cm (women)	198	74.9	(69.3 - 79.7)
Total	264	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Females and those aged 35 years and over were statistically significantly more likely to have a high waist circumference when compared to those respondents with normal waist circumference, and males and those aged between 15 to 24 years were statistically significantly more likely to have a normal waist circumference when compared to those with a high waist circumference. Regional breakdowns are provided in Appendix Table 10.1 in Appendix A.

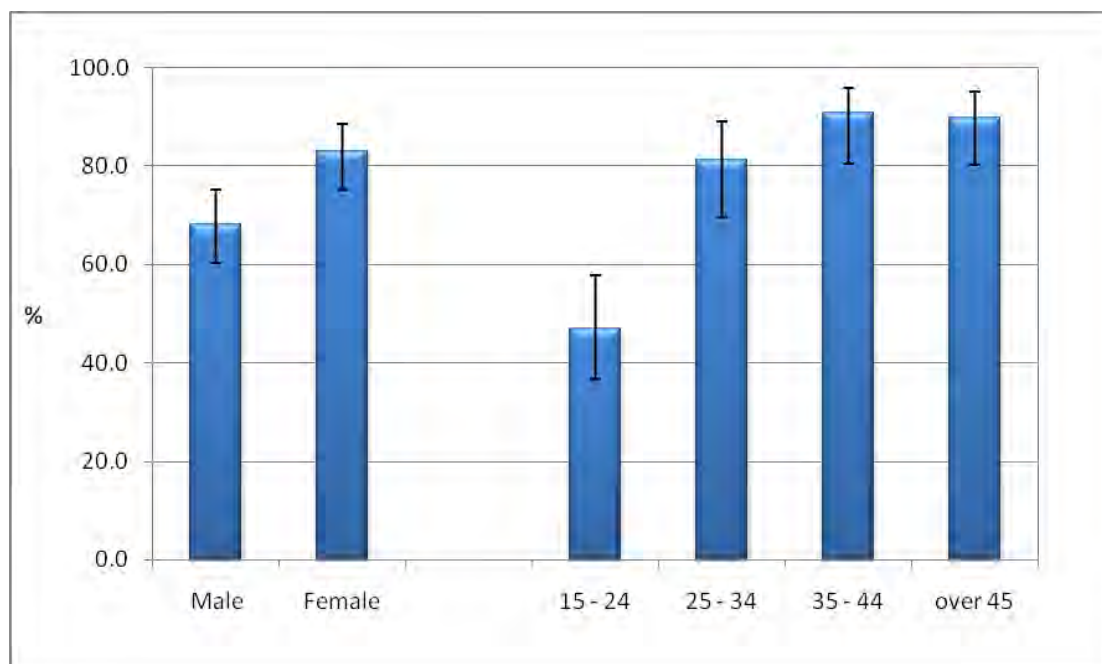


Figure 10.3: High waist Circumference (cms), by sex and age group

10.2 Smoking

As a risk factor for chronic disease, smoking has been highlighted by COAG as a priority in the Tackling Chronic Disease Package, and Tackling Smoking is one of the Programs for Implementation in SA COAG NPA Implementation Plan. Questions in the survey aimed to establish rates of smoking and ex-smoking, quit attempts and respondents' knowledge and views on diseases caused by smoking and passive smoking. This information will help to inform social marketing strategies and quit initiatives, both of which are integral to the COAG Tackling Smoking program and complement SA state targets for reducing the impact of smoking in Aboriginal populations.

10.2.1 Smoking advertising

Respondents were asked if in the past six months they had noticed advertising or information about the dangers of smoking or encouraging quitting.

Overall, 2.5% (95% CI 1.4-4.6) of respondents stated they had "never" noticed advertising, 44.1% (95% CI 39.3-49.0) said they had seen the advertising "often", and 34.9% (95% CI 30.4-39.7) said they had seen the advertising "very often".

Table 10.4: Awareness of dangers of smoking advertising

	n	%	(95% CI)
Never	10	2.5	(1.4 - 4.6)
Rarely	9	2.2	(1.2 - 4.2)
Sometimes	56	14.1	(11.0 - 17.9)
Often	176	44.1	(39.3 - 49.0)
Very Often	139	34.9	(30.4 - 39.7)
Don't know/refused	8	2.1	(1.1 - 4.0)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

There were no statistically significant differences found between the sexes for those who had noticed advertising or information about the dangers of smoking or encouraging quitting and those who had not.

Those reporting that they 'often' noticed this advertising in the last six months were statistically significantly less likely to be aged over 45 years when compared to the other categories combined, while respondents reporting to have seen advertising never, rarely, or sometimes in the last six months were statistically significantly less likely to be aged between 35 and 44 years, when compared to the other categories combined.

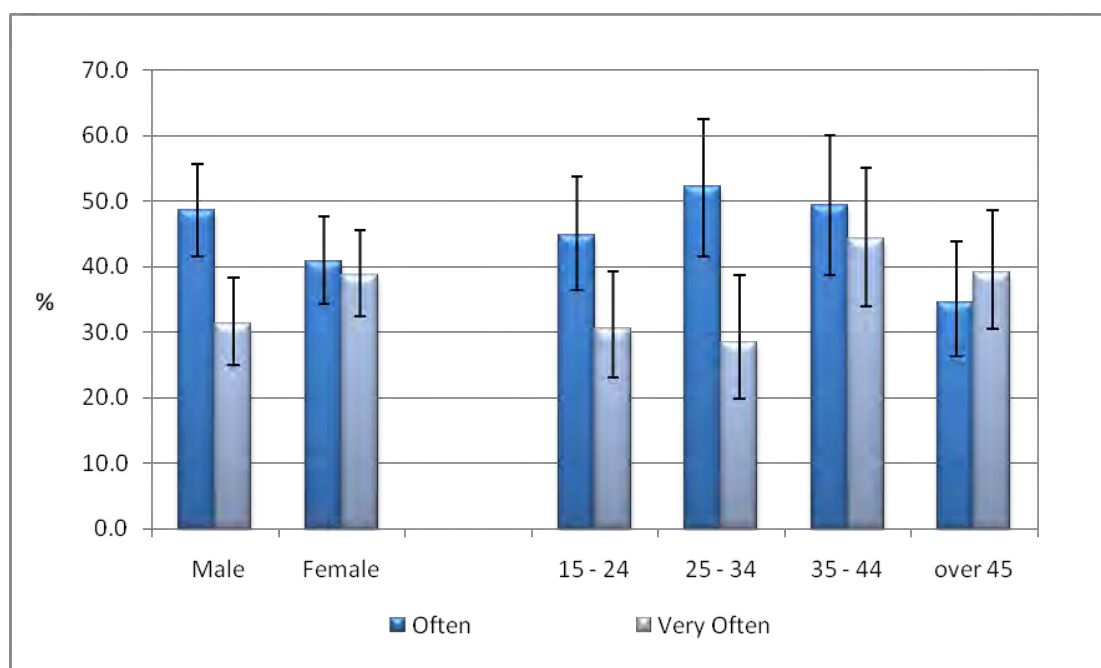


Figure 10.4: Awareness of dangers of smoking advertising, by sex and age group

Respondents, who had reported seeing any advertising about the dangers of smoking, were then asked where they had seen this information. Overall, 98.5% (95% CI 96.6-99.3), of respondents reported seeing advertising on television while 70.2% (95%CI 65.5-74.6) reported seeing this information on cigarette packets. Some of the responses to the “other” category included “community event”, “buses”, “hotels” and “everywhere”.

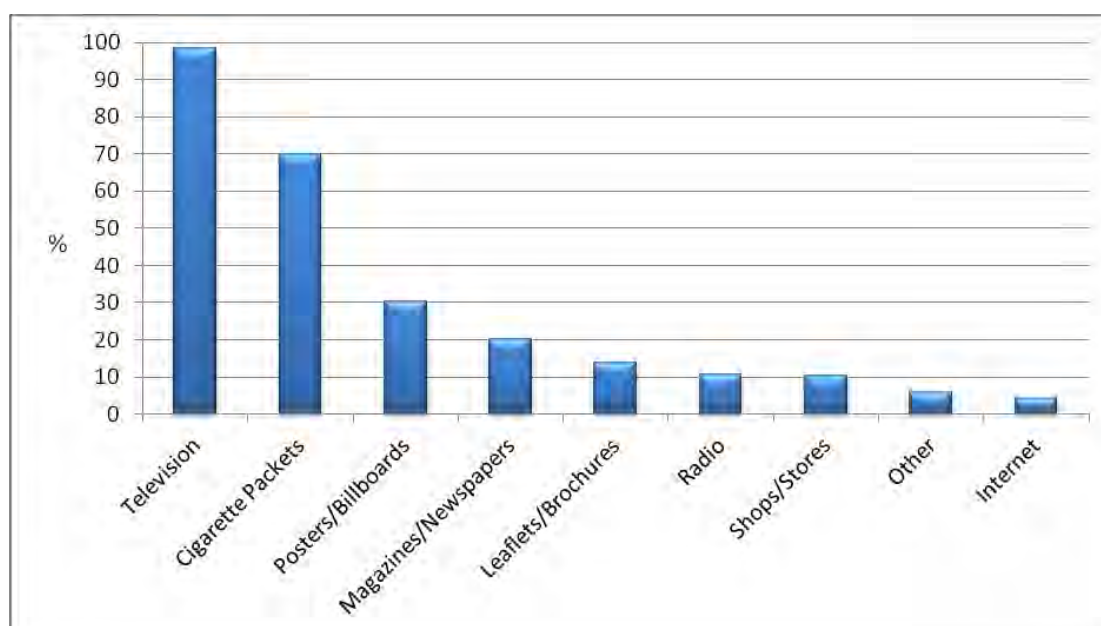


Figure 10.5: Location of smoking advertising

10.2.2 Smoking Risk Awareness

All respondents were asked a series of questions about smoking and general health. Overall, 78.6% (95% CI 74.3-82.3) of respondents said that there were illnesses caused by smoking.

Table 10.5: Illnesses caused by smoking

	n	%	(95% CI)
Yes	313	78.6	(74.3 - 82.3)
No	72	18.1	(14.7 - 22.2)
Don't know/refused	13	3.3	(1.9 - 5.5)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Respondents aged 15 to 24 years were statistically significantly more likely to say that they knew about illnesses caused by smoking when compared to those who did not, while those aged 45 years and over were statistically significantly less likely to say they did not know about any illnesses caused by smoking when compared to those reporting that they were aware of illnesses caused by smoking.

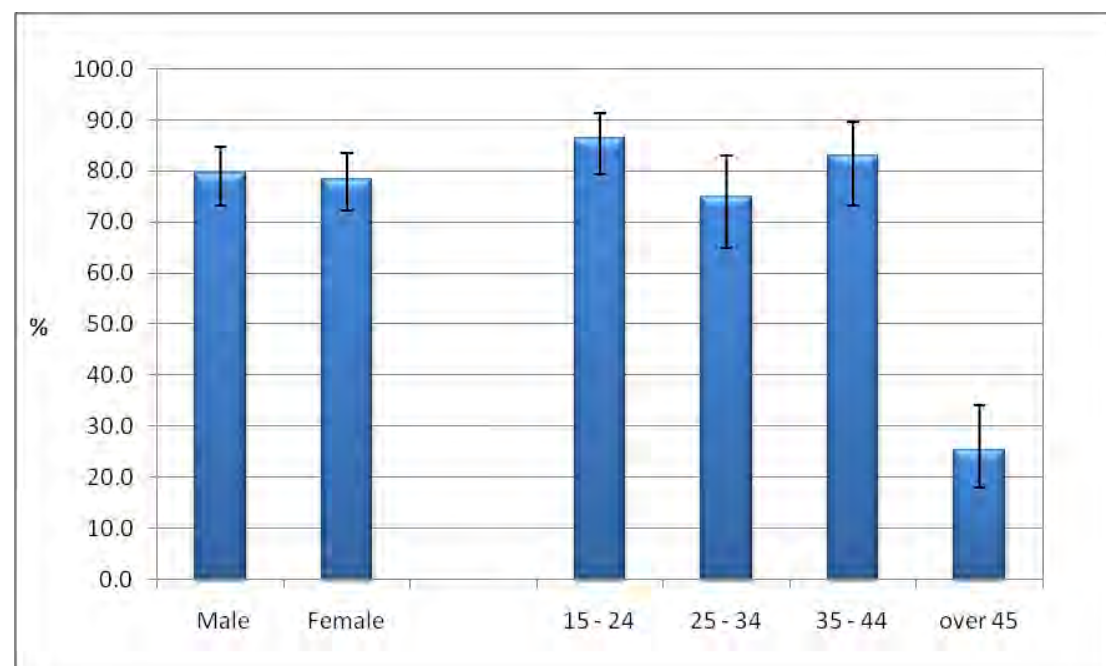


Figure 10.6: Awareness that smoking causes illnesses, by sex and age group

Most respondents (86.1%: 95% CI 81.7-89.4) thought that smoking caused “lung cancer”, followed by 74.2% (95% CI 69.2-78.8) of respondents responding that “heart disease” was caused by smoking. Other diseases respondents reported to be caused by smoking included “chronic obstructive airways disease”, “coughing”, “gangrene”, “blood poisoning”, “bad breath”, “headaches”, “short of breath”, “skin cancer”.

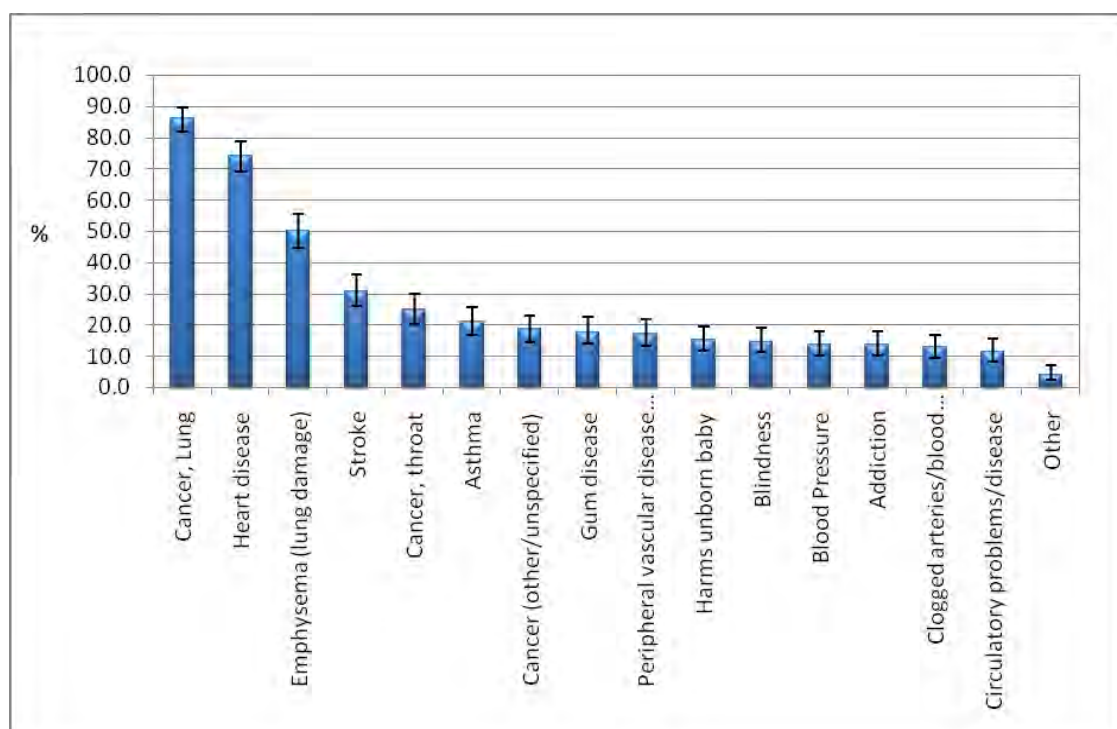


Figure 10.7: Suggested illnesses caused by smoking

Respondents were also asked about passive smoking, which was defined as breathing in other people’s smoke. Overall, 61.8% (95% CI 56.9-66.4) of respondents were aware that there were illnesses caused by passive smoking.

Table 10.6: Illnesses caused by passive smoking

	n	%	(95% CI)
Yes	246	61.8	(56.9 - 66.4)
No	106	26.5	(22.4 - 31.1)
Don't Know / Refused	47	11.7	(8.9 - 15.2)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

There were no statistically significant differences between male and female in the prevalence of respondent's level of awareness of the dangers of passive smoking, however, those respondents who were aware of the dangers of passive smoking were statistically significantly more likely to be aged between 15 and 24 years when compared to those who were not aware of the dangers.

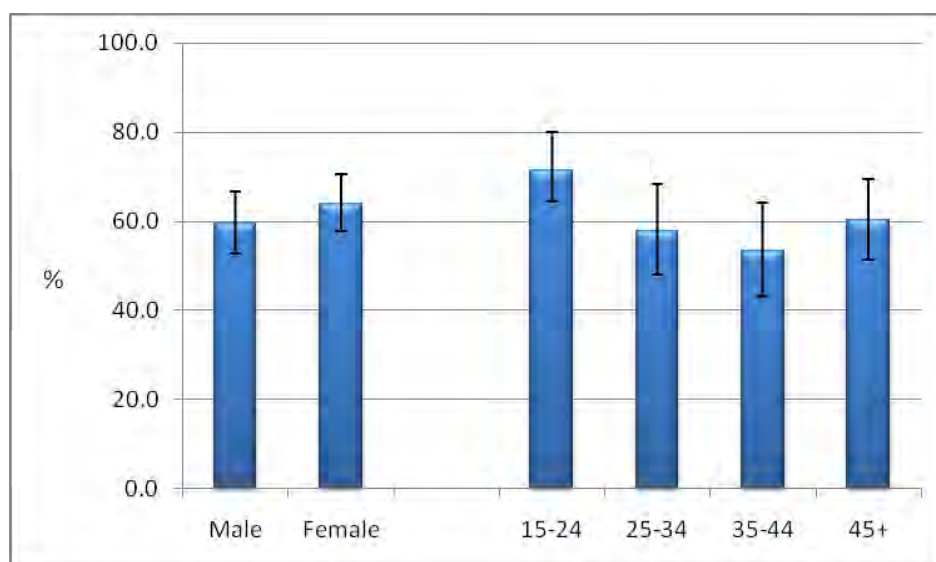


Figure 10.8: Awareness that passive smoking causes illnesses, by sex and age group

Respondents were also asked which diseases could be caused by passive smoking and these are outlined in Figure 10.9. Overall, 80.1% (95% CI 74.8-71.4) of respondents thought that passive smoking caused “lung cancer”, followed by 65.8% (95% CI 59.6-74.7) of respondents responding that heart disease could be due to passive smoking. Other responses included “gangrene”, “headaches”, and “skin cancer”.

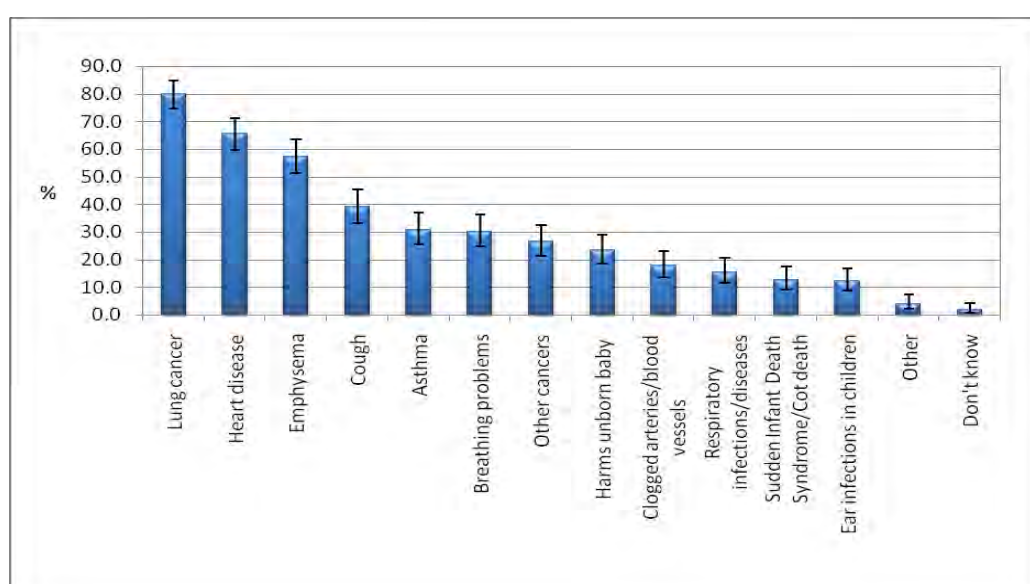


Figure 10.9: Suggested illnesses caused by passive smoking

10.2.3 Current smoking

All respondents were asked: “Do you currently smoke cigarettes, cigars, pipes or any other tobacco products?” Overall, 48.3% (95% CI 43.4-53.2) of respondents reported that they were current smokers, with 47.4% (95% CI 41.8-51.5) smoking at least weekly, and 6.5% (95% CI 4.5-9.4) reported being ex-smokers. Regional breakdowns are provided in Appendix Table 10.2 in Appendix A.

Table 10.7: Current Smoker, ex-smokers, and never smokers

	n	%	(95% CI)
Current smoker	193	48.3	(43.4 - 53.2)
Daily	181	45.4	(40.5 - 50.2)
At least weekly (not daily)	5	1.2	(0.5 - 2.7)
Less often than weekly	7	1.7	(0.9 - 3.7)
Ex-smoker	26	6.5	(4.5 - 9.4)
Non-smoker	173	43.3	(38.6 - 48.3)
Don't know/refused	7	1.9	(0.9 - 3.6)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

There were no statistically significant differences between males and females who were current smokers or ex-smokers, however, those aged 15 to 24 years were statistically significantly less likely to be current smokers and those aged 35 to 44 years were statistically significantly more likely to currently smoke when compared to those who were not current smokers. Numbers were too small for age comparison among ex-smokers.

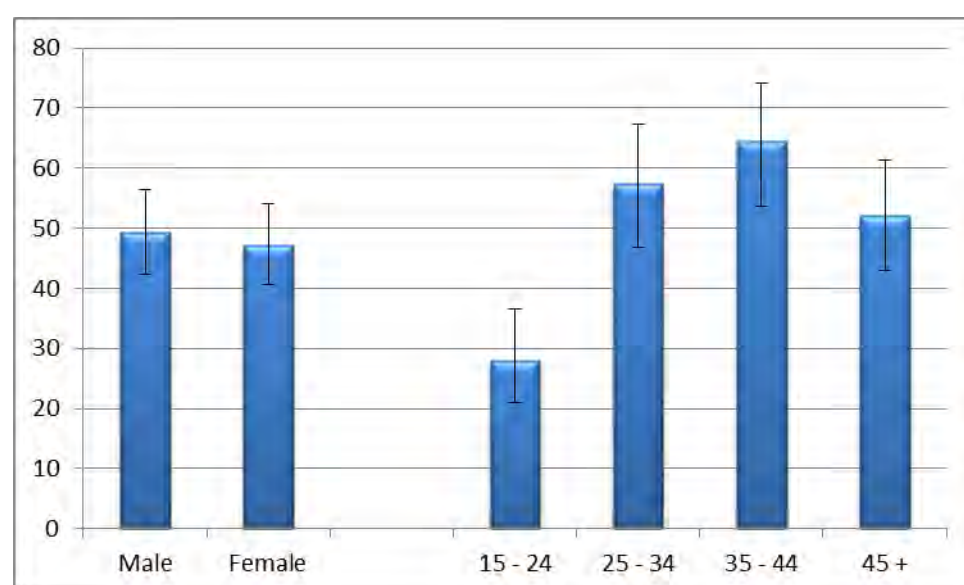


Figure 10.10: Prevalence of current smoking, by sex and age group

Current smokers only were then asked: “How many manufactured cigarettes or roll you own cigarettes do you smoke per day (daily) or per week (weekly)?” Of those who specified the number of cigarettes they smoked (n=188), the majority of respondents (39.4%: 95% CI 32.7-46.5) reported that they smoked between 10 and 19 cigarettes per day.

Table 10.8: Number of cigarettes smoked per day

	n	%	(95% CI)
1 to 9 cigarettes	22	11.7	(7.9 - 17.1)
10 to 19 cigarettes	74	39.4	(32.7 - 46.5)
20 to 29 cigarettes	61	32.4	(26.2 - 39.4)
30 or more cigarettes	22	11.7	(7.9 - 17.1)
Don't know/Refused	9	4.8	(2.5 - 8.8)
Total	188	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Current smokers were then asked: “How soon after you wake up do you smoke your first cigarette?” The majority of respondents (71.5%: 95% CI: 64.8-77.4) reported waiting at least 15 to 29 minutes before smoking when they first woke up.

Table 10.9: Current smoking – How soon after waking up first cigarette is smoked

	n	%	(95% CI)
0 – 14 minutes	35	17.8	(13.3 - 24.2)
15 – 29 minutes	78	39.6	(33.7 - 47.5)
30 – 59 minutes	42	21.3	(16.5 - 28.1)
1 – 2 hours	12	6.1	(3.6 - 10.6)
More than 2 hours	6	3.0	(1.4 - 6.6)
Don't know/Refused	20	10.4	(6.8 - 15.5)
Total	193	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

These respondents were then asked: “At what age did you first start smoking daily?” Overall, 52.3% (95% CI 45.3-59.3) had started smoking before the age of 15 years (Table 10.10).

Table 10.10: Smoking - age when started

	n	%	(95% CI)
1 to 9 years	10	5.0	(2.7 - 9.0)
10 to 15 years	91	47.3	(40.3 - 54.3)
16 to 19 years	53	27.7	(21.8 - 34.3)
20 to 25 years	13	6.5	(3.8 - 10.9)
26 years and over	6	2.9	(0.3 - 3.6)
Don't know/refused	21	10.7	(0.7 - 4.9)
Total	193	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
 # insufficient numbers (n<5) for statistically testing

10.2.4 Quit smoking

Current smokers (n=181) were then asked: “Are you seriously considering quitting smoking in the next six months?” and “Have you ever tried to quit smoking?” Overall, 29.2% (95% CI 23.1-36.2) reported that they were seriously considering quitting smoking in the next six months, and 35.4% (95% CI 28.8-42.6) reported that they had tried at least once to quit.

Table 10.11: Intention and attempts to quit smoking

	n	%	(95% CI)
Intention to quit smoking in next six months			
Yes	53	29.2	(23.1 - 36.2)
No	98	53.9	(46.6 - 61.0)
Don't know/Refused	30	16.9	(12.1 - 23.0)
Ever attempted to quit smoking			
Yes	64	35.4	(28.8 - 42.6)
No	100	55.4	(48.0 - 62.4)
Don't know/Refused	17	9.2	(5.8 - 14.3)
Total	181	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Current smokers who had tried to quit smoking (n=64) were also asked: “How many serious attempts have you made to quit smoking in the last year?” Overall, 14.4% (95% CI 11.7-30.9) or respondents had made three or more attempts to quit in the past year.

Table 10.12: Number of serious attempts to quit smoking, last 12 months

	n	%	(95% CI)
Once	13	19.6	(13.0 - 32.8)
Twice	14	21.3	(7.8 - 25.0)
3 or more times	9	14.4	(11.7 - 30.9)
None/can't remember/refused	29	44.7	(33.2 - 56.9)
Total	64	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

Where the respondent reported having made at least one serious attempt to quit smoking in the last year (n=36), they were shown a list of services and asked: “During the past year, have you done any of the following?” Overall, 5.3% reported having called the Quitline, and 39.2% (95% CI 27.6-53.8) reported having talked to a local health service.

Table 10.13: Services used to quit smoking, last 12 months

	n	%	(95% CI)
Asked your doctor for advice or help	18	50.2	(34.9 - 66.4)
Used nicotine replacement therapy	12	34.4	(21.2 - 51.3)
Talked to local health service	9	26.3	(14.8 - 42.9)
Read 'how to quit' brochures or booklets	2	6.0	#
Call to the Quitline	2	5.5	#
Talked to pharmacist	1	4.0	#

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

Note: Multiple responses allowed

These respondents were then asked: “During the past year, have you done anything else to help you quit?” These results are shown in Table 10.14. Answers given in the “other” category included “avoided smoking areas”, “acupuncture”, “glass of water to replace smoke” and “started drinking”.

Table 10.14: Other things used to quit smoking, last 12 months

	n	%	(95% CI)
Cut down/stopped buying as many	18	49.8	(34.6 - 66.0)
Just stopped/cold turkey/stopped buying	7	18.8	(9.3 - 34.7)
Restricted when/where I can smoke	3	8.3	#
Changed brands/changed strength	2	6.0	#
Other	4	11.7	#
Not done anything else	7	19.9	(10.1 - 36.0)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Note: Multiple responses allowed

insufficient numbers (n<5) for statistically testing

All current smokers were then asked: “Can you tell me the name of any services or programs available to help people quit smoking?” Overall, 45.3% (95% CI 43.0-57.5) reported having heard of the Quitline. Other answers included “Champix”, “do it by myself”, “clinic”, “talk to community nurse”, “tobacco counsellor”, “tablets” and “willpower”.

Table 10.15: Services available to help quit smoking

	n	%	(95% CI)
Talking to Doctor	85	50.6	(40.0 - 54.4)
Nicotine replacement therapy	84	49.6	(39.2 - 53.5)
Call the Quitline	76	45.3	(43.0 - 57.5)
Alternative therapy (hypnotherapy / acupuncture / naturopath)	13	7.9	(4.4 - 12.1)
Quit Campaign	10	6.2	(3.2 - 10.2)
Zyban / bupropion	7	3.9	(1.8 - 7.5)
Other	10	5.7	(2.9 - 9.6)
Don't know/Refused	33	18.4	(13.3 - 24.5)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Note: Multiple responses allowed

Current smokers were also asked: “If you wanted to quit smoking, do you think you would use the Quitline?” Overall, 55.2% (95% CI 47.9-62.2) said that they definitely would not use the Quitline.

Table 10.16: Potential Quitline use

	n	%	(95% CI)
Definitely would	11	6.3	(3.6 - 10.8)
Probably would	11	6.1	(3.4 - 10.5)
Probably would not	23	12.8	(8.7 - 18.5)
Definitely would not	100	55.2	(47.9 - 62.2)
Don't know/Refused	35	19.6	(14.5 - 26.0)
Total	181	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Respondents answering that they definitely or probably would not use the Quitline (n=123) were then asked “Why is that?” Responses to this question are outlined in Table 10.17. “Other” responses included “refer to get information from other sources”, “cost most, no time”, “don’t want to quit”, “language barrier”, “no money to ring them”, “too long wait on the phone”, “try to do it myself”, “use patch” and “wasn’t that useful when tried to quit”.

Table 10.17: Why wouldn’t use Quitline?

	n	%	(95% CI)
Prefer to get information from my doctor or health specialist	86	64.0	(40.4 - 54.8)
I don’t think the Quitline is culturally appropriate	45	33.9	(19.1 - 31.6)
Don’t know what the Quitline does	39	29.1	(16.2 - 28.1)
Not confident about the quality of information/skills of operators	36	26.8	(14.7 - 26.3)
Not comfortable seeking information over telephone	35	26.4	(14.2 - 25.7)
Lack of privacy/confidentiality	3	2.4	#
Don’t know how to get in touch	2	1.3	#
Other	16	12.5	(5.1 - 13.2)
Don’t know/ Can’t say/Refused	15	8.1	(40.4 - 54.8)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Multiple responses allowed

insufficient numbers (n<5) for statistically testing

10.2.5 Smoking situations

All respondents were then asked: “Which best describes the situation regarding smoking in the place where you live?” and “If you have a car, which of the following statements best describes the situation regarding smoking in your car?”

The percentage of respondents who banned smoking inside their residence was 55.3% (95% CI 50.4-60.1), while 21.3% (95% CI 17.6-25.6) allowed smoking in their place of residence. Additionally, 40.4% (95% CI 35.7-45.3) reported that smoking was banned in their car, where 16.4% (95% CI 13.1-20.3) allowed smoking in the car.

Table 10.18: Smoking situation at place of residence

	n	%	(95% CI)
Smoking is banned inside	221	55.3	(50.4 - 60.1)
There is no ban but no-one smokes anyway	46	11.5	(8.7 - 15.0)
Smoking is allowed on some occasions	19	4.8	(3.1 - 7.4)
Smoking is allowed	85	21.3	(17.6 - 25.6)
None of the above	15	3.7	(2.3 - 6.1)
Don't know/Refused	13	3.3	(2.0 - 5.6)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Table 10.19: Smoking situation in car

	n	%	(95% CI)
Smoking is banned in my car	161	40.4	(35.7 - 45.3)
There is no ban, but no-one smokes	11	2.7	(1.5 - 4.7)
Smoking is allowed	65	16.4	(13.1 - 20.3)
No car	132	33.0	(28.5 - 37.7)
None of the above	23	5.8	(3.9 - 8.5)
Don't know/Refused	7	1.7	(0.9 - 3.7)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Respondents were also asked: “Other than you are there members of your household who are smokers?” Overall, 55.5% (95% CI 50.6-60.3) lived in a household where at least one person, other than themselves, was a smoker.

Table 10.20: Smoking situation – other smokers in household

	n	%	(95% CI)
Yes	221	55.5	(50.6 - 60.3)
No	168	42.1	(37.3 - 47.0)
Don't know / Refused	10	2.4	(1.3 - 4.5)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

When there were other members of the household who smoked (n=221), respondents were asked: “What is their relationship to you?” Overall 31.8% (95% CI 26.0-38.1) said that the other smoker was a spouse or de facto partner. Some of the responses in the ‘Other’ category included “grandson”, “son in law”, “boarding house” and “immediate family”.

Table 10.21: Relationship of other smokers in residence to respondent

	n	%	(95% CI)
Spouse/defacto	71	31.8	(26.0 - 38.1)
Mother or father	53	24.1	(18.9 - 30.1)
Cousins	40	17.9	(13.5 - 23.5)
Child	33	14.9	(10.8 - 20.2)
Brother or sister	31	14.0	(10.1 - 19.2)
Aunt or uncle	26	11.9	(8.3 - 16.8)
Housemate	9	4.3	(2.3 - 7.8)
Friend	9	4.1	(2.1 - 7.5)
Niece or nephew	7	3.2	(1.5 - 6.4)
Grandparent	2	0.9	#
Other	25	11.2	(7.7 - 16.0)
Don't know/refused	2	1.0	#

Note: The weighting of data can result in rounding discrepancies or totals not adding

Multiple responses allowed

insufficient numbers (n<5) for statistically testing

10.2.6 Tobacco use with other substances

Finally, respondents were asked: “Do you currently smoke tobacco products mixed with other substances?” This question referred to mixing tobacco with marijuana (yarndye) or other drugs, in order to determine any extra tobacco use than previously stated. This question was intended to determine drug use. It was found that 5.1% (95% CI 3.4-7.8) of respondents smoked tobacco mixed with other substances at least daily.

Table 10.22: Frequency of smoking tobacco with other substances

	n	%	(95% CI)
Daily	21	5.1	(3.4 - 7.8)
At least weekly (not daily)	6	1.6	(0.8 - 3.4)
Less often than weekly	7	1.7	(0.8 - 3.6)
Not at all	351	87.9	(84.3 - 90.7)
Refused	14	3.6	(2.2 - 5.9)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Of those who smoked tobacco mixed with other substances (n=35), 37.5% (95% CI 23.3-54.2) reported that they smoked six to ten mixed cigarettes per day. A breakdown by mixed cigarettes per day is presented in Table 10.23.

Table 10.23: Number of mixed cigarettes smoked per day

	n	%	(95% CI)
1 to 5 mixed cigarettes	13	37.5	(23.3 - 54.2)
6 to 10 mixed cigarettes	4	12.8	#
11 or more mixed cigarettes	2	7.1	#
Don't know/refused	14	42.5	(27.5 - 59.1)
Total	34	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

10.3 Physical Activity

In order to improve their health, people are encouraged to accumulate 30 minutes of moderate or greater intensity physical activity on most days of the week. The National Physical Activity Guidelines¹⁸ for Australian adults suggests accumulating 30 minutes of moderate or greater intensity physical activity on most days of the week and this translates as 150 minutes per week (Definition 1). Sufficient Physical Activity (SPA) can thus be defined as:

The completion of 150 minutes of walking, moderate and vigorous activity (with vigorous multiplied by two to account for its greater intensity) in the past week.

Alternatively, Definition 2 is sometimes used which includes the proviso that the time must be accumulated over five sessions, however these sessions may not indicate five separate days (Definition 2). Respondents were asked a number of questions that enabled the calculation of Sufficient Physical Activity (SPA). The prevalence of SPA by both definitions is shown in Table 10.24. The information required to calculate each SPA definition resulted in a total of n=367 respondents for Definition 1 and n=364 for Definition 2.

Overall, 51.6% (95% CI 46.4-56.6) of respondents undertook sufficient physical activity by Definition 1, and 39.3% (95% CI 34.1-44.0) of respondents undertook sufficient physical activity by Definition 2. Regional breakdowns are provided in Appendix Table 10.3 in Appendix A.

Table 10.24: Sufficient Physical Activity

	n	%	(95% CI)
Definition 1			
No activity	49	13.5	(10.3 - 17.3)
Activity but not sufficient	128	35.0	(30.3 - 40.0)
Sufficient activity	189	51.6	(46.4 - 56.6)
Total	367	100.0	
Definition 2			
No activity	49	13.6	(10.3 - 17.3)
Activity but not sufficient	172	47.1	(41.7 - 51.8)
Sufficient activity	143	39.3	(34.1 - 44.0)
Total	364	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

When compared by age and sex, respondents aged 15 to 24 years were statistically significantly more likely to undertake SPA and those aged over 45 were statistically significantly less likely to undertake SPA by Definition 1 when compared to those undertaking no activity or insufficient physical activity. Using Definition 2, males and those aged 15 to 24 years were statistically significantly more likely to undertake SPA, and females and those aged 25 to 34 years and over 45 years were statistically significantly less likely to undertake SPA when compared to those undertaking no activity or insufficient physical activity.

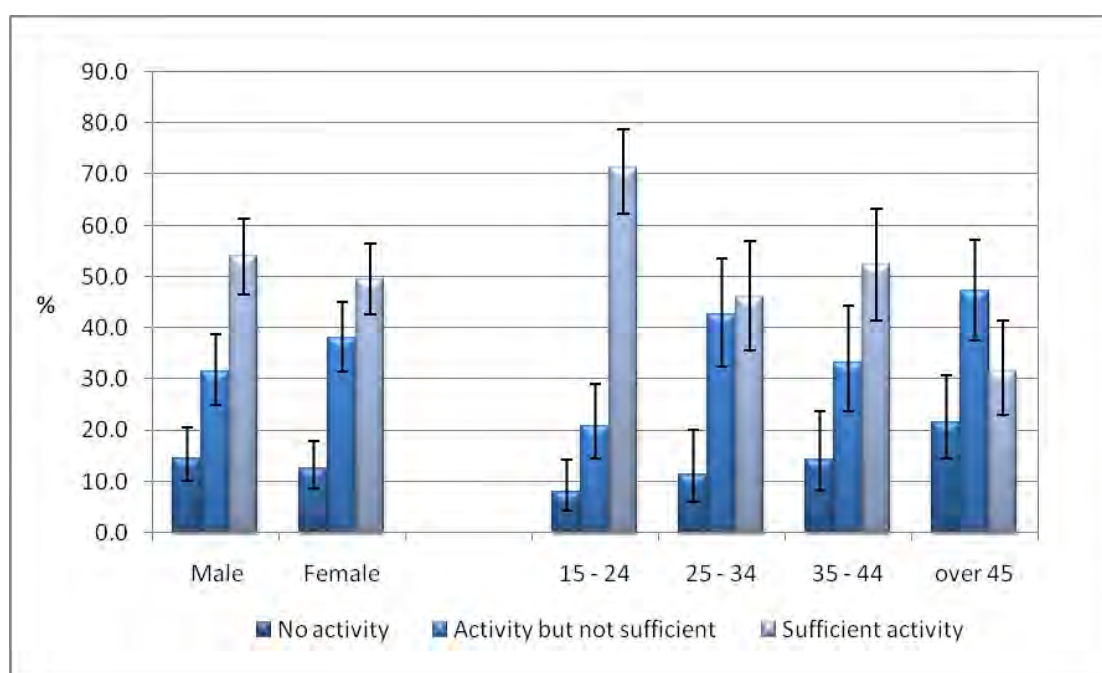


Figure 10.11: Sufficient Physical Activity (Definition 1), by sex and age group

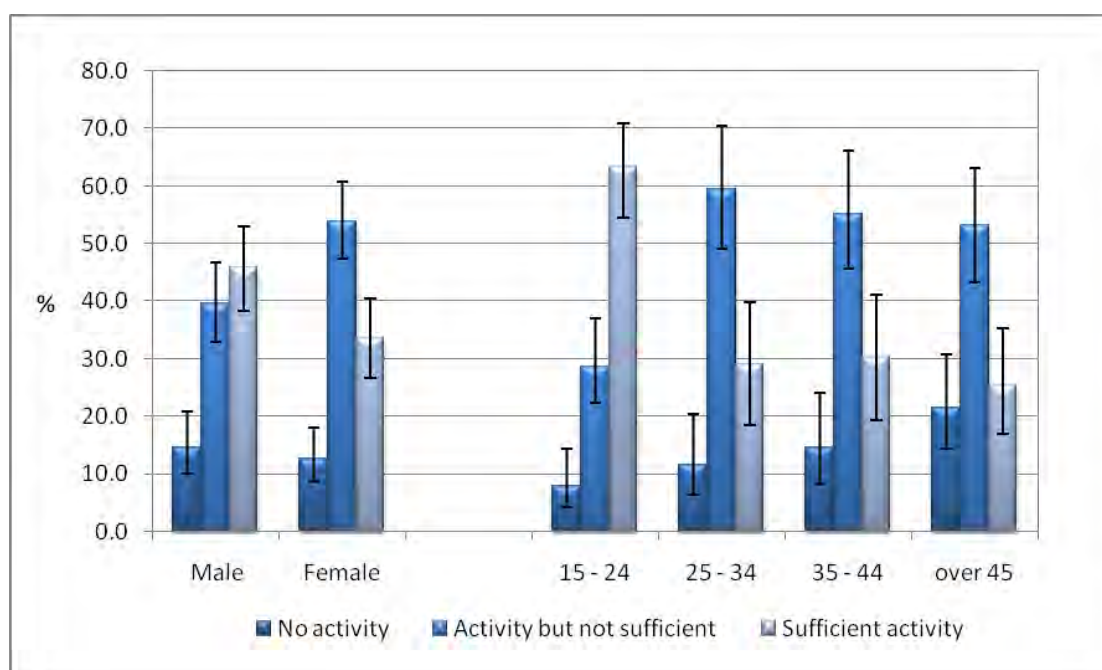


Figure 10.12: Sufficient Physical Activity (Definition 2), by sex and age group

11 Protective Factors

The COAG target of “Making Indigenous health everyone’s business”, highlights increased access to health promotion activities and health promoting environments. One major protective health promotion activity is immunisation, particularly against conditions that may be prevalent and detrimental to Aboriginal populations, such as the seasonal influenza and pneumococcal viruses.

11.1 Influenza Immunisation

Respondents were asked: “Each year flu shots are highly recommended to protect against seasonal influenza. Did you have a flu shot in 2010?” Overall, 53.9% (95% CI 49.0-58.7) of respondents were immunised against influenza in 2010. For regional breakdowns refer to Appendix Table 11.1 in Appendix A.

Table 11.1: Influenza immunisation, 2010

	n	%	(95% CI)
Yes	215	53.9	(49.0 - 58.7)
No	160	40.1	(35.4 - 45.0)
Don't know/refused	24	6.0	(4.0 - 8.7)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Females and those aged 35 years and over were statistically significantly more likely to be immunised against influenza in 2010, where males and those aged 15 to 34 years were statistically significantly less likely to be immunised against influenza in 2010 when compared to those who had not been immunised against influenza in 2010.

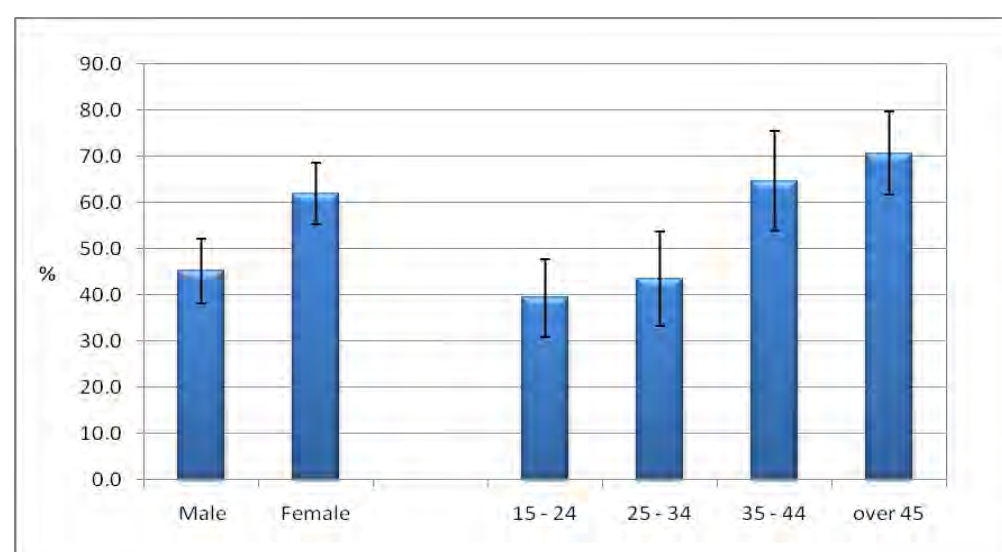


Figure 11.1: Influenza Immunisation 2010, by sex and age group

Respondents who reported not being immunised against influenza in 2010 (n=160) were asked: “What factors prevented you from having a flu shot?” The main reason reported was “don’t get sick” (21.2%: 95%CI 15.1 - 27.5), followed by “haven’t used health service” (20.0%: 95% CI 14.0 - 26.2). No respondents reported that they had “not heard of it”.

Table 11.2: Factors preventing respondent obtaining influenza vaccination

	n	%	(95% CI)
Don’t get sick	33	21.2	(15.1 - 27.5)
Haven’t used health service	31	20.0	(14.0 - 26.2)
Don’t like needles	26	16.5	(11.3 - 22.7)
Did not know I should have it	25	15.7	(10.8 - 22.0)
Did not want to	24	15.3	(10.3 - 21.3)
Don’t need it	15	9.6	(5.8 - 14.9)
Concerned about the side effects	14	9.2	(5.3 - 14.2)
Afraid of getting the flu from vaccination	7	4.5	(2.1 - 8.8)
Doctor/health worker did not recommend it	3	1.9	#
Other	26	16.8	(11.3 - 22.7)
Don’t know/refused	18	11.6	(7.2 - 17.1)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Note: Multiple responses allowed

insufficient numbers (n<5) for statistically testing

11.2 Pneumococcal Immunisation

Respondents were asked: “Each year pneumococcal shots (vaccinations) are highly recommended to protect against diseases like pneumonia. Did you have a pneumococcal shot in 2010?” Overall, 38.9% (95% CI 34.2-43.8) of respondents were immunised against pneumococcal in 2010.

For regional breakdowns refer to Appendix Table 11.1 in Appendix A.

Table 11.3: Pneumococcal immunisation, 2010

	n	%	(95% CI)
Yes	155	38.9	(34.2 - 43.8)
No	201	50.3	(45.5 - 55.2)
Don't know/refused	43	10.7	(8.1 - 14.2)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Females and those aged 35 years and over were statistically significantly more likely to receive the pneumococcal vaccination in 2010, where males and those aged 15 to 24 years were statistically significantly less likely to receive the pneumococcal vaccination in 2010 when compared to those not receiving a pneumococcal vaccination in 2010.

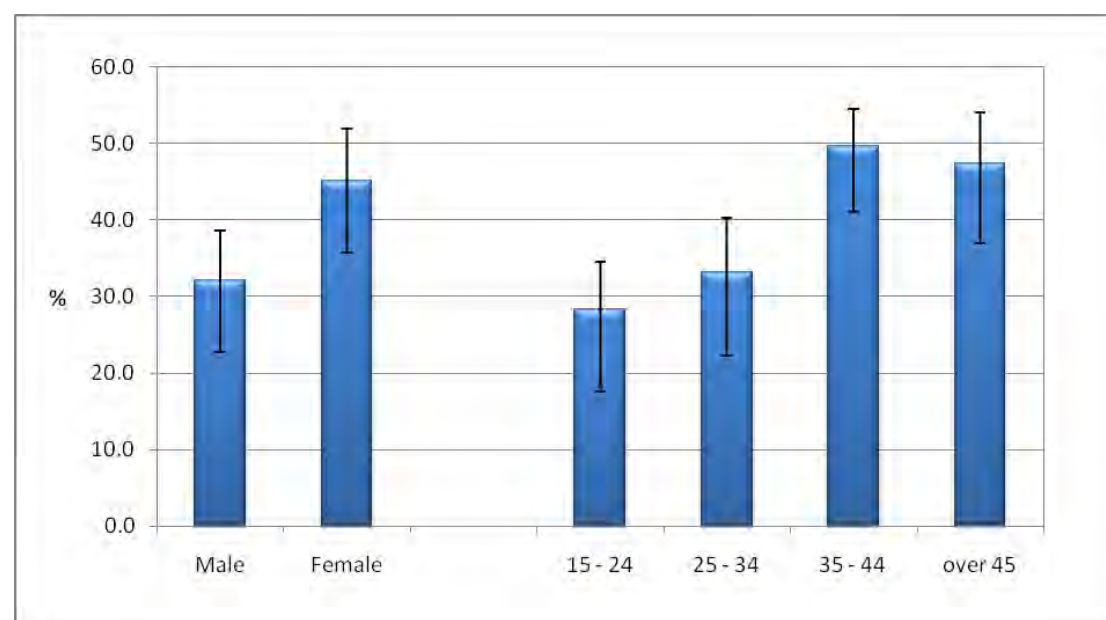


Figure 11.2: Pneumococcal Immunisation, by sex and age group

Additionally, respondents were asked: “What factors prevented you from having a pneumococcal shot?” The majority of respondents (40.1%: 95% CI 32.3-45.7), reported “did not know I should have it”.

Table 11.4: Factors preventing respondent obtaining pneumococcal vaccination

	n	%	(95% CI)
Did not know I should have it	78	40.1	(32.3 - 45.7)
Haven't heard of it	29	15.0	(10.2 - 20.0)
Don't like needles	26	13.6	(9.0 - 18.3)
Haven't used health service	25	12.9	(8.6 - 17.7)
Don't need it	16	8.4	(5 - 12.5)
Did not want to	15	7.9	(4.6 - 11.9)
Doctor/health worker didn't recommend it	12	6.3	(3.4 - 10.1)
Concerned about the side effects	12	6.0	(3.4 - 10.1)
Don't get sick	12	6.2	(3.4 - 10.1)
Afraid of getting sick from vaccination	7	3.5	(1.7 - 7.0)
Other	11	5.6	(3.1 - 9.5)
Don't know/refused	15	7.6	(4.6 - 11.9)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Multiple responses allowed

12 Aboriginal and Torres Strait Islander Culture

12.1 Language

Respondents were asked questions about main language spoken at home and whether they spoke an Aboriginal language. Overall, 86.5% (95% CI 82.8-89.5) said they mainly spoke English at home. For regional breakdowns refer to Appendix Table 12.1 in Appendix A.

Table 12.1: Language mainly spoken at home

	n	%	(95% CI)
English	345	86.5	(82.8 - 89.5)
Aboriginal language	29	7.2	(5.1 - 10.2)
Aboriginal English	22	5.6	(3.7 - 8.3)
Refused	2	0.6	#
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

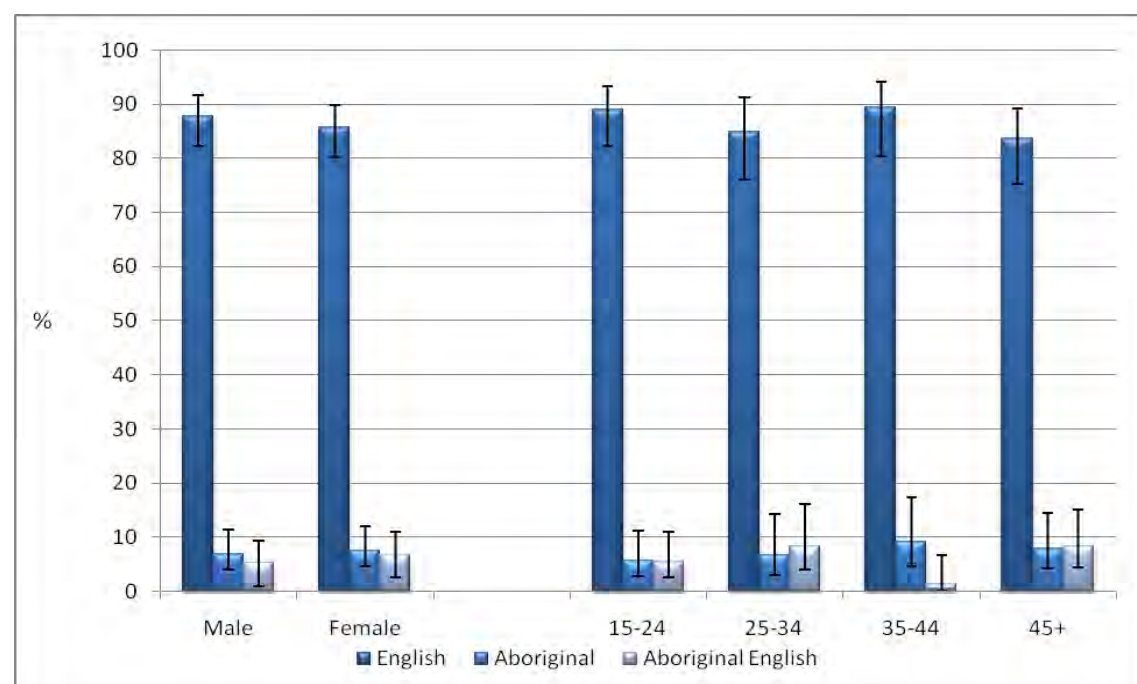


Figure 12.1: Main language spoken at home, by sex and age group

Those respondents who reported speaking English as their main language at home (n=345) were then asked whether they spoke any Aboriginal or Torres Strait Islander languages. Overall, 68.1% (95% CI 63.0-72.8) said that they spoke at least some words. For regional breakdowns refer to Appendix Table 12.2 in Appendix A.

Table 12.2: Do you speak an Aboriginal language at home?

	n	%	(95% CI)
Yes	68	19.8	(16.0 - 24.4)
Yes, some words	167	48.3	(43.1 - 53.6)
No	104	30.2	(25.6 - 35.3)
Refused	6	1.7	(0.8 - 3.7)
Total	345	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

Respondents not speaking English as their main language at home (n=53) were asked whether they had problems understanding people, or people had problems understanding them, when they went places where only English was spoken. The majority of respondents (63.5%: 95% CI 49.5-74.7) said that they did not having trouble understanding people or being understood.

Table 12.3: Trouble understanding people speaking English, or people understanding you

	n	%	(95% CI)
No	33	63.5	(49.5 - 74.7)
Yes, understanding people	4	6.9	#
Yes, people understanding me	2	4.5	#
Yes, both	7	14.2	(7.2 - 25.9)
Refused	6	10.9	(5.0 - 22.0)
Total	53	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

12.2 Recognition of Country

All respondents were asked whether they recognised any areas as their community, homelands, or traditional country. Overall, 83.9% (95% CI 81.1-88.2) said that they recognised an area as their community, homelands, or traditional Country. For regional breakdowns refer to Appendix Table 12.3 in Appendix A.

Table 12.4: Recognition of Country, community, or traditional lands

	n	%	(95% CI)
Recognition of traditional lands			
Yes	335	83.9	(81.1 - 88.2)
No	47	11.8	(9.1 - 15.6)
Don't know/Refused	17	4.2	(2.7 - 6.8)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

There were no statistically significant differences between sex or age for respondents who recognised any areas as their community, homelands, or traditional Country when compared to those who did not recognise an area as their community, homelands, or traditional Country.

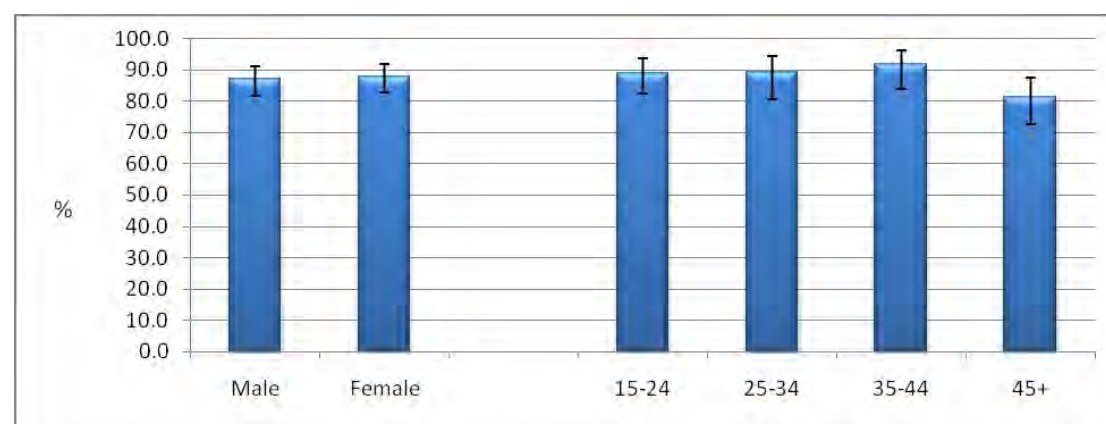


Figure 12.2: Recognition of traditional Lands, by sex and age group

Respondents who had answered that they recognise an area as their traditional Lands (n=335) were then asked: “Are you currently living in this community, homelands, or traditional Country?” Overall, 31.3% (95% CI 26.6-36.4) said they were living on their homelands or traditional Country. For regional breakdowns refer to Appendix Table 12.3 in Appendix A.

Table 12.5: Living on traditional lands

	n	%	(95% CI)
Yes	105	31.3	(26.6 - 36.4)
No	230	68.7	(63.5 - 73.4)
Total	335	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

When compared by age and sex, there were no statistically significant differences for respondents living on their recognised Country, community, or traditional lands.

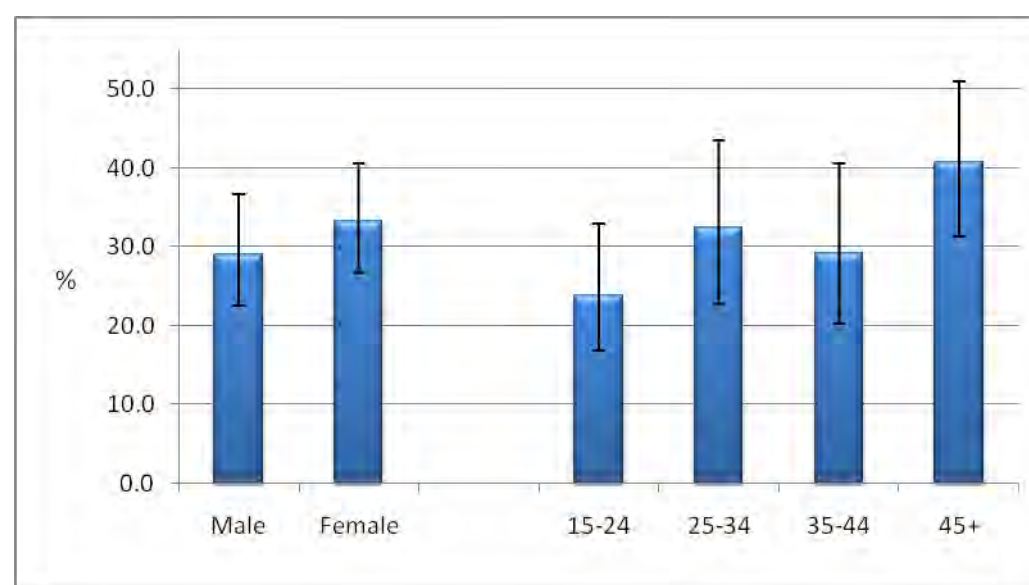


Figure 12.3: Living on traditional Lands, by sex and age group

Those respondents who reported not living on their recognised community, homelands, or traditional Country (n=230), were asked reasons for this. These reasons are shown in Table 12.6 below.

Table 12.6: Reasons for not living on traditional Lands

	n	%	(95% CI)
Medical/health issues	10	4.6	(2.6 - 8.2)
Moved for employment or education	58	25.7	(20.4 - 31.8)
Moved to be closer to family	31	13.6	(9.8 - 18.7)
Parent(s) stolen generation	2	0.7	#
Never lived there	125	55.1	(48.6 - 61.5)
Choose not to live there	22	9.5	(6.4 - 14.1)
Other	10	4.6	(2.5 - 8.2)

Note: Multiple answers possible

insufficient numbers (n<5) for statistically testing

12.3 Caring for Country

Spending time on Country, the seasonal burning of annual grasses, gathering of food and medicinal resources, performing ceremonies, production of artworks and protecting sacred areas are identifiable 'Caring for Country' activities.¹⁹ All respondents were asked if they would answer some questions around Caring for Country, and told that, in this instance, 'Country' does not have to mean their traditional Country; it may be the Country of someone close to them. Overall, 82.6% (95% CI 78.5-86.0) of respondents (n=329) said they would answer these questions.

Respondents reported how often they participated in the six Caring for Country activities over the preceding twelve months on a four point ordinal response format: 1 = "Not much (none in the last year)"; 2 = "A little bit (a few days in the last year)"; 3 = "A fair bit (a few weeks in the last year)"; 4 = "Heaps (a few months in the last year)".

The range of raw scores for participation in Caring for Country activities was 0 - 24 (mean score, 8.64; SD, 3.41).

12.3.1 Time spent on Country

When asked: "In the last 12 months, how much time did you spend on Country (e.g. living in homeland, travelling through Country)?", 31.8% (95% CI 27.1-37.1) said that they spent time on Country more than one week (a fair bit/heaps) in the last year. For regional breakdowns refer to Appendix Table 12.4 in Appendix A.

Table 12.7: Caring for Country - time spent on Country, in the last 12 months

	n	%	(95% CI)
None	104	31.7	(26.9 - 36.9)
A little bit	112	33.9	(29.0 - 39.2)
A fair bit	29	8.7	(6.1 - 12.2)
Heaps	76	23.1	(18.9 - 28.0)
Don't know/Refused	9	2.7	(1.4 - 5.0)
Total	329	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

When compared by age and sex there were no statistically significant differences found between those spending more than a week and those spending less than a week on Country (see Figure 12.4).

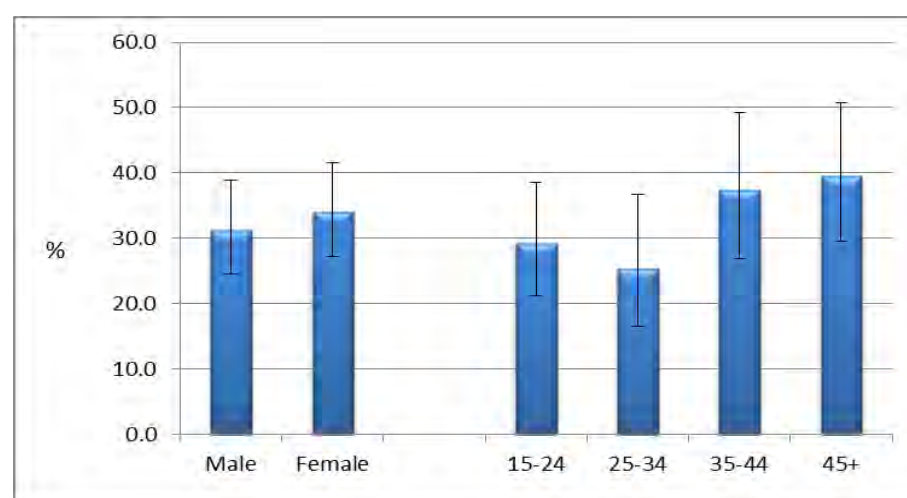


Figure 12.4: Spending more than a week (a fair bit/heaps) last year on Country, by sex and age group

12.3.2 Time spent burning grass

When asked: “In the last 12 months, how much time did you spend burning grass (e.g. cleaning up Country, fire work)?”, 3.3% (95% CI 2.3-6.6) said that they spent more than one week (a fair bit/heaps) burning grass in the last year. Numbers were too small for age and sex comparison, however, regional breakdowns are shown in Appendix Table 12.5 in Appendix A.

Table 12.8: Caring for Country – time spent burning grass, in the last 12 months

	n	%	(95% CI)
None	285	86.5	(82.5 - 89.9)
A little bit	23	7.1	(4.8 - 10.4)
A fair bit	5	1.6	(0.7 - 3.6)
Heaps	6	1.7	(0.7 - 3.7)
Don't know/Refused	10	3.1	(1.7 - 5.6)
Total	329	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

12.3.3 Time spent using Country

When asked: “In the last 12 months, how much time did you spend using Country (e.g. bush tucker, bush medicine, hunting, fishing?)”, 15.6% (95% CI 12.0-19.8) said that they spent more than one week (a fair bit/heaps) in the last year using Country. For regional breakdowns refer to Appendix Table 12.6 in Appendix A.

Table 12.9: Caring for Country – time spent using Country, in the last 12 months

	n	%	(95% CI)
None	154	46.8	(41.5 - 52.2)
A little bit	113	34.2	(29.4 - 39.6)
A fair bit	27	8.2	(5.7 - 11.7)
Heaps	24	7.4	(5.0 - 10.7)
Don't know/Refused	11	3.4	(1.9 - 5.9)
Total	329	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

When compared by age and sex there were no statistically significant differences found between those spending more than a week and those spending less than a week using Country (see Figure 12.5).

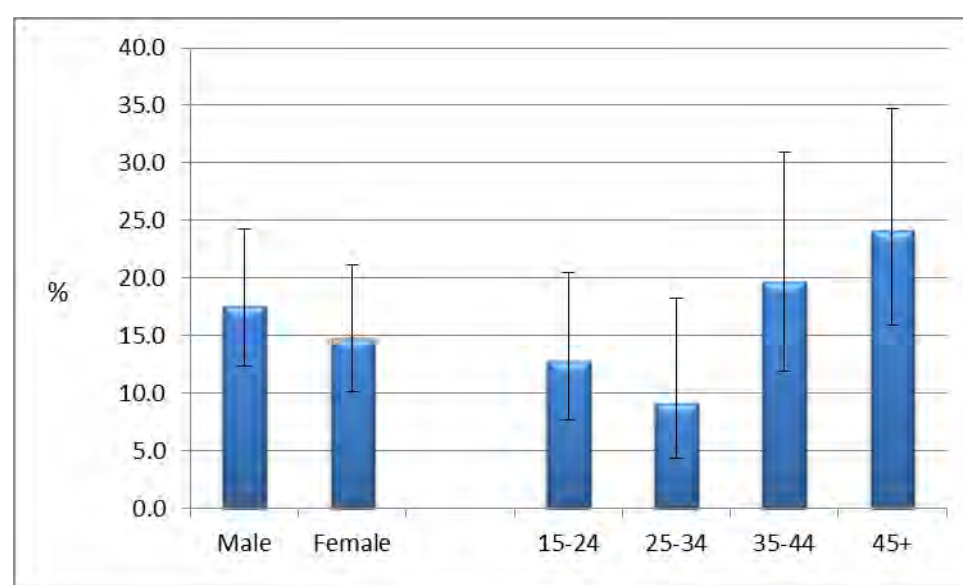


Figure 12.5: Spending more than a week (a fair bit/heaps) last year using Country, by sex and age group

12.3.4 Time spent protecting Country

When asked: “In the last 12 months, how much time did you spend protecting Country (e.g. looking after Sacred Sites, animals, totems?)”, 7.6% (95% CI 5.4-11.3) said that they spent more than one week (a fair bit/heaps) in the last year protecting Country. Numbers were too small for age and sex comparison, however, for regional breakdowns refer to Appendix Table 12.7 in Appendix A.

Table 12.10: Caring for Country – time spent protecting Country, in the last 12 months

	n	%	(95% CI)
None	276	83.6	(79.4 - 87.3)
A little bit	14	4.3	(2.6 - 7.0)
A fair bit	14	4.1	(2.4 - 6.8)
Heaps	12	3.5	(2.0 - 6.1)
Don't know/Refused	15	4.4	(2.7 - 7.2)
Total	329	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

12.3.5 Time spent performing or participating in ceremony

When asked: “In the last 12 months, how much time did you spend performing or participating in ceremony?”, 2.8% (95% CI 4.4-5.1) said that they spent more than one week (a fair bit/heaps) in the last year performing or participating in ceremony. Numbers were too small for age and sex comparison, however, for regional breakdowns refer to Appendix Table 12.8 in Appendix A.

Table 12.11: Caring for Country – time spent performing or participating in ceremony, in the last 12 months

	n	%	(95% CI)
None	294	89.2	(85.5 - 92.2)
A little bit	15	4.7	(2.9 - 7.5)
A fair bit	4	1.3	#
Heaps	5	1.5	(0.7 - 3.5)
Don't know/Refused	11	3.2	(1.8 - 5.8)
Total	329	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

12.3.6 Time spent making artworks

When asked: “In the last 12 months, how much time did you spend making artworks (e.g. painting, weaving, carving?)”, 6.0% (95% CI 4.0-9.2) said that they spent more than one week (a fair bit/heaps) in the last year performing or participating in ceremony. Numbers were too small for age and sex comparison, however, for regional breakdowns refer to Appendix Table 12.9 in Appendix A.

Table 12.12: Caring for Country – time spent making artworks, in the last 12 months

	n	%	(95% CI)
None	234	71.0	(66.0 - 75.8)
A little bit	64	19.4	(15.5 - 24.0)
A fair bit	7	2.1	(1.0 - 4.3)
Heaps	13	3.9	(2.3 - 6.6)
Don't know/Refused	12	3.9	(2.0 - 6.2)
Total	329	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

12.3.7 Time spent performing music, dance, or theatre or writing/telling stories

Two further questions investigated time spent performing Aboriginal or Torres Strait Islander music, dance, or theatre and time spent writing or telling Aboriginal or Torres Strait Islander stories.

When asked: “In the last 12 months, how much time did you spend performing any Aboriginal or Torres Strait Islander music, dance, or theatre?”, 2.9% (95% CI 1.7-5.5) said that they spent more than one week (a fair bit/heaps) in the last year performing Aboriginal or Torres Strait Islander music, dance, or theatre. Numbers were too small for age and sex comparison, however, for regional breakdowns refer to Appendix Table 12.10 in Appendix A.

Table 12.13: Time spent performing an Aboriginal or Torres Strait Islander music, dance, or theatre, in the last 12 months

	n	%	(95% CI)
None	292	88.5	(84.7 - 91.6)
A little bit	17	5.2	(3.3 - 8.2)
A fair bit	5	1.4	(0.6 - 3.3)
Heaps	5	1.5	(0.6 - 3.5)
Don't know/Refused	11	3.4	(1.9 - 6.0)
Total	329	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

When asked: “In the last 12 months, how much time did you spend writing or telling any Aboriginal or Torres Strait Islander stories?”, 7.2% (95% CI 5.0-10.6) said that they spent more than one week (a fair bit/heaps) in the last year writing or telling Aboriginal or Torres Strait Islander stories. Numbers were too small for age and sex comparison, however, for regional breakdowns refer to Appendix Table 12.11 in Appendix A.

Table 12.14: Time spent writing or telling Aboriginal or Torres Strait Islander stories, in the last 12 months

	n	%	(95% CI)
None	250	76.0	(71.2 - 80.4)
A little bit	41	12.5	(9.3 - 16.5)
A fair bit	10	3.0	(1.6 - 5.5)
Heaps	14	4.2	(2.5 - 7.0)
Don't know/Refused	14	4.4	(2.6 - 7.1)
Total	329	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

12.4 Aboriginal Culture

All respondents were asked to comment on their involvement in specifically Aboriginal cultural events. Overall, 25.6% (95% CI 21.5-30.1) of respondents said they had not attended a cultural event in the last 12 months. For regional breakdowns refer to Appendix Table 12.12 in Appendix A.

Table 12.15: Cultural events attended in the last 12 months

	n	%	(95% CI)
Funerals/sorry business	199	50.5	(45.6 - 55.4)
NAIDOC week activities	176	44.5	(39.7 - 49.4)
Sports carnivals (excl. NAIDOC)	105	26.6	(22.5 - 31.2)
Aboriginal organisations	70	17.8	(14.3 - 21.8)
Festivals involving arts, craft, music, or dance (excl. NAIDOC)	61	15.4	(12.2 - 19.3)
Ceremonies	30	7.6	(5.4 - 10.7)
None	101	25.6	(21.5 - 30.1)

Note: Multiple answers possible

Respondents were then asked to rate on a scale of one (not at all important) to five (very important) how important it is for them to be able to attend Aboriginal cultural events. Overall, 65.6% (95% CI 60.9-70.2) of respondents said it was very important or quite important that they are able to attend these events. For regional breakdowns refer to Appendix Table 12.13 in Appendix A.

Table 12.16: Importance of being able to attend cultural events

	n	%	(95% CI)
Very important	154	38.6	(33.9 - 43.4)
Quite important	108	27.0	(22.9 - 31.6)
Neither important nor not important	88	22.0	(18.3 - 26.4)
Somewhat important	7	1.8	(0.9 - 3.6)
Not at all important	22	5.4	(3.6 - 8.1)
Don't know/refused	21	5.2	(3.4 - 7.8)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

When analysed by age and sex there were no statistically significant differences found between those reporting that it is very important/quite important to attend Aboriginal cultural events and those reporting it as not at all important/somewhat important or neither important nor not important (see Figure 12.6).

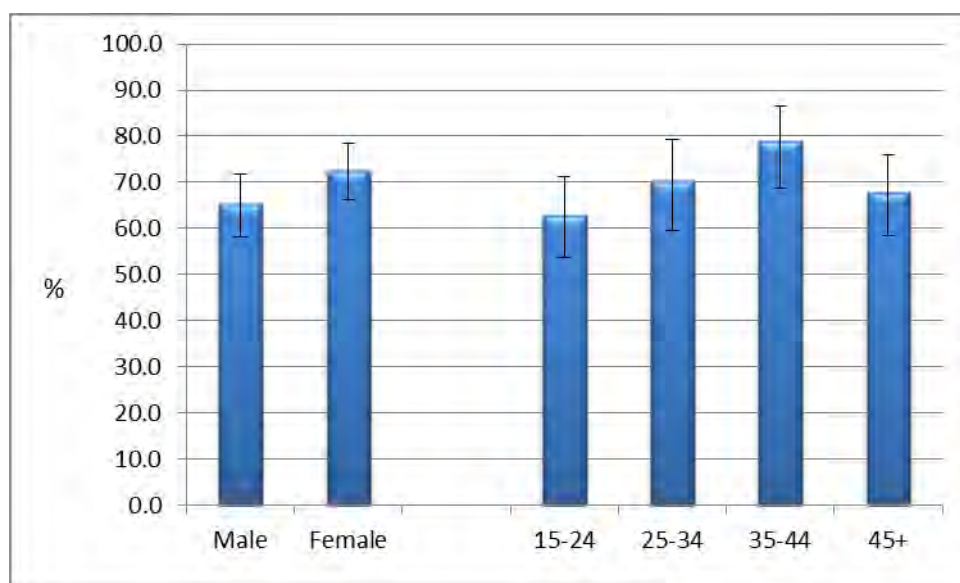


Figure 12.6: Importance of being able to attend Aboriginal cultural events (very important/quite important), by sex and age group

When asked whether they are always able to attend or take part in these activities whenever or as often as they want, 36.5% (95% CI 31.9-41.4) reported that they were not able to do so.

Table 12.17: Able to attend cultural activities as often as wanted

	n	%	(95% CI)
Yes	223	55.8	(50.9 - 60.6)
No	146	36.5	(31.9 - 41.4)
Don't know/Refused	31	7.7	(5.5 - 10.7)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

When analysed by age and sex those able to attend Aboriginal cultural activities as often as they wanted were statistically significantly more likely to be male and aged 15 to 24 years and statistically significantly less likely to be female and aged 45 years and over, when compared to those not being able to attend as often as they would like (see Figure 12.7).

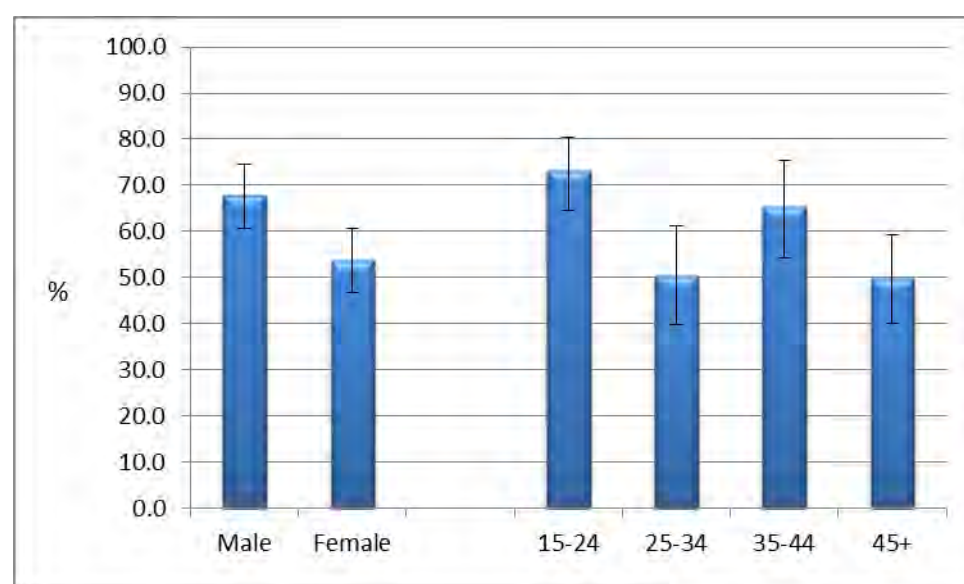


Figure 12.7: Able to attend Aboriginal cultural events, by sex and age group

Respondents reporting that they are not always able to attend activities whenever or as often as they want to (n=146) were asked what makes it hard to do so. Transport and financial difficulties were the two most common reasons for not being able to take part (see Table 12.18).

Table 12.18: Reasons for not being able to attend cultural events

	n	%	(95% CI)
Transport difficulties	68	46.9	(38.9 - 55.0)
Can't afford it	47	32.3	(25.2 - 40.2)
Too far away	42	28.6	(21.8 - 36.4)
Work commitments	33	22.9	(16.8 - 30.4)
Travelling to community	30	20.7	(14.9 - 28.1)
Caring commitments	10	6.7	(3.6 - 12.0)
Not informed of when and where	9	6.1	(3.2 - 11.2)
Health reasons	9	6.1	(3.2 - 11.2)

Note: Multiple answers possible

13 Housing

It is well understood that factors in the proximal and distal environment have an impact on health and wellbeing, and this may be even more so in Aboriginal communities where the health of family and community plays a major role in an individual's health and well-being. The primary premise of the Closing the Gap Initiative is 'a holistic life stage approach' which includes measures to address the underlying social determinants of poor health, and housing and environment are two of these key determinants. These questions were also used in the 2008 NATSISS.³

13.1 Housing situation

All respondents were asked to identify, from a list, which best described their housing situation. Overall, 31.7% (95% CI 27.4-36.5) reported living in rented public housing while 24.5% (95% CI 20.5-28.9) said they were living at someone else's house. For regional breakdowns refer to Appendix Table 13.1 in Appendix A.

Table 13.1: Housing situation

	n	%	(95% CI)
Public housing (renting)	127	31.7	(27.4 - 36.5)
Living at someone else's house	98	24.5	(20.5 - 28.9)
Privately renting	43	10.7	(8.0 - 14.1)
Aboriginal housing scheme (rent, buy, or shared equity scheme)	39	9.8	(7.3 - 13.1)
Own or buying home	29	7.3	(5.2 - 10.3)
Boarding house	16	4.1	(2.5 - 6.5)
Other	6	1.4	(0.5 - 2.8)
Don't know/Refused	42	10.5	(7.8 - 13.9)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Respondents were then asked: “In the last twelve months, how many dwellings have you lived in?” Overall, 17.8% (95% CI 14.4-21.9) of respondents reported living in two or more dwellings in the last year. Regional breakdowns can be found in Appendix Table 13.2 in Appendix A.

Table 13.2: Number of dwellings in last 12 months

	n	%	(95% CI)
One	305	76.4	(72.0 - 80.3)
Two	56	14.2	(11.1 - 17.9)
Three	10	2.4	(1.3 - 4.4)
Four or more	5	1.3	(0.5 - 2.9)
Don't know/Refused	23	5.8	(3.9 - 8.5)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

When compared by age and sex, respondents who lived in two or more dwellings in the last 12 months were statistically significantly more likely to be aged 15 to 24 years when compared to those respondents who had only lived in one dwelling during this time. There were no statistically significant differences found when comparing sex against the two groups.

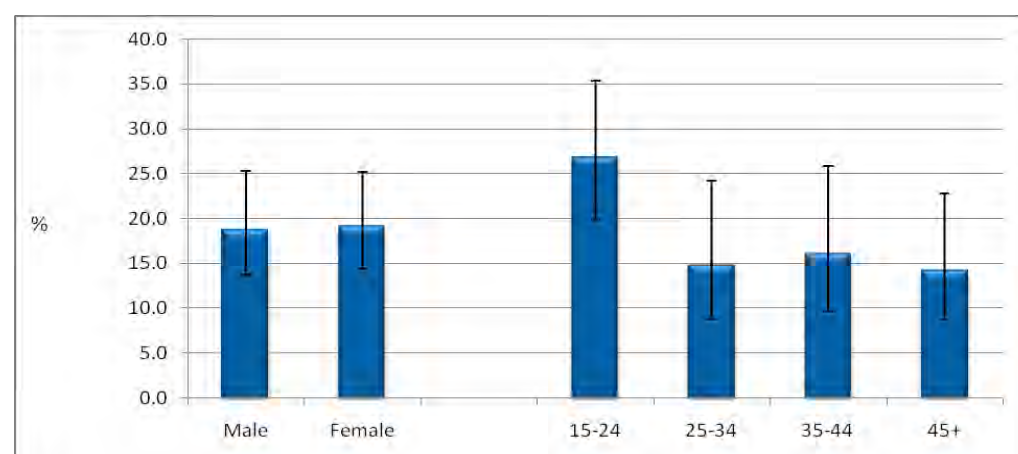


Figure 13.1: Respondents having lived in two or more dwellings in the last 12 months, by age and sex

Respondents were also asked about how many bedrooms their dwelling had. Overall, 72.6% (95% CI 68.0-76.7) reported having three bedrooms in their dwelling. For regional breakdowns refer to Appendix Table 13.3 in Appendix A.

Table 13.3: Number of bedrooms in dwelling

	n	%	(95% CI)
One	5	1.3	(0.5 - 2.9)
Two	33	8.3	(6.0 - 11.5)
Three	289	72.6	(68.0 - 76.7)
Four or more	58	14.6	(11.5 - 18.4)
Don't know/Refused	13	3.2	(1.9 - 5.4)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Respondents were then questioned on their perceptions surrounding whether they had enough bedrooms and how many bedrooms they thought they should have. Overall, 18.6% (95% CI 15.1-22.7) reported that they did not think they had enough bedrooms in their current dwelling.

Table 13.4: Does current dwelling have enough bedrooms?

	n	%	(95% CI)
Yes	308	77.3	(72.9 - 81.1)
No	74	18.6	(15.1 - 22.7)
Don't know/Refused	17	4.1	(2.6 - 6.6)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

When questioned further, those respondents reporting that they did not have enough bedrooms (n=74) were asked how many bedrooms they think they should have. These results can be seen in Table 13.5.

Table 13.5: Number of bedrooms dwelling should have

	n	%	(95% CI)
Three	5	7.3	(3.3 - 15.6)
Four	25	33.7	(24.0 - 45.1)
Five	21	27.9	(19.0 - 39.0)
Six	12	16.6	(9.9 - 26.7)
Seven	5	6.8	(3.0 - 14.9)
Don't know/refused	6	7.6	(3.5 - 16.0)
Total	74	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

13.2 Housing condition

To achieve good health outcomes at a household level, individual living environments must be equipped with the health hardware[†] that enables residents to carry out Healthy Living Practices. The National Indigenous Housing Guide²⁰ is a resource to assist in the design, construction and maintenance of housing for Aboriginal and Torres Strait Islander peoples, with a particular focus on providing and maintaining this health hardware that supports a safe and healthy living environment.

Types of basic facilities, considered important for a healthy living environment, include those that assist in washing people, clothes and bedding; safely removing waste; and enabling the safe storage and cooking of food. In 2008, 13% of Aboriginal Australians aged 15 years and over (16% in South Australia) lived in households where one or more facilities were not available or did not work. This proportion varied across remoteness areas, with more than three times the proportion (28%) of Aboriginal people living in remote areas reporting problems with household facilities, as those people living in regional areas (9%) or major cities (8%).²¹

Respondents were asked to look at a list of facilities and report whether there were any of these facilities that their dwelling does not have, or that are not working. Overall, 8.0% (95% CI 5.7-11.1) reported that they did not have a kitchen cupboard and bench space in their current dwelling and 6.1% (95% CI 4.1-8.9) reported having a toilet that was either not working or missing. For regional breakdowns refer to Appendix Table 13.4 in Appendix A.

Table 13.6: Facilities missing or not working in current dwelling

	n	%	(95% CI)
Kitchen cupboard and bench space	31	8.0	(5.7 - 11.1)
Stove/oven/other cooking facilities	28	7.3	(5.1 - 10.3)
Toilet	24	6.1	(4.1 - 8.9)
Kitchen sink	21	5.5	(3.6 - 8.2)
Bath or shower	19	4.9	(3.2 - 7.5)
Washing machine	16	4.1	(2.5 - 6.5)
Laundry tub	7	1.8	(0.8 - 3.6)
Fridge	3	0.8	#

Note: Multiple answers possible

insufficient numbers (n<5) for statistically testing

[†] Health hardware - originally used by Dr Fred Hollows to describe the physical equipment necessary for healthy, hygienic living. The equipment must have design and installation characteristics that allow it to function and to maintain or improve health status. In a water supply system, for example, health hardware includes both the bore and the basin plug, as well as the shower rose, taps and drain.

Finally, respondents were asked how *they* would rate the condition of the place where they currently live. There were no benchmarks offered to compare this to, therefore, responses are very much respondents' perception. Overall, 8.1% (95% CI 5.8-11.2) reported that they thought their current dwelling was in poor or very poor condition. For regional breakdowns refer to Appendix Table 13.4 in Appendix A.

Table 13.7: Condition of current dwelling

	n	%	(95% CI)
Excellent/Very Good/Good	357	89.9	(86.5 - 92.5)
Poor/Very Poor	32	8.1	(5.8 - 11.2)
Excellent	34	8.7	(6.3 - 11.8)
Very Good	158	39.7	(35.0 - 44.6)
Good	165	41.5	(36.8 - 46.4)
Poor	27	6.7	(4.7 - 9.6)
Very poor	6	1.4	(0.6 - 3.1)
Don't know/Refused	8	2.0	(1.0 - 3.9)
Total	397	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Comparing by age and sex, those reporting poor or very poor condition of current dwelling were statistically significantly more likely to be female and over the age of 45 years, and statistically significantly less likely to be male.

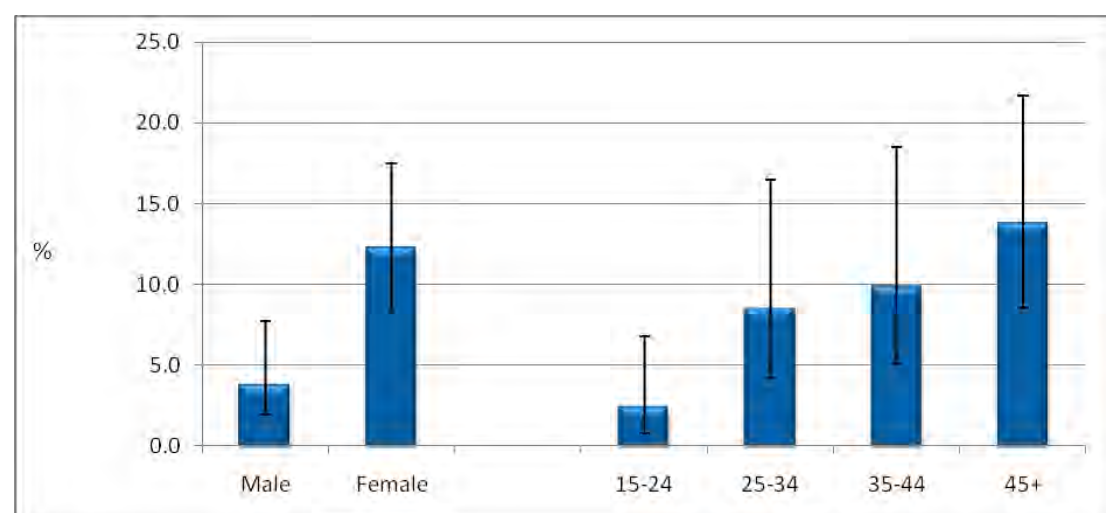


Figure 13.2: Respondents reporting poor/very poor condition of current dwelling, by sex and age group

14 Food and Nutrition

Nutrition is a vital part of good health and illness prevention, and having an understanding of these issues will help to identify where programs and policies may have an impact. This section includes questions about access to fresh food, consumption of fruit and vegetables and food security. The questions regarding access to fresh food came about as a result of discussions with experts who had seen first-hand the associated problems, and these questions, alongside those about food security, will help inform policy and programs to ensure that food and nutrition are beneficial to health in Aboriginal populations, and contribute to preventive health strategies.

14.1 Food Availability

Respondents were asked a number of questions concerning the availability of food. All respondents were asked: “Are there any foods that you would like to buy to eat but you can’t?” Overall, 13.0% (95% CI 10.1-16.7) of respondents reported some foods that they would like to buy but they could not, and 80.2% (95% CI 76.0-83.8) did not have any trouble buying the food they wanted. For regional breakdowns refer to Appendix Table 14.1 in Appendix A.

Table 14.1: Foods that respondent reported wanting to buy, but could not

	n	%	(95% CI)
Fresh fruit and vegetables	24	6.1	(4.1 - 8.9)
Take away meals	22	5.6	(3.7 - 8.3)
Fresh meat	19	4.8	(3.1 - 7.3)
Fresh milk	12	3.1	(1.8 - 5.3)
Fresh bread	10	2.6	(1.4 - 4.6)
Frozen foods	10	2.5	(1.3 - 4.5)
Tinned Foods	5	1.3	(0.6 - 3.0)
None	318	80.2	(76.0 - 83.8)

Note: The weighting of data can result in rounding discrepancies or totals not adding
Multiple responses allowed

Respondents, who specified that there were foods they could not buy, were asked: “What makes it difficult for you to buy these foods to eat?” Overall, 83.3% (95% CI 70.8-91.2) of respondents could not buy the food they wanted because it was “too expensive”, and 22.0% (95% CI 12.8-35.2) of respondents gave other reasons such as “allergic”, “don't like them”, “gluten free, isn't stocked”, “health reasons”, “had to pay rent & electricity bills first” “no appetite/money”, “not healthy other costs single parent with children too far to travel”, “too lazy” and “vegetarian”.

Table 14.2: Reasons why food it difficult to buy

	n	%	(95% CI)
Too expensive	42	83.3	(70.8 - 91.2)
Shop doesn't have them	6	11.1	(5.1 - 22.7)
Can't get to a shop	2	4.4	#
Can't keep them (no refrigeration)	1	0.6	#
Can't keep them (no storage)	1	2.4	#
Dietary restriction	5	10.5	(4.7 - 22.0)
Other	11	22.0	(12.8 - 35.2)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Multiple responses allowed

insufficient numbers (n<5) for statistically testing

14.2 Traditional and Bush Food

Respondents were also asked: “Do you have any bush foods or Aboriginal traditional foods in your diet?” Overall 35.7% (95% CI 31.1-40.5) said that they had these foods in their diet. For regional breakdowns refer to Appendix Table 14.2 in Appendix A.

Table 14.3: Bush and Aboriginal traditional foods in diet

	n	%	(95% CI)
Yes	142	35.7	(31.1 - 40.5)
No	245	61.3	(56.4 - 65.9)
Don't know/refused	12	3.0	(1.7 - 5.2)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Comparing by age and sex, those reporting eating bush and/or Aboriginal traditional foods in their diet were statistically significantly more likely to be aged between 25 and 34 years and statistically significantly less likely to be aged between 15 and 24 years, when compared to those who did not. There were no statistically significant differences found for sex.

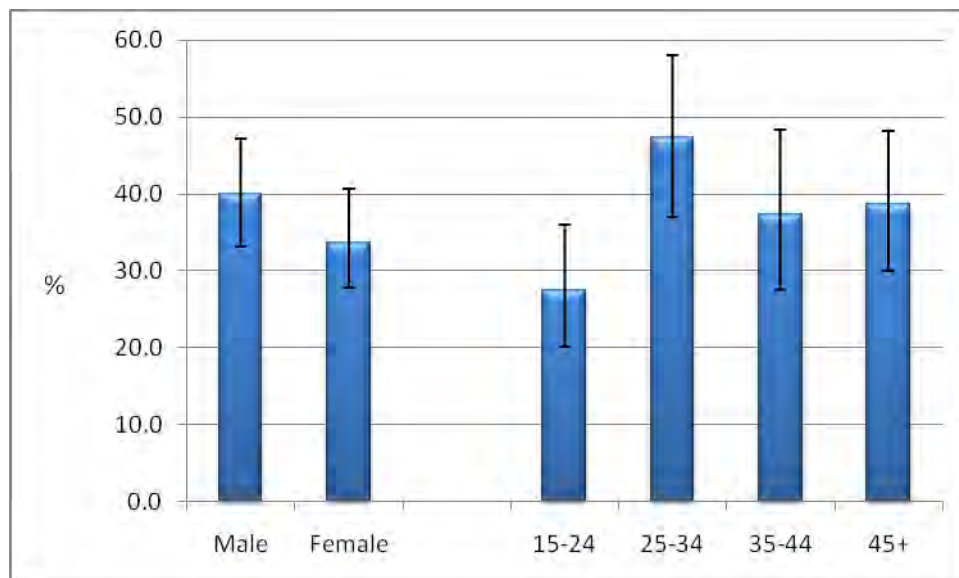


Figure 14.1: Bush and/or Aboriginal traditional foods in diet, by sex and age group

14.3 Fruit Consumption

The Dietary Guidelines for Australians recommend that a healthy diet includes plenty of fruit, vegetables and legumes.²² The Australian Guide to Healthy Eating²³ outlines the daily amounts of fruit people of different ages and life stages need to consume for good health (see Table 14.4).

Table 14.4: Recommended Mean serves of fruit consumed per day - adults

Age	Serves per day	
	Men	Women
15-18 years	3-4 serves of fruit	3-4 serves of fruit
19 years and over	2-4 serves of fruit	2-3 serves of fruit
Pregnant	-	4 serves of fruit
Breastfeeding	-	5 serves of fruit

Respondents were asked about eating fruit, which included fresh, dried, frozen and tinned fruit. It was explained that one serve is equal to one medium piece, two small pieces of fruit or 1 cup of diced fruit, or 1 tablespoon of dried fruit, and they were asked: "How many serves of fruit do you usually eat in a day?"

The proportion of respondents eating one or more serves of fruit per day was 13.5% (95% CI 10.5-17.2). For regional breakdowns refer to Appendix Table 14.3 in Appendix A.

Table 14.5: Number of serves of fruit consumed per day

	n	%	(95% CI)
One or more serves of fruit per day	54	13.5	(10.5 - 17.2)
I eat fruit but not everyday	293	73.4	(68.9 - 77.5)
I don't eat fruit	25	6.4	(4.3 - 9.2)
Don't know/unsure/refused	27	6.7	(4.6 - 9.6)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

14.4 Vegetable Consumption

The Australian Guide to Healthy Eating²³ outlines the daily amounts of vegetables people of different ages and life stages need to consume for good health (see Table 14.6).

Table 14.6: Recommended Mean serves of vegetables consumed per day - adults

Age	Recommended serves per day	
	Men	Women
15-18 years	4-9 serves of vegetables	4-9 of vegetables
19 years and over	5-8 serves of vegetables	4-7 of vegetables
Pregnant	-	5-6 of vegetables
Breastfeeding	-	7 of vegetables

Respondents were asked about eating vegetables, which included fresh, dried, frozen and tinned vegetables. It was explained that one serve is equal to half a cup of cooked vegetables, one small potato, or 1 cup of salad vegetables and they were asked: "How many serves of vegetables do you usually eat in a day?"

The proportion of respondents eating one or more serves of fruit per day was 30.9% (95% CI 26.6-35.6). For regional breakdowns refer to Appendix Table 14.3 in Appendix A.

Table 14.7: Number of serves of vegetables consumed per day

	n	%	(95% CI)
One or more serves	123	30.9	(26.6 - 35.6)
I eat vegetables but not everyday	251	62.9	(58.1 - 67.5)
I don't eat vegetables	4	1.0	#
Don't know/unsure/refused	21	5.2	(3.4 - 7.8)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

14.5 Food security

Food security can be defined as the assured ability of access to a safe, nutritious and affordable food supply. It includes at a minimum the ability to access food without resorting to emergency feeding programs and the ability to access food in socially acceptable ways (i.e. without resorting to stealing or scavenging). People who live in poverty are at most risk of food insecurity. Aboriginal and Torres Strait Islander people are also an at risk group. It has also been suggested that food insecurity may be an index or marker of a broader range of health consequences associated with poverty.²⁴

Respondents were asked: “In the last 12 months were there any times that you ran out of food and you couldn’t afford to buy more?” The prevalence of food insecurity is outlined in Table 14.8 with 20.0% (95% CI 16.4-24.2) of respondents experienced food insecurity in the past 12 months. For regional breakdowns refer to Appendix Table 14.4 in Appendix A.

Table 14.8: Food security, last 12 months

	n	%	(95% CI)
Yes	80	20.0	(16.4 - 24.2)
No	296	74.2	(69.7 - 78.3)
Don’t know/refused	23	5.8	(3.9 - 8.5)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

15 Income security

Underpinning factors of Closing the Gap and the COAG partnerships include the social and economic determinants of health. The links between employment, income and health are well established and these factors help describe the 'who' and 'why' of the distribution of health and ill-health in a population. Given that disadvantage is strongly linked to economic circumstances, and that participation in society through employment contributes to greater self-worth, the survey has gathered information about the levels of disadvantage experienced by Aboriginal populations. The following questions are standard questions regarding income security that have been used previously in the NATSIHS²⁵ and other SA population surveys.

Respondents were asked: "In the last 12 months were there any days when you ran out of money for food, clothing, or bills?" Overall, 24.0% (95% CI 20.0-28.4) said that they did run out of money for food, clothing, or bills, in the last 12 months. For regional breakdowns refer to Appendix Table 15.1 in Appendix A.

Table 15.1: Ran out of money for food, clothing, or bills, last 12 months

	n	%	(95% CI)
Yes	95	24.0	(20.0 - 28.4)
No	282	70.9	(66.2 - 75.1)
Don't know/refused	22	5.2	(3.4 - 7.8)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Respondents saying that there were days then they did run out of money (n=95) were then asked: "Did you or any other members of your household have to go without food, clothing, or put off paying bills, when you ran out of money?" Overall, 66.5% (95% CI 56.9-75.5) of respondents reported that members of their household had to go without food or clothing, or they had to put off paying bills, when they ran out of money. For regional breakdowns refer to Appendix Table 15.2 in Appendix A.

Table 15.2: Members of household going with food, clothing, or putting bills, last 12 months

	n	%	(95% CI)
Yes	63	66.5	(56.9 - 75.5)
No	30	31.3	(23.0 - 41.4)
Don't know/refused	2	2.1	#
Total	95	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

Respondents were also asked: “Which best describes your family’s money situation?” Overall 69.0% (95% CI 64.3-73.4) reported that they “spent more money than they got” or “had just enough money to get through to the next pay day”. For regional breakdowns refer to Appendix Table 15.3 in Appendix A.

Table 15.3: Description of family’s money situation.

	n	%	(95% CI)
Have just enough money to get through to the next pay day	233	58.7	(53.8 - 63.4)
Spend more money than getting	41	10.3	(7.7 - 13.7)
There's some money left over each week but just spend it	20	5.0	(3.2 - 7.6)
Can save a bit every now and then	41	10.3	(7.7 - 13.7)
Can save a lot	5	1.2	(0.5 - 2.9)
Don't know / refused	59	14.5	(11.3 - 18.3)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

16 Social and Emotional Wellbeing – Kessler Scale

16.1 Kessler 5

As mental illness is one of the major health issues in this country, with an impact on mortality, morbidity, health service utilisation and productivity, estimating the burden of mental ill-health in the Aboriginal population is very important. This has only been done on a population level specifically for Aboriginal and Torres Strait Islander people once previously. This was in the 2004/05 ABS Indigenous Health Survey (IHS).²⁵ Recognising that a western construct of social and emotional wellbeing was inadequate to describe the same in Aboriginal and Torres Strait Islander populations, but lacking any alternatives, the SAAHS advisory group decided on the K5 (a subset of the Kessler 10 and Kessler 6 Psychological Distress Scale) as one of the measures to be used. This scale is the K6 with the omission of one question that was thought not to be appropriate, and modification of a couple of words. This modified five-item version of the Kessler Psychological Distress Scale (K5) was based on that used in the IHS.

The K5 was scored for all those who had answered all five questions (n=354) to give an indication of the level of psychological distress. A score of 1 was given to "none of the time"; 2 given to "a little of the time"; 3 given to "some of the time"; 4 given to "most of the time"; and 5 given to "all of the time".

The range of raw scores for K5 psychological distress was 0–25 (mean score, 8.59; SD, 4.27).

All respondents were asked: "In the last four weeks, how often did you feel nervous?" Overall, 5.4% (95% CI 3.5-8.0) of respondents said that they felt nervous most or all of time in the past four weeks. For regional breakdowns refer to Appendix Table 16.1 in Appendix A.

Table 16.1: Kessler 5 – Psychological Distress Scale – how often felt nervous, past 4 weeks

	n	%	(95% CI)
All of the time	13	3.2	(1.9 - 5.4)
Most of the time	9	2.1	(1.1 - 4.1)
Some of the time	47	11.8	(9.0 - 15.3)
A little of the time	109	27.3	(23.1 - 31.9)
None of the time	194	48.7	(43.8 - 53.6)
Don't know/refused	28	6.9	(4.8 - 9.8)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Respondents were then asked: "In the last four weeks, how often did you feel without hope?" Overall, 5.3% (95% CI 3.5-8.0) of respondents said that they felt without hope most or all of time in the past four weeks. For regional breakdowns refer to Appendix Table 16.2 in Appendix A.

Table 16.2: Kessler 5 – Psychological Distress Scale – how often felt without hope, past 4 weeks

	n	%	(95% CI)
All of the time	12	2.9	(1.7 - 5.1)
Most of the time	10	2.4	(1.3 - 4.4)
Some of the time	30	7.4	(5.2 - 10.4)
A little of the time	47	11.7	(8.9 - 15.3)
None of the time	270	67.6	(62.9 - 72.0)
Don't know/refused	32	7.9	(5.7 - 11.0)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Respondents were then asked: “In the last four weeks, how often did you feel restless or jumpy?” Overall, 7.0% (95% CI 4.9-9.9) of respondents said that they had felt restless or jumpy most or all of time in the past four weeks. For regional breakdowns refer to Appendix Table 16.3 in Appendix A.

Table 16.3: Kessler 5 – Psychological Distress Scale – how often felt restless or jumpy in the past 4 weeks

	n	%	(95% CI)
All of the time	18	4.5	(2.8 - 7.0)
Most of the time	10	2.5	(1.4 - 4.5)
Some of the time	41	10.4	(7.8 - 13.8)
A little of the time	156	39.1	(34.5 - 44.0)
None of the time	145	36.4	(31.9 - 41.3)
Don't know/refused	28	7.1	(5.0 - 10.0)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Respondents were then asked: “In the last four weeks, how often did you feel everything was an effort?” Overall, 11.3% (95% CI 8.6-14.8) of respondents said that they had felt that everything was an effort most or all of time in the past four weeks. For regional breakdowns refer to Appendix Table 16.4 in Appendix A.

Table 16.4: Kessler 5 – Psychological Distress Scale – how often felt everything was an effort, past 4 weeks

	n	%	(95% CI)
All of the time	22	5.5	(3.6 - 8.2)
Most of the time	23	5.8	(3.9 - 8.6)
Some of the time	65	16.2	(12.9 - 20.1)
A little of the time	180	15.1	(40.2 - 50.0)
None of the time	82	20.5	(16.9 - 24.8)
Don't know/refused	28	6.9	(4.8 - 9.8)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Respondents were then asked: “In the last four weeks, how often did you feel so sad that nothing could cheer you up?” Overall, 4.2% (95% CI 2.6-6.7) of respondents said that they had felt so sad that nothing could cheer them up most or all of time in the past four weeks. For regional breakdowns refer to Appendix Table 16.5 in Appendix A.

Table 16.5: Kessler 5 – Psychological Distress Scale – how often felt so sad nothing could cheer you up, past 4 weeks

	n	%	(95% CI)
All of the time	9	2.3	(1.3 - 4.3)
Most of the time	7	1.9	(0.9 - 3.7)
Some of the time	44	11.1	(8.4 - 14.6)
A little of the time	58	14.4	(11.3 - 18.2)
None of the time	253	63.4	(58.5 - 67.9)
Don't know/refused	27	6.9	(4.8 - 9.8)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Finally, respondents were asked “Thinking about the last few questions, did these feelings happen more often in the last four weeks than is usual for you, about the same as usual, or less often than usual? Overall, 14.3% (95% CI 11.2-18.0) of respondents reported that they had had these feelings more often in the last four weeks. For these regional breakdowns refer to Appendix Table 16.6 in Appendix A.

Table 16.6: Kessler 5 – extra question

	n	%	(95% CI)
More often than usual	57	14.3	(11.2 - 18.0)
About the same as usual	240	60.2	(55.4 - 64.9)
Less often than usual	37	9.3	(6.8 - 12.5)
Don't know/refused	65	16.2	(12.9 - 20.2)
Total	399	100.0	

17 General Health and Wellbeing

17.1 Short Form-1 General Health Status

The Short Form 1 (SF-1)²⁶ is a single item question asking respondents to rate their overall health and wellbeing, and is the first question of the questionnaire known as the Medical Outcomes Study (MOS) Short Form 36 (SF-36).²⁷ It has been included in this survey as part of the Short Form 12 Version 2.⁹ The SF-1 assesses physical and mental health, and has been found to be a good predictor of health service utilisation and mortality.²⁸ Usage of the SF-1 provides a good summary of data regarding illness, death or service use, and is strongly related to past experiences of illness, disability, and mental health status. Using the SF-1 in preference to a longer questionnaire has advantages of brevity, decreased cost and ease of interpretation.¹⁰

Respondents were asked: “In general would you say your health is...excellent, very good, good, fair, or poor?” The prevalence of respondents reporting excellent health was 8.9% (95% CI 6.5 - 12.1) and the prevalence of respondents reporting “poor” health was 2.9% (95% CI 1.6 - 5.0).

For regional breakdowns refer to Appendix Table 17.1 in Appendix A.

Table 17.1: SF-1 General Health Status

	n	%	(95% CI)
Excellent	35	8.9	(6.5 - 12.1)
Very Good	188	47.2	(42.3 - 52.0)
Good	103	25.8	(21.8 - 30.3)
Fair	60	15.1	(11.9 - 18.9)
Poor	11	2.9	(1.6 – 5.0)
Not stated	1	0.3	#
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Respondents aged 45 years and over were statistically significantly more likely to report “fair or poor” health while those aged 15 to 24 years were statistically significantly less likely to report “fair or poor” health when compared to those reporting their health as “excellent, very good, or good”.

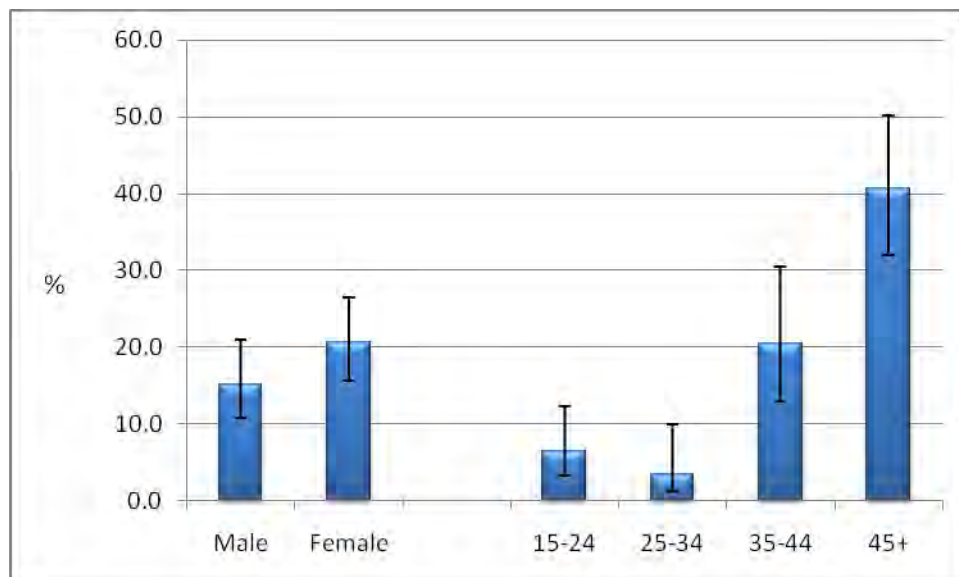


Figure 17.1: Self-reporting fair / poor health status, by sex and age group

17.2 Short Form-12 (version 2)

The Medical Outcomes Study Short Form 12 Health Survey (SF-12 V2)⁹ was derived in the United States from the twelve questions of the SF-36, which make up the MCS (Mental Component Summary) and PCS (Physical Component Summary) scales, in order to provide a shorter measure health status.²⁸ The two scores range between 0 and 100, with increasing values equating to better health. The new version of the SF-12 was developed to have greater reliability and precision over the previous version.

The means for the PCS and MCS scales of the SF-12 v2 are presented in Table 17.2. These are also illustrated by age and sex in Figure 17.2. For regional breakdowns refer to Appendix Table 17.2 in Appendix A.

Males scored statistically significantly higher on the PCS ($p = 0.013$) than females, and also higher on the MCS than females ($p = 0.016$).

Those aged 15 to 24 years scored statistically significantly higher on the PCS than those aged 35 to 44 ($p < 0.001$), and those 45 years and over ($p < 0.001$). Those aged 25 to 34 years scored statistically significantly higher on the PCS than those aged 35 to 44 ($p < 0.001$), and those 45 years and over ($p < 0.001$). Those aged 35 to 44 years scored statistically significantly higher on the PCS than those aged over 45 ($p < 0.001$). There were no statistically significant differences in the mean MCS scores between age groups.

Table 17.2: PCS (Physical Component Summary) : and MCS (Mental Component Summary)

	Mean	95% CI of Mean	SD
PCS (Physical Component Summary)	51.34	(50.3 - 52.4)	10.374
MCS (Mental Component Summary)	45.65	(44.6 - 46.7)	9.800

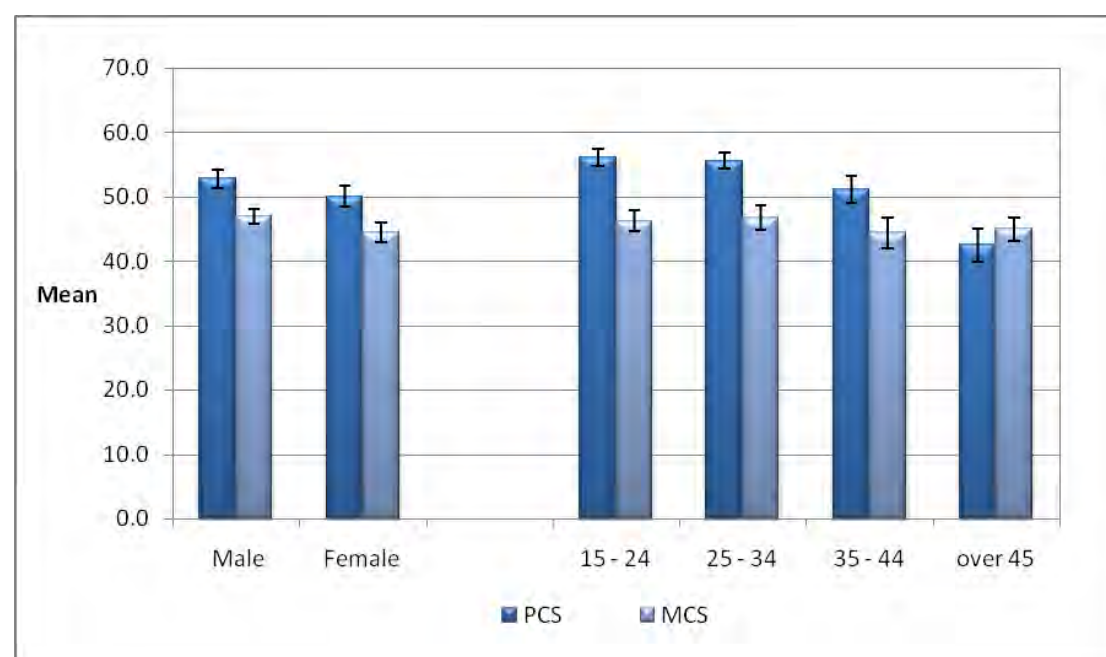


Figure 17.2: PCS (Physical Component Summary) and MCS (Mental Component Summary) by sex and age group

18 Transport

A collaborative project (reflecting 'Health in All Policies') focusing on road safety and increased safe mobility for the Aboriginal population is being undertaken between SA Health, SA Police, Department for Transport, Energy and Infrastructure, Attorney General's Department, Department of Correctional Services and the Department of Further Education Employment Science and Technology. This project focuses on driver licensing and diversionary programs that support Aboriginal people to obtain and retain their drivers licences, recognising that mobility is a key factor in maintaining health and wellbeing. Failure in obtaining and retaining licences can prompt inappropriate behaviour, including driving unlicensed, driving under-aged, and involvement in road traffic accidents due to lack of experience. Problems with literacy and language, and access to vehicles and instruction often present as barriers to obtaining a drivers licence. Unlicensed driving is a particular problem for Aboriginal communities and in addition to road traffic accidents, contributes to an over-representation of Aboriginal people in contact with the criminal justice system for traffic and licensing offences. Licensing, custodial sentences, and poor health outcomes for Aboriginal people are inextricably linked.

The following questions are based on those included in the 2008 NATSISS³ with appropriate modifications to reflect the project's outcome targets and monitoring and will inform the 'Improving the mobility, safety and wellbeing of Aboriginal people in South Australia through increasing the number of Aboriginal people obtaining and retaining their drivers licence' program, and help to understand the 'who', 'where' and 'why' of driver licensing amongst the Aboriginal population.

18.1 Driver's licensing

Respondents 17 years of age and over (n=372) were asked whether they had a current full or provisional driver's licence. Overall, 62.5% (95% CI 57.5-67.3) said that they did with a further 9.0% (95% CI 6.5-12.4) saying that they had a learner's licence. For regional breakdowns refer to Appendix Table 18.1 in Appendix A.

Table 18.1: Current full or provisional licence, aged 17 years and over

	n	%	(95% CI)
Yes	232	62.5	(57.5 - 67.3)
No	102	27.6	(23.3 - 32.3)
No, but have a learner driver's licence	34	9.0	(6.5 - 12.4)
Don't know/Refused	3	0.9	#
Total	372	100.0	

Note: Data reported 17 years and over only

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

When comparing by age and sex those respondents 17 years of age and over not having a current full or provisional driver's licence were statistically significantly more likely to be female and aged between 17 to 24 years and statistically significantly less likely to be male and 35 to 44 years of age when compared to those having a current or provisional driver's licence.

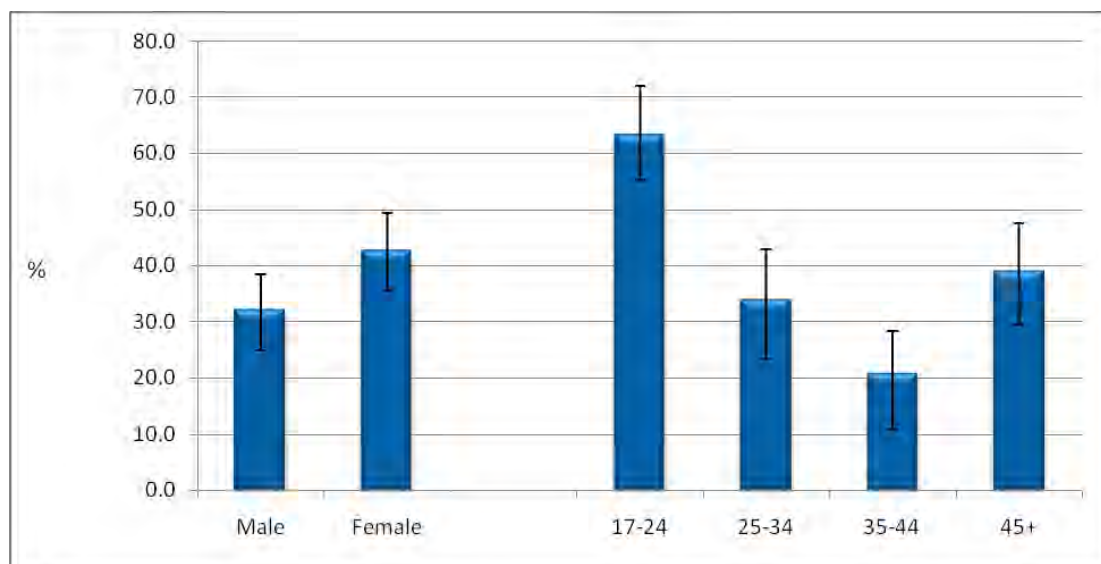


Figure 18.1: No current provisional or full drivers licence, 17 years and over, by sex and age group

When asked about the main things that supported them in getting a driver's licence, those that had a licence (n=232) reported the following (Table 18.2).

Table 18.2: Main things supporting obtaining a driver's licence, aged 17 years and over

	n	%	(95% CI)
Access to a car for practice	135	58.3	(51.9 - 64.5)
Financial assistance to get licence	125	53.8	(47.4 - 60.1)
Family/friends supportive of me learning	124	53.6	(47.2 - 59.9)
Assistance with understanding test/process	40	17.2	(12.9 - 22.5)
Any driver with a full licence available to provide supervised hours	38	16.4	(12.2 - 21.8)
Access to paid driving instructor	17	7.1	(4.5 - 11.2)
Aboriginal person with full licence available to provide supervised hours	14	5.9	(3.5 - 9.7)
Support from employment	9	3.7	(0.2 - 3.1)
Being independent	6	2.8	(1.3 - 5.8)
Being able to pay my fines	5	2.2	(1.0 - 5.0)
Easier in my day/from the country	2	1.1	#

Note: Data reported 17 years and over only

Note: Multiple answers possible

insufficient numbers (n<5) for statistically testing

All respondents answering that they did not have a current or provisional driver's licence, excluding those with a learner's licence (n=102) were then asked: "What are the main reason(s) that you don't currently have a full or P Plate driver's licence?" Those respondents reported the following reasons (Table 18.3).

Table 18.3: Main reasons for not having a current driver's licence, all respondents

	n	%	(95% CI)
Cost of licence too much	18	18.9	(12.3 - 28.0)
Health reasons	13	13.9	(8.3 - 22.3)
Don't have access to a car	12	12.8	(7.5 - 21.0)
Don't need one	10	11.0	(6.2 - 18.9)
Not interested/don't want one	9	10.0	(5.4 - 17.7)
Police/court took away licence	9	9.8	(5.3 - 17.5)
No support available for learning	7	7.8	(3.9 - 15.0)
Too old	7	7.4	(3.6 - 14.6)
Have fines I cannot pay right now	8	8.4	(4.3 - 15.7)
Afraid of driving	6	6.2	(2.8 - 12.9)
Afraid to go to do the test	5	5.6	(2.5 - 12.3)
No full licence driver available to provided supervised hours	6	6.3	(2.9 - 13.1)
Alcohol/drink driving	6	6.0	(2.7 - 12.7)
Need to renew	6	5.9	(2.7 - 12.7)
Other	9	10.0	(5.5 - 17.8)

Note: Multiple answers possible

Those respondents (n=102) were then asked whether they had ever had a driver's licence. Overall, 26.0% (95% CI 18.6-35.4) reported having a full or provisional driver's licence at some time. For regional breakdowns refer to Appendix Table 18.1 in Appendix A.

Table 18.4: Ever had a full or provisional licence, aged 17 years and over

	n	%	(95% CI)
Yes	27	26.0	(18.6 - 35.4)
No	69	67.3	(58.0 - 75.9)
Don't know/refused	7	6.7	(3.3 - 13.3)
Total	102	100.0	

Note: Data reported 17 years and over only

Note: The weighting of data can result in rounding discrepancies or totals not adding

Table 18.5: Things needed to support for getting a driver's licence, aged 17 years and over

	n	%	(95% CI)
Financial assistance to get licence	59	52.5	(43.3 - 61.5)
Access to a car for practice	47	42.3	(33.6 - 51.6)
Any driver with a full licence available to provide supervised hours	39	34.6	(26.4 - 43.7)
Access to a paid driving instructor	14	12.8	(7.8 - 20.2)
Family/friends supportive of me learning	9	8.2	(4.4 - 14.8)
Assistance with understanding the test/process	12	10.7	(6.2 - 17.8)
Aboriginal person with a full licence available to provide supervised hours	7	6.4	(3.2 - 12.6)
Being able to pay off my fines	7	6.5	(3.2 - 12.7)
Other	15	13.6	(7.6 - 19.9)

Note: Multiple answers possible

These respondents were then asked: "Is there a motor vehicle, such as a car, 4WD, or truck, available that you can use?" Overall, 66.8% (95% CI 61.8-71.3) said that there was a vehicle available for them to use. Regional breakdowns are shown in Appendix Table 18.2 in Appendix A.

Table 18.6: Access a vehicle, aged 17 years and over

	n	%	(95% CI)
Yes	248	66.8	(61.8 - 71.3)
No	86	23.0	(19.0 - 27.5)
No licence	3	0.7	#
Don't know/Refused	35	9.5	(6.9 - 12.9)
Total	372	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

Respondents 17 years of age and over without a full or provisional licence and able to access a vehicle (n=45) were then asked: “In the last 12 months, did you ever find yourself in a situation where you drove a vehicle without a licence?” and, if yes, “In the last 12 months, how many times did you do this?” Overall, 35.6% (95% CI 23.0-49.8) said that they had driven a vehicle without licence in the last 12 months. For regional breakdowns refer to Appendix Table 18.3 in Appendix A.

Table 18.7: Drive without licence and times to do so

	n	%	(95% CI)
Drive without licence			
Yes	16	35.6	(23.0 - 49.8)
No	27	60.6	(45.5 - 73.0)
Don't know/refused	2	3.8	#
Total	45	100.0	
If yes, how many times?			
One	3	20.1	#
Two	2	13.5	#
Three or more	8	48.0	(26.0 - 70.0)
Don't know/refused	3	18.3	#
Total	16	100.0	

Note: Data reported 17 years and over only

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

All respondents were then asked: “In general, can you get places you need to go?” Overall, 93.4% (95% CI 90.5-95.4) said that they were able to get places they needed to go. For regional breakdowns refer to Appendix Table 18.4 in Appendix A.

Table 18.8: Able to get places

	n	%	(95% CI)
Yes	373	93.4	(90.5 - 95.4)
No	14	3.6	(2.1 - 5.9)
Don't know/refused	12	3.0	(1.8 - 5.2)
Total	399	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

19 Other Issues

As a response to the committee's desire to have a positive and empowering survey, and to give Aboriginal people a voice through the survey, the final questions asked were targeted at an overall picture of health from the respondent's point of view.

Where non-Aboriginal people have tended to ascribe what the priority are for health care, the answers in this section may be different to these perceptions. These answers may assist in designing effective policy and interventions and help policy makers and program providers to understand the priorities for Aboriginal people.

All respondents were asked: "What do you think are the three most important issues facing Aboriginal and Torres Strait Islander people today?" Overall, 78.9% (95% CI 74.7-82.7) chose alcohol abuse, 46.6% (95% CI 41.8-51.5) chose education, and 29.8% (95% CI 25.5-34.5) said employment.

Table 19.1: Three most important issues for Aboriginal people

	n	%	(95% CI)
Alcohol abuse	315	78.9	(74.7 - 82.7)
Education	186	46.6	(41.8 - 51.5)
Employment	119	29.8	(25.5 - 34.5)
Substance abuse	64	16.1	(12.8 - 20.0)
Limited opportunities for young people	59	14.9	(11.6 - 18.6)
Diabetes	59	14.8	(11.6 - 18.6)
Family violence	43	10.7	(8.1 - 14.2)
Culture being lost	42	10.4	(7.9 - 13.9)
Chronic health problems	40	10.1	(7.4 - 13.4)
Discrimination	35	8.8	(6.4 - 12.0)
Poverty	29	7.4	(5.1 - 10.2)
Cancer	29	7.2	(5.1 - 10.2)
Crime and justice issues	22	5.6	(3.7 - 8.2)
Cardiovascular disease	16	4.0	(2.5 - 6.4)
Smoking	16	3.9	(2.5 - 6.4)
Mental health problems	14	3.6	(2.1 - 5.8)
Children's health	13	3.2	(1.9 - 5.5)
Community safety	11	2.8	(1.5 - 4.9)
Poor diet/nutrition	11	2.7	(1.5 - 4.9)
Housing	10	2.5	(1.4 - 4.6)

Note: Multiple responses possible

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

All respondents were then asked: “With regard to your own health and wellbeing, what are the three most important issues for you?” The three most important were, to have access to health care and treatment (69.9%: 95% CI 65.3-74.2), to be able to get treatment close to home (57.9%: 95% CI 53.0-62.6), and the cost of health care (49.4%: 95% CI 44.5-54.3).

Table 19.2: Three most important issues for respondents

	n	%	(95% CI)
Access to health care and treatment	279	69.9	(65.3 - 74.2)
Able to get treatment close to home	231	57.9	(53.0 - 62.6)
Cost of health care	197	49.4	(44.5 - 54.3)
Cultural sensitivity of health services	84	21.0	(17.3 - 25.3)
Transport to health services	55	13.8	(10.7 - 17.5)
Access to Aboriginal traditional healers	41	10.2	(7.7 - 13.6)
Help from friends and family	40	10.1	(7.4 - 13.4)
Availability of medicines	39	9.7	(7.2 - 13.1)
Becoming healthier	13	3.2	(1.9 - 5.5)
Help from wider community	11	2.8	(1.5 - 4.9)

Note: Multiple responses possible

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

Finally, all respondents were asked two open ended questions: If you had the chance to change ONE THING for Aboriginal/Torres Strait Islander people, what would it be?" and "If you had the chance to change ONE THING for *yourself* as an Aboriginal or Torres Strait Islander person, what would it be?"

Responses to both questions are presented below in Table 19.3 and Table 19.4.

Table 19.3: What would you change for Aboriginal people?

	n	%	(95% CI)
Don't know, too many to pick just one (would need more time to think about it)	127	31.8	(27.5 - 36.6)
Education and employment opportunities	49	12.2	(7.3 - 13.2)
Cultural respect; respect for language and sensitivities; keeping culture; no discrimination; equality	39	9.9	(5.2 - 10.4)
No alcohol and other drugs; help people with alcohol problems; dry zones	30	7.4	(4.0 - 8.7)
More Aboriginal consultation; Aboriginal collaboration; self representation	24	6.0	(3.7 - 8.3)
Education around health issues; better health	22	5.6	(2.9 - 7.0)
Better recognition and opportunity; better start in life; better life and opportunities	18	4.5	(2.3 - 6.1)
Appropriate service delivery; better health system	15	3.8	(0.8 - 3.5)
Housing	7	1.7	(0.8 - 3.4)
Not to have lost so much; stolen generation; go back to old ways	6	1.6	(0.6 - 3.1)
Community awareness; involvement; self-sufficient	5	1.4	#
Racism	4	1.2	#
Improve government policy	3	0.8	#
Poverty; money issues	3	0.8	#
Family violence	3	0.8	#
Nothing	2	0.5	#

Note: Multiple responses possible

Note: The weighting of data can result in rounding discrepancies or totals not adding

insufficient numbers (n<5) for statistically testing

Table 19.4: What would you change, for yourself, as an Aboriginal person?

	n	%	(95% CI)
Better education when I was younger; access to higher education; more support for Aboriginal study and employment; more opportunity for employment	130	37.7	(32.8 - 43.0)
Better health/lifestyle; help with chronic condition/s	48	13.9	(10.6 - 17.9)
Keep my culture/history/language alive; more support and recognition	26	7.6	(5.2 - 10.9)
Know my family/language/culture; be accepted	25	7.4	(5.1 - 10.6)
More Aboriginal specific support; community support; have better access to health services	23	6.6	(4.5 - 9.8)
Don't know/refused; need more time to think about it	13	3.8	(2.2 - 6.4)
No alcohol/drugs; help with alcohol problems	12	3.5	(2.0 - 6.0)
Nothing	11	3.1	(1.7 - 5.5)
Be kinder; be more helpful; help others; be a better person	11	3.1	(1.7 - 5.5)
Better housing; more security	10	2.9	(1.6 - 5.2)
More confidence/independence; to have taken opportunities; ave more money	9	2.6	(1.4 - 4.9)
Had a better childhood/youth	8	2.4	(1.3 - 4.7)
Know more about health issues; help for health education	6	1.9	(0.9 - 3.9)
Stop family violence; stop crime; justice/address racism	6	1.7	(0.8 - 3.7)
Stop smoking	6	1.8	(0.8 - 3.8)

Note: Multiple responses possible

Note: The weighting of data can result in rounding discrepancies or totals not adding
insufficient numbers (n<5) for statistically testing

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Appendix A:
South Australian Aboriginal Health Survey
Metropolitan, Rural, and Remote

A4. Demographics

A4.1. Demographic profile of respondents

Respondents living in rural SA were statistically significantly more likely to be retired or unable to work and statistically significantly less likely to be self-employed or employed; while those living in remote areas of SA were statistically significantly more likely to be employed through the Community Development Employment Project (CDEP) and statistically significantly less likely to be unemployed; and respondents in metropolitan Adelaide were statistically significantly more likely to be self-employed, employed, or a student.

Appendix Table 4.1: Demographic characteristics – sex, age, and employment status, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Sex									
Male	73	46.5	(38.8 - 54.3)	78	49.6	(41.9 - 57.3)	39	46.3	(36.1 - 56.9)
Female	84	53.5	(45.7 - 61.2)	80	50.4	(42.7 - 58.1)	45	53.7	(43.1 - 63.9)
Age Group									
15 to 24 years	51	32.7	(25.9 - 40.4)	47	29.5	(22.9 - 37.0)	24	28.1	(19.6 - 38.5)
25 to 34 years	34	21.5	(15.8 - 28.6)	34	21.2	(15.6 - 28.2)	18	21.3	(13.9 - 31.2)
35 to 44 years	31	19.9	(14.4 - 26.8)	32	20.0	(14.5 - 26.9)	19	22.2	(14.7 - 32.2)
45 to 54 years	22	14.2	(9.6 - 20.5)	22	14.2	(9.6 - 20.5)	15	17.7	(11.0 - 27.2)
55 years and over	18	11.7	(7.6 - 17.7)	24	15.1	(10.4 - 21.5)	9	10.6	(5.7 - 19.0)
Total	157	100.0		158	100.0		84	100.0	
Employment Status*									
Self-employed/employed	48	30.9	(24.2 - 38.6) ↑	26	16.7	(11.6 - 23.3) ↓	26	31.7	(22.6 - 42.4)
CDEP	-	-		6	3.9	(1.8 - 8.2)	16	19.6	(12.4 - 29.5) ↑
Unemployed	35	22.3	(16.4 - 29.4)	44	27.9	(21.4 - 35.3)	12	14.1	(8.2 - 23.2) ↓
Engaged in home duties	11	7.2	(4.1 - 12.3)	13	8.3	(4.9 - 13.7)	2	2.9	#
Student	38	24.1	(18.1 - 31.4) ↑	26	16.9	(11.8 - 23.5)	10	12.6	(7.1 - 21.5)
Retired /unable to work	22	14.3	(9.7 - 20.7)	36	23.2	(17.3 - 30.5) ↑	4	4.7	#
Other	2	1.2	#	2	1.0	#	8	9.6	(4.9 - 17.9) ↑
Total	156	100.0		157	100.0		82	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

Respondents living in metropolitan Adelaide were statistically significantly more likely to earn between \$20,001 and \$40,000 or \$60,001 or more and statistically significantly less likely to have not stated their annual household income. Those living in rural SA were statistically significantly more likely to be living temporarily in the dwelling at the time of the survey or have not stated their annual household income and statistically significantly less likely to have been living permanently in their dwelling at the time of the interview.

Appendix Table 4.2: Demographic characteristics –total household income, and length of residency, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Total Household income									
Up to \$20,000	29	18.7	(13.4 - 25.6)	26	16.1	(11.2 - 22.7)	21	24.9	(16.8 - 35.2)
\$20,001 to \$40,000	17	11.1	(7.1 - 17.0) ↑	9	5.9	(3.2 - 10.8)	4	5.2	#
\$40,001 to \$60,000	8	5.0	(2.6 - 9.6)	1	0.5	#	5	6.6	(3.0 - 14.1)
\$60,001 or more	13	8.4	(5.0 - 13.9) ↑	5	3.5	(1.5 - 7.6)	1	1.0	#
Not stated	89	56.7	(48.8 - 64.2) ↓	117	74.0	(66.6 - 80.2) ↑	53	62.3	(51.5 - 72.0)
Length of time in household									
Permanent (> 6 months)	147	93.8	(88.9 - 96.6)	137	86.9	(80.7 - 91.3) ↓	80	95.1	(88.1 - 98.0)
Temporary (> 1 but < 6 months)	10	6.2	(3.4 - 11.1)	21	13.1	(8.7 - 19.3) ↑	4	4.9	#
Not stated	147	93.8	(88.9 - 96.6)	137	86.9	(80.7 - 91.3)	80	95.1	(88.1 - 98.0)
Total	157	100.0		158	100.0		84	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

Respondents living in metropolitan Adelaide were statistically significantly more likely to have a certificate, diploma or bachelor degree or higher. Those living in rural SA were statistically significantly more likely to have never been to school or have left school at 15 years of age or less. Those living in a remote area of SA were statistically significantly more likely to be still at school.

Appendix Table 4.3: Demographic characteristics – educational attainment, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Highest educational attainment									
Never been to school	-	-		6	3.7	(1.6 - 7.7) ↑	-	-	
Still at school	16	10.0	(6.1 - 15.6)	1	0.8	#	11	13.1	(7.3 - 21.7) ↑
Left school at 15 years or less	23	14.9	(10.0 - 21.1)	37	24.3	(17.5 - 30.6) ↑	14	16.7	(10.1 - 25.9)
Left school > age 15 years	37	24.1	(17.9 - 31.1)	31	20.2	(14.1 - 26.4)	26	31.5	(22.3 - 41.8)
Left school > age 15 & still studying	21	13.6	(9.0 - 19.6)	29	18.7	(12.9 - 24.8)	7	8.9	(4.4 - 16.8)
Trade qualification/apprenticeship	43	27.7	(21.0 - 34.8)	39	25.5	(18.6 - 32.0)	-	-	
Certificate/Diploma	10	6.7	(3.7 - 11.6) ↑	4	2.6	#	2	2.0	#
Bachelor degree or higher	5	3.1	(1.3 - 7.0) ↑	-	-		1	1.0	#
Not stated	2	1.0	#	12	7.5	(4.4 - 12.7)	23	27.6	(19.2 - 38.0)
Total	157	100.0		158	100.0		84	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A5. Chronic conditions

A5.1. Diabetes

Respondents with doctor diagnosed diabetes were statistically significantly less likely to be from metropolitan Adelaide and statistically significantly more likely to be from remote areas of SA, when compared to those reporting no diabetes.

Appendix Table 5.1: Doctor diagnosed diabetes (or sugar problem) and impact on everyday tasks, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Doctor diagnosed diabetes									
No	135	85.9	(79.6 - 90.5) ↑	132	83.8	(77.3 - 88.8)	50	59.8	(49.1 - 69.6) ↓
Yes	21	13.4	(8.9 - 19.6) ↓	25	15.7	(10.8 - 22.1)	34	40.2	(30.4 - 50.9) ↑
Don't know/refused	1	0.7	#	1	0.5	#	-	-	
Total	157	100.0		158	100.0		84	100.0	
Impact of diabetes on ability to perform everyday tasks									
Yes	8	35.7	(19.0 - 56.9)	13	52.1	(33.5 - 70.1)	23	67.4	(50.5 - 80.7)
No	13	64.3	(43.1 - 81.0)	11	44.7	(27.2 - 63.7)	11	32.6	(19.3 - 49.5)
Don't know/refused	-	-		1	3.2	#	-	-	
Total	21	100.0		25	100.0		34	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A5.2. Kidney Disease

Respondents with doctor diagnosed kidney disease were statistically significantly more likely to be from remote areas of SA and statistically significantly less likely to be from rural SA, when compared to those reporting no kidney disease.

Appendix Table 5.2: Doctor diagnosed kidney disease and impact on everyday tasks, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Doctor diagnosed kidney disease									
No	148	94.5	(89.8 - 97.1)	153	96.7	(92.6 - 98.5) ↑	67	79.9	(70.1 - 87.1) ↓
Yes	9	5.5	(2.9 - 10.2)	4	2.7	(1.1 - 6.6) ↓	16	19.1	(12.1 - 28.8) ↑
Don't know/refused	-	-		1	0.6	#	1	1.0	#
Total	157	100.0		158	100.0		84	100.0	
Impact of kidney disease on ability to perform everyday tasks									
No	3	34.7	(12.6 - 66.3)	1	19.3	(3.0 - 64.6)	7	44.4	(23.6 - 67.3)
Yes	5	56.2	(26.7 - 81.9)	3	80.7	(35.4 - 97.0)	9	55.6	(32.7 - 76.4)
Don't know/refused	1	9.0	#	-	-		-	-	
Total	9	100.0		4	100.0		16	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A5.3. Hearing Problem

Respondents with a doctor diagnosed hearing problem were statistically significantly more likely to be from remote areas of SA and statistically significantly less likely to be from rural SA, when compared to those reporting no hearing problem.

Appendix Table 5.3: Doctor diagnosed hearing problem and impact on everyday tasks, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Doctor diagnosed hearing problem									
No	143	91.0	(85.5 - 94.6)	148	93.5	(88.6 - 96.4) ↑	60	71.0	(60.5 - 79.6) ↓
Yes	13	8.4	(5.0 - 13.8)	9	5.9	(3.1 - 10.7) ↓	22	26.2	(18.0 - 36.5) ↑
Don't know/refused	1	0.5	#	1	0.6	#	2	2.9	#
Total	157	100.0		158	100.0		84	100.0	
Impact of hearing problem on ability to perform everyday tasks									
No	5	41.4	(19.9 - 66.8)	5	48.7	(22.0 - 76.2)	11	48.8	(29.7 - 68.2)
Yes	8	58.6	(33.2 - 80.1)	4	42.4	(17.8 - 71.5)	11	51.2	(31.8 - 70.3)
Don't know/refused	-	-		1	8.9	#	-	-	
Total	13	100.0		9	100.0		22	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers (n<5) in some categories for statistical testing

A5.4. Mental Health

Respondents with a doctor diagnosed mental health problem were statistically significantly more likely to be living in metropolitan Adelaide and statistically significantly less likely to be from rural SA, when compared to those without a mental health problem.

Appendix Table 5.4: Doctor diagnosed mental health and impact on everyday tasks, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Doctor diagnosed mental health problem									
No	132	83.8	(77.2 - 88.7) ↓	151	95.6	(91.1 - 97.8) ↑	80	95.5	(88.8 - 98.3)
Yes	24	15.5	(10.7 - 22.0) ↑	7	4.4	(2.2 - 8.9) ↓	4	4.5	#
Don't know/refused	1	0.7	#	-	-		-	-	
Total	157	100.0		158	100.0		84	100.0	
Impact of mental health problem on ability to perform everyday tasks									
No	9	37.9	(21.5 - 57.5)	2	28.3	#	1	23.8	#
Yes	15	62.1	(42.5 - 78.5)	5	71.7	(36.1 - 91.9)	2	54.3	#
Don't know/refused	-	-		-	-		1	21.9	#
Total	24	100.0		7	100.0		4	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A5.5. Asthma

There were no statistically significant differences found for respondents who reported having been told by a doctor that they had asthma, or had experienced symptoms (wheeze, shortness of breath or chest tightness) of asthma, or had taken treatment for asthma in the last 12 months, when compared to those without asthma, or symptoms of asthma, between the SA regions.

Appendix Table 5.5: Asthma and impact on everyday tasks, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Asthma									
No	138	87.6	(81.5 - 91.9)	142	89.8	(84.1 - 93.6)	66	79.1	(69.2 - 86.4)
Yes	19	12.4	(8.1 - 18.5)	15	9.5	(5.9 - 15.1)	16	19.2	(12.2 - 28.9)
Don't know/refused	-	-		1	0.7	#	1	1.7	#
Total	157	100.0		158	100.0		84	100.0	
Impact of asthma on ability to perform everyday tasks									
No	10	52.1	(31.5 - 72.1)	6	43.1	(22.1 - 66.9)	5	32.7	(15.2 - 56.8)
Yes	7	37.3	(19.7 - 59.1)	9	56.9	(33.1 - 77.9)	7	43.2	(22.7 - 66.2)
Don't know/refused	2	10.6	#	-	-		4	24.2	#
Total	19	100.0		15	100.0		16	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A5.6. High Blood Pressure

Respondents with current high blood pressure and/or on medication for high blood pressure were statistically significantly more likely to be living in remote parts of SA and statistically significantly less likely to be from rural area of SA, when compared to those without current high blood pressure.

Appendix Table 5.6 Doctor diagnosed high blood pressure and impact on everyday tasks, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Doctor diagnosed high blood pressure									
No	127	81.2	(74.3 - 86.5)	130	82.1	(75.4 - 87.3) ↑	49	58.2	(47.5 - 68.1) ↓
Yes	28	17.6	(12.4 - 24.3)	27	16.9	(11.9 - 23.5) ↓	33	39.8	(30.0 - 50.5) ↑
Don't know/refused	2	1.3	#	2	1.0	#	2	2.0	#
Total	157	100.0		158	100.0		84	100.0	
Impact of high blood pressure on ability to perform everyday tasks									
No	15	53.7	(35.8 - 70.7)	18	66.5	(47.6 - 81.3)	21	63.3	(46.4 - 77.4)
Yes	13	46.3	(29.3 - 64.2)	6	22.4	(10.7 - 41.1)	11	34.3	(20.6 - 51.2)
Don't know/refused	-	-		3	11.1	#	1	2.5	#
Total	28	100.0		27	100.0		33	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A5.7. Medicines

There were no statistically significant differences found between the regions for respondents who were taking current medicines, when compared to those not currently taking medicines.

There were also no statistically significant differences found between the regions for respondents who understand what their medicines are for or have problems getting their medications when compared to those who did not understand what their medicines are for, or did not have problems getting their medications.

Appendix Table 5.7: Currently taking medication, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Currently taking medicines									
No	104	66.4	(58.7 - 73.3)	112	71.1	(63.6 - 77.6)	56	66.9	(56.3 - 76.0)
Yes	53	33.6	(26.7 - 41.3)	46	28.9	(22.4 - 36.4)	28	33.1	(24.0 - 43.7)
Total	157	100.0		158	100.0		84	100.0	
Understand what medicine is for									
Yes - all	48	91.4	(80.7 - 96.4)	39	85.0	(71.9 - 92.6)	21	76.9	(58.6 - 88.7)
Yes - some	5	8.6	(3.6 - 19.3)	4	9.3	#	4	14.9	#
No	-	-		3	5.8	#	2	5.4	#
Don't know/refused	-	-		-	-		1	2.8	#
Problems getting medication									
Yes	7	13.8	(7.0 - 25.6)	1	2.1	#	1	2.9	#
No	45	86.2	(74.4 - 93.0)	45	97.9	(88.7 - 99.6)	25	91.4	(75.3 - 97.3)
Don't know/refused	-	-		-	-		2	5.8	#
Total	53	100.0		46	100.0		28	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A6. Health Services Access

A6.1. GP or Doctor

Respondents having visited a GP or doctor in the last twelve months were statistically significantly more likely to live in metropolitan Adelaide and remote areas of SA and statistically significantly less likely to live in rural SA, when compared to those not having visited a GP or doctor in the last twelve months. Of those having seen a GP or doctor, those visiting a doctor's surgery were statistically significantly more likely to be from metropolitan Adelaide, and statistically significantly less likely to be from rural SA, while respondents visiting an Aboriginal Community Controlled Health Service were statistically significantly more likely to be from remote areas of SA and statistically significantly less likely to live in metropolitan Adelaide.

Appendix Table 6.1: Visit to GP or Doctor, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Yes	126	80.3	(73.4 - 85.8) ↑	95	59.9	(52.2 - 67.3) ↓	69	81.6	(72.0 - 88.4) ↑
No	31	19.7	(14.2 - 26.6) ↓	62	39.4	(32.1 - 47.2) ↑	15	17.5	(10.8 - 27.0) ↓
Don't know/refused	-	-		1	0.7	#	1	1.0	#
Total	157	100.0		158	100.0		84	100.0	
Where was the most recent visit?									
Doctor's Surgery	98	77.8	(69.8 - 84.2) ↑	50	53.3	(43.3 - 63.0) ↓	46	67.1	(55.3 - 77.1)
Home Visit	1	0.8	#	4	4.7	#	1	1.2	#
SA Department of Health managed HS	14	11.0	(6.6 - 17.6)	17	17.9	(11.5 - 26.8)	1	2.1	#
Aboriginal Community Controlled HS	9	7.0	(3.7 - 12.8) ↓	20	21.4	(14.4 - 30.7)	18	26.0	(17.1 - 37.4) ↑
Don't know/refused	4	3.5	#	3	2.7	#	3	3.6	#
Total	126	100.0		95	100.0		69	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A6.2. Aboriginal Health Worker

Respondents having visited an Aboriginal health worker in the last twelve months were statistically significantly more likely to live in a remote area of SA and statistically significantly less likely to live in metropolitan Adelaide and rural SA, when compared to those having not seen an Aboriginal health worker in the last twelve months. Of those having seen an Aboriginal health worker, those visiting an Aboriginal Community Controlled HS were statistically significantly less likely to be living in rural SA when compared to the other regions combined.

Appendix Table 6.2: Visit to Aboriginal Health Worker, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Yes	18	11.2	(7.1 - 17.0) ↓	33	21.0	(15.4 - 28.0) ↓	60	71.8	(61.4 - 80.3) ↑
No	135	86.3	(80.0 - 90.8) ↑	119	75.4	(68.2 - 81.5) ↑	21	25.4	(17.3 - 35.7) ↓
Don't know/refused	4	2.6	#	6	3.5	(1.6 - 7.7)	2	2.7	#
Total	157	100.0		158	100.0		84	100.0	
Where was the most recent visit?									
Doctor's Surgery	2	14.4	#	3	9.7	#	32	53.6	(41.2 - 65.6)
Home Visit	1	4.7	#	3	9.1	#	-	-	
SA Department of Health managed HS	4	25.9	#	19	58.1	(41.4 - 73.2)	1	2.4	#
Aboriginal Community Controlled HS	7	41.8	(22.3 - 64.2)	6	16.7	(7.6 - 32.6) ↓	24	38.8	(27.6 - 51.4)
Don't know/refused	2	13.2	#	2	6.4	#	3	5.1	#
Total	18	100.0		33	100.0		60	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A6.3. Nurse or midwife

Respondents having visited a nurse or midwife in the last twelve months were statistically significantly more likely to live in a remote area of SA and statistically significantly less likely to live in rural SA and metropolitan Adelaide, when compared to those not having visited a nurse or midwife in the last twelve months. Of those having seen a nurse or midwife in the last twelve months, those visiting a doctor's surgery to do so were statistically significantly less likely to be living in remote SA when compared to the other regions combined.

Appendix Table 6.3: Visit to Nurse or midwife, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Yes	23	14.4	(9.8 - 20.8) ↓	22	13.7	(9.2 - 19.9) ↓	46	55.1	(44.5 - 65.3) ↑
No	81	51.4	(43.7 - 59.1)	85	54.0	(46.2 - 61.6)	35	41.9	(32.0 - 52.6)
Don't know/refused	54	34.1	(27.2 - 41.8) ↑	51	32.3	(25.5 - 39.9) ↑	2	2.9	(0.9 - 9.1)
Total	157	100.0		158	100.0		84	100.0	
Where was the most recent visit?									
Doctor's Surgery	19	82.3	(62.4 - 92.9) ↑	5	25.2	(11.6 - 46.1)	8	17.9	(9.3 - 31.4) ↓
Home Visit	1	4.7	#	1	4.9	#	1	1.8	#
SA Department of Health managed HS	2	9.5	(2.8 - 28.0)	6	29.9	(14.9 - 50.9)	1	2.0	#
Aboriginal Community Controlled HS	1	3.4	#	9	40.1	(22.5 - 60.7)	21	46.7	(32.9 - 61.0)
Don't know/refused	-	-	-	-	-	-	14	31.6	(19.9 - 46.2)
Total	23	100.0		22	100.0		46	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A6.4. Traditional Aboriginal Healer

Respondents having visited a traditional Aboriginal healer in the last twelve months were statistically significantly more likely to live in a remote area of SA and statistically significantly less likely to live in rural SA, when compared to those not having not seen a traditional Aboriginal healer in the last twelve months.

Appendix Table 6.4: Visit to Traditional Aboriginal Healer, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Yes	10	6.4	(3.5 - 11.3)	7	4.5	(2.2 - 9.0) ↓	18	21.7	(14.2 - 31.6) ↑
No	146	93.1	(88.0 - 96.1)	150	95.0	(90.4 - 97.5) ↑	65	77.4	(67.3 - 85.0) ↓
Don't know/refused	1	0.5	#	1	0.5	#	1	1.0	#
Total	157	100.0		158	100.0		84	100.0	
Where was the most recent visit?									
Healer's premises	3	36.3	#	1	13.6	#	5	26.2	(11.5 - 49.2)
Home Visit	3	32.0	#	4	58.6	#	11	61.8	(39.4 - 80.2)
Other	2	19.1	#	1	16.3	#	-	-	
Don't know/refused	1	12.6	#	1	11.5	#	2	12.0	
Total	10	100.0		7	100.0		18	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A6.5. Hospital Emergency Department

Respondents having visited any hospital emergency department in the last twelve months were statistically significantly more likely to live in a remote area of the state and statistically significantly less likely to live in rural SA, when compared to those not having visited an hospital emergency department in the last twelve months.

Appendix Table 6.5: Visit to hospital emergency department, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Hospital Emergency Department									
Yes	28	18.0	(12.8 - 24.8)	13	8.0	(4.7 - 13.3) ↓	29	34.0	(24.8 - 44.7) ↑
No	128	81.4	(74.6 - 86.7)	142	90.1	(84.4 - 93.8) ↑	54	65.0	(54.3 - 74.3) ↓
Don't know/refused	1	0.6	#	3	1.1	#	1	1.0	#
Total	157	100.0		158	100.0		84	100.0	
Where was the most recent visit?									
Metropolitan Adelaide	24	83.3	(66.6 – 93.3)	2	14.7	#	2	7.6	#
Wakefield	-	-		3	26.4	#	-	-	
Riverland	-	-		1	11.2	#	-	-	
Northern & Far Eastern	3	9.2	#	3	22.7	#	2	8.0	#
West	1	3.3	#	-	-		23	79.5	(60.6 - 89.5)
Interstate/Other	1	4.1	#	1	12.0	#	1	4.9	#
Don't know/refused	-	-		2	13.1	#	-	-	
Total	28	100.0		13	100.0		29	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A6.6. Dental

Respondents reporting that they had seen a dentist or dental professional in the last three years, but more than twelve months ago, were statistically significantly less likely to be living in a remote area of SA, when compared to all other categories combined. There were no statistically significant differences found between those who had seen a dentist in the last twelve months and those who had not, when compared between the three regions.

Appendix Table 6.6: Access to dental health services, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Dentist									
Less than 12 months ago	82	52.0	(44.2 - 59.7)	80	50.7	(43.0 - 58.4)	38	45.2	(35.0 - 55.9)
12 months to less than 3 years ago	41	26.1	(19.9 - 33.5)	46	28.9	(22.4 - 36.4)	12	14.8	(8.8 - 23.9) ↓
Over 3 years ago	27	17.4	(12.2 - 24.1)	18	11.7	(7.6 - 17.6)	14	16.1	(9.8 - 25.4)
Never	2	1.1	#	4	2.6	#	9	10.3	(5.5 - 18.7)
Don't know/refused	5	3.4	(1.5 - 7.5) ↓	10	6.1	(3.3 - 11.0)	11	13.5	(7.8 - 22.4) ↑
Less than 12 months ago	82	52.0	(44.2 - 59.7)	80	50.7	(43.0 - 58.4)	38	45.2	(35.0 - 55.9)
More than 12 months ago/Never	70	44.6	(37.1 - 52.4)	68	43.2	(35.7 - 51.0)	35	41.3	(31.3 - 51.9)
Don't know/refused	5	3.4	(1.5 - 7.5) ↓	10	6.1	(3.3 - 11.0)	11	13.5	(7.8 - 22.4) ↑
Total	157	100.0		158	100.0		84	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A6.7. General Health Service choice

Respondents reporting that they preferred to visit an Aboriginal-specific health service were statistically significantly less likely to be living in metropolitan Adelaide, while those with no preference were statistically significantly more likely to be living in metropolitan Adelaide and statistically significantly less likely to live in rural SA. Respondents who reported having not seen a service provider or used a health service at a time when they wanted to were statistically significantly more likely to be living in metropolitan Adelaide and statistically significantly less likely to be living in rural SA, when compared to those having not been in that situation.

Appendix Table 6.7: General health services choice, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Preference									
Aboriginal-specific health service	72	46.1	(38.5 - 53.9) ↓	92	58.4	(50.6 - 65.8)	50	59.8	(49.1 - 69.6)
Non-specific health service	14	9.2	(5.6 - 14.7)	19	11.8	(7.6 - 17.7)	3	3.7	(1.3 - 10.1)
No preference	68	43.1	(35.6 - 50.9) ↑	41	26.0	(19.8 - 33.4) ↓	29	34.6	(25.3 - 45.2)
Don't know/refused	3	1.7	#	6	3.8	(1.8 - 8.1)	2	2.0	#
Availability									
No	114	72.5	(65.1 - 78.9) ↓	135	85.6	(79.3 - 90.3) ↑	63	74.8	(64.6 - 82.9)
Yes	36	22.6	(16.8 - 29.8) ↑	13	8.2	(4.8 - 13.5) ↓	20	23.2	(15.5 - 33.3)
Don't know/refused	8	4.8	(2.4 - 9.4)	10	6.2	(3.4 - 11.1)	2	1.9	#
Total	157	100.0		158	100.0		84	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A7. Aboriginal Identification

A7.1. Aboriginal status

Respondents who indicated that they identified as Aboriginal when asked were statistically significantly more likely to be living in metropolitan Adelaide or rural SA and statistically significantly less likely to be living in a remote area of the state, when compared to those reporting that they do not identify as Aboriginal when asked, or have never been asked. Respondents who reported that they had never been asked were statistically significantly more likely to be living in a remote area of SA and statistically significantly less likely to be living in metropolitan Adelaide, when compared to those who had been asked previously about their Aboriginality.

Appendix Table 7.1: Aboriginal/Torres Strait Islander identification, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Identify, if asked									
Yes	141	90.3	(84.6 - 94.0) ↑	123	78.3	(71.3 - 84.1) ↑	19	22.3	(14.7 - 32.4) ↓
No	1	0.6	#	11	6.8	(3.8 - 11.9) ↓	43	52.3	(41.7 - 62.7) ↑
Never been asked	14	9.1	(5.5 - 14.7) ↓	20	12.5	(8.2 - 18.6)	21	25.4	(17.3 - 35.7) ↑
Don't know/refused	-	-		4	2.3	#	-	-	
Total	156	100.0		157	100.0		83	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A7.2. Method of Aboriginal Identification

Respondents who were asked for their Aboriginality at their last visit to a health service were statistically significantly more likely to live in metropolitan Adelaide and statistically significantly less likely to be from rural SA or a remote area of SA, when compared to those who had not been asked, had filled out a form, or had been asked previously. Those respondents who were not asked whether they were of Aboriginal origin the last time they visited a health service were statistically significantly more likely to be from a remote area or rural SA and statistically significantly less likely to be living in metropolitan Adelaide, when compared to those who had either been asked verbally, filled out a form, or been asked previously for their Aboriginal status.

Appendix Table 7.2: Method of Aboriginal/Torres Strait Islander identification at last health visit, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Were you asked last time									
Yes, filled out a form	11	8.0	(4.5 - 13.7)	16	11.6	(7.3 - 18.0)	3	4.7	#
Yes, asked	50	35.4	(27.9 - 43.5) ↑	24	17.1	(11.7 - 24.2) ↓	5	8.0	(3.5 - 17.6) ↓
Health service asked previously	11	8.0	(4.6 - 13.7)	2	1.3	#	3	5.4	#
No	64	45.3	(37.3 - 53.5) ↓	93	67.1	(58.9 - 74.3) ↑	48	79.1	(67.4 - 87.4) ↑
Don't know/refused	5	3.4	(1.4 - 7.8)	4	2.9	#	2	2.8	#
Total	141	100.0		138	100.0		61	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A7.3. 'Ever Felt like Complaining'

There were no statistically significant differences found between regions in the treatment of Aboriginal people when visiting any health service.

Appendix Table 7.3: Better or worse treatment, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Been treated better or worse?									
Yes, better	11	7.5	(4.2 - 13.0)	5	3.5	(1.5 - 8.0)	6	9.4	(4.3 - 19.2)
Yes, worse	2	1.4	#	2	1.6	#	1	0.9	#
No difference	128	90.5	(84.6 - 94.3)	125	91.4	(85.5 - 95.0)	54	88.2	(77.7 - 94.1)
Don't know/refused	1	0.7	#	5	3.6	(1.5 - 8.1)	1	1.5	#
Total	142	100.0		137	100.0		61	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A8. Social Capital

Those respondents in the high or highest social capital quartile were statistically significantly more likely to live in a remote area of SA and statistically significantly less likely to live in rural SA, when compared against the other quartiles. Respondents in the low social capital quartile were statistically significantly less likely to live in a remote area of SA, while respondents in the lowest social capital quartile were statistically significantly more likely to live in rural SA and statistically significantly less likely to live in a remote area of SA, when compared to the other quartiles.

Appendix Table 8.1: Level of Social Capital, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Level of social capital									
Level 1 (Lowest)	64	40.5	(33.2 - 48.4)	73	46.1	(38.5 - 53.9) ↑	14	16.7	(10.2 - 26.2) ↓
Level 2	57	36.5	(29.4 - 44.3)	62	39.2	(31.9 - 47.0)	15	18.2	(11.4 - 27.9) ↓
Level 3	21	13.5	(9.0 - 19.7)	16	10.4	(6.5 - 16.1) ↓	27	32.1	(23.1 - 42.8) ↑
Level 4 (Highest)	15	9.4	(5.8 - 15.0)	7	4.3	(2.1 - 8.7) ↓	27	32.9	(23.8 - 43.6) ↑
Total	157	100.0		158	100.0		83	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

A9. Health Literacy

Respondents living in remote areas of SA were statistically significantly more likely to report that they read the instructions of new medicine always or most of time when compared to those who read them occasionally, rarely, or never. Those reporting that they had difficulties in understanding information provided with new medicines were statistically significantly more likely to be living in rural SA and statistically significantly less likely to be living in a remote area of the state when compared to those who did not.

Appendix Table 9.1: Health Literacy, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Does the information given to you by your doctor help you to understand why you need to take it?*									
Yes	147	93.6	(88.6 - 96.5)	146	92.6	(87.5 - 95.8)	75	90.6	(82.4 - 95.2)
No	6	4.0	(1.9 - 8.3)	4	2.4	#	2	2.0	#
Thinking about the information provided with new medicines that you buy, do you read the instructions?*									
Most times/always	119	75.6	(68.6 - 81.6)	119	75.6	(68.3 - 81.6)	52	62.8	(52.1 - 72.4) ↓
Never, rarely or occasionally	22	13.9	(9.3 - 20.2)	23	14.5	(9.9 - 20.9)	26	30.7	(21.8 - 41.2) ↑
Generally speaking, do you find it difficult to understand information provided with any medicines?*									
No	149	95.4	(90.9 - 97.7)	145	91.9	(86.6 - 95.2) ↑	69	83.5	(74.0 - 89.9) ↓
Yes	6	4.1	(1.9 - 8.4)	2	1.4	#	8	10.2	(5.3 - 18.5)
Total	157	100.0		158	100.0		83	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

* Don't know or refused categories not reported

Respondents who said that they were very or quite confident in understanding how to fill out medical forms were statistically significantly more likely to be living in metropolitan Adelaide and statistically significantly less likely to be living in a remote area of SA when compared to those reporting that they were a little bit confident or not confident at all, while those who said that they were a little bit confident or not confident at all in understanding how to fill out medical forms were statistically significantly more likely to be living in a remote area of SA and statistically significantly less likely to be living in metropolitan Adelaide, when compared to those reporting that they were very confident or quite confident in doing so.

Appendix Table 9.2: Health Literacy, by region (cont.)

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
How do you rate your ability to take medicine as directed by your doctor?*									
Excellent/Good	141	89.9	(84.2 - 93.7)	143	90.4	(84.8 - 94.1)	75	90.7	(82.5 - 95.2)
Fair/Poor	13	8.5	(5.0 - 13.9)	8	5.1	(2.6 - 9.7)	6	7.4	(3.5 - 15.1)
Are you confident that you understand how to fill out medical forms?*									
Very confident/ Quite confident	141	91.4	(84.7 - 94.1) ↑	135	85.4	(79.1 - 90.1)	55	66.0	(55.3 - 75.3) ↓
A little bit confident /Not confident at all	14	8.9	(5.4 - 14.4) ↓	15	9.3	(5.7 - 14.8)	23	28.2	(19.7 - 38.7) ↑
Total	155	100.0		150	100.0		78	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

A10. Risk Factors

A10.1. Body Measurements

There were no statistically significant differences found between regions in Body Mass Index (BMI) and waist circumference measurement.

Appendix Table 10.1: Body Mass Index and waist circumference, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
BMI									
Underweight/Normal	13	25.3	(15.5 - 38.4)	3	10.0	#	1	10.0	#
Overweight	13	24.5	(14.9 - 37.6)	11	39.6	(23.9 - 57.8)	2	27.7	#
Obese	26	50.2	(37.1 - 63.2)	14	50.4	(33.1 - 67.6)	5	62.3	(30.7 - 86.1)
Total	53	100.0		28	100.0		8	100.0	
Waist circumference									
Normal WC < 95cm (men) and 80cm (women)	29	24.6	(17.7 - 33.2)	29	25.8	(18.6 - 34.6)	6	42.4	(21.5 - 66.4)
High WC ≥ 95cm (men) and 80cm (women)	87	75.4	(66.8 - 82.3)	83	74.2	(65.4 - 81.4)	9	57.6	(33.6 - 78.5)
Total	116	100.0		112	100.0		15	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A10.2. Smoking

There were no statistically significant differences found between regions for current smokers when compared to those respondents who did not currently smoke.

Appendix Table 10.2: Current smoking status, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Current smoking									
Yes	70	44.8	(37.0 - 52.4)	84	53.7	(45.4 - 60.8)	40	47.8	(37.3 - 58.2)
No	87	55.2	(47.6 - 63.0)	73	46.3	(38.6 - 54.0)	44	52.2	(41.8 - 62.7)
Total	157	100.0		158	100.0		84	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)
Note: The weighting of data can result in rounding discrepancies or totals not adding

A10.3. Physical Activity

Using definition 1 and definition 2, respondents who did not undertake physical activity were statistically significantly more likely to be living in a remote area of SA and statistically significantly less likely to be living in metropolitan Adelaide, when compared to those who undertook at least some physical activity. Those living in a remote area of SA were also statistically significantly less likely to undertake sufficient physical activity according to definition 1 and to undertake physical activity but not sufficient according to definition 2.

Appendix Table 10.3: Physical activity, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Physical activity (definition 1)									
No activity	13	8.4	(4.9 - 13.9) ↓	30	20.8	(15.0 - 28.0)	18	32.2	(21.5 - 45.2) ↑
Activity but not sufficient	58	38.3	(30.9 - 46.2)	41	28.1	(21.5 - 35.9)	17	29.9	(19.5 - 42.8)
Sufficient activity	81	53.3	(45.4 - 61.1)	75	51.1	(43.1 - 59.1)	21	37.9	(26.4 - 50.9) ↓
Total	152	100.0		147	100.0		56	100.0	
Physical activity (definition 2)									
No activity	13	8.5	(5.0 - 14.1) ↓	30	20.8	(15.0 - 28.0)	18	32.7	(21.8 - 45.8) ↑
Activity but not sufficient	74	49.5	(41.6 - 57.4)	65	44.2	(36.4 - 52.3)	18	31.8	(21.0 - 44.9) ↓
Sufficient activity	63	42.0	(34.4 - 50.0)	51	35.1	(27.8 - 43.1)	20	35.5	(24.2 - 48.7)
Total	150	100.0		147	100.0		55	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A11. Protective Factors

Respondents who reported being immunised against pneumococcal in 2010 were statistically significantly more likely to be living in rural SA and statistically significantly less likely to be living in remote areas of SA, when compared to those who had not been immunised against pneumococcal; while those who had not been immunised against pneumococcal in 2010 were statistically significantly less likely to live in rural SA, when compared to those who had. There were no statistical significances found between regions for those reporting that they had the influenza immunisation in 2010 when compared to those who reported not having the influenza immunisation in 2010.

Appendix Table 11.1: Vaccinations, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Influenza immunisation									
Yes	86	54.6	(46.8 - 62.2)	82	51.9	(44.2 - 59.6)	48	57.8	(47.0 - 67.8)
No	65	41.7	(34.2 - 49.5)	63	39.6	(32.3 - 47.4)	29	35.5	(26.1 - 46.3)
Don't know/Refused	6	3.8	(1.7 - 8.0)	13	8.4	(5.0 - 13.8)	6	6.7	(3.0 - 14.2)
Pneumococcal immunisation									
Yes	58	36.7	(29.5 - 44.4)	75	47.8	(40.1 - 55.5) ↑	19	22.3	(14.7 - 32.3) ↓
No	87	55.5	(47.6 - 63.0)	66	42.0	(34.5 - 49.8) ↓	44	52.8	(42.2 - 63.1)
Don't know/Refused	12	7.9	(4.6 - 13.2) ↓	16	10.3	(6.4 - 16.0)	21	25.0	(16.9 - 35.2) ↑
Total	157	100.0		158	100.0		84	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

A12. Aboriginal and Torres Strait Islander Culture

A12.1. Language and Culture

Those respondents who reported speaking mainly English at home were statistically significantly more likely to be living in metropolitan Adelaide and statistically significantly less likely to live in remote parts of SA, when compared to those whose main language at home was not English. Those reporting speaking an Aboriginal language at home were statistically significantly less likely to live in rural SA, when compared to those speaking English or Aboriginal English at home.

Appendix Table 12.1: Aboriginal and Torres Strait Islander Culture – main language spoken at home, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
English	143	90.8	(85.3 - 94.4) ↑	136	85.9	(79.7 - 90.5)	54	65.3	(54.6 - 74.6) ↓
Aboriginal language	3	1.9	#	10	6.4	(3.5 - 11.4) ↓	28	33.7	(24.5 - 44.4)
Aboriginal English	10	6.6	(3.6 - 11.6)	11	7.1	(4.0 - 12.2)	-	-	
Refused	1	0.7	#	1	0.5	#	1	1.0	#
Total	157	100.0		158	100.0		83	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient number for statistical analysis.

For respondents who reported English as the main language spoken at home, those who also spoke an Aboriginal language were statistically significantly more likely to be living in rural SA and statistically significantly less likely to live in metropolitan Adelaide, when compared to those who did not. However, those who reported speaking just a few words of an Aboriginal language were statistically significantly more likely to live in metropolitan Adelaide and statistically significantly less likely to live in a remote area of SA when compared to those speaking more than a few words of an Aboriginal language or no Aboriginal language at all. Where English was the main language spoken at home, and no Aboriginal language was spoken, respondents were statistically significantly more likely to be living in remote area of SA and statistically significantly less likely to be living in rural SA.

Appendix Table 12.2: Aboriginal and Torres Strait Islander Culture – other Aboriginal language(s) spoken, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Yes	21	14.7	(9.8 - 21.5) ↓	40	29.5	(22.4 - 37.6) ↑	8	14.6	(7.6 - 26.3)
Yes, some words only	78	55.0	(46.8 - 62.9) ↑	63	46.4	(38.3 - 54.8)	9	16.6	(9.0 - 28.6) ↓
No	42	29.7	(22.8 - 37.7)	30	21.9	(15.7 - 29.5) ↓	37	68.8	(55.6 - 79.5) ↑
Refused	1	0.6	#	3	2.3	#	-	-	
Total	143	100.0		136	100.0		54	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient number for statistical analysis.

A12.2. Recognition of Country

Respondents who recognised an area as their traditional Country were statistically significantly more likely to be living in a remote area of SA when compared to those who did not, while those who did not recognise an area as their traditional Country were statistically significantly more likely to be living in metropolitan Adelaide when compared to those who did.

Respondents who recognised an area as their traditional Country and reported not living on that Country, were statistically significantly more likely to be living in metropolitan Adelaide and statistically significantly less likely to be living in a remote area of the state, when compared to respondents who were living on their reported traditional Country.

Appendix Table 12.3: Aboriginal and Torres Strait Islander Country, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Recognise area as traditional Country									
Yes	131	83.9	(77.3 - 88.8)	129	82.4	(75.7 - 87.6)	79	95.9	(89.2 - 98.5) ↑
No	23	14.6	(9.9 - 20.9) ↑	17	11.0	(7.0 - 16.9)	3	3.1	#
Don't know/refused	2	1.6	#	10	6.5	(3.6 - 11.5)	1	1.0	#
Total	156	100.0		156	100.0		82	100.0	
Currently living on Country									
Yes	6	4.8	(2.3 - 9.9) ↓	62	48.0	(39.6 - 56.6)	73	92.3	(84.3 - 96.4) ↑
No	124	95.2	(90.1 - 97.7) ↑	67	52.0	(43.4 - 60.4)	6	7.7	(3.6 - 15.7) ↓
Total	131	100.0		129	100.0		79	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient number for statistical analysis.

A12.3. Caring for Country

Respondents reporting that they spent **more** than one week (a fair bit/heaps) on Country in the last year were statistically significantly more likely to live in rural SA or a remote area of SA and statistically significantly less likely to live in metropolitan Adelaide, when compared to those reporting that they spent less than a week (none/a little bit) on Country.

Appendix Table 12.4: Caring for Country – time spent on Country, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
None/a little bit	115	89.8	(83.4 - 94.0) ↑	66	46.0	(38.2 - 54.3) ↓	6	13.0	(5.7 - 24.2) ↓
A fair bit/heaps	13	10.2	(6.0 - 16.6) ↓	74	51.8	(43.6 - 59.8) ↑	37	74.9	(61.9 - 85.4) ↑
Don't know/refused	-	-		3	2.2	#	6	12.1	#
Total	128	100.0		143	100.0		49	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

Respondents reporting that they spent **less** than a week (none/a little bit) burning grass on Country in the last year were statistically significantly more likely to live in metropolitan Adelaide and statistically significantly less likely to live in a remote community, when compared to those reporting that they spent more than one week (a fair bit/heaps) burning grass on Country.

Appendix Table 12.5: Caring for Country – time spent burning grass on Country, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
None/a little bit	125	97.9	(93.3 - 99.2) ↑	134	94.1	(89.3 - 97.1)	38	81.3	(65.7 - 88.3) ↓
A fair bit/heaps	3	2.1	#	6	4.2	(2.0 - 8.9)	3	6.6	#
Don't know/refused	-	-	#	2	1.7	#	6	12.1	(5.9 - 24.7)
Total	128	100.0		142	100.0		48	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

Respondents reporting that they spent **less** than a week (none/a little bit) using Country in the last year were statistically significantly more likely to live in metropolitan Adelaide and statistically significantly less likely to live in a remote community, when compared to those reporting that they spent more than one week (a fair bit/heaps) using Country. Those reporting that they spent **more** than a week (a fair bit/heaps) using Country in the last year were statistically significantly more likely to live in a remote community and statistically significantly less likely to live in rural SA or metropolitan Adelaide, when compared to those reporting that they spent less than one week (none/a little bit) using Country.

Appendix Table 12.6: Caring for Country – time spent using Country, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
None/a little bit	118	92.9	(86.2 - 95.7) ↑	114	82.3	(74.8 – 87.5)	10	21.7	(11.7 – 34.3) ↓
A fair bit/heaps	9	7.1	(3.7 - 12.8) ↓	21	15.2	(10.1 – 22.0) ↓	36	76.3	(61.2 – 85.1) ↑
Don't know/refused	-	-		4	2.6	#	1	2.0	#
Total	128	100.0		139	100.0		48	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

Respondents reporting that they spent **more** than one week (a fair bit/heaps) protecting Country in the last year were statistically significantly more likely to live in a remote area of SA and statistically significantly less likely to live in rural SA or metropolitan Adelaide, when compared to those reporting that they spent less than a week (none/a little bit) protecting Country.

Appendix Table 12.7: Caring for Country – time spent protecting Country, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
None/a little bit	118	92.9	(86.2 - 95.7) ↑	114	82.3	(74.8 - 87.5)	10	21.7	(11.7 – 34.3) ↓
A fair bit/heaps	9	7.1	(3.7 - 12.8) ↓	21	15.2	(10.1 – 22.0) ↓	36	76.3	(61.2 – 85.1) ↑
Don't know/refused	-	-		4	79.2	#	1	20.8	#
Total	128	100.0		139	100.0		48	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

Respondents reporting that they spent **less** than a week (none/a little bit) performing or participating in ceremony in the last year were statistically significantly more likely to live in metropolitan Adelaide and statistically significantly less likely to live in a remote area of SA, when compared to those reporting that they spent more than one week (a fair bit/heaps) performing or participating in ceremony in the last year.

Appendix Table 12.8: Caring for Country – time spent performing or participating in ceremony, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
None/a little bit	125	89.8	(93.3 - 99.2) ↑	133	95.2	(90.0 – 97.6)	41	85.5	(72.8 – 92.8) ↓
A fair bit/heaps	3	2.2	#	4	3.1	#	3	6.4	#
Don't know/refused	-	-		2	1.7	#	4	8.1	#
Total	128	100.0		140	100.0		48	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

There were no statistically significant differences found between respondents reporting that they spent more than one week (a fair bit/heaps) making artworks in the last year and those reporting that they spent less than a week (none/a little bit) making artworks, when compared across the three regions.

Appendix Table 12.9: Caring for Country – time spent making artworks, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
None/a little bit	118	93.4	(86.2 - 95.7)	131	93.7	(85.9 – 95.1)	40	83.9	(68.6 - 90.0)
A fair bit/heaps	8	6.6	(3.2 - 11.8)	6	4.6	(1.9 – 8.9)	5	11.0	(4.4 - 21.8)
Don't know/refused	-	-		2	1.7	#	2	5.1	#
Total	128	100.0		143	100.0		49	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

There were no statistically significant differences found between respondents reporting that they spent more than one week (a fair bit/heaps) performing Aboriginal or Torres Strait Islander music, dance, or theatre in the last year and those reporting that they spent less than a week (none/a little bit) performing Aboriginal or Torres Strait Islander music, dance, or theatre, in the last year when compared across the three regions.

Appendix Table 12.10: Time spent performing Aboriginal or Torres Strait Islander music, dance, or theatre, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
None/a little bit	125	97.9	(93.3 - 99.2)	132	95.3	(90.0 - 97.5)	41	85.9	(72.8 - 92.8)
A fair bit/heaps	3	2.1	#	4	3.0	#	4	7.8	#
Don't know/refused	-	-		2	1.7	#	3	6.4	#
Total	128	100.0		139	100.0		48	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers (n<5) in some categories for statistical testing

Respondents reporting that they spent **less** than a week (none/a little bit) writing or telling Aboriginal or Torres Strait Islander stories in the last year were statistically significantly less likely to live in a remote area of SA, when compared to those reporting that they spent more than one week (a fair bit/heaps) writing or telling Aboriginal or Torres Strait Islander stories in the last year.

Appendix Table 12.11: Time spent writing or telling Aboriginal or Torres Strait Islander stories, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
None/a little bit	119	93.7	(87.2 - 96.3)	123	89.4	(82.8 - 93.3)	39	80.9	(68.1 - 89.8) ↓
A fair bit/heaps	8	6.3	(3.2 - 11.8)	12	8.9	(5.0 - 14.6)	6	13.0	(5.9 - 24.7)
Don't know/refused	-	-		2	1.7	#	3	6.1	#
Total	127	100.0		138	100.0		48	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers (n<5) in some categories for statistical testing

A12.4. Aboriginal cultural events

Respondents who had gone to, or been involved in, at least one Aboriginal activity in the last twelve months were statistically significantly less likely to live in metropolitan Adelaide when compared to those having not attended at least one activity in the last twelve months. Those respondents who reported being able to attend or take part in these cultural activities whenever or as often as they want were statistically significantly more likely to be living in remote area of SA when compared to those who could not take part as often as they would like.

Appendix Table 12.12: Attending to Aboriginal cultural activities or ceremonies in the last year, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Attended at least one Aboriginal activity									
No	48	30.9	(24.1 - 38.5) ↑	34	21.9	(16.2 - 29.0)	14	17.3	(10.6 - 26.9)
Yes	108	69.1	(61.5 - 75.9) ↓	122	78.1	(71.0 - 83.8)	67	82.7	(73.1 - 89.4)
Total	156	100.0		157	100.0		81	100.0	
Able to attend or take part									
Yes	86	56.0	(48.1 - 63.6)	83	53.2	(45.4 - 60.9)	58	69.7	(59.1 - 78.5) ↑
No	62	40.4	(32.9 - 48.2)	61	39.3	(31.9 - 47.1)	13	15.9	(9.6 - 25.3) ↓
Don't know/refused	6	3.6	(1.6 - 7.9)	12	7.5	(4.3 - 12.8)	12	14.4	(8.4 - 23.5)
Total	154	100.0		156	100.0		83	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Those respondents reporting that it was very important for them to be able to attend Aboriginal cultural events were statistically significantly more likely to be living in remote areas of SA and statistically significantly less likely to live in metropolitan Adelaide, when compared to the other categories combined. Those reporting that the ability to attend such events is quite important were statistically significantly more likely to live in metropolitan Adelaide and statistically significantly less likely to live in remote SA; while those living in remote SA were also statistically significantly less likely to report that attending these cultural events was neither important nor not important to them, when compared to the other categories combined.

Appendix Table 12.13: Importance to attend to Aboriginal cultural activities or ceremonies, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Very important	53	34.8	(27.7 - 42.6) ↓	57	36.5	(29.3 - 44.3)	56	67.1	(56.4 - 76.2) ↑
Quite important	47	30.6	(23.8 - 38.3) ↑	47	30.3	(23.6 - 38.0)	5	5.8	(2.5 - 13.0) ↓
Neither important nor not important	38	24.7	(18.6 - 32.1)	36	22.8	(16.9 - 30.1)	10	11.4	(6.2 - 19.9) ↓
Somewhat important	3	1.8	#	-	-		6	7.3	(3.4 - 15.0)
Not at all important	11	7.0	(3.9 - 12.2)	6	4.1	(2.0 - 8.5)	3	3.0	#
Don't know/refused	2	1.2	#	10	6.2	(3.4 - 11.2)	5	5.5	(2.3 - 12.6)
Total	153	100.0		155	100.0		84	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers (n<5) in some categories for statistical testing

A13. Housing

Respondents living in metropolitan Adelaide were statistically significantly more likely to own or be buying their home, or privately renting and statistically significantly less likely to be in an Aboriginal housing scheme. Those living in rural SA were statistically significantly more likely to be in public housing (renting) or living at someone else's home and statistically significantly less likely to be privately renting or in an Aboriginal housing scheme. Those living in a remote area of SA were statistically significantly more likely to be in an Aboriginal housing scheme and statistically significantly less likely to be using public housing (renting).

Appendix Table 13.1: Housing situation, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Own or buying home	18	11.6	(7.5 - 17.7) ↑	4	2.4	#	4	5.0	#
Privately renting	24	16.0	(11.0 - 22.6) ↑	8	5.2	(2.7 - 9.9) ↓	5	6.3	(2.7 - 13.8)
Public housing (renting)	47	30.8	(24.0 - 38.5)	64	41.6	(34.1 - 49.5) ↑	12	14.6	(8.5 - 24.0) ↓
Aboriginal housing scheme	9	5.6	(2.9 - 10.4) ↓	5	3.5	(1.5 - 7.7) ↓	41	51.1	(40.3 - 61.7) ↑
Living at someone else's home	38	24.6	(18.5 - 32.0)	52	33.7	(26.7 - 41.5) ↑	2	2.2	#
Boarding house	3	1.8	#	8	5.0	(2.5 - 9.7)	10	12.5	(6.9 - 21.5)
Don't know/refused	15	9.5	(5.8 - 15.2)	13	8.6	(5.1 - 14.2)	7	8.4	(4.1 - 16.5) ↑
Total	153	100.0		153	100.0		80	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

Respondents who reported that they had lived in only one dwelling in the last twelve months were statistically significantly more likely to be living in metropolitan Adelaide and statistically significantly less likely to be living in a remote area of SA when compared to those having lived in more than one dwelling during this time. Those who had lived in two dwellings in the last twelve months were statistically significantly more likely to be living in remote areas of SA at the time of the interview, when compared to those having lived in one, or three or more dwellings in the last twelve months.

Appendix Table 13.2: Number of dwelling in the last 12 months, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
One	130	83.2	(76.5 - 88.2) ↑	117	76.5	(69.2 - 82.5)	46	55.3	(44.6 - 65.6) ↓
Two	21	13.2	(8.7 - 19.4)	18	11.6	(7.5 - 17.6)	23	28.0	(19.5 - 38.5) ↑
Three or more	3	2.0	#	7	4.9	(2.4 - 9.5)	7	8.0	(3.8 - 15.9)
Don't know/Refused	3	1.7	#	11	7.0	(3.9 - 12.1)	7	8.7	(4.3 - 16.7)
Total	156	100.0		153	100.0		82	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

Respondents living in metropolitan Adelaide were statistically significantly more likely to have five bedrooms in their current dwelling, while those living in a remote area of SA were statistically significantly more likely to have four bedrooms in their current dwelling.

Respondents who reported that they had enough bedrooms in their current dwelling were statistically significantly more likely to be living in rural SA and statistically significantly less likely to be living in a remote area of the state, when compared to those who thought that their current dwelling did not have enough bedrooms.

Appendix Table 13.3: Number of bedrooms in current dwelling, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Number of bedrooms									
One	2	1.4	#	2	1.1	#	1	1.0	#
Two	15	9.4	(5.7 - 15.0)	12	7.5	(4.3 - 12.7)	5	6.6	(3.0 - 14.1)
Three	110	70.7	(63.1 - 77.3)	122	77.1	(70.0 - 83.0)	58	70.1	(59.6 - 78.9)
Four	13	8.0	(4.7 - 13.4)	12	7.8	(4.6 - 13.1)	16	19.4	(12.3 - 29.2) ↑
Five	15	9.9	(6.1 - 15.6) ↑	1	0.6	#	-	-	
Don't know/refused	1	0.6	#	9	5.7	(3.1 - 10.5)	2	2.9	#
Total	156	100.0		158	100.0		83	100.0	
Enough bedrooms									
Yes	121	79.0	(71.9 - 84.7)	128	86.1	(79.6 - 90.7) ↑	55	69.6	(58.7 - 78.6) ↓
No	32	21.0	(15.3 - 28.1)	19	13.1	(8.6 - 19.5) ↓	24	30.4	(21.4 - 41.3) ↑
Total	154	100.0		148	100.0		78	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

Respondents who reported that they had at least one facility missing or not working in their current dwelling were statistically significantly more likely to live in remote areas of SA and statistically significantly less likely to live in rural SA when compared to those who did not have any missing or not working. Those respondents reporting that no facilities on the list were currently missing or not working in their dwelling were statistically significantly more likely to live in metropolitan Adelaide or rural SA and statistically less likely to be living in a remote area of SA when compared to respondents with at least one facility missing or not working.

Respondents who reported that, in their opinion, the condition of their current dwelling was excellent were statistically significantly more likely to be living in a remote area of SA and statistically significantly less likely to be living in rural SA, when compared to those respondents who reported that their current dwelling was in very good, good, poor, or very poor condition. Those who perceived their current dwelling to be in very good condition were statistically significantly more likely to be living in metropolitan Adelaide and statistically significantly less likely to be living in a remote area of SA, when compared to those who reported their current dwelling's condition as excellent, good, poor, or very poor.

Appendix Table 13.4: Condition of current dwelling and facilities missing or not working in current dwelling, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Facilities missing or not working									
At least one	26	17.0	(11.9 - 23.8)	23	14.9	(10.1 - 21.3) ↓	33	40.6	(30.6 - 51.5) ↑
None	126	82.4	(75.6 - 87.6) ↑	120	78.2	(71.0 - 84.0) ↑	36	44.0	(33.7 - 54.8) ↓
Don't know/refused	1	0.5	#	11	7.0	(3.9 - 12.1)	13	15.4	(9.1 - 24.7)
Total	153	100.0		154	100.0		82	100.0	
Current dwelling condition									
Excellent/very good/good	143	91.0	(85.5 - 94.5)	141	94.1	(89.1 - 96.9)	70	87.9	(78.9 - 93.3)
Poor/very poor	14	9.0	(5.5 - 14.5)	9	5.9	(3.1 - 10.9)	10	12.1	(6.7 - 21.1)
Excellent	12	7.7	(4.5 - 13.0)	7	4.2	(2.0 - 8.5) ↓	22	26.9	(18.5 - 37.4) ↑
Very good	69	43.6	(36.1 - 51.5) ↑	61	38.6	(31.4 - 46.4)	20	24.9	(16.8 - 35.2) ↓
Good	62	39.6	(32.3 - 47.4)	74	46.9	(39.3 - 54.7)	27	33.6	(24.3 - 44.4)
Poor	11	7.2	(4.1 - 12.3)	8	5.1	(2.6 - 9.7)	8	9.7	(5.0 - 18.1)
Very Poor	3	1.8	#	1	0.5	#	2	2.1	#
Don't know/refused	-	-		7	4.7	(2.3 - 9.2) ↑	2	2.8	#
Total	157	100.0		157	100.0		82	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers (n<5) in some categories for statistical testing

A14. Food and Nutrition

A14.1. Nutrition

Respondents who reported that there was at least one kind of food they wanted to buy but could not were statistically significantly more likely to live in remote SA and statistically significantly less likely to live rural SA when compared to those who reported that all food was available for them to buy. Those who had no problem in getting food were statistically significantly more likely to live in metropolitan Adelaide and rural SA and statistically significantly less likely to live in a remote area of SA when compared to those reporting that there was at least one kind of food they wanted to buy but could not.

Appendix Table 14.1: Ability to buy food whenever they want, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
All food available	132	84.0	(77.5 - 88.9) ↑	142	89.6	(83.9 - 93.5) ↑	25	29.9	(21.2 - 40.4) ↓
At least one type of food not available	23	14.7	(10.0 - 21.0)	7	4.3	(2.1 - 8.6) ↓	26	31.4	(22.5 - 41.9) ↑
Don't know/refused	2	1.3	#	10	6.1	(3.3 - 11.0)	32	38.7	(29.0 - 49.4)
Total	157	100.0		158	100.0		84	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

Respondents who reported having Aboriginal traditional foods in their diet were statistically significantly more likely to live in a remote area of SA and statistically significantly less likely to live in metropolitan Adelaide, when compared to those who did not have Aboriginal traditional foods in their diet.

Appendix Table 14.2: Aboriginal traditional foods in diet, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Aboriginal traditional foods									
Yes	32	20.5	(14.9 - 27.5) ↓	66	42.1	(34.6 - 49.9)	73	87.3	(78.5 - 92.9) ↑
No	124	79.5	(72.5 - 85.1) ↑	85	54.3	(46.5 - 61.9)	5	5.8	(2.5 - 13.1) ↓
Don't know/refused	-	-		6	3.6	(1.6 - 7.8)	6	6.8	(3.1 - 14.4)
Total	156	100.0		156	100.0		83	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

Respondents who reported they consumed one or more serves of fruit per day were statistically significantly more likely to live in remote SA and statistically significantly less likely to live in rural SA, when compared to those who did not. Those eating fruit but not every day were statistically significantly more likely to live in metropolitan Adelaide and rural SA and statistically significantly less likely to live in remote areas of the state, when compared to those who did not eat fruit or those who consumed one or more serves of fruit per day.

Respondents who consumed one or more serves of vegetables per day were statistically significantly more likely to live in metropolitan Adelaide and statistically significantly less likely to live in rural SA, when compared to those who did not. Those eating vegetables but not every day were statistically significantly more likely to live in rural SA and statistically significantly less likely to live in remote areas of the state, when compared to those who did not eat vegetables or those who consumed one or more serves of vegetables per day.

Appendix Table 14.3: Number of serves of fruit and vegetables consumed per day, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Number of serves of fruit per day									
One or more serves of fruit per day	22	14.2	(9.6 - 20.5)	13	8.5	(5.1 - 14.0) ↓	22	27.2	(18.7 - 37.7) ↑
I eat fruit but not everyday	121	77.5	(70.4 - 83.4) ↑	124	79.6	(72.6 - 85.2) ↑	35	43.1	(32.9 - 53.9) ↓
I don't eat fruit	12	7.7	(4.4 - 12.9)	7	4.4	(2.1 - 8.8)	6	7.0	(3.2 - 14.7)
Don't know/unsure/refused	1	0.6	#	12	7.5	(4.3 - 12.7)	19	22.7	(14.9 - 32.9)
Number of serves of vegetables per day									
One or more serves of vegetables per day	62	39.7	(32.3 - 47.5) ↑	29	18.8	(13.4 - 25.6) ↓	24	29.5	(20.7 - 40.1)
I eat vegetables but not everyday	93	59.1	(51.2 - 66.4)	116	74.3	(66.9 - 80.5) ↑	40	49.1	(38.5 - 59.7) ↓
I don't eat vegetables	2	1.2	#	2	1.0	#	-	-	
Don't know/unsure/refused	-	-		9	5.9	(3.2 - 10.7)	18	21.4	(13.9 - 31.5)
Total	157	100.0		156	100.0		82	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A14.2. Food security

Respondents who reported having run out of food at least once in the last twelve months were statistically significantly more likely to live in a remote area of SA and statistically significantly less likely to live in rural SA, when compared to those who had not run out of food in the last twelve months; while respondents reporting not having run out of food in the last twelve months were statistically significantly more likely to live in metropolitan Adelaide and rural SA and statistically significantly less likely to live in a remote area of the state, when compared to those who had reported running out of food at least once during this time.

Appendix Table 14.4: Food security in last 12 months, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Yes	35	22.7	(16.8 - 29.9)	16	10.3	(6.5 - 16.0) ↓	32	39.4	(29.4 - 50.3) ↑
No	120	76.8	(69.6 - 82.7) ↑	136	86.3	(80.1 - 90.8) ↑	25	31.1	(22.1 - 41.9) ↓
Don't know/Refused	1	0.5	#	5	3.4	(1.5 - 7.5)	24	29.5	(20.7 - 40.2)
Total	156	100.0		157	100.0		81	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A15. Income security

Respondents reporting that in the last twelve months there were days when they had run out of money to buy food, clothing, or pay household bills were statistically significantly more likely to live in a remote area of SA and statistically significantly less likely to live in rural SA, when compared to those respondents who had not run out of money to buy these things. Those who reported that they or someone else in their household had to go without food, clothing, or had to put off paying bills during this time were statistically significantly less likely to live in rural SA, when compared to those who had not have to go without; while those reporting that they did not have to go without during this time were statistically significantly more likely to be from rural SA and statistically significantly less likely to be from a remote part of the state, when compared to those who did have to go without.

Appendix Table 15.1: Income security in last 12 months – ran out of money, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Yes	42	26.9	(20.5 - 34.3)	20	12.7	(8.3 - 18.7) ↓	37	45.4	(35.1 - 56.1) ↑
No	114	72.5	(65.0 - 78.8) ↑	133	84.3	(77.8 - 89.1) ↑	18	22.2	(14.6 - 32.3) ↓
Don't know/refused	1	0.6	#	5	3.1	(1.3 - 7.1)	27	32.4	(23.2 - 43.0)
Total	157	100.0		158	100.0		84	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

Appendix Table 15.2: Income security in last 12 months – had to go without food, clothing, or put off paying bills, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Yes	31	73.1	(58.5 - 84.4)	8	39.4	(21.4 - 60.8) ↓	27	72.2	(57.0 - 84.6)
No	11	26.9	(16.0 - 42.0)	12	60.6	(39.2 - 78.6) ↑	7	18.2	(9.1 - 33.6) ↓
Don't know/refused	-	-		-	-		3	9.6	#
Total	42	100.0		20	100.0		37	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

Respondents who reported that they have just enough money to get through to the next pay day were statistically significantly more likely to live in metropolitan Adelaide and statistically significantly less likely to live in rural SA, when compared to those who are able either to save, have some money left over, or spend more money than they get between pay days.

Those who report spending more money than they get were statistically significantly more likely to live in rural SA and statistically significantly less likely to live in remote SA when compared to those who have just enough money, can save, or have a little money left over; while those who can save a bit every now and then were statistically significantly less likely to live in rural SA, when compared to the other categories combined.

Appendix Table 15.3: Best describes income situation, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Have just enough money to get through to the next pay day	90	57.4	(49.6 - 64.8) ↑	105	67.0	(59.3 - 73.8) ↓	33	39.3	(29.5 - 50.0)
Spend more money than getting	22	14.0	(9.4 - 20.3)	8	5.4	(2.8 - 10.1) ↑	7	8.5	(4.2 - 16.5) ↓
There's some money left over each week but just spend it	7	4.5	(2.2 - 8.9)	9	5.7	(3.0 - 10.5)	4	4.9	#
Can save a bit every now and then	20	12.5	(8.2 - 18.5)	10	6.1	(3.3 - 11.0) ↓	11	13.5	(7.8 - 22.5)
Can save a lot	2	1.2	#	2	1.1	#	1	1.6	#
Don't know/refused	16	10.4	(6.5 - 16.1)	23	14.7	(10.0 - 21.0)	27	32.2	(23.1 - 42.8)
Total	157	100.0		157	100.0		83	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A16. Social and Emotional wellbeing – Kessler Scale

A16.1. Kessler 5

Respondents living in rural SA were statistically significantly more likely to report feeling nervous a little of the time and statistically significantly less likely to report feeling nervous some of the time; while those from remote areas were statistically significantly more likely to report feeling nervous some of the time and statistically significantly less likely to report feeling like this a little of the time, in the past four weeks.

Appendix Table 16.1: Kessler 5 – In the last four weeks, how often did you feel nervous? - by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
All of the time	6	3.9	(1.8 - 8.2)	4	2.8	#	1	2.0	#
Most of the time	5	3.1	(1.3 - 7.1)	2	1.2	#	1	1.1	#
Some of the time	21	13.4	(8.9 - 19.7)	11	7.2	(4.1 - 12.3) ↓	16	21.2	(13.5 - 31.8) ↑
A little of the time	41	26.3	(20.0 - 33.7)	53	34.1	(27.1 - 41.8) ↑	11	14.8	(8.5 - 24.6) ↓
None of the time	80	51.3	(43.5 - 59.0)	78	50.2	(42.5 - 58.0)	30	40.5	(30.1 - 51.8)
Don't know/refused	3	2.1	#	7	4.5	(2.2 - 9.0)	15	20.4	(12.8 - 30.9)
Total	155	100.0		155	100.0		75	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers (n<5) in some categories for statistical testing

Respondents living in metropolitan Adelaide were statistically significantly more likely to report feeling without hope none of the time and statistically significantly less likely to report feeling without hope a little of the time; while those from remote areas were statistically significantly less likely to report feeling without hope none of the time, in the past four weeks.

Appendix Table 16.2: Kessler 5 – In the last four weeks, how often did you feel without hope? - by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
All of the time	7	4.5	(2.2 - 8.9)	1	0.5	#	3	4.3	#
Most of the time	4	2.8	#	4	2.6	#	-	-	
Some of the time	11	7.0	(4.0 - 12.2)	11	7.0	(4.0 - 12.2)	9	12.4	(6.7 - 21.7)
A little of the time	12	7.8	(4.5 - 13.1) ↓	26	16.9	(11.8 - 23.6)	13	17.0	(10.1 - 27.0)
None of the time	118	75.9	(68.6 - 82.0) ↑	105	67.8	(60.1 - 74.6)	32	42.9	(32.3 - 54.2) ↓
Don't know/refused	3	2.0	#	8	5.2	(2.7 - 9.9)	18	23.5	(15.3 - 34.3)
Total	155	100.0		155	100.0		75	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers (n<5) in some categories for statistical testing

Respondents living in rural SA were statistically significantly more likely to report feeling restless or jumpy a little of the time and statistically significantly less likely to report feeling like this some of the time or none of the time; while those living in remote SA were statistically significantly less likely to report feeling restless or jumpy a little of the time, in the past four weeks.

Appendix Table 16.3: Kessler 5 – In the last four weeks, how often did you feel restless or jumpy? - by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
All of the time	10	6.8	(3.8 - 12.0)	4	2.4	#	1	1.1	#
Most of the time	4	2.8	#	3	2.1	#	2	3.0	#
Some of the time	16	10.3	(6.4 - 16.1)	12	7.5	(4.3 - 12.8) ↓	18	23.7	(15.5 - 34.5)
A little of the time	56	36.8	(29.6 - 44.7)	83	53.7	(45.9 - 61.3) ↑	10	14.0	(7.9 - 23.7) ↓
None of the time	66	43.3	(35.7 - 51.2) ↑	47	30.0	(23.3 - 37.6) ↓	26	35.1	(25.2 - 46.4)
Don't know/refused	-	-		7	4.3	(2.0 - 8.7)	17	23.1	(15.0 - 33.8)
Total	155	100.0		155	100.0		75	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers (n<5) in some categories for statistical testing

Respondents living in rural SA were statistically significantly more likely to report that everything they did was an effort a little of the time and statistically significantly less likely to report this feeling none of the time; while those from remote areas were statistically significantly more likely to report feeling that everything was an effort none of the time and statistically significantly less likely to report feeling like this a little of the time, in the past four weeks.

Appendix Table 16.4: Kessler 5 – In the last four weeks, how often did you feel everything was an effort? - by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
All of the time	10	6.4	(3.5 - 11.5)	5	3.5	(1.6 - 7.7)	7	8.9	(4.3 - 17.5)
Most of the time	11	6.9	(3.9 - 12.1)	7	4.8	(2.4 - 9.5)	4	5.4	#
Some of the time	28	18.1	(12.8 - 24.9)	22	14.0	(9.4 - 20.3)	14	19.1	(11.8 - 29.4)
A little of the time	69	44.6	(37.0 - 52.5)	90	58.7	(50.8 - 66.2) ↑	11	14.8	(8.5 - 24.6) ↓
None of the time	34	21.8	(16.0 - 29.0)	26	16.8	(11.7 - 23.5) ↓	24	32.6	(23.0 - 43.8) ↑
Don't know/refused	3	2.1	#	3	2.1	#	14	19.3	(12.0 - 29.7)
Total	155	100.0		155	100.0		75	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers (n<5) in some categories for statistical testing

Finally, respondents living in metropolitan Adelaide were statistically significantly more likely to report feeling so sad that nothing could cheer them up none of the time and statistically significantly less likely to report feeling like that a little of the time, in the past four weeks. Those from rural areas were statistically significantly more likely to report feeling so sad that nothing could cheer them up a little of the time and statistically significantly less likely to report these feelings some of the time; while those living in remote SA were statistically significantly more likely to report feeling like this some of the time and statistically significantly less likely to have these feelings none of the time, in the past four weeks.

Appendix Table 16.5: Kessler 5 – In the last four weeks, how often did you feel so sad that nothing could cheer you up? - by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
All of the time	4	2.6	#	2	1.6	#	3	4.1	#
Most of the time	3	2.3	#	3	1.7	#	1	1.0	#
Some of the time	20	12.6	(8.3 - 18.8)	8	5.2	(2.7 - 9.9) ↓	20	26.4	(17.7 - 37.3) ↑
A little of the time	14	8.8	(5.3 - 14.3) ↓	35	22.5	(16.6 - 29.7) ↑	14	19.1	(11.8 - 29.5)
None of the time	112	72.3	(64.8 - 78.8) ↑	102	65.6	(57.8 - 72.6)	20	27.4	(18.6 - 38.4) ↓
Don't know/Refused	2	1.3	#	5	3.5	(1.6 - 7.7)	16	21.9	(14.0 - 32.5)
Total	155	100.0		155	100.0		75	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers (n<5) in some categories for statistical testing

When questioned about whether these feelings had changed overall in the last four weeks, those respondents living in rural SA were statistically significantly more likely to report that they had felt about the same as usual; while those from remote areas were statistically significantly more likely to report having these feelings less than usual and statistically significantly less likely to report having felt like this about the same as usual, in the past four weeks. Respondents refusing to answer this question or answering “don’t know” to this question were statistically significantly more likely to be from remote SA and statistically significantly less likely to be from metropolitan Adelaide, when compared to those having given an answer.

Appendix Table 16.6: Kessler 6, by region (cont)

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
In the last 4 weeks									
Extra question									
More often than usual	27	17.3	(12.2 - 24.1)	20	13.2	(8.8 - 19.5)	5	7.2	(3.2 - 15.4)
About the same as usual	104	67.8	(60.0 - 74.6)	102	66.7	(58.9 - 73.7) ↑	16	21.9	(14.0 - 32.5) ↓
Less often than usual	14	8.8	(5.3 - 14.3)	12	7.6	(4.3 - 12.9)	15	20.2	(12.6 - 30.6) ↑
Don’t know/Refused	9	6.2	(3.3 - 11.1) ↓	19	12.5	(8.2 - 18.7)	38	50.8	(39.7 - 61.8) ↑
Total	154	100.0		153	100.0		75	100.0	

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers (n<5) in some categories for statistical testing

A17. General Health and wellbeing – SF-12 (v2)

A17.1. SF-1

Respondents who reported their general health as excellent were statistically significantly more likely to be living in a remote area of SA and statistically significantly less likely to be living in metropolitan Adelaide and rural SA, when compared to those reporting their overall health as very good, good, fair, or poor. Those reporting their health as very good were statistically significantly more likely to be living in rural SA and statistically significantly less likely to be living in a remote area of the state, when compared to those reporting excellent, good, fair or poor general health.

Appendix Table 17.1 Overall health and wellbeing, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Excellent	11	7.0	(3.9 - 12.0) ↓	5	3.2	(1.4 - 7.2) ↓	29	34.8	(25.4 - 45.5) ↑
Very good	79	50.5	(42.7 - 58.2)	81	51.2	(43.5 - 58.9) ↑	18	21.1	(13.7 - 31.1) ↓
Good	37	23.4	(17.5 - 30.6)	44	27.7	(21.3 - 35.1)	26	31.3	(22.4 - 41.9)
Fair	25	15.6	(10.8 - 22.1)	26	16.4	(11.4 - 22.9)	7	9.0	(4.5 - 17.1)
Poor	6	3.5	(1.6 - 7.7)	2	1.6	#	3	3.8	#
Total	157	100.0		157	100.0		83	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A17.2. SF-12 (v 2)

There were no statistically significant differences found between regions in the mean physical and mental component summary scores.

Appendix Table 17.2: PCS (Physical Component Summary) : and MCS (Mental Component Summary), by region

	Metro			Rural			Remote		
	mean	sd	(95% CI)	mean	sd	(95% CI)	mean	sd	(95% CI)
PCS (Physical Component Summary)	50.98	10.609	(49.3 - 52.7)	52.40	9.847	(50.8 - 54.0)	48.85	10.749	(45.6 - 52.2)
MCS (Mental Component Summary)	45.48	11.104	(43.7 - 47.2)	45.46	6.903	(44.3 - 46.6)	48.07	10.694	(44.8 - 51.3)

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

A18. Transport

A18.1. Driver's licensing

There were no statistically significant differences found between respondents who have a full or provisional driver's licence or had ever had a licence and those who did/had not, across the regions.

Appendix Table 18.1: Full or provisional driving licence, 17 years and over, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Full or P plate driver's licence									
Yes	96	68.0	(59.9 - 75.2)	90	58.4	(50.5 - 65.9)	41	52.6	(41.7 - 63.3)
No	35	24.8	(18.4 - 32.6)	41	26.4	(20.1 - 33.8)	34	43.5	(33.0 - 54.5)
No, but have learner's licence	9	6.5	(3.5 - 11.8)	22	14.1	(9.5 - 20.5)	3	3.9	#
Don't know/Refused	1	0.7	#	2	1.1	#	-	-	
Total	141	100.0		155	100.0		78	100.0	
Ever had a licence									
Yes	11	33.1	(19.7 - 49.9)	10	24.7	(22.6 - 47.1)	5	17.0	(7.4 - 34.4)
No	23	66.9	(50.1 - 80.3)	28	70.4	(44.4 - 70.0)	24	83.0	(65.6 - 92.6)
Don't know/Refused	-	-		2	4.9	#	-	-	
Total	34	100.0		40	100.0		29	100.0	

Note: Data reported 17 years and over only

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

A18.2. Access to vehicle

There were no statistically significant differences found between those respondents having access to a vehicle and those who did not, across the three regions.

Appendix Table 18.2 Access to vehicle, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Yes	109	73.0	(65.4 - 79.5)	96	65.2	(57.2 - 72.4)	48	70.1	(58.4 - 79.7)
No	39	26.3	(19.9 - 33.9)	41	28.0	(21.4 - 35.7)	18	26.7	(17.6 - 38.2)
No licence	1	0.6	#	1	1.0	#	-	-	
Don't know/Refused	-	-		9	5.8	(3.1 - 10.9)	2	3.2	#
Total	149	100.0		147	100.0		68	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

Due to small numbers it is not possible to determine whether there are any statistically significant differences found between respondents who had driven a vehicle without licence and those who had not, between the three regions.

Appendix Table 18.3 Driven a vehicle without licence, 17 years and over, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Drive a vehicle without licence in last 12 months									
Yes	9	50.8	(29.8 - 71.5)	1	4.8	#	5	85.8	(41.5 - 96.2)
No	9	49.2	(28.5 - 70.2)	16	95.2	(74.9 - 99.3)	1	14.2	#
Total	18	100.0		17	100.0		6	100.0	

Note: Data reported 17 years and over only

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

Respondents who reported that they can get places they need to go were statistically significantly less likely to live in rural SA, when compared to those reporting that they cannot get places that they need to go.

Appendix Table 18.4 Able to get to places that they need to go, by region

	Metro			Rural			Remote		
	n	%	(95% CI)	n	%	(95% CI)	n	%	(95% CI)
Yes	150	97.1	(93.1 - 98.8)	141	89.6	(83.8 - 93.4) ↓	81	98.2	(92.5 - 99.6)
No	5	2.9	(1.2 - 6.9)	8	5.2	(2.7 - 9.8)	2	1.8	#
Don't know/Refused	-	-		8	5.3	(2.7 - 10.0)	-	-	
Total	155	100.0		158	100.0		83	100.0	

↑↓ statistically significantly higher or lower than all other categories combined (χ^2 : $p \leq 0.05$)

Note: The weighting of data can result in rounding discrepancies or totals not adding

Insufficient numbers ($n < 5$) in some categories for statistical testing

Appendix B:
South Australian Aboriginal Health Survey
Questionnaire

IN CONFIDENCE

Household Number

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Person Number

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Interviewer Number

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SA ABORIGINAL HEALTH SURVEY

2010/2011

Thank you for agreeing to take part in this survey. By telling your story people can then use this information to help them work out where help is needed the most. Your answers will be used for health planning purposes and will assist in improving the health of all South Australian Aboriginal and Torres Strait Islander people.

The interview should take approximately 35 minutes to complete.

This survey is voluntary and you are free to withdraw at any time. I would like to assure you that your individual responses will remain confidential and you are not required to answer any questions that you are not comfortable with.

For the purpose of the Survey, an Aboriginal Household is defined as: A household where one or more of the current residents aged 15 years or over is/are of Aboriginal or Torres Strait Islander origin.

If respondent is not available or doesn't have time at present, please establish a definite appointment time to call back which suits the respondent.

Interviewer: Record starting time of interview
(24 hour clock)

		:		
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A. HEALTH

A.1 Have you ever been told by a doctor or health worker that you have DIABETES?

(Interviewer: Circle one response only)

- 1 Yes (Go to A.3)
- 2 No
- 3 Don't know
- 4 Refused

A.2 Have you ever been told by a doctor or health worker that you have a „touch of sugar“ or a „sugar problem“?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to A.4)
- 3 Don't know (Go to A.4)
- 4 Refused (Go to A.4)

A.3 Do you feel that your [diabetes/sugar problem] affects the way you do everyday tasks?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

A.4 Have you ever been told by a doctor or health worker that you have KIDNEY DISEASE or kidney trouble?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to A.6)
- 3 Don't know (Go to A.6)
- 4 Refused (Go to A.6)

A.5 Do you feel that your kidney disease or kidney trouble affects the way you do everyday tasks?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

A.6 Have you ever been told by a doctor or health worker that you have a HEARING PROBLEM?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to A.8)
- 3 Don't know (Go to A.8)
- 4 Refused (Go to A.8)

A.7 Do you feel that your hearing problem affects the way you do everyday tasks?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

A.8 Have you ever been told by a doctor, psychiatrist, psychologist, or other mental health worker that you have a MENTAL HEALTH PROBLEM?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to A.10)
- 3 Don't know (Go to A.10)
- 4 Refused (Go to A.10)

A.9 Do you feel that your mental health problem affects the way you do everyday tasks?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

A.10 Have you ever been told by a doctor or health worker that you have ASTHMA?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

A.11 Symptoms of asthma include cough, wheezing, shortness of breath and chest tightness.

During the past 12 months did you have any symptoms of asthma?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

A.12 During the past 12 months did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler, puffer, or nebuliser.

(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

******(Interviewer Note)******

If A10 = No AND A11 = No AND A12 = No

Go to A.14

A.13 Do you feel that your [asthma/asthma symptoms] affects the way you do everyday tasks?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused
- 5 Not applicable

A.14 In the past 12 months only have you been told by a doctor or health worker that you have HIGH BLOOD PRESSURE?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to A.17)
- 3 Don't know (Go to A.17)
- 4 Refused (Go to A.17)

A.15 Are you taking tablets or other prescribed medication for blood pressure?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

A.16 Do you feel that your high blood pressure affects the way you do everyday tasks?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

Now I would like to ask you some questions about medicines you may be taking.

A.17 Are you currently taking any medicine, like tablets, inhalers, creams, or injections, on a regular basis?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to Section B)
- 3 Don't know (Go to Section B)
- 4 Refused (Go to Section B)

A.18 Do you understand what each of your medicines is for?

(Interviewer: Circle one response only)

- 1 Yes – all
- 2 Yes – some
- 3 No
- 4 Don't know
- 5 Refused

A.19 Where do you obtain your medicines?

(Interviewer: Circle all that apply)

- 1 Chemist
- 2 Health Centre
- 3 They are delivered to me
- 4 Family members/friends
- 5 Online - internet
- 6 Other (specify)
- 7 Don't know
- 8 Refused

A.20 Do you have any problems getting your medicines?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to Section B)
- 3 Don't know (Go to Section B)
- 4 Refused (Go to Section B)

A.21 What problems have you experienced in getting your medicines?

(Interviewer: Circle all that apply)

- 1 Chemist too far away
- 2 Cost
- 3 Can't get to the chemist
- 4 Can't get to the health centre
- 5 Being away from community
- 6 Problems with delivery of medications (specify)
- 7 Other (specify)
- 8 Don't know
- 9 Refused

A.22 What one thing would make it easier for you to get your medicines?

(Interviewer: Circle one response only)

- 1 Closer chemist
- 2 Closer health centre
- 3 Better opening hours of chemist or health centre
- 4 If medications could be delivered
- 5 If medications were cheaper
- 6 Other (specify)
- 7 Don't know
- 8 Refused

B. HEALTH AND OTHER SERVICES

The use and access to health services has been found to affect health. We would like to ask you some questions on your health and your use of health services.

These next questions are about health services you may have used in the last 12 months, and if you had any difficulties accessing these services.

B.1 In the last 12 months, have you seen a GP or DOCTOR?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to B.5)
- 3 Don't know (Go to B.5)
- 4 Refused (Go to B.5)

B.2 Can you tell me where this [most recent] service was provided?

(Interviewer: Circle one response only)

- 1 Doctor's Surgery (Go to B.5)
- 2 Home visit
- Central: (Go to B.5)
- 3 Nunkuwarrin Yunti
- 4 Maringga Turtpandi (CNAHS)
- 5 Muna Paiendi Health Service
- 6 Noarlunga Health Village
- 7 Port Adelaide Community Health
- 8 Parks Community Health Centre
- 9 Adelaide Hills Health Service
- 10 Southern Fleurieu Health Service

cont.

B.2 (cont.)

Wakefield: (Go to B.5)

- 11 Gawler Health Service
- 12 Barossa Health Service
- 13 Eudunda Kapunda Health Service
- 14 Yorke & Lower North Health Service
- 15 Point Pearce Health Service
- 16 Wakefield Country Health Service

Riverland: (Go to B.5)

- 17 Riverland Regional Health Service

Mid North: (Go to B.5)

- 18 Port Pirie Health Service
- 19 Port Broughton Health Service
- 20 Southern Flinders & Mid North HS

Hills Mallee Southern: (Go to B.5)

- 21 Murray Bridge Health Service
- 22 Murray Mallee Coorong Community Health Service
- 23 Murray Mallee Community HS
- 24 Meningie Health Service

Northern & Far Western: (Go to B.5)

- 25 Pika Wiya (Copley, Davenport, Nepabunna, Port Augusta)
- 26 Roxby downs Health Service
- 27 Woomera Health Service
- 28 Hawker Health Service
- 29 Leigh Creek & Quorn HS
- 30 Whyalla Health Service
- 31 Nunyara Wellbeing Centre
- 32 Oak Valley Health Service
- 33 Eastern Eyre & Far North HS
- 34 Umoona Tjutagku Health Service
- 35 Other (specify)
..... (Go to B.5)

- 36 Don't know (Go to B.5)

- 37 Refused (Go to B.5)

B.3 Why was this service provided to you at your home?

(Interviewer: Circle one response only)

- 1 Specify
.....
- 2 Don't know
- 3 Refused

B.4 Would you have used an alternative service if it was available?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

B.5 In the last 12 months, have you seen an ABORIGINAL / TORRES STRAIT ISLANDER HEALTH WORKER?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to B.9)
- 3 Don't know (Go to B.9)
- 4 Refused (Go to B.9)

B.6 Can you tell me where this [most recent] service was provided?

(Interviewer: Circle one response only)

- 1 Doctor's Surgery (Go to B.9)
- 2 Home visit

Central: (Go to B.9)

- 3 Nunkuwarrin Yunti
- 4 Maringga Turtpandi (CNAHS)
- 5 Muna Paiendi Health Service
- 6 Noarlunga Health Village
- 7 Port Adelaide Community Health
- 8 Parks Community Health Centre
- 9 Adelaide Hills Health Service
- 10 Southern Fleurieu Health Service

Wakefield: (Go to B.9)

- 11 Gawler Health Service
 - 12 Barossa Health Service
 - 13 Eudunda Kapunda Health Service
 - 14 Yorke & Lower North Health Service
 - 15 Point Pearce Health Service
 - 16 Wakefield Country Health Service
- Riverland: (Go to B.9)
- 17 Riverland Regional Health Service
- Mid North: (Go to B.9)
- 18 Port Pirie Health Service
 - 19 Port Broughton Health Service
 - 20 Southern Flinders & Mid North HS

cont.

B.6 (cont.)

Hills Mallee Southern: (Go to B.9)

- 21 Murray Bridge Health Service
- 22 Murray Mallee Coorong Community Health Service
- 23 Murray Mallee Community HS
- 24 Meningie Health Service

Northern & Far Western: (Go to B.9)

- 25 Pika Wiya (Copley, Davenport, Nepabunna, Port Augusta)
- 26 Roxby downs Health Service
- 27 Woomera Health Service
- 28 Hawker Health Service
- 29 Leigh Creek & Quorn HS
- 30 Whyalla Health Service
- 31 Nunyara Wellbeing Centre
- 32 Oak Valley Health Service
- 33 Eastern Eyre & Far North HS
- 34 Umoona Tjutagku Health Service
- 35 Other (specify)
.....
..... (Go to B.9)
- 36 Don't know (Go to B.9)
- 37 Refused (Go to B.9)

B.7 Why was this service provided to you at your home?

(Interviewer: Circle one response only)

- 1 Specify
.....
.....
- 2 Don't know
- 3 Refused

B.8 Would you have used an alternative service if it was available?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

B.9 In the last 12 months, have you seen a NURSE or MIDWIFE?

(Interviewer: Do not ask men if they have seen midwife. Circle one response only)

- 1 Yes
- 2 No (Go to B.13)
- 3 Don't know (Go to B.13)
- 4 Refused (Go to B.13)

B.10 Can you tell me where this [most recent] service was provided?

(Interviewer: Circle one response only)

- 1 Doctor's Surgery (Go to B.13)
- 2 Home visit

Central: (Go to B.13)

- 3 Nunkuwarrin Yunti
- 4 Maringga Turtpandi (CNAHS)
- 5 Muna Paiendi Health Service
- 6 Noarlunga Health Village
- 7 Port Adelaide Community Health
- 8 Parks Community Health Centre
- 9 Adelaide Hills Health Service
- 10 Southern Fleurieu Health Service

Wakefield: (Go to B.13)

- 11 Gawler Health Service
- 12 Barossa Health Service
- 13 Eudunda Kapunda Health Service
- 14 Yorke & Lower North Health Service
- 15 Point Pearce Health Service
- 16 Wakefield Country Health Service

Riverland: (Go to B.13)

- 17 Riverland Regional Health Service

Mid North: (Go to B.13)

- 18 Port Pirie Health Service
- 19 Port Broughton Health Service
- 20 Southern Flinders & Mid North HS

Hills Mallee Southern: (Go to B.13)

- 21 Murray Bridge Health Service
- 22 Murray Mallee Coorong Community Health Service
- 23 Murray Mallee Community HS
- 24 Meningie Health Service

Northern & Far Western: (Go to B.13)

- 25 Pika Wiya (Copley, Davenport, Nepabunna, Port Augusta)
- 26 Roxby downs Health Service

cont.

B.10 (cont.)

- 27 Woomera Health Service
- 28 Hawker Health Service
- 29 Leigh Creek & Quorn HS
- 30 Whyalla Health Service
- 31 Nunyara Wellbeing Centre
- 32 Oak Valley Health Service
- 33 Eastern Eyre & Far North HS
- 34 Umoona Tjutagku Health Service
- 35 Other (specify)
..... (Go to B.13)
- 36 Don't know (Go to B.13)
- 37 Refused (Go to B.13)

B.11 Why was this service provided to you at your home?*(Interviewer: Circle one response only)*

- 1 Specify
.....
- 2 Don't know
- 3 Refused

B.12 Would you have used an alternative service if it was available?*(Interviewer: Circle one response only)*

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

B.13 In the last 12 months, have you seen a TRADITIONAL ABORIGINAL HEALER?*(Interviewer: Circle one response only)*

- 1 Yes
- 2 No (Go to B.17)
- 3 Don't know (Go to B.17)
- 4 Refused (Go to B.17)

B.14 Can you tell me where this [most recent] service was provided?*(Interviewer: Circle one response only)*

- 1 **At healer's premises** (Go to B.17)
- 2 **Home visit**
- 3 Other (specify)
.....
..... (Go to B.17)
- 4 Don't know (Go to B.17)
- 5 Refused (Go to B.17)

B.15 Why was this service provided to you at your home?*(Interviewer: Circle one response only)*

- 1 Specify
.....
- 2 Don't know
- 3 Refused

B.16 Would you have used an alternative service if it was available?*(Interviewer: Circle one response only)*

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

B.17 In the last 12 months, have you been to a Hospital Emergency Department?*(Interviewer: Circle one response only)*

- 1 Yes
- 2 No (Go to B.19)
- 3 Don't know (Go to B.19)
- 4 Refused (Go to B.19)

B.18 Can you tell me where this [most recent] service was provided?*(Interviewer: Circle one response only)*Adelaide Health Service:

- 1 Private Hospital
- 2 Royal Adelaide Hospital
- 3 The Queen Elizabeth Hospital
- 4 Lyell McEwin Health service
- 5 Modbury Hospital
- 6 Flinders Medical Centre
- 7 Repatriation General Hospital
- 8 Noarlunga Health Service
- 9 Women's & Children's Hospital

Wakefield:

- 10 Gawler Hospital
- 11 Angaston Hospital
- 12 Clare hospital
- 13 Kapunda Hospital
- 14 Tanunda Hospital
- 15 Riverton Hospital
- 16 Balaklava Hospital

cont.

B.18 (cont.)

- 17 CYP Maitland Hospital
- 18 SYP Yorketown Hospital
- 19 NYP Wallaroo Hospital

Riverland:

- 20 Riverland Regional Health Service
- 21 Renmark Hospital
- 22 Waikerie Hospital

Hills Mallee Southern:

- 23 Murray Bridge Hospital
- 24 Mount Barker Hospital
- 25 Kangaroo Island Hospital
- 26 South Coast (Victor Harbor)
- 27 Mallee Health Services (Lameroo)
- 28 Strathalbyn Hospital
- 29 Meningie Hospital

Northern & Far Western:

- 30 Port Augusta Hospital
- 31 Whyalla Hospital

South East

- 32 Millicent Hospital
- 33 Bordertown Hospital
- 34 Naracoorte Hospital
- 35 Mount Gambier
- 36 Eyre Peninsula
- 37 Cummins Hospital
- 38 Port Lincoln Hospital
- 39 Tumby Bay Hospital
- 40 Other (specify)
-
-
- 41 Don't know
- 42 Refused

B.19 When was the last time you went to a DENTIST or dental professional?

(Interviewer: Circle one response only.)

- 1 **Less than 12 months ago**
- 2 **12 months to less than 3 years ago**
- 3 **Over 3 years ago**
- 4 **Never**
- 5 Don't know
- 6 Refused

Now, talking about general health services . . .

B.20 If you had the choice of going to an Aboriginal specific health service, or an ordinary health service, which would you prefer?

(Interviewer: Circle one response only)

- 1 Aboriginal Health Service
- 2 Ordinary Health Service
- 3 No preference
- 4 Don't know
- 5 Refused

B.21 Were there any times when you wanted to use one or more health services or health service providers but you didn't?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to B.25)
- 3 Don't know (Go to B.25)
- 4 Refused (Go to B.25)

B.22 Can you tell me, which one(s) [were/was] [these/this]?

(Interviewer: Show prompt card B.1.

Circle all that apply)

- 1 **GP / Doctor**
- 2 **Aboriginal / Torres Strait Islander health worker**
- 3 **Nurse or midwife**
- 4 **Hospital emergency department**
- 5 **Traditional Aboriginal healer**
- 6 Physiotherapist or chiropractor
- 7 Other (specify)
-
- 8 Don't know (Go to B.24)
- 9 Refused (Go to B.24)

B.23 For these services that you did not use, would you please tell me the reason(s) why you did not use them?

(Interviewer: Circle all that apply. Do not read out the options.)

- 1 Transport
- 2 Distance
- 3 Cost of service
- 4 No services in area
- 5 Not enough services in area
- 6 Waiting time too long/not available at time required
- 7 Service not culturally appropriate
- 8 Language difficulties
- 9 Don't trust service
- 10 Treated badly because Aboriginal/Torres Strait Islander
- 11 Discrimination
- 12 Language problems
- 13 Too busy
- 14 Other (specify)
.....
- 15 Don't know (Go to B.25)
- 16 Refused (Go to B.25)

B.24 What would help you to use [this/these] service(s) in the future?

(Interviewer: Circle all that apply. Do not read out the options.)

- 1 Better transport
- 2 Services closer
- 3 More services available
- 4 Cheaper services
- 5 More culturally appropriate service
- 6 Care given by Aboriginal people
- 7 Know they are available and where
- 8 Other (specify)
.....
- 9 Don't know
- 10 Refused

B.25 When you go to a health service, if asked, do you say you are Aboriginal/ Torres Strait Islander?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 Never been asked (Go to Section C)
- 4 Don't know
- 5 Refused

B.26 Thinking about the last time you used ANY health service, were you asked whether you are Aboriginal and/or Torres Strait Islander?

(Interviewer: Circle one response only)

- 1 **Yes, filled out a form**
- 2 **Yes, asked**
- 3 **Health service had asked previously**
- 4 **No**
- 5 Don't know
- 6 Refused

B.27 Thinking about the last time you used ANY health service, did you feel that you were treated better or worse by the staff because you are [Aboriginal / Torres Strait Islander]?

(Interviewer: Circle one response only)

- 1 Yes, better
- 2 Yes, worse (Go to B.29)
- 3 No difference (Go to Section C)
- 4 Don't know (Go to Section C)
- 5 Refused (Go to Section C)

B.28 What happened to make you feel you were treated better than the other people using the service

(Interviewer: Circle all that apply. Do not read out the options.)

- 1 Cultural needs were recognised
- 2 Was seen by the provider more quickly
- 3 Friendly attitude of service provider
- 4 Other (specify)
.....
- 5 Unsure/Don't know
- 6 Refused

*****(Interviewer Note)*****

Go to Section C

B.29 What happened to make you feel you were treated worse than the other people using the service?

(Interviewer: Circle all that apply. Do not read out the options.)

- 1 Staff talked down to me
- 2 Heard the staff say something bad about me
- 3 Heard the staff say something bad about Aboriginal people
- 4 Kept me waiting
- 5 Treated other patients better
- 6 Didn't spend enough time or rushed
- 7 Didn't listen or pay attention to me
- 8 Acted negatively or disrespectfully
- 9 Family politics
- 10 Not from this place
- 11 Language problems
- 12 Staff were rude or impolite
- 13 Other (specify)
- 14 Don't know
- 15 Refused

B.30 When this happened, did you formally complain, either at the time or afterwards? (Interviewer: "formally" does not include complaining to friends & family)

- 1 Yes
- 2 No (Go to B.33)
- 3 Don't know (Go to Section C)
- 4 Refused (Go to Section C)

B.31 Who did you complain to?

(Interviewer: Circle all that apply. Do not read out the options.)

- 1 Someone at the service
- 2 Someone at another service
- 3 Health and Community Services Complaints Commissioner
- 4 Minister for Health
- 5 Shadow Minister for Health
- 6 Other (specify)
- 7 Don't know
- 8 Refused

B.32 Were you happy with the response you got?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

***** (Interviewer Note) *****

Go to Section C

B.33 What was the main reason you didn't complain about being treated worse?

(Interviewer: Circle one response only. Do not read out the options.)

- 1 Didn't know how to complain
- 2 Didn't know who to complain to
- 3 Afraid I would be treated worse
- 4 Didn't think it would make any difference
- 5 Uncomfortable
- 6 Other (specify)
- 7 Don't know
- 8 Refused

C. SOCIAL CAPITAL

In the last 12 months, have you done any of the following things for someone who is not living with you? This might be a friend, relative, neighbour, or someone else. (*✓ one response per line*)

	1. Yes	2. No	3. Don't know	4. Refused
C.1_1 Kept in touch with someone who has difficulty getting out and about (visiting in person, telephoning, etc)?				
C.1_2 Done shopping, collected pension, or paid bills?				
C.1_3 Cooked, cleaned, done laundry, gardening, or other household jobs?				

In the last 12 months, have you done any of the following things for someone who is not living with you? This might be a friend, relative, neighbour, or someone else. (*✓ one response per line*)

C.1_4 Home or car repairs?				
C.1_5 Baby-sitting or caring for children?				
C.1_6 Sitting with or providing personal care (like washing and dressing) for someone who is sick or frail?				

In the last 12 months, have you done any of the following things for someone who is not living with you? This might be a friend, relative, neighbour, or someone else. (*✓ one response per line*)

C.1_7 Looked after property or a pet for someone who was away?				
C.1_8 Given advice to someone?				
C.1_9 Wrote letters or filled in forms?				

In the last 12 months, have you done any of the following things for someone who is not living with you? This might be a friend, relative, neighbour, or someone else. (*✓ one response per line*)

C.1_10 Represented someone (for example in talking to a council officer)?				
C.1_11 Transported or escorted someone (for example to hospital or health service appointment, or on an outing)?				

D. HEALTH LITERACY	
These next questions will ask about how easy you find it to understand how to take medicines and fill out forms.	
D.1	Can you please tell me if you agree or disagree with the following statement? <i>(Interviewer: Circle <u>one</u> response only. Read options in BOLD type only.)</i> If you need to take medicine, the information given to you by your doctor helps you to understand why you need to take it. Agree Disagree - Don't know - Refused
D.2	Thinking about the information provided with new medicines that you buy, how often do you read the instructions? <i>(Interviewer: Show prompt card D.1. Circle <u>one</u> response only. Read options in BOLD type only.)</i> Never Rarely Occasionally Most times Always - Don't buy medicines - Don't know - Refused
D.3	Generally speaking, how easy or difficult do you find it is to understand information provided with any medicines? <i>(Interviewer: Show prompt card D.2. Circle <u>one</u> response only. Read options in BOLD type only.)</i> Easy Neither easy or difficult Difficult - Don't know - Refused
D.4	How would you rate your ability to take medicine as directed by your doctor? <i>(Interviewer: Circle <u>one</u> response only. Read options in BOLD type only.)</i> Excellent Good Fair Poor - Don't know - Not applicable - Refused
D.5	How confident are you that you understand how to fill out medical forms? <i>(Interviewer: Show prompt card D.3. Circle <u>one</u> response only. Read options in BOLD type only.)</i> Very confident Quite confident Neither confident or not confident A little bit confident Not confident at all - Don't know - Refused
E. HEALTH - SMOKING	
I am now going to ask you some general questions about smoking.	
E.1	In the past 6 months, how often, if at all, have you noticed advertising or information that talks about the dangers of smoking, or encourages quitting? <i>(Interviewer: Show prompt card E.1. Circle <u>one</u> response only. Read options in BOLD type only.)</i> Never (Go to E.3) Rarely Sometimes Often Very often - Don't know (Go to E.3) - Refused (Go to E.3)

E.2 Where have you seen that information?

(Interviewer: Do not read out options.

Prompt: "anywhere else?"

Circle all that apply)

- 1 TV
- 2 Cigarette packets
- 3 Magazines/Newspapers
- 4 Posters/Billboards
- 5 Radio
- 6 Leaflets/Brochures
- 7 Shops/Stores
- 8 Cinema
- 9 Internet
- 10 Other (specify)
- 11 Don't know/Can't recall
- 12 Refused

E.3 The next few questions are about general health and are not in relation to you personally.

E.4 Are there any illnesses caused by smoking?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to E.6)
- 3 Don't know (Go to E.6)
- 4 Refused (Go to E.6)

E.5 Which illnesses are caused by smoking?

(Interviewer: Do not read out options.

Prompt: "anything else?"

Circle all that apply)

- 1 Addiction
- 2 Asthma
- 3 Blindness (eye damage)
- 4 Blood pressure
- 5 Cancer, lung
- 6 Cancer, mouth/oral
- 7 Cancer, throat
- 8 Cancer (other/unspecified)
- 9 Circulatory problems/disease
- 10 Clogged arteries/blood vessels
- 11 Emphysema (lung damage)
- 12 Gum disease
- 13 Harms unborn baby (includes: miscarriage, stillborn, low birth weight, premature birth, pregnancy complications)
- 14 Heart disease
- 15 Peripheral vascular disease (gangrene/amputations)
- 16 Stroke
- 17 Other (specify)
- 18 Don't know
- 19 Refused

E.6 Passive smoking is a term used to describe breathing in other people's smoke. Are there any illnesses caused by passive smoking?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to E.8)
- 3 Don't know (Go to E.8)
- 4 Refused (Go to E.8)

E.7 Which illnesses are caused by passive smoking?

(Interviewer: Do not read out options.

Prompt: "anything else?"

Circle all that apply)

- 1 Asthma
- 2 Breathing problems
- 3 Clogged arteries/blood vessels
- 4 Cough
- 5 Ear infections in children
- 6 Emphysema (lung damage)
- 7 Harms unborn baby (includes: miscarriage, stillborn, low birth weight, premature birth, pregnancy complications)
- 8 Heart disease
- 9 Lung cancer
- 10 Other cancers
- 11 Respiratory infections/diseases
- 12 Sudden Infant Death Syndrome/Cot death
- 13 Other (specify)
- 14 Don't know
- 15 Refused

E.8 Now I would like to ask you some questions about your personal smoking habits.

E.9 Do you currently smoke cigarettes, cigars, pipes, or any other tobacco products?

(Interviewer: Circle one response only)

- 1 **Daily**
- 2 **At least weekly** (not daily)
- 3 **Less often than weekly**
(Go to E.11)
- 4 **Not at all** (Go to E.11)
- 5 **Refused** (Go to E.11)

E.10 How many manufactured cigarettes or roll your own cigarettes do you smoke per day (daily) or each week (weekly)?

(Interviewer: Circle one response only)

- 1 Number of cigarettes per day
- 2 Number of cigarettes per week
- 3 Don't know
- 4 Refused

E.10_1

Enter number of cigarettes

--	--	--	--

*****(Interviewer Note)*****

**If respondent is a daily smoker
(E.9 = 1), go to E.13. Otherwise, go to E.11**

E.11 Over your lifetime would you have smoked at least 100 cigarettes or a similar amount of tobacco?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to E.24)
- 3 Don't know (Go to E.24)
- 4 Refused (Go to E.24)

E.12 In the past, have you ever been a daily smoker?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to E.14)
- 3 Don't know (Go to E.14)
- 4 Refused (Go to E.14)

E.13 At what age did you first start smoking daily?

(Interviewer: Circle one response only)

- 1 Years
- 2 Don't know
- 3 Refused

E.13_1

Enter years

--	--

E.14 *(Interviewer Note)*****
If respondent currently smokes cigarettes
(E.9 = 1, 2, or 3), go to E.15
Otherwise, go to E.24

E.15 How soon after you wake up do you usually smoke your first cigarette?
(Interviewer: Circle one response only)

- 1 0 – 14 minutes
- 2 15 – 29 minutes
- 3 30 – 59 minutes
- 4 1 – 2 hours
- 5 More than 2 hours
- 6 Don't know
- 7 Refused

E.16 Are you seriously considering quitting smoking in the next 6 months?
(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

E.17 Can you tell me the name of any services or programs available to help people quit smoking?
(Interviewer: Do not read out options. Prompt: "anything else?" Circle all that apply)

- 1 Quitline
- 2 Quit campaign
- 3 Nicotine replacement therapy (Lozenges/inhaler/patches/gum)
- 4 Zyban/bupropion
- 5 Talking to doctor
- 6 Alternative therapy (hypnotherapy /acupuncture/naturopath)
- 7 Other (specify)
- 8 Don't know
- 9 Refused

E.18 If you wanted help to quit smoking, do you think you would use the Quitline?
(Interviewer: Read out words in BOLD. Circle one response only)

- 1 **Definitely would** (Go to E.20)
- 2 **Probably would** (Go to E.20)
- 3 Don't know (Go to E.20)
- 4 **Probably would not**
- 5 **Definitely would not**
- 6 Refused (Go to E.20)

E.19 You answered that you would not use the Quitline. Why is that?
(Interviewer: Circle all that apply)

- 1 Prefer to get information from my doctor or health specialist
- 2 Prefer to get information from other sources (internet/books)
- 3 Don't know what the Quitline does
- 4 I don't think the Quitline is culturally appropriate
- 5 Not confident about the quality of information/skills or operators
- 6 Not comfortable seeking information over telephone
- 7 Lack of privacy/confidentiality
- 8 Not available after hours/not convenient
- 9 Don't know how to get in touch
- 10 Other (specify)
- 11 Don't know
- 12 Can't say/Refused

E.20 Have you ever tried to quit smoking?
(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to E.24)
- 3 Don't know (Go to E.24)
- 4 Refused (Go to E.24)

E.21 How many serious attempts have you made to quit smoking in the last year?

(Interviewer: Circle one response only)

- 1 Number of times
- 2 Can't remember how many times (Go to E.22)
- 3 None (Go to E.24)
- 4 Can't remember whether tried in last year (Go to E.24)
- 5 Refused

E.21_1

Enter number of times

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E.22 During the past year, have you done any of the following?

(Interviewer: Circle all that apply)

- 1 **Call the Quitline**
- 2 **Asked your doctor for advice or help to quit**
- 3 **Used nicotine replacement therapy (patches/gum/inhalers/lozenges)**
Read „how to quit“ brochures or booklets
- 4 **Talked to pharmacist**
- 5 **Talked to local health service**
- 6 None of these
- 7 Don't know
- 8 Refused

E.23 During the past year, have you done anything else to help you quit?

(Interviewer: Do not read out options.

Prompt: "anything else?

Circle all that apply)

- 1 Cut down/stopped buying as many
- 2 Changed brands/changed strength
- 3 Just stopped/went cold turkey/stopped buying them
- 4 Restricted when/where I can smoke / delayed smoking
- 5 Avoid smoking areas
- 6 Talked to pharmacist
- 7 Attended a quit smoking group
- 8 Other (specify)
- 9 Don't know
- 10 Not done anything else
- 11 Refused

E.24 Which of the following best describes the situation regarding smoking in the place where you live?

(Interviewer: Circle one response only)

- 1 **Smoking is banned inside**
- 2 **There is no ban but no-one smokes anyway**
- 3 **Smoking is allowed on some occasions**
- 4 **Smoking is allowed**
- 5 None of the above
- 6 Don't know
- 7 Refused

E.25 If you have a car, which of the following statements best describes the situation regarding smoking in your car?

(Interviewer: Circle one response only)

- 1 **Smoking is banned in my car**
- 2 **There is no ban, but no-one smokes anyway**
- 3 **Smoking is allowed**
- 4 **No car**
- 5 None of the above
- 6 Don't know
- 7 Refused

E.26 Other than you, are there other members of the household who are smokers?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to E.28)
- 3 Don't know (Go to E.28)
- 4 Refused (Go to E.28)

E.27 What is their relationship to you?

(Interviewer: Circle all that apply)

- 1 Spouse/Defacto
- 2 Child
- 3 Mother or father
- 4 Brother or sister
- 5 Cousins
- 6 Aunt or uncle
- 7 Grandparent
- 8 Friend
- 9 Housemate
- 10 Other (specify)
- 11 Don't know
- 12 Refused

E.28 Do you currently smoke any tobacco products mixed with other substances?

(Interviewer: Circle one response only. Mixed refers to mixing tobacco with marijuana (yarn dye) or other drugs.)

- 1 Daily
- 2 At least weekly (not daily)
- 3 Less often than weekly (Go to Section F)
- 4 Not at all (Go to Section F)
- 5 Refused (Go to Section F)

E.29 How many roll your own cigarettes, mixed with other substances, do you smoke per day (daily) or each week (weekly)?

(Interviewer: Circle one response only)

- 1 Number of cigarettes per day
- 2 Number of cigarettes per week
- 3 Don't know (Go to Section F)
- 4 Refused (Go to Section F)

E.29_1

Enter number of mixed tobacco cigarettes

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F. ABORIGINAL AND TORRES STRAIT ISLANDER CULTURE

I would like to remind you that any information you give us is completely confidential, and that no identifying information is passed on to any other agency.

Now I would like to ask you some questions about your language and country.

F.1 What language do you mainly speak at home?

(Interviewer: Circle one response only)

- 1 English
- 2 Aboriginal language (Go to F.3)
- 3 Torres Strait Islander language (Go to F.3)
- 4 Aboriginal English (Go to F.3)
- 5 Other (specify)
- 6 Refused

F.2 Do you speak any Aboriginal or Torres Strait Islander languages?

(Interviewer: Circle one response only)

- 1 Yes
- 2 Yes, some words only
- 3 No (Go to F.5)
- 4 Refused (Go to F.5)

****(Interviewer Note)****

If main language spoken at home is NOT English

(F .1 = 2, 3, or 4), go to F.3

Otherwise, go to F.5

F.3 When you go places where only English is spoken, do you have problems with understanding people there, or people there understanding you?

(Interviewer: Circle one response only)

- 1 No (Go to F.5)
- 2 Yes: Understanding people there
- 3 Yes: People there understanding you
- 4 Yes: Both
- 5 Can't speak any English
- 6 Don't know (Go to F.5)
- 7 Refused (Go to F.5)

F.4 At these places, what do you do to help understand people or help them understand you?

(Interviewer: Circle all that apply)

- 1 Take someone along who speaks English
- 2 Interpreter provided
- 3 Other (specify)
- 4 Don't know
- 5 Refused

F.5 Do you recognise any areas as your community, homelands, or traditional country?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to F.8)
- 3 Don't know (Go to F.8)
- 4 Refused (Go to F.8)

F.6 Are you currently living in this community, homelands, or traditional country?

(Interviewer: Circle one response only)

- 1 Yes (Go to F.8)
- 2 No
- 3 Don't know (Go to F.8)
- 4 Refused (Go to F.8)

F.7 Why are you currently not living in your community, homelands, or traditional country?

(Interviewer: Circle ALL that apply)

- 1 Medical/health issues
- 2 Moved for employment or education opportunities
- 3 Moved to be closer to family
- 4 Not allowed to visit/live there
- 5 Undertaking caring responsibilities
- 6 Stolen generation (Go to F.17)
- 7 Parent(s) stolen generation (Go to F.17)
- 8 Never lived there
- 9 Choose not to live there
- 10 Other (specify)
- 11 Don't know
- 12 Refused

F.8 The next questions relate to being on Country. In this instance, Country does not have to mean your traditional country; it may be the country of someone close to you. Are you happy to answer these questions?

Yes, respondent will continue

☐

No (Go to F.17)

☐

F.9 In the last 12 months, how much time did you spend on Country (e.g. living in homeland, travelling through country)?

(Interviewer: Show prompt card F.1. Circle one response only.)

- 1 **None** (none in the last year)
- 2 **A little bit** (few days in the last year)
- 3 **A fair bit** (few weeks in the last year)
- 4 **Heaps** (few months in the past year)
- 5 Don't know
- 6 Refused

F.10	In the last 12 months, how much time did you spend burning grass (e.g. cleaning up country, fire work)? <i>(Interviewer: Show prompt card F.1. Circle <u>one</u> response only).</i> 1 None (none in the last year) 2 A little bit (few days in the last year) 3 A fair bit (few weeks in the last year) 4 Heaps (few months in the past year) 5 Don't know 6 Refused
F.11	In the last 12 months, how much time did you spend using Country (eg. Bush tucker, bush medicine, hunting, fishing)? <i>(Interviewer: Show prompt card F.1. Circle <u>one</u> response only).</i> 1 None (none in the last year) 2 A little bit (few days in the last year) 3 A fair bit (few weeks in the last year) 4 Heaps (few months in the past year) 5 Don't know 6 Refused
F.12	In the last 12 months, how much time did you spend protecting Country (e.g. looking after Sacred Sites, animals, totems)? <i>(Interviewer: Show prompt card F.1. Circle <u>one</u> response only).</i> 1 None (none in the last year) 2 A little bit (few days in the last year) 3 A fair bit (few weeks in the last year) 4 Heaps (few months in the past year) 5 Don't know 6 Refused
F.13	In the last 12 months, how much time did you spend performing or participating in ceremony? <i>(Interviewer: Show prompt card F.1. Circle <u>one</u> response only).</i> 1 None (none in the last year) 2 A little bit (few days in the last year) 3 A fair bit (few weeks in the last year) 4 Heaps (few months in the past year) 5 Don't know 6 Refused

F.14	In the last 12 months, how much time did you spend making artworks (eg. Painting, weaving, carving)? <i>(Interviewer: Show prompt card F.1. Circle <u>one</u> response only).</i> 1 None (none in the last year) 2 A little bit (few days in the last year) 3 A fair bit (few weeks in the last year) 4 Heaps (few months in the past year) 5 Don't know 6 Refused
F.15	In the last 12 months, how much time did you spend performing any Aboriginal or Torres Strait Islander music, dance, or theatre? <i>(Interviewer: Show prompt card F.1. Circle <u>one</u> response only).</i> 1 None (none in the last year) 2 A little bit (few days in the last year) 3 A fair bit (few weeks in the last year) 4 Heaps (few months in the past year) 5 Don't know 6 Refused
F.16	In the last 12 months, how much time did you spend writing or telling any Aboriginal or Torres Strait Islander stories? <i>(Interviewer: Show prompt card F.1. Circle <u>one</u> response only).</i> 1 None (none in the last year) 2 A little bit (few days in the last year) 3 A fair bit (few weeks in the last year) 4 Heaps (few months in the past year) 5 Don't know 6 Refused

F.17 In the last 12 months, have you gone to, or been involved in, any of these Aboriginal or Torres Strait Islander cultural activities or ceremonies?
(Interviewer: Show prompt card F.2. Circle all that apply)

- 1 Ceremonies
- 2 NAIDOC week activities
- 3 Sports carnivals (excluding NAIDOC week)
- 4 Festivals or carnivals involving arts, craft, music, or dance (excluding NAIDOC week)
- 5 Been involved with any Aboriginal or Torres Strait Islander organisations
- 6 Funerals / sorry business
- 7 Other (specify)
- 8 No, none
- 9 Don't know
- 10 Refused

F.18 On a scale of 1 to 5, where 1 is not at all important and 5 is very important, how important is it for you to be able to attend Aboriginal or Torres Strait Islander events, ceremonies, carnivals, or do any of the activities just mentioned (eg; fishing, arts and crafts, telling stories)?
(Interviewer: Show prompt card F.3. Circle one response only).

- 1 Not at all important
- 2
- 3 Neither important or not important
- 4
- 5 Very important
- 6 Don't know
- 7 Refused

F.19 Are you always able to attend or take part in these activities whenever or as often as you want to?
(Interviewer: Circle one response only).

- 1 Yes (Go to Section G)
- 2 No
- 3 Don't know (Go to Section G)
- 4 Refused (Go to Section G)

F.20 What makes it hard for you to take part in these activities?
(Interviewer: Circle all that apply).

- 1 Can't afford it
- 2 Too far away
- 3 Caring commitments
- 4 Work commitments
- 5 Travelling to community
- 6 Transport difficulties
- 7 Other (specify)
- 8 Don't know
- 9 Refused

G. PHYSICAL ACTIVITY

The next few questions are about any physical activities that you may have done in the last week.

G.1 In the last week, how many times have you walked continuously, for at least 10 minutes, for recreation, exercise, or to get to or from places?
(Interviewer: Circle one response only).

- 1 None (Go to G.3)
- 2 Number of times
- 3 Don't know (Go to G.3)
- 4 Refused (Go to G.3)

G.1_1

Enter number of times

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G.2 What do you estimate was the total time that you spent walking in this way in the last week?
(Interviewer: Use hours and/or minutes).

- 1 Hours
- 2 Minutes
- 3 Don't know (Go to G.3)
- 4 Refused (Go to G.3)

G.2_1

Enter number of hours

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G.2_2

Enter number of minutes

--	--

G.3 These next questions exclude household chores or gardening.	
G.4 In the last week, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (e.g. running, cycling) <i>(Interviewer: Circle <u>one</u> response only).</i> - None (Go to G.6) - Number of times - Don't know (Go to G.6) - Refused (Go to G.6)	
G.4_1 Enter number of times	
G.5 What do you estimate was the total time that you spent doing this vigorous physical activity in the last week? <i>(Interviewer: Use hours <u>and/or</u> minutes).</i> - Hours - Minutes - Don't know (Go to G.6) - Refused (Go to G.6)	
G.5_1 Enter number of hours	
G.5_2 Enter number of minutes	
G.6 In the last week, how many times did you do other more moderate physical activities that you have not already mentioned? (E.g. swimming, walking) <i>(Interviewer: Excluding household chores and gardening. Circle <u>one</u> response only).</i> - None (Go to Section H) - Number of times - Don't know (Go to Section H) - Refused (Go to Section H)	
G.6_1 Enter number of times	

G.7 What do you estimate was the total time that you spent doing these activities in the last week? <i>(Interviewer: Circle <u>one</u> response only).</i> - Hours - Minutes - Don't know (Go to Section H) - Refused (Go to Section H)	
G.7_1 Enter number of hours	
G.7_2 Enter number of minutes	
H. PROTECTIVE FACTORS	
The next few questions are about decisions you may have made to protect your health.	
H.1 Each year flu shots are highly recommended to protect against seasonal influenza. Did you have a flu shot in 2010? <i>(Interviewer: Circle <u>one</u> response only).</i> - Yes (Go to H.3) - No - Don't know (Go to H.3) - Refused (Go to H.3)	

- H.2 What factors prevented you from having a flu shot?**
(Interviewer: Circle all that apply)
- 1 Doctor/health worker didn't recommend it
 - 2 Haven't used health service
 - 3 Did not want to have it
 - 4 Did not know I should have it
 - 5 Afraid of getting the flu from the vaccination
 - 6 Don't need it
 - 7 Haven't heard of it
 - 8 Concerned about the side effects
 - 9 Don't like needles
 - 10 Don't get sick
 - 11 Other (specify)
 - 12 Don't know
 - 13 Refused

- H.3 Each year pneumococcal shots (vaccinations) are highly recommended to protect against diseases like pneumonia. Did you have a pneumococcal shot in 2010?**
(Interviewer: Circle one response only)
- 1 Yes (Go to Section I)
 - 2 No
 - 3 Don't know (Go to Section I)
 - 4 Refused (Go to Section I)

- H.4 What factors prevented you from having a pneumococcal shot?**
(Interviewer: Circle all that apply)
- 1 Doctor/health worker didn't recommend it
 - 2 Haven't used health service
 - 3 Did not want to have it
 - 4 Did not know I should have it
 - 5 Afraid of getting sick from the vaccination
 - 6 Don't need it
 - 7 Haven't heard of it
 - 8 Concerned about the side effects
 - 9 Don't like needles
 - 10 Don't get sick
 - 11 Other (specify)
 - 12 Don't know
 - 13 Refused

I. HOUSING

The next few questions are about the place where you are living now, and if you have lived anywhere else in the last 12 months.

- I.1 In the last 12 months, how many dwellings have you lived in?** *(Interviewer: if don't know, prompt for best estimate. Circle one response only)*
- 1 Number of dwellings
 - 2 Don't know
 - 3 Refused

I.1_1
Enter number of dwellings

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Thinking about things like major cracks in the walls and floors, sinking or moving foundations, sagging floors, walls or windows not straight, wood rot or termite damage, major electrical or plumbing problems, major roof defects, rising damp, and any other big problems.

I.2 How would you rate the condition of the place where you currently live? <i>(Interviewer: Show prompt card I.1. Circle <u>one</u> response only. Only read out responses in BOLD)</i> 1 Excellent 2 Very Good 3 Good 4 Poor 5 Very Poor 6 Don't know 7 Refused	I.6 How many bedrooms do you think it should have? <i>(Interviewer: Circle <u>one</u> response only)</i> 1 Number of bedrooms 2 Don't know 3 Refused		
I.3 Are there any of these facilities that this dwelling doesn't have, or that are not working? <i>(Interviewer: Show prompt card I.2. Circle <u>all</u> that apply)</i> 1 Stove/oven/other cooking facilities 2 Fridge 3 Toilet 4 Bath or shower 5 Washing machine 6 Kitchen sink 7 Laundry tub 8 Kitchen cupboard and bench space 9 None of the above 10 Don't know 11 Refused	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> I.6_1 Enter number of bedrooms </td> <td style="width: 20%; text-align: center; padding: 5px;"> </td> </tr> </table> I.7 Which of the following best describes your housing situation? <i>(Interviewer: Show prompt card I.3. Circle <u>one</u> response only)</i> 1 Own or buying home 2 Privately renting 3 Public housing (renting) 4 Aboriginal/Torres Strait Islander housing scheme (rent, buy, or shared equity scheme) 5 Living at someone else's home 6 Occupied under a life tenure scheme 7 Occupied rent free 8 Other (specify) 9 Don't know 10 Refused	I.6_1 Enter number of bedrooms	
I.6_1 Enter number of bedrooms			
J. FOOD AND NUTRITION			
I would now like to ask you a few questions about the foods you eat.			
I.4 How many bedrooms does your dwelling have? <i>(Interviewer: Circle <u>one</u> response only)</i> 1 Number of bedrooms 2 Don't know (Go to I.6) 3 Refused (Go to I.6)	J.1 Are there any foods that you would like to buy to eat but you can't? <i>(Interviewer: Show prompt card J.1. Circle <u>all</u> that apply)</i> 1 Fresh fruit and vegetables 2 Fresh milk 3 Fresh bread 4 Fresh meat 5 Tinned foods 6 Frozen foods 7 Take-away meals 8 None (Go to J.3) 9 Don't know (Go to J.3) 10 Refused (Go to J.3)		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> I.4_1 Enter number of bedrooms </td> <td style="width: 20%; text-align: center; padding: 5px;"> </td> </tr> </table> I.5 Do you think your dwelling has enough bedrooms to adequately accommodate the people living there? <i>(Interviewer: Circle <u>one</u> response only)</i> 1 Yes (Go to I.7) 2 No 3 Don't know (Go to I.7) 4 Refused (Go to I.7)	I.4_1 Enter number of bedrooms		
I.4_1 Enter number of bedrooms			

J.2	What makes it difficult for you to buy these foods to eat? <i>(Interviewer: Circle <u>all</u> that apply)</i> 1 Too expensive 2 Shop doesn't have them 3 Can't get to a shop 4 Can't keep them (no refrigeration) 5 Can't keep them (no storage) 6 Dietary restriction 7 Other (specify) 8 Don't know 9 Refused
J.3	Do you have any bush foods or Aboriginal traditional foods in your diet? <i>(Interviewer: Circle <u>one</u> response only)</i> 1 Yes 2 No 3 Don't know 4 Refused
J.4	The next question is about eating fruit, which includes fresh, dried, frozen and tinned fruit. A serve is equal to one medium piece, two small pieces of fruit, or 1 cup of diced fruit, or 1 tablespoon of dried fruit.
J.5	How many serves of <u>fruit</u> do you usually eat each day? <i>(Interviewer: Show prompt card J.2. Circle <u>one</u> response only)</i> 1 One or more serves each day (Enter number below) 2 I eat fruit but not everyday (Enter number below) 3 I don't eat fruit (Go to J.6) 4 Don't know/unsure (Go to J.6) 5 Refused (Go to J.6)
J.5_1	Enter number of serves of fruit each DAY?
J.5_2	Enter number of serves of fruit each WEEK?

J.6	The following question is about eating <u>vegetables</u> which includes fresh, dried, frozen and tinned vegetables. A serve is equal to ½ a cup of cooked vegetables, one small potato, or 1 cup of salad vegetables.
J.7	How many serves of vegetables do you usually eat each day? <i>(Interviewer: Show prompt card J.3. Circle <u>one</u> response only)</i> 1 One or more serves each day (Enter number below) 2 I eat vegetables but not everyday (Enter number below) 3 I don't eat vegetables (Go to J.8) 4 Don't know/unsure (Go to J.8) 5 Refused (Go to J.8)
J.7_1	Enter number of serves of vegetables each DAY?
J.7_2	Enter number of serves of vegetables each WEEK?
J.8	In the last 12 months were there any times that you ran out of food and you couldn't afford to buy more? <i>(Interviewer: Circle <u>one</u> response only)</i> 1 Yes 2 No (Go to Section K) 3 Don't know (Go to Section K) 4 Refused (Go to Section K)
J.9	How many times did this happen? <i>(Interviewer: Circle <u>one</u> response only)</i> 1 Per week 2 Per fortnight 3 Per month 4 Per year 5 Rarely 6 Don't know/unsure 7 Refused
J.9_1	Enter number of times

K. WORK, EDUCATION, AND INCOME

I would now like to ask you a few questions about your employment opportunities and income.

K.1 Which of the following best describes your employment situation?

(Interviewer: Show prompt card K.1.
Circle one response only)

- 1 **Self-employed**
- 2 **Employed for wages, salary, or payment in kind**
- 3 **Employed in CDEP** (community development employment project)
- 4 **Unemployed**
- 5 **Engaged in home duties**
- 6 **Student**
- 7 **Retired**
- 8 **Unable to work**
- 9 Other (specify)
- 10 Don't know
- 11 Refused

K.2 Which of these best describes the highest educational qualification you have obtained?

(Interviewer: Show prompt card K.2.
Circle one response only)

- 1 **Never been to school (no formal education)**
- 2 **Still at school**
- 3 **Left school at 15 years or less**
- 4 **Left school after age 15 years**
- 5 **Left school after age 15 years but still studying**
- 6 **Trade qualification/apprenticeship**
- 7 **Certificate/diploma one year full time or less**
- 8 **Certificate/diploma more than one year full time**
- 9 **Bachelor degree or higher**
- 10 Refused

K.3 From what sources does your household receive income?

(Interviewer: Show prompt card K.3.
Circle all that apply)

- 1 **Wages/salary** (Interviewer note: include income from any other person, e.g. maintenance payments)
- 2 **CDEP**(community development employment project)
- 3 **Government allowance for study** (eg Abstudy)
- 4 **Unemployment benefits** (eg Newstart)
- 5 **Income from investment** (eg property, shares)
- 6 **Government pension** (eg aged, carer, disability, parenting payment, Veteran's affairs)
- 7 **Family tax benefit**
- 8 **Other government pension**
- 9 **Private pension**
- 10 Other (specify)
- 11 Don't know
- 12 Refused

K.4 In the last 12 months, were there any days when you ran out of money for food, clothing or bills?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No (Go to K.6)
- 3 Don't know (Go to K.6)
- 4 Refused (Go to K.6)

K.5 Did you or other members of your household have to go without food, clothing, or put off paying bills when you ran out of money?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

K.6 Which best describes your family's money situation?

(Interviewer: Circle one response only)

- 1 [I am/we are] spending more money than [I/we] get
- 2 [I/we] have just enough money to get [me/us] through to the next pay day
- 3 There's some money left over each week but [I/we] just spend it
- 4 [I/we] can save a bit every now an then
- 5 [I/we] can save a lot
- 6 Don't know
- 7 Refused

Now, the last question for this section. We are interested in how income relates to lifestyle and access to health services.

K.7 Before tax is taken out, which of the following ranges best describes your household's income, from all sources, over the last 12 months?

(Interviewer: Show prompt card K.4. Circle one response only)

- 1 Up to \$12,000
- 2 \$12,000 to \$20,000
- 3 \$20,001 to \$40,000
- 4 \$40,001 to \$60,000
- 5 \$60,001 to \$80,000
- 6 \$80,001 to \$100,000
- 7 \$100,000 or more
- 8 Don't know
- 9 Refused

L. SOCIAL AND EMOTIONAL WELLBEING – KESSLER SCALE

The next five questions are about how you have been feeling recently. Please tell me if you don't want to answer any of these questions.

As I read each item, please tell me how often you have had these feelings in the last 4 weeks.

The responses are: all of the time, some of the time; a little of the time, none of the time.

L.1 In the last 4 weeks, how often did you feel nervous?

(Interviewer: Show prompt card L.1. Circle one response only)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 6 Don't know
- 7 Refused

L.2 In the last 4 weeks, how often did you feel without hope?

(Interviewer: Show prompt card L.1. Circle one response only)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 6 Don't know
- 7 Refused

L.3 In the last 4 weeks, how often did you feel restless or jumpy?

(Interviewer: Show prompt card L.1. Circle one response only)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 6 Don't know
- 7 Refused

L.4 In the last 4 weeks, how often did you feel everything was an effort?

(Interviewer: Show prompt card L.1. Circle one response only)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 6 Don't know
- 7 Refused

L.5 In the last 4 weeks, how often did you feel so sad that nothing could cheer you up?

(Interviewer: Show prompt card L.1. Circle one response only)

- 1 **All of the time**
- 2 **Most of the time**
- 3 **Some of the time**
- 4 **A little of the time**
- 5 **None of the time**
- 6 Don't know
- 7 Refused

L.6 Thinking about the last few questions, did these feelings happen more often in the last four weeks than is usual for you, about the same as usual, or less often than usual?

(Interviewer: Show prompt card L.2. Read out first three choices only. Circle one response only)

- 1 **More often than usual**
- 2 **About the same as usual**
- 3 **Less often than usual**
- 4 Don't know
- 5 Refused

M. GENERAL HEALTH AND WELLBEING – SF12 (V2)

This next section asks for your views about your health. This information gives an idea of how your health affects your ability to do your usual activities. If you are unsure about an answer, please give the best answer you can.

M.1 In general, would you say your health is:

(Interviewer: Show prompt card M.1. Circle one response only. Read all options)

- 1 **Excellent**
- 2 **Very good**
- 3 **Good**
- 4 **Fair**
- 5 **Poor**

The next questions are about activities you might do during a typical day.

M.2 Does your health now limit you in doing moderate activities, such as moving a table, doing housework, or running around after children?

(Interviewer: Show prompt card M.2. Circle one response only. Read options in **BOLD** type only.)

- 1 **Yes, limited a lot**
- 2 **Yes, limited a little**
- 3 **No, not limited at all**
- 4 Don't know
- 5 Refused

M.3 Does your health now limit you in climbing several flights of stairs?

(Interviewer: Show prompt card M.2. Circle one response only. Read options in **BOLD** type only. ****Liken climbing stairs to walking up a steep hill****)

- 1 **Yes, limited a lot**
- 2 **Yes, limited a little**
- 3 **No, not limited at all**
- 4 Don't know
- 5 Refused

The following two questions ask you about your physical health and your daily activities.

M.4 During the past 4 weeks, how much of the time have you got done less than you would like as a result of your physical health?

(Interviewer: Show prompt card M.3. Circle one response only)

- 1 **All of the time**
- 2 **Most of the time**
- 3 **Some of the time**
- 4 **A little of the time**
- 5 **None of the time**
- 6 Don't know
- 7 Refused

M.5 In the past 4 weeks, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of your physical health?

(Interviewer: Show prompt card M.3.
Circle one response only)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 6 Don't know
- 7 Refused

The following three questions ask you about your emotions and your daily activities.

M.6 During the past 4 weeks, how much of the time have you done less than you would like as a result of any emotional problems (such as feeling depressed or anxious)?

(Interviewer: Show prompt card M.3.
Circle one response only)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 6 Don't know
- 7 Refused

M.7 During the past 4 weeks, how much of the time did you do work or other activities less carefully than usual as a result of any emotional problems (such as feeling depressed or anxious)?

(Interviewer: Show prompt card M.3.
Circle one response only)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 6 Don't know
- 7 Refused

M.8 During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

(Interviewer: Show prompt card M.4.
Read out options 1 to 5 only. Circle one response only)

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely
- 6 Don't know
- 7 Refused

These next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

M.9 How much of the time during the past 4 weeks have you felt calm and peaceful?

(Interviewer: Show prompt card M.3.
Circle one response only)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 6 Don't know
- 7 Refused

M.10 How much of the time during the past 4 weeks did you have a lot of energy?

(Interviewer: Show prompt card M.3.
Circle one response only)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 6 Don't know
- 7 Refused

M.11 How much of the time during the past 4 weeks have you felt downhearted and depressed?

(Interviewer: Show prompt card M.3.
Circle one response only)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 6 Don't know
- 7 Refused

M.12 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc)?

(Interviewer: Show prompt card M.3.
Circle one response only)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 6 Don't know
- 7 Refused

N. TRANSPORT

We are nearly finished. I just need to ask a few general questions about you now.

N.1 Do you have a current "full" or "P plate" driver's licence?

(Interviewer: If no, prompt for whether they have a learner driver's licence.
Circle one response only.)

- 1 Yes
- 2 No (Go to N.3)
- 3 No, but have Learner (L Plate) driver's licence (Go to N.5)
- 4 Don't know (Go to N.3)
- 5 Refused (Go to N.3)

N.2 What were the main things that supported you to get a driver's licence?

(Interviewer: Show prompt card N.1.
Circle all that apply)

- 1 Family/friends supportive of me learning
- 2 Aboriginal person with a full licence available to provide supervised hours
- 3 Driver with a full licence available to provide supervised hours (Aboriginality not stated)
- 4 Access to a car for practice
- 5 Assistance with understanding the test/process
- 6 Financial assistance to get licence
- 7 Access to a paid driving instructor
- 8 Being able to pay my fines
- 9 Other (specify)
- 10 Don't know
- 11 Refused

***** (Interviewer Note) *****

Go to N.6

N.3 Have you ever had a driver's licence?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

N.4 What are the main reason(s) that you don't currently have a FULL or P PLATE driver's licence?

(Interviewer: Circle all that apply)

- 1 Recently got learner's licence
- 2 No support available for learning
- 3 No full licence driver available to provide supervised hours
- 4 Nowhere nearby to get one from
- 5 Cost of licence too much
- 6 Afraid to go to do the test
- 7 Health reasons
- 8 Too old
- 9 Unable to read the test
- 10 Lost it somewhere
- 11 Afraid of driving
- 12 Afraid of being, or expect to be, treated badly because Aboriginal
- 13 Have fines I can't pay right now
- 14 Police/court took away licence
- 15 Alcohol/drink driving
- 16 Need to renew
- 17 Don't have access to a car
- 18 Don't need one (Go to N.7)
- 19 Not interested/don't want one (Go to N.7)
- 20 Other (specify)
.....
- 21 Don't know
- 22 Refused

N.5 What things would need to be in place to help you get a FULL or P PLATE driver's licence?

(Interviewer: Circle all that apply)

- 1 Family/friends supportive of me learning
- 2 Aboriginal person with a full licence available to provide supervised hours
- 3 Any driver with a full licence available to provide supervised hours (Aboriginality not stated)
- 4 Access to a car for practice
- 5 Financial assistance to get licence
- 6 Assistance with understanding the test/process
- 7 Access to a paid driving instructor
- 8 Being able to pay off my fines
- 9 Nothing, just waiting for right age
- 10 Other (specify)
.....
- 11 Don't know
- 12 Refused

N.6 Is there a motor vehicle, such as a car, 4WD, or truck, available that you can use?

(Interviewer: Circle one response only)

- 1 Yes
- 2 No
- 3 No licence
- 4 Don't know
- 5 Refused

*****(Interviewer Note)*****

**If N.6 = 1 (Yes) AND N.1 = 2,3 (no full licence)
Go to N.7, else Go to N.10**

N.7	I would like to remind you that any information you give us is completely confidential, and that no identifying information is passed on to any other agency.	
N.8	In the last 12 months, did you ever find yourself in a situation where you drove a vehicle without a licence? (Interviewer: Circle <u>one</u> response only) 1 Yes 2 No (Go to N.10) 3 Never go out/housebound (Go to N.10) 4 Don't know (Go to N.10) 5 Refused (Go to N.10)	
N.9	In the last 12 months, how many times you did this? 1 Enter number of times 2 Don't know (Go to N.10) 3 Refused (Go to N.10)	
N.9_1	Enter number of times	
N.10	In general, can you get places you need to go? (Interviewer: Circle <u>one</u> response only) 1 Yes 2 No 3 Never go out/housebound 4 Don't know 5 Refused	

O. BODY MASS INDEX	
I would like to ask you some questions now about your weight and height. The information will be used to calculate a measurement which is used to determine your body mass.	
O.1 What is your weight when you are undressed in the morning? (Interviewer: Enter only one; either kg or stones/pounds or don't know)	
Kilograms	
Stones : pounds	:
Don't know	D
O.2 What is your height when you are not wearing shoes? (Interviewer: Enter only one; either centimetres OR feet : inches OR don't know)	
Centimetres	
Feet : inches	:
Don't know	D
O.3 Would you have any objection to measuring around your waist in centimetres? (Interviewer: Show and provide the tape for the participant to measure themselves. Direct them to measure around the belly button. DO NOT ask pregnant women. Circle <u>one</u> response only) 1 Yes 2 No 3 Refused	
O.3_1	Enter waist measurement (in cms)
Thank you for taking your measurement for us.	

P. OTHER IMPORTANT ISSUES

To finish off, I would now like to ask you a few questions specifically about health for Aboriginal and Torres Strait Islander people.

P.1 What do you think are the three most important issues facing Aboriginal and Torres Strait Islander people today?

(Interviewer: Circle three responses only)

- 1 Alcohol abuse
- 2 Cancer
- 3 Cardiovascular disease
- 4 Children's health
- 5 Chronic health problems
- 6 Community safety
- 7 Crime and justice issues
- 8 Culture being lost
- 9 Diabetes
- 10 Discrimination
- 11 Education
- 12 Employment
- 13 Family violence
- 14 Injuries
- 15 Limited opportunities for young people
- 16 Mental health problems
- 17 Obesity
- 18 Poor diet/nutrition
- 19 Poverty
- 20 Respiratory problems
- 21 Sexual abuse
- 22 Sexually transmitted infections (STIs)
- 23 Smoking
- 24 Substance abuse (e.g drugs, including sniffing)
- 25 Suicide
- 26 Tuberculosis
- 27 Other (specify)
- 28 Don't know
- 29 Refused

P.2 With regard to your own health and wellbeing, what are the three most important issues for you? (Interviewer: Circle three responses only)

- 1 Access to health care and treatment
- 2 Access to Aboriginal traditional healers
- 3 Being able to get treatment close to home
- 4 Availability of medicines
- 5 Cost of health care
- 6 Transport to health services
- 7 Cultural sensitivity of health services
- 8 Help from friends and family
- 9 Help from wider community
- 10 Other (specify)
- 11 Don't know
- 12 Refused

P.3 If you had the chance to change ONE THING for Aboriginal / Torres Strait Islander people, what would it be?

.....
.....
.....

P.4 If you had the chance to change ONE THING for *yourself* as an Aboriginal / Torres Strait Islander person, what would it be?

.....
.....
.....

P.5 All responses in this survey are strictly confidential. Sometimes we need to clarify issues which require further explanation. If we require further information from you regarding this clarification, could we phone you at a later date? *(Interviewer: Circle one response only. Explain that it will not be you who will be calling)*

- 1 Yes (please record name and phone number of respondent)

Name:

Phone number:

- 2 No/Refused

As some of the questions we have asked may have been distressing or caused some concern for some people, I would like to offer you some contact information if you feel that you need to discuss some of these concerns with a qualified professional.

(Interviewer: Show respondent pamphlets and telephone numbers if required)

If you have any queries regarding this survey, or would like to speak to someone at SA Health, please telephone 1800 635 352.

This concludes the survey. On behalf of SA Health, thank you very much for taking part in this survey.

Interviewer:

Please record CD Number

CD number

4					
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Record date of interview

Enter day (01-31)

--	--

Enter month

--	--

Enter year

--	--

I certify that this is a true, accurate and complete interview, conducted in accordance with the IQCA standards and the AMSRS Code of Professional Behaviour (ICC/ESOMAR). I will not disclose to any other person the content of this questionnaire or any other information relating to this project.

*Interviewer: Please complete:
Your name*

.....
Signature

.....

*Interviewer: Record finishing time of interview
(24 hour clock)*

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Household Number

--	--	--

Person Number

--	--	--

Interviewer Number

--	--	--

INTERVIEWER GUIDE:

9AM	09:00	January	01
10AM	10:00	February	02
11AM	11:00	March	03
12PM (noon)	12:00	April	04
1PM	13:00	May	05
2PM	14:00	June	06
3PM	15:00	July	07
4PM	16:00	August	08
5PM	17:00	September	09
6PM	18:00	October	10
7PM	19:00	November	11
8PM	20:00	December	12
9PM	21:00		
10PM	22:00		
11PM	23:00		
12AM (midnight)	24:00		